

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**Annual Report
Fiscal Year 2004-2005**



THIS REPORT CAN BE FOUND ONLINE AT THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH'S
WEBSITE – www.sfdph.org

San Francisco Department of Public Health – 415-554-2500

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MESSAGE FROM THE DIRECTOR ...

I am pleased to present the Fiscal Year 2004-05 Annual Report for the City and County of San Francisco's Department of Public Health.

FY 2004-05 was another difficult budget year. The City's General Fund contribution to the Health Department decreased by \$22.2 million, from \$253.7 million in FY 2003-04 to \$231.5 million. The number of budgeted positions for DPH also decreased, from 6093 to 5928. The majority of these reductions were in the area of administration and operations, and Department staff worked hard to maintain service levels and minimize disruptions for the thousands of San Franciscans who rely on DPH services. Despite these cuts, we were able to develop and expand our programs.



This report summarizes some of our major accomplishments from the past year, including revision of the document that serves as DPH's roadmap. The Department's Strategic Plan was originally released in 2000 as a three to five-year document created to guide program design and resource allocation. In late 2003 we began the process of updating the plan for the next five-year interval by gathering and interpreting input from community and staff. After numerous Town Hall meetings, e-mail surveys and interviews, the revised version was presented to and adopted by the Health Commission in November 2004, with implementation beginning in January 2005. Throughout this report, you will see references to the progress we are already making towards fulfilling the vision of our revised Strategic Plan.

The report is structured to show readers how the Department is configured, the characteristics of the population we serve and what we do to fulfill our mission to protect and promote the health of all San Franciscans, including what we are doing to improve health care access and quality.

As I enter my ninth year as Director, I continue to feel very fortunate to be in this role in a City that so strongly supports public health and health care services, and to work in a department with such a committed and knowledgeable staff. Our ability to meet the health needs of our community is dependent upon the caliber of our workforce. This report highlights the many accomplishments of the Department's staff and our many collaborators. I am proud and appreciative of their expertise, their dedication and their spirit.

My continued gratitude to the Mayor, the Board of Supervisors and the San Francisco Health Commission for their leadership, support and commitment to public health. They have made San Francisco a national leader in health care and health care access. I look forward to our continued work together to improve the health status of all San Franciscans.

Mitchell H. Katz, MD

November 2005

WHO WE ARE ...

Under the leadership of the Health Commission and the Director of Health, nearly 6000 individuals work every day to fulfill the Department's mission.

While we are one Department with one mission, we have many roles and responsibilities. Nearly half of the Department's workforce works at San Francisco General Hospital. Another 1500 workers care for the more than 1000 residents of Laguna Honda Hospital and Rehabilitation Center. Although these two facilities are the largest centers of employment, public health is much bigger than caring for hospitalized people. The Department also runs more than a dozen health centers located throughout the City with programs designed for a variety of populations and special needs. Many staff work to prevent the spread of disease or provide treatment for a variety of acute conditions, while others inspect restaurants, perform research, educate the public, train providers, enforce policy and provide services to help the City's most needy residents and those at greatest risk.

SAN FRANCISCO HEALTH COMMISSION

As the governing and policy-making body of the Department of Public Health, the San Francisco Health Commission is mandated by City and County Charter to manage and control the City and County hospitals, and to monitor and regulate emergency medical services and all matters pertaining to the preservation, promotion and protection of the lives, health and mental health of San Francisco residents.

Members of the Health Commission

Lee Ann Monfredini, President

- Chair, San Francisco General Hospital Joint Conference Committee

Commissioner Monfredini is a real estate agent at Pacific Union Real Estate and sits on the Board of Directors for the Holy Family Day Home.

Roma Guy, Vice President

- Member, Community Programs and Services Joint Conference Committee

Commissioner Guy is a member of the Clinical Faculty for the Department of Health Education at San Francisco State University.

Edward A. Chow, MD

- Chair of the Laguna Honda Hospital Joint Conference Committee
- Member, Budget Committee

Commissioner Chow is a practicing internist and is Medical Director for the Chinese Community Health Plan.

James M. Illig

- Chair, Budget Committee
- Member, Laguna Honda Hospital Joint Conference Committee
- Health Commission representative to the In Home Support Services Public Authority

Commissioner Illig is the Director of Government Relations for Project Open Hand.

David Sánchez, Jr., PhD

- Chair, Community Programs and Services Joint Conference Committee
- Member, Budget Committee
- Health Commission representative to the San Francisco General Hospital Foundation

Commissioner Sánchez is Professor Emeritus at the University of California, San Francisco.

Donald Eugene Tarver II, MD

- Member, Laguna Honda Hospital Joint Conference Committee
- Health Commission member of the San Francisco General Hospital Breast Care Community Advisory Council

Commissioner Tarver is a community psychiatrist, and a clinical instructor at the University of California, San Francisco.

John I. Umekubo, MD

- Member of the San Francisco General Hospital Joint Conference Committee
- Health Commission representative on the San Francisco Health Authority

Commissioner Umekubo has a private practice in Internal Medicine in Japantown. He is the former Chief of Medical Staff for St. Mary's Hospital and Medical Director for the San Francisco Community Convalescent Hospital.



Members of the San Francisco Health Commission: *Back row from left* - Michele Seaton (Health Commission Secretary); David J. Sanchez, Jr., PhD; James M. Illig; John I. Umekubo, MD; Mitchell Katz, MD (Department Director). *Front row from left* - Roma P. Guy; Edward A. Chow, MD; Lee Ann Monfredini. Not pictured: Donald Eugene Tarver II, MD.

Resolutions Passed In FY 2004-05

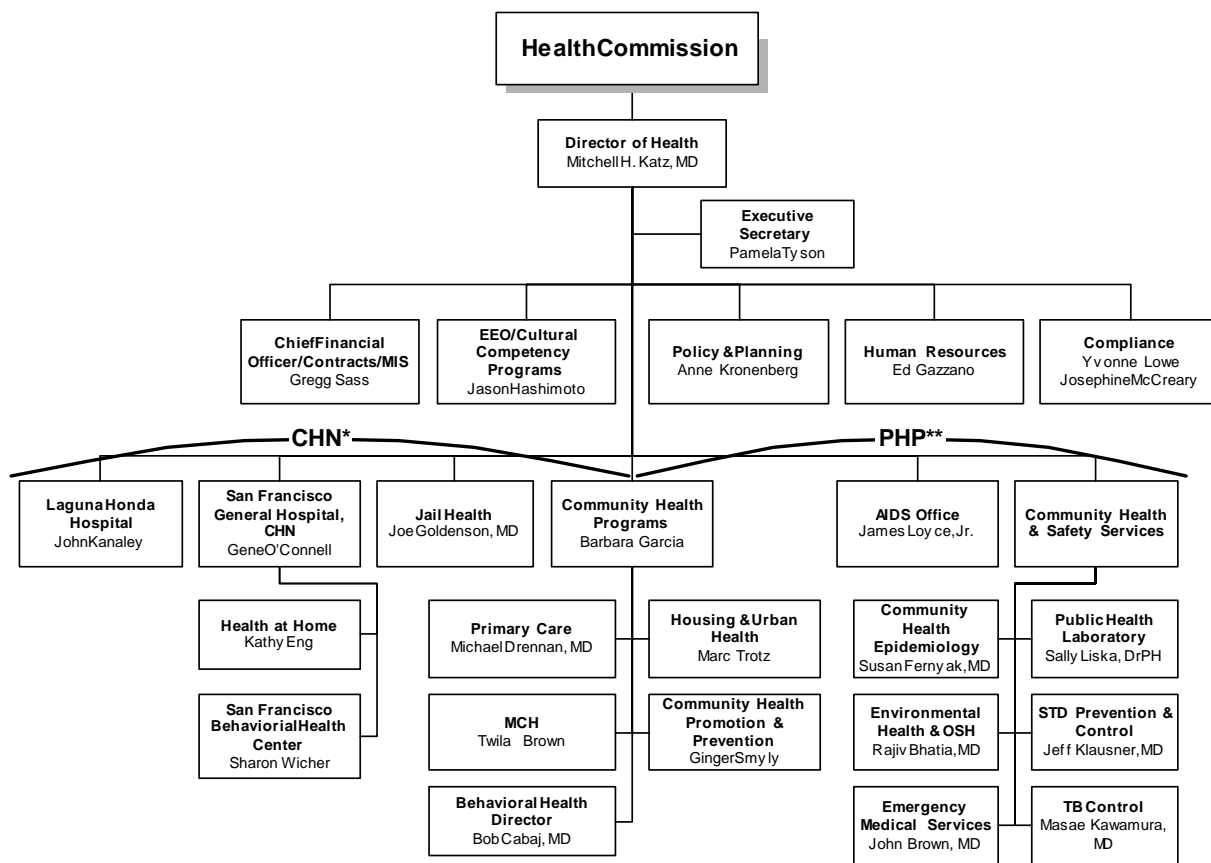
- [Amending the Minimum Standards and Supporting Other Modifications to the Healthcare Accountability Ordinance; Resolution 10-04.](#)
- [Supporting Proposition 72, the Health Insurance Act of 2003; Resolution 11-04.](#)
- [Supporting Proposition 63, the Mental Health Services Act; Resolution 12-04.](#)
- [Supporting Principals for Medi-Cal Redesign; Resolution 13-04.](#)
- [Supporting Proposition 67, Emergency Medical Care Initiative; Resolution 14-04.](#)
- [Resolution Authorizing the Department of Public Health, San Francisco General Hospital to Accept a Gift of a Mobile Mammography Facility Vehicle and Associated Equipment, Valued at \\$432,716, Donated by the University of California, San Francisco for Mobile Mammography Services to Indigent and Underserved Women in San Francisco; Resolution 15-04.](#)
- [Authorizing the Executive Administrator of San Francisco General Hospital to Apply for Licenses to Treat Patients with Mental Illnesses and Appoint an Administrator to each of the Licensed Facilities; Resolution 16-04.](#)
- [Approving the Reconfiguration of Emergency Medical Services in the San Francisco Fire Department; Resolution 17-04.](#)
- [Proclaiming November 20th to December 20th of Each Year as Survivor of Homicide Victims Awareness Month in San Francisco; Resolution 18-04.](#)
- [Endorsing the Update of the San Francisco Department of Public Health's Strategic Plan; Resolution 19-04.](#)
- [Authorizing the Proposed Fiscal Year 2004-05 Mid-Year Budget Cuts; Resolution 20-04.](#)
- [Adopting Findings Pursuant to the California Environmental Quality Act for the Hunters Point Shipyard Redevelopment Project; Resolution 21-04.](#)
- [Approving an Ordinance Adding Article 31 to the Health Code and Amending Sections 659, 1120.1 and 1227 of the Health Code to Establish Special Restrictions for Activities on the Hunters Point Shipyard to Address Potential Residual Contamination and to Authorize the Department of Public Health to Implement these Restrictions, Impose Penalties, and Charge Fees to Defray the Costs of Implementation and Making Environmental Findings; and Approving Regulations Implementing the Proposed Ordinance; Resolution 22-04.](#)

- [Authorizing the Director of Health to Enter into an Interagency Cooperation Agreement in Furtherance of the Implementation of the Hunter's Point Shipyard Redevelopment Plan; Resolution 23-04.](#)
- [Urging the Acceptance of Food Assistance at the Alemany Farmers Market; Resolution 24-04.](#)
- [Supporting Recommendations Contained in the Fiscal Year 2003 Charity Care Report Summary; Resolution 25-04.](#)
- [Endorsing the Recommendations of the Childhood Nutrition and Physical Activity Task Force Report; Resolution 01-05.](#)
- [Approving the Department of Public Health 2005 State Legislative Plan; Resolution 02-05.](#)
- [Endorsement of the Emergency Medical Services and Emergency Operations Section Policy on Medical Plans for Mass Gatherings; Resolution 03-05.](#)
- [Approving the Update of the Laguna Honda Hospital 18-Month Strategic Plan; Resolution 04-05.](#)
- [Concurring with the Recommendation to Proceed with Construction at Laguna Honda Hospital and Requesting that the Department of Public Health Bring Forward Options for the Completion of the Facility as Soon as Possible; Resolution 05-05.](#)
- [Approving the Submission of the Department of Public Health's Base and Contingency Budget for Fiscal Year 2005-06, and Urging the Mayor and the Board of Supervisors to Develop Strategies for Avoiding Serious Cuts to the County's Health Safety Net Services; Resolution 06-05.](#)
- [Honoring Public Health Week, April 4 – 10, 2005; Resolution 07-05.](#)
- [Concurring with the Recommendation to Proceed with the Construction of the East Building at Laguna Honda Hospital; Resolution 08-05.](#)
- [Approving the Homeless Death Count Form to Be Filed at the Time of Registration of the Death Certificate with Vital Statistics; Resolution 09-05.](#)
- [Opposition to the California Medicaid Hospital Financing Waiver Currently Under Negotiation with the Federal Government; Resolution 10-05.](#)

THE DEPARTMENT'S STAFF

Achieving the Department's mission to protect and promote the health of all San Franciscans would not be possible without the dedication of the Department's staff. The nearly 6000 individuals employed throughout the Department work in countless ways, performing the core activities of the Department and utilizing their energy, experience and talents to fulfill the Department's mission and goals.

This organizational chart reflects the structure of the Department and the individuals working in key positions in FY 2004-05.



*CHN = Community Health Network, the integrated health service delivery system of the Health Department

**PHP = Population Health and Prevention

Linguistic Capability

In a city with great cultural and linguistic diversity, having a workforce that reflects this diversity is essential. The Department is committed to developing and maintaining health services that are culturally competent, consumer-guided and community-based. An important part of achieving this goal is having staff equipped to communicate with patients. Many staff members speak more than one language, though it may not be required for their particular position. For positions that require bilingual personnel, however, the Department ensures appropriate linguistic capability during the hiring process. Individuals holding positions that require bilingual capacity take a language proficiency test administered by the Department's Office of Equal Opportunity and Cultural Competency (EOCC). There are 950 staff members certified in a language other than English (an increase of 27 individuals since last year). This list shows the linguistic capability of the Department's Staff (as certified by the EOCC):

| Language | Number of Employees |
|--------------|---------------------|
| • Spanish | 524 |
| • Chinese | 308 |
| • Tagalog | 57 |
| • Vietnamese | 25 |
| • Russian | 18 |
| • Cambodian | 8 |
| • Hindi | 2 |
| • Korean | 2 |
| • Afrikaans | 1 |
| • Danish | 1 |
| • French | 1 |
| • Italian | 1 |
| • Japanese | 1 |
| • Laotian | 1 |

Employee Recognition Awards

The Department's dedicated staff strives for excellence on a daily basis, but some individuals display particularly outstanding performance in day-to-day operations or find innovative solutions that improve DPH services. Supervisors or fellow workers submit nominations for the Employee Recognition Award and the Health Commission selects the individuals and teams best suited for recognition. The following lists the individuals and teams that were recognized in FY 2004-05.

July 2004

Team Award – Community Programs Budget Team: Developed budget and solutions for Community Programs-wide issues, and implemented comprehensive new initiatives.

Team Members: Duane Einhorn, Kanwar Singh, Philip Tse, Nick Hancock, Maureen Singleton, Florence Atangan, Victoria Lau, Richard Acken, Nonie Cardona

September 2004

Individual Award – Jeff Steven, Information Systems Engineer, Central Administration: The high quality of Jeff's work and his level of dedication make use of the Internet and all network access possible for DPH.

October 2004

Individual Award – Patricia Erwin, Program Manager, Newcomers Health Program and Lisa Johnson, MD, Medical Director, Ocean-Park Health Center: Ms. Erwin and Dr. Johnson work together to provide highly successful, culturally-appropriate tobacco cessation, secondhand smoke and healthy living workshops for Russian-speaking patients and community members.

November 2004

Team Award – Pediatric Asthma Clinic: The Pediatric Asthma Clinic and its partnership with the "Yes We Can" collaborative was chosen this year by the Centers for Disease Control and Prevention for national recognition.

Team Members: Shannon Thyne, Nan Madden, Gail Herrick, Trina Stella, Yu Ruo Wang, Arthur Hill, Sylvia Raymundo

December 2004

Team Award #1 – San Francisco Behavioral Health Center Work Group: Implemented the ambitious recommendations of the Blue Ribbon Committee.

Team Members: Sharon McCole Wicher, Alex Anagnos, Linda Sims, Ernestina Carrillo, Fred Alexander, Kathy Jung, Hiroshi Tokubo, Lawrence Marsco, Greg Giffra, Bob Thomas, Louise Houston

Team Award #2 – SFGH Bed Control Task Force: This multidisciplinary group of nursing professionals has successfully improved patient safety and the quality of patient care.

Team Members: Terry Dentoni, Jay Kloo, Jerry Forquell, Suzanne Rosales, Carmel Gallagher, Jan Allison, Kjeld Molvig, Tina Lee

January 2005

Team Award – Contracts On-Line (COOL) Project Team: Responsible for creation of COOL, the on-line, electronic tracking system for contract documents.

Team Members:

- Donna Childers
- Jeff Burton
- Irina Tomashevsky
- Galen Leung
- Rob Longhitano



Clockwise from left: Rob Longhitano; Jeff Burton; Galen Leung; Irina Tomashevsky; Donna Childers

March 2005

Individual Award – David Woods, PharmD, Director of Pharmacy, Laguna Honda Hospital: Recognized for innovating Laguna Honda Hospital's pharmacy program.



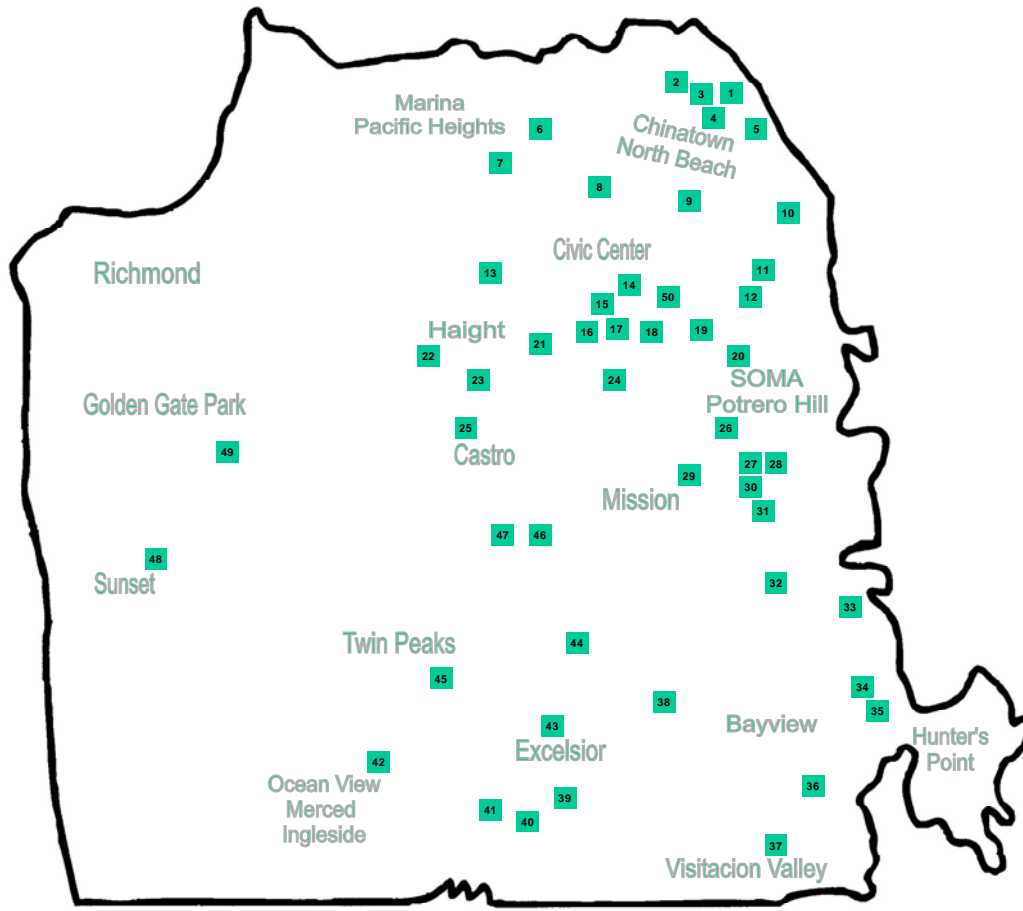
March 2005 Individual Employee Recognition Award: David Woods, PharmD

Team Award – Clarendon Hall Bridge Demolition Project Planning Team: Successfully planned and implemented the demolition of Clarendon Bridge with minimal impact on quality of care and operations.

