

Who We Serve

In keeping with the DPH’s mission “to protect and promote the health of all San Franciscans”, DPH offers a rich array of services that touch the lives of scores of San Francisco’s residents and visitors. DPH’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 (LHH) 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 (ED) acts as a safety net of a different sort. All city and county residents and visitors in need of expert trauma care are treated at SFGH’s ED which is the only Trauma Center in San Francisco and northern San Mateo County. The SFGH ED serves 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 DPH, whether or not an individual receives care in our system directly. DPH focuses on prevention messages and educational campaigns that touch the lives of all the City’s residents.



DPH Health Care Services

DPH provides a wide array of personal health care services across the continuum of care. The Department's direct service providers are comprised of 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.

DPH Services

In FY 2007 -08, DPH provided the following health care services to clients.

Services Provided by DPH in FY 2007-08

TYPES OF VISITS	NUMBER/PERCENTAGE OF VISITS
Primary Care Visits	314,732
Specialty Care Visits	222,906
Dental Care Visits	14,386
Urgent Care Visits	23,851
Emergency Visits	58,765
Medical Visits	51,508
Percent Admitted	18%
Psychiatric Visits	7,257
Percent Admitted	25%
Encounters Requiring Trauma Center Services Activations	3,319
Diagnostic Visits	152,715
Acute Inpatient	114,564
Actual Days at SFGH	113,133
Actual Days at LHH	1,431
Home Health Care Visits	24,500
Skilled Nursing Care	408,409
Actual Days at SFGH	10,698
Actual Days at BHC	37,011
Actual Days at LHH	360,700

San Francisco General Hospital



San Francisco General Hospital – Main Entrance

VISION

Rebuild SFGH so we can continue to provide healthcare and trauma services for people in need.

MISSION

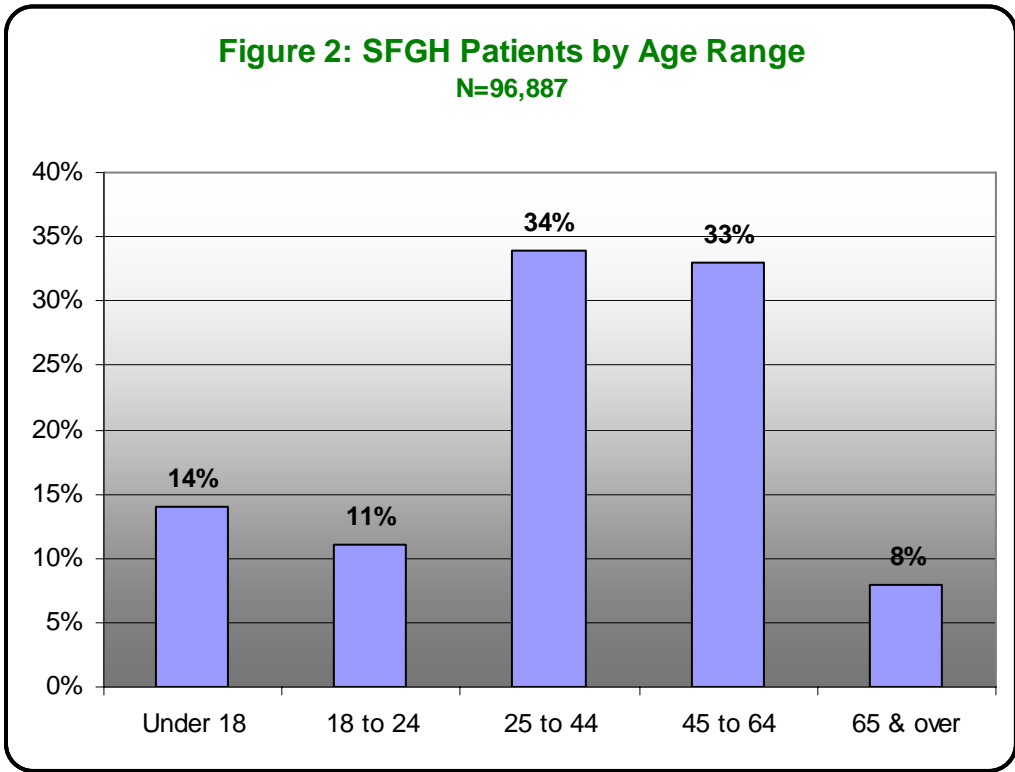
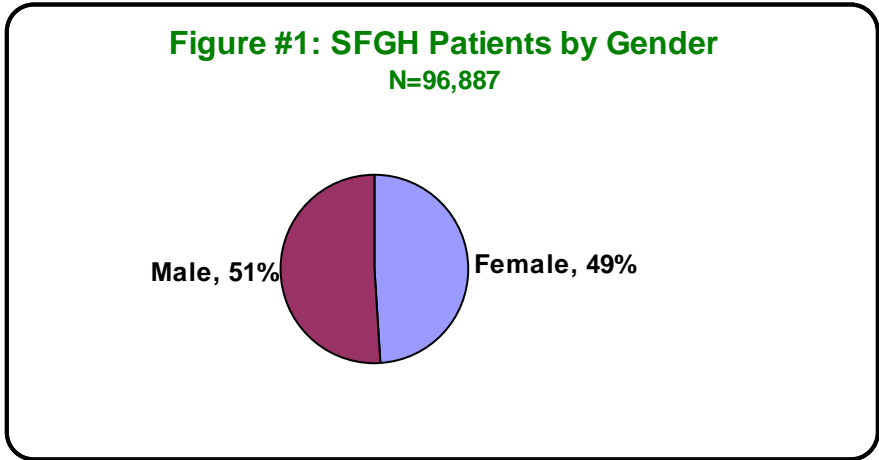
To provide quality healthcare and trauma services with compassion and respect.

VALUE

- Patient And Staff Safety
- Quality Healthcare
- Disease Prevention
- Staff Retention And Recruitment
- Culturally Responsive Care
- Efficient Resource Management
- Academic Excellence In Training And Research

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 for the 1.5 million residents of San Francisco and northern San Mateo County. SFGH provides services to 96,887 adult and pediatric patients annually.

These charts illustrate the demographics of SFGH's patients in FY 2007 -08. Figure #1 shows gender (with a nearly equal breakdown of male and female patients) and Figure #2 shows the age ranges (with a majority of adult patients ages 25 through 64).



