



**SAN FRANCISCO**

**DEPARTMENT OF PUBLIC HEALTH**

**2005-2006 ANNUAL REPORT**



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## Message From the Director

I am pleased to present the San Francisco Department of Public Health Fiscal Year 2005-2006 Annual Report. This has been an exciting year for me on both a personal and professional level. The year began for me with the welcome addition of Max's sibling, Roxie to our family. While my own family grew this year, so did the challenges and rewards of being Director of Health. As I enter my tenth year as director I look back proudly at what we have achieved and look forward to the exciting opportunities that lay ahead.

My tenure as Director of Health has been shadowed by difficult financial times. For the last several years, the Department struggled with large financial deficits in our healthcare delivery system. With the downturn of the dot com industry, the horrifying events of 9/11/01 and cuts in federal health and human service funding, keeping the Health Department financially viable has been my priority. We succeeded in our efforts, by taking creative approaches to reducing costly hospital stays and by increasing community based care.

We have continued to augment community-based care through the Department's Direct Access to Housing (DAH) program expanding housing options as an alternative to institutional care. The DAH program master leases rooms in single room occupancy hotels, rents blocks of rooms in larger buildings and has implemented short-term stabilization housing for targeted programs for underserved populations. The program currently provides 821 housing units in 13 buildings. Another 120 units will be added in FY 06-07. Sixty of these beds are included in the new Medical Respite Program that will provide temporary housing with medically oriented supportive services for frail homeless persons leaving the hospital. It is hoped this program will reduce non-acute uncompensated days at San Francisco General Hospital and be a link to stable permanent housing for clients exiting respite. DAH has an additional 378 units in the pipeline scheduled for completion by 2009.

Earlier this year, the Department worked successfully with Assembly Member Mark Leno to introduce AB 2968, which requires the State Department of Health Services to



seek a Medi-Cal waiver to increase community-based care options for San Franciscans with chronic or disabling health conditions who would otherwise be homeless, living in shelters or institutionalized. According to a review of Laguna Honda residents approximately one quarter (over 250 residents) could be cared for in a community-based setting. However, Medi-Cal reimbursement policies favor care in inpatient institutional settings by paying more for Skilled Nursing Facility (SNF) care than for community care. As a result, alternatives to institutional care for homeless, low-income Medi-Cal beneficiaries with chronic or disabling health conditions are limited, and this population often must remain in costly inpatient settings longer than medically necessary. The waiver request was passed by the legislature and signed into law by the Governor September 30, 2006.

San Francisco has always been a leader in efforts to expand access to health care coverage for its uninsured residents and workers and this upcoming year holds the prospect of the largest expansion to date, implementation of the San Francisco Health Access Program (SF HAP). In June 2006 the Board of Supervisor's unanimously passed legislation that combined Supervisor Ammiano's Workplace Security Ordinance and Mayor Newsom's SF HAP. The law will improve the health status of thousands of previously uninsured residents and, at the same time, will significantly impact the way DPH operates.

The new ordinance combines the HAP model with a health-spending mandate affecting businesses with more than 20 employees. Businesses have a variety of methods for fulfilling the health-spending mandate including providing private insurance, paying for the HAP for their employees, or setting up accounts for employees to draw on for medical expenses. I believe that the City and County of San Francisco's new healthcare initiative will serve as a model for jurisdictions around the country.

Although the Department's programs have historically been on the cutting edge internationally, the quality of our physical infrastructure has often lagged. We are pleased that in the past year we have made significant progress on retrofitting or replacing existing facilities.

- **Laguna Honda Hospital Rebuild**

Voters in the City and County of San Francisco passed Proposition A, a bond initiative to rebuild Laguna Honda Hospital in November 1999. The City is in the process of constructing a new campus on the Laguna Honda Hospital site, which will provide housing and a complete continuum of long-term healthcare services. This facility, by design, encourages rehabilitation and independent living while setting the standard for enhancement of the quality of life. Phase One of the new construction began in mid 2005 and will add 780 beds; the first two buildings will be ready for residents in late 2008. The 140 Assisted Living units will be completed in 2013.

- **San Francisco General Hospital Replacement Project**

In 1996, California Senate Bill (SB) 1953 was passed requiring that all California acute care hospitals meet upgraded seismic safety standards by 2013. If hospitals fail to comply with these regulations, they will have to close their acute care facilities after 2008. As one of the nations leading public teaching hospitals, SFGH has for over one hundred years provided a wide range of ambulatory and acute care services to generations of San Francisco residents. It would be extremely difficult, if not impossible for private hospitals to assume the safety-net role, the responsibility of providing Level I trauma, and the myriad of high-quality services provided to complex and uninsured populations.

A Blue Task Force was established in FY 05-06 by Mayor Newsom to make recommendations for the rebuilt hospital. The Task Force concluded that the rebuild should occur on the current footprint on the SFGH site. The City has invested 13 million dollars in the FY 06-07 budget to begin to fund design and environmental work for the rebuild. This work is being undertaken prior to going to the voters with a bond initiative to fully define the project minimizing the risk of cost overruns due to unexpected costs and inflation.

- **Retrofit and Make Primary Care Centers ADA Compliant**

DPH is in the process of retrofitting all our Primary Care Centers. The clinics were not originally designed to provide primary care, but rather were neighborhood health centers. As a result, the clinic space needs to be redesigned to provide more exam rooms and to improve clinic operations, capacity, efficiency and productivity.

I am fortunate to be a local health director in a city that so strongly supports public health. San Francisco's policy makers, the Mayor, Board of Supervisors and the San Francisco Health Commission have shown exemplary leadership and a strong commitment to health. I could not do my job without their continued support. Of course, it goes without saying that the Department of Public Health would be nothing without our dedicated and capable staff. I am proud and appreciative of their support through the recent lean budget years and look forward to working together to implement the new Health Access Program. I am optimistic as I look ahead that collectively we will be successful in improving the health status of all San Franciscans.

Mitchell H. Katz, M.D.  
October 2006

## San Francisco Health Commission



Seated from Left: Roma Guy, MSW; Lee Ann Monfredini, President; Edward A. Chow, MD. Standing: Michele Seaton, Executive Secretary; David J. Sánchez, Jr., PhD; James M. Illig, Vice President; Donald Eugene Tarver, II, MD; Mitchell H. Katz, MD, Director of Health. Not pictured, John I. Umekubo, MD.

The San Francisco Health Commission is the governing and policy-making body of the Department of Public Health. The Commission is mandated by City & County Charter to manage and control the City and County hospitals, 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. The Health Commission, appointed by the Mayor to four-year terms meets the first and third Tuesday of the month, 3:00 p.m. in Room 300 of 101 Grove. Agendas are posted and made available to the public the Thursday morning preceding the meeting.

## CHAPTER 2

**Lee Ann Monfredini, President** - Commissioner Monfredini, has served on the Commission for nine years, and is a real estate agent at Pacific Union Real Estate.

- Chair, Joint Conference Committee for San Francisco General Hospital
- Member, Joint Conference Committee for Population Health and Prevention
- Member, San Francisco Public Health Foundation

**James M. Illig, Vice President** - Commissioner Illig is the Director of Government Relations for Project Open Hand and is serving his first term on the Commission.

- Chair Joint Conference Committee for the Community Health Network
- President, Governing Board of the In Home Supportive Services Public Authority

**Edward A. Chow, M.D.** - Commissioner Chow has served five terms on the Commission and is a practicing internist and is the Medical Director for the Chinese Community Health Plan and Executive Director of the Chinese Community Health Care Association.

- Chair, Joint Conference Committee for Laguna Honda Hospital
- Member, Budget Committee.

**Roma Guy, M.S.W.** - Commissioner Guy has served on the Commission for ten years, and is Clinical Faculty, Department of Health Education at San Francisco State University.

- Chair, Joint Conference Committee for Population Health and Prevention
- Member, Joint Conference Committee the Community Health Network

**David J. Sánchez, Jr., Ph.D.** - Commissioner Sánchez is Professor Emeritus and University of California, San Francisco and has been on the Commission nine years.

- Chair, Budget Committee
- Member, Joint Conference Committee for Laguna Honda Hospital
- Member, San Francisco General Hospital Foundation

**Donald Eugene Tarver, II, M.D.** - Commissioner Tarver is the newest member of the Health Commission and is a community psychiatrist, and a clinical instructor at the University of California San Francisco.

- Member, Budget Committee
- Member, Joint Conference Committee for the Community Health Network
- Member, San Francisco General Hospital Breast Care Community Advisory Council

**John I. Umekubo, M.D.** - Commissioner Umekubo has a private practice in Internal Medicine in Japantown and has served on the Commission seven years.

- Member, Joint Conference Committee for San Francisco General Hospital
- Liaison, San Francisco Health Authority

**Michele Seaton, Commission Executive Secretary**

## Fiscal Year 2005-2006 Health Commission Resolutions

Endorsing the Principles of the Strategic Alliance: “Taking Action for a Healthier California” No. 11-05

Supporting Increased Fiscal Authority for the Health Commission and Department of Public Health and Supporting the Concept of Stable, Predictable and Adequate Funding for Health Services No. 12-05

Supporting the Deemed Approved Use Ordinance No. 13-05

Determining that the Closure of St. Luke’s Hospital Psychiatric/Behavioral Inpatient Unit will have a Detrimental Impact on the Health Care Service of the Community No. 14-05]

Accepting the Mayor’s Blue Ribbon Committee on San Francisco General Hospital’s Future Location’s Recommendation to Rebuild SFGH at its Current Potrero Avenue Campus No. 15-05

Supporting the City’s Application to the State of California to Fund the Community Services and Supports Component of the Mental Health Services Act No. 16-05

Resolution Regarding the Merger of California Pacific Medical Center and St. Luke’s Hospital No. 17-05

Supporting Recommendations Contained in the Fiscal Year 2004 Charity Care Report Summary No. 18-05

Approving Fiscal Year 2006/07 Interim Agreements Incorporating an Extension of the Terms of Fiscal Year 2005/06 HIV Health Services Program Contracts for the Department Of Public Health No. 01-06

Resolution Approving Fiscal Year 2006/2007 Interim Agreements Incorporating an Extension of the Terms of Fiscal Year 2005/06 Housing and Urban Health Program Contracts for the Department of Public Health No. 02-06

Resolution Recommending the Creation of a Community Living Trust Fund No. 03-06

Approving the Submission of the Department of Public Health’s Base Budget for Fiscal Year 2006/07 No. 04-06

Resolution Approving Use of Interim Agreements to Extend the Terms of Fiscal Year 2005/06 Contracts into the First Six Months of Fiscal Year 2006/07 for the Department of Public Health No. 05-06

Honoring Public Health Week, April 3-9, 2006 No. 06-06

Resolution Approving the Submission of the Department of Public Health’s Contingency Budget for Fiscal Year 2006/07 No. 07-06

Resolution Urging Brown & Toland Medical Group to Allow Non-Exclusive Affiliation for Physicians of Chinese Hospital and its Medical Group the Chinese Community Health Care Association No. 08-06

Establishing a Policy of Reviewing Budget Proposals through the Joint Conference Committees Prior to a Full Hearing at the Health Commission No. 09-06

Opposition to Health Resources and Services Administration (HRSA) Policy that Restricts Transitional Housing Funded Under the Ryan White Care Act to 24 Months No. 10-06

## Inside the Department

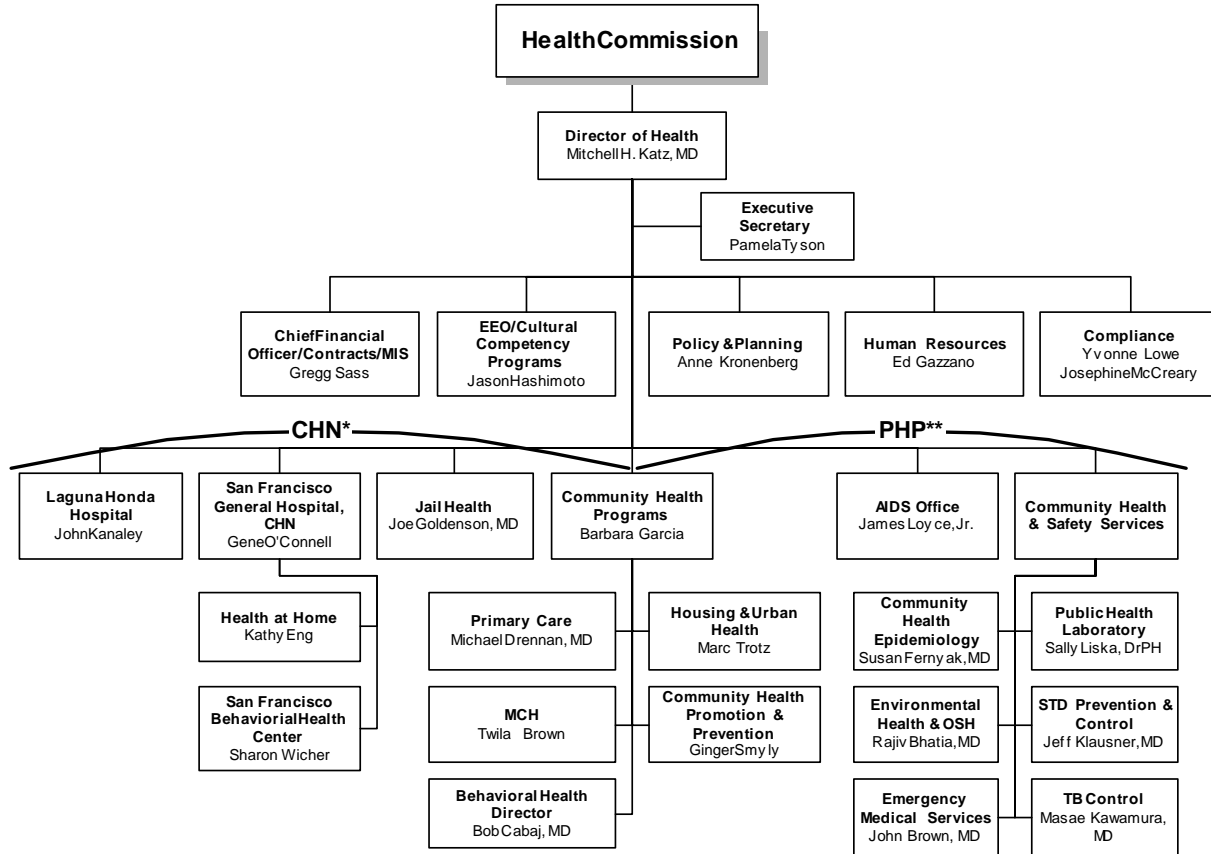
### Our Organization

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.



## DPH Organizational Chart

This organizational chart reflects the structure of the Department and the individuals working in key positions in FY 2005-06.

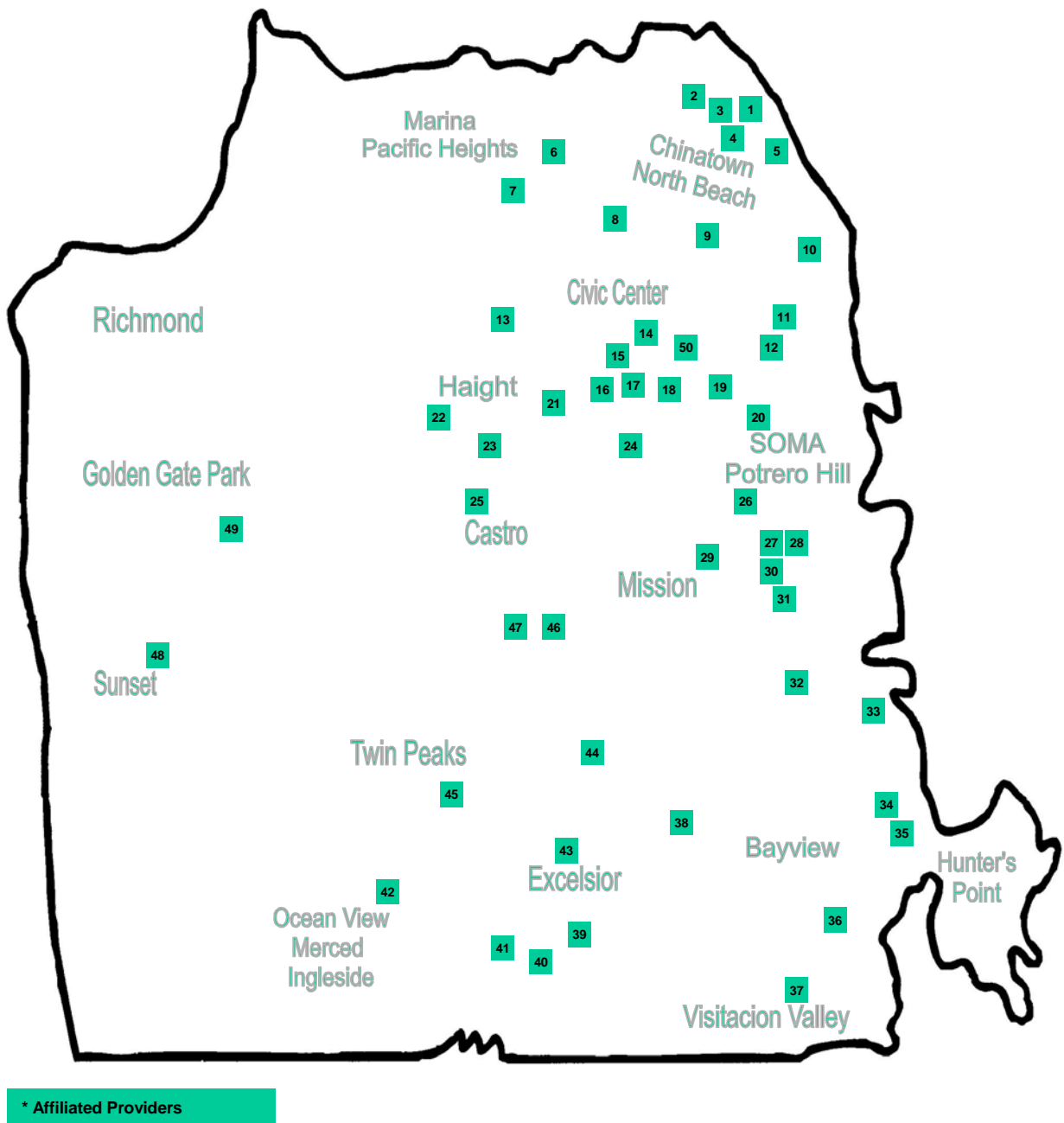


\*CHN = Community Health Network, the integrated health service delivery system of the Health Department

\*\*PHP = Population Health and Prevention

## Our Service 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 2005-06.



## Index of Service Sites From Previous Page

<ol style="list-style-type: none"> <li>1. Chinatown / North Beach Mental Health Services</li> <li>2. Chinatown Public Health Center / Newcomers Program</li> <li>3. Chinatown Child Development Center</li> <li>4. Chinatown Child Development Center Child Care Mental Health Consultation</li> <li>5. Northeast Medical Services *</li> <li>6. Center for Special Problems – Trauma Resolution</li> <li>7. Maxine Hall Health Center</li> <li>8. Larkin Street Youth Clinic *</li> <li>9. Curry Senior Service Center *</li> <li>10. Jail Health Services</li> <li>11. South of Market Health Center *</li> <li>12. South of Market Mental Health Services</li> <li>13. Haight-Ashbury Free Medical Clinic*</li> <li>14. Health Officer / Public Health Lab / Tom Waddell Health Center / Immunization / Vital Records</li> <li>15. Central City Older Adult Unit</li> <li>16. Environmental Health Services</li> <li>17. Health Education &amp; Health Promotion</li> <li>18. Public Conservatorship</li> <li>19. City Clinic</li> <li>20. Mission Mental Health Services</li> <li>21. HIV Services</li> <li>22. Cole Street Youth Clinic *</li> <li>23. Lyon-Martin Women’s Health Services *</li> <li>24. Native American Health Center</li> <li>25. Castro Mission Health Center</li> <li>26. Mission Neighborhood Health Center</li> <li>27. AB 3632 Unit / Children’s Mental Health</li> </ol>	<ol style="list-style-type: none"> <li>28. Mission Family Center</li> <li>29. Alternatives Program/ Mission ACT / Mission Mental Health Services Team I</li> <li>30. San Francisco General Hospital</li> <li>31. Child &amp; Adolescent Sexual Abuse Resource Center (CASARC)</li> <li>32. Potrero Hill Health Center</li> <li>33. Comprehensive Child Crisis Service / Foster Care Mental Health Program</li> <li>34. Family Mosaic Project Children System of Care</li> <li>35. Children’s System of Care Intensive Care Management</li> <li>36. Southeast Health Center</li> <li>37. Southeast Child &amp; Family Therapy Center</li> <li>38. Silver Avenue Family Health Center</li> <li>39. Southeast Child &amp; Family Therapy Center 2</li> <li>40. Health At Home</li> <li>41. Balboa Teen Health Center</li> <li>42. OMI Family Center</li> <li>43. Excelsior Group *</li> <li>44. Southeast Mission Geriatric Services</li> <li>45. Team II Adult Outpatient Services</li> <li>46. Special Programs for Youth</li> <li>47. Laguna Honda Hospital &amp; Rehabilitation Center</li> <li>48. Sunset Mental Health Services</li> <li>49. Ocean Park Health Center</li> <li>50. Housing &amp; Urban Health Clinic</li> </ol>
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## The Department's Advisory Groups

The Department relies on its community partners for guidance and direction. The Department has over 50 groups that advise us annually on community concerns and priorities. DPH partners include clients, community based organizations and business leaders. The following is a list of the advisory groups in fiscal year 2005-2006.

### *Behavioral Health*

- AB 2034 Consumer Advisory Board
- Children's Mental Health Systems of Care Council
- Community Behavioral Health Services Parent Advisory Committee
- Community Behavioral Health Services Client Council
- Community Behavioral Health Integration Advisory Committee
- Mental Health Board
- Mental Health Services Act Advisory Committee
- Perinatal Substance Abuse Coordinating Council
- TCM Community Advisory Group
- Treatment on Demand Planning Council
- Youth Advisory Task Force

### *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*

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

### *Environmental Health*

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

### *HIV/AIDS*

- African American Regional AIDS Collaborative (AARAC)
- HIV Prevention and Vaccine Trials Community Advisory Board
- HIV Prevention Messages/Circuit Party Study Community Advisory Board
- HIV Prevention Planning Council

- HIV Health Services Planning Council – Ryan White CARE Council
- Prevention for HIV Positives Community Advisory Board
- Rave/Club Drug Task Force

*Laguna Honda Hospital*

- Laguna Honda Hospital Replacement Program Community Advisory Group

*Maternal and Child Health*

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

*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*

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

## The Department's Contractors

The Department's contractors play a very important role in the healthcare service delivery system. In Fiscal Year 2005-06, the Department had contracts with 176 organizations providing a wide variety of services for our patients. Contractors enrich our continuum of care and allow DPH to offer a wide array of culturally and linguistically competent programs in the community.

- Addiction Research and Treatment, Inc.
- Aguilas, Inc.
- AIDS Community Research Consortium
- AIDS Emergency Fund
- AIDS Legal Referral Panel of the San Francisco Bay Area
- Alameda County Health Care Service Agency
- Alta Bates Summit Medical Center
- Americhoice
- Apheresis Care Group, Inc.
- Ark of Refuge, Inc.

- Asian American Recovery Services, Inc.
- Asian and Pacific Islander Wellness Center
- Asian Women's Shelter
- BAART Community Healthcare
- Baker Places, Inc.
- Bay Area Communication Access
- Bay Area Community Resources
- Bay Area Young Positives, Inc.
- Bayview Hunters Point Foundation for Community Improvement
- Bayview Hunters Point HERC
- Better World Advertising
- Black Coalition on AIDS
- Booker T. Washington Community Services Center
- Boys and Girls Clubs of San Francisco
- Brainstorm Tutoring
- Caduceus Outreach Services
- California Family Health Council, Inc.
- California Pacific Medical Center
- Calvin Y. Louie, CPA dba Louie and Pak, LLP
- Catholic Charities CYO
- Catholic Healthcare West/St. Francis Hospital
- Catholic Healthcare West/St. Mary's Medical Center
- Center for Human Development
- Center on Juvenile and Criminal Justice
- Centerforce, Inc.
- Central City Hospitality House
- Children's Council of San Francisco
- Chinatown Community Development Center
- City College of San Francisco
- Community Awareness and Treatment Services, Inc.
- Community Vocational Enterprises, Inc.
- Conard House, Inc.
- Continuum HIV Day Services
- Crestwood Manor
- Curry Senior Services
- Dolores Street Community Center
- Edgewood Center for Children And Families
- Eldergivers
- Episcopal Community Services of San Francisco, Inc.
- Familiesfirst, Inc.
- Family Service Agency of San Francisco
- Filipino-American Development Foundation
- Fort Help
- Fred Finch Youth Center
- Friendship House Assn. of American Indians, Inc. of San Francisco
- Girls After School Academy
- Haight Ashbury Free Clinic, Inc.
- Hamilton Family Center
- Harder and Company Community Research
- Harm Reduction Coalition
- Hearing and Speech Center of Northern California
- Homeless Children's Network
- Homeless Prenatal Program
- Huckleberry Youth Programs, Inc.