Team Members: James Johnson, Philippe Taquin, Diana Kenyon, Viktor Kirienko, David Woods, Steve Koneffklatt, William Frazier, Angela Platzer, Debbie Tam, Monica McGuire, Lilia Hendrix, Lolita Caceres, Pamela Ketzler, Maxwell Chikere, Arla Escontrias, Jimmy Matthews, Horace Smith, Alice Wong

HEALTH SERVICES SITES

DPH offers primary care and other health services at sites located throughout the City. The map below shows where City-operated sites were located in FY 2004-05.



* Affiliated Providers

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Chinatown / North Beach Mental Health Services 2. Chinatown Public Health Center / Newcomers Program 3. Chinatown Child Development Center 4. Chinatown Child Development Center Child Care Mental Health Consultation 5. Northeast Medical Services * 6. Center for Special Problems – Trauma Resolution 7. Maxine Hall Health Center 8. Larkin Street Youth Clinic * | <ol style="list-style-type: none"> 9. Curry Senior Service Center * 10. Jail Health Services 11. South of Market Health Center * 12. South of Market Mental Health Services 13. Haight-Ashbury Free Medical Clinic * 14. Health Officer / Public Health Lab / Tom Waddell Health Center / Immunization / Vital Records 15. Central City Older Adult Unit 16. Environmental Health Services 17. Health Education & Health Promotion 18. Public Conservatorship 19. City Clinic |
|--|--|

20. Mission Mental Health Services
21. HIV Services
22. Cole Street Youth Clinic *
23. Lyon-Martin Women's Health Services *
24. Native American Health Center
25. Castro Mission Health Center
26. Mission Neighborhood Health Center
27. AB 3632 Unit / Children's Mental Health
28. Mission Family Center
29. Alternatives Program/ Mission ACT / Mission Mental Health Services Team I
30. San Francisco General Hospital
31. Child & Adolescent Sexual Abuse Resource Center (CASARC)
32. Potrero Hill Health Center
33. Comprehensive Child Crisis Service / Foster Care Mental Health Program
34. Family Mosaic Project
35. Children's System of Care Intensive Care Management
36. Southeast Health Center
37. Southeast Child & Family Therapy Center
38. Silver Avenue Family Health Center
39. Southeast Child & Family Therapy Center 2
40. Health At Home
41. Balboa Teen Health Center
42. OMI Family Center
43. Excelsior Group *
44. Southeast Mission Geriatric Services
45. Team II Adult Outpatient Services
46. Special Programs for Youth
47. Laguna Honda Hospital & Rehabilitation Center
48. Sunset Mental Health Services
49. Ocean Park Health Center
50. Housing & Urban Health Clinic

THE DEPARTMENT'S PARTNERS

The Department alone cannot provide the depth and breadth of the services on which San Franciscans rely. The Department's partners – individual residents, community groups and contractors – enable the Department to provide a wide range of culturally-competent, patient-focused, quality services.

Advisory Groups

The Department relies on the input and expertise of numerous Advisory Groups. The following lists the Advisory Groups that worked with the Department in FY 2004-05.

Behavioral Health

- AB 2034 Consumer Advisory Board
- Children's Mental Health Systems of Care Council
- Youth Advisory Task Force
- Mental Health Board
- Community Behavioral Health System Committee for Culturally Competent Systems of Care
- Wellness and Recovery Forum
- Treatment on Demand Planning Council and Subcommittees
- Perinatal Substance Abuse Coordinating Council
- Community Behavioral Health Services Client Council
- Community Behavioral Health Integration Advisory Committee

Community Health Epidemiology

- San Francisco Immunization Coalition

Community Health Promotion and Prevention

- Community and Home Injury Prevention Project for Seniors Community Council
- Newcomers Health Program Advisory Council
- San Francisco Pedestrian Safety Task Force
- San Francisco Tobacco Free Coalition
- San Francisco Violence Prevention Network

Community Programs

- Citywide School Health Advisory Committee
- Women and Girls' Health Advisory Committee

Emergency Medical Services

- EMS Operations Advisory Committee
- EMS Clinical Advisory Committee
- EMS Research Committee
- Trauma Medical Advisory Committee
- Trauma System Advisory Committee
- Disaster Registry Program Task Force
- Disaster Emergency Operations Committee

Environmental Health

- Lead Hazard Reduction Citizen's Advisory Committee
- Asthma Task Force
- Eastern Neighborhoods Community Health Impact Assessment Community Council

HIV/AIDS

- African American Regional AIDS Collaborative (AARAC)

- HIV Health Services Planning Council – Ryan White CARE Council
- HIV Prevention Messages/Circuit Party Study Community Advisory Board
- HIV Prevention Planning Council
- HIV Prevention and Vaccine Trials Community Advisory Board
- Prevention for HIV Positives Community Advisory Board
- Rave/Club Drug Task Force

Laguna Honda Hospital

- Laguna Honda Hospital Replacement Project Community Advisory Group

Maternal and Child Health

- Black Infant Health Task Force
- San Francisco Breastfeeding Promotion Coalition
- San Francisco Maternal, Child and Adolescent Health Advisory Board
- Pediatric Advisory Committee

Primary Care

- Breast Cancer Town Hall Advisory Group
- Castro-Mission Health Centers Community Advisory Board
- Chinatown Public Health Center Community Advisory Board
- City-Wide Community Advisory Board
- Dimensions Collaborative Board
- Maxine Hall Health Center Community Advisory Board
- North of Market Senior Services Governing Board of Directors
- Ocean Avenue Health Center Community Advisory Board
- Potrero Hill Health Center Community Advisory Board
- Silver Avenue Family Health Center Community Advisory Board
- Special Programs for Youth Community Advisory Board
- Southeast Health Center Community Advisory Board
- Tom Waddell Health Center Community Advisory Board

San Francisco General Hospital

- Avon Breast Cancer Advisory Committee

STD Control

- STD Prevention Community Action Coalition
- Community STD Partners Group
- STD Youth Community Action Coalition/Advisory Committee

The Department's Contractors

The commitment and participation of community-based organizations (CBOs) is central to the Department's success. These organizations expand and enhance the Department's capacity to provide services to the public. The following lists the CBOs and other agencies the Department contracted with in FY 2004-05.

Addiction Research & Treatment (ART), Inc.
 Aguilas, Inc.
 AIDS Community Research Consortium
 AIDS Legal Referral Panel of the San Francisco Bay Area (ALRP)
 Alameda County Health Care Service Agency
 Alta Bates Summit Medical Center
 Alternative Family Services, Inc.
 Ark of Refuge, Inc.
 Asian & Pacific Islander Wellness Center
 Asian American Recovery Services (AARS), Inc.

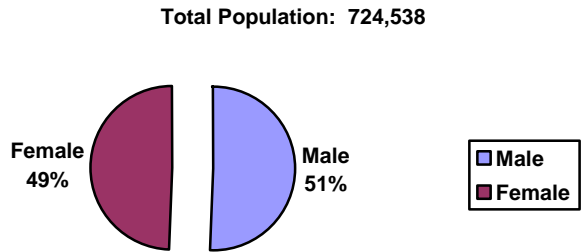
Asian Women's Shelter
BAART Community Healthcare (BCH)
Baker Places, Inc.
Bay Area Bookkeeping
Bay Area Communication Access
Bay Area Community Resources
Bay Area Mobile Apheresis Program
Bay Area Young Positives, Inc.
Bayview Hunters Point Adult Day Health Center
Bayview Hunters Point Foundation for Community Improvement
Bayview Hunters Point Health Education Resource Center (HERC)
Better World Advertising
Black Coalition on AIDS (BCA)
Booker T. Washington Community Services Center
Boys and Girls Club of San Francisco
Brainstorm Tutoring
Caduceus Outreach Services
California Acupuncture Resources, Inc.
California Family Health Council, Inc.
California Mental Health Directors Association
California Pacific Medical Center
California Prostitute Education Project (CAL-PEP)
Catholic Charities - CYO
Center for Human Development
Center on Juvenile & Criminal Justice (CJCJ)
Centerforce, Inc.
Children's Council of San Francisco
Chinatown Community Development Center
Community Awareness & Treatment Services (CATS), Inc.
Community Vocational Enterprises (CVE), Inc.
Compass Community Service
Conard House, Inc.
Continuum HIV Day Services
County of Marin AIDS Office
Crestwood Manor
Dolores Street Community Services (DSCS)
Edgewood Center for Children and Families
Eldergivers
Episcopal Community Services of San Francisco, Inc.
FamiliesFirst, Inc.
Family Service Agency of San Francisco (FSA)
Fort Help
Fred Finch Youth Center
Friendship House Association of American Indians, Inc.
Glide Foundation
Haight Ashbury Free Clinics, Inc. (HAFCI)
Hamilton Family Center
Harder & Company Community Research
Harm Reduction Coalition
Health Initiatives For Youth (HIFY)
Hearing & Speech Center of Northern California
Heritage Residential Treatment Center
High Gear Achievers
Homeless Children's Network (HCN)
Homeless Prenatal Program
Huckleberry Youth Programs, Inc.
Hyde Street Community Services, Inc.

Immune Enhancement Project (IEP)
Industrial Emergency Council
Institute for Community Health Outreach (ICHO)
Instituto Familiar de la Raza (IFR), Inc.
International Institute of San Francisco
Internet Sexuality Information Services (ISIS), Inc.
Iris Center: Women's Counseling & Recovery Services
Japanese Community Youth Council (JCYC)
Jelani House, Inc.
Jewish Family and Children's Services
John Stewart Co., Inc.
La Casa de las Madres
La Raza Centro Legal, Inc.
Larkin Street Youth Center (LSYC)
Latino Commission
Lavender Youth Recreation & Information Center (LYRIC)
Legal Services for Children, Inc.
Lighthouse for the Blind & Visually Impaired
Lincoln Child Center
Lutheran Social Services of Northern California
Lyon-Martin Women's Health Services
M.S.C. Psychiatric Services Corp.
MV Transportation
Maitri AIDS Hospice
MedImpact Healthcare Systems, Inc.
Mental Health Management I, Inc., dba Canyon Manor
Mercy Services Corp.
Mills-Peninsula Health Services
Mission Council on Alcohol Abuse
Mission Neighborhood Health Center (MNHC)
Mobilization Against AIDS International, Inc.
Morrissania West, Inc.
Moss Beach Homes, Inc., dba Aspira Foster & Family Services
Mount Zion Health Fund
Mt. Diablo Medical Pavilion
Mt. St. Joseph-St. Elizabeth
National Council on Alcoholism
New College of California
New Leaf . . . Services for Our Community
NICOS Chinese Health Coalition
North of Market Senior Services, dba Curry Senior Center
O'Rorke, Inc.
Oakes Children's Center, Inc.
Occupational Therapy Training Program - Special Services for Groups (OTTP-SSG)
Ohlhoff Recovery Programs
P.H.F.E. Management Solutions
Page Street Guest House
Pharmaceutical Care Network
Polaris Research & Development
Positive Directions Equals Change (PDEC), Inc.
Positive Resource Center (PRC)
Potrero Hill Neighborhood House
Progress Foundation
Project Open Hand
Quan Yin Healing Arts Center
Ramsell Corp.
Recreation Center for the Handicapped - Janet Pomeroy Center, Inc.

Regents of the University of California, UCSF AIDS Health Project
Regents of the University of California, UCSF Center on Deafness
Regents of the University of California, UCSF Crisis Response Team
Regents of the University of California, UCSF Francis J. Curry Regional TB Prevention & Treatment Training Center
Regents of the University of California, UCSF Positive Health Program
Regents of the University of California, UCSF Stonewall Project
Regents of the University of California, UCSF Women and Children's Specialty Program
Regents of the University of California on Behalf of UCSF Medical Center / Medical Group
Richmond Area Multi-Services (RAMS), Inc.
Rise Institute
S.F. Bar Association Volunteer Legal Services
Sage Project, Inc.
Saint Francis Memorial Hospital
Samuel Merritt College
San Francisco AIDS Foundation
San Francisco Community Clinic Consortium
San Francisco Food Bank
San Francisco Foundation Community Initiative Funds
San Francisco Health Plan
San Francisco Mental Health Education Funds
San Francisco Network Ministries Housing Corp.
San Francisco Pretrial Diversion Project
San Francisco Psychoanalytic Institute & Society
San Francisco Study Center, Inc.
San Francisco Suicide Prevention
San Mateo County AIDS Services
Self Help for the Elderly
Seneca Center
Shanti Project
South of Market Health Center
St. James Infirmary
St. Luke's Hospital
St. Mary's Prescription Pharmacy
St. Mary's Hospital Medical Center
St. Vincent de Paul Society of San Francisco
Stop AIDS Project, Inc.
Sunny Hills Children's Services
Support for Families of Children with Disabilities
Survivors International
Swords to Plowshares
Tenderloin AIDS Resource Center (TARC)
Tenderloin Housing Clinic, Inc.
Tenderloin Neighborhood Development Corp. (TNDC)
Tides Center
University of the Pacific School Of Dentistry
ValueOptions, Inc.
Victor Treatment Centers, Inc.
Villa Santa Maria, Inc.
Volunteer Center Serving San Francisco & San Mateo Counties
Walden House, Inc.
West Bay Pilipino Multi-Service Corp.
West Coast Children's Center
Westside Community Mental Health Center, Inc.
Y.M.C.A. of San Francisco
Youth Leadership Institute (YLI)

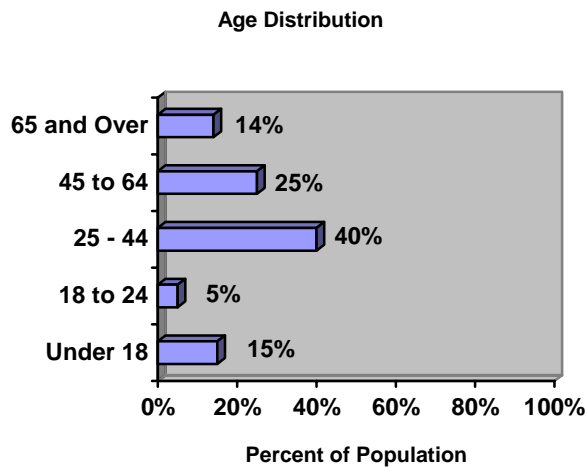
WHO WE SERVE ...

San Francisco's total population grew from 723,900 in 1990 to 776,700 in 2000, a 7.3 percent increase, but has decreased by 6.7 percent since then to 724,538.



Source: U.S. Census Bureau, American Community Survey 2004

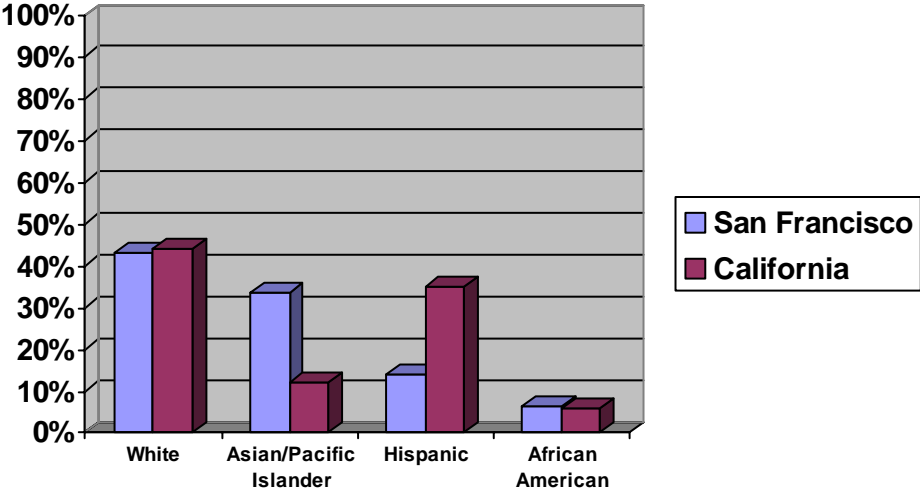
When compared to the rest of California, San Francisco's population has a smaller proportion of children and youth under age 25, and a greater number of adults and senior citizens.



Source: U.S. Census Bureau, American Community Survey 2004

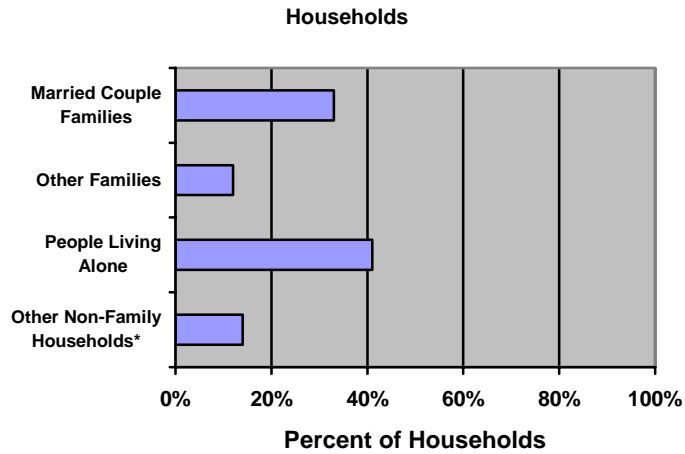
San Francisco's unique demographic profile includes a substantially larger proportion of Asian and Pacific Islanders, and a smaller proportion of Latinos, than California as a whole.

Population by Race/Ethnicity

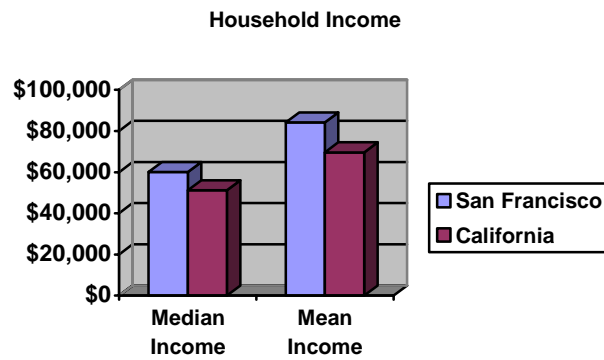


Source: U.S. Census Bureau, American Community Survey 2004

Household data for San Francisco reflects the City's large number of single people. Over 40 percent of households are people living alone, compared with 27 percent of households nationwide. Average household income in San Francisco is higher than the statewide average.

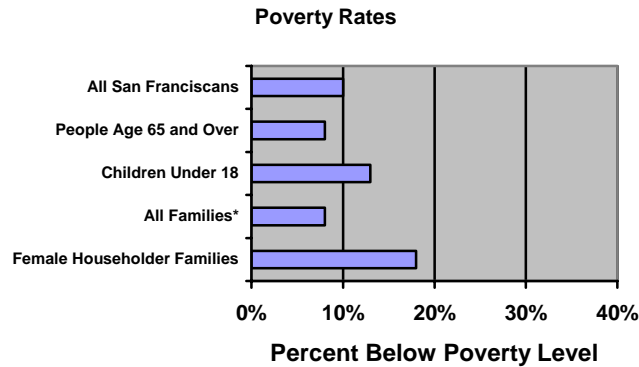


Source: U.S. Census Bureau, American Community Survey 2004
 * The U.S. Census Bureau defines "family" as a household where related people are living together.