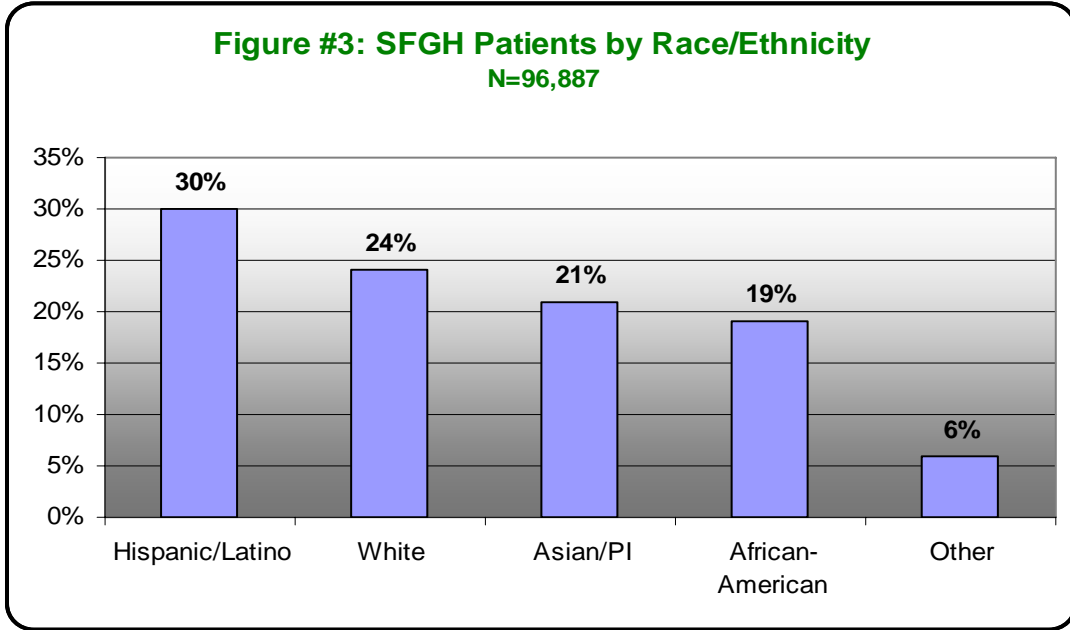
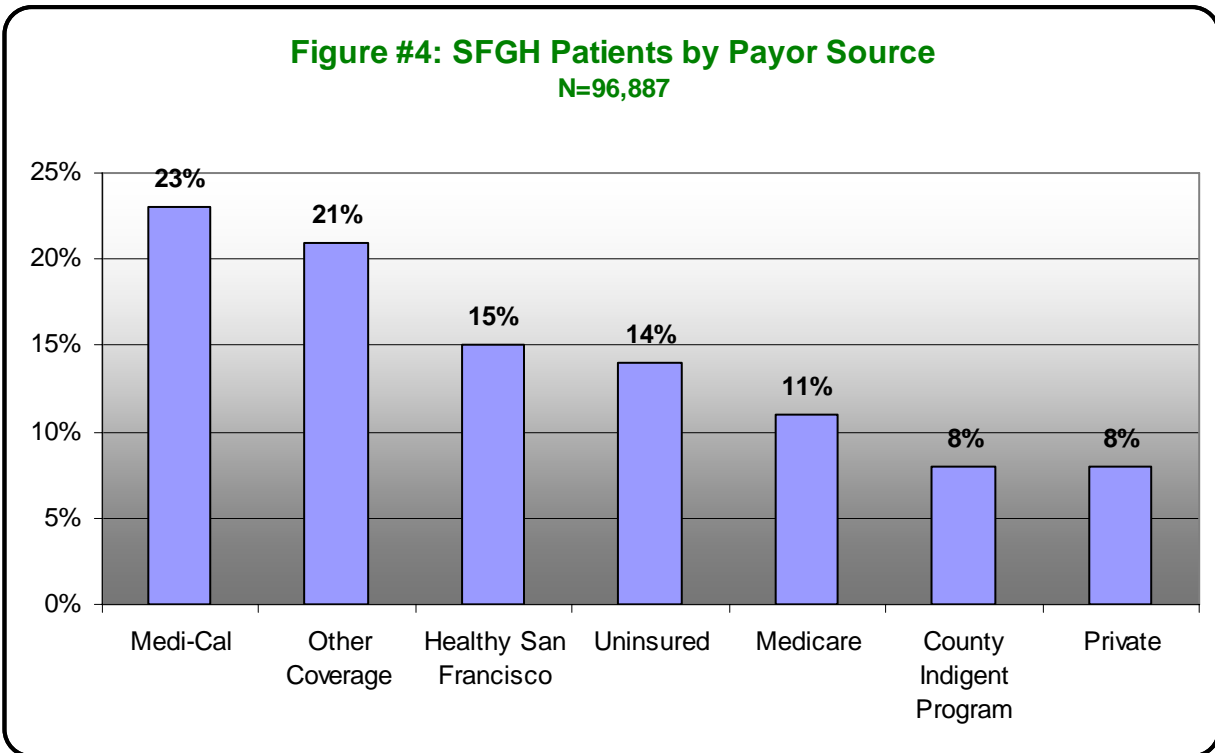


Figure #4 shows the 96,887 patients registered in SFGH’s payor from their last registration in FY 2007 - 08. At the end of FY 2007 -08, 22 percent of SFGH patients were uninsured or enrolled in the indigent program (also known as sliding scale). In the coming year, it is expected that patients in these categories will be transferred to Healthy San Francisco or enrolled in a public health insurance program like Medi-Cal for which they are eligible.



Laguna Honda Hospital



Laguna Honda Hospital – Main Entrance

VALUE

Our Residents come first.

MISSION

To provide high quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco.

VISION

To be an innovative world-class center of excellence in long-term care and rehabilitation.

STRATEGIC GOALS FOR 2007-2009

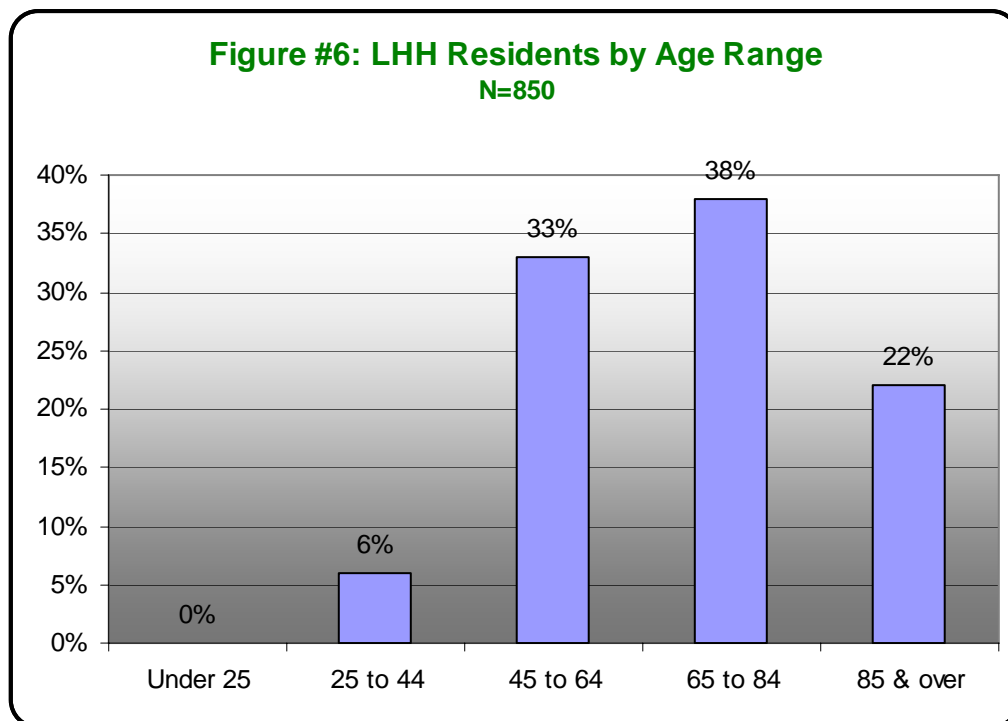
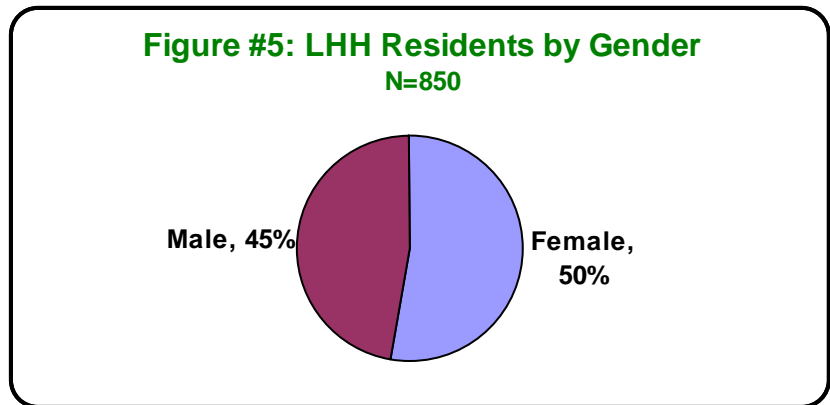
High-quality care for our Residents
by performance improvement and regulatory compliance.

Successful transition into the new hospital
by excellent planning and training for the future.

Continually improved communication
both within and outside Laguna Honda Hospital.

LHH opened its doors in 1866, starting a long tradition of caring for the citizens of San Francisco. LHH is the largest skilled nursing facility in the country operating with an average daily census of approximately 850 occupied skilled nursing beds. 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 provides respite and hospice care, provides an outpatient Adult Day Health Care Center and neighborhood senior nutrition services. The charts on these two pages reflect the demographics of the over 850 residents currently served daily at LHH.

Figure #5 shows an equal split between male and female residents in FY 2007-08. This reflects a trend over the past several fiscal years. For example, in FY 2002-03, female residents at LHH represented 53 percent of the population (and male residents 47%). Similarly in FY 1999-2000, female residents made up 56 percent of the population and male residents 44 percent.