- Hyde Street Community Services, Inc.
- Immune Enhancement Project
- Institute For Community Health Outreach
- Instituto Familiar de la Raza, Inc.
- International Institute of San Francisco
- Internet Sexuality Information Services, Inc.
- Iris Center Women's Counseling and Recovery Services
- Japanese Community Youth Council
- Jelani House, Inc.
- Jewish Family And Children's Services
- John Muir Behavioral Health Center
- John Stewart Co., Inc.
- La Casa de las Madres
- La Raza Centro Legal, Inc.
- Larkin Street Youth Center
- Latino Commission
- Learning Services of Northern California
- Legal Services for Children, Inc.
- Lighthouse for the Blind and Visually Impaired
- Lincoln Child Center
- Lutheran Social Services of Northern California
- Lyon-Martin Women's Health Services
- MV Transportation
- Maitri AIDS Hospice
- MedImpact Healthcare Systems, Inc.
- Mental Health Mgmt I, Inc. dba Canyon Manor
- Metropolitan Community Foundation
- Mills-Peninsula Health Services
- Mission Council on Alcohol Abuse for the Spanish-speaking
- Mission Neighborhood Health Center
- Mobilization Against AIDS International, Inc.
- Morrisania West, Inc.
- Mt. St. Joseph-St. Elizabeth's Epiphany Center
- National Council on Alcoholism and Other Drug Addictions-Bay Area
- Native American AIDS Project
- Native American Health Center
- New College of California
- New Leaf: Services for Our Community
- NICOS Chinese Health Coalition
- Oakes Children's Center, Inc.
- Occupational Therapy Training Program-Special Service for Groups
- Ohlhoff Recovery Programs
- O'Rorke, Inc.
- Pharmaceutical Care Network
- PHFE Management Solutions
- Plaza Apartments Associates LP
- Polaris Research and Development
- Positive Directions Equals Change, Inc.
- Positive Resource Center
- Potrero Hill Neighborhood House
- Progress Foundation
- Project Open Hand
- Quan Yin Healing Arts Center
- Rebekah Children's Services

- Rebuilding Together-San Francisco
- Recreation Center for the Handicapped, Inc.
- Regents of the University of California
- Regents of the University of California, Crisis Response Team
- Regents of the University of California, Langley Porter Psychiatric Institute
- Regents of the University of California, Positive Health Program
- Regents of the University of California, Stonewall Project
- 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 Clinical Practice Group, Community Focus Program
- Regents of the University of California, UCSF Francis J. Curry Regional TB Prev. & Treatment Training Center
- Regents of the University of California, UCSF Women and Children's Specialty Program
- Regents of the University of California on Behalf of UCSF Medical Group
- Richmond Area Multi-Services, Inc.
- RISE Institute
- SAGE Project, Inc.
- Samuel Merritt College
- San Francisco AIDS Foundation
- San Francisco Bar Association Volunteer Legal Services
- San Francisco Community Clinic Consortium
- San Francisco Community Health Authority
- San Francisco Food Bank
- San Francisco Foundation Community Initiative Funds
- San Francisco Health Plan
- San Francisco LGBT Community Center
- San Francisco Mental Health and Education Fund
- San Francisco Network Ministries Housing Corp.
- San Francisco Pretrial Diversion Project
- San Francisco Psychoanalytic Institute and Society
- San Francisco Study Center, Inc.
- San Francisco Suicide Prevention
- San Mateo County
- Self Help for the Elderly
- Seneca Center
- Shanti Project
- St. James Infirmary
- St. Mary's Prescription Pharmacy
- St. Vincent de Paul Society of San Francisco
- Stop AIDS Project, Inc.
- Sunny Hills Services
- Support for Families of Children with Disabilities
- Survivors International
- Swords to Plowshares
- Tenants and Owners Development Corp. (TODCO)
- Tenderloin AIDS Resource Center
- Tenderloin Housing Clinic, Inc.
- Tenderloin Neighborhood Development Corp.
- Thunder Road
- Tides Foundation/Women's Community Clinic
- University of the Pacific School of Dentistry
- ValueOptions, Inc.
- Victor Treatment Centers

- Volunteer Center
- Walden House, Inc.
- West Coast Children's Center
- Westside Community Mental Health Center, Inc.
- Y M C A of San Francisco
- Youth Leadership Institute

## Our Workforce

The Department's committed and talented staff of over 6,000 individuals reflects the cultural diversity and richness of San Francisco's population. The dedicated staff of the Department of Public Health ensure that services are provided in a culturally and linguistically competent manner. Many staff members speak more than one language. The chart below reflects individuals who passed a language proficiency test administered by the Department's Office of Equal Opportunity and Cultural Competency. 1023 staff members were certified in Fiscal Year 2005-2006 in 16 languages.

	# OF BILINGUAL EE
Foreign Language	
Afrikaans	1.00
Cambodian	8.00
Chinese (Cantonese)	259.00
Chinese (Mandarin)	76.00
Chinese (Other)	7.00
Danish	1.00
French	1.00
Hindi	4.00
Italian	1.00
Japanese	1.00
Korean	2.00
Laotian	1.00
Russian	22.00
Spanish	564.00
Tagalog (Philippines)	50.00
Vietnamese	25.00
Sum	1023.00

## Employee Recognition Awards

Throughout the year, the Health Commission recognizes exceptional employees or teams of employees who have demonstrated extraordinary performance on the job. The Employee Recognition Program provides the opportunity for DPH employees to nominate their staff, co-workers or supervisors for this acknowledgment. Winners

receive a framed certificate at a Health Commission meeting, and the winners photo appears on the DPH website. The following are the excellent DPH staff that received awards in 2005-06.

### Winners of 2005-2006 Awards

#### July 2005

- Wanda Materre, Health Worker - Community Behavioral Health Services
- Brenda Walker - Director of Budget and Finance, AIDS Office

#### August 2005

- Wendy Wolf - Deputy Director, STD Prevention & Control Services
- Bi Jian Huang, R.N. - Laguna Honda Hospital
- Jean Balibrera, R.N. - Tom Waddell Health Center



**Linda Deboi-Quesada**  
**Maternal Child Health**

#### November 2005

- Linda Deboi-Quesada, Secretary II - MCH Child Health Disability and Prevention
- Elias Santiago, Gilberto Alexander, John Bailey, Roland Washington, Louai Bilal, Herbert Leung, Damon Eaves, Charles Allen – Community Behavioral Health Services Team - The Alternatives Program

#### December 2005

- Patti O'Connor, R.N., Robert MacKersie, M.D., Linda Doyle, Lilian Li, Lauris Jensen, Andrea Kozimor - SFGH Trauma Team
- Carol Bird, Alison Moed, Lalu Bourey, Amena Panni, Beth Brumell, Artee Prasad, Linda Chambers, Violeta Quizaon, Cheryl Chin, Alla Rivas, Sylvia DeTrinidad, Suzanne Rosales, Deborah Draper, Michelle Rubio, Mary A Evan, Fred Ryan, Liz Felipe, Lilia Ryan, Sue Felt, Dan Schwager, Marcela Galimba, Sue Schwartz, Myra Garcia, Bertha Soldevilla-Dae, David Kutys, Riley Surber, Nancy Law, Hiroshi Tokubo, Emma Lee-Soon, Wesley Wong, Gloria Lardizabal-Martinez, Benita Yan-Chiu, Lawrence Marsco, Glenda Young, Christine May - SFGH Quality Management Department

#### January 2006

- Robert Kohn, MPH - Epidemiologist, Health & Safety/STD Prevention and Control Services
- Iris Biblowitz, RN - Tom Waddell Health Center

**February 2006**

- Linda Sims, R.N., Director - Mental Health Rehabilitation Director
- Bill Chun, R.N., Cora Talens, Robert Perry - SFGH Operating Room, Sterile Process Department, Financial Team

**March 2006**

- Antionette Griffin, R.N., Grad Green, R.N., Janice Papedo, R.N., Kari Hanson, R.N. - Psychiatric Consultation Liaison Nursing Services Team

**June 2006**

- Debbie Tam, R.N.C
- Jill LeCount, R.N., M.S., C.N.S, Susan Spencer, R.N., M.S., John Butts, R.N., Corrina Chen - LHH Department of Education And Training

**Psychiatric Consultation Liaison  
Nurse Service Team**

**Seated - Kari Hanson, Antoinette Griffin  
Standing - Grad Greed, Janice Papedo**



## Who We Serve

In keeping with the Department’s mission “to protect and promote the health of all San Franciscans, DPH offers a rich array of services that annually touch the lives of scores of San Francisco’s residents and visitors. The Department’s “safety net” provides low-income, uninsured and other vulnerable populations health care at San Francisco General Hospital (SFGH), the community Primary Care Clinics, Laguna Honda Hospital and the Behavioral Health Center. Safety net hospital and health care systems like SFGH are distinguished by their commitment to provide access to care for people with limited or no access to health care due to their financial, insurance, or medical status.

The Emergency Department acts as a safety net of a different sort. All county residents and visitors in need of expert trauma care are treated at SFGH’s Emergency Department (ED), the City’s only Level 1 Trauma Center. It is the one designated Trauma Center for San Francisco and northern San Mateo County, serving any and all who experience serious injury.

As the last chapter highlights, DPH could not provide the wide array of services and programs without the help of our community partners, both advisory groups and providers, or through the numerous grant funds we receive annually. All San Franciscans are impacted by the Health Department, whether or not an individual receives care in our system directly. The Department focuses on prevention messages and educational campaigns that touch the lives of all the City’s residents.



## The Community Health Network

The CHN provides a wide array of personal health care services across a continuum of care. The Community Health Network is comprised on San Francisco General Hospital, Laguna Honda Hospital, Community Oriented Primary Care, Health at Home and Jail Health Services. Major service components include primary care (provided at 18 sites throughout the City), specialty care, acute care, home health care, long-term care, and emergency care.

### *CHN Services*

In FY 2005-2006, the CHN provided health care services to clients.

**Services Provided by the Community Health Network in FY 2005-2006**

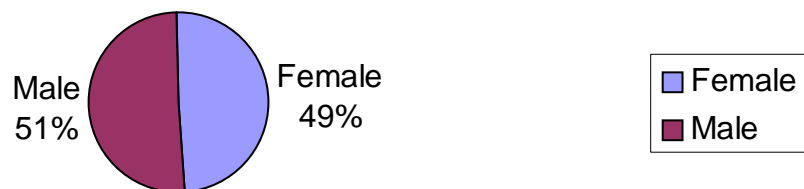
<b>Types of Visits</b>	<b>Number/Percentage of Visits</b>
Primary Care Visits	314,663
Specialty Care Visits	167,597
Dental Care Visits	15,998
Urgent Care Visits	22,501
Emergency Visits	62,713
Medical Visits	53,715
Percent Admitted	17.6%
Psychiatric Visits	8,998
Percent Admitted	29.6%
Encounters Requiring Trauma Center Services Activations	3,245
Acute Inpatient	109,219
Actual Days at SFGH	109,219
Actual Days at LHH	1,587
Home Health Care Visits	19,426
Skilled Nursing Care	
Actual Days at SFGH	9,523
Actual Days at BHC	35,835
Actual Days at LHH	372,475

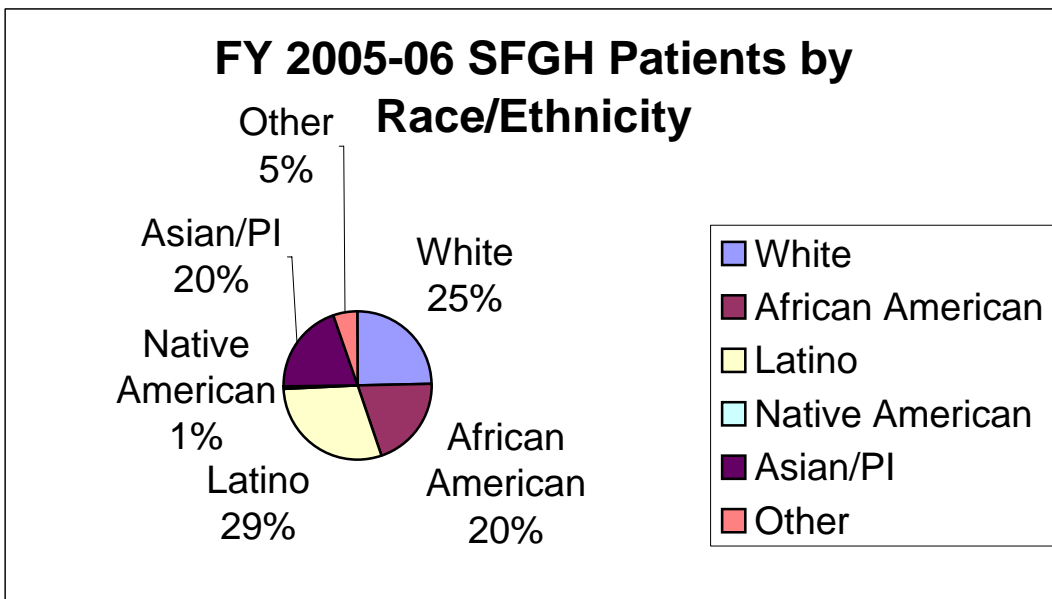
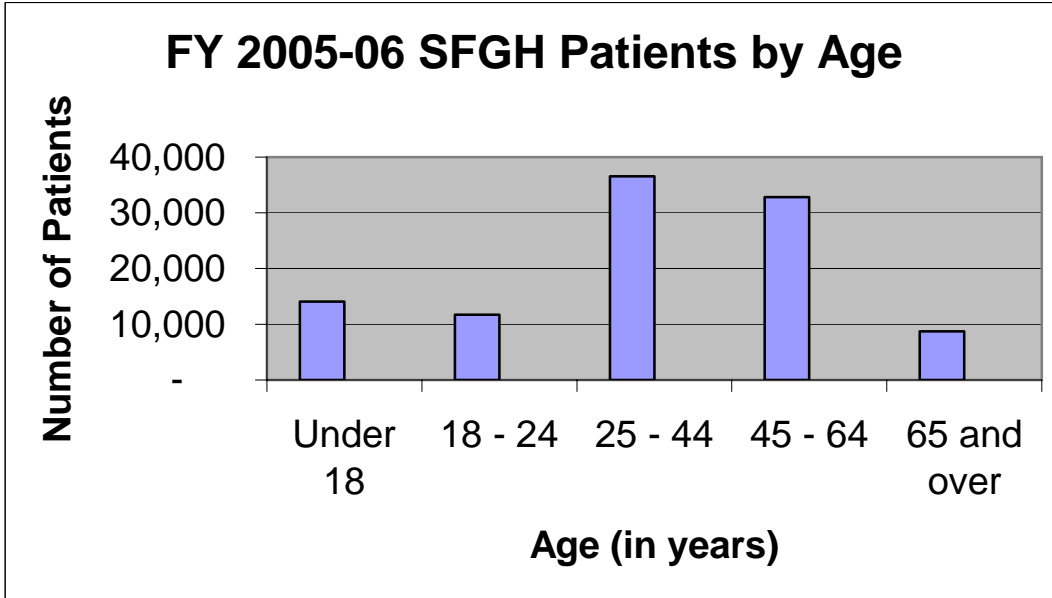
## San Francisco General Hospital



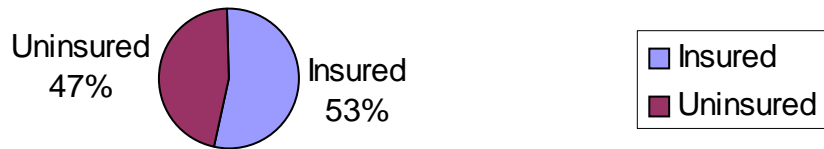
San Francisco General Hospital (SFGH) is a licensed general acute care hospital owned and operated by the City and County of San Francisco. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health and rehabilitation services for adults and children. 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.

**FY 2005-06 SFGH Patients by Gender**

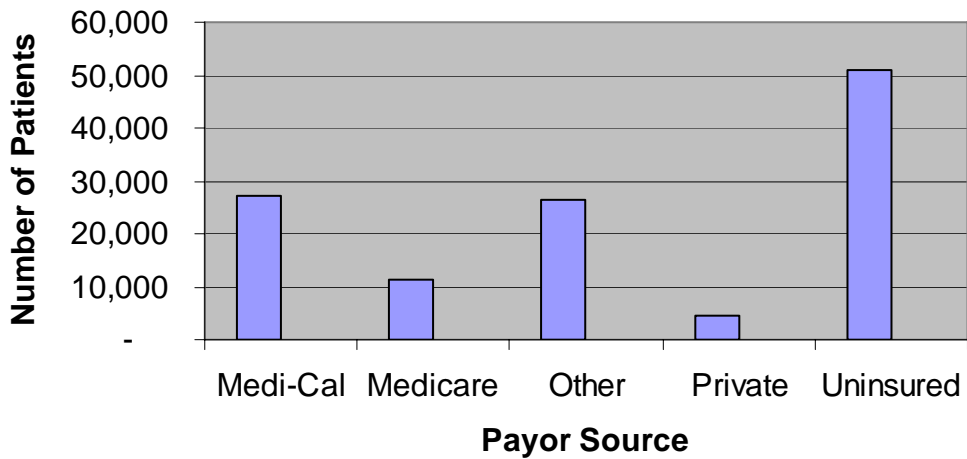




### FY 2005-06 SFGH Patients by Insurance Status



### FY 2005-06 SFGH Patients by Payor Source

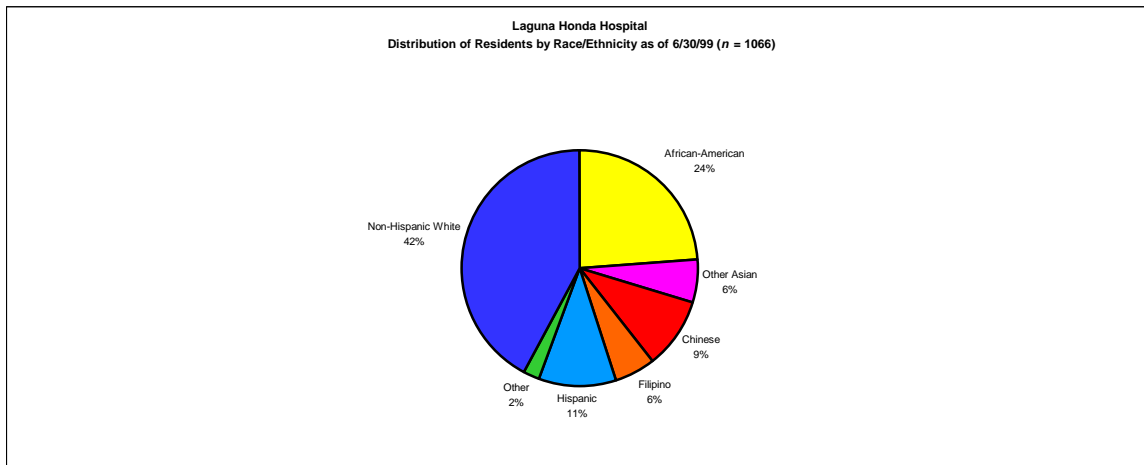


## Laguna Honda Hospital

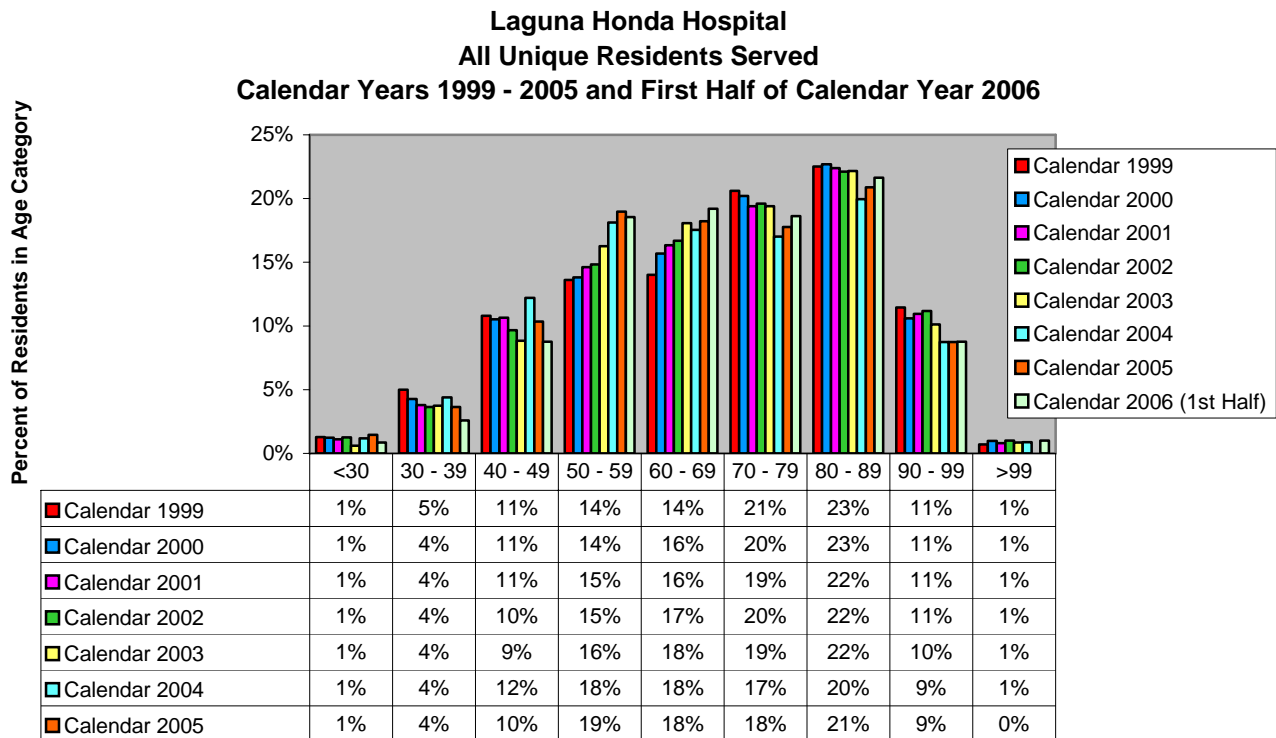


Laguna Honda Hospital (LHH) opened its doors in 1866 and started a long tradition of caring for the citizens of San Francisco. Laguna Honda Hospital and Rehabilitation Center is a licensed acute-care hospital with distinct part that is skilled nursing and a rehabilitation-care facility within the Community Health Network. It is the largest single site municipally owned and operated skilled nursing care facility in the country. LHH provides a wide range of inpatient and outpatient services, including rehabilitation services. Laguna Honda Hospital provides a full range of skilled nursing services to adult residents of San Francisco, who are disabled or chronically ill, including specialized care for those with wounds, head trauma, stroke, spinal cord injuries, orthopedic injuries, AIDS and dementia. The hospital also has a hospice program.