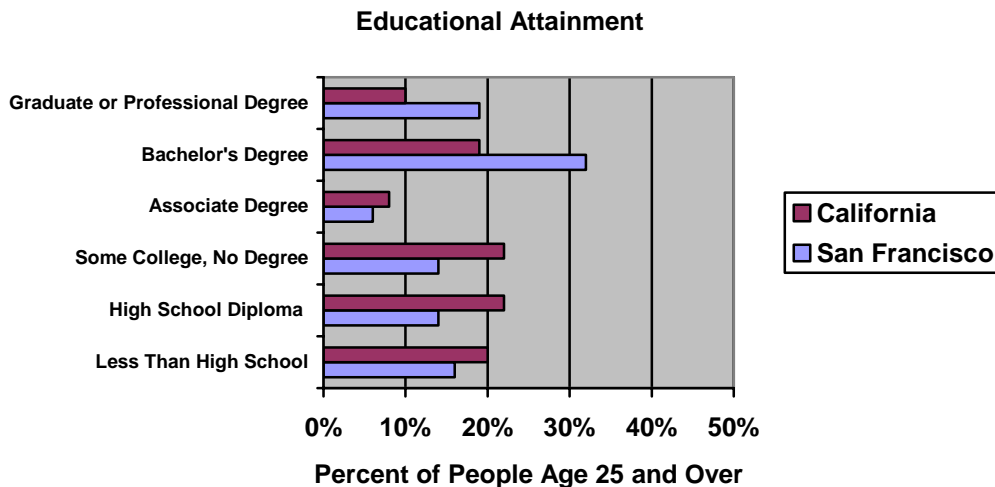


Source: U.S. Census Bureau, American Community Survey 2004

Overall, 10 percent of San Franciscans are currently living in poverty, including 13 percent of children under 18. These figures are slightly less than the statewide rates of 13 percent and 19 percent respectively. As is the case statewide, families with a female householder and no husband present have the highest poverty rate. San Francisco's lower poverty rates are likely associated with the City's higher levels of educational attainment when compared to the rest of California.

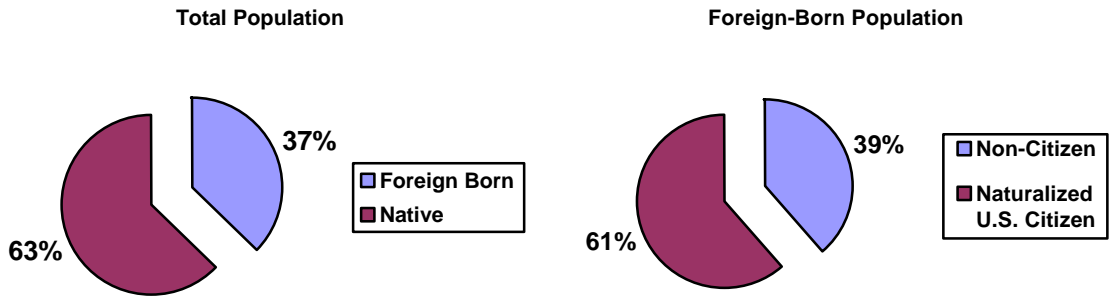


Source: U.S. Census Bureau, American Community Survey 2004
 * The U.S. Census Bureau defines "family" as a household where related people are living together.

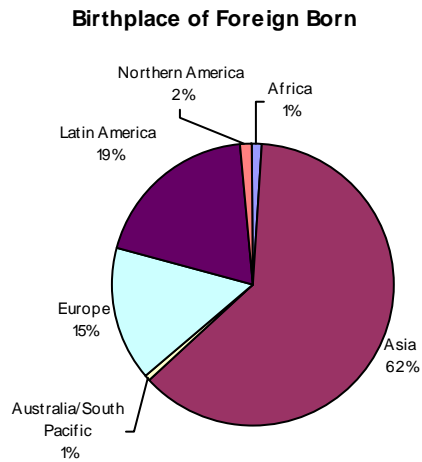


Source: U.S. Census Bureau, American Community Survey 2004

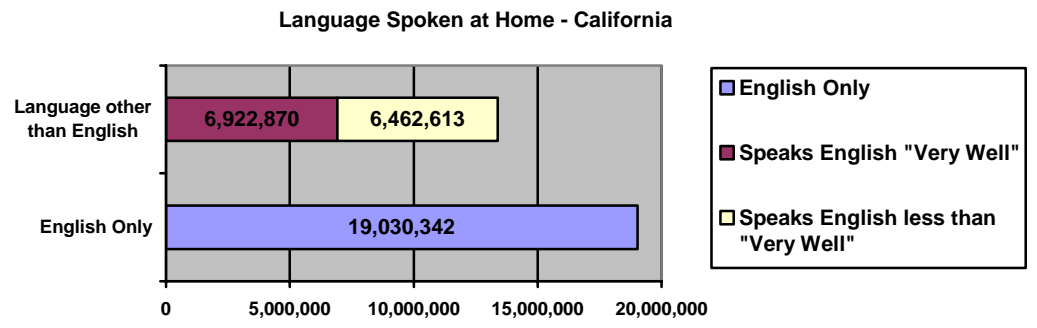
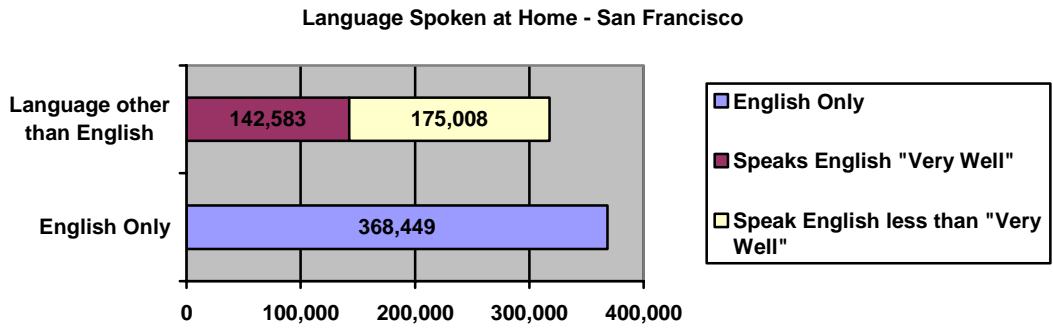
San Francisco continues to be a major port of entry for immigrants from around the world. Although it's difficult to know where immigrants settle once admitted, a 1996 report by the INS shows San Francisco was the 9th most popular destination for immigrants and the 6th most popular destination for naturalized citizens. While nearly half of San Franciscans who speak a language other than English at home also speak English very well, the City has a higher proportion of residents who speak English less than very well than the state as a whole.



Source: U.S. Census Bureau, American Community Survey 2004

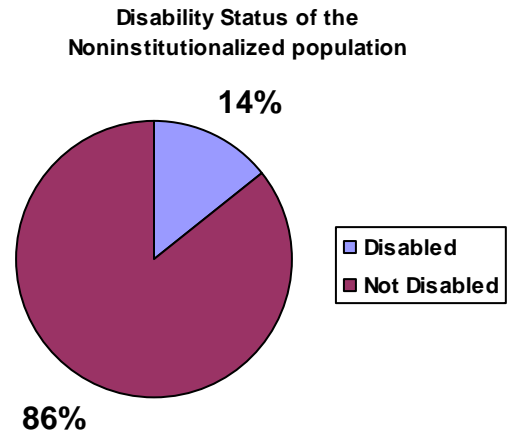


Source: U.S. Census Bureau, American Community Survey 2004



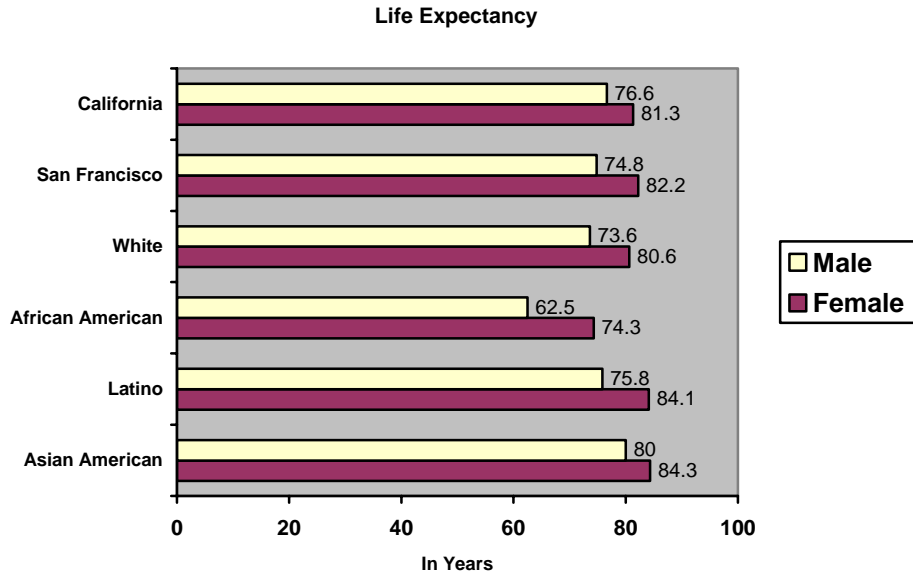
Source: U.S. Census Bureau, American Community Survey 2004

The U.S. Census defines "disability" as a long-lasting physical, mental or emotional condition that can make it difficult for a person to do daily activities or go outside the home alone. Approximately 14 percent of San Franciscans over the age of 5 have a disability, a proportion that is slightly higher than the statewide figure of 12 percent.



Source: U.S. Census Bureau, American Community Survey 2004

Life expectancy trends in San Francisco track those of the rest of California. Latinos and Asian Americans tend to live slightly longer than Whites, and African Americans have a shorter life expectancy.

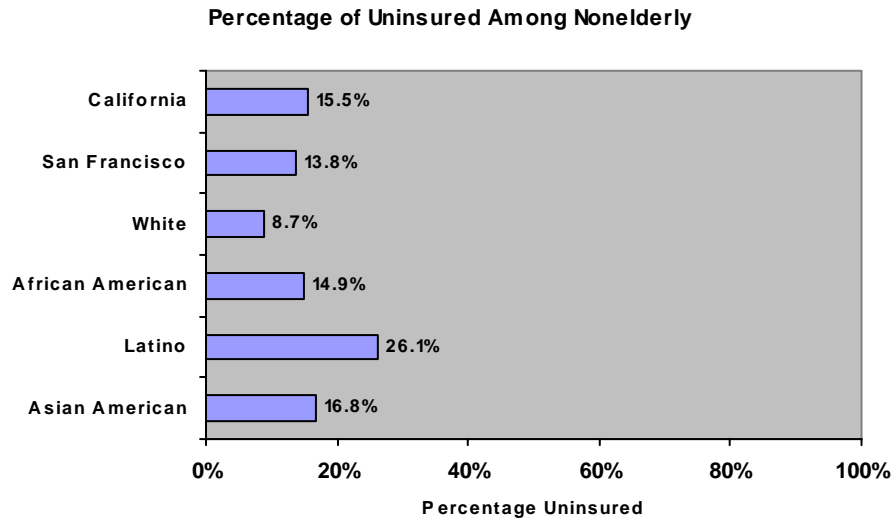


Source: Building a Healthier San Francisco 2004 Community Health Assessment

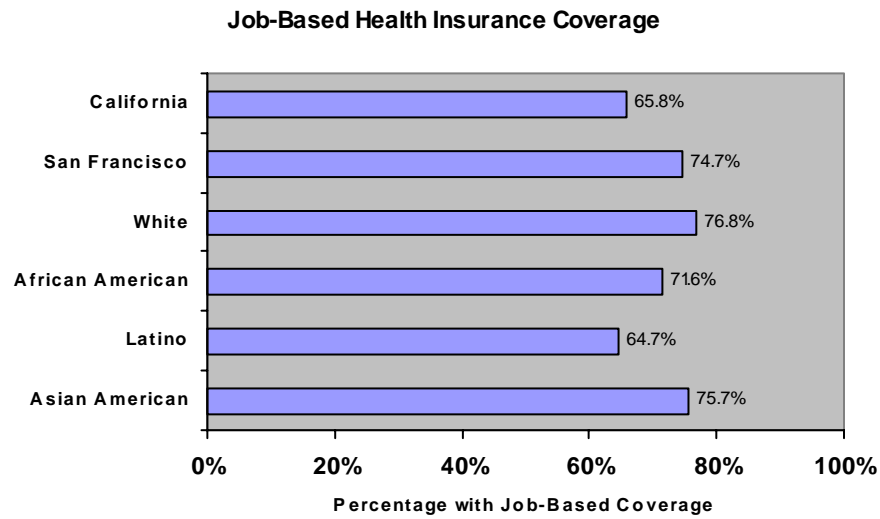
- Leading Causes of Premature Mortality*
- Heart Disease
 - HIV/AIDS
 - Lung Cancer
 - Cerebrovascular Disease
 - Poisonings
 - Self-Inflicted Injury
 - COPD
 - Violence
 - Lower Respiratory Infection
 - Cirrhosis of Liver
 - Traffic Accidents
 - Colon Cancer
 - Alcohol Use Disorder
 - Diabetes
 - Breast Cancer
 - Liver Cancer
 - Lymphoma / Multiple Myeloma
 - Pancreatic Cancer

Source: Building a Healthier San Francisco 2004 Community Health Assessment

Gaps in health insurance coverage in San Francisco are similar to those in the rest of the country, with Latinos having the highest uninsured rates. Latinos in San Francisco also have lower rates of employer-based coverage, but San Francisco overall has a higher rate of employer-based coverage than the rest of the state.



Source: California Health Interview Survey, 2001



Source: California Health Interview Survey, 2001

WHAT WE DO ...

Guided by our Strategic Plan, DPH is divided into two main components. The Community Health Network (CHN) is the division of DPH that encompasses all direct health care services. CHN has the unique role of addressing the various health needs of all San Franciscans, with a special emphasis and commitment to serving the City's most vulnerable populations, and encompasses a wide array of services across a continuum of care. Major service components include primary care (provided at sites throughout the City), specialty care, acute care, home care, long-term care and emergency care.

The Population Health and Prevention Division (PHP) has a broader mission, focusing on entire communities by monitoring the health status of the population through surveillance and enforcing public health policies, including regulations related to environmental health, occupational safety and emergency services. PHP also provides health education to help individuals and communities prevent disease and injury.

References to the Goals and Objectives of the Department's Strategic Plan are included throughout the following section of the report. A notation in small bold type at the end of a paragraph (e.g., **Goal 1, Objective 1**) refers to the Strategic Plan's Goals and Objectives as found in the Appendix that begins on Page 74.

Community Health Network

- Primary Care
- Emergency and Trauma Care
- Inpatient/Outpatient Services
- Home Health
- Skilled Nursing
- Dental Care
- Psychiatric Emergencies

Population Health and Prevention

- Health Education/Promotion
- Public Health Surveillance
- Supportive Housing
- HIV/STD Prevention
- TB Control
- Environmental Health

STRATEGIC PLAN

In November 2003, DPH staff began the process of updating the Department's Strategic Plan. Originally issued in 2000, the Strategic Plan was envisioned as a three to five-year document designed to guide the Department's programs and resource allocation. The updated Strategic Plan was presented to and adopted by the Health Commission in November 2004, with implementation beginning in January 2005.

Revision of the Strategic Plan required gathering and interpreting input from community and staff. To engage with these groups, the Department hosted 18 community and three staff Town Hall meetings between March and May 2004 in all areas of the City, and conducted an e-mail survey of 623 of the City's non-profit leaders to present an overview of the existing Strategic Plan and to request ideas and input from the community. Department staff organized and advertised the meetings to maximize attendance from San Francisco's numerous cultures and ethnic populations.

Department staff worked from the initial belief that the goals of the strategic plan would remain the same as or similar to the goals of the 2000 plan. This assumption bore out during the community meetings, e-mail survey and staff meetings the Department undertook. Stakeholders did not indicate that the Department should dramatically change its goals from the original ones, as people believe that these goals continue to serve the Department and its constituents well. Only Goal 1 was modified slightly to make it clearer and increase its impact. It originally read: "San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations." Although the reference to "target populations" was removed from Goal 1, the concept continues to exist in the plan itself as part of the objectives and strategies.

The Goals for the revised Strategic Plan are:

Goal 1: San Franciscans have access to the health services they need.

Goal 2: Disease and injury are prevented.

Goal 3: Services, programs and facilities are cost-effective and resources are maximized.

Goal 4: Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services.

As a result of these efforts, the Department crafted a Strategic Plan that serves as a roadmap for the Department for the next five years. Sections within the Department use the plan to evaluate their own program priorities and direction, and in some cases to develop their own strategic plan based on the Department's document. At the broadest level, the Department uses the plan to determine priorities when planning for program development and service adjustments.

The objectives and strategies that are being used to achieve these goals are listed in the Appendix. Throughout this report, references to the Strategic Plan, including the specific goals

and objectives being met (e.g., **Goal 1, Objective 1**), are included for each of the highlighted programs and accomplishments.

COMMUNITY HEALTH NETWORK

The Community Health Network (CHN) is the division of the Department that encompasses all personal health care services, including all inpatient, outpatient and emergency care at San Francisco General Hospital, outpatient care through our network of primary care clinics, mental health services at the San Francisco Behavioral Health Center and skilled nursing and long-term care at Laguna Honda Hospital.

In FY 2004-05, the CHN provided health care services to 118,313 unduplicated patients. Throughout the system, the top diagnoses in order were:

| <u>Emergency Department</u> | <u>Acute Inpatient Care</u> | <u>Primary Care Clinics</u> |
|-----------------------------------|-----------------------------|-----------------------------|
| Alcohol Abuse | Psychosis | Hypertension |
| Hypertension | Normal Delivery | Diabetes |
| Abdominal Pain | HIV Disease | HIV Disease |
| Cellulitis/Abscesses | Hypertension | Hyperlipidemia |
| Acute Upper Respiratory Infection | Pneumonia | Depressive Disorder |

CHN Services in FY 2004-05

- 314,101 Primary Care Visits
- 168,526 Specialty Visits
- 15,514 Dental Visits
- 22,196 Urgent Care Visits
- 60,534 Emergency Visits
- 53,013 Medical Emergencies
 - 16.4% Admitted
- 7521 Psychiatric Emergencies
 - 40.4% Admitted
- 3029 Patients requiring Trauma Center Services
- 106,139 Acute Inpatient Days
- 21,981 Home Health Care Visits
- 7702 SFGH Skilled Nursing Days
- 36,150 Behavioral Health Center Skilled Nursing Days

Additional Services at Laguna Honda Hospital

- 374,840 Skilled Nursing Facility (SNF) Patient Service Days
- 1491 Acute Patient Service Days
- 1703 Unduplicated Residents Served



San Francisco General Hospital

San Francisco General Hospital (SFGH) is a licensed general acute care hospital owned and operated by the City and County of San Francisco. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health and rehabilitation services for adults and children. It is the largest acute inpatient and rehabilitation hospital for psychiatric patients in the City, and the only hospital that provides 24 hour psychiatric emergency services. Additionally, SFGH operates the only Trauma Center (Level I) for the 1.5 million residents of San Francisco and northern San Mateo County. San Francisco General Hospital provides comprehensive emergent, urgent, primary and specialty care to 98,000 adult and pediatric patients annually.

In August 2005, SFGH was granted full accreditation by the Joint Commission on Accreditation of Healthcare Organizations for another three years. JCAHO evaluates the quality and safety of health care at more than 15,000 health care organizations. SFGH was one of 75 hospitals in the country to volunteer for an unannounced JCAHO accreditation survey in 2005. The surveyors gave SFGH high marks, and commented on the strong commitment to patient care demonstrated by SFGH staff.