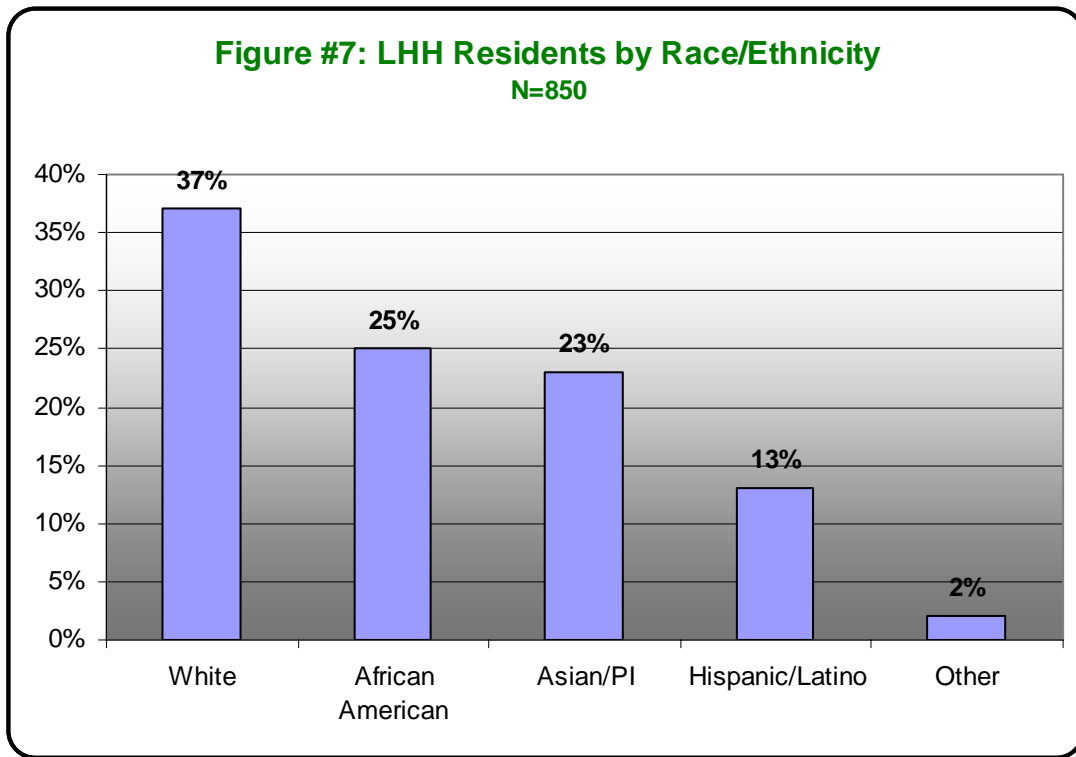
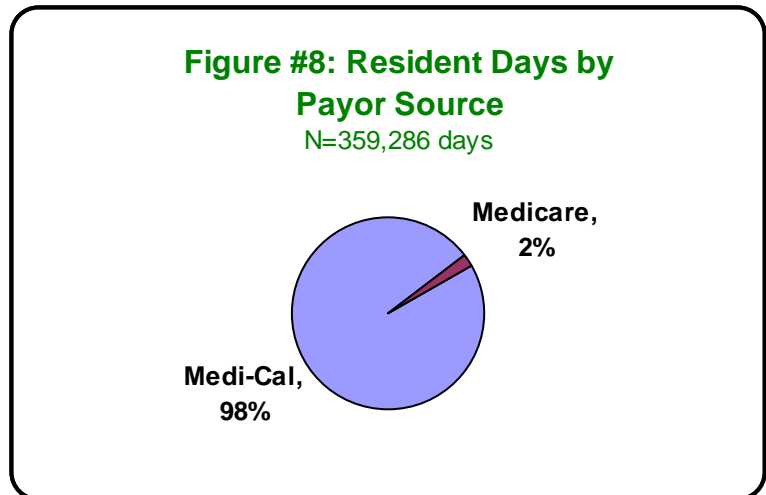


Figure #8 represents 359,286 LHH resident days by payor source in FY 2007-08.



Community Oriented Primary Care



Castro Mission Health Center

VISION

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.

MISSION

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.

VALUES

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 DPH's goals of access, quality 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 primary care sites.

The following graphs represent patient demographics of all 65,100 patients seen in the SFGH-based primary care and DPH community primary care health centers.