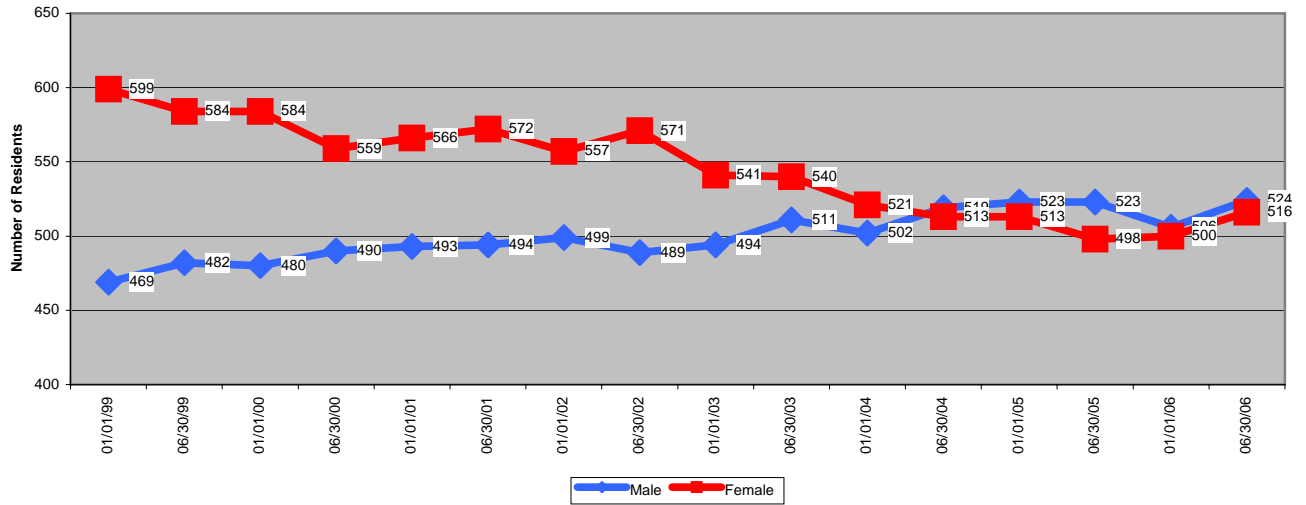
### Distribution of Residents by Race/Ethnicity



LHH Unique Residents Served 1999 – 2006

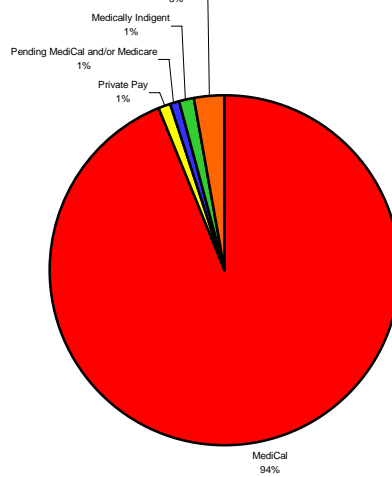


### Laguna Honda Hospital Gender Distribution of Residents 1999 - 2006



### Laguna Honda Payor Mix

LHH Distribution of Resident Days by Payor for Fiscal Year 2005-06  
(n = 374,062 days)

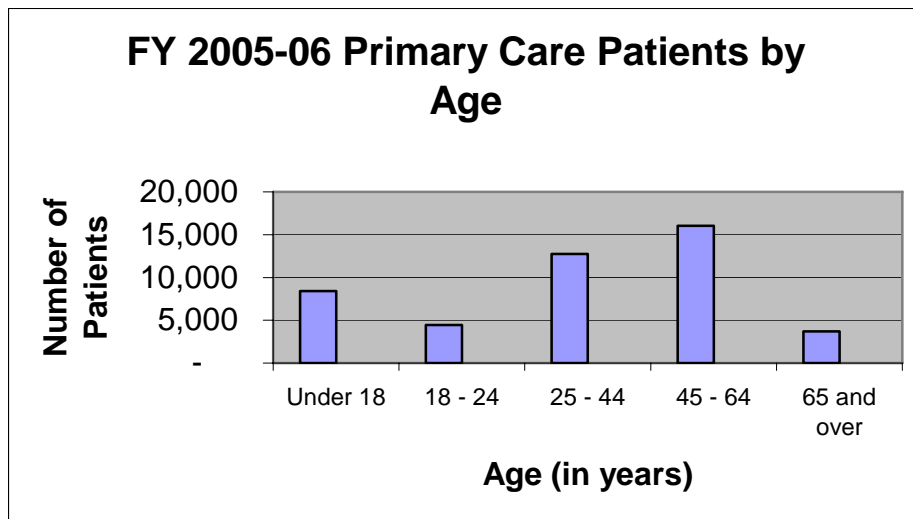
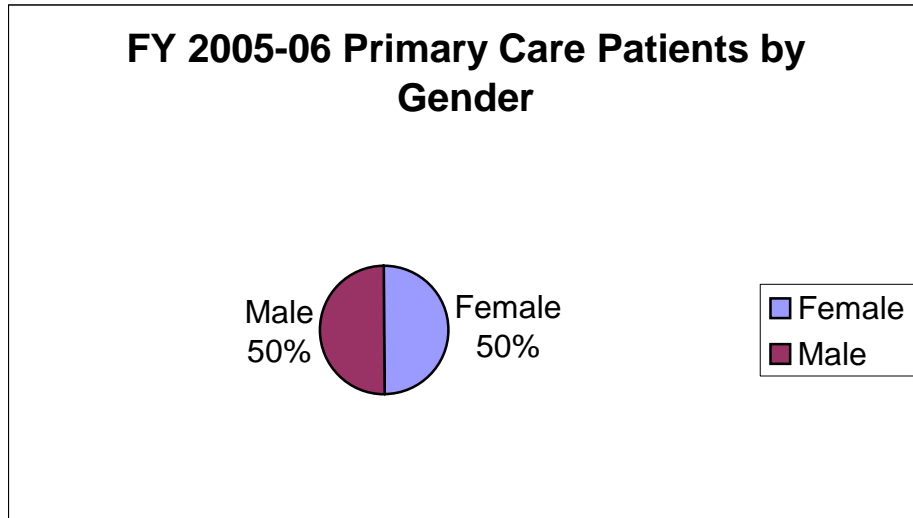


## Community Oriented Primary Care

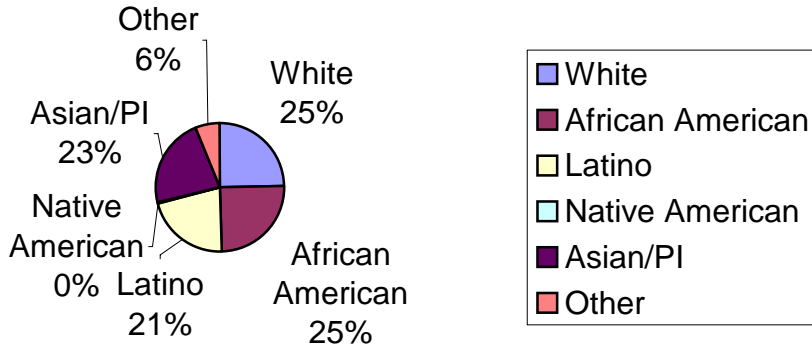
The guiding philosophy of the Primary Care Division is that of community-oriented primary care (COPC), which is a synthesis of Primary Care, Community Medicine, and Public Health. Specific features include:

- Primary care - medical care which is comprehensive, continuous, accessible, organized, coordinated, and accountable;
- A defined population - each Health Center has a target population defined by geography, age, gender, sexual orientation, family, and/or cultural community;
- Organized methods that utilize epidemiology to assess the health needs of the target community;
- Programs designed to meet the health needs of the target community;
- Accessibility to the community; and
- Involvement by the community in the development and implementation of health programs.

In addition, the Primary Care Division, primary care providers, and staff are committed to a broad definition of health (physical, psychological, social, and spiritual) and to multidisciplinary services. The Primary Care Division embraces the Community Health Network goals of patient care, teaching, and research. Training of interns and residents, medical student, nursing students, and a variety of other trainees occurs in various combinations in all primary care sites.



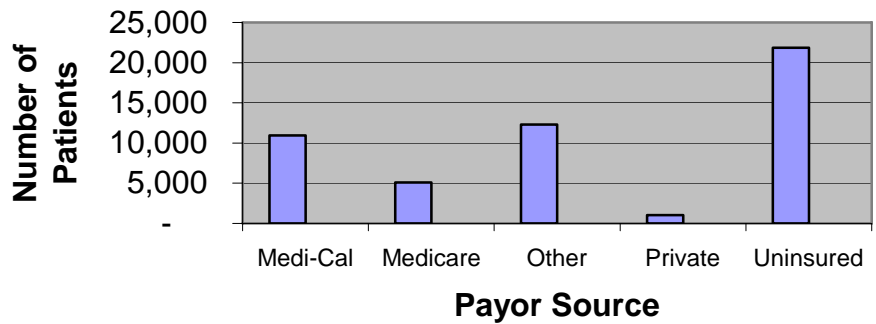
### FY 2005-06 Primary Care Patients by Race/Ethnicity



### FY 2005-06 Primary Care Patients by Insurance Status

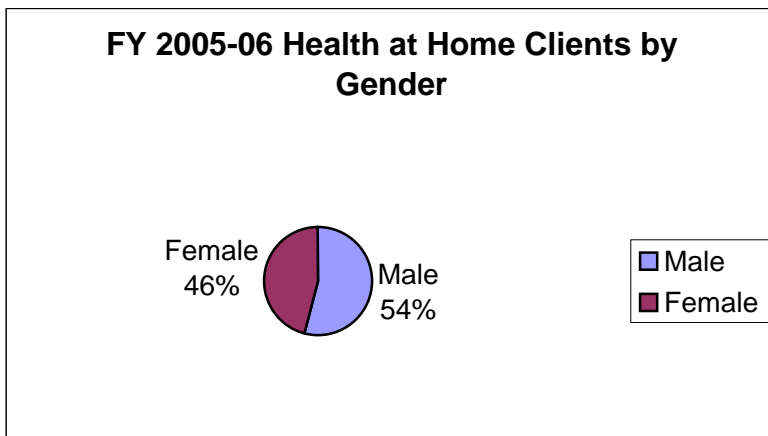
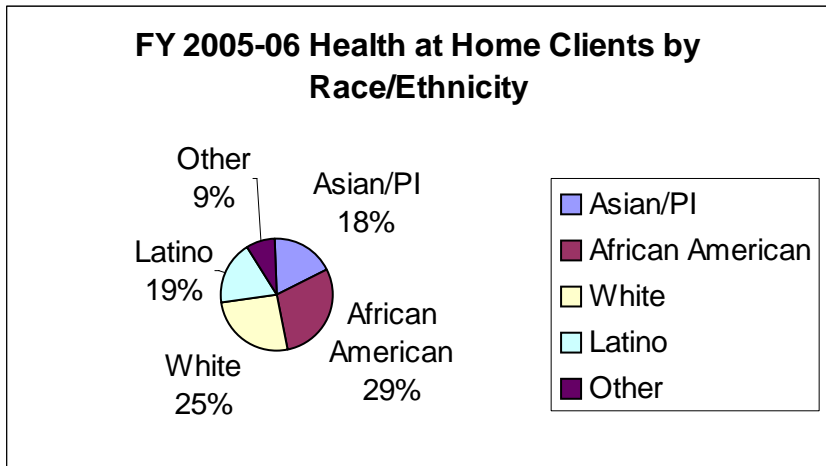
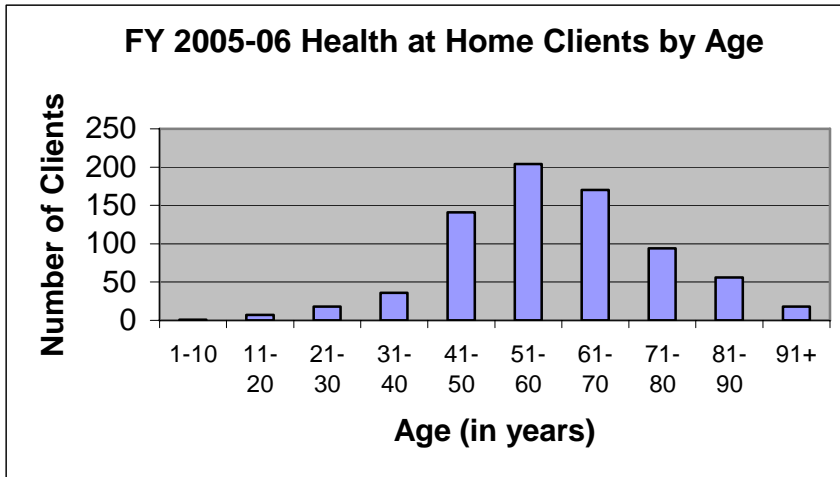


### FY 2005-06 Primary Care Patients by Payor Source



## Health at Home

Health at Home is the CHN’s Medicare-certified home health agency. The program provides symptom management, restorative care, respite, personal care, HIV management, wound and ostomy care, medical escort services, diabetic and respiratory care, nutrition, and palliative care through a staff of nurses, social workers, home health aides, volunteers, and physical, occupational, and speech therapists. Each year, Health at Home helps more than 700 low-income clients stay in their homes.



## Jail Health Services

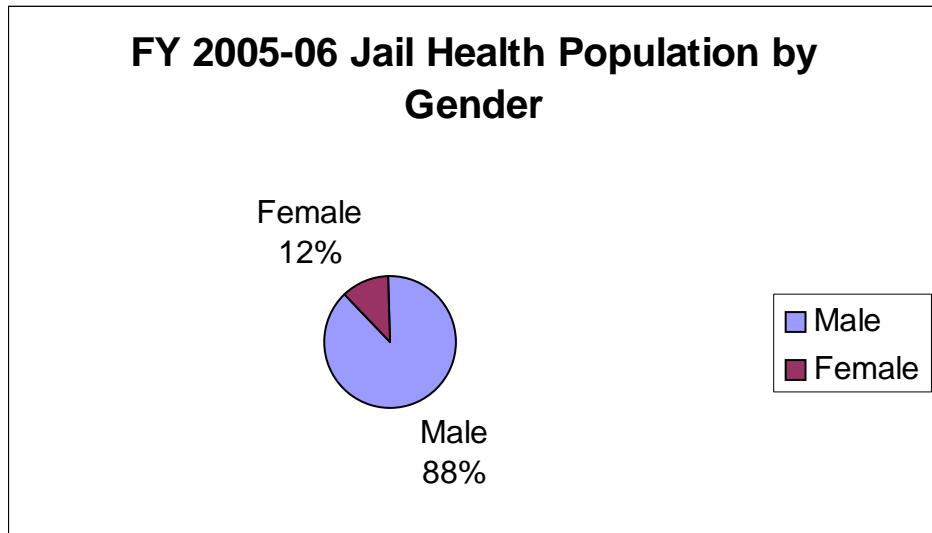
Jail Health Services (JHS) provides a comprehensive and integrated system of medical, psychiatric and substance abuse services to inmates in San Francisco jails. JHS provides health and related services consistent with community standards as detailed by the California Medical Association’s Standards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

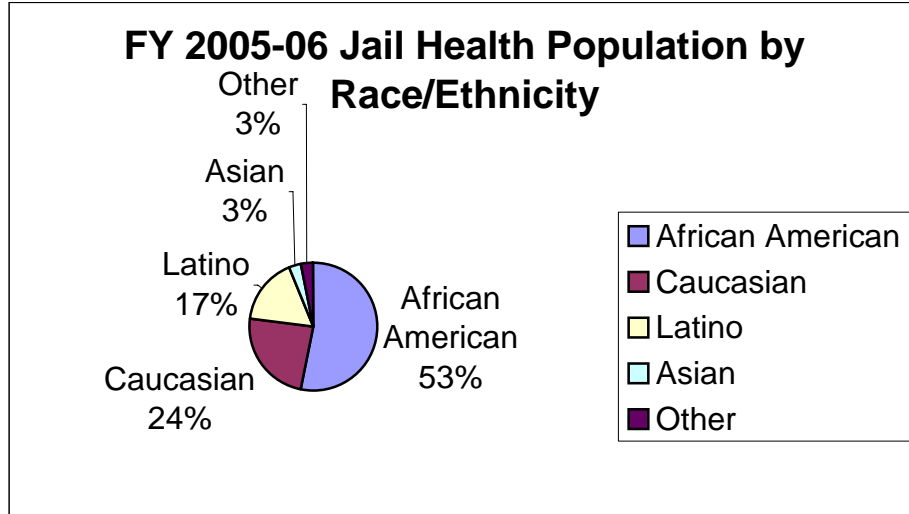
Delivering quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, prior to being incarcerated, is a unique challenge. Inmates have a high prevalence of both acute and chronic medical, mental health, substance abuse 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 2005-06

- 32,521 Patients Triaged
- 67,467 Registered Nurse Evaluations/Treatments Performed
- 4,819 Clinician Visits Performed
- 9,340 Patients Screened for Tuberculosis
- 4,676 Patients Screened for Gonorrhea
- 4,748 Patients Screened for Chlamydia
- 4,253 Patients Seen by a Dentist
- 7,712 Mental Health Evaluations Performed
- 31,802 Mental Health Follow-up Visits Performed
- 1,458 HIV Risk Assessments/Tests Provided
- 6,969 Encounters Provided to 540 HIV Positive Patients

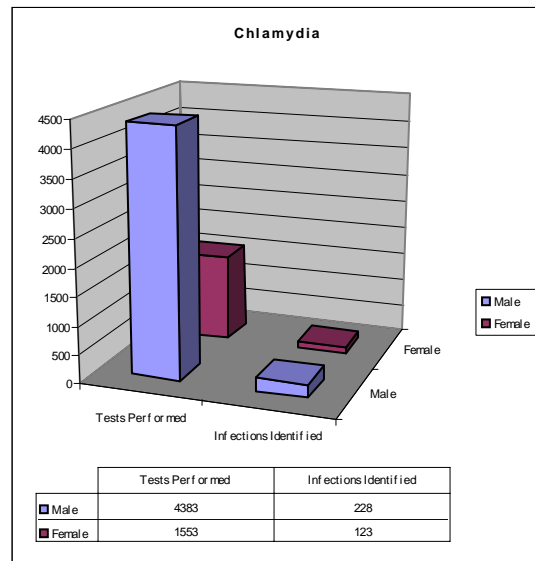
The average daily population of the County Jail System is 1,850. The Jail System has a capacity of 2,092. On average, 75 to 80 percent of prisoners have substance abuse problems, 28 percent are homeless, and 14 percent have significant mental health problems.

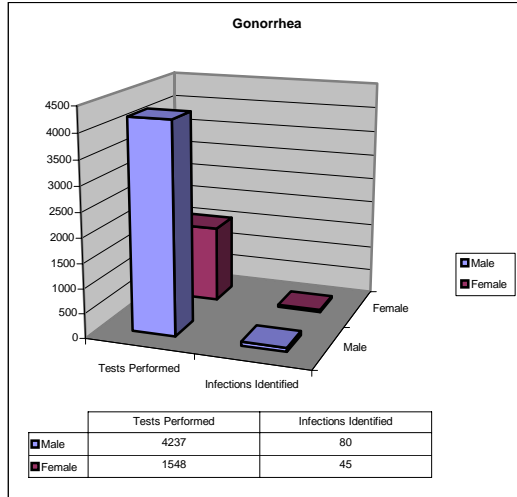




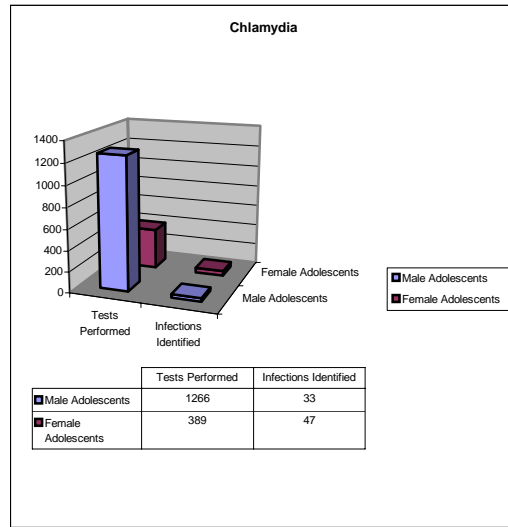
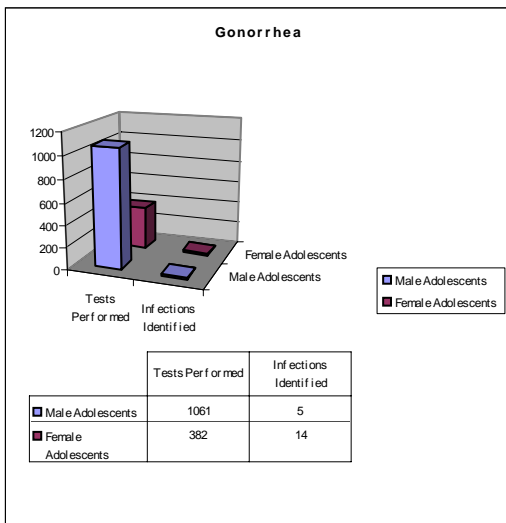
*Improving STD screening in adult and youth detention centers*

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.



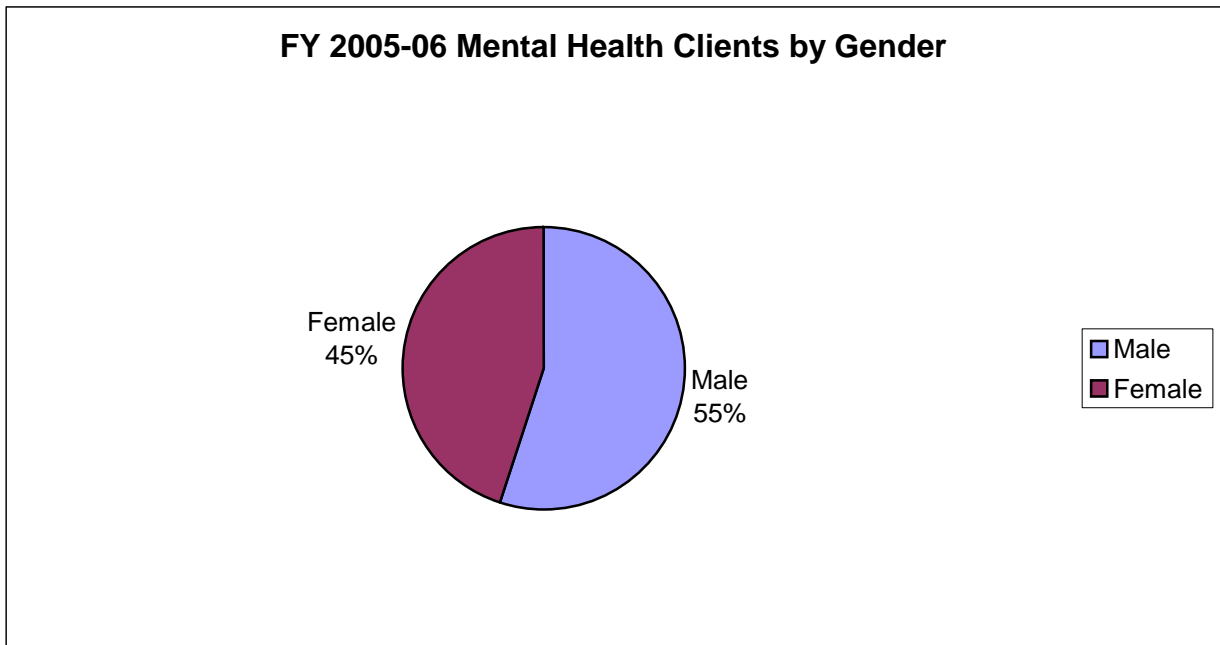


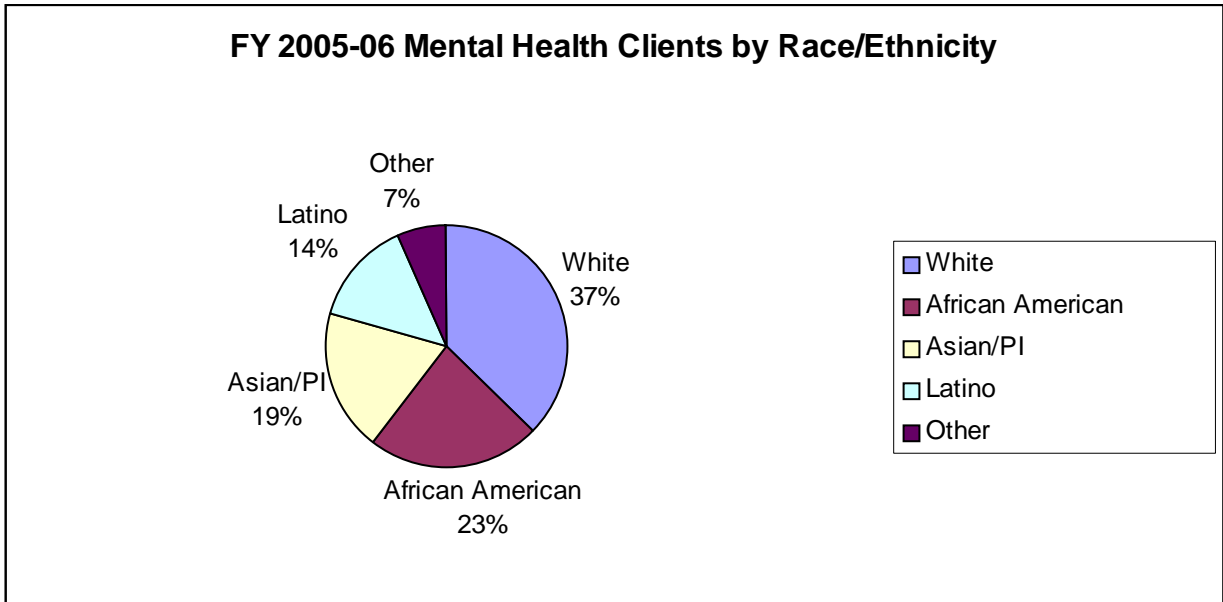
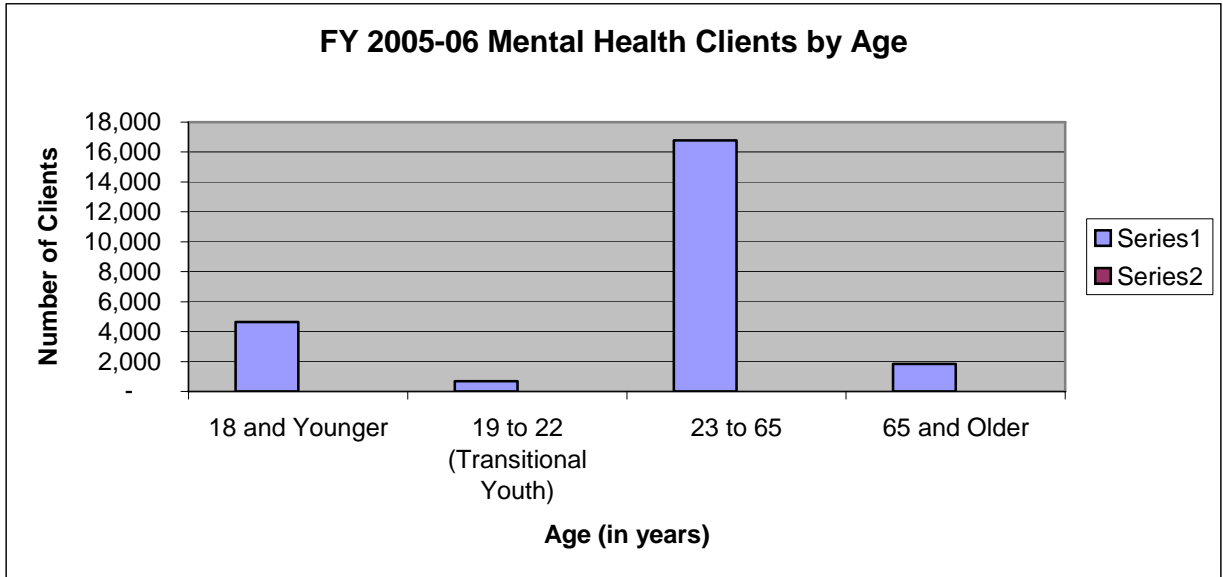
STD screening is also performed on adolescents incarcerated at the Youth Guidance Center (YGC), the City’s youth detention facility.