Rebuilding San Francisco General Hospital: In 1996, legislation was passed requiring that all California acute care hospitals meet upgraded seismic safety standards by either retrofitting existing buildings or rebuilding a new hospital building by 2013. If hospitals fail to comply with these regulations, they will have to close their acute care facilities after 2008. Nearly half of California's 2700 hospitals, including SFGH, must be rebuilt or retrofitted as a result of recent compliance evaluations. It is estimated that it will cost over \$24 billion statewide to make these needed seismic upgrades. There is no funding attached to this mandate.

The Mayor appointed a 26 member Blue Ribbon Committee to make a recommendation regarding where SFGH should be rebuilt – either on the existing campus in Potrero Hill or at Mission Bay, co-locating with the planned women’s, children’s and cancer hospitals for UCSF Medical Center. Key issues impacting this decision include land and construction costs, operating costs, maintaining quality patient care and faculty recruitment. Sandra Hernandez, MD, Executive Director of the San Francisco Foundation and former Director of Public Health, chairs the Committee and Mitch Katz, MD, current Director of Public Health, is serving as co-chair. Members come from disciplines throughout the City, including health care, education, community groups, labor, government, philanthropy and business. Edward A. Chow, MD, is serving on the Committee as the Health Commission representative.

The Committee’s recommendations will be forwarded to the Mayor, Board of Supervisors and Health Commission for consideration. **Goal 1, Objective 4 / Goal 3, Objective 3**

SFGH recognized for efforts to reduce health disparities: SFGH was one of eight sites selected from a pool of 80 hospitals nominated by the American Medical Association in recognition of innovative work to support patient-centered communication. Patient-centered communication focuses on reducing cultural and language barriers that cause disparities in health outcomes, especially for racial and ethnic minorities. SFGH will be recognized on the AMA's Web site and included in a report to the Commonwealth Fund that outlines promising practices for patient-centered communication. **Goal 1, Objective 2**

Improving Patient Safety: San Francisco General Hospital has joined over 2700 hospitals in all 50 states and the District of Columbia in the *100,000 Lives Campaign*, an innovative effort to improve patient care and reduce medical errors. Launched in early 2005 by the Institute for Healthcare Improvement, a Boston-based nonprofit focused on health care quality, the Campaign is based on the belief that widespread implementation of a few proven interventions will dramatically improve the quality of care and patient safety. **Goal 1, Objective 1**

Participating hospitals implement one or more of six interventions. By using the best methods, 100 percent of the time, the Campaign believes that 100,000 deaths will have been avoided by June 2006, and then every year thereafter. SFGH is focusing on the following three interventions:

- 1) Develop Rapid Response Teams that may be summoned at any time by anyone in the hospital to assist in the care of a patient who appears acutely ill, before the patient has a cardiac arrest or other adverse event.
- 2) Deliver reliable evidence-based care to prevent deaths from heart attack, including administering aspirin and beta-blockers early in the course of care and again at discharge.
- 3) Prevent adverse drug events through a process called "Medication Reconciliation", which ensures that patients receive all intended medications and no unintended medications following transitions in care locations.

Improving Access to Eye Care for Seniors and other Vulnerable Populations: DPH has expanded access to eye services, including comprehensive screening for glaucoma and diabetic eye disease, with the addition of our new 28 foot mobile eye screening services van, a gift from the Friends of the Congressional Glaucoma Caucus Foundation, the San Francisco Health Plan and That Man May See, an eye research foundation.



Operated jointly by UCSF Medical Center and SFGH, and equipped with the latest technology, this van is being used to reach underserved patients, particularly the elderly, who often do not get checked for preventable eye diseases because they lack transportation. The “Eye Van” makes stops at DPH's nine community health centers on a revolving basis, providing at least one full day of eye services every two weeks, and visits various Northern California health fairs on weekends.

Operation began in September 2004. Over 1000 patients have been served, and wait time for an Optometry Clinic appointment at SFGH has

decreased by 45 days.

In addition to screening services, the Eye Van will be used for department research activities, the first of which is the Asian Eye Study, which is designed to identify eye diseases for which Asian Americans are at increased risk. **Goal 1, Objectives 1, 2 and 4**

Continuing the Successful MammoVan Program: Through a grant from the Avon Foundation, SFGH is continuing operation of the MammoVan, the mobile mammography facility acquired by UCSF in 1999 to provide mammography services to indigent and underserved women in San Francisco. The van has been serving more than 2000 women a year from SFGH and associated clinics in DPH's Community Health Network.

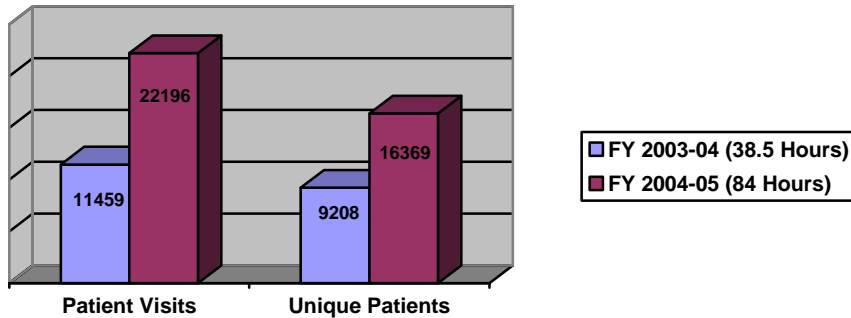
SFGH began operation of the van in February 2005, with the new Avon Foundation Comprehensive Breast Center serving as its base of operations. Since that time, nearly 500 screenings have been provided to patients at sites throughout the City. **Goal 1, Objectives 1 and 2 / Goal 3, Objective 4**



SFGH and AVON have continued their public/private partnership with the AVON Foundation awarding SFGH \$1,000,000 in FY 2004-05 towards screening and care of patients with breast cancer.

Increasing Access to Urgent Care: Located at the SFGH main campus building, the Urgent Care Center (UCC) provides daily after-hours adult urgent care services to all patients of the Community Health Network (CHN), providing a less expensive alternative to the Emergency Department for thousands of San Franciscans each year. UCC medical staff provide a full range of adult urgent care services involving the respiratory, cardiovascular, gastrointestinal, gynecological, orthopedic, neurological and dermatological systems; infectious diseases; and a limited number of outpatient clinic procedures.

This past year UCC more than doubled its hours of operation, from 38.5 hours to 84 hours each week. Increased access to care doubled the number of patient visits from 11,459 in FY 2003-04 to 22,196 in FY 2004-05. The number of unique patients increased from 9208 in FY 2003-04 to 16,369 in FY 2004-05. **Goal 1, Objectives 1 and 4**



Primary Care Centers

The Primary Care Division of the Community Health Network is comprised of 21 health centers and clinics located throughout San Francisco. Six clinics are located on the campus of SFGH, and 15 are in community locations across the City. Combined, these centers provide more than 300,000 primary care patient visits and care for more than 100,000 patients annually. All 21 have been designated as Federally Qualified Health Centers (FQHC), and as such receive cost-based reimbursement for Medi-Cal visits. The guiding philosophy of the Primary Care Division is that of community-oriented primary care, which is a synthesis of primary care, community medicine and public health. Staff is committed to a broad definition of health (physical, psychological, social, spiritual) and to multidisciplinary services.



A young patient receives a check-up at Chinatown Public Health Center.

Upgrading Primary Care Facilities: Curry Senior Services was established in 1972 as North of Market Senior Services to provide a wide spectrum of medical and social support services to low-income and frail elderly residents in the Tenderloin. Construction related to seismic repairs and additional facility improvements began in early 2005. Once completed in early 2006, this project will improve primary care access for Tenderloin residents, providing three additional examination rooms, reconfigured interview rooms and registration areas, accessibility improvements to entrances and restrooms, new heating and ventilation, and new medical labs.



Curry Senior Center will have three new exam rooms by early next year.

In addition, renovation projects are now planned or underway at six other DPH health centers, to be completed over the next three years. These renovations will allow building space to be used more efficiently, expand exam room capacity and provide more meeting spaces. Expanded capacity will also make it possible for DPH to offer more behavioral health services at these primary care sites, further integrating care. **Goal 3, Objective 3**

Working with Other Safety Net Providers to Improve Diabetes Care: Four of San Francisco's Primary Care health centers were chosen by the California Association of Public Hospitals (CAPH) Safety Net Institute to participate in a one year statewide collaboration with other safety net providers to improve diabetes care. The project involves enhanced use of diabetic patient registries to assist clinics in tracking performance data and promotion of patient self-management, improving patient education and motivation in diet, exercise and medication adherence. Early results show improved prevention services, lab monitoring and patient goal-setting. CAPH plans to expand to other sites upon completion of this project in December. **Goal 3, Objectives 4 and 7**

Expanding Access to Primary Care for Patients of All Ages: SFGH's Family Health Center (FHC) provides the full scope of primary care services for children, adolescents, adults, elderly and homebound patients, incorporating patient education, counseling and the selective use of diagnostic, screening and therapeutic services to promote health maintenance as well as early diagnosis and treatment of illness.

This past year, six new exam rooms have been added to expand services, including urgent care, prenatal care and perinatal case management, family planning, HIV services, well child care, minor surgery, mental health services, social services, substance abuse counseling, nutrition

consultation, diabetes education and case management, nurse case management and pharmacist consultation. **Goal 1, Objective 1 / Goal 2, Objective 3 / Goal 3, Objective 3**

San Francisco Behavioral Health Center

The San Francisco Behavioral Health Center (SFBHC), formerly known as the Mental Health Rehabilitation Facility (MHRF), is an adult residential facility that offers services designed to meet the clinical needs of complex psychiatric and medical patients, provide treatment and housing options for patients needing less restrictive care and provide a continuum of care with easier transitions for patients progressing from one level of care to the next.

The new facility provides a full range of medical, nursing, dietary and activity programs. Special emphasis is placed on programs that are individually designed to meet the goals of each resident, including special programs for Cantonese speakers and geriatric residents, and that focus on transitioning patients back into the community, including discharge planning, linkages to community agencies and service providers, and reintegration of residents with their families and friends.

Improving Behavioral Health Services: The SFBHC recently completed implementation of a series of recommendations from the Mayor's Mental Health Rehabilitation Facility Blue Ribbon Committee. The Committee was formed in September 2003 to determine the future of the MHRF and optimal programmatic design, given available services and unmet needs of persons with mental illness in San Francisco. Chaired by the Director of Health and including representatives from unions, academia, DPH staff, Family and Friends of the MHRF, mental health experts from community and institutional programs in San Francisco and other counties, and the Department of Aging and Adult Services, the Committee recommended a unique structure that provides multiple levels of care under one roof.

In response to these recommendations, the SFBHC now offers three types of care: 1) a 59-bed skilled nursing facility, licensed by the Department of Health Services, that provides care for psychiatric patients with complex medical needs; 2) a 47-bed Mental Health Rehabilitation Center, licensed by the California Department of Mental Health, that treats patients with severe and persistent mental illness and allows for seclusion and restraint when necessary; and 3) a 41-bed Adult Residential Facility, licensed under the California Department of Social Services' Community Care Licensing Division, for patients who are ready to transition to community housing, but who still need counseling and a structured therapeutic environment.

Successfully obtaining licenses for health, mental health and social services is a unique distinction for a facility of this kind. **Goal 1, Objective 4 / Goal 2, Objectives 3 and 7**



Laguna Honda Hospital and Rehabilitation Center

Laguna Honda Hospital and Rehabilitation Center (LHH) is home to approximately 1100 San Franciscans needing 24 hour skilled-nursing care due to a disability or chronic illness. LHH also includes a small acute-care unit and an acute rehabilitation unit for patients with more intensive rehabilitation needs. LHH is the largest single site municipally owned and operated skilled nursing care facility in the country, and provides a wide range of inpatient and outpatient services, including rehabilitation, hospice and respite care, an AIDS unit, an adult day health care program and a senior nutrition program. Specialized care is available for those with wounds, head trauma, stroke, spinal cord injuries, orthopedic injuries and dementia. Over 700 volunteers contribute thousands of service hours each year to enhance staff efforts.

LHH experienced a change in leadership this past year. In November 2004, Executive Administrator Larry Funk decided to work full-time on the LHH Replacement Project and focus on developing a work plan to assure timely occupancy of the new facility. Mr. Funk is now Associate Administrator of the Replacement Project and John Kanaley, formerly a Senior Associate Administrator at San Francisco General Hospital, has been appointed as the new Executive Administrator.

2004 was a challenging year at LHH as political and community unrest arose due to a change in the admissions policy that increased patient flow from San Francisco General Hospital. In response to issues arising from this change, the Mayor directed that the admissions policy be readjusted in December 2004 to give people from the community who are at risk the highest priority. Today, LHH continues to carefully oversee and implement the on-going admission and discharge of residents in order to maximize the utilization of resources and accommodate the needs of all San Franciscans.

Replacing Laguna Honda Hospital: Built in the 1920s, the main LHH wards have outlived their useful life, no longer comply with federal standards and are not seismically sound. In

November 1999, San Francisco voters overwhelmingly (73 percent) approved Proposition A, a \$299 million general obligation bond measure to replace LHH and build an assisted living center on the campus. The new facility will be ready for occupancy in 2008, and the assisted living wing will be completed in 2013.

Plans for the new facility include additional acute, respiratory step-down, rehabilitation, hospice and other skilled nursing facility beds. In addition, the campus will include a childcare center and an assisted-living facility. The first three sections of the current main building, with its WPA murals, original tile and marble, community auditorium and chapel, will be preserved for non-clinical purposes.

The entrance and center of the new campus will shift to the valley between the current buildings. The new Link Building will contain expanded versions of the rehabilitation unit, the outpatient clinic, the adult day health center and the senior nutrition program, plus a social "mall" area including a library, gift shop, volunteer office, cafeteria, and beauty and barber shops. The outpatient clinic will have the capacity to serve those living in the campus assisted living facility and in nearby senior housing. It will also include a multipurpose clinical area that can serve as a small dialysis center.

Three of the new buildings, which will accommodate 780 beds, are under construction. Currently most of Laguna Honda's residents live in 25-bed open wards. Each new unit will contain four 15-bed "households" with common activity, dining areas and living rooms. Two different household designs afford a flexible mix of single rooms, double rooms and "triples" or single bedrooms with a shared bathroom.

The new buildings will feature a diverse array of art representing the rich ethnic and cultural backgrounds of the patient population served by LHH. In accordance with the City's building art enrichment program, 2 percent of construction costs are allotted for public art that will complement the hospital's clinical needs and therapeutic goals.

Information about LHH community meetings is available at www.sfdph.org/LHHReplace or (415) 759-4597.

LHH has participated in over 80 community meetings within the last 5 years and will continue the tradition of communicating with neighbors throughout the construction of the new campus. In partnership with the Mayor's Office, other City departments and San Francisco CBOs, the

Replacement Program is also an active member of CityBuild, a construction work training program created to provide employment opportunities for disadvantaged San Francisco residents at City sponsored construction projects. **Goal 1, Objective 7 / Goal 3, Objective 3**

Rebuild Milestones

- ❖ All required planning approvals have been secured.
- ❖ Design of the new buildings is complete.

- ❖ All required building permits have been secured from the Office of Statewide Health Planning and Development (OSHPD) for the new buildings.
- ❖ Approximately \$62.9 million has been expended to date.

Improving Quality of Life for Alzheimer's Patients and Others with Dementia: Three of LHH's nine dementia units now share eight volunteers who have been paired with eight residents. These "Best Friends" have received special training and visit "their" resident every week to share memories, take walks, sit in the garden, listen to music or sit quietly together. These activities help decrease the social isolation that often accompanies dementia.

The Nursing Director and Clinical Nurse Specialist of the Dementia Program worked collaboratively in FY 2004-05 with the volunteer department, activity therapists and nurse managers to implement this innovative program, which is based upon the book *The Best Friends Approach to Alzheimer's Care* by Virginia Bell and David Troxel. **Goal 1, Objective 1**

Offering Therapeutic Activities for Residents: The Activity Therapy Department continues to provide therapeutic, educational and entertaining activities for the residents of Laguna Honda Hospital, including free newspapers and daily community outings to restaurants, Giants baseball games, '49ers football games, the Exploratorium, Golden Gate Park, mall shopping, beaches, movies and other recreational activities.

Throughout the year, LHH residents are able to celebrate their individual cultural backgrounds by attending diverse cultural events related to the Chinese New Year, Black History Month, Cinco de Mayo, Festival of the Americas and Philippine Independence Day. Community groups including the Knights of Columbus, Italian Federation, Handicapables and Art with Elders also provided outings for residents this past year.

A new outing for residents in 2004-05 was "Saving Strokes", a golf fitness and training clinic for Stroke Survivors at Harding Park sponsored by the American Stroke Association and the American Heart Association. Five Laguna Honda stroke survivors attended the clinic, which provided golfing assessments and hands-on golf training with golf pros for stroke survivors in all stages of recovery.

The Activity Therapy Department also hosts and coordinates hundreds of service projects for students and adults each year. Organizations bring in volunteers for one day projects such as on-site therapeutic activities, transportation to special events and one-on-one visits. During the last fiscal year, over 650 students from nine local schools were involved in LHH service projects. **Goal 1, Objectives 1 and 4 / Goal 4, Objective 1**

Preparing Residents to Re-Enter the Workforce: The PREP Program (People Realizing Employment Potential) offers career guidance, job search preparation and resources for LHH residents. PREP volunteer opportunities include working at the LHH General Store, the *Insider* hospital newsletter, note card production and sales and deliveries, as well as some specialized

assignments. Work enhances a person's life and builds self-esteem, increases independence and creates a sense of community. PREP accepts referrals from hospital staff serving both residents approaching discharge and those receiving long term care.

Participants receive assistance with career exploration, applications, resumes, cover letters and preparing for an interview, as well as training information and hints on getting along with co-workers and working under supervision. PREP also provides information on rights guaranteed by the Americans with Disabilities Act. By developing marketable skills in the PREP Program, and with guidance regarding the job search process, residents become better prepared to enter, or re-enter, the competitive job market.

This past year, 55 new LHH residents were referred to PREP, and many of the 138 previous referrals continued to work with the program. PREP also made great strides in establishing an identity and visible presence in the Laguna Honda community, developing a logo and tagline for consistency in marketing. **Goal 1, Objective 7**

Healthy Kids Expansion

Expanding Health Insurance Coverage for Young Adults: In January 2005, San Francisco became the first city in the nation to use local funding to expand health insurance coverage for low to moderate-income young adults ages 19 through 24. Administered by the San Francisco Health Plan (SFHP), the new Healthy Kids & Young Adults Program expanded the existing Healthy Kids Program to include this population. Eligible San Franciscans receive complete medical, dental and vision health care coverage, regardless of immigration status.

State and federal coverage programs typically stop covering young people when they reach either 19 or 21, just as they are trying to establish themselves in the workplace or in college. As a result, DPH estimated that as many as 55 percent of San Franciscans between the ages of 19 and 24 lacked health insurance prior to this expansion.

Beginning in September 2003, DPH worked with SFHP to secure necessary funding, design the new benefit package and conduct outreach in the community to develop effective marketing messages. During the program's first six months, 1626 young adult members were enrolled, making this SFHP's most successful program launch ever. Approximately 65 percent of the population DPH believes to be eligible for the program has already been enrolled.