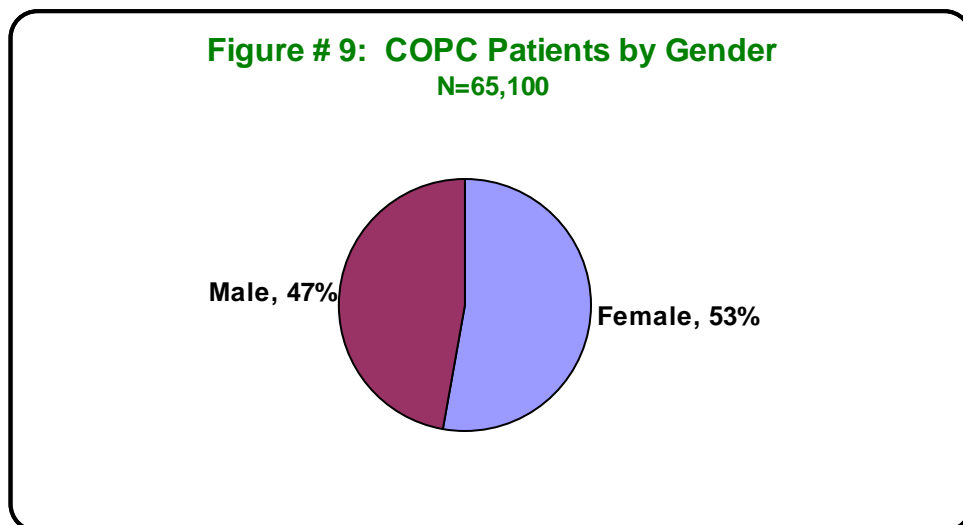


Figure #10: COPC Patients by Age
N=65,100

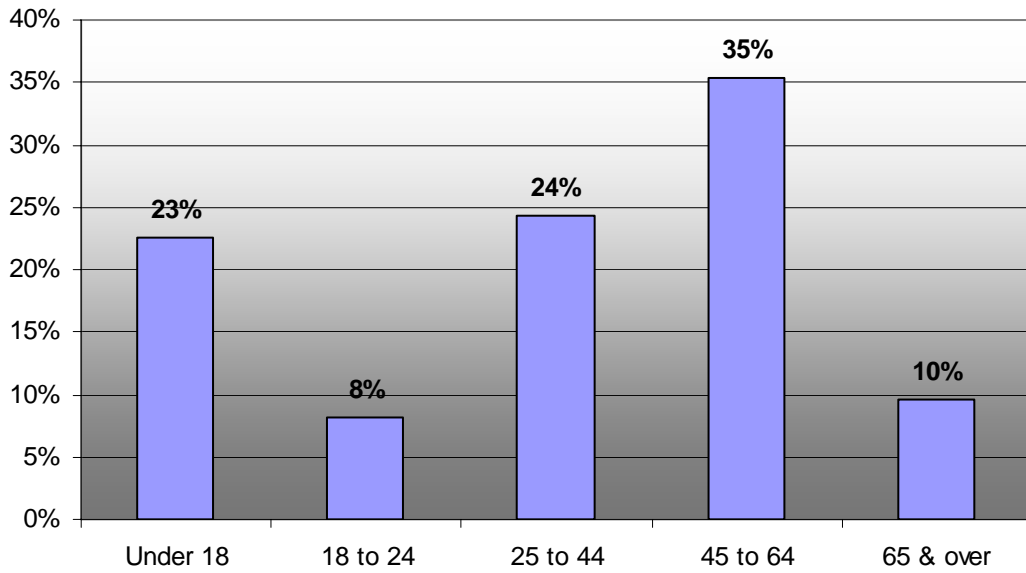


Figure # 11: COPC Patients by Race/Ethnicity
N=65,100

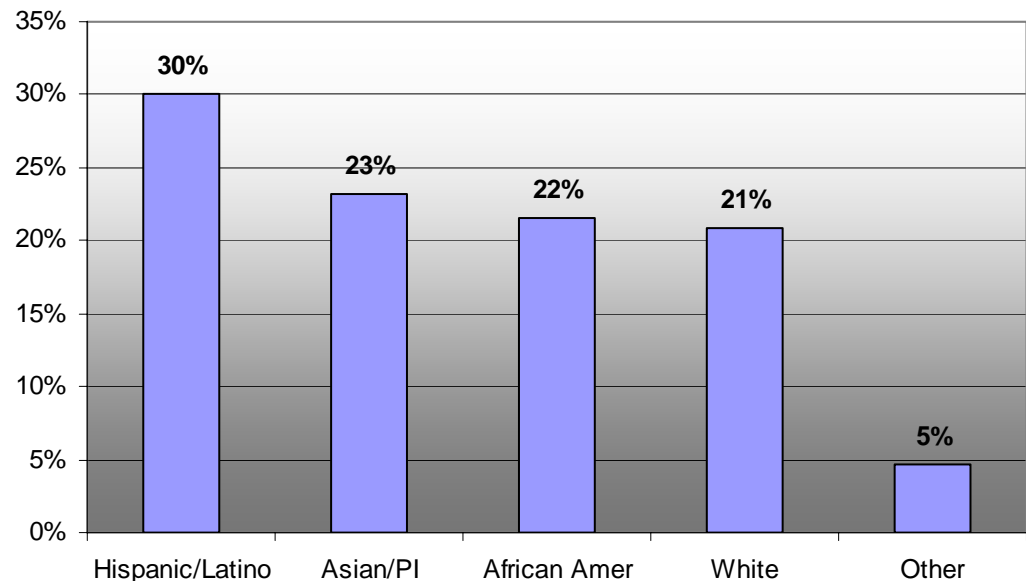
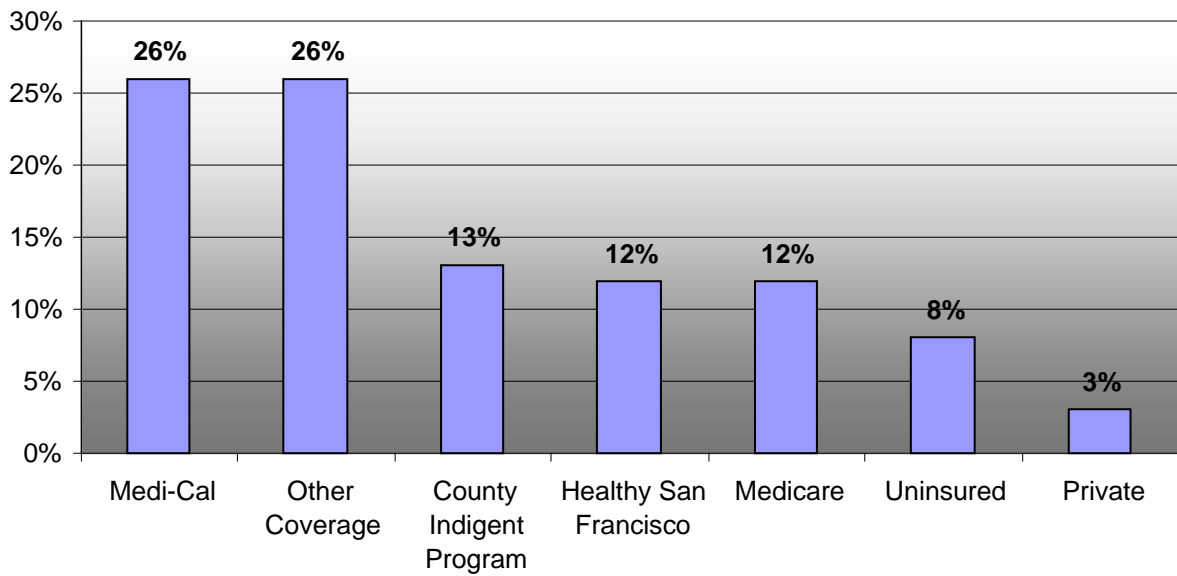


Figure #12: COPC Patients by Payor Source
N=65,110



DPH Primary Care Clinics



Health at Home



Health at Home Administrative Offices

VISION

To be a quality public home care agency providing excellent services to underserved and vulnerable populations.

MISSION

Health at Home strives to provide high quality, culturally competent home health services to residents of San Francisco, resulting in reducing their reliance on unnecessary institutionalization and supporting independent living in the community.

Health at Home (HAH) is DPH's licensed, Medicare-certified home health agency. It provides an array of skilled services based on a client's medical change in condition as observed by a physician and ordered through a plan of care. These services include rehabilitative and restorative care and training, symptom management, wound and ostomy care, diabetic and respiratory care, medication monitoring, HIV management, palliative care, and other skilled care. Services are coordinated and provided by a staff of registered nurses, physical, occupational and speech therapists, medical social workers, and certified home health aides. Over 1,200 low-income clients were served with more than 25,400 visits during FY 2007-08.

Health at Home also provides nursing case management and occupational therapy consult services in partnership with other provider agencies of the San Francisco-wide, Community Living Fund (CLF) program. This program focuses on clients that are identified as high-risk for institutionalization. Over 100 clients were assisted by HAH in this first year of the program.

Due to budget cuts, the Public Health Nursing Chronic Care service component of Health at Home was closed in April, 2008. Clients served by this program were transitioned back to their primary care clinic homes, where providers have instituted other chronic care management models to support and serve them.

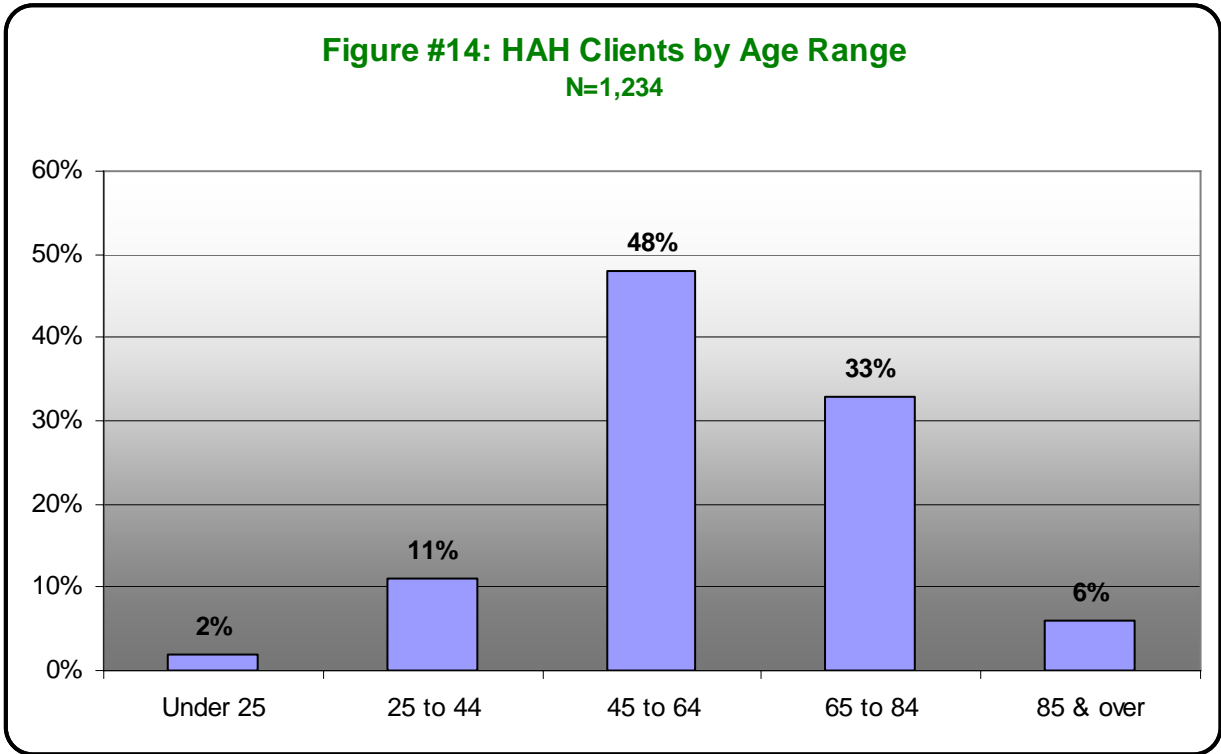
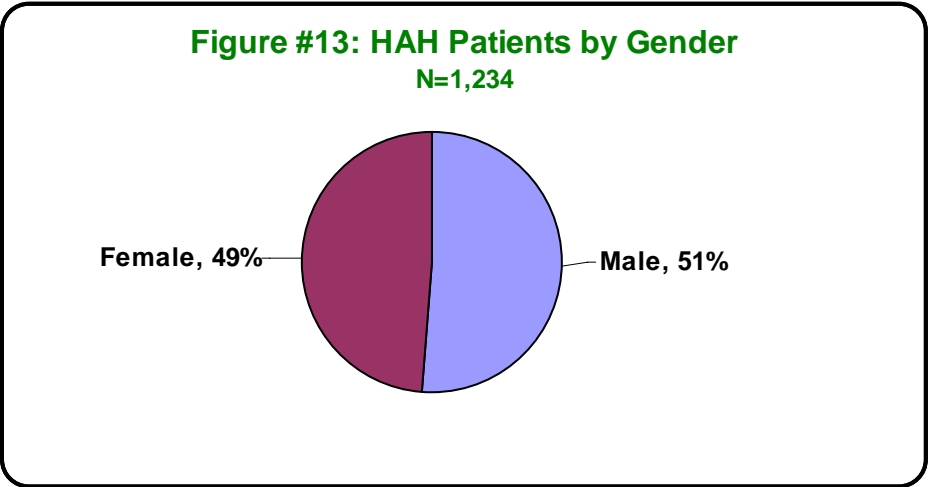