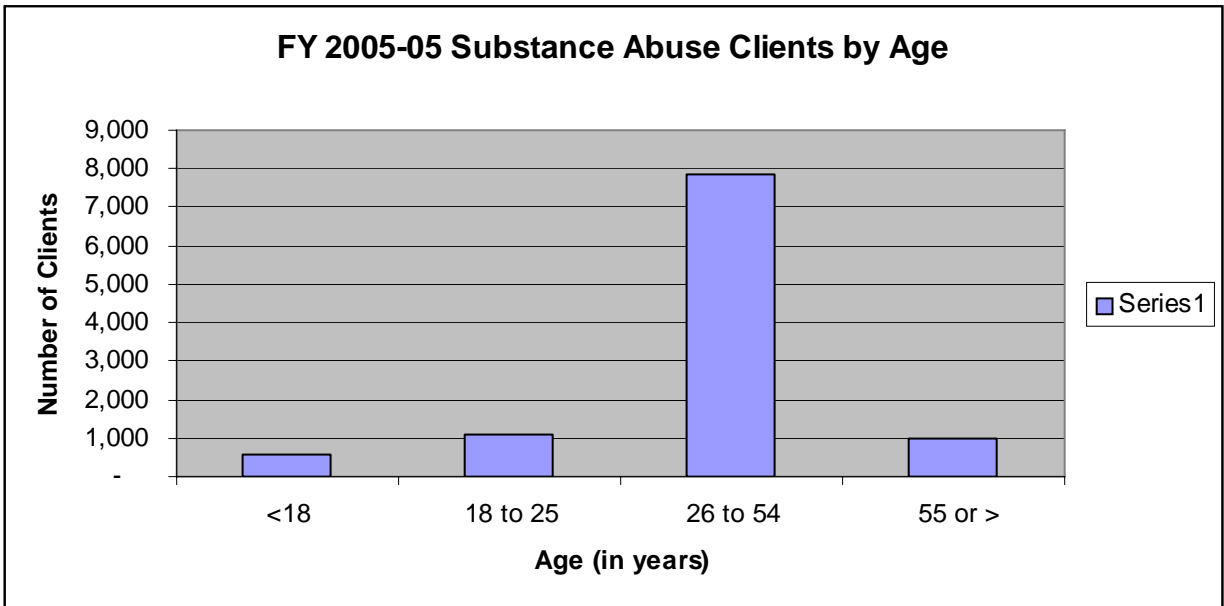
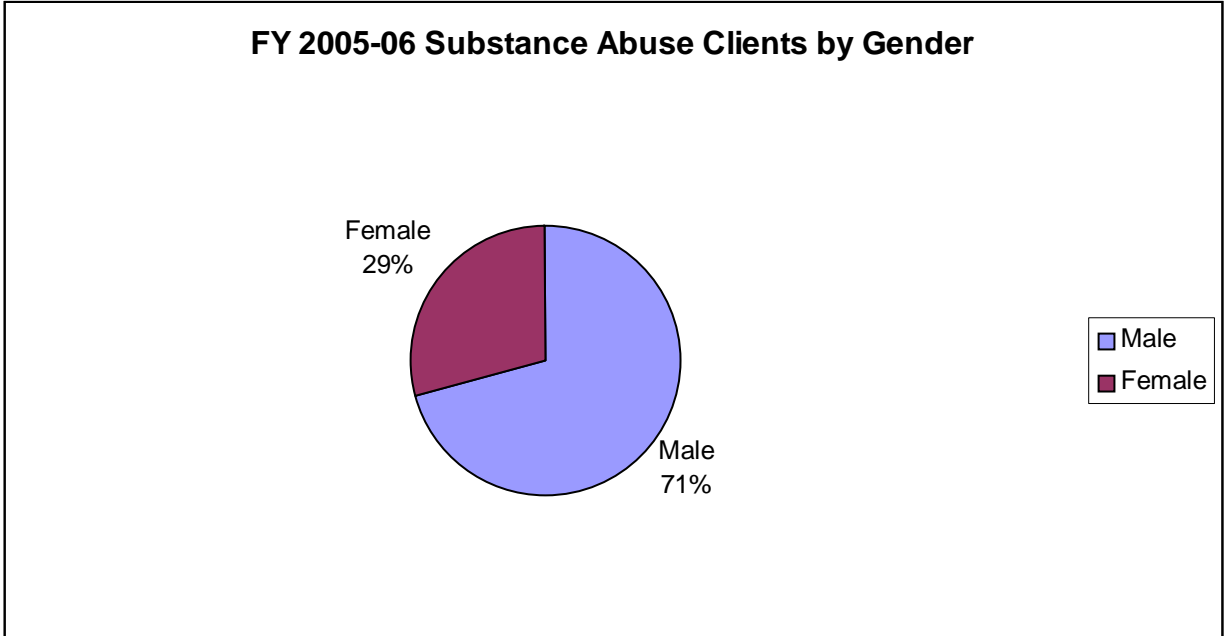


## Community Behavioral Health Services

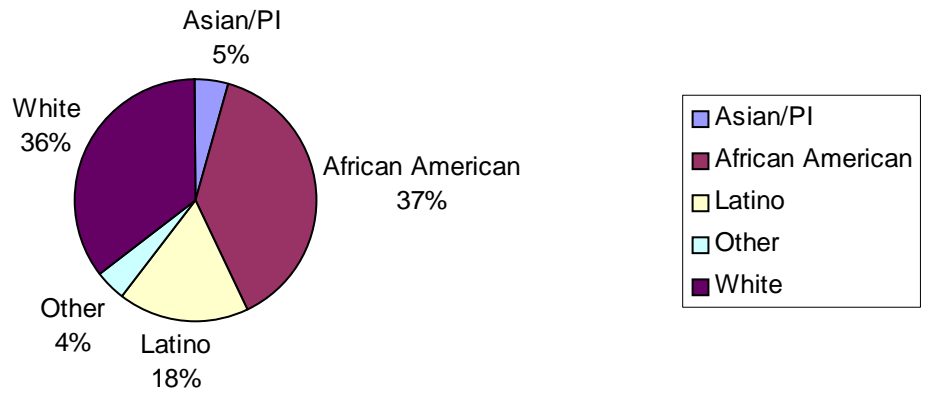
As mental health and substance abuse integration efforts continue, Community Behavioral Health Services embarked on a quality improvement effort at the system, program, clinical practice, and clinician competency levels towards a Comprehensive Continuous Integrated System of Behavioral HealthCare. In a partnership between service providers, individual change agents from throughout the system, clients, and system administrators, the quality improvement project is gathering momentum for the transformation of mental health and substance abuse services into an integrated, and dual diagnosis capable system. This involves system, program, and clinician self-assessment leading to action planning at multiple levels (policies, program development, training, etc.) to enhance the success of the system in helping all clients with mental health and substance abuse problems, and both.







**FY 2005-06 Substance Abuse Clients by Race/Ethnicity**



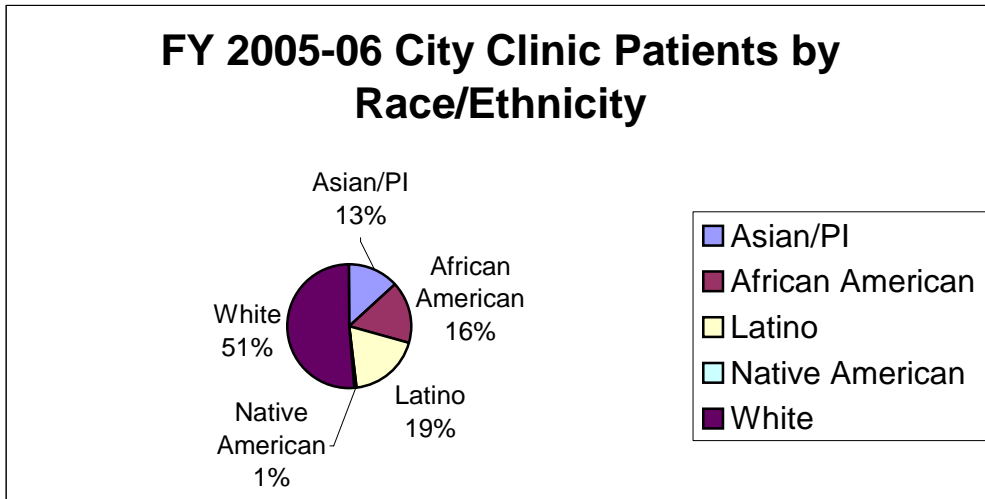
## San Francisco City Clinic

In 2005, Sexually Transmitted Disease (STD) clinic visits increased for the first time in three years, with 22,923 patient visits in 2005 compared to 21,581 in 2004. In 2005, patient visits at City Clinic by women increased while patient visits by men decreased. In 2005, 58% of our patients identified as heterosexual and 42% were men who have sex with men, bisexual or lesbian. The race/ethnicity of our patients was as follows: White 51% Hispanic 18% African American 15% and Asian/Pacific Islander 14%. Only 3% of our STD Clinic patients were under 20 years of age.

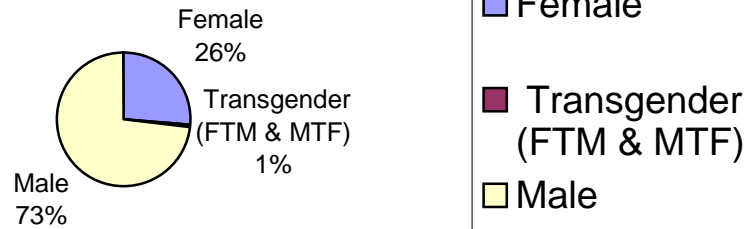
In 2005, STD patients began being able to access their STD test results over the Internet. Patients created a personalized password at the time that they registered for their Clinic visit and were told to check for their results on line in approximately 2-3 working days. This greatly improved patients' access to their test results, as they are now available 24 hours a day seven days a week, and also reduced the number of patients returning to the STD Clinic to receive their test results.

Reported cases of gonorrhea among heterosexuals were stable or decreasing in San Francisco from 2000 to 2004. However, in the 2005, we observed a 51% increase in gonorrhea cases in women compared to the same time period in 2004 (234 to 353 cases).

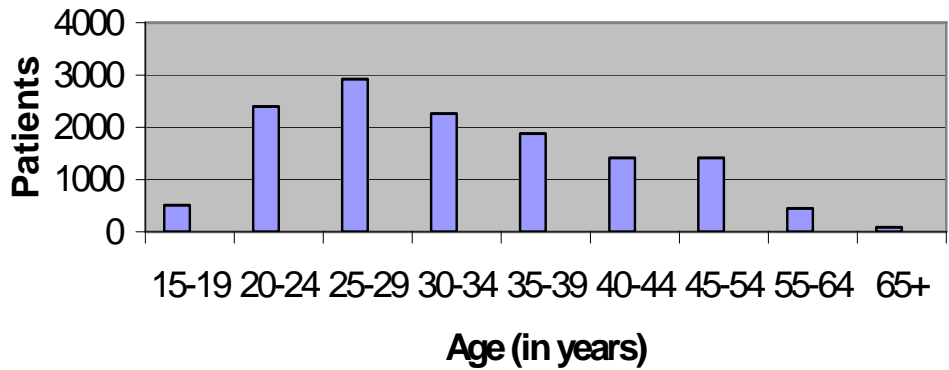
Although there was a substantial increase among women of all races, black women had the largest increase (69% from 93 cases to 157 cases) and have a rate of gonorrhea that is 12 times higher than white women (485.3 per 100,000 compared with 39.5 per 100,000). Hispanic women and white women had increases of 39% and 40% respectively. Gonorrhea in women aged 15 to 19 years increased from 67 to 109 cases (a 63% increase). Gonorrhea in women accounted for only 353 (15%) of the 2,420 gonorrhea cases in 2005. Gonorrhea puts women at increased risk for infertility, pelvic inflammatory disease, chronic pelvic pain, tubal pregnancy and HIV. Most women have mild or no symptoms of gonorrhea and often do not know they are infected.



### FY 2005-06 City Clinic Patients by Gender



### FY 2005-06 City Clinic Patient by Age



## AIDS Office

With an estimated 19,000 San Franciscans living with HIV/AIDS, DPH has made HIV/AIDS research, prevention, and services a priority. The mission of the AIDS Office is to respond to the HIV/AIDS epidemic in San Francisco by measuring its impact; developing appropriate prevention strategies; establishing community partnerships to ensure the provision of direct services to individuals living with HIV disease and those at risk for infection; contributing to the scientific and service communities through research and special studies; and formulating HIV policies for the Department of Public Health.

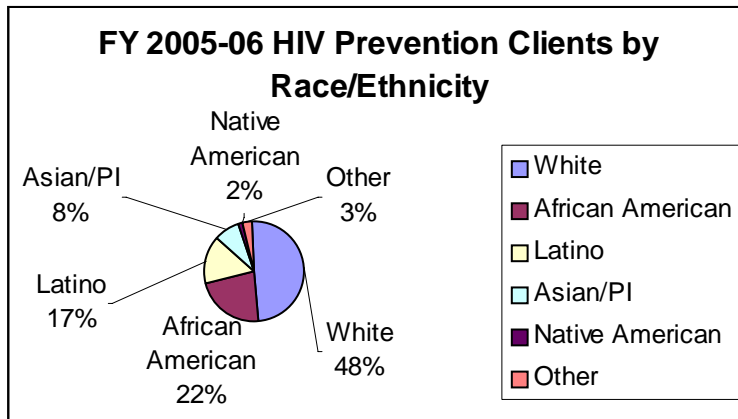
### HIV Surveillance and Research

With its HIV/AIDS Statistics & Epidemiology, and HIV Research branches, the AIDS Office continues to make important contributions to our understanding of the epidemic. The Statistics & Epidemiology Unit assesses the current level or burden of HIV infection among populations at risk, monitors trends in transmission, detects nascent sub-epidemics, finds empirical evidence of the impact of community-wide prevention programs, monitors the incidence of severe HIV-related immunosuppression, and identifies trends in emerging modes of HIV transmission. The natural history of HIV infection, vaccine trials, and transmission prevention and behavioral interventions, are the tasks of the HIV Research Section.

### HIV Prevention

The HIV Prevention Section coordinates and supports the HIV prevention planning activities of the HIV Prevention Planning Council (HPPC). Section staff focus efforts on implementing the HPPC's goal of reducing the number of new HIV infections in San Francisco to as close to zero as possible. In addition, the Section is responsible for the allocation of Federal, State and General Fund monies to HIV prevention providers throughout San Francisco on the basis of priorities set by the HPPC.

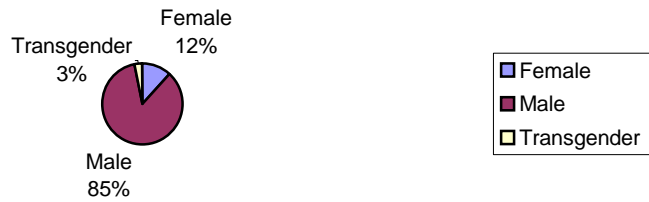
In 2005-06, the HIV Prevention Unit reached nearly 123,000 residents with HIV prevention messages and interventions. It is estimates that 74 percent of those reached are men who have sex with men, 11 percent are transgendered persons, eight percent are woman, half of whom are injection drug users, and nine percent who have sex with women exclusively, most of whom are injection drug users.



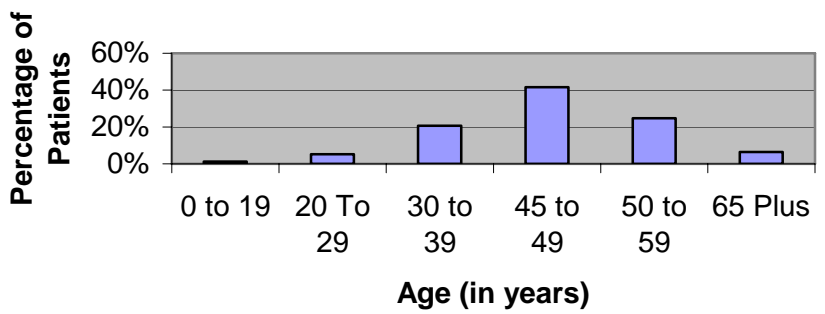
### HIV Health Services

The mission of HIV Health Services is to maintain and improve the health and quality of life for those infected and affected by HIV/AIDS. This is accomplished in collaboration with various public agencies and San Francisco's diverse communities by assessing community needs; conducting strategic and comprehensive planning; securing funding; implementing coordinated, client-centered, innovative and effective community-based programs; evaluating services; and facilitating the development of responsible public policy. In FY 2005-06, the HIV Health Services section provided care to 8,802 unduplicated clients.

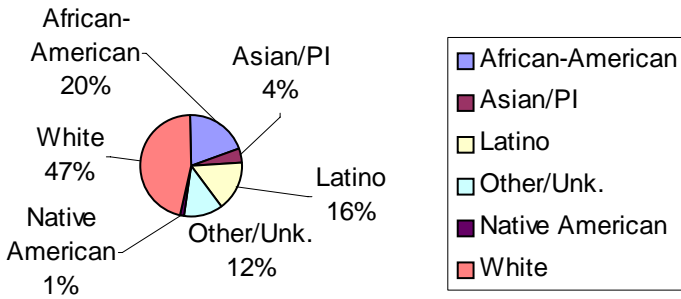
**FY 2005-06 HIV Health Services Patients by Gender**



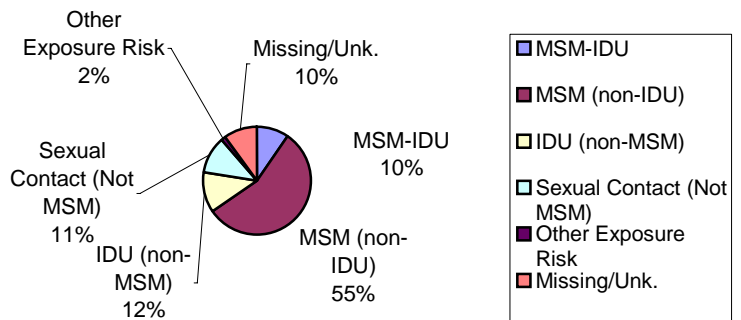
**FY 2005-06 HIV Health Services Patients by Age**



**FY 2005-06 HIV Health Services Patients by Race/Ethnicity**



**FY 2005-06 HIV Health Services Patients by Exposure Risk**



## STRATEGIC PLAN

### **The Department emphasizes services to its target populations**

Adopted by the Health Commission in November 2004, the Department's revised Strategic Plan was updated from the original 2000 plan. Implementation began in January 2005. The Strategic Plan serves as a roadmap for the Department in all of its activities including program development, evaluation, departmental budgeting, and service adjustments. It is intended to guide the Department's programs and resource allocation for five years, through 2009, when it will again be updated to reflect changes in the community and in the public health service delivery system.

The goals that guide the Department include:

*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.*

While the goals are sufficiently broad to encompass the Department's multifaceted mission, vision, and activities, the objectives and strategies provide specific guidance and measurable outcomes for staff and contractors as they serve the Department's diverse clientele.

The programs and services detailed in this annual report that support the Department's strategic planning goals and objectives are not meant to be a comprehensive list of the Department's. They are meant to provide examples of the many ways the Department is moving forward in a coordinated and thoughtful manner to accomplish its mission to protect and promote the health of all San Franciscans.

The Department's Strategic Plan identifies the following three principal target populations

- Uninsured (working and non-working), indigent and underinsured
- Low-income and impoverished
- Homeless

Other target populations were identified and are in alphabetical order

- Children and youth; low-income families with children
- Frail elderly
- Incarcerated
- Low-income racial and ethnic minority persons
- Mentally ill
- Multiply diagnosed
- People with chronic disease and disabilities
- Persons at risk of STDs including HIV/AIDS
- Substance abusers
- Immigrants, including the undocumented, newcomers and monolingual
- Workers in unsafe, and unregulated environments

The Department's Strategic Plan also identifies the following target neighborhoods in alphabetical order

- Bayview/Hunters point
- Chinatown
- Mission
- Outer Mission
- Potrero Hill
- South of Market
- Tenderloin
- Visitacion Valley

**GOAL 1****San Franciscans have access to the health services they need****OBJECTIVE****Improve health outcomes among San Francisco residents****Avon Comprehensive Breast Cancer Care Program**

Since its inception in 2000 with original funding over five million dollars the Avon Comprehensive Breast Care Program (ACBCP) at San Francisco General Hospital has strived to identify the most critical breast cancer needs of poor women in the City and County of San Francisco; to develop and implement core services to address those needs; and to become a national leader of innovative research in the care of underserved women. The Avon Foundation renewed its support of ACBCP by awarding a new one million dollar gift for the period (October 2006 – September 2007) to continue and enhance services at SFGH. The new gift will fund on-going and enhanced services in the following areas:

- Community and patient education: raise awareness and understanding regarding breast cancer, particularly screening and survival, CARE Program Management
- Outreach: recruitment of women into screening and care
- Screening and follow-up: find the disease, ensure adherence
- Cancer Risk Assessment: identify and screen high risk women and families
- Treatment: provide high quality, evidence-based therapies and make them available to all
- Survivorship support: help women live after cancer
- Public Advocacy: act on behalf of underserved women with cancer to improve systems and treatments for all, Community Advisory Council
- Research: clinical and community-based research about cancer risk, treatment, and psychosocial issues, Clinical Trials Enrollment

In collaboration with Avon, the City and County of San Francisco funds:

- 1) Operations and management of the Mammography Van and the Avon Comprehensive Breast Center totaling 5.0 FTE and \$642,039, and
- 2) Operations and management of the highly successful Patient Navigator Program totaling 6.0 FTE and \$479,587. In addition, this program will produce new patient billing revenues totaling \$580,800.

**AMA Hospitals Recognition Program for Innovative Patient Centered Communication**

San Francisco General Hospital was one of eight sites (from a pool of 80 nominated hospitals), selected by the American Medical Association and the Ethical Force Program in recognition of innovative work to support patient-centered communication. In

December of 2005, SFGH hosted a two-day site visit from the AMA and the Health Research and Educational Trust, where SFGH staff had the opportunity to share their innovative programs. During the site visit, SFGH received a plaque recognizing the hospital's efforts toward cultural competency and patient-centered care. SFGH was also included in a report to the Commonwealth Fund that outlined promising practices for patient-centered communication.

*Improving self-management support for Diabetes Mellitus* – The goals of the IDEALL Project (Improving Diabetes Efforts Across Language and Literacy) are to implement and evaluate disease management programs tailored to the language and literacy levels of patients with diabetes. The IDEALL project has two main objectives: the first is to test the feasibility and acceptability of health communication interventions in a public delivery system and the second is to compare the effects of technologically-oriented vs. interpersonally-oriented chronic disease support among patient with communication barriers.

*Promoting safety and effectiveness in anticoagulation care and stroke prevention* – Miscommunication between clinicians and patients is common and may lead to medication-related errors and poor clinical outcomes. This may be particularly true for such medications as warfarin (Coumadin), a medication that can prevent as many as 80% of strokes in vulnerable patients. With seed support from the American Heart Association, we have developed and implemented a computerized visual medical schedule (VMS) for weekly warfarin regimens in 3 languages to improve the performance of our hospital systems' anticoagulation care management program.

*Promoting self-management for children with asthma* – The Pediatric Asthma Clinic at San Francisco has provided specialty asthma evaluations and follow-up since 1999. Referrals to this clinic come from providers, public health nurses, urgent care and inpatient clinicians, and from schools. We collaborate with environmental control specialists from the San Francisco Department of Public Health (SFDPH), a public health nurse trained in asthma care, and trainees from local programs. In 2001, the *Yes We Can* Urban Asthma Partnership joined in efforts to control asthma among San Francisco's diverse childhood population. This partnership brought community health workers (CHWs) into the mix of providers, adding linguistic and cultural expertise to the already strong staff.