The program is currently funded exclusively through the City General Fund. Because of the unique nature of the program, there are no existing state, federal or foundation programs to support it. **Goal 1, Objective 3**

POPULATION HEALTH AND PREVENTION

While the Community Health Network works to ensure that all San Franciscans have access to the health services they need, the Population Health and Prevention Division (PHP) has a broader mission, focusing on disease prevention and health promotion in communities throughout San Francisco. PHP works to maintain healthy communities by monitoring the health status of the population through surveillance and enforcing public health policies, including regulations related to environmental health, occupational safety and emergency services. PHP also provides health education to help individuals and communities prevent disease and injury. Current health education programs include HIV Prevention, Women's Health, Tobacco Control, Refugee Health Services and Childhood Environmental Health Promotion.

Community Behavioral Health Services

Community Behavioral Health Services (CBHS) funds and operates an integrated system of care that provides substance abuse and mental health services to eligible individuals in San Francisco, including Medi-Cal beneficiaries, uninsured and indigent residents.

CBHS' mental health system of care includes outpatient services, intensive case management, socialization programs, vocational support and training, self/mutual help and advocacy services, supportive and co-op housing, residential care facilities that support people with mental illness, transitional residential treatment, homeless shelter-based mental health services, acute diversion units, long-term care facilities, crisis services and acute psychiatric inpatient services. This system assists children, youth, families, adults and older adults. CBHS's mental health system served about 24,700 unduplicated individuals in FY 2004-05.

CBHS' substance abuse services include outpatient, intensive outpatient, day treatment, methadone detox, methadone maintenance, residential detox, residential and short-stay residential care. CBHS' substance abuse services system served over 12,500 individuals in FY 2004-05.

Continued Integration of Mental Health and Substance Abuse Services: In order to create a seamless system of behavioral health care that can respond quickly and appropriately to a patient's needs regardless of their point of entry, DPH is in the process of integrating mental health and substance abuse services. An integrated system will more effectively address the complex interactions between psychological, biological, socio-cultural and environmental factors that cause mental health problems and substance abuse. CBHS entered its second phase of mental health and substance abuse services integration this past year.

Progress towards integrated services, and the challenges associated with this innovative effort, are chronicled monthly in CBHS's *Tools of the Trade* newsletter, which is available on the CBHS Integration Initiative website:

<http://www.sfdph.org/CBHS/default.htm>

Improvements are underway at the system, program, clinical practice and clinician competency levels. These efforts will produce the policies, programs and training materials necessary to help all patients with mental health and substance abuse problems, including those requiring dual diagnosis.

During Phase 1 of the integration an internal CBHS integration implementation team and an Integration Advisory Committee were created, assessment tools that help programs and clinicians track progress towards integration were rolled out and hundreds of staff and consumers throughout CBHS were trained on integrated treatment for co-occurring disorders. **Goal 1, Objective 6**

Responding to Proposition 63: Proposition 63, the California Mental Health Services Act, passed in November 2004 with 53.4 percent of the vote. By taxing incomes over one million dollars an additional one percent, Proposition 63 will raise \$800 million or more each year in state funds for mental health services. With the increased federal matching funds that will accompany the new state funds, the amount of new money for care of people with mental illness is expected to exceed one billion dollars per year.

Results of the planning meetings are posted on the San Francisco Department of Public Health website at:
www.sfdph.org/Prop63/default.htm

Since early this year, county mental health departments, including San Francisco, have been engaged in community planning efforts to develop a three-year plan to be submitted to the state that details how the county's Proposition 63 allocation will use proven programs to expand mental health care for children and adults.

A 40 member Behavioral Health Innovations Task Force met seven times from May to August 2005 at locations throughout San Francisco to gather input and identify priorities for use of these new funds. In addition to the tri-weekly Task Force meetings, eleven planning sub-committees also met six times to focus on planning for specific populations and services. Through this process, consumers of mental health services, family members of individuals with mental illness, providers and other county departments are expanding and transforming San Francisco's mental health services delivery system. **Goal 3, Objective 4 / Goal 4, Objective 2**

Confronting Increases in Gun Violence: San Francisco experienced 88 homicides in 2004, a higher than average number that prompted DPH to establish the Gun Violence Response and Recovery Team to assist communities, families and individuals affected by gun violence. DPH is notified by the San Francisco Police Department when someone is injured or killed by an act of violence. If family members of the victim or community members are present at the scene of a gun-related crime, particularly in the case of a homicide, the DPH Response Team is activated to provide support and assess the type of services that they may need.

The team provides counseling, help in obtaining victim assistance services, coordination of funeral services and crisis counseling for family members in the emergency room at San Francisco General Hospital. DPH staff then provides case management services for the families/individuals after the initial incident, including assistance in finding a clergy person for pastoral care and counseling, obtaining mental health services for family members, including children, and assistance in determining eligibility for relocation and SDI/SSI.

The Gun Violence Response and Recovery Team has focused on escalating gun violence in the Southeast part of the City, including Bayview Hunter's Point, Visitacion Valley, Potrero Hill and the Western Addition. Debriefing services have been provided in schools for students traumatized by the deaths of fellow students and shootings around their schools or neighborhoods. The Team also organized a series of evening community forums on violence and its impact on youth and families. **Goal 2, Objective 1 / Goal 4, Objective 3**

Providing Comprehensive Recovery Services to Sexually Exploited Young Women: Working in collaboration with the Edgewood Center for Children and Families and the Sage Project, CBHS is improving health and social services for young women at risk of sexual exploitation through the creation of Safe House. Safe House is a 6-bed home for sexually abused and exploited women ages 12-17 found to be at high risk for psychological disorders and involvement in the juvenile justice system. Safe House is jointly funded by DPH, the Mayor's Office and several other City agencies.

Young women living at Safe House receive comprehensive residential, educational, medical and mental health services to assist in their recovery from sexual, physical and psychological trauma. Safe House opened its doors in August 2005, with the first resident arriving in September. CBHS participated in the planning and development process, and provides funding for day treatment, medication support services, case management, individual and group therapy, family therapy and crisis intervention. **Goal 1, Objective 6 / Goal 4, Objectives 3 and 4**

Saving Money by Replacing Institutional Care with Community-Based Care: In 2002, the California Department of Mental Health funded two demonstration projects, in Merced and San Francisco counties, to examine best practice models for helping patients who are living in Institutions of Mental Disease (IMDs) successfully transition to life in the community. Both counties developed a case management team to deliver intensive, patient-focused mental health services. San Francisco's program focused on male, African-American patients, and was led by an all African-American staff that included a psychiatrist, clinician, licensed psychiatric technician, case managers and administrative support.

An evaluation funded to assess these three-year programs showed that they were highly effective at reducing total treatment costs for their patients, keeping patients out of institutional care and reducing inpatient and crisis service utilization through intensive outpatient services. In total, San Francisco saved over \$450,000 in treatment costs for 20 patients. Both patients and

staff reported that patient needs were being met and that patients were making progress toward recovery. **Goal 1, Objective 7 / Goal 3, Objective 5**

Responding to Increased Use of Crystal Methamphetamine: San Francisco has become the first city in the nation to coordinate resources in a citywide effort to deal with crystal methamphetamine. Since late 2003, crystal methamphetamine use has increased significantly, leading to a corresponding increase in new HIV and STD infections. Among gay and bisexual men, methamphetamine users are three times more likely to become HIV infected than non-users and four times more likely to get syphilis. Nearly one-third of new HIV infections and at least half of syphilis cases in San Francisco may be due to methamphetamine use and associated increases in sexual risk behavior. Controlling methamphetamine use may be an important new STD/HIV prevention strategy, and DPH will continue to explore the integration of substance abuse and STD/HIV prevention services in San Francisco.

The Mayor has appointed a Crystal Meth Task Force to develop a plan of action and concrete recommendations. In addition, DPH has been awarded a three-year Targeted Capacity Expansion grant for methamphetamine treatment, funded at \$500,000 each year, by the federal Center for Substance Abuse Treatment. The new funds will be used for a collaboration between CBHS and several CBOs focused on replicating and evaluating a successful methamphetamine treatment model developed by UCSF. **Goal 2, Objective 7**

Housing and Urban Health

Chronically homeless individuals often cycle in and out of costly emergency care and other health services. This cycle can continue indefinitely without adequate housing and support services, leaving individuals on the street and driving up health care costs for everyone. DPH's Housing and Urban Health Division (HUH) assists homeless individuals and those struggling to avoid homelessness. Services provided include case management, medication adherence, transitional housing, permanent supportive housing, property management services in master-leased SRO hotels and rental subsidies for persons with HIV. The HUH Clinic, which serves approximately 600 patients each month, recently became a fully functioning Federally Qualified Health Center.

Expanding Access to Health Services through Supportive Housing: HUH secured over \$3 million in federal grants for chronically homeless housing this past year. Using these funds, HUH continues to develop partnerships with non-profit housing providers, such as Citizen's Housing at their new Folsom/Dore Apartments and the Tenderloin Neighborhood Development Corporation at the West Hotel, to secure portions of newly constructed or rehabilitated buildings for chronically homeless people.

Individuals with extended histories of homelessness receive permanent housing with on-site supportive services through HUH's Direct Access to Housing Program (DAH). The population served by DAH often has complex medical and behavioral health care needs, including

concurrent mental health, substance abuse and chronic medical conditions. This fast growing program now provides over 700 units of housing.



HUH's Direct Access to Housing Program provides onsite medical, psychiatric and substance abuse services for over 700 units throughout the city, including 90 units at the newly renovated Empress Hotel.

In addition to the intensive on-site services provided at DAH sites, HUH partners with the Department of Human Services (DHS) to provide health care, including roving health services, to residents in over 2500 units of supportive housing throughout the City's network of master-leased buildings. **Goal 1, Objectives 1 and 4 / Goal 2, Objective 4 / Goal 4, Objective 4**

Increasing the Number of Supportive Housing Units Available: Later this year, the Plaza Hotel will open as part the DAH Program, providing 106 newly constructed studio apartments to homeless people along with a comprehensive array of on-site medical and behavioral health services. Working in collaboration with Mercy Housing California

and the North/South of Market Adult Day Health Center, HUH will be housing another 50 frail elders in a senior building currently under construction in Mission Bay. Finally, a recently awarded HUD grant for chronically homeless persons addicted to alcohol will allow another 62 persons to receive wrap-around substance abuse services at six different affordable housing sites. **Goal 1, Objective 4 / Goal 2, Objective 4**

Providing Medical Respite Services for those with Critical Needs: Over the next year, DPH will be working closely with city partners to initiate a large-scale medical respite program designed to stabilize medically frail homeless people and evaluate them for placement in longer-term residential care. This facility will fill a significant gap in our continuum of services. **Goal 1, Objective 7 / Goal 2, Objective 4 / Goal 4, Objective 4**

Community Health Promotion and Prevention

Community Health Promotion and Prevention conducts a broad spectrum of prevention programs to improve the health and wellness of San Franciscans, including programs focused on injury prevention, chronic disease, African American health, tobacco control (including smoking cessation) and violence prevention. DPH uses a Community Action Model (CAM) to build on the existing capacity of a community and create change from within.

Fighting Chronic Disease by Increasing Opportunities for Physical Activity: Skyrocketing rates of type 2 diabetes, hypertension and heart disease coupled with already high incidences of certain cancers, high cholesterol and stroke provide ample evidence that we need to

aggressively combat chronic disease. DPH is committed to partnering with other city and community-based agencies to improve health by increasing opportunities for physical activity.

In the Mission district, grants to CBOs have supported efforts to provide fun, relevant and culturally appropriate opportunities for exercise. At one site, hip hop classes were combined with nutrition education to create a summer fitness challenge. Another site offered youth not normally involved in physical activity the chance to try out different sports and activities in a safe supportive environment. Such engagement raises self-esteem, improves grades, increases movement and improves knowledge about healthy eating habits. **Goal 2, Objective 2**

Making Neighborhoods More Walkable: DPH is also planning a series of “walkability” meetings in neighborhoods throughout San Francisco. Community residents, DPH representatives and local elected officials will convene to identify strategies for creating a walkable neighborhood, including pedestrian safety, aesthetics, traffic flow and neighborhood violence. The neighborhood meetings will culminate in a citywide Walkability Summit. DPH is also working with the Department of Recreation and Parks to develop neighborhood-based walking maps and guides to getting more physically active using readily available resources such as parks, playgrounds and walking trails. **Goal 2, Objective 5**

Maternal, Child and Adolescent Health

The Maternal, Child and Adolescent Health Division (MCAH) works to ensure that all San Francisco children are born to healthy mothers and all families have access to appropriate care within a comprehensive, integrated system. MCAH’s goal is to eliminate health disparities based on race/ethnicity, gender or economic status, and to create avenues of access to health care for San Francisco’s most disenfranchised and vulnerable women, infants, children, youth and their families. MCAH programs are the hidden health care system for those who would otherwise go without access to health services.

MCAH provides direct services and facilitates collaborative relationships between consumers and providers. Culturally, ethnically and linguistically representative of the populations served, MCAH’s 200-plus staff members include doctors, clinicians, public health nurses, health educators, outreach workers, nutritionists, epidemiologists, clerical staff and paraprofessionals.

MCAH programs provide San Francisco residents with:

- Well Child Care
- Childhood Immunizations
- Children’s Disability Services and Medical Therapy
- Nutritional Services
- Prenatal and Early Infant Care
- Reproductive Health Care
- Case Management and Referrals

- Home Visits
- Dental/Oral Health

MCAH also conducts needs assessments and research, collaborates in health-related community organizing and is a major source of training for health care and social service providers throughout the City.



MCAH's public health nurses trained 91 child care and family day care providers in disaster preparedness in 2004-05.

Collaborating to Improve the Health of School Children: MCAH has provided physician consultation to San Francisco Unified School District (SFUSD) health programs since 2003, serving as a liaison between the school district, practicing physicians in the community and other divisions within DPH. Child health initiatives have included an obesity prevention program for preschool children and increased access to medical care for disabled children enrolled in special education programs. This year, MCAH collaborated with the DPH Director of Tuberculosis Control and nursing staff of the school district to update the SFUSD tuberculosis screening policy so that it meets current recommendations from the CDC and the American Academy of Pediatrics. This new policy of evaluation focuses on risk factors, reduces expenses, and saves time and effort for school staff, practitioners and families. **Goal 4, Objective 4**

Improving Quality of Life for Children with Special Needs: California Children's Services (CCS) provides pediatric specialty care for infants, children and youth with severe medical conditions or physical disabilities. CCS offers a full range of diagnostic, specialty care, medical therapy services and hospitalizations for children and young adults with special health care needs. All CCS beneficiaries receive case management services from MCAH Public Health Nurses, including authorization of medically necessary diagnostic and treatment services. In FY 2004-05, CCS provided care to 2785 children and adolescents in San Francisco.

The Medical Therapy Unit (MTU) within CCS is a coordinated program of physical and occupational therapy services provided directly to eligible children with disabling neuromuscular conditions. These services are provided at no cost to the families of qualified

children in MTU units and at satellite sites located within certain public schools. Physical therapists work to improve quality of life for children by developing skills in areas such as sitting, standing and walking. Occupational therapists improve functional skills in areas such as eating, dressing and self-care. Therapists also evaluate children for appropriate bracing and medical equipment needs, such as walkers and wheelchairs. This comprehensive program also educates parents to care for their children’s special needs at home and school. Over 400 children were served by the MTU in FY 2004-05.

In October 2004, CCS was honored at the annual fundraising gala for Support for Families of Children with Disabilities, a parent-run San Francisco-based nonprofit organization that supports families of children with disabilities by ensuring they have the information, resources and support they need to make informed choices regarding their child's health, education and development. Honorees are selected by the families that they serve and are recognized for showing outstanding dedication to children with disabilities and their families. **Goal 1, Objective 1**

Linking Foster Children to Health Services: Through MCAH’s Child Health Disability Prevention Program, public health nurses work with foster parents, health care providers, child welfare workers, probation officers and juvenile court staff to ensure that foster children receive the medical, dental, mental and developmental care they need. In their role as consultants, public health nurses participate in multidisciplinary team conferences, coordinate services with multiple caregivers and agencies, and assist during a child’s transition from foster care by linking the child to community resources upon termination of foster care. **Goal 1, Objective 1**

**TOP 10 HEALTH CONDITIONS
FOR CHILDREN IN FOSTER CARE**

| | |
|--|------|
| Physical Abuse / Neglect / Caregiver Incapacity | 4018 |
| Dental / Orthodontic Problems | 754 |
| Mental Health Issues | 727 |
| Drug Exposure | 661 |
| Developmental Delays | 641 |
| Asthma | 618 |
| Sexual Abuse / Trauma | 548 |
| Eczema / Skin Conditions | 379 |
| Respiratory (non-asthma) | 334 |
| Gastro-Intestinal Disorders | 324 |

FOSTER CARE SERVICES

| | |
|------------------------|------|
| Clearance Exams | 1302 |
| Hot Line Referrals | 5831 |
| Wellness Exams | 3571 |
| Sick Care Visits | 1840 |
| Lead Screen Referrals | 31 |
| HIV Screen Referrals | 425 |
| Linked to Medical Home | 204 |

Environmental Health

The San Francisco Department of Public Health's Environmental Health Section (EHS) strives to promote health and quality of life in San Francisco by ensuring healthy living and working conditions. EHS works through community education, surveillance and assessment of hazardous conditions, enforcement of environmental regulations and environmental policy development. Regulatory program areas include retail food, housing, massage, tobacco control, vector control, drinking water quality, recreational water quality, hazardous materials, lead, solid waste, air quality, weights and measures, noise and agriculture. The Program on Health Equity and Sustainability is the newest EHS organizational unit, working on multi-disciplinary public-private initiatives related to working conditions, land use, transportation and food systems.

Responding to West Nile Virus: First detected in the United States in New York City in 1999, West Nile Virus (WNV) is primarily transmitted by mosquitoes from bird to bird, incidentally causing disease in humans. Through mid-August 2005, there have been about 175 recorded WNV cases in California. So far, only three San Franciscans have developed WNV disease. Investigations indicate that these cases were not acquired locally.

DPH provides comprehensive WNV information for San Francisco residents, including information on prevention and links to related public agencies, at:

<http://www.sfmosquito.org/>

West Nile Virus Hotline:

(877) WNV-BIRD (877-968-2473)

Even where the virus is known to be present in birds, only a small proportion of mosquitoes will harbor the virus, and most people who are bitten by a mosquito with the virus will not develop the disease. About 20 percent of infected persons may experience flu-like symptoms including aches, fever, fatigue and rash, which may last up to three weeks. Less than one

percent of infected persons experience life-threatening neurological symptoms and require hospitalization. Almost all fatalities have occurred in persons older than 50. Persons who are immune-compromised may also be at greater risk of serious illness.

EHS coordinates and monitors the City's preparation and response to WNV. A key prevention goal is to eliminate or treat mosquito-breeding sources (standing water) with biological or least-toxic larvacides.

During 2004-05 a network of local public agencies joined DPH and community stakeholders to develop response plans, provide staff education and prepare a media campaign, including posters on MUNI buses, in preparation for potential WNV infections. San Francisco has also augmented its resources to control mosquitoes for 2005 and 2006. In addition, the Public Utilities



Commission routinely inspects and controls mosquito breeding in public catch basins and sewers, with monthly treatments from late spring to early fall.

The state recently awarded the DPH Environmental Health Mosquito Control Program \$175,000 for additional mosquito control technicians, equipment and supplies. Also new this year is an on-line pest complaint link from the EHS mosquito control web page and information in Cantonese, in addition to English and Spanish, through DPH's West Nile Virus hotline. **Goal 1, Objective 1 / Goal 2, Objective 1**

Promoting Food Safety: On May 20, 2004, the San Francisco Board of Supervisors amended the San Francisco Health Code to recognize food preparation and food service establishments that exemplify high standards of food safety. The new ordinance also requires food establishments that prepare and serve foods to post their current food safety inspection report on the premises in a location clearly visible to patrons.