Figure #15: HAH Clients by Race/Ethnicity
N=1,234

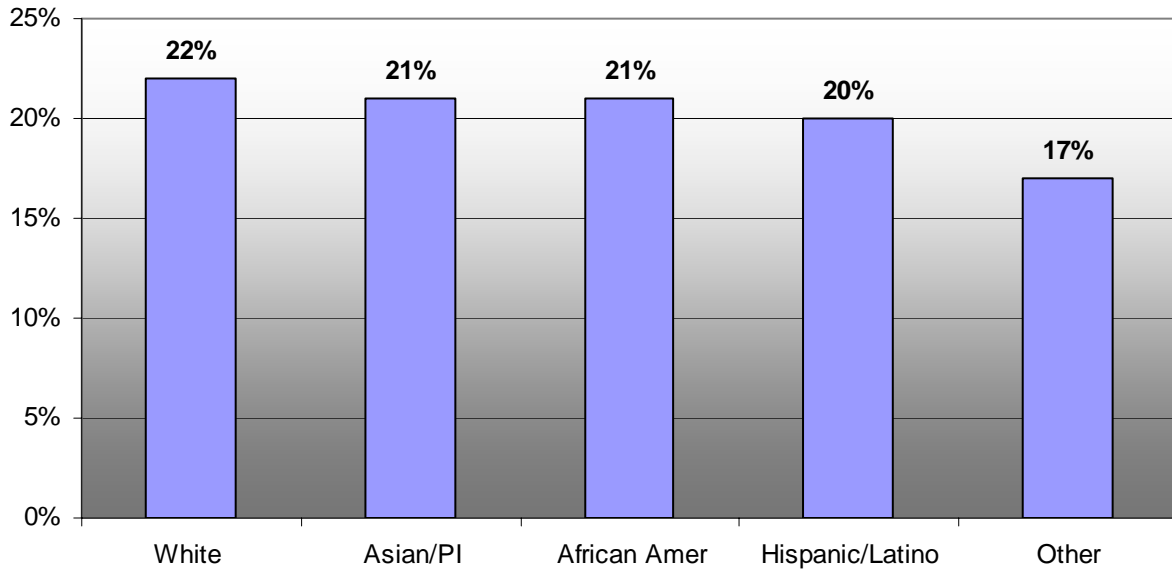
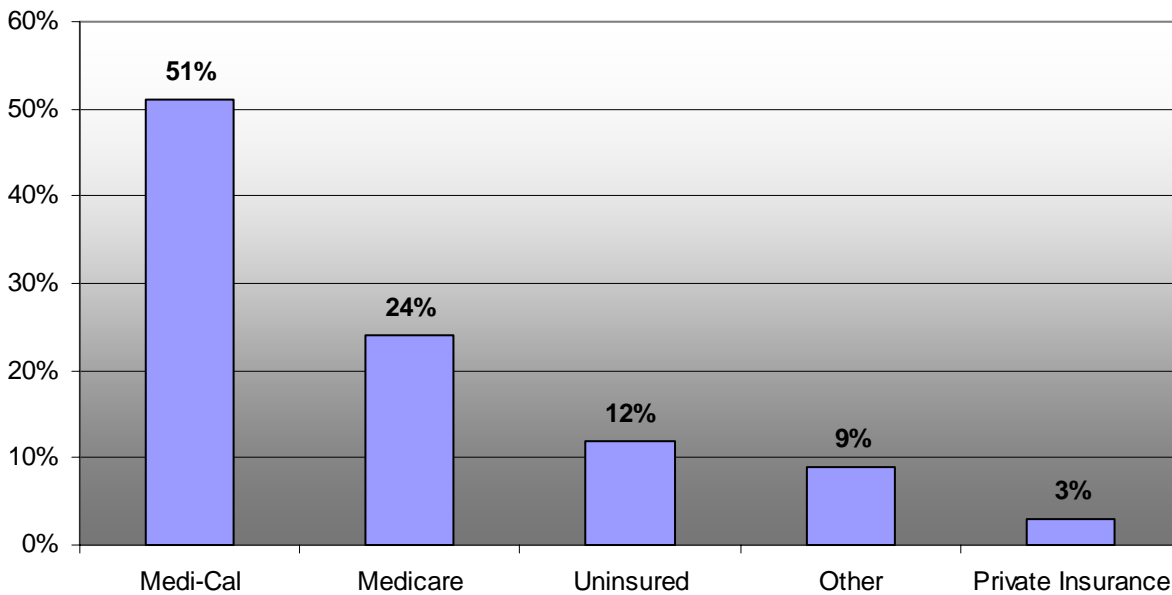


Figure #16: HAH Clients by Payor Source
N=1,234



Jail Health Services



850 Bryant Street

MISSION

Jail Health Services mission is to provide respectful, high quality health care in the San Francisco county jails from an individual and community health perspective.

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. JHS also provides discharge planning services to maintain health when inmates return to the community by linking patients to existing community-based health and human services.

The Forensic AIDS Project (FAP) provides services to HIV positive men and women in the San Francisco county jails. The FAP Center of Excellence (COE) is a stand-alone center working collaboratively with all of the COE's in the community. FAP shares 53 percent of its clients with COEs throughout the City.

JHS provided the following services in FY 2007-08

- 32,459 Patients Triaged
- 101,145 Registered Nurse Evaluations/Treatments Performed
- 15,219 Clinician Visits Performed
- 7,082 Patients Screened for Tuberculosis
- 4,354 Patients Screened for Gonorrhea
- 4,359 Patients Screened for Chlamydia
- 4,003 Patients Seen by a Dentist
- 8,202 Mental Health Evaluations Performed
- 29,952 Mental Health Follow-up Visits Performed
- 2,087 HIV Risk Assessments/Tests Provided
- 7,240 Encounters Provided to 534 HIV Positive Patients

The average daily population of the County Jail System is 2,078. On average, 75 to 80 percent of prisoners have substance abuse problems, 28 percent are homeless, and 14 percent have significant mental health problems. As Figure #17 shows, the overwhelming population in the jails is male.