*CenteringPregnancy* – This program moves prenatal care out of the exam room and into a group space, where participants receive health assessment, health education and social support. Each group includes 8-12 women who are expected to deliver in the same month and who meet together for 10 two-hour sessions over the course of their pregnancies. Because the process of the group encourages participation, discussions are rich and more likely to be culturally appropriate and relevant than education imparted in the traditional exam room encounter.

### **SFGH participates in the Institute for Healthcare Improvement's 100,000 Lives Campaign**

An overarching goal of SFGH is to improve patient safety. In working towards this goal, the hospital was awarded in 2005 a \$75,000 grant to participate in the Institute for

Healthcare Improvement's 100,000 Lives Campaign. This national campaign has the goal of making health care safer and more effective and to ensure that hospitals achieve the best possible outcomes for all patients. The Campaign's focus is to use six proven interventions, implemented on a wide enough scale to avoid 100,000 deaths over the next 18 months and every year thereafter. Of the six interventions, SFGH is focusing on three: (1) Deploy Rapid Response Teams, (2) Deliver Reliable Evidence-Based Care for Acute Myocardial Infarction to prevent deaths from heart attack, and (3) Prevent Adverse Drug Event by implementing medication reconciliation.

## OBJECTIVE

### **Decrease health disparities between racial and ethnic populations and between residents of different neighborhoods**

#### **Decrease Health Disparities in Bayview Hunters Point Neighborhood**

##### *Pediatric Health*

Bayview is home to more children than any other neighborhood in San Francisco. Although the physical and mental health challenges they face are greater on average than those faced by kids living in other neighborhoods, the resources that provide care to BVHP's kids lie largely outside of the community. To address this need, Southeast Health Center is at the center of an effort to strengthen the pediatric services available in BVHP. In the past year, two pediatricians have joined the staff and continue to grow their practices.

##### *Adolescent Health*

The satellite of Southeast Health Center, the Healing Arts Center (HAC) Clinic, has continued to grow, seeing more adolescents each week. The clinical services at the 5901 Third Street location have been developed with input from youth in the community and continue to be molded through youth-driven initiatives. To date we have over 100 patients and have diagnosed dozens of sexually transmitted infections, facilitated pregnancy prevention, and assisted youth in getting involved on sports teams and other healthy activities.

##### *Adult Health*

The centerpiece of SEHC has been its adult services. In addition to high-quality primary health care, SEHC has hosted a variety of disease focused initiatives and health education groups. With continuity health care services alongside urgent care clinics and brief nurse visits, SEHC meets the diverse needs of our patient population. With a renewed focus on quality improvement, SEHC is using its additional resources and new management team to improve outcomes.

#### **LHH Opens Specialty Care Unit**

LHH opened a specialty care unit on Unit E3 to better meet the needs of residents with selected diagnoses. The focus of this unit is on patients with cerebral palsy, epilepsy, autism and mental retardation. The unit has been open since December 2005 and census ranges between 15 to 20 residents. One important focus of the unit is to promote and maintain the community ties of its residents and to develop an effective activity program to meet the special needs of the unit's population. Specifically, the focus of the E3 program is to provide age therapeutic interventions that increase and/or maintain each

resident's functional abilities in the areas of physical, emotional, and cognitive domains. Nurses and all other members of the Interdisciplinary Team are building a therapeutic program that promotes each resident's highest level of independence and highest sense of self worth.

One very exciting component of the program is the increased collaboration between LHH and Golden Gate Regional Center (GGRC). Many residents attend community day programs outside of LHH. For the residents on the unit, meaningful activities are key to providing a stimulating and therapeutic environment. In February, the unit was fortunate to welcome an Activity Therapist to the team. While on E3, the Activity Therapist has built a comprehensive program that is at once pleasurable for the residents as well as cognitively stimulating. The activity goals are:

- Improvement in physical functioning
- Improvement in cognitive functioning
- Improvement in communication and social skills
- Reduction in non-adaptive behavior
- Increase in age appropriate behavior in the community
- Enhancement of friendship and social support networks

### **Videoconference Medical Interpretation**

Approximately 20% of all patients at SFGH do not speak English; there are over 20 languages that Interpreter Services staff interprets for on a routine basis. In response to demands for linguistic services, DPH recently implemented a VMI (Videoconference Medical Interpretation) system, with partial support from The California Endowment. VMI refers to the conducting of medical interpretation through a videoconference call -- the provider and patient on one end (using a simple, mobile video unit) and the interpreter on the other end (using a stationary unit in the interpreter services office).

Videoconferencing equipment now has adequate visual and audio capabilities and is no longer cost prohibitive – making its application in public health venues feasible. The primary purpose is to improve the communication between patients with limited English skills and providers by increasing access to interpreter services and significantly shortening the wait time.

### **Comprehensive Child Crisis Services**

Comprehensive Child Crisis Services (CCCS) is located in Bayview Plaza, and provides a wide variety of crisis services to children and families citywide. In response to the needs of children and families impacted by gun violence, CCCS created a Post Traumatic Stress Disorder (PTSD) Clinic. PTSD services are targeted at victims/families of community gun violence. The clinic offers short-term evidence based interventions that target PTSD symptomology.

In addition, CCCS facilitates debriefing and defusing services in communities and schools throughout the city. Debriefings are one shot opportunities for psycho-education about and processing of trauma resulting from exposure to community gun violence.

**OBJECTIVE****Decrease the rate of uninsurance among San Francisco residents****The San Francisco Health Access Plan**

Last year, Mayor Newsom and Supervisor Ammiano both worked on proposals to expand healthcare coverage in San Francisco. In the winter of 2006, Mayor Newsom appointed the Universal Healthcare Council to make recommendations on expanding coverage to the approximately 82,000 uninsured San Francisco residents. On June 23<sup>rd</sup>, the Universal Healthcare Council recommended development and implementation of the Health Access Program (HAP). On August 7, 2006, Mayor Newsom and Supervisor Tom Ammiano signed the historic San Francisco Health Care Security Ordinance into law. The ordinance, passed unanimously by the Board of Supervisor's, combines two separate pieces of legislation: Supervisor Ammiano's Workplace Security Ordinance and the enabling legislation to implement Mayor Newsom's SF HAP.

The SF HAP will improve the health status of thousands of previously uninsured residents and, at the same time, will significantly impact the way DPH operates. The ordinance requires that large and medium-sized businesses pay a minimum amount toward healthcare expenditures for their employees. The employer-spending requirement begins on July 1, 2007 for businesses with 50 or more employees and April 2008 for firms with 20 to 49 employees. Enrollment of individuals into the SF HAP will begin in spring 2007.

The ordinance combines the HAP model with a health-spending mandate affecting businesses with more than 20 employees. Businesses have a variety of methods for fulfilling the health-spending mandate including providing private insurance, paying for the HAP for their employees, or setting up accounts for employees to draw on for medical expenses.

The Department's goal is to use HAP as an opportunity to re-envision our health care delivery system. Besides expanding our network to increase capacity, we also wish to use this as an opportunity to provide all our clients with primary care homes, to emphasize prevention, and to increase the use of self-management and support groups. Our financial and IT systems will need to change to accept point-of-service charges at our clinics and track expenditures and utilization in different ways. Ultimately, we believe the HAP will replace the sliding scale system as our method of meeting our California Section 17000 obligation for providing indigent health care.

**OBJECTIVE****Provide a comprehensive array of quality and culturally competent services****Baby Friendly Hospital Initiative**

Over the past several years, SFGH has worked diligently to become a Baby Friendly Certified Hospital. This coveted accreditation from the World Health Organization and UNICEF recognizes hospitals that give optimal levels of support to breastfeeding infants and their mothers. Through instituting the baby-friendly program, SFGH has experienced a 55% increase in the number of breast-fed babies at the time of discharge. SFGH was surveyed in May 2006 and is awaiting its final acknowledgment from Baby Friendly USA. Once SFGH received certification, it will be the only hospital in San Francisco that is accredited as Baby Friendly, and only the second hospital throughout the Bay Area with such accreditation.

**Let's Be Healthy Project**

Let' Be Healthy, a project of Community Oriented Primary Care (COPC), trained five "*Pomoshniks*" - community health leaders - to work with the Russian community in San Francisco. Let's Be Healthy offers between 12-15 culturally and linguistically appropriate healthy living activities each month to Russian speaking newcomers, such as walking groups, yoga classes, nutrition seminars, and cooking classes. Over 180 different individuals participated in these activities in FY 05-06. In addition, the project team worked with Ocean Park Primary Care Center to establish a new Russian language group and medical visits for patients with cardiovascular risk factors. This model will be replicated at the Family Health Center in 2007.

**LHH Art with Elders**

Now in its ninth year, the Art with Elders program at LHH continues to thrive. The program encourages and offers LHH residents an opportunity to explore artistic abilities through weekly painting classes taught by professional artists from the community.

Art with Elders also promotes essential connections between LHH residents and the wider community through an annual exhibition of their art, which travels throughout the year. During the Grand Opening Celebration of the de Young Museum, 20 LHH residents presented their work as part of the Art with Elders exhibit. Many of the residents whose artwork was on display were in attendance and recognized for their work. The exhibit then traveled throughout the Bay Area to different venues, allowing the community to connect with the LHH residents through their artwork.

Residents in the program are not only partaking in an enjoyable activity but also demonstrate a renewed sense of enthusiasm and self-esteem.

**The Mental Health Services Act (Proposition 63).**

Although Proposition 63 (the California Mental Health Services Act- MHSA) passed in November of 2004, an extensive community planning process to prioritize needed services continued into 2005. Over 70 community meetings and forums were held

throughout the City between April and August 2005, allowing for broad input across communities and in targeted neighborhoods. Outreach to consumers and family members resulted in a high degree of participation and input into the development of the proposed plan for services. The 40-member Behavioral Health Innovations Task Force developed the plan that was submitted to the state in November 2005. The plan included four target populations:

- children/youth/families,
- transitional age youth,
- adult and
- older adults.

The state Department of Mental Health gave final approval for the plan in early 2006. A Request for Proposals (RFP) was published to select contractors to provide MHSA services in May 2006. Consistent with the inclusive, consumer orientation of the MHSA, one third of the reviewers of the RFP proposals were community representatives. A newly formed MHSA Advisory Board that includes many members of the original Task Force began meeting on a bi-monthly basis in April 2006. Through this effort and related public forums, CHBS anticipates that the MHSA will continue to shape new directions for mental health services throughout the City and County of San Francisco.

## **OBJECTIVE**

### **Ensure contractor viability**

#### **Contractors' Cost of Living Adjustment (COLA)**

The Department of Public Health included \$6,011,161 for Contractors' COLA in the FY 2006-2007 budget to provide its' Community Based Organization (CBOs) nonprofit contracting partners with a 3.0 percent increase. The COLA was supported by Mayor Newsom and included in the Board of Supervisors budget.

#### **UC Affiliation Agreement**

The UC Affiliation Agreement was increased by an additional \$3,000,000 in the FY 2006-2007 budget. This is in addition to the 2.0 percent COLA noted above. The total amount budgeted for Contractors' COLA for the UC Affiliation Agreement is \$4,747,315, or \$3.0 million more than the 2.0 percent COLA amount of \$1,747,315.

## **OBJECTIVE**

### **Improve integration of services**

#### **Integration Steering Committee (ISC)**

Last year, the Controller's Office hired Health Management Associates (HMA) to perform an audit of DPH's long-term care delivery system. The final report was issued in the summer of 2005. The Department agreed with many of the audit recommendations, and implemented a number of them in the 2005-06 fiscal year. The number one recommendation in the report was to assemble an Integration Steering Committee, comprised of senior administrative and clinical leadership representing the various

components of the Department's delivery system. The committee was formed in August 2005 and has met bi-weekly since its inception.

At an all day retreat in November, the ISC agreed the integrated delivery system needed to be focused around the needs, care and the experience of the patients that it is designed to serve. In addition, that all decisions related to the operations of and resource allocations for individual programs, facilities or divisions within DPH must be made in the context of what is good for the entire system, the full continuum of care, even if such decisions may be detrimental to any one component of that system. Finally that communicating between all levels of the system—and to those external to the system—with a consistent message about the DPH focus and processes is critical to the success of integration. ISC developed the following vision and mission statements:

#### **Vision**

**San Francisco will have the best integrated public health system in the country.**

#### **Mission**

**To (1) place clients first (2) promote the good of the entire Department (3) maximize resources by aligning with the Department's mission and vision (4) and communicate effectively about the Department's role and function.**

The ISC has formed a number of subcommittees, which will be highlighted in this report, the Placement Task Force, the Integrated Finance Committee, the Capital Integration Committee, the Information Technology Task Force, and the Medical and Nursing Advisory Committees.

#### **Hiring Long Term Care Coordinator**

One of HMA's report recommendations was to create a new position at DPH to coordinate long term care across the Department's continuum of services. This position was created in FY 05-06, and was filled in August 2006. The new Long Term Care Coordinator (LTC), Elizabeth Gray is responsible for the research, analysis and development of LTC options to strengthen the continuum of care within DPH. She will also supervise the Targeted Case Management program that is responsible for identifying persons at Laguna Honda Hospital or at risk of entering LHH who wish to receive community-based LTC services as an alternative to institutional services.

#### **Integration of Mental Health and Substance Abuse Services**

CBHS' mental health system of care includes outpatient services, intensive case management, childcare center and school-based mental health services, day treatment, 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 23,900 unduplicated individuals in FY 2005-06.

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 10,470 individuals in FY 2005-06.

To better serve clients seeking assistance within the CBHS system, Behavioral Health has continued the process of integrating mental health and substance abuse services. Several key activities were accomplished in the effort to make "any door the right door" into the system. A Consensus Statement outlining integration objectives and goals was developed and signed on a voluntary basis by CBHS contract agencies. Programs analyzed and revised welcoming practices and procedures to be consistent with the goals of integrated services. Many providers nominated "Change Agents" for the integration process that participated actively in training on the Comprehensive, Continuous Integrated System of Care model. Change Agents also assisted their agency to complete an assessment of integrated practices, and to develop action plans to improve services based on the findings of the assessment. To further develop organizational relationships and sharing of clients with Co-Occurring Issues or Dual Diagnosis Disorders (COI/DD), CBHS asked programs to begin to form Behavioral Health Partnerships between mental health and substance abuse programs. Some programs also initiated partnerships with Primary Care providers. These voluntary activities will pave the way for integration activities throughout the system in the next fiscal year.

#### **Substance Abuse Outpatient System of Care Request for Proposal (RFP)**

Community Behavioral Health Services (CBHS) issued a Request for Proposal (RFP) in FY05-06 to redefine and restructure the entire substance abuse outpatient system of care. The RFP achieved several objectives, including changing the service model to recognize the complex nature of clients being served in addiction settings; increasing access to opiate replacement therapy; and, making unit rates and the cost per unduplicated clients more uniform.

The revised service protocol stressed that dual diagnosis is an expectation, not an exception. The model enhanced the capacity of the substance abuse system and mental health system to work as partners in the CBHS system and to accommodate care referral from Mental Health outpatient clinics and associated Primary Care clinics. The entire system of care is now moving toward implementation of the Comprehensive Continuous Integrated System of Care. In addition to service protocol revisions, the RFP shifted service orientation, including providing support during and after transition to housing for Project Homeless Connect participants, providing services directly aimed at the Methamphetamine and HIV epidemics, and increasing access to Methadone and Buprenorphine maintenance. Prior to the RFP, the outpatient system of care consisted of 32 outpatient and intensive outpatient programs, with total a General Fund allocation in excess of \$10 million. Unit of service rates varied from \$29.08 to \$119.00, and cost per unduplicated client ranged from \$276 to \$7,847. A total of 23 outpatient programs were funded under the RFP. Successful contractor rates range from \$65 to \$80 per unit and \$2,000 to \$3,000 per unduplicated client. Finally, CBHS allocated a total of \$1,260,000 to Methamphetamine services.

## OBJECTIVE

**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**

### **Integration Steering Committee – Patient Task Force**

The Integration Steering Committee convened a Placement Task Force that is focusing on the timely and appropriate placement of patients. The Department needs a range of Long Term Care (LTC) options for persons with complex care needs who lack appropriate placements, including housing. The Task Force includes representatives from San Francisco General, Laguna Honda, Primary Care, Housing and Urban Health, Jail Health and the Conservator's Office, and is also reaching out to representatives from Residential Care Facilities, shelters, supportive housing and out-of-county skilled nursing facilities. Monthly meetings began in December 2005. The Task Force set as its goal a 50 percent decrease in waiting times for patients at SFGH and LHH who need to be placed in a lower level of care setting.

Two major subcommittees have been created. The first is focusing on monitoring patient placement, both from SFGH and LHH, to determine what barriers exist to timely placement and to what degree policy, process, and/or capacity are factors in these delays. This group will identify the gaps in placement and will work with vendors to develop the services that the Department needs.

The second is focused on placement criteria, working to develop clinical consensus for placement into community settings. Physicians from all of the Department's divisions (SFGH, LHH and community programs) are involved in this subcommittee's efforts to define what levels of function warrant what level of care, identify situations and clients that are exceptions, and focus on placements that are available for "intake" as opposed to those locations that one must graduate into after their status within the system changes. This subcommittee will also focus on educating and getting feedback from physicians and other clinicians.

As it formulates its recommendations, the Task Force will apply the goals of a "recovery model" approach, striving to promote rehabilitation and self-reliance through community integration and support. A successful recovery model will reduce reliance upon institutional settings (i.e. hospitals, skilled nursing facilities, and jails), and allow clients to achieve increasing levels of self-responsibility, including affordable, supportive housing and vocational opportunities.

### **Medical Respite Program Description**

The FY 06-07 budget includes \$1.86 million in new funding for a Medical Respite program that will create at least 60 new beds at two sites. Medical respite is defined as a safe place for ill homeless people struggling with medical, mental health, and/or substance abuse issues to stabilize and recuperate, prior to placement in an appropriate

longer-term residential setting. The primary target population for this program would be medically complex homeless people who have been high utilizers of emergency medical systems. The Medical Respite program will provide a critical bridge between acute care, such as the care provided at SFGH, and the expanding network of supportive housing.

At the outset, the program will accept referrals from San Francisco General Hospital. Based on availability and resources, after the initial period, referrals from other San Francisco hospitals, Emergency Departments and designated clinics will be accepted.

## **OBJECTIVE**

### **Ensure the quality of pre-hospital emergency medical services**

#### **EMRESOURCE - Hospital Resource Tool**

EMResource and EMTrack, a new and improved hospital resource tool and electronic patient tracking system, respectively, have been purchased by the Department and are in the implementation process. EMResource replaces the “HART” System. This web-based communication system provides real-time communication and resource management for San Francisco hospitals, EMS Agency, DPH Department Operations Center, and the City Emergency Operation Center during any multi-casualty incident. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision-making. During mass casualty incidents, hospital capacity is queried by triage category and inpatient bed capacity. Secure, redundant servers are reliably accessed 24/7 providing an excellent communication infrastructure for emergency management personnel, acute healthcare providers and public health officials.

#### **EMTRACK – Patient Tracking**

DPH has begun implementation of “EMTrack” a patient tracking system in preparation for disasters in accordance with National Preparedness Goals. The primary objectives of the patient tracking system is to track the origination and destination of each patient or victim, to appropriately notify receiving facilities of incoming patients, to appropriately manage the distribution of patients and to better notify loved ones of the location of patients and victims. Additional modular capabilities are also available that will provide greatly improved command level management during disasters such as integration of the Disaster Registry Program database to pre-populate the patient tracking database, volunteer and disaster service worker tracking to facilitate many complex incident safety issues not otherwise addressed and facilitating the Medical Examiners role during incidents involving mass fatalities.

**GOAL 2****Disease and injury are prevented****OBJECTIVE****Decrease injury and disease among San Francisco residents****Shape Up San Francisco**

On April 26, 2006, the Mayor's Challenge: Shape Up San Francisco was launched at a Summit, which focused on creating healthy eating and active living environments. Community Health Promotion and Prevention (CHPP) staff played a key role in the creation of the Mayor's Initiative and was responsible for the coordination and implementation of the Summit. At the Summit, the Mayor issued an Executive Order asking all city departments to begin implementing newly adopted Worksite Wellness Strategies. This directive seeks to enhance the health and well being of city employees. The Summit was the beginning of the Mayor's Shape Up Challenge, and laid the groundwork for future chronic disease prevention work in San Francisco. For example, the Citywide Chronic Disease Prevention Consortium, which coordinated the Summit and is staffed by CHPP, has since evolved into the Shape Up San Francisco Coalition. The Coalition will be focused on creating healthy environments through environmental change strategies, media and education, with an emphasis on addressing health disparities.

**Infectious Disease Emergency Response Planning**

Communicable Disease Control and Prevention (CDCP), on a daily basis, does passive and active surveillance for reportable and emerging diseases, as well as epidemiologic investigations of individual cases and clusters of disease to determine the risk factors for disease, including exposure to other infected individuals.

In order to respond to a large-scale outbreak from a natural infection or a bioterrorism agent, CDCP is developing an "Infectious Disease Emergency Epidemiology and Surveillance Response Plan." This plan includes details of our operational response to an infectious disease emergency, including an incident command response structure, field response equipment, including "Epi Go Kits" and computers. These provide staff members with personal protective equipment (PPE) that allows them to safely interview potentially infectious patients, the materials and supplies needed to gather samples to be tested in the laboratory, and computers to efficiently enter data gathered in the field.

### **Hepatitis B and C Registry in San Francisco**

One out of four people chronically infected with chronic hepatitis B virus will die prematurely of cirrhosis or liver cancer. In recent years, safe and effective vaccines have been developed to prevent infection with hepatitis B and anti-viral medications have been developed that can cure those who are infected. DPH has identified acute and chronic hepatitis B infection as important health problems for San Franciscans. With the introduction of hepatitis B vaccine, the number of acute hepatitis B cases in San Francisco has declined dramatically. The burden of chronic hepatitis B in San Francisco, however, is high, since many San Franciscans come from areas in Asia where hepatitis B is endemic, or have other known risk factors for hepatitis B acquisition such as men having sex with men. DPH has received funding from the CDC to determine the prevalence of chronic hepatitis B and C among San Francisco residents with a focus on obtaining information about hepatitis B risk factors and identifying missed opportunities for hepatitis screening and prevention. The hepatitis registry project has also convened an advisory board of San Francisco clinicians from private, public, and academic health care settings to provide input on DPH initiatives for screening, prevention and outreach in the community.

### **Expanded Kindergarten Retrospective Study – San Francisco’s Toddler Immunization Rate**

The 2005 Kindergarten Retrospective Survey (KRS) analyzed a total of 1,466 immunization records of kindergarteners when they were aged 24 months (primarily born in 1998 & 1999) from a randomly selected 25% of San Francisco kindergartens. It revealed an overall up-to-date (UTD) immunization rate of 77.4% for the City of San Francisco. This data was collected from immunization records for the 04-05 school year. DPH conducts retrospective studies of this nature every three years. While there has been a consistent upward trend in immunization rates since 1990 for San Francisco toddlers, the most recent survey reveals a minor decrease in those protection levels.

### **Board of Supervisors’ Food Security Task Force**

In April 2005, the Board of Supervisors passed an ordinance amending the San Francisco Health Code to establish a Food Security Task Force. This body was charged with creating a strategic plan to address hunger, enhance food security, and increase participation in federally funded programs. Food security, for purposes of this ordinance, was defined as the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through local non-emergency sources.

The Food Security Task Force consists of 12 members, mostly from public and private food assistance programs. Maria LeClair, Director of Nutrition Services, was one of the members appointed by the Board. She played a key role in developing funding priorities, legislative action, and city policies for addressing hunger and enhancing the food security of San Francisco residents, particularly for participants of the Women, Infants and Children Supplemental Nutrition

Program (WIC). In addition, Christine Wong Mineta, Health Educator for the WIC Program, provided administrative and logistical support to the Task Force and its committees.

The Task Force is currently finalizing a comprehensive, and coordinated strategic plan setting forth its recommendations and suggestions on implementation, which will be presented to the Board in November 2006.

## **OBJECTIVE**

### **Decrease injury and disease among the Department's target populations**

#### **Centers of Excellence**

In November 2005, HIV Health Services (HSS) of the DPH in conjunction with seven (7) community and departmental partners launched innovative and multidisciplinary models of service delivery that are designed to place primary medical care at the center of the HIV/AIDS service delivery system. The Centers of Excellence provide an intensive level of integrated services, to locate and maintain clients in service and to increase positive health outcomes for the target populations. These programs offer direct access to a comprehensive spectrum of care and deliver services to clients in the vicinity of their primary care. Services provided include: primary medical care; case management; psychiatric assessment and psychiatric medication monitoring; treatment adherence and medication assistance; peer advocacy; access to emergency housing; outpatient mental health and substance use assessment, counseling, and referral; and vouchers for transportation, food, and household goods.