To view food violations and current scores you can visit:
www.sfdph.org/eh/food/index_symbol.htm

In order to implement the ordinance, the DPH developed a new inspection report and inspection scoring system. After conducting an inspection, Health Inspectors calculate a score based on the violations giving weight to violations recognized as causing serious harm. Major violations include improper holding temperatures, inadequate cooking, poor food handler hygiene, contaminated equipment and unsafe food sources. The Department will soon begin awarding a "Symbol of Excellence" to those establishments where three consecutive unscheduled inspections result in scores greater than 90.

This new approach is already creating strong incentives for food safety. A majority of restaurants have scored greater than 90 during routine inspections so far this year. **Goal 1, Objective 1 / Goal 2, Objective 1 / Goal 4, Objective 5**

Helping Businesses Become more Environmentally Friendly: The DPH Hazardous Materials Unified Program Agency (HMUPA) is responsible for regulating compliance with environmental standards for over 2400 San Francisco businesses, including auto repair shops, manufacturers, hotels, gas stations, hospitals and various city facilities.

Through HMUPA's Clean and Green Program, DPH is helping businesses adopt environmentally friendly practices. HMUPA inspectors work beyond their regulatory requirements to assist businesses in reducing hazardous waste and effectively managing hazardous materials. Businesses that implement suggestions to lessen their impact on the environment are certified as "Clean and Green".

For more information or assistance, businesses can call (415) 252-3905 or visit:
www.sfdph.org/eh/green/index_cg.htm

Certified businesses receive a seal they can display and are acknowledged on the DPH website. Forty-Seven businesses have met DPH's "Clean and

Green” standards. HMUPA is also developing user-friendly “green purchasing” guides to help businesses make better chemical decisions. **Goal 4, Objective 5**

SAN FRANCISCO'S "CLEAN AND GREEN" BUSINESSES

POST AUTO REPAIR
US POSTAL SERVICE
SAN FRANCISCO TOYOTA
FIRESTONE #3660
CLAUDIO'S AUTO REPAIR
GIUSTO AUTO & TIRE SERVICE
CCSF/CENTRAL SHOPS/
ADMIN SVCS
CHEVRON #090034
HANS ART AUTO REPAIR
KEN'S WHEEL SERVICE
AUTO MOTION
LEO'S TIRE & BRAKE
SF AUTO REPAIR CENTER
ALLIED ENGINE & AUTO
REPAIR INC
CALIFORNIA STATE AUTO
ASSOCIATION
POWELL HYDRAMATIC

GREYHOUND LINES
FOREIGN CAR REPAIRS
CHEVRON #095910
CELICA SALON
BLUE & GOLD FLEET
BIG O TIRES OF SF
CARS DAWYDIAK
COAST TRUCK RENTAL
CAR*LOS EXCLUSIVE AUTO
SERVICE
PAT'S GARAGE
U AND I AUTO SAFETY
CENTER
JIFFY LUBE #1349
CITY COLLEGE OF SF/
EVANS CAMPUS
BLUE & GOLD
JIFFY LUBE #1347

WESTAR MARINE SERVICES
JIFFY LUBE #2331
WYNN'S MOTORS
DIE WERKSTATT
SAN FRANCISCO HONDA
ACTION AUTO CARE
BAE SYSTEMS SAN FRANCISCO
SHIP REPAIR
CARLOS ARROYO & SONS
TOY SHOP
AMERICAN DIESEL
BODE GRAVEL CO
ABSOLUTE AUTO REPAIR



Improving Working Conditions for Day Laborers: Jornaleros Unidos con el Pueblo (Unidos) is an innovative public-private partnership between DPH's Program on Health Equity and Sustainability, immigrant day laborers and community service organizations designed to improve working conditions for the immigrant day laborer community. Preventing hazards means acknowledging and addressing laborers' economic and social needs, as well as inadequate attention from government regulators. The partnership has already identified avoidable workplace hazards for both male day laborers and female domestic workers in the construction, house cleaning and landscape industries.

In February 2005, DPH convened a multi-disciplinary, cross-cultural Community Council composed of day laborer stakeholders (e.g. laborers, employers, government and community agencies). The Council meets monthly to decide on priority actions to improve work conditions.

Last year, Unidos launched the Workers United Course for day laborers and domestic workers to increase participants' knowledge of their rights, build connections and unity between workers and provide opportunities for participants to learn new skills. The ten-week course included theory and practical skills in worker's rights, health and safety, and the political, social and economic factors impacting Latino immigrant workers in the Bay Area. After graduation from the course, some participants created a worker-led legal clinic for laborers. Other graduates have been participating as representatives on the Unidos Community Council.



Unidos Participants

Additional Information on Unidos:
www.sfdph.org/phes

Finally, there is little information on occupational injuries and health hazards that day laborers experience. An economic-hazard feasibility study has been initiated to assess strategies for gathering that information. This surveillance study will help DPH better understand how the hazardous working conditions experienced by day laborers are influenced by laborer's economic needs and employer's interests. **Goal 2, Objective 4**

Sexually Transmitted Diseases

DPH's City Clinic provides diagnosis and treatment of sexually transmitted diseases (STDs) for the San Francisco community. The Clinic is the City's only municipal STD Clinic and provides confidential, low cost, convenient drop-in services to all people over the age of 12, regardless of their ability to pay. Clinic staff speaks English, Spanish, Russian, Cantonese, Mandarin and Tagalog. Patients that are diagnosed with a reportable STD (gonorrhea, chlamydia, chancroid

or syphilis), and those who are adolescents, are referred to a specially trained staff person for enhanced counseling, including a discussion of how to talk to sexual partners about their exposure to an STD and how to prevent future infections. After counseling, patients receive any necessary medications and vaccinations, as well as information on follow-up appointments.

Expanding Services for Gay and Bisexual Men through Magnet Clinic: Between 1999 and 2004 the number of gay and bisexual men seeking services at the STD clinic almost doubled from 5561 visits to 9767. In order to expand the availability of services, DPH contributed funds to



support the establishment of the Magnet Clinic, the new gay men's sexual health clinic. Magnet began providing services in July 2003 and had more than 7600 patient visits in 2004.

The STD Program currently provides Magnet with free STD test kits, and treatment, courier and laboratory testing services, as well as some funding for rental space and two STD staff members one day a week that assist the Magnet staff in

providing STD counseling, testing, diagnostic and treatment services. **Goal 1, Objective 1 / Goal 2, Objectives 1, 2 and 3 / Goal 4, Objective 1**

Providing Discreet Partner Notification Services through the Internet: In response to an increase in syphilis cases among gay and bisexual men, the STD Program began looking for a new way to assist with partner notification that protects an individual's privacy and empowers them to take responsibility for informing partners themselves. In collaboration with Internet Sexuality Information Services, Inc. (ISIS), and with input from the STD Community Partners Group, inSpot was developed. InSpot is an electronic partner notification system that enables those infected with syphilis to send their sexual partners an electronic postcard informing them of their exposure. Individuals are able to notify up to six people at one time, anywhere in the world, about their exposure to an STD. Prior to the implementation of inSpot, partner notification was done either by a health worker from DPH or by the person who tested positive for the STD infection.

Since the site launched in October 2004, over 24,000 people have sent more than 40,000 e-cards. Over half of the e-cards have been notifications about gonorrhea and syphilis. The STD Program estimates that an average of 350-400 people in San Francisco send e-cards each month, with approximately 40 percent of those receiving e-cards going to inspot.org for more information about STD testing and treatment. **Goal 2, Objective 2 / Goal 4, Objectives 1 and 3**

Using Peer Outreach to Lower STD Rates among African American Youth: In order to reduce STD rates among African Americans, DPH implemented the Youth United Through Health

Education (YUTHE) Program in 1999. Between 1999 and 2003 gonorrhea rates fell by 51 percent among African American females and 53 percent among African American adolescents. Data through October 2004 suggest continuing declines. The YUTHE Program provides peer-based STD street outreach and education to high risk African American youth in the Bayview and Sunnydale areas of the City, the two neighborhoods with the highest gonorrhea and chlamydia rates among African American youth. **Goal 2, Objective 2 / Goal 4, Objective 1**

HIV/AIDS Services

With an estimated 14,000 San Franciscans living with HIV/AIDS, DPH has made HIV/AIDS research, prevention and care a priority. San Francisco's comprehensive system of care helps patients learn about, access and adhere to medical care. This focus on ensuring access to appropriate medical care has helped reduce AIDS deaths in San Francisco from a high of 1633 deaths in 1992 to 203 deaths in 2004. Approximately 70 percent of those diagnosed with AIDS between 1996 and 2004 are still living.

While San Francisco's system of care has built a strong record of reducing both AIDS deaths and new AIDS cases, new challenges have emerged. Currently, over one-third of people living with HIV/AIDS in San Francisco earn below the poverty level and 40 percent report no form of health insurance. In addition, San Francisco faces high rates of substance abuse and mental illness, and is the third least affordable county in the entire country for housing. The percentage of persons homeless at the time of AIDS diagnosis has increased from 3 percent to 18 percent since 1992. The challenges associated with getting people into care, keeping them in care and maintaining combination therapy are enormous without adequate, stable housing.



AIDS Health Project on Market Street is one of ten DPH sponsored sites throughout the city offering anonymous/confidential HIV testing, counseling and other support services.

Making Comprehensive Care More Accessible Through Centers of Excellence: Treating HIV/AIDS can involve numerous co-morbidities and complex medication regimens. In addition, many communities heavily impacted by this disease experience problems accessing health care, including cultural, linguistic and geographic barriers. This combination of issues creates significant challenges for the health care delivery system. Establishing an integrated approach to care that addresses the complex needs of people living with HIV/AIDS in San Francisco, and ensures access to needed medical care, has long been a goal for DPH.

The San Francisco Ryan White CARE Act Planning Council joined with DPH to hold a community meeting in early 2004 to discuss options for improving integration and coordination of care. Over 200 people attended, and an Advisory Work Group was formed to develop recommendations. This process led to the creation of the "Centers of Excellence" Program, an innovative model of service delivery designed to provide all services in the vicinity of a patient's primary care, either through a single organization or a multi-agency collaborative network. Beginning in late 2005, each Center of Excellence will provide direct access to a comprehensive spectrum of HIV/AIDS services in a specific geographic area so that people living with HIV/AIDS can get medical care and stay in care.

Services provided at the seven Centers will include primary medical care, case management, psychiatric assessment and medication monitoring, treatment adherence and medication assistance, peer advocacy, access to emergency housing, outpatient mental health and substance abuse counseling and referral, and vouchers for transportation, food and household goods. The Centers will be located in various neighborhoods throughout the City, including the Tenderloin, the Mission and Bayview Hunters Point. **Goal 1, Objectives 1, 4 and 6 / Goal 3, Objective 5**

Improving HIV Testing: HIV is most infectious in its early stages before the body's immune system forms antibodies. A new testing method called "RNA testing" is allowing DPH's STD Program to identify this acute early stage of infection. Knowing that an individual is in this early stage of infection enhances prevention efforts and improves treatment. RNA testing is now being performed on all HIV negative men who have sex with men who test for HIV at the STD clinic. STD clinic patients have a higher likelihood of acute infection than patients in other settings because the presence of other STDs increases HIV viral load. **Goal 1, Objective 1 / Goal 3, Objective 7**

Advancing HIV Research: The San Francisco HIV Vaccine and Prevention Trials Unit works to advance HIV/AIDS research by developing and conducting groundbreaking clinical trials that test new strategies to prevent the spread of HIV. Recent trials include work on AIDS vaccines, herpes suppression and the potential use of HIV drugs in HIV negative individuals to prevent infection. One of 27 vaccine trial sites around the world participating in the NIH-sponsored HIV Vaccine Trials Network, San Francisco's site ranks number one for performance and data quality. In addition to sponsoring innovative research, the Unit mentors clinical trial sites in resource-poor settings and develops innovative approaches to train new investigators poised to address key challenges in HIV prevention research.

Looking forward, HIV Health Services is developing strategies to further engage people of color in HIV prevention research and exploring the biology of HIV transmission to determine how certain HIV positive individuals, some of whom have been infected for over two decades, remain symptom free. **Goal 3, Objective 7**

Training Providers to Serve the Transgender Community: The Transgender Cultural Competency Project, a two-year project coordinated by HIV Health Services, provides cultural competency trainings to providers on a range of topics related to improving health care for transgender patients. Providers from throughout California recently joined activists and consumers for a two and a half day statewide conference. Plenary and breakout sessions included incorporating trans-identified staff into HIV/AIDS programs, transgender legal issues, culture and diversity, and providing services to transgender individuals in rural settings. **Goal 4, Objective 1**

TB Control

2004 was marked by the lowest annual number of tuberculosis cases ever recorded in San Francisco (135 total). Despite these encouraging statistics, San Francisco case rates remain among the highest in the nation.

Making TB Screening More Efficient and More Accurate: San Francisco remains on the cutting edge of TB testing, using a new blood test for screening called the Quantiferon (QFT) test. This test can produce a result after only one patient visit, unlike the more common TB skin test, which requires two clinic visits for a result. In some clinics, as many as 50 percent of those tested using the TB skin test fail to show up for a second visit to get their results. QFT is also more accurate and eliminates false positive results arising from prior vaccinations, avoiding unnecessary worry for patients and eliminating unnecessary treatment. Using this technology at Chinatown Public Health Center decreased the positive test rate by 55 percent. **Goal 2, Objective 1**

San Francisco was the first city in the nation to use the new QFT test in November 2003. Since then, close to 3000 homeless individuals have been tested using QFT, including over 1000 in the first half of 2005. Overall, over 4500 QFT tests were administered between July 2004 and June 2005. DPH is currently planning for implementation of a newer version of the QFT test that was recently approved by the FDA. In addition, DPH's targeted TB testing program in Chinatown was recognized as a model by the CDC last year and cited as one of 12 "best practice programs" nationwide. **Goal 3, Objective 7**

Working to Eliminate TB in Homeless Population: DPH is working to eliminate TB in San Francisco's homeless shelters by fully implementing a mandatory homeless shelter TB screening policy. The policy calls for mandatory TB screening within 10 working days after an individual has been at any shelter for more than 3 days (within a 30-day period). A training video for shelter staff developed by DPH is available at all large shelters and is being used to train new

staff. DPH is also working closely with TARC (Tenderloin AIDS Resource Center) to screen all patients visiting their busy drop-in center. Half of all homeless cases screened so far in 2005 have ties to TARC. On-site screening is provided twice a week with the new QFT blood test.
Goal 1, Objective 1

Jail Health

Jail Health Services (JHS) provides a comprehensive and integrated system of medical, psychiatric and substance abuse services to inmates in San Francisco jails. Accredited by the California Medical Association's Institute for Medical Quality, JHS provides health and related services consistent with community standards as detailed by the California Medical Association's Standards for Health Services in Adult Detention Facilities as well as mandates from the courts and other criminal justice agencies.

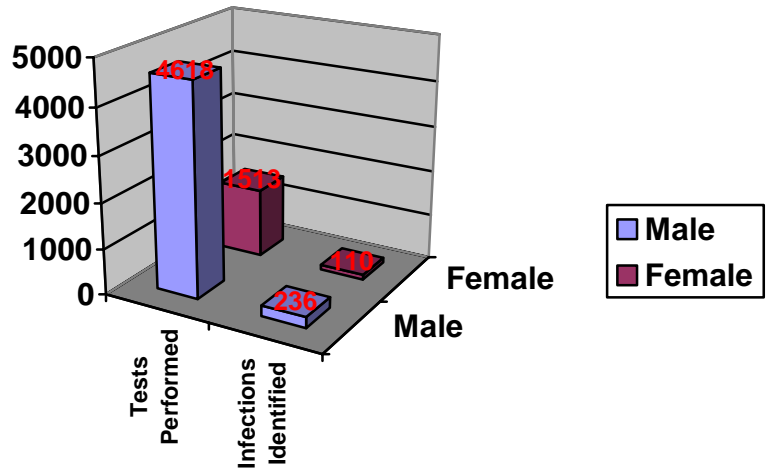
Delivering quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, prior to being incarcerated, is a unique challenge. Inmates have a high prevalence of both acute and chronic medical, mental health, substance abuse and social problems. JHS pursues an aggressive program of health promotion and disease prevention to stabilize these problems while individuals are incarcerated, and operates a discharge planning program to maintain health when inmates return to the community by linking patients to existing community-based health and human services.

JHS provided the following services in FY 2004-05

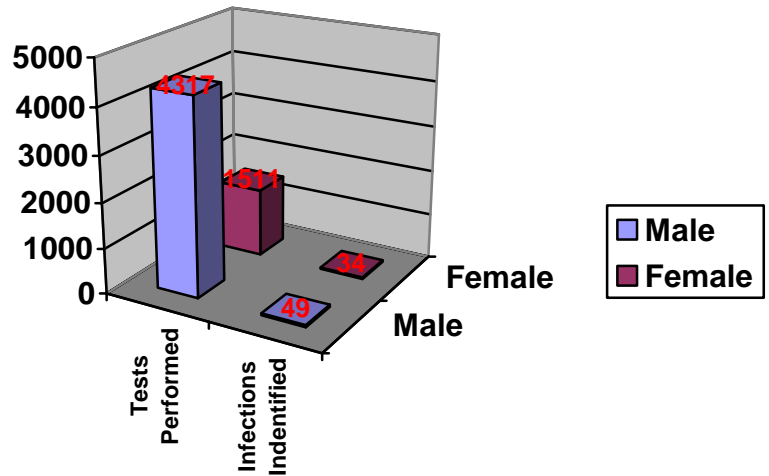
- 35,093 Patients Triage
- 62,593 Registered Nurse Evaluations/Treatments Performed
- 14,195 Clinician Visits Performed
- 7464 Patients Screened for Tuberculosis
- 4760 Patients Screened for Gonorrhea
- 4990 Patients Screened for Chlamydia
- 4238 Patients Seen by a Dentist
- 5302 Mental Health Evaluations Performed
- 32,603 Mental Health Follow-up Visits Performed
- 1455 HIV Risk Assessments/Tests Provided
- 8161 Encounters Provided to 644 HIV Positive

Improving STD screening in adult and youth detention centers: The Jail STD Program is a collaboration between Jail Health Services and the STD Program, both of whom assign staff to screen inmates for STDs. Chlamydia and Gonorrhea are the program's most commonly diagnosed STDs. Goal 1, Objective 1 / Goal 2, Objective 1

CHLAMYDIA

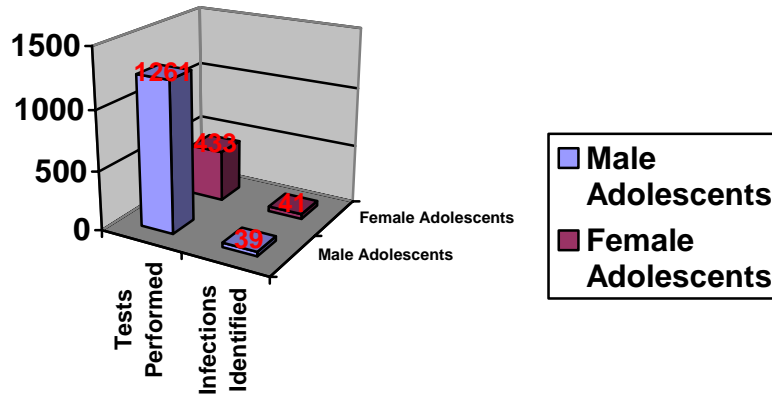


GONORRHEA

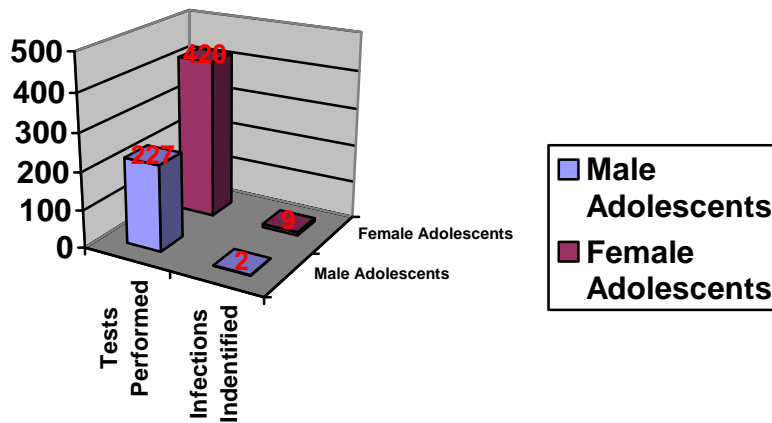


STD screening is also performed on adolescents incarcerated at the Youth Guidance Center (YGC), the City's youth detention facility.