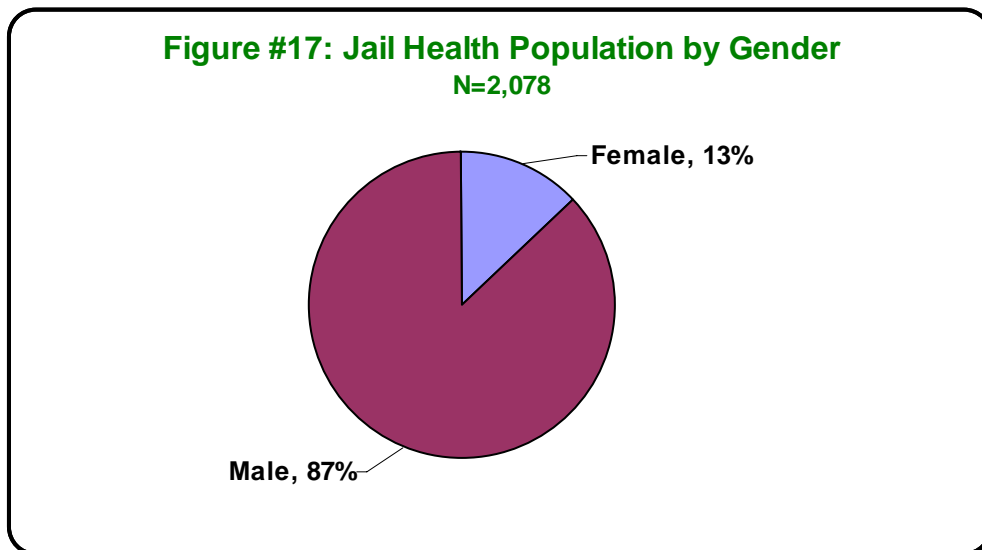
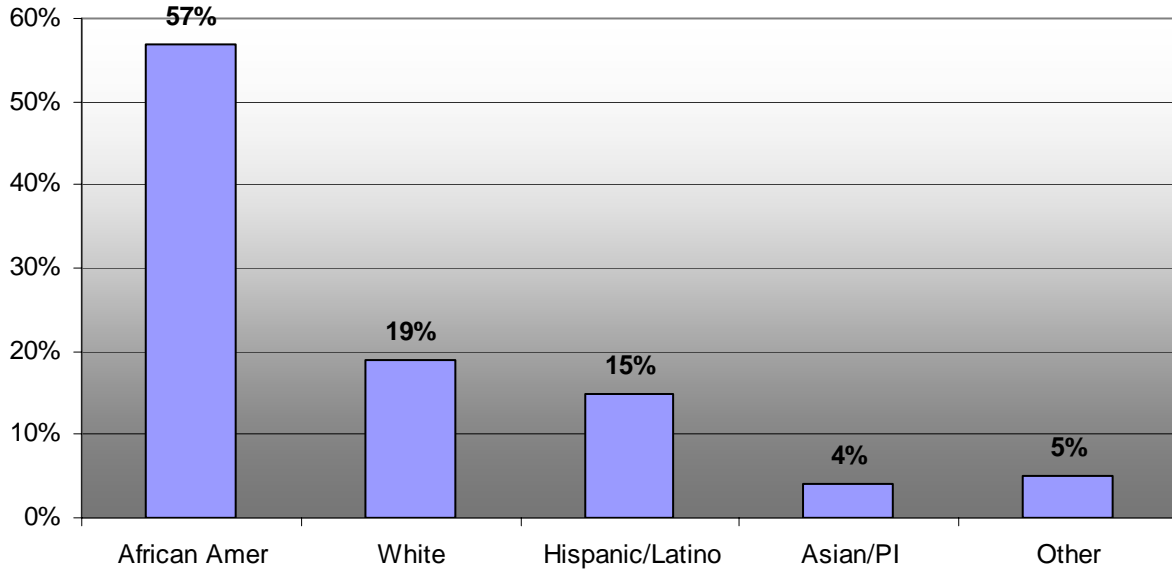
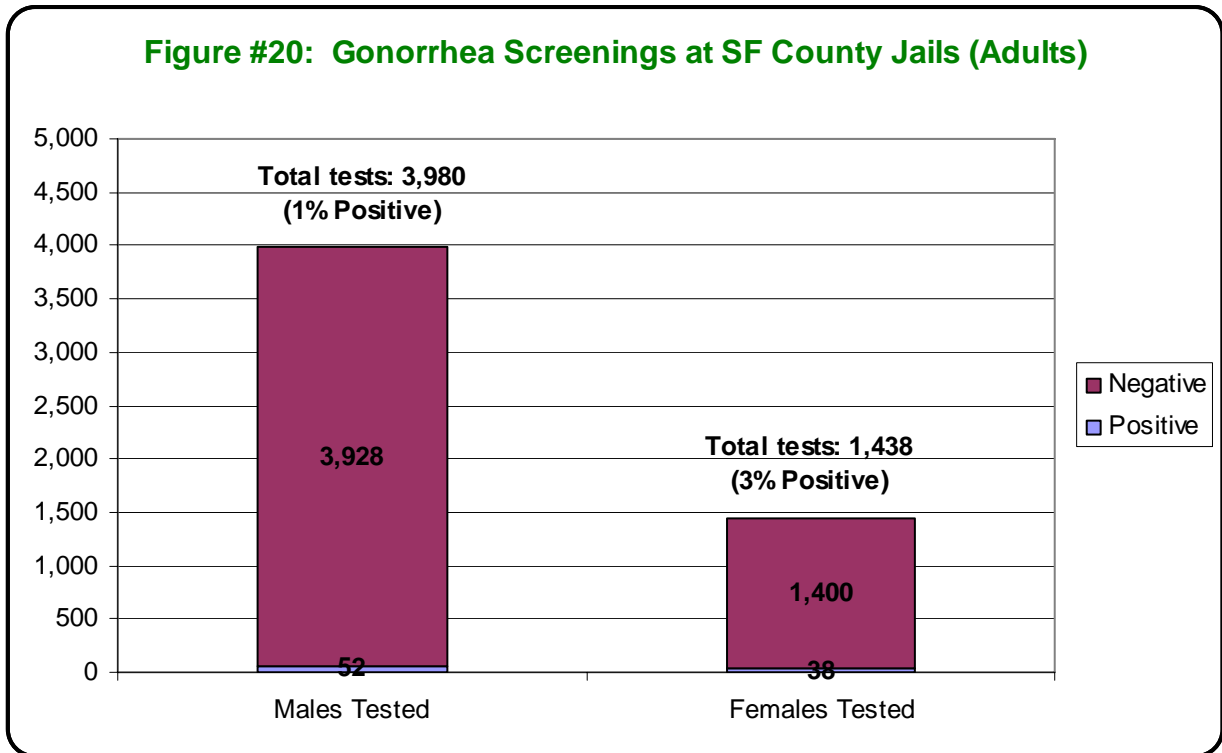
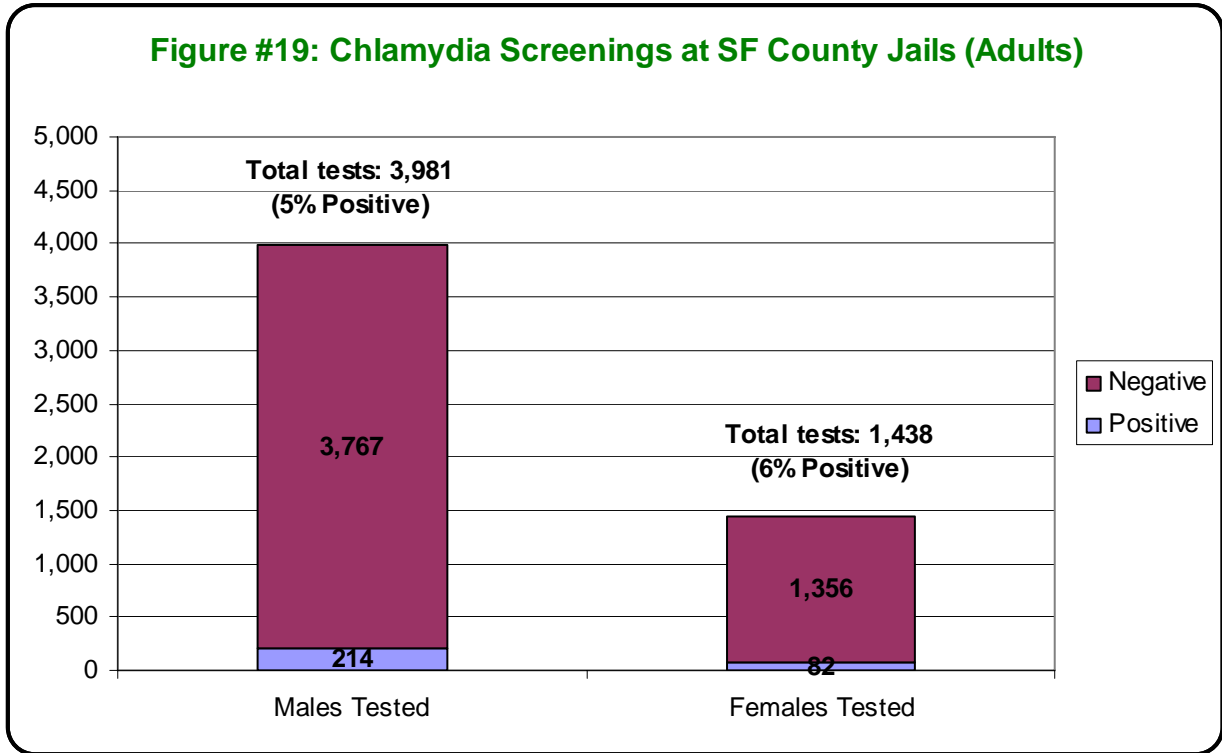