The seven Centers are located in various neighborhoods including the Tenderloin, Mission, and Bayview Hunters Point/Southeast Corridor. The Center of Excellence in the BVHP neighborhood reflects the result of a neighborhood needs assessment and the need for a specialized model to address the health disparities among African Americans with HIV disease.

#### **The Community of Color Capacity Building Project**

The Community of Color Capacity Building Project is a three-year project funded by the Office of Minority Health and coordinated by HIV Health Services. This innovative initiative is designed to significantly increase the skills, capacity, and impact, and self-sustainability of our minority-based HIV/AIDS care and prevention organizations within the San Francisco EMA and – via dissemination – throughout the nation as a whole. The goals of the capacity-building demonstration project are:

- To provide broad-based and individualized technical assistance to minority-based HIV/AIDS providers that will help to enhance the capacity to provide HIV prevention and care services;

- To demonstrate a user-friendly capacity building TA model that helps build effective, sustainable organizational competency, as evidenced by system enhancement and change; and
- To strengthen the organizational abilities of minority CBOs to successfully compete for federal, other public and private funds.

The Project includes a series of four training workshops per year in a variety of areas identified by agencies in a needs assessment. The topics include human resources development; finance and development; recruitment; and grant-writing skills, among others. This project has just concluded its first year and is entering year two.

### **Childhood Obesity Prevention Training**

All Women Infant & Children (WIC) registered dietitians attended Childhood Obesity Prevention training on November 1, 2005. This training was a review and update on the latest information/research on childhood obesity and how we can start a dialogue with parents using motivational interviewing and stages of change strategies for a more client centered counseling approach. This training has helped us to pull together all the techniques we have learned during the past years, including but not limited to Finding the Teacher Within and Learning to Listen, Learning to Teach and applied them to obesity prevention counseling.

### **3 For Life**

Communicable Disease Control and Prevention (CDCP), in partnership with the Asian Liver Center at Stanford University, completed a pilot project entitled *3 For Life*, which targeted foreign-born Chinese residents for hepatitis B testing and vaccination. During the course of one year, we screened over 1200 adults, administered more than 3000 shots and trained 120 volunteers. The project achieved a remarkable 87% completion rate for those eligible for the series of hepatitis shots.

Data collected indicated that 10% of the clients screened are chronically infected with hepatitis B and 40% are immune due to previous infection, leaving 50% vulnerable to infection and in need of immunization. Nearly 54% have health insurance yet only 16% said their doctor had ever suggested hepatitis testing to them (only 25% among those with chronic infection). This one piece of information speaks to the need for education among the city's primary care providers around the importance of screening for hepatitis B status. Currently, the greater San Francisco Bay Area has the highest incidence of liver cancer in California and the country, and chronic hepatitis B infection is one of the top five causes of premature mortality in the San Francisco Asian community.

With CDC moving its focus away from acute hepatitis onto chronic hepatitis, this project has successfully positioned our Department to address a problem of particular concern in our community, considering our demographics.

### **STD Clinic YUTHE Program**

In addition to performing STD screening in adult and youth detention centers, the STD Control Program funds the Youth United Through Health Education (YUTHE) Peer Education and Outreach Program. The YUTHE Program is a peer based program that is designed to provide peer based STD face-to-face street outreach and education to high risk African American youth in the Bayview and Sunnysdale areas of the City, the two neighborhoods with the highest gonorrhea and chlamydia rates among African American youth.

In April 2006, the STD Section launched SEXINFO, a new text messaging service for at risk, sexually active youth in San Francisco. SexInfo is an information and referral service for youth that can be accessed by texting “SEXINFO” from any wireless phone. Information provided on the service answers common questions from at risk sexually active youth, such as, “What are symptoms of STDs”, “What can I do if the condom broke?” and “Where can I go if I think I might be pregnant?” Youth who tested the service said it worked very well and replied back to them in under a minute.

### **Tobacco Prevention and Control**

The Tobacco Free Project’s comprehensive tobacco control program focuses on 4 goals:

1. Reducing exposure to second hand smoke;
2. Reducing availability of tobacco;
3. Countering pro-tobacco influences such as advertising and promotion, including the impact of transnational tobacco companies; and
4. Providing tobacco cessation services

Key accomplishments for FY05-06 included: providing staff support to the SF Tobacco Free Coalition in its successful advocacy effort to ban smoking at public transit stops; playing a key role in the implementation of the Tobacco Permit Ordinance, a mechanism to reduce illegal tobacco sales to minors, which led to 35 tobacco permit suspensions, and partnering with nine community based organizations to counter pro tobacco influences such as adoption of formal policies not to accept tobacco sponsorship funds by community events.

## **OBJECTIVE**

### **Integrate prevention activities into program design throughout the Department**

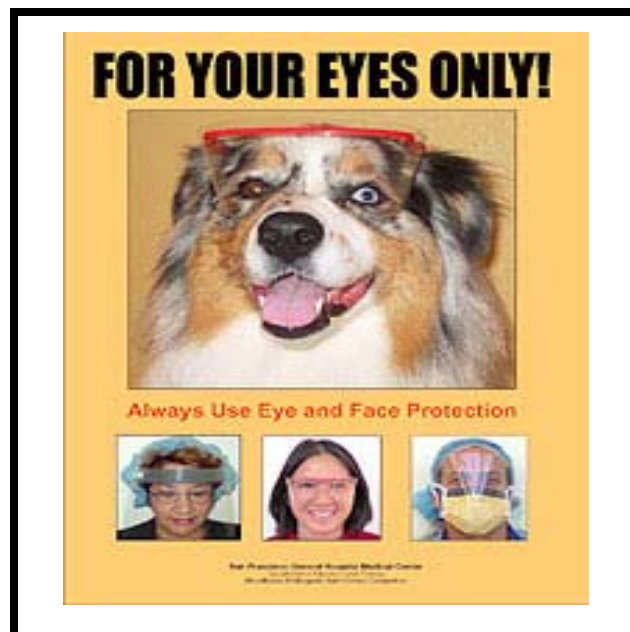
#### **Safe Device Committee**

The Safe Device Committee, chartered in 1999, is a joint Labor-Management committee charged with protecting clinical staff from sharps injuries and exposure to bloodborne pathogens such as Hepatitis B and C and HIV.

The Committee consists of clinical staff from a variety of DPH work areas, and is co-chaired by Labor and Management representatives. In addition, key units such as Infection Control, Education and Training, Environmental Health & Safety and Materials Management are represented on the Committee. SEIU has been instrumental in establishing and supporting the committee. This broad participation facilitates development and communication of training content for each device and guidelines for safe work practices as well as efficient coordination in transitioning to a new device.

The Committee has compiled two important clinician references: *The Safe Device Inventory* (a listing all the safety devices available within DPH) and *Guidelines for Safe Work Practices* (to prevent injury in high risk situations and when handling any sharp).

In 2005-2006 the Committee selected a new safety blood collection set and safety disposable scalpels. In conjunction with the SFGH Operating Room Committee, a protected scalpel blade system was introduced in the Operating Room. In addition, the Committee's website on the DPH intranet was launched. The website provides a focal point accessible by staff at all DPH sites where all the Committee's activities are showcased. Reported exposure incidents have been declining and these efforts have made a significant contribution to the decline in injuries/exposures.



### **Guidelines to Healthy Meetings**

In October 2005 *Guidelines to Healthy Meetings* was posted on the DPH website. This resource was designed to support CCSF agencies, departments and programs on how to serve healthier food at meetings, trainings and events for their staff and/or clients. In addition the Health Commission endorsed a Healthy and Sustainable Food Policy in July 2006 that builds on these guidelines. To access go to: <http://www.dph.sf.ca.us/PHP/MCH/HlthyMtgsFood.shtml>

### **WIC Staff Exercising During a Break in Training**



### **Maintenance and Expansion of InSpot (Internet Partner Notification Services)**

InSpot is an electronic partner notification system that allows patients with STDs or HIV to notify their sexual partners of their exposure by sending them an electronic postcard. In 2005, the InSpot.org website averaged 350-400 people a month sending e-cards to an average of 1.7 sex partners. All e-cards contain links to referral information for testing and/or treatment in the San Francisco Bay Area as well as detailed disease-specific information.

In late 2005, InSpot was enhanced to allow persons notified of an STD exposure to download a prescription authorized by the STD Program Director and take it to the pharmacy of their choice to obtain immediate preventive treatment.

## OBJECTIVE

**Increase attention to social and economic factors that affect health status (e.g., wages, employment, child care, housing, social safety net, transportation, education) especially for low income, uninsured, under-insured, and homeless populations**

### **Project Homeless Connect**

Project Homeless Connect (PHC) began in October 2004, with 200 city workers combing a 60-square block area of the Tenderloin, where our major downtown hotels, restaurants, and theater district meet 85% of the city's targeted homeless population. At this first event, 515 homeless were connected to health and social services which were available in the lobbies of local Single Room Occupancy Hotels. Under leadership and support from the Mayor's Office, since then, Project Homeless Connect has connected 12,426 homeless San Franciscans to services and housing, leveraged hundreds of thousands of dollars in donations and pro-bono services and supplies, as well as inspiring 14,011 volunteers to give a day every other month assisting the homeless.

PHC offers a myriad of services to clients. These include access to shelter, substance abuse/alcohol treatment programs, methadone, mental health services, SSI, general assistance, medical care, dental care, food, senior services and more. As the program has grown, so have these services expanded to meet clients' every need. These free services include mail services provided by FedEx, phone calls provided by Sprint/Nextel, bags of food from the SF Food Bank, family-centered services, veterinary care, prescription eyeglasses, clothing and shoes. At the first PHC, 211 units of service were provided. This rocketed to 3,700 in October 2005. In October 2006, the number continued to increase to more than 8,600.

The program's success has received national recognition as Phillip Mangano, the Executive Director of the United States Interagency on Homelessness, declared "what is happening in San Francisco is unprecedented and that there is nothing else like it in our country." PHC is breaking the myth that people do not seek assistance and services and would simply prefer to be on the street. The data proves that when people are approached in a respectful and kind manner, and with accessible and available resources, they are eager to accept help towards self-sufficiency.

### **Increase Capacity - Direct Access to Housing (DAH) Program**

The Department of Public Health's Direct Access to Housing (DAH) program provides access to permanent housing for San Francisco's most vulnerable homeless population. This includes persons who have been chronically homeless, many are struggling with mental health, substance abuse, and unmet primary care

needs and revolving through emergency care settings such as shelters emergency rooms, jails and other institutions.

DPH currently has 821 DAH units in 13 buildings. The DAH program provides on-site support services that can include case management, mental health and substance abuse services, medical services, basic living skills, benefit advocacy, vocational services, support groups, and meals. 120 units will be added to the DAH program in FY 06-07, and an additional 378 units are in the pipeline scheduled for completion by 2009.

#### **JULY 2006 - PERMANENT HOUSING: DIRECT ACCESS TO HOUSING (DAH) PROGRAM**

<b>Building Name</b>	<b># of DAH-Allocated Units</b>	<b>DAH Population Served and Description</b>
Pacific Bay Inn	75	Homeless adults with special needs
Windsor	92	Homeless adults with special needs
Le Nain	86	Homeless seniors (55+) with special needs
Broderick Street Residential Care Facility	33	Homeless patients leaving Institutions. These individuals have mental health and/or physical health needs that they live in a licensed facility.
Star	54	Homeless adults with special needs
Camelot	53	Homeless adults with special needs
CCR	60	Homeless seniors (55+)
West	40	Homeless seniors (55+)
Empress	89	Chronically homeless* adults with special needs
Folsom/Dore	20	Chronically homeless* adults with special needs
Plaza	106	Homeless adults with special needs
Mission Creek Senior Community	51	Frail homeless seniors (62+)
Various supportive housing sites	62	Chronically homeless adults addicted to alcohol*
<b>TOTAL</b>	<b>821</b>	

### **HIV Service Integration Award**

San Francisco HIV Services received national recognition through HIV Health Services Director, Michelle Long, MHA, who was honored by the Federal Health Resources and Services Administration with the Hank Carde Award for Metropolitan Services during the Ryan White CARE All Titles 2006 Grantee Meeting in Washington D.C. (August 28-31, 2006). The Hank Carde award praises excellence in metropolitan services leadership; under Ms Long's direction, HIV Health Services was commended for providing a "model of professionalism, leadership, integrity, collaboration, honesty and innovation." Among the accomplishments cited were the implementation of an innovative Integrated Services Model of Care designed to better serve multiply-diagnosed individuals; design of a prototype for a medication distribution system that is used state-wide; and the transition of the "Reggie" shared client-level data collection system, a model other states and EMAs have adopted.

## **OBJECTIVE**

### **Recognize urban planning/land use policy as a public health activity**

#### **The Healthy Development Measurement Tool: A Comprehensive Metric for Healthy Neighborhoods**

For several years, DPH has been working to ensure that health is also considered when the City makes plans for new and existing neighborhoods. As part of that effort, in November 2004, DPH initiated the Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) to analyze how development in several San Francisco neighborhoods would affect attributes of social and physical environments that are most important to health. Facilitated and staffed by DPH, ENCHIA was guided by a multi-stakeholder Community Council of over 20 diverse organizations whose interests were affected by urban development. Over the 18-month long effort, the Council developed a vision of a healthy San Francisco, identified measurable community health planning objectives, produced data and maps to assess how San Francisco is meeting these objectives, and researched urban policy strategies to support health. The experience and research of ENCHIA was integrated into a *Healthy Development Measurement Tool (HDMT)* to support more accountable, evidence-based, and health-oriented planning and policy-making. In its current form, components of the *Tool* include:

- *Community Health Objectives* that, if achieved, would result in greater and more equitable health assets and resources for San Francisco residents.
- *Measurable Indicators* for each of the objectives to help measure progress towards the objectives and evaluate the benefits of projects, plans, and policies.
- *Established Standards* which, when available, have been established by other sources as a means to advance health.
- *Baseline Data* for each indicator to inform us how we are doing today.
- *Development Targets* to provide specific planning and development criteria that advance community health objectives.
- *Evidence-based Health Justifications* that provide a rationale for why achieving each target would improve human health.

The Healthy Development Measurement Tool is intended to provide *voluntary* guidance for health-oriented development, and we envision that it might ultimately be used by many City agencies in comprehensive planning, in plan and project review, and in agency specific planning and budgeting. The Tool provides users a systematic way to evaluate a plan or project against broad set of health goals, measure progress towards those goals, and highlight where conflicts exist between goals

During the development phase, staff has incorporated suggestions and criticisms from both local agencies and national experts in the fields of public health, planning, environmental protection, and social indicators. The tool will undergo ongoing peer review and revisions based on early applications.

Our next step are to apply the Tool to appropriate and constructive opportunities in land use and transportation planning, develop a User Guide, create web-based application for user-friendly, universal access and dissemination, and conduct training for potential users. **More Information:** [http://www.DPH.org/phes/enchia/enchia\\_HDMT.htm](http://www.DPH.org/phes/enchia/enchia_HDMT.htm)

### **Pedestrian Safety**

Pedestrian and Traffic Safety initiatives have been developed within the Community Health Education Section by a team of injury specialists. These projects involve community organizations and residents of effected neighborhoods and other city agencies to identify and implement locally-based actions to mitigate or eliminate hazards and other conditions which result in pedestrian injuries or deaths.

Recent epidemiological studies showed that African-Americans were being injured as pedestrians at over 2.5 times the overall rate of injuries. In response, the Department, in collaboration with the San Francisco Police Department, initiated an aggressive pedestrian safety campaign focused on enforcement and on media outreach to raise awareness about that increased enforcement.

In 2004, all of the children hospitalized for injuries received as passenger in cars were children of color, and were inadequately restrained in safety seats. In 2005-2006, Community Programs initiated a Child Passenger Safety outreach program, focusing on African-American, Asian, Chinese and Native American communities. Mini-grants were awarded to community agencies and a Car Seat Technician's Training was held for community groups.

## **OBJECTIVE**

### **Prepare to respond to any emergency or disaster situation**

#### **DPH Improved Department Operations Center**

The Department moved its Department Operations Center (DOC) in 2005 to a new and improved location where the majority of the Department's emergency responders are located. Improvements are being made to the physical DOC, which includes increased generator back up, redundant communications equipment, and computers. Most

importantly, the Department has begun drilling and training the DOC staff so that they will be prepared when the DOC has a real activation.

DPH has activated the DOC for drills three times in the last year. A DOC staff-training plan is underway and several DOC trainings have already been held. Trainings are being held for the larger DOC staff and also broken down for the plans, operations, logistics and finance branches. The upcoming April 2006 earthquake drill will be the first time that DPH exercises a shift change at the DOC by splitting the day into two operational periods so that both A and B shifts can practice and an actual shift change will be held.

#### **Department Operations Plan:**

The Office of Policy and Planning produced an updated Emergency Operations Plan (EOP) in April 2006. The purpose of this Plan is to outline the San Francisco Department of Public Health responsibilities in response to emergency incidents and disasters. Disaster medical and public health response is the responsibility of the Department of Public Health. This plan will be updated on a quarterly basis.

#### **Homeland Security/Disaster Pharmaceutical Caches**

Homeland Security and HRSA funds have given DPH the ability to create disaster pharmaceutical caches that will provide antibiotic prophylaxis capability, and other pharmaceutical capabilities for use in CBRNE incidents. This cache will allow San Francisco to protect and treat first responders and first receivers immediately after an event, before the Strategic National Stockpile (SNS) can be received and distributed.

Each San Francisco Receiving hospital will receive a homeland security/disaster pharmaceutical cache that will be located on site at each of the hospitals and maintained by a DPH staff pharmacist assistant. This cache will provide pharmaceuticals for 72 hours after a disaster for first responders, hospital personnel and their families. The cache is constantly growing and changing as new funding and funding requirements are added. The homeland security /disaster cache working group meets bi-monthly to plan and includes representatives from DPH, EMS, SFGH, and SFFD.

#### **Infectious Disease Emergency Preparedness**

CDCP website goes live in 2005! ([www.DPH.org/cdcp](http://www.DPH.org/cdcp))

A new website, [www.DPH.org/cdcp](http://www.DPH.org/cdcp), was developed to provide public internet access to the full contents of the Infectious Disease Emergencies Preparedness and Response Guide and to other CDCP activities and bulletins. With approximately 10,000 visitors per month, the website offers a wealth of basic prevention and disease control program information and is updated frequently with communicable disease Health Alerts and Advisories, information on new vaccines and vaccine recommendations, and up-to-date compendia of articles on emerging infectious diseases such as West Nile fever and avian influenza.

## **OBJECTIVE**

### **Develop prevention and intervention programs that address major behavioral health issues**

#### **Aggression Replacement Training**

Aggression Replacement Training (ART) is a structured psycho-educational intervention that primarily targets adolescents who show or are at risk of aggressive or antisocial behavior. In partnership with the Juvenile Probation Department and community-based providers, Community Behavioral Health Services provided ART training in April 2006. The first wave of training included the Family Service Agency (FSA), Edgewood Center for Children and Families and SPY/Youth Guidance Center. Both Edgewood and FSA have started ART with skill building groups. The second wave of training will take place in August 2006, and will include Comprehensive Child Crisis Services, Children's System of Care and the YTEC/Principle Center staff.

#### **City-Wide Violence Response**

In confronting the unusually high number of homicides occurring in San Francisco in recent years in which 98 homicides occurred in 2005, the Department of Public Health has developed an initiative to establish a DPH Crisis Response Team to assist family members/relatives or witnesses of violent incidents. A procedure has been developed in which the San Francisco Police Department notifies the DPH Response Coordinator that is available on a 24hour basis when a homicide incident occurs. The Crisis Response Team is activated and responds to the scene to engage with the family/community members to provide support and assess the type of services that they may need. Should a victim of gun/stabbing violence pass away at San Francisco General Hospital, a procedure has been developed for the medical social worker to contact the Response Coordinator who activates the Crisis Response Team to respond to SFGH and begin working with the family. Follow-up services are then coordinated for those individuals or families which can include assistance in planning and preparation for funeral services, assistance for referral to Victim Services in the District Attorneys Office, case management services, application assistance for relocation, and the provision of ongoing crisis, mental health, and aftercare services. An important part of that process is to involve the community-based agencies or response networks to wrap services around the needs of the family. The team also participates in a variety of community healing events to support those positive efforts to a healthier community.

#### **The Children's System of Care (CSOC) Family Involvement Team**

The CSOC was chosen to teach an institute at the prestigious national Georgetown Training Institutes in Orlando, Florida. The institute entitled, "Getting Real About Family-Driven Care," focuses on barriers families may place in the way of treatment success that can result in their children and youth not receiving the services they need. The institute's premise is that if we are going to build a truly family-driven service delivery system, then we will need to have an open and honest discussion about the challenges in working with families and about which family engagement strategies are most promising. It will take thoughtful planning, understanding, cultural competency,

respect, and patience to build a family-driven system of care. The institute has three learning objectives:

- Increase participant awareness of the ongoing struggles caregivers face in addressing personal challenges as adults;
- Expand participant understanding about how caregiver attitudes and actions specifically impact young people; and
- Provide participants with family-driven strategies on how to effectively and respectfully maintain caregivers in a family-driven process.

The CSOC Family Involvement Team will be offering the institute training session in San Francisco for behavioral health providers through various venues.

### **High Quality Early Childhood Mental Health Consultation Initiative**

The Community Behavioral Health Services High Quality Early Childhood Mental Health Consultation Initiative (HQECMHCI) provides mental health consultants to San Francisco child care programs. A wide range of services is offered including case consultation, direct psychotherapeutic intervention with children and their families, program consultation, and therapeutic playgroups. Mental health consultants also make referrals for specialized services, offer parent education and support groups, advocate for families, and train and support child care providers.

During the “Week of the Young Child” in April 2006, HQECMHCI, together with First 5 and the Human Services Agency, hosted the first annual appreciation reception for the early childhood mental health consultants. The consultants were presented with a certificate and a gift in recognition of their commitment to working with young children. In addition, the program budget has been increased by \$500,000 in the next fiscal year. This will allow HQECMHCI to serve more child care facilities, ensuring that mental health services are provided to hundreds of additional young children and their families.

### **Multisystemic Therapy Pilot Project**

As part of a Federal Substance Abuse and Mental Health Services Administration System of Care Grant, Community Behavioral Health Services entered into a partnership with the Juvenile Probation Department in November 2005, to implement the Multisystemic Therapy Pilot Project, or the MST Pilot Project. MST is an evidence-based mental health treatment model that empowers caregivers with the skills and resources needed to independently address the difficulties that arise in raising teenagers.

Differing from the current intensive care management model, families complete MST within six months and receive services from one clinician that is available to families on a 24/7 basis. MST clinicians also work in close contact with probation officers during the referral process and treatment period. The MST team supports probation officers by providing treatment updates, court support, and discharge summaries to give to judges upon graduation from MST.

The goal of the pilot is to serve 140 families over two-years. At the end of FY 2005-06, ten families had successfully graduated from the first group of families served under MST, and twenty-one were in treatment at the start of FY 06-07.

**GOAL 3**

**Services, programs and facilities are cost-effective and resources are maximized**

**OBJECTIVE**

**Ensure adequate staffing to meet programmatic needs through improved recruitment, retention and training of staff**

**LHH Nurse Leadership Program**

Laguna Honda Hospital was one of nine Bay Area hospitals selected to participate as the first cohort of the Integrated Nurse Leadership Program (INLP), funded by the Gordon and Betty Moore Foundation and operated by the Center for Health Professions at the University of California San Francisco. The goal of the program is to teach leadership and management skills to hospital executives, managers and nursing staff and, ultimately, to increase the effectiveness of these trainees. The INLP data will be used as the baseline data for re-engineering LHH's Organizational Effectiveness cultural change. The project was focused on the Positive Care Unit, dedicated to clients who need skilled nursing care and clients with HIV/AIDS. The initial project was a successful effort to improve the medication management system and reduce medication errors

**Respiratory Control Program**

Responding to disasters, whether natural or man-made, may expose City and County of San Francisco (CCSF) employees to hazardous materials, which can adversely impact their health and safety. Some dangers are immediate and readily apparent. Other hazards are more insidious, resulting in adverse health effects weeks, months or years after the exposure. In order for City and County employees to provide services to the public during an emergency, employees must be able to adequately protect themselves and remain safe, healthy and at work. In some circumstances, it may be necessary for CCSF employees to wear special equipment, such as respirators (masks) to protect themselves. Some CCSF employees, such as firefighters, routinely use this type of equipment. Other employees don't normally wear this type of personal protective equipment, but may need to when responding to an emergency. There are many types of respirators available, and it is important to select the correct equipment for the situation. Wearing a respirator places an additional physiological burden on an employee, and Cal/OSHA regulations

**Employee Fit Testing**

require that employees be medically evaluated to determine that they are able to wear respirators. In addition, respirators come in a variety of models and sizes, and employees must be tested to make sure the mask fits properly and provides adequate protection.