CHLAMYDIA



GONORRHEA



Emergency Medical Services Agency

The Emergency Medical Services and Emergency Operations Agency of DPH (EMS) regulates emergency medical care and works to ensure access to services that are patient-focused and provided in a seamless continuum, with patients quickly receiving the necessary level of care in the most appropriate setting.

Using Health Information Technology to Improve Emergency Services: EMS must have a standardized method of collecting, analyzing and sharing information so that hospitals have all the data they need as soon as a patient arrives. For the last two decades, system level data collection and analysis were mostly limited to ad hoc efforts involving disparate data from provider billing databases, computer aided dispatch files and hard copies of ambulance patient care reports. This lack of automated databases hindered efforts to monitor and improve the quality of care, develop data-driven policies, allocate resources efficiently and conduct benchmarking studies with other jurisdictions.

The Local Emergency Medical Services Information System (LEMSIS) was developed in December of 2003 in concert with the statewide California EMS Information System (CEMSIS). It will serve as a central repository for local and regional EMS system information. Phase I of LEMSIS was initiated in October of 2004 in collaboration with DPH Enterprise Business Systems, the San Francisco Fire Department (SFFD) and the Emergency Communications Department. All ambulance providers, Emergency Departments and the Trauma Center at SFGH now submit electronic information to LEMSIS. Linkage of the LEMSIS database to the City's 9-1-1 network and the San Francisco Fire Department Computer Aided Dispatch database was completed in mid-2005.

Data from LEMSIS is available via a web-based application that enables users to conduct analyses and produce reports on ambulance response patterns and patient placement. Phase II of this effort will be the integration of hospital and patient outcome data. With the development of LEMSIS, EMS now has an infrastructure for effective oversight of 9-1-1 call system performance. **Goal 1, Objective 8**

Preparing to Respond Effectively in the Event of a Terrorist Attack: In November 2004, EMS led the 6th Annual EMS Authority Exercise. The simulation involved widespread dissemination of aerosolized botulism among numerous restaurants, resulting in hundreds of hypothetical fatalities and casualties. This was the largest health and medical disaster exercise in San Francisco's history. All of San Francisco's hospitals, seven ambulance providers (including SFFD), the blood bank, and the eight City departments with disaster response responsibilities participated in this exercise.

EMS also completed a hospital and ambulance system surge capacity survey to help target grant funds towards improving the emergency health care system's capacity to deal with a large influx of patients during a disaster. **Goal 2, Objective 6**

Improving SFFD's Emergency Response: After reviewing the Quality Improvement plans of the City's EMS providers in 2004-2005, the EMS Section was able to assist the San Francisco Fire Department in identifying needed improvements. Starting in 2006, SFFD will reconfigure its EMS resources to place paramedics on every fire engine and on ambulances deployed strategically throughout the City. By varying ambulance numbers and locations, EMS resources will be better matched with need and ambulance response times will be reduced. **Goal 1, Objective 8**

For more information on EMS programs visit:
www.sanfranciscoems.org

Cultural Competency Programs

Cultural competence is an essential requirement for health care providers to provide effective services to San Francisco's diverse population. Inequities in the health care system can result in poor health outcomes, lost productivity and higher costs when inadequate access to primary and preventive care leads to increased use of emergency room and hospital services.

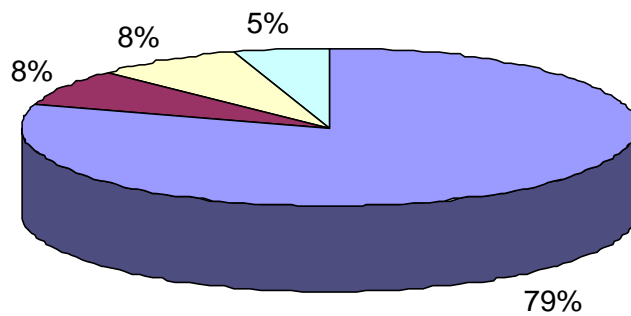
Improving Cultural Competence Training for DPH Staff: DPH will participate in a three county effort funded by the California Endowment to develop, pilot and evaluate training modules on cultural and linguistic competency for local public health departments. The two other counties participating are Los Angeles and Contra Costa.

Under the grant, DPH will conduct trainings on cultural competency standards and best practices for 90 of our program managers/analysts who review, monitor and provide technical assistance to over 150 community-based contractors, community clinics and other programs. These clinics and programs provide physical and behavioral health services to San Francisco's highly diverse, multilingual populations. The one-day training will be followed by a series of three facilitated small group trainings, ending with a best practices presentation. The series will include writing goals and objectives, organizational self-assessments, identifying cultural strengths and a dialogue on differences and diversity. **Goal 1, Objective 4 / Goal 4, Objective 1**

THE DEPARTMENT'S BUDGET ...

The FY 2004-05 City General Fund contribution to DPH reflects a \$22.2 million decrease from FY 2003-04, from \$253.7 million to \$231.5 million. The number of budgeted positions decreased by 165.4, from 6093.4 FTEs to 5928. The majority of the reductions were in the area of administration and operations. The following graph illustrates the composition of cuts in the final budget.

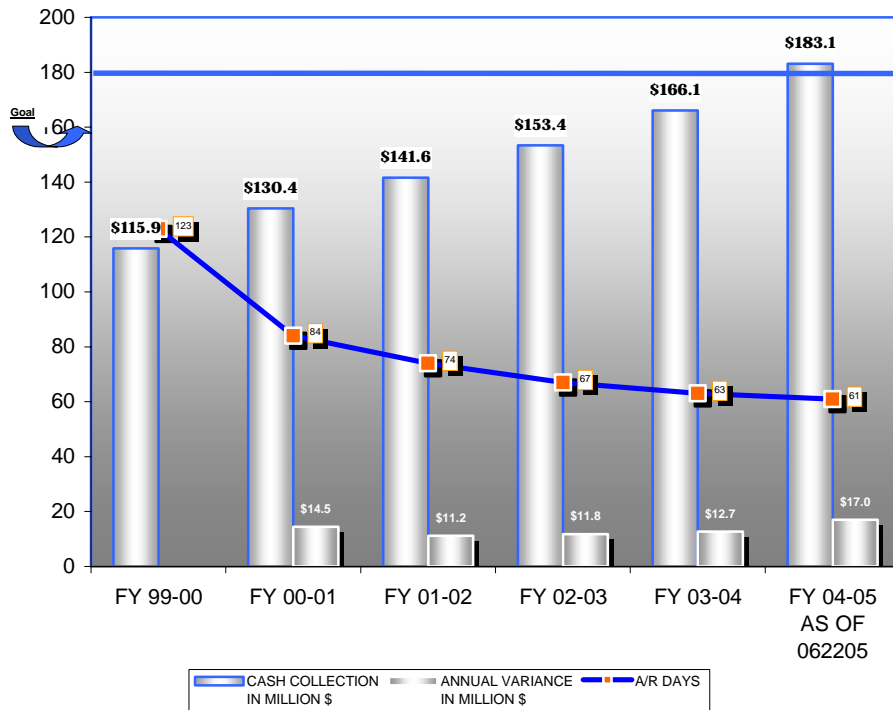
Composition of Budget Cuts



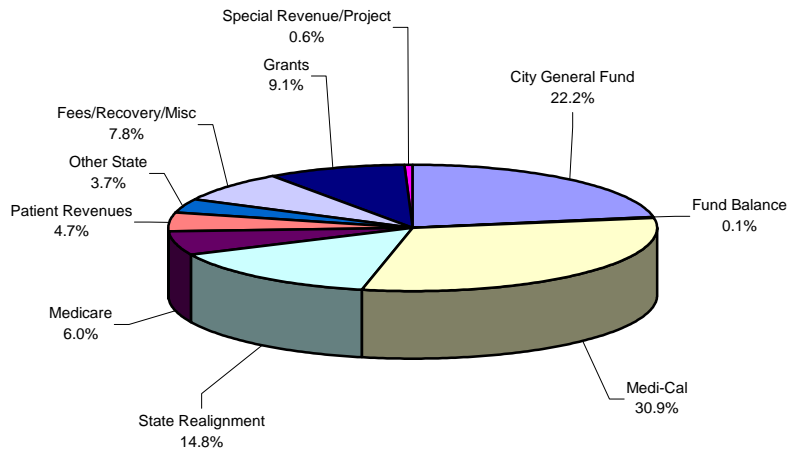
| | |
|--|---------|
| Administration and Operation reductions | \$18M |
| Outsource Laguna Honda Laundry | \$1.76M |
| MHRF Conversion | \$1.79M |
| Service Reductions / Methadone expansion | \$1.11M |

Increasing Resources for Health Services through Better Accounting: In FY 2004-05, the Finance Division increased collections for SFGH and the City’s health clinics. DPH’s collection goal of \$180 million was surpassed by \$3.1 million. This represents an increase of nearly \$30 million over collections for FY 2003-04. Consistent annual growth in collections over the past five years has enabled the Department to maintain services to our patients while reducing dependence on declining general fund allocations. In addition, uncollected accounts receivable declined for the fifth year in a row. **Goal 3, Objectives 5 and 6**

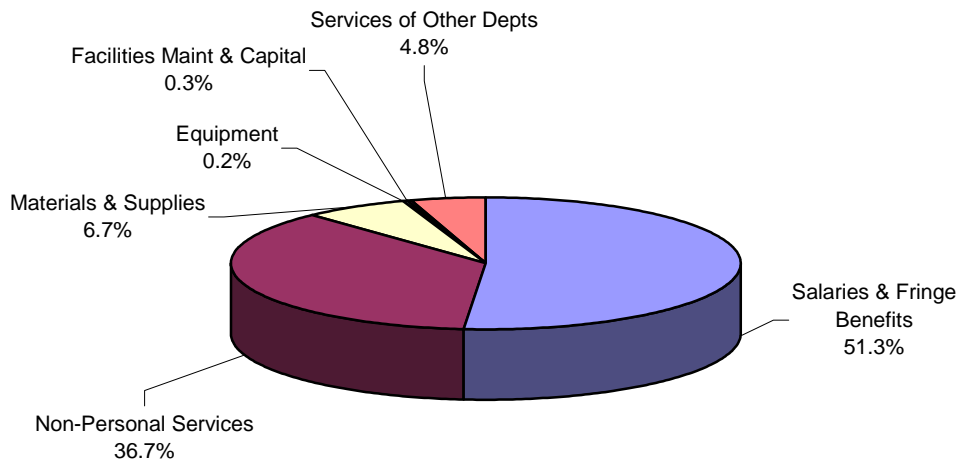
Increased Collections



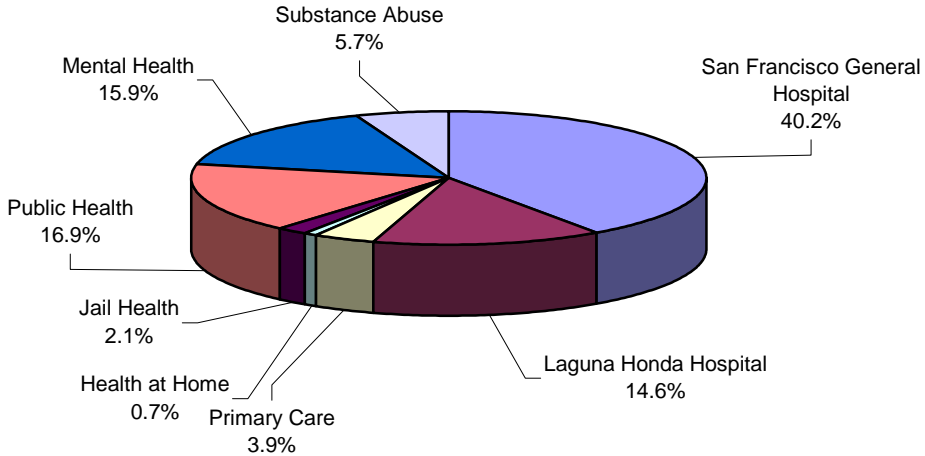
**Department of Public Health
FY 04-05 Budget
Revenues by Source
\$1,040,779,252**



**Department of Public Health
FY 04-05 Budget
Expenditures by Type
\$1,040,779,252**



Department of Public Health
FY 04-05 Budget
Expenditures by Division
\$1,040,779,252



Funding Agencies FY 2004-2005

Bureau of Justice Assistance
California Department of Alcohol and Drug Programs
California Department of Fish and Game
California Department of Food and Agriculture
California Department of Health Services
California Department of Maternal and Child Health
California Department of Mental Health
California Department of Rehabilitation
California Family Health Council, Inc.
California Healthcare Foundation
California Lead Hazard Reduction, Compliance and Enforcement
California Office of AIDS
California Office of Traffic Safety
California Tobacco Control Section
California Water Resources Control Board
California Women, Infants and Children Program
Center for Substance Abuse Treatment
Centers for Disease Control and Prevention
Fred Hutchinson Cancer Research
Gordon and Betty Moore Foundation
Harvard School of Public Health
Hayward Foundation
Join Together Organization
Managed Health Network, Inc.
March of Dimes Foundation
National Center for Tuberculosis Prevention
National Institute of Allergy and Infectious Disease
National Institutes of Health
Public Health Foundation Enterprises, Inc.
Public Health Institute
Regents of the University of California
San Francisco Community Clinic Consortium
San Francisco Private Industry Council
The California Endowment
The San Francisco Foundation
UCSF School of Nursing
U.S. Department of Health and Human Services
U.S. Department of Housing and Urban Development
U.S. Department of Justice
U.S. Health Resources and Services Administration
U.S. National Institute on Drug Abuse
U.S. Office of Minority Health
U.S. Social Security Administration
U.S. Substance Abuse and Mental Health Services Administration
University of California, San Francisco

Universitywide AIDS Research Program
World Bank

Gifts to the Department in FY 2004-05

The Department is grateful to all of our volunteers, and for the generous contributions DPH receives from the community.

San Francisco General Hospital

| | |
|--------------------|--------------------|
| SFGH Foundation | \$1,095,837 |
| Volunteers of SFGH | <u>76,231</u> |
| Subtotal | \$1,172,068 |

Laguna Honda Hospital

| | |
|----------------------------|------------------|
| Gift Fund – cash | \$77,003 |
| LHH Volunteers, Inc – cash | <u>\$50,287</u> |
| Subtotal | \$127,290 |

Population Health & Prevention

| | |
|-----------------------------|-----------|
| SF Public Health Foundation | \$249,636 |
|-----------------------------|-----------|

TOTAL GIFTS **\$1,548,994**

San Francisco General Hospital

San Francisco General Hospital received gifts totaling \$1,172,068 in FY 2004-05 from the following donors:

San Francisco General Hospital Foundation

The San Francisco General Hospital Foundation was organized in 1994 to support programs and projects at San Francisco General Hospital. In FY 2004-05 grants totaling \$1,095,837 were provided to SFGH to fund the following activities:

| | |
|--------------------------------------|-----------|
| Emergency Department | \$2,766 |
| Early Access Clinic CM Pilot Project | \$97,728 |
| Cancer Awareness Resource Education | \$32,767 |
| Graduate Nursing Internship Program | \$66,946 |
| CASARC | \$48,292 |
| Volunteers to SFGH | \$35,000 |
| Reach Out and Read | \$3,906 |
| Bay Area Perinatal AIDS Center | \$82,597 |
| Women's Health | \$495,681 |
| Orthopedics Department | \$67,909 |
| Injection Classes for Patients | \$3,158 |
| New Generation | \$105,500 |
| Nurse Education | \$2,800 |
| Chapel Renovation | \$6,417 |
| Women's Option Center | \$14,903 |
| Immunization Incentive Program | \$8,387 |
| Low Literate Directive | \$3,000 |

| | |
|-----------------------|--------------------|
| SFGH Spirit! | \$13,395 |
| other projects | \$3,737 |
| Breastfeeding Support | <u>\$948</u> |
| TOTAL | \$1,095,837 |

Volunteers of SFGH

The Volunteers of San Francisco General Hospital Medical Center, established as a nonprofit 501(c)(3) corporation in 1957, contribute both human resources and funding to the hospital, its patients and staff. In FY 2004-05 donations to the hospital and its affiliates from the Volunteers of SFGH totaled \$76,231. These gifts included grants of \$6,034 and cash donations of \$70,197 to fund the following activities:

| | |
|-------------------------------------|-----------------|
| OB-GYN Patient Education | \$1,745 |
| Psychiatric Occupational Therapy | \$1,530 |
| Skilled Nursing Facility Activities | \$251 |
| Centering Pregnancy Program | \$2,338 |
| Teen Prenatal Program | \$72 |
| Heart Failure Program | \$98 |
| Emergency Patient Food | \$ 9,246 |
| Emergency Patient Transportation | \$1,813 |
| Patient Clothing | \$1,034 |
| Children's Holiday Celebration | \$2,835 |
| Staff Support | \$13,650 |
| Patient Newspapers | \$1,492 |
| Miscellaneous Services to Patients | <u>\$40,127</u> |
| TOTAL | \$76,231 |

Laguna Honda Hospital

Laguna Honda Hospital received gifts totaling \$127,290 in FY 2004-05 from the Laguna Honda Hospital Gift Fund and LHH Volunteers, Inc. When combined with gifts received in prior years, these donations provided \$216,999 for the following activities:

| | |
|------------------------------------|-------------------|
| Patient Lunch Out | \$8,330 |
| Ball Game | \$10,523 |
| Bus Trips and other Transportation | \$28,258 |
| Pet Fund | \$3,102 |
| Entertainment | \$23,176 |
| Pleasure Endeavor | \$3,545 |
| Activity Therapy | \$37,649 |
| AIDS Ward | \$956 |
| Hospice Wards | \$8,729 |
| Miscellaneous | \$74,199 |
| Ward Money | \$18,531 |
| TOTAL | \$ 216,999 |

Population Health and Prevention

Population Health and Prevention received gifts totaling \$249,636 in FY 2004-05 from the San Francisco Public Health Foundation. Expenditures totaling \$140,495 were used for the following programs and services:

| | |
|---|-------------------|
| Public Outreach and Administration | \$9,629 |
| Public Health Education & Prevention | \$59,984 |
| Direct Patient Services | \$36,666 |
| Communicable Disease Control / Treatment / Prevention | \$15,613 |
| Behavioral Health Services | \$1,978 |
| Youth & Children's Services | \$2,508 |
| Outreach & Health Care for the Homeless | <u>\$14,117</u> |
| TOTAL | \$ 140,495 |

APPENDIX ...

STRATEGIC PLAN

Goal 1: San Franciscans have access to the health services they need.

Goal 2: Disease and injury are prevented.

Goal 3: Services, programs and facilities are cost-effective and resources are maximized.

Goal 4: Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services.