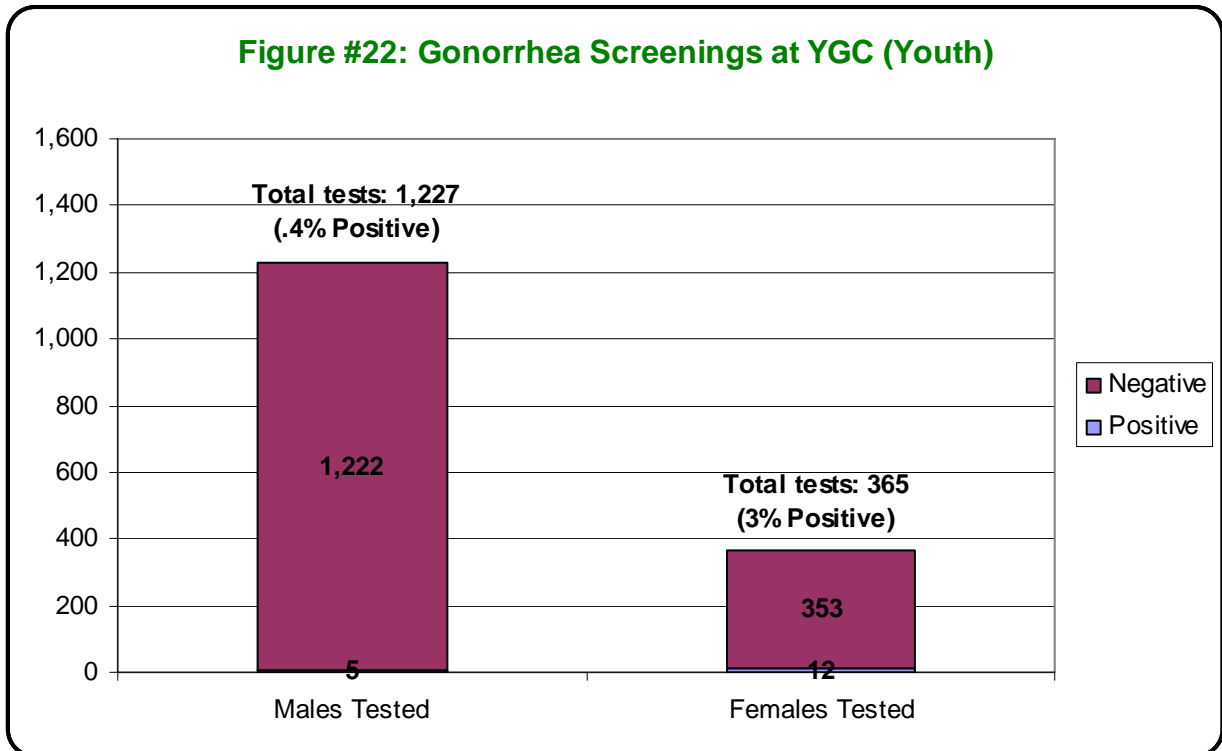
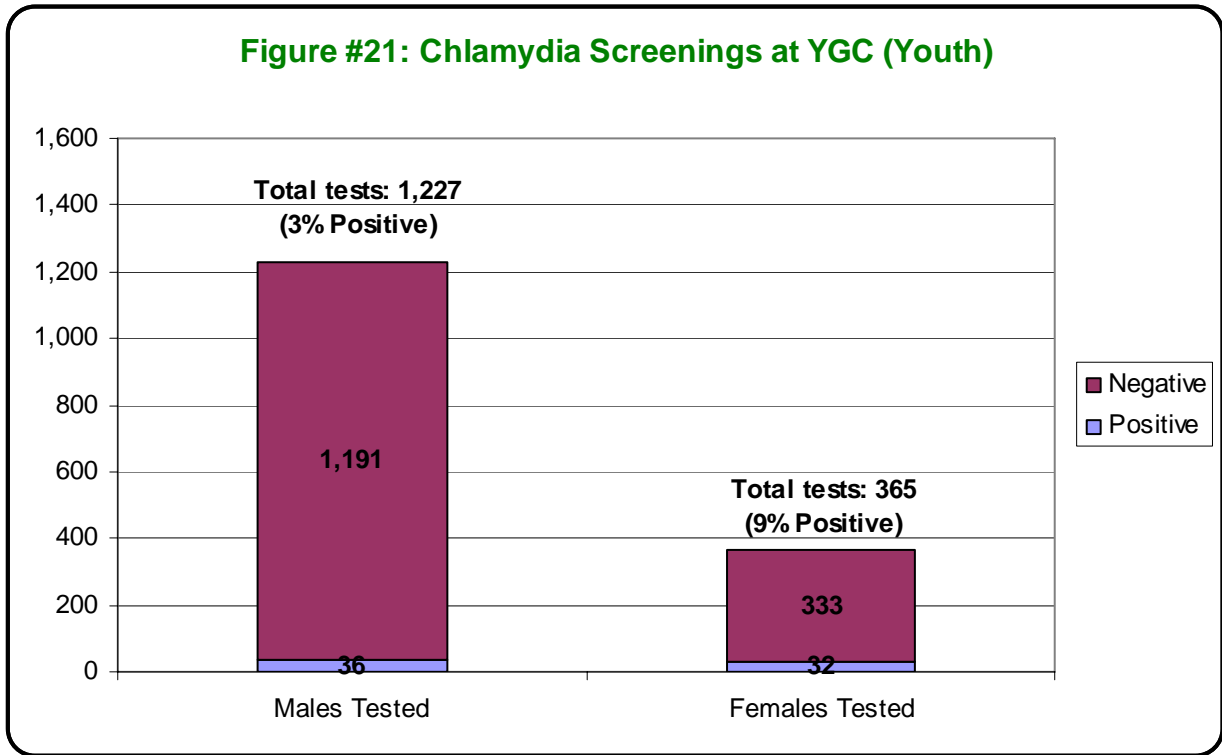
Figure #18: Jail Health Population by Race/Ethnicity
N=2,078



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. Figures #19 and #20 show how many tests were performed on adults in the SF Jails and the number/percentage of positive results.



Figures #21 and #22 show the STD screenings that are performed on adolescents incarcerated at the Youth Guidance Center (YGC), the City’s youth detention facility.



Community Behavioral Health Services



Mission Mental Health Clinic

VISION

Design a welcoming, culturally competent, accessible, integrated, continuous, and comprehensive system of care in which “Any Door is the Right Door” for individuals and families with any combination of substance abuse and/or mental health issues.

MISSION

To design an integrated system of care that can appropriately meet the serious needs of individuals and families with substance abuse and/or mental health issues or disorders.

Community Behavioral Health Services (CBHS) utilizes the Comprehensive, Continuous, Integrated System of Care (CCISC) model of continuous quality improvement. Clients and families entering the system will be welcomed in a culturally appropriate manner, engaged in an integrated relationship with empathy and hope, appropriately screened for multiple problems, and provided appropriate integrated assessment and integrated services or treatment as indicated.

Figures #23 through #32 explore the demographics of the individuals served by the CBHS system (including mental health and substance abuse programs) in FY 2007-08, with children and youth clients separated from adults.

Figure #23: Mental Health Clients by Age Range
N=24,125

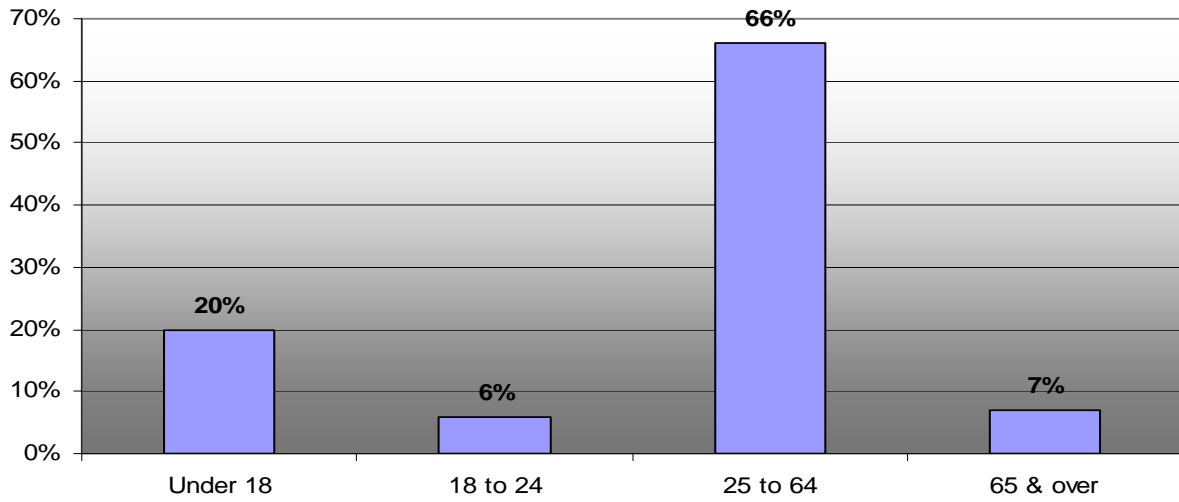


Figure #24: Mental Health Clients by Gender (Child/Youth)
N=4,933

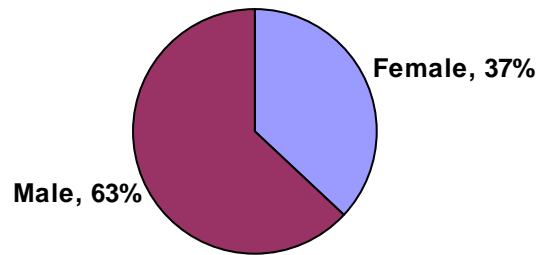


Figure #25: Mental Health Clients by Gender (Adult)
N=19,193

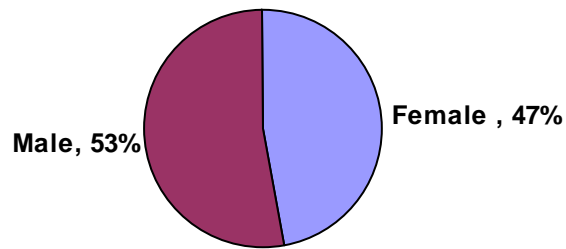


Figure #26: Mental Health Clients by Race/Ethnicity (Child/Youth)
N=4,933

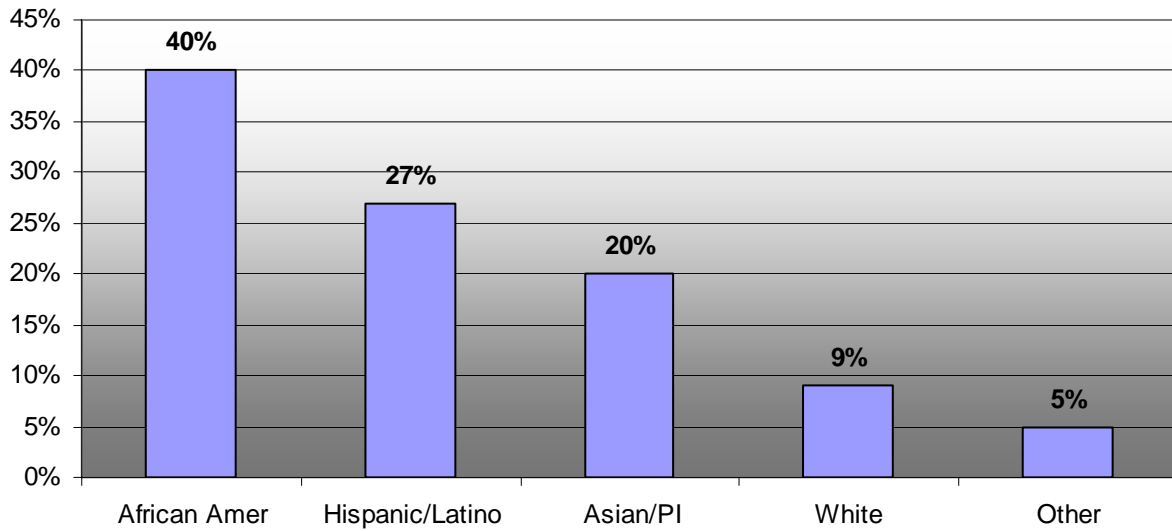


Figure #27 Mental Health Clients by Race/Ethnicity (Adult)
N=19,193

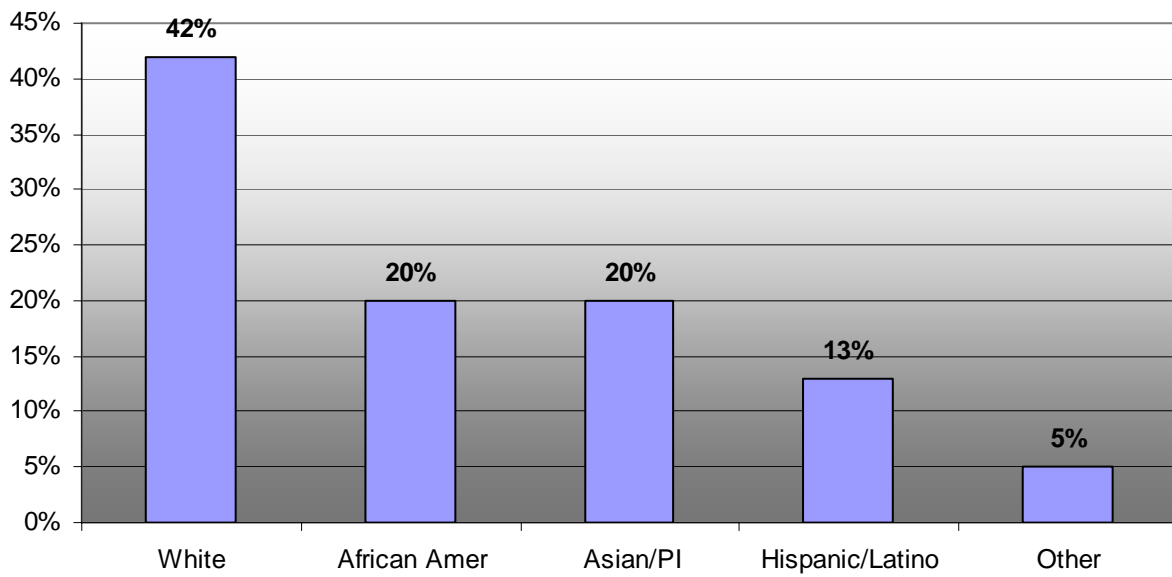


Figure #28: Substance Abuse Clients by Age Range
N=11,207

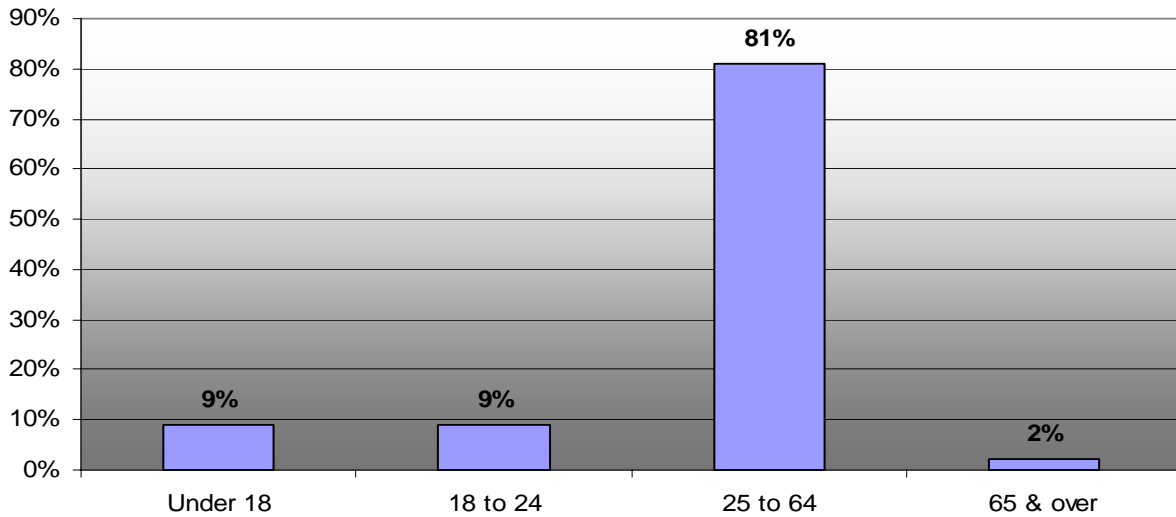


Figure #29: Substance Abuse Clients by Gender (Child/Youth)
N=1,001

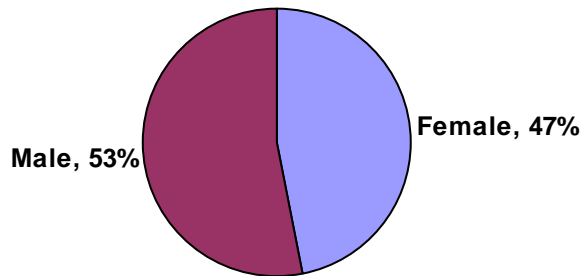


Figure #30: Substance Abuse Clients by Gender (Adult) N=10,206

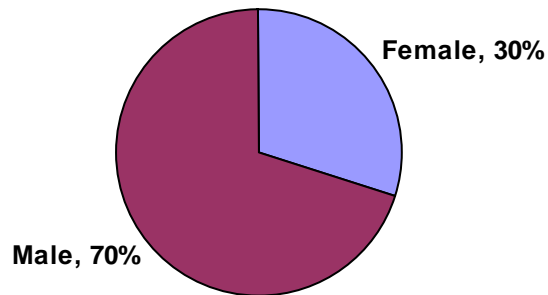


Figure #31: Substance Abuse Clients by Race/Ethnicity (Adult)
 N=10,206

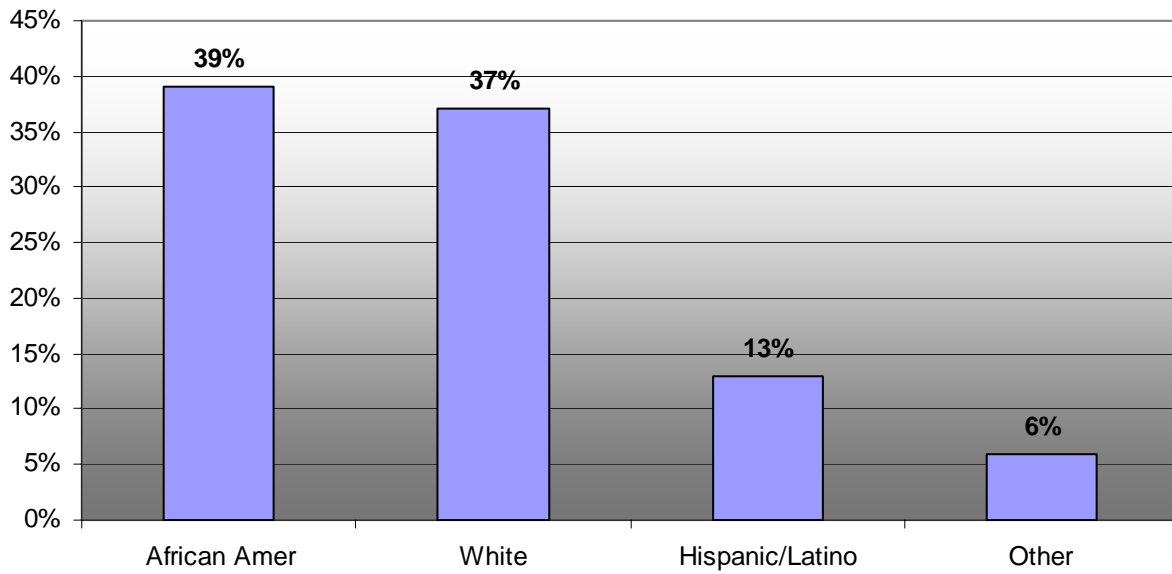