It is the goal of DPH to protect the health of all San Franciscans, including CCSF employees. Staff from the Department of Public Health's Occupational Safety and Health Section is working with a number of City and County Departments to select the appropriate personal protective equipment, and make sure that employees are medically qualified, trained and fit test to use the equipment. For example, the DPH OSH Section has been working with the San Francisco Police Department to ensure Police Officers are prepared to respond to a variety of emergencies. Within the Department of Public Health, OSH Section staff is working with health care providers who do not normally need to wear respiratory protection to ensure that they are prepared to respond and provide care in case of an infectious disease emergency.

#### **New Disaster Service Working Training Available**

A new updated Disaster Service Worker Training for all DPH staff is now available. The training can be given in person and is also available on-line. The training will help DPH staff be prepared to fulfill their role as a Disaster Service Worker in an emergency. It also helps individuals to be prepared at home, so they will be available to work in an emergency.

#### **Expanded Nursing Training, Recruitment and Retention**

During FY 05-06, many activities were aimed at reducing the nursing vacancy rate and improving retention. Nursing participated in many Job Fairs and School Open Houses to recruit new graduates, and increased the availability of clinical placements for CNA, LVN, RN and MSN students. Current schools with placement include: City College of San Francisco, USF, SFSU, Dominican University, NCP Vocational School, Sonoma State, Samuel Merritt, Skyline College and UCSF. We also implemented training programs for the following SFGH Nursing Specialties: Perioperative (Operating Room), Critical Care, Critical Care Step Down, Emergency Department, Acute Psychiatry, Medical-Surgical, Labor and Delivery and Neonatal ICU.

#### **Second Annual Dorothy Washington Gala and Fundraiser**

The Second Annual Dorothy Washington Gala and Fundraiser was held in May 2006, at the Ritz Carlton. The event was held to raise scholarship monies for SFGH staff to obtain RN or Masters Degree in Nursing. There were over 325 attendees with District

Attorney Kamala Harris as the keynote speaker. Scholarships were awarded to three nursing staff, and the Gala raised \$39,000 to be used toward future nursing scholarships.

### **New Employee Orientation Video**

In 2006, the Integrated Steering Committee requested that DPH create a new employee orientation for all employees. Because DPH employees work out of many different locations, it was decided that the best approach would be a video that could easily be added to existing orientations (at LHH and SFGH) and could also be viewed by all other new employees processed through Human Resources at Central Administration/101 Grove. The video is 12.5 minutes long and includes many important topics including an overview of DPH's structure, how to use the City and DPH's e-mail system and websites, employee rights and responsibilities, avoiding and reporting on-the-job injuries, and more. Filming was done at various DPH locations, including 101 Grove, SFGH, and LHH with the help and cooperation of many individuals on staff at these locations. The video was designed to contain specific, important information that is useful to new employees, but general enough to apply to all employees regardless of their position. In addition to the video is a brochure, from which the script for the video was obtained. Therefore, all new staff will have a document containing the important information discussed in the video.

## **OBJECTIVE**

### **Determine service levels by need rather than by availability of funding**

#### **Integration Steering Committee – Finance Committee**

The ISC met as a 'committee of the whole' to put together the DPH FY 06-07 budget. In essence, during this period the ISC became the DPH Finance Committee for purposes of budget preparation. The budget was submitted to the Mayor's Office in February. This extraordinary process resulted in a balanced budget that reflected the priorities of the Department and used the Strategic Plan to determine priorities.

## **OBJECTIVE**

### **Ensure the public health infrastructure**

#### **Mayor Newsom's Blue Ribbon Committee on SFGH Rebuild**

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 2,700 hospitals, including the acute care building of 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. After considering key issues, including land and construction costs, operating costs, maintaining quality patient care, and faculty recruitment; the Blue Ribbon Committee - chaired by Sandra Hernandez, MD, Executive Director of the San Francisco Foundation and former Director of Public Health and co-chaired by Mitch Katz, MD, current Director of Public Health - recommended rebuilding SFGH on its current Potrero Avenue campus. The City has invested 13 million dollars in the FY 06-07 budget to begin to fund design and environmental work for the rebuild. This work is being undertaken prior to going to the voters with a bond initiative to fully define the project minimizing the risk of cost overruns due to unexpected costs and inflation.

### **Laguna Honda Replacement Project**

Voters in the City and County of San Francisco passed Proposition A, a bond initiative to rebuild Laguna Honda Hospital in November 1999. The City is in the process of constructing a new campus on the Laguna Honda Hospital site, which will provide housing and a complete continuum of long-term healthcare services. Ten months ago, ground was broken and the construction of the South, East and Link buildings began. The primary challenge now is to complete the buildings on time and on budget. LHH has expended approximately 15% (\$105M) of the construction budget for the three buildings, and the work is proceeding well.

This facility, by design, encourages rehabilitation and independent living while setting the standard for enhancement of the quality of life. Phase One of the new construction began in mid 2005 and will add 780 beds; the first two buildings will be ready for residents in late 2008. The 140 Assisted Living units will be completed in 2013.

### **Retrofit and Make Primary Care Centers ADA Compliant**

DPH is in the process of retrofitting all Primary Care Centers. To ensure integration of capital projects occurs in the Department, the Integration Steering Committee created a Capital Integration Subcommittee to develop a master baseline schedule and consistent capital process across the department.

The current status of projects is listed below:

- Curry Center finished construction in March 2006. Work includes seismic upgrade, four new examination rooms. A new HVAC system was installed.
- 
- Silver Avenue started construction in November 2005. The completion target is September 2006. Work includes a new elevator, five new examination rooms and new registration and ADA improvements throughout.
- Tom Waddell was bid in June 2006. Construction is anticipated to begin in October 2006. Work includes a new elevator, fire/life safety, and ADA improvements.
- Design was completed on Castro Mission in June 2006 and will be bid in fall 2006. Work includes a new elevator, new registration, and ADA improvements.

- Design work on Chinatown HC & Southeast continued in 2006 with construction anticipated at each facility in winter 2006.
- Ocean Park design was completed in 2005, but the project needed additional funding for construction, which will be received in FY06-07. The project is estimated to go to bid in early 2007. Work includes a new elevator & ADA improvements.
- Programming work on Potrero Hill was started in February 2006. Work includes an expansion to the rear of the existing facility with two new examination and counseling rooms and a community meeting room.
- Programming work on the STD clinic will begin in fall 2006 with newly approved fiscal 06 funding. Work will include reconfiguration of registration & waiting areas, new elevator, and ADA improvements.

## OBJECTIVE

### **Maximize external funding sources (e.g., grants, fees, federal financial participation)**

#### **Grant funding Obtained to Improve Chronic Care in DPH Primary Care**

*Kaiser Permanente/Safety-Net Partnership's Quality Improvement in Chronic Conditions Management Initiative* funded a proposal from DPH and a joint proposal from the San Francisco Community Clinic Consortium (SFCCC) and DPH for the development of an IT infrastructure for population-based care of chronic conditions across the San Francisco Safety Net. Specifically, the funding is being used to:

- Implement a San Francisco Safety-Net Master Patient Index to further enable connectivity between SFCCC clinicians and DPH's electronic medical record - Lifetime Clinical Record (LCR).
- Purchase and implement a robust Chronic Condition Registry (MediTracks) in primary care clinics across Community Oriented Primary Care (COPC), SFGH and SFCCC. Links from the LCR will electronically import relevant lab and demographic data to the registry. Implementation is planned for the Fall and Winter of 2007.

*The SFGH Foundation Hearts in San Francisco Grant* funds a project to improve diabetes care in the CHN. COPC participates in the project's Diabetes Continuum of Care Committee, working on enhanced patient education and self management resources across San Francisco's safety net clinics, improved primary care – specialty consultative communication, and clear referral guidelines for SFGH's specialty Diabetes Clinic. This process might serve as one model for improving access to other overburdened specialty services, an area of great importance as we plan for SFHAP.

*The California Health Care Foundation* is funding a coalition of San Francisco health systems to organize a local "Better Ideas for Chronic Care" conference, to be held in December 2006. The organizing committee (with representation from COPC, SFGH Family Medicine and General Internal Medicine, Brown and Toland, Kaiser, and the San Francisco Health Plan) has been meeting to plan this exciting conference.

### **LHH Community Reintegration Program Piloted on Nursing Units**

LHH successfully developed a Community Reintegration Program (Social Rehabilitation Program) piloted on nursing units L4A and G5. This program focused on fostering clinical integration and teamwork to improve the discharge process. The program was funded by a grant from the California Health Care Foundation. The program will be expanded as much as possible across the other 40 nursing units.

### **Public Health Laboratory – PCR Equipment**

The Public Health Laboratory purchased PCR equipment (polymerase chain reaction) this year with Urban Area Security Initiative (UASI) funding. Real-time PCR is a quick, accurate and sensitive method to detect nucleic acid (genetic material) of micro-organisms. PCR allows us to detect the five most serious potential Bioterrorism Agents, such as the bacteria that cause plague and anthrax. We have participated in exercises with Environmental Health to test our capability to detect BT agents in environmental samples, e.g. soil, swabs.

The addition of PCR technology has greatly expanded the potential capability of the Public Health Laboratory.

### **Environmental Health; Equipment acquisition, maintenance and training**

In addition to maintaining and calibrating new CBRNE detection equipment for DPH, Environmental Health (EVH) maintains equipment purchased through UASI funding for multiple City Departments. EVH has implemented programs for new radiological and chemical detection equipment, including radiation dosimeters, the radioisotope identifier, radiation contamination monitors (portals), and the portable infrared analyzer. EVH has also been instrumental in evaluation of personal protective equipment (PPE) for first responders and first receivers. In addition, EVH provides trainings for use of the equipment that is being purchased for disaster response.

## **OBJECTIVE**

### **Maintain efficiency throughout the Department**

#### **High Patient Census**

During FY 2005-2006, SFGH experienced a higher-than-normal patient census. The hospital is budgeted for 302 patients, however the census had been as high as 366. In order to deal effectively with the chronically high census, SFGH had to think creatively and innovatively with colleagues at Laguna Honda Hospital as well as our community placement partners. We worked closely with Behavioral Health Services, to facilitate appropriate community placements for SFGH patients.

#### **Chest Pain Observation Unit**

In October 2005, SFGH opened a short-stay unit for cardiac patients to decompress the Emergency Department and to avoid admitting patients that would otherwise be discharged the next day. Development of a business plan showed that it would be more

cost effective to move patients into monitored beds to be evaluated for possible cardiac problems rather than admitting them into inpatient beds and not be reimbursed.

## OBJECTIVE

### **Increase use of benchmarks to compare Department activities to local, state and federal standards**

#### **Lewin Group Analysis**

Proposition C was passed in November 2003 establishing a fund to perform independent audits of City Departments to ensure they were operating efficiently and effectively. The Controller's Office is tasked with managing the audits. The Health Department was selected as the focus of the FY 2006-07 audit priority. A project team comprised of DPH executives, the Mayor's Office and the Controller was formed in the spring of 2006, to develop an RFQ and establish a pool of qualified contractors. A pool of contractors was

certified, and the Lewin Group was hired to perform the first phase of the audit of the Department of Public Health. The project goals are to determine:

- What is the role of DPH within the San Francisco health care delivery market? Are there changes occurring in the local supply or demand for healthcare that will have a large impact on DPH?
- How well is the City utilizing its existing resources to provide healthcare to its citizens in terms of access, quality and cost?
- Is the City doing an effective and efficient job compared to other entities in the local, regional and national healthcare market?

DPH welcomes the review and anticipates the findings will help in the development of the new SF HAP.

#### **Communicable Disease Surveillance Reports**

In August 2006, Communicable Disease Control and Prevention (CDCP) released the first annual report of communicable diseases: *Annual Report of Communicable Diseases in San Francisco, 2004-2005*. The report provides the annual incidence for legally notifiable communicable diseases in 2004-2005, with additional incidence data for 21 selected diseases by sex, age, and race/ethnicity. CDCP's first *Quarterly Provisional Communicable Disease Review* was also released in August 2006. This publication compares current year disease incidence for 13 selected diseases with historical trends in San Francisco at 3-month intervals. The *San Francisco Communicable Disease Report, 1986-2003*, released in May 2005, is a comprehensive historical review of communicable diseases tracked by the CDCP program during 1986-2003. Descriptive epidemiology is presented for 21 selected diseases and disease incidence in San Francisco is compared with that in other Bay Area counties, California and the United States. These data may be used for communicable disease control and prevention, program planning, and development. All CDCP reports are available on our website ([www.sfcdcp.org](http://www.sfcdcp.org)).

#### **SFGH Eye Van wins the CAPH/SNI Management Excellence Award**

The California Association of Public Hospital and Health Systems (CAPH) co-awarded San Francisco General Hospital Medical Center and the Community Health Network Primary Care top honors in the 2005 Management Excellence Award for the **SFGH Mobile Eye Van**. The entry category was Using Technology to Improve Patient Care. Since first hitting the road on September 8, 2004, the Eye Van has provided services to over 1000 patients and has substantially helped improve our efforts to screen for diabetic eye disease. In collaboration with LensCrafters, the Eye Van staff has provided eye exams and glasses to over 400 homeless individuals during just two Project Homeless Connect Events in June and August of 2005. Alexander Li, MD from Chinatown Health Center and Gene O'Connell, Stuart Seiff and Terry Dentoni from SFGH accepted the award during the 2005 CAPH Annual Conference.

## OBJECTIVE

**Increase the use of data to guide program development, reorganization, reprioritization, reduction or elimination, and to assess the impacts of programs on health status**

### **Enhanced Primary Care Utilization Reports**

Over the past year, a major effort by Community Oriented Primary Care (COPC) management and SFGH IT staff resulted in the creation of detailed fiscal year Utilization and Patient Characteristics reports. These reports help define the number of visits to each primary care health center, both at SFGH and COPC sites, and the number of unduplicated patients. In addition, the demographics of each site's patients are detailed. These reports are available to every health center on-line via the CHN Intranet website. They show the individual health center statistics, all COPC and all SFGH health centers' statistics, and combined patient populations in separate spreadsheets. The result has been a widely accessible and useful tool in assessing varied patient populations and their utilization patterns within each clinic.

In addition, COPC has created utilization reports of hospital-based services, including: Emergency Room use, Urgent Care Center use, and Hospital Admissions of patients from the primary care sites. These reports are important tools to understanding who current patients are, how they utilize various services, and what can be expected in terms of future service needs. As we prepare for the July 2007 initiation of the San Francisco Health Access Program, these reports will greatly assist the Department in its preparation for new enrollees and tracking center-specific patterns.

### **HIV Incidence Surveillance**

As part of a national effort to estimate HIV incidence, the HIV Epidemiology Section has implemented an HIV incidence surveillance system. Unlike AIDS data, HIV incidence data provide a window into the epidemic at an earlier stage of disease, thereby allowing

public health officials to more effectively and completely monitor the epidemic, allocate resources, and to plan and implement programs, particularly prevention programs. Until recently, biomedical technology did not discriminate between recent and chronic HIV infection; as a result, HIV surveillance has been limited to monitoring prevalence. The DPH HIV incidence surveillance system uses a serologic testing algorithm called STARHS to determine recent HIV infection. This system will provide crucial data to assist surveillance efforts to monitor current trends in HIV transmission, characterize recent infections and target prevention resources in San Francisco.

### **Medical Monitoring Project**

The HIV Epidemiology Section was one of 26 sites selected nationwide to participate in the Medical Monitoring Project (MMP). MMP is the most comprehensive population-based project to gather detailed information on HIV-infected patients receiving care in the United States ever conducted. Thirty San Francisco health care facilities, including both smaller and larger volume providers have been selected to participate in MMP. A representative sample of HIV-infected patients from these 30 facilities will be selected for an interview and medical chart abstraction. Approximately 400 San Francisco patients will participate in MMP each year through 2008. MMP will give HIV care providers, Ryan White CARE Act and HIV prevention planning councils, and other policymakers valuable information about HIV-infected patients, including their health status, risk behaviors, medical care, access to prevention services, unmet need for health care and other services, and adherence to HIV treatment regimens.

**GOAL 4**

**Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services**

**OBJECTIVE**

**Recognize and accommodate cultural and linguistic differences among residents**

**Advancing Cultural Competency**

The Department is committed to developing its capability of providing health care services that are culturally and linguistically competent, community-based and consumer guided. San Francisco's increasingly diverse ethnic, racial, cultural and linguistic populations have been a driving force in DPH's recognition and acknowledgment that services must be culturally competent to be effective.

This past year, the Department participated in a three county effort (along with Los Angeles and Contra Costa) funded by The California Endowment in the amount of \$121,047 to develop, pilot and evaluate training modules on cultural and linguistic competency for local public health departments. The grant funded a reference manual and a series of five training modules entitled:

- Affirming Cultural Competence
- Assessing Organizational Cultural Competence
- Goals and Objectives for Cultural Competence
- Dialogue on Differences
- Best Practices in advancing cultural competence

This training series was developed for DPH program managers and analysts, who review, monitor and provide technical assistance to over 150 community-based contractors and community clinics and programs. These clinics and programs provide physical and behavioral health care services to San Francisco's highly diverse cultural and linguistic populations. Additionally, the training series was well attended by many of the Department's contractors.

**Developing Cultural Competency Evaluation Tools**

This year DPH will introduce an evaluation tool for program managers and analysts to evaluate the Cultural Competency Reports submitted as part of the Department's contracting requirements. The format for the evaluation tool will be given to DPH's contractors to assist them in preparing their reports. The evaluation tool's purpose is to both assess the Cultural Competency Reports for the present year, but also to be a working tool for continuing quality improvement for cultural competency.

**Understanding the Impact of Race and Racism**

Through the efforts of Health Promotion and Prevention 20 DPH managers participated in a half day workshop this summer on "Understanding the Impact of Race and Racism

on Health Inequities and Health Disparities. The workshop was facilitated by a leading theorist on “cultural humility” and the impact of race and racism on health care and health outcomes.

### **The Transgender Best Practices Guide Project**

The Transgender Best Practices Guide project, a one-year project funded by HRSA and coordinated by HIV Health Services, developed a best practices document for cultural and service competency in working with transgender clients within HIV/AIDS service-provision settings. Following an intensive literature search and consumer focus group, a Working Group composed of noted community leaders; activists, professionals, and transgender consumers participated in the development of the Best Practices guide. Topics covered by the Best Practices guide include mental health issues; gender identity; hormone use and clinical care practices. The Best Practices guide is currently in production; it will be published and distributed to EMA providers, as well as to select organizations nation-wide. In addition, four large-scale EMA provider trainings will be provided to educate providers on the Best Practices recommendations and standard measures. This is the first national federally funded effort to develop a Best Practices guide for providers who serve the HIV positive transgender community.

### **JCAHO study - Hospitals, Language and Culture: A Snapshot of the Nation**

In October SFGH staff participated in the JCHO research study *Hospitals, Language and Culture: A Snapshot of the Nation*. This study was conducted by the research side of JCAHO, and is funded by The California Endowment. The study sought to understand what challenges hospitals face in providing safe, high quality health care to diverse patient populations.

JCAHO researchers interviewed various staff about the cultural and linguistic needs of our patient population, what methods our staff and hospital use to meet and address those needs, the challenges we face in doing so, and how we have addressed those challenges. The researchers expressed that SFGH has an impressive array of strategies in providing culturally and linguistically competent care.

## **OBJECTIVE**

### **Pursue State and federal health policy changes consistent with Department priorities**

#### **Passage of AB 2968 (Leno) Medi-Cal Coverage for Community-Based Living Services**

Earlier this year, the Department worked with Assembly Member Mark Leno to introduce AB 2968, which would require the State Department of Health Services to seek a Medi-Cal waiver to increase community-based care options for San Franciscans with chronic or disabling health conditions who would otherwise be homeless, living in shelters or institutionalized.

According to a review of residents conducted by the Laguna Honda Office of Social Services in September 2005, approximately one quarter (over 250 residents) could

instead be cared for in a community-based setting. However, Medi-Cal reimbursement policies favor care in inpatient institutional settings. As a result, alternatives to institutional care for homeless, low-income Medical beneficiaries with chronic or disabling health conditions are limited, and this population often must remain in costly inpatient settings longer than medically necessary.

The waiver initiated by AB 2968 would change Medi-Cal's reimbursement rate structure to increase support for community-based alternatives to institutional care in San Francisco. The Assembly Health Committee passed AB 2968 by a vote of 12-0 on April 18, 2006. It then moved to the Assembly Appropriations Committee, where it was approved by a vote of 14-2 on May 17, 2006. The full Assembly passed the bill by a vote of 76-1 on May 30, 2006. AB 2968 will next move to the Senate Rules Committee for consideration.

### **Expansion of Medi-Cal to Cover Digital Mammography**

In July 2004, the San Francisco General Hospital Radiology department replaced its two antiquated analog screen film units previously performing the hospital mammography with three digital units certified for screening or diagnostic use. Advantages of digital mammography include the ability to electronically store and retrieve studies, which eliminates the risk of lost or misplaced films used for comparative purposes. Two other compelling reasons for the switch to digital imaging was unmet demand coupled by a shortage of technical and medical.

Unfortunately, the decision to change to the latest digital technology has gravely impacted our ability to be reimbursed for mammogram services by the Medi-Cal program. DPH is appealing to the Department of Health Services to administratively change its Medi-Cal reimbursement policy and to expand benefits to include digital mammography. As a safety net public hospital we have limited resources and look to the Medi-Cal program as a valued payer to continue our health care programs to serve our indigent community. Since 2004, Medicare has expanded its mammogram coverage to include digital mammogram service.

### **Biological Detection System (BDS) Plan**

CDCP has written and drilled a BDS plan. This plan addresses the systems that have been installed by the federal government to monitor ambient air for release of bioagents. The current program, Biowatch I includes 13 outdoor sensors in the Bay Area. Biowatch II will include indoor sensors. Separate from Biowatch, BDS are installed at 253 United States Postal Service (USPS) processing plants throughout the U.S. In July, 2005, a functional exercise was held at the United State Postal on Evans Street in San Francisco. The drill simulated a BDS alarm of the sensor at that facility. DPH drilled with USPS, SFPD, Sheriff and SFFD. An after-action report on this drill is available on the CDCP website.

### **Name-based HIV Reporting**

On April 17<sup>th</sup>, 2006 a new law (Senate Bill 699) was enacted requiring California to implement name-based HIV reporting. San Francisco had supported the alternative non-name code-based system initially implemented in California in July 2002, however we are working to implement the new requirements quickly. All future Ryan White CARE

Act funding allocations will be linked to the name-based HIV/AIDS data. The HIV Epidemiology Section is moving as rapidly as possible to report all new HIV cases by name and to 're-report' over 6000 cases that were previously reported using the former code-based system.

## OBJECTIVE

### Enhance the Department's relationship with community groups

#### San Francisco Food, Nutrition and Agriculture Directory, 3<sup>rd</sup> Edition

In September 2005, we released the **San Francisco Food, Nutrition and Agriculture Directory, 3<sup>rd</sup> edition** in a print and online version, available at the SF DPH website. This is a resource for community and health care providers, to assist them in getting Food, Nutrition Counseling, Weight Management, Nutrition Education, Food Safety and Food Systems, Advocacy and Agriculture Resources to their clients, with a focus on services for underserved communities. This resource has been downloaded over 14,000 times since it was released. To access go to:

[http://www.dph.sf.ca.us/PHP/MCH/FeelingGood/FNAD\\_interactivepgs092005.pdf](http://www.dph.sf.ca.us/PHP/MCH/FeelingGood/FNAD_interactivepgs092005.pdf)



**Week of the Young Child Fair April 2006**

#### Improving the Cancer Care Experience

With support from Avon, San Francisco General Hospital developed the CARE Program (Cancer Awareness Resources and Education). The CARE program is a community-driven education and support program that empowers underserved patients, their families, and their communities to manage the experience of cancer. The goals of the CARE program are to enhance cancer patients' and families' self-care and coping skills through a tailored education program and by providing emotional and social support in a group setting.

#### LHH Best Friends Program

Laguna Honda's Best Friends Program was awarded the "Best Practices in Treatment of Behavioral Disorders Associated with Dementia" Award from the American Psychiatric

Nurses Association. The philosophical framework for Best Friends Program is the acknowledgement that persons with advanced dementia have their quality of life improved if nurses, activity therapists and volunteers work collaboratively. The program is based upon philosophy described in *The Best Friends Approach to Alzheimer's Care* (Bell & Troxel, 1997), that suggests that what a person with Alzheimer's needs most is a good friend.

Laguna Honda's Dementia Program is pairing residents at risk for isolation to volunteers who are selected, specially trained and supported to be Best Friends. While still in its infancy, the program has eight Best Friend Volunteers on three dementia units and a Korean speaking volunteer who will soon begin his orientation.

#### **African American Community Adolescent STD Advisory Committee**

The STD Section is also maintaining the African American Community Adolescent STD Advisory Committee. This Committee was established in January 2005, and is comprised of 20+ persons who serve adolescents and young adults between the ages of 14 and 24 years of age in the Bayview Hunters Point/Sunnydale neighborhoods in San Francisco who are strong and vocal advocates for the STD Program on issues relating to STDs among African American youth. The Group has been collaborating with the STD Program on the development and implementation of a social marketing campaign to reduce the rates of STDs among African American adolescents.

## **OBJECTIVE**

### **Partner with other providers on health issues of common concern**

#### **Sentinel Event Enhanced Passive Surveillance Project (SEEPS)**

The Sentinel Event Enhanced Passive Surveillance (SEEPS) Project is working closely with San Francisco clinicians to strengthen their ability to recognize, diagnose, treat, and report emerging infections and diseases that may result from biological terrorism. Activities include website development, content development and distribution of an infectious disease emergencies reference binder, and clinician outreach and training. The SEEPS binder is being distributed with this report as addendum IV

#### **Hospital, Clinic and EMS Disaster Response Equipment**

Communication equipment has been purchased through the HRSA and UASI grant funds for equipment. System wide changes continue to be made to improve hospital communication during a disaster. Some of this equipment purchased includes additional 800 MHZ radios, satellite phones and Ham Radios.

Other hospital emergency equipment, including back-up generators, decontamination equipment and personal protective equipment has been purchased with DPH UASI funds and is currently being distributed to all San Francisco hospitals.

#### **Launch of Infection Control Working Group/Development of Avian Flu Guidelines**

The Infection Control Working Group (ICWG) was launched in July 2005. A multidisciplinary group of interested parties from the nine San Francisco hospitals and Seton Medical Center, including Infection Control Professional Staff, the Department of Public Health and other agencies in San Francisco have participated. The goal of the working group is to develop open communication between DPH and the various Hospital Infection Control Professionals, and to coordinate infection control activities within the city of San Francisco. The group has held meetings monthly to discuss various infection control issues and develop working documents. These documents serve as consensus frameworks on infection control practices for emerging and bioterrorism agents.

Documents that have been developed include:

- San Francisco DPH Infection Control Recommendations for Healthcare Settings during an Infectious Disease Emergency or Bioterrorism Event,
- Avian Influenza (H5N1) Infection Control Recommendations,
- San Francisco DPH Comparison of Seasonal, Avian and Pandemic Influenza Infection Control Recommendations for Healthcare Workers,
- High Hazard Procedure Respiratory Protection Recommendations.



Fit Testing Police Officer for Respiratory Protection

## OBJECTIVE

### **Work with business to improve the health of San Franciscans**

#### **DPH Issues Regulations for Effective Bedbug Prevention and Control**

The Bed Bug, an insect about a quarter inch long, has lived with humans for centuries in affluent as well as poor countries, in rural and urban areas, and in all types of housing.

In the past two decades, there has been an increase in the number of reported bed bug infestations worldwide, including in San Francisco and particularly from residential hotels, youth hostels, and shelters.

DPH recognizes that environmental and behavioral factors both contribute to bedbug infestations and controlling the spread of bed bugs in the City will require an integrated pest control method that encompasses all the stakeholders. Such stakeholders include the

Pest Control Companies, Hotel Owners and Operators, Building Management Companies, Tenants, and other pertinent City Agencies.

In August 2006, DPH issued rules and regulations provide comprehensive guidance for the hotel industry, building owners and managers, tenants, the pest control companies both for the prevention and control of bed bug infestation and for effective compliance with the San Francisco Health Code.

The Director's rules and regulations establish the following:

1. *Control and prevention requirements* for owners and operators of hotels and other multi-unit dwellings, including those for training, identification, inspection and maintenance procedures
2. *Procedures for reporting and responding to complaints*
3. *Treatment and control of bedbugs in hotel rooms:*
4. *Guidelines for pest control companies (PCO)*
5. *Responsibilities of tenants*
6. *Preparation for treatment*

Over the next year, the Department will be working towards consistent citywide implementation of these comprehensive regulations and will be monitoring complaints and conditions to assess results.

**More Information:** <http://www.dph.sf.ca.us/eh/news/BedBugs.htm>

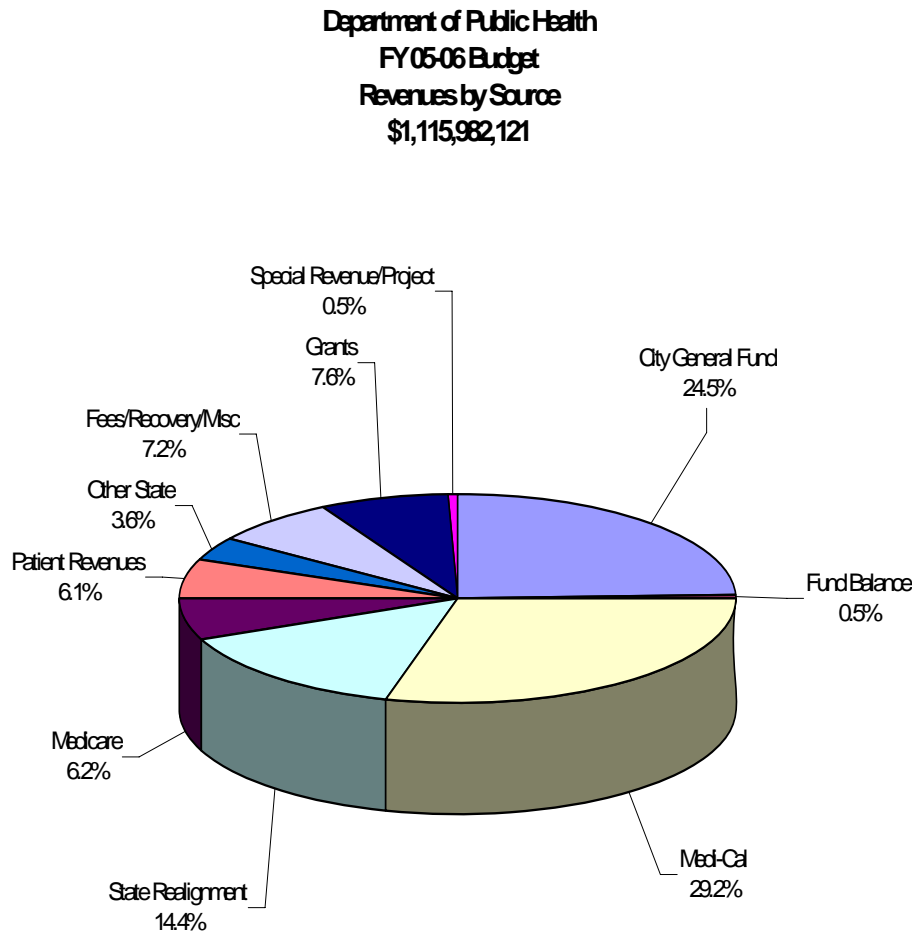
### **Pandemic Influenza Planning**

Mayor Gavin Newsom created an Avian/Pandemic Flu Task Force that is chaired by Dr. Susan Fernyak for all city agencies and businesses. This group works to ensure that all city departments and the private sector businesses have well-developed and coordinated plans to address a pandemic influenza situation. Through the SEEPS project and the CDCP website, DPH is working to ensure that hospitals and clinicians are educated about pandemic flu and know how to care for infected patients. The website offers information for the general public around avian influenza and pandemic influenza planning.

## The Department's Budget

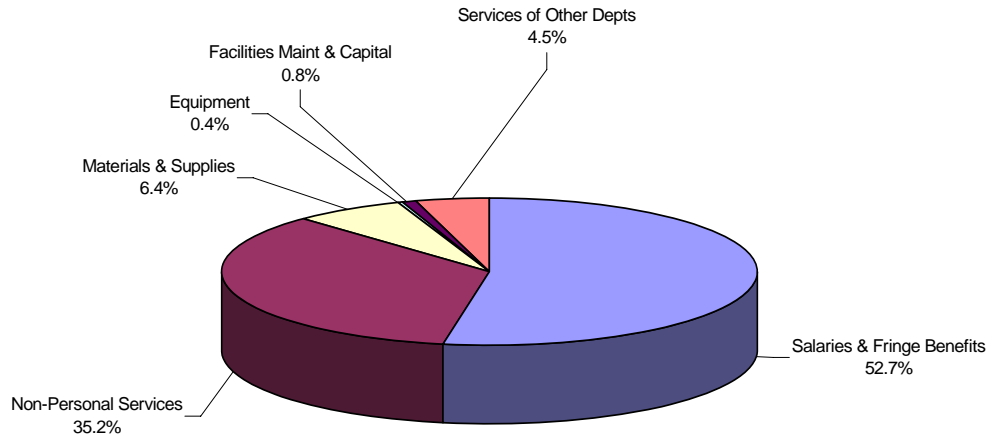
In FY 2005 –06, the Department's budget was \$1,115,982,121. The City and County contributed \$273.4 million from the General Fund, representing a \$41.9 million increase from FY 2004-05 General Fund allocation of \$231.5 million. The number of budgeted positions increased by 28, from 5,928 FTEs to 5,956. The majority of the increase was in salaries and fringe benefits due to changes in MOUs and the cost of health benefits.

## Revenue by Source

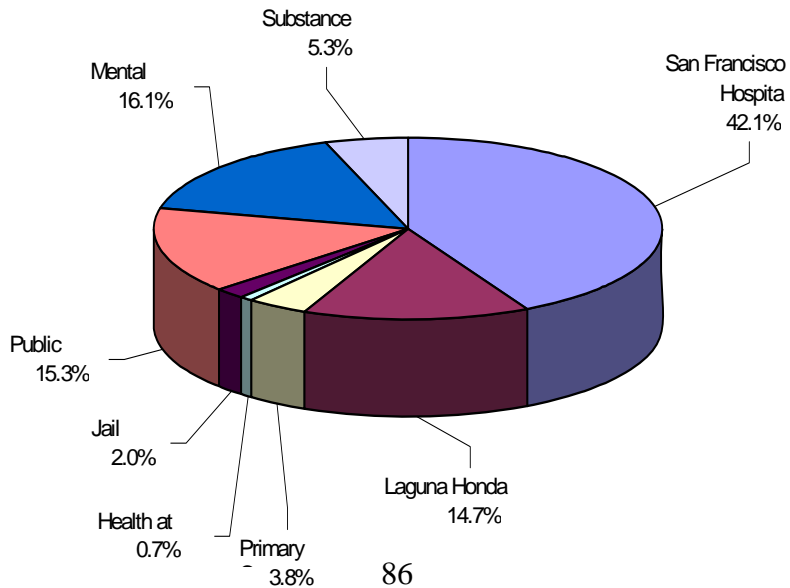


## Expenditures by Type and by Program

Department of Public Health  
 FY 05-06 Budget  
 Expenditures by Type  
 \$1,115,982,121



Department of Public  
 FY 05-06  
 Expenditures by  
 \$1,115,982,12



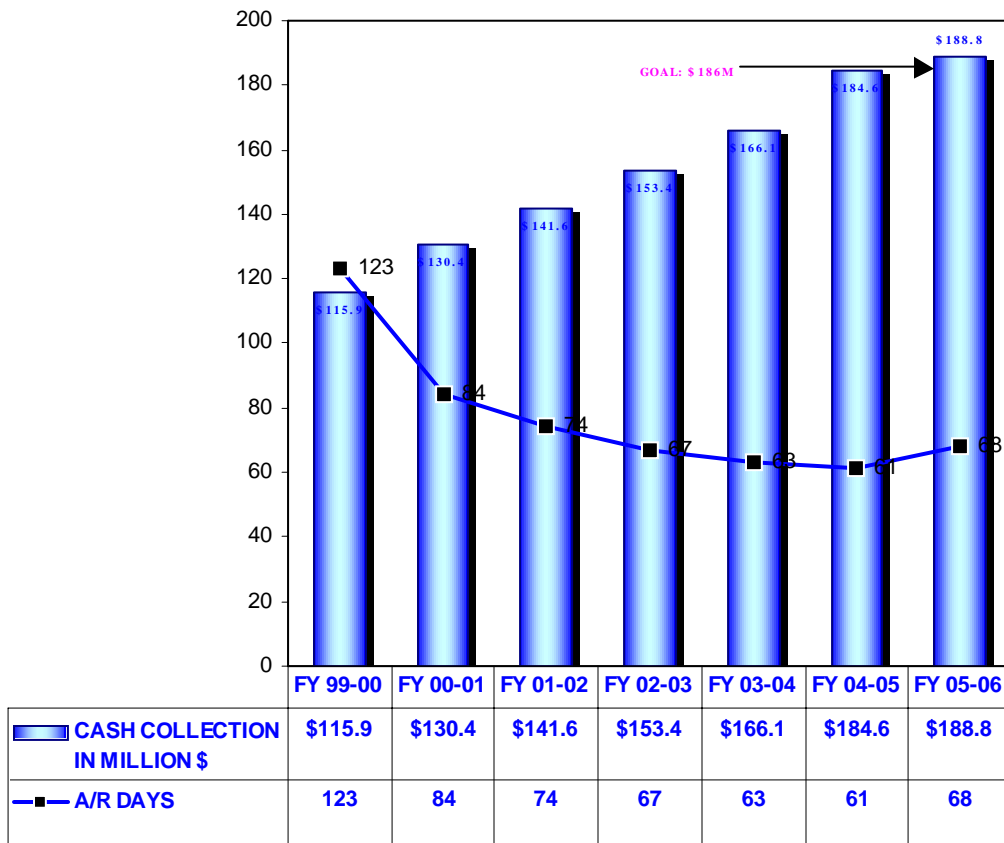
### Increased Collections

In FY 2005-06, the Finance Division increased collections for SFGH and the City’s health clinics. DPH’s collection goal of \$186 million was surpassed by \$2.8 million. This represents an increase of over \$4 million over collections for FY 2004-05. Consistent annual growth in collections over the past six years has enabled the Department to maintain services to our patients while reducing dependence on the General Fund.



City and County of San Francisco  
Department of Public Health

San Francisco General Hospital Medical Center  
PATIENT FINANCIAL SERVICES

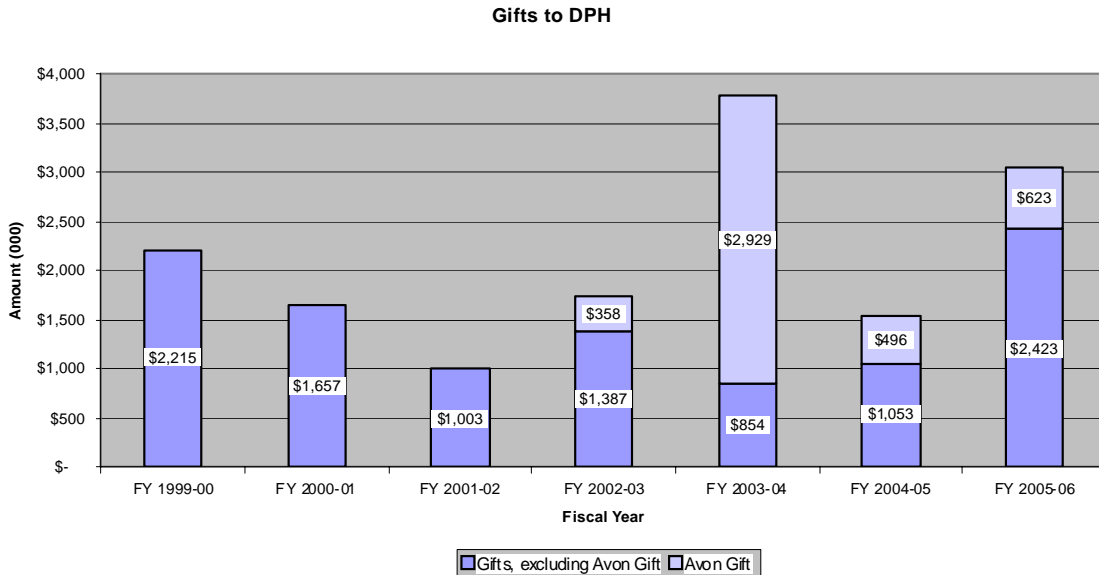


YEAR END A/R DAYS AND CASH COLLECTIONS  
SFGH AND COPC COMBINED  
FISCAL YEAR END 2000 - 2006

**Summary of Gifts Received in FY 2005-06**

<u>Fund/Organization</u>	<u>Amount under \$25,000</u>	<u>Amount over \$25,000</u>	<u>Total</u>
San Francisco General Hospital			
SFGH Foundation	\$259,903	\$2,345,426	\$2,605,329
Volunteers of SFGH	<u>75,579</u>	<u>0</u>	<u>75,579</u>
Subtotal	\$335,482	\$2,345,426	\$2,680,908
Laguna Honda Hospital			
Gift Fund – cash	\$24,357	\$27,316	\$51,673
LHH Volunteers, Inc – cash	<u>72,318</u>	<u>0</u>	<u>72,318</u>
Subtotal	\$96,675	\$27,316	\$123,991
Population Health & Prevention			
SF Public Health Foundation	\$186,321	\$30,000	\$216,321
Public Health Laboratory	\$24,999	\$0	\$24,999
<b>Total Gifts</b>	<b>\$643,477</b>	<b>\$2,402,742</b>	<b>\$3,046,219</b>

The Department is grateful to the volunteers and their leaders, and for the generous contributions received from the community.



## San Francisco General Hospital

San Francisco General Hospital received gifts totaling \$2,680,908 in FY 2005-06 consisting of:

<u>Fund/Organization</u>	<u>Amount under</u> <u>\$25,000</u>	<u>Amount over</u> <u>\$25,000</u>	<u>Total</u>
SFGH Foundation	\$259,903	\$2,345,426	\$2,605,329
Volunteers of SFGH	<u>75,579</u>	<u>0</u>	<u>75,579</u>
Total	\$335,482	\$2,345,426	\$2,680,908

### *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 2005-06, gifts totaling \$2,605,329 were provided to San Francisco General Hospital. The grants over \$25,000 totaled \$2,345,426.

### *Volunteers of SFGH*

The Volunteers to San Francisco General Hospital Medical Center, established as a nonprofit, 501(c)(3) corporation in 1957, have long contributed both human resources and funding to the hospital, and its patients and staff. The mission of the Volunteers is to create the opportunity to give back to the community and to enhance the quality of life for patients, volunteers and staff of San Francisco General Hospital and its affiliates.

In FY 2005-06, the Volunteers received \$75,579 in cash donations with no one donation over \$25,000. In turn, the Volunteers donated \$5,272 in project grants and \$70,307 in cash donations.

## Laguna Honda Hospital

Laguna Honda Hospital received gifts totaling \$123,991 in FY 2005-06. The gifts consisted of:

<u>Fund/Organization</u>	<u>Amount under</u> <u>\$25,000</u>	<u>Amount over</u> <u>\$25,000</u>	<u>Total</u>
Gift Fund	\$24,357	\$27,316	\$51,673
LHH Volunteers Inc.	<u>\$72,318</u>	<u>\$0</u>	<u>\$72,318</u>
Total	\$96,675	\$27,316	\$123,991

*Gift Fund*

Laguna Honda Hospital Gift Fund received a total of \$51,673 from cash donations in FY 2005-06. These included:

Donations ranging from \$1 - \$1,000 from 101 individuals	\$14,357
San Francisco Adult Services Network	27,316
California Health Care Foundation	<u>10,000</u>
Total	\$51,673

*LHH Volunteers, Inc.*

LHH Volunteers, Inc. is an organization dedicated to enhancing the quality of life of the patients at Laguna Honda Hospital. In FY 2005-06, Laguna Honda received \$72,318 in cash donations from Volunteers, Inc.

Cash donations received in FY 2005-06 by the Laguna Honda Hospital Gift Fund and LHH Volunteers, Inc, combined with gifts received in prior years, were used for a number of activities.

*Laguna Honda Foundation*

The Laguna Honda Foundation was incorporated in FY 2003-04 to raise the funds needed to ensure the new Laguna Honda Hospital has the furniture, fixtures and equipment along with additional programming and research funds required to continue to provide compassionate care and healing for the elderly and disabled adult populations. In FY 2005-06 the Foundation was in suspense.

**Population Health and Prevention**

Population Health and Prevention received gifts totaling \$216,321 in FY 2005-06 from the San Francisco Public Health Foundation.

The mission of the San Francisco Public Health Foundation is to provide resources to the San Francisco to the San Francisco health community and to assist it in delivering the best quality healthcare in an efficient and cost effective manner. The Foundation assists the Department in providing innovative services to San Francisco’s most vulnerable residents. Thanks to funds directed through the foundation, children and adults, in addition to being physically healthy, thrive and enjoy an improved quality of life.

In FY 2005-06 San Francisco Public Health Foundation received \$216,321 in gifts. These gifts are helping to support a growing number of new community programs and services.

<u>Fund/Organization</u>	<u>Amount under</u> <u>\$25,000</u>	<u>Amount over</u> <u>\$25,000</u>	<u>Total</u>
San Francisco Public Health Foundation	\$186,321	\$30,000	\$216,321

## Foundation and Volunteer Boards

The Board of Directors for the San Francisco General Hospital Foundation, the San Francisco Public Health Foundation, and the volunteer organizations for SFGH and LHH are listed below.

### San Francisco General Hospital Foundation Board of Directors

Judy Guggenhime, President	John Luce, MD
Herbert H. Myers, Vice President	James Messemer
Jonathan Tsao, AIA, Vice President	Ted Miclau, MD
Julia Mandeville Damasco, Secretary	Maggie Mui
David Post, Treasurer	Jerry Pang
Pam Baer	Mindy Pengel
Lyman Casey	William Schecter, MD
Robert Christmas	Leon Tuan, Esq.
Renee Cibulka	Ruth Stumpf
Sue Currin	Jamie Whittington
Diana Dalton	
Michael Dowling	Ex-Officio Directors
Tina Frank	
Jessica Parrish Galloway	Sue Carlisle, MD
Mary Huss	Michael Humphrey's, MD
Lynne Jimenez-Catchings	David Sanchez, PhD
Talmadge E. King, Jr., MD	Gene O'Connell

### Volunteers to SFGH Board of Directors

Robert Christmas, President	Maureen O'Neil, Director
Sue Currin, Director	Roland Pickens, Director
Richard Ganley, Director	Melvyn Seid, Director
Jan Goodson, Secretary	Alan Gleb, MD
Kathy O'Brien, Director	
Danette Magilligan	

### Laguna Honda Volunteers, Inc. Board of Directors

Morris H. Noble, Jr	President	Executive Committee
Lisa A. Wilcox	Past President	Lisa A. Wilcox
Joseph S. Lerer	1 <sup>st</sup> Vice-President	Morris H. Noble, Jr
Kathleen Cardinal	2 <sup>nd</sup> VP	Joseph S. Lerer
G. Barney Schley	3 <sup>rd</sup> VP & Treasurer	Sara Stevens
W. Sloan Upton	Secretary	Kathleen Cardinal
		G. Barney Schley
		W. Sloan Upton
		Peter Johnson
		William Hoehler
		Bill MacColl

**Laguna Honda Foundation**

Louise Renne – Chair	John A. “Jack” Knight
Justice Harry Low	Wilkes Bashford
Derek Parker	Barbara Sklar
Wesla Whitfield	Gina Moscone

**San Francisco Public Health Foundation Board of Directors**

Marianne Balin	President	Board Members
Nancy Hessel	Secretary	Lisa Babel
Sutanto Widjaja	Treasurer	David Cody
Carol Newkirk	Executive Director	Anne Kronenberg
		Lee Ann Monfredini

**Agencies and Organizations that Provided Grants to the Department in FY 2005-2006**

Equally important to the success of our continuum of services are the 40 organizations that provided grants to the Department in the fiscal year. These organizations allowed DPH to branch out and provide services such as tobacco cessation groups, pedestrian safety education, lead prevention assessments, and disaster preparedness activities.

- Bay Area Community Resource
- Bureau of Justice Assistance
- California Department of Transportation
- California Department of Alcohol and Drug Programs
- California Department of Health Services (CDHS)
- CDHS – Tuberculosis Control Branch
- CDHS – Childhood Lead Poisoning Prevention Bureau
- CDHS – Emergency Preparedness Office
- CDHS – Environmental Health Services
- CDHS – Immunization Branch
- CDHS – Maternal, Child and Adolescent Health Branch
- CDHS – Office of AIDS
- CDHS - Special Supplemental Nutrition Program for Women, Infants, and Children
- CDHS – Tobacco Control Section
- California Department of Fish and Game
- California Department of Mental Health
- California Emergency Medical Services Authority
- California Family Health Council
- California Office of Emergency Services
- Centers for Disease Control and Prevention (CDC)
- CDC – Office of Minority Health
- Centers for Medicare and Medicaid Services
- Health Resources and Service Administration
- March of Dimes
- National Center for Tuberculosis Prevention
- National Institute on Drug Abuse
- Office of Traffic Safety

- Public Health Foundation Enterprises
- Regents of the University of California, San Francisco
- Research Triangle Institute
- SAGE Project, Inc.
- San Diego State University Foundation
- San Francisco Community Clinic Consortium
- San Mateo Medical Center
- State Water Resources Control Board
- Substance Abuse and Mental Health Services Administration
- United States Department of Health and Human Services
- United States Department of Housing and Urban Development
- United States Department of Justice