Goal 1: San Franciscans have access to the health services they need.

| <i>Objective #</i> | <i>Objective and Strategies</i> | <i>Current Activities</i> |
|--------------------|---|---|
| 1 | <p>Improve health outcomes among San Francisco residents.</p> <ul style="list-style-type: none"> a. Provide core public health services to all San Francisco residents. b. Provide clinical services to target populations. c. Prioritize San Francisco residents for direct patient care. d. Develop and distribute a directory of Department services, including ways to access services. e. Reduce the incidence and prevalence of specific diseases. | <ul style="list-style-type: none"> • Improving quality of life for Alzheimer’s patients and others with dementia • Offering therapeutic activities for residents • Improving the quality of life for children with special needs • Promoting food safety • Responding to West Nile Virus • Building capacity through the STD Volunteer Program • Improving HIV testing • Making comprehensive HIV/AIDS care more accessible through Centers of Excellence • Working to eliminate TB in the homeless population • Improving STD screening in adult and youth detention centers • Expanding access to health services through supportive housing • Expanding services to gay and bisexual men through Magnet Clinic |
| 2 | <p>Decrease health disparities between racial and ethnic populations and between residents of different neighborhoods.</p> <ul style="list-style-type: none"> a. Use technology to improve communications with monolingual individuals. b. Provide services to target neighborhoods. c. Maintain culturally appropriate staffing (e.g., make efforts to replace departing staff with | <ul style="list-style-type: none"> • SFGH recognized for efforts to reduce health disparities |

| <i>Objective #</i> | <i>Objective and Strategies</i> | <i>Current Activities</i> |
|--------------------|--|---|
| | someone who culturally reflects or is representative of the patient base). | |
| 3 | <p>Decrease the rate of uninsurance among San Francisco residents.</p> <p>a. Enroll eligible individuals into existing public and private insurance programs.</p> <p>b. Continue to work locally on expansion and access to health insurance and health services.</p> <p>c. Advocate for expansion of state and federal insurance programs.</p> | <ul style="list-style-type: none"> ● Expanding health insurance coverage for young adults |
| 4 | <p>Provide a comprehensive array of quality and culturally competent services.</p> <p>a. Continue academic affiliation with UCSF.</p> <p>b. Continue SFGH as a Level 1 Trauma Center.</p> <p>c. Ensure that clinical sites provide services that meet the diversity of residents' needs.</p> <p>d. Offer specialty care when feasible at community clinic sites.</p> <p>e. Ensure access to behavioral health services (including substance abuse and mental health services, parenting skills and domestic violence programs).</p> <p>f. Ensure access to environmental health services (including infectious waste cleanup).</p> | <ul style="list-style-type: none"> ● Rebuilding San Francisco General Hospital ● Expanding access to health services through supportive housing ● Increasing the number of supporting housing units available ● Making comprehensive care more accessible through Centers of Excellence |
| 5 | <p>Ensure contractor viability.</p> <p>a. Bring contractor salary structures in line with market rates.</p> <p>b. Assess contractor needs, and provide technical assistance as needed,</p> | |

| Objective # | Objective and Strategies | Current Activities |
|-------------|---|--|
| | <p>particularly related to use of technology.</p> <p>c. Streamline the contract development, monitoring and payment processes, especially for small contract amounts.</p> | |
| 6 | <p>Improve integration of services.</p> <p>a. Complete the integration of Community Behavioral Health Services.</p> <p>b. Integrate Primary Care and Community Behavioral Health Services.</p> <p>c. Train staff to deliver integrated services.</p> | <ul style="list-style-type: none"> • Continued integration of mental health and substance abuse services • Providing comprehensive recovery services to sexually exploited young women • Making comprehensive HIV/AIDS care more accessible through Centers of Excellence |
| 7 | <p>Improve patient flow and standardize record keeping, in order to improve continuity of care and reduce decertified days. The continuum of care should include acute care (SFGH), skilled nursing (LHH), residential care, intermediate care and community-based care.</p> <p>a. Ensure patients are transferred to the appropriate level of care within the continuum of services provided by or contracted for by the Department.</p> <p>b. Define the role of discharge planning and develop alternative placement options for LHH, SFGH, community partners and inmates being released from the criminal justice system.</p> <p>c. Expand community-based services and use them in place of institutional placements whenever clinically appropriate.</p> | <ul style="list-style-type: none"> • Replacing Laguna Honda • Preparing residents to re-enter the workforce • Saving money by replacing institutional care with community-based care • Providing medical respite services for those with critical needs |
| 8 | <p>Ensure the quality of pre-hospital emergency medical services.</p> | <ul style="list-style-type: none"> • Using health information technology to improve emergency services |

| <i>Objective #</i> | <i>Objective and Strategies</i> | <i>Current Activities</i> |
|--------------------|---|---|
| | <p>a. Expand the availability of automated external defibrillators (AEDs) in public buildings.</p> <p>b. Ensure the regulatory aspects of emergency medical transport as well as the quality of response.</p> <p>c. Evaluate the impact of proposed reconfiguration of Fire EMS services.</p> | <ul style="list-style-type: none"> • Improving SFFD's emergency response |

Goal 2: Disease and injury are prevented.

| <i>Objective #</i> | <i>Objective and Strategies</i> | <i>Current Activities</i> |
|--------------------|---|--|
| 1 | <p>Decrease injury and disease among San Francisco residents.</p> <p>a. Implement the Prevention Strategic Plan.</p> <p>b. Test and monitor the toxicity of public buildings and sites (e.g., schools, playgrounds).</p> <p>c. Improve the safety of public buildings and sites throughout the City.</p> <p>d. Develop community-based programs that address behavioral and social-economic-environmental factors that promote healthy lifestyles, including nutrition, physical activity, use of substances, anger and conflict management, etc.</p> <p>e. Develop community-based programs that address behavioral and social-economic-environmental factors that promote or prevent intentional violence, such as access to firearms and other weapons use, intimate partner violence,</p> | <ul style="list-style-type: none"> • Confronting increases in gun violence • Responding to West Nile Virus • Making TB screening more efficient and accurate • Promoting food safety • Expanding services to gay and bisexual men through Magnet Clinic • Making comprehensive HIV/AIDS care more accessible through Centers of Excellence • Improving STD screening in adult and youth detention centers |

| | | |
|---|--|--|
| | <p>f. etc. Develop community-based programs that address behavioral and social-economic-environmental factors that reduce unintentional injuries, especially falls in seniors, pedestrian and traffic injuries / fatalities and self-inflicted injury.</p> | |
| 2 | <p>Decrease injury and disease among the Department's target populations.</p> <p>a. Develop culturally and linguistically appropriate prevention materials.</p> <p>b. Support Department and partners' efforts regarding physical activity and nutrition among children (e.g., Balboa High bicycle model project).</p> | <ul style="list-style-type: none"> • Fighting chronic disease by increasing opportunities for physical activity • Expanding services to gay and bisexual men through Magnet Clinic • Providing discreet partner notification services through the Internet • Using peer outreach to lower STD rates among African American youth |
| 3 | <p>Integrate prevention activities into program design throughout the Department.</p> <p>a. Ensure that prevention is a core component of new program initiatives and is part of overall design where appropriate. (Prevention Strategic Plan Objective 1.2 (a))</p> <p>b. Strengthen primary prevention activities and secondary prevention activities related to identified health outcomes in clinical services (e.g., Primary Care and Behavioral Health). (Prevention Strategic Plan Objective 1.2 (b))</p> <p>c. Incorporate practices set forth by the Youth Development Standards into programs serving youth.</p> | <ul style="list-style-type: none"> • Expanding services to gay and bisexual men through Magnet Clinic |

| | | |
|---|---|--|
| 4 | <p>Increase attention to social and economic factors that affect health status (e.g., wages, employment, child care, housing, social safety net, transportation, education, etc.), especially for low-income, uninsured, under-insured and homeless populations.</p> <ol style="list-style-type: none"> a. Improve transportation to services, especially for seniors and the disabled. b. Increase the number of supportive housing units. c. Develop more housing options for non-ambulatory, substance abuse and mental health discharges. d. Identify and address the needs of special populations living in SROs (e.g., seniors, families). e. Coordinate services in SROs. f. Focus efforts on root problems (e.g., substandard housing and asthma in the Bayview, adverse health effects from food insecurity and hunger). | <ul style="list-style-type: none"> • Providing marketable job skills to CBHS patients • Expanding access to health services through supportive housing • Increasing the number of supportive housing units available • Providing medical respite services for those with critical needs • Improving working conditions for day laborers • Improving cultural competence training for DPH staff |
| 5 | <p>Recognize urban planning/land use policy as a public health activity.</p> <ol style="list-style-type: none"> a. Promote pedestrian safety. b. Promote policies that encourage public transportation use, bicycling and other alternatives to automobiles. c. Plan for services in new residential areas and neighborhoods (e.g., Schlage Lock site, Mission Bay). d. Work with the San Francisco Planning Department, Municipal Railway, Department of | <ul style="list-style-type: none"> • Making neighborhoods more walkable • Making healthier neighborhoods |

| | | |
|---|---|---|
| | Parking and Traffic, and Police Department on relevant activities related to urban planning and land use policy. | |
| 6 | <p>Prepare to respond to any emergency or disaster situation.</p> <ul style="list-style-type: none"> a. Prepare emergency and disaster plans. b. Train staff on emergency and disaster procedures. c. Educate the public on emergency and disaster procedures and preparedness. d. Work with established communities (e.g., business, ethnic, neighborhood, non-governmental) on emergency and disaster procedures and preparedness. e. Practice and refine the Department's emergency response procedures (e.g., SRO fires, mass inoculations, mass casualty events), while continuing to respond to emergency situations. f. Ensure the Department's role as a first responder along with the San Francisco Police Department, San Francisco Fire Department, Office of Emergency Services and Department of Human Services. g. Design and build a helipad on Wing A of San Francisco General Hospital in order to support its activities as the only Level I Trauma Center for a service area of over one million people. | <ul style="list-style-type: none"> • Preparing to respond effectively in the event of a terrorist attack |
| 7 | Develop prevention and intervention | <ul style="list-style-type: none"> • Improving behavioral health services |

| | | |
|--|--|---|
| | <p>programs that address major behavioral health issues.</p> <ol style="list-style-type: none"> a. Develop coordinated violent injury response services at SFGH and throughout community-based services. b. Provide counseling and support services to families affected by addictive gambling. c. Identify and implement prevention activities focused on the Asian community. d. Publish culturally sensitive suicide prevention materials. e. Address suicidal ideation among young people. f. Develop community-based programs that address behavioral and social-economic-environmental factors that promote or prevent alcohol-related problems. g. Develop community-based programs that promote positive mental health. | <ul style="list-style-type: none"> • Training police officers to interact with persons with mental illness • Responding to increased use of crystal methamphetamine |
|--|--|---|

Goal 3: Services, programs and facilities are cost effective, and resources are maximized.

| <i>Objective #</i> | <i>Objective and Strategies</i> | <i>Current Activities</i> |
|--------------------|--|---------------------------|
| 1 | <p>Ensure adequate staffing to meet programmatic needs through improved recruitment, retention and training of staff.</p> <ol style="list-style-type: none"> a. Continue to support nursing recruitment and retention efforts at CHN sites. b. Continue to work with City College and San Francisco State University on programs that ensure adequate levels of social work, nursing and allied health professional staff. | |

| | | |
|---|--|---|
| | <p>c. Work with employee organizations to ensure adequacy of staffing and training.</p> | |
| 2 | <p>Determine service levels by need rather than by availability of funding.</p> <p>a. Use existing health data and reports (e.g., BHSF Community Needs Assessment, Health Status Report Card) to inform decisions about service levels.</p> | |
| 3 | <p>Ensure the public health infrastructure.</p> <p>a. Establish and maintain adequate reserves to protect against revenue losses.</p> <p>b. Develop a capital replacement and maintenance fund.</p> <p>c. Pursue a bond proposal to fund the San Francisco General Hospital rebuild.</p> <p>d. Complete the Laguna Honda Hospital rebuild on schedule and on budget.</p> <p>e. Allocate funding for primary care infrastructure needs.</p> <p>f. Identify funding sources for capital improvements to contract agency sites.</p> <p>g. Work with the San Francisco Unified School District to define the scope, location and appropriateness of school-based health programs.</p> <p>h. Invest in patient-friendly service environments (e.g., security at SFGH).</p> <p>i. Work with private hospitals to ensure the provision of charity care.</p> | <ul style="list-style-type: none"> ● Rebuilding San Francisco General Hospital ● Upgrading facilities at Curry Senior Center ● Replacing Laguna Honda ● Expanding Access to Primary Care for Patients of All Ages |
| 4 | <p>Maximize external funding sources (e.g., grants, fees, federal financial participation).</p> | <ul style="list-style-type: none"> ● Responding to Proposition 63 |

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| | <ul style="list-style-type: none"> a. Expand efforts to bill and claim all appropriate revenues. b. Increase eligibility outreach efforts and coordinate eligibility efforts with other City departments and community agencies. c. Pursue grants and other funding sources. Invest resources in developing grants and other funding sources. d. Review existing user fees and rates. e. Explore ways to leverage additional funding. f. Increase the number of customers with a payer source (especially SSI, but also Medi-Cal, Healthy Families, Healthy Kids and private coverage). g. Increase MDS accuracy for better Medicare reimbursement. h. Pursue HHS waiver grants to expand existing services. i. Ensure provider UPIN for billing Medi-Cal and Medicare. j. Improve third-party billing for services accessed by insured patients, including Kaiser patients. k. Enter into agreements with private insurers. | <ul style="list-style-type: none"> • Increasing resources for health services through better accounting |
| 5 | <p>Maintain efficiency throughout the Department.</p> <ul style="list-style-type: none"> a. Create a baseline budget for the Department. b. Develop common databases where possible (e.g., SORIAN). c. Consolidate, coordinate and unify programs where possible (e.g., disease | <ul style="list-style-type: none"> • Saving money by replacing institutional care with community-based care • Increasing resources for health services through better accounting • Making comprehensive HIV/AIDS care more accessible through Centers of Excellence • Using Health Information Technology to Improve Emergency Services |

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| | <p>prevention – STD, HIV, hepatitis, tuberculosis).</p> <p>d. Reduce duplication of paperwork for patients seeking services.</p> | |
| 6 | <p>Increase use of benchmarks to compare Department activities to local, state and federal standards.</p> <p>a. Incorporate <i>Healthy People 2010</i> Leading Health Indicators and other national standards into program design and evaluation.</p> <p>b. Establish appropriate benchmarks in programs for which no <i>Healthy People 2010</i> Leading Health Indicators or other national standards exist.</p> <p>c. Achieve a ten percent or lower rate of ambulance diversions at SFGH.</p> | <ul style="list-style-type: none"> Increasing resources for health services through better accounting |
| 7 | <p>Increase use of data to guide program development, reorganization, reprioritization, reduction or elimination, and to assess the impact of programs on health status.</p> <p>a. Ensure that outcomes measurement is incorporated into Department programs.</p> <p>b. Prioritize programs through outcomes measurement.</p> <p>c. Continue to develop local population health data, and link it to what is known about the determinants of health and evidence-based interventions for improving population health.</p> <p>d. Develop a report card annually to monitor programs on key objectives.</p> | <ul style="list-style-type: none"> Improving HV testing Advancing HIV prevention research Making TB Screening More Efficient and More Accurate Using Health Information Technology to Improve Emergency Services |

Goal 4: Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services.

| <i>Objective #</i> | <i>Objectives and Strategies</i> | <i>Current Activities</i> |
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| 1 | <p>Recognize and accommodate cultural and linguistic differences among residents.</p> <ol style="list-style-type: none"> a. Identify and address the cultural and linguistic factors that affect health status. b. Adapt and develop programs for cultural and linguistic factors that affect health status. c. Ensure that programs are culturally appropriate. d. Distinguish between individual ethnic groups (e.g., Pilipino from Asian/Pacific Islander). e. Communicate all messages in San Francisco's threshold languages (English, Chinese and Spanish). f. Educate staff about health beliefs, practices and services for ethnic and linguistic communities, especially immigrants. g. Educate ethnic and linguistic communities, including immigrants, about available health services. h. Conduct health fairs and other activities that accommodate different cultures. i. Work with patients who use complementary and alternative medicine in order to accommodate cultural differences and partner with patients to improve health outcomes. | <ul style="list-style-type: none"> • Offering therapeutic activities for residents of Laguna Honda • Expanding services to gay and bisexual men through Magnet Clinic • Providing discreet partner notification services through the Internet • Using peer outreach to lower STD rates among African-American youth • Training providers to serve the transgender community • Responding to West Nile Virus |
| 2 | <p>Pursue state and federal health policy changes consistent with Department priorities.</p> | <ul style="list-style-type: none"> • Responding to Proposition 63 |

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| | <ul style="list-style-type: none"> a. Engage in local, state and federal advocacy efforts through the Mayor's Office. b. Advocate for state and federal legislative changes addressing programmatic issues. c. Coordinate with the state on licensing and regulatory matters. | |
| 3 | <p>Enhance the Department's relationship with community groups.</p> <ul style="list-style-type: none"> a. Initiate new and sustain existing partnerships with external agencies that are working on programs addressing Department priorities. b. Examine and restructure the Department's existing community advisory groups. c. Increase print and television public relations. d. Use e-mail and the Internet as communications tools. e. Utilize the Mayor's public liaison positions (Mayor's Office of Neighborhood Services) to transmit information about Department activities and public health, especially to ethnic communities. f. Work with existing community and neighborhood groups and coalitions, especially through periodic presentations at existing community meetings. g. Improve communication with communities about DPH activities and how communities can support the work of DPH. | <ul style="list-style-type: none"> • Providing discreet partner notification services through the Internet • Confronting increases in gun violence • Providing comprehensive recovery services to sexually exploited young women |
| 4 | Partner with other providers on health issues of common concern. | <ul style="list-style-type: none"> • Training police officers to interact with persons with mental illness |

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| | <p>a. Foster inter- and intra-departmental coordination.</p> <p>b. Explore regionalization of services.</p> <p>c. Work with other City departments (e.g., DHS, DAAS, DCYF, SFFD, SFPD, Sheriff, SF Housing Authority) on issues of common concern (e.g., domestic violence, elder abuse, juvenile justice, Direct Access to Housing, 9-1-1 services, discharge planning, chronic disease prevention, new 3-1-1 system.)</p> <p>d. Work with other City departments and agencies to implement strategic plans involving mutual objectives (DAAS – <i>Living with Dignity in San Francisco</i>, DCYF, DHS – <i>San Francisco Plan to Abolish Chronic Homelessness</i> etc.).</p> <p>e. Work with the San Francisco Unified School District to define the scope, location and appropriateness of school-based health programs.</p> <p>f. Partner with complementary and alternative medical practitioners to encompass alternative health practices within western medicine.</p> <p>g. Develop relationships with hospitals, clinics, CBOs, foundations and other providers in San Francisco (e.g., Catholic Healthcare West, San Francisco Community Clinic Consortium).</p> <p>h. Continue to work with CBOs on health fairs,</p> | <ul style="list-style-type: none"> • Providing marketable job skills to CBHS patients • Expanding access to health services through supportive housing • Collaborating to improve the health of school children • Collaborating with the Public Utilities Commission to ensure safe drinking water • Building capacity through the STD Volunteer Program • Providing comprehensive recovery services to sexually exploited young women • Providing medical respite services for those with critical needs |
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| | immunization projects and other community-based events (e.g., Hawkins Clinic / Visitacion Valley Community Center). | |
| 5 | <p>Work with businesses to improve the health of San Franciscans.</p> <p>a. Continue to provide Environmental Health training to food service workers on safe food handling through the Restaurant Association.</p> <p>b. Outreach to the business community on health issues of community importance (e.g., West Nile Virus, influenza, SARS).</p> <p>c. Partner with businesses to solve the problem of chronic homelessness.</p> | <ul style="list-style-type: none"> • Helping businesses become more environmentally friendly • Promoting food safety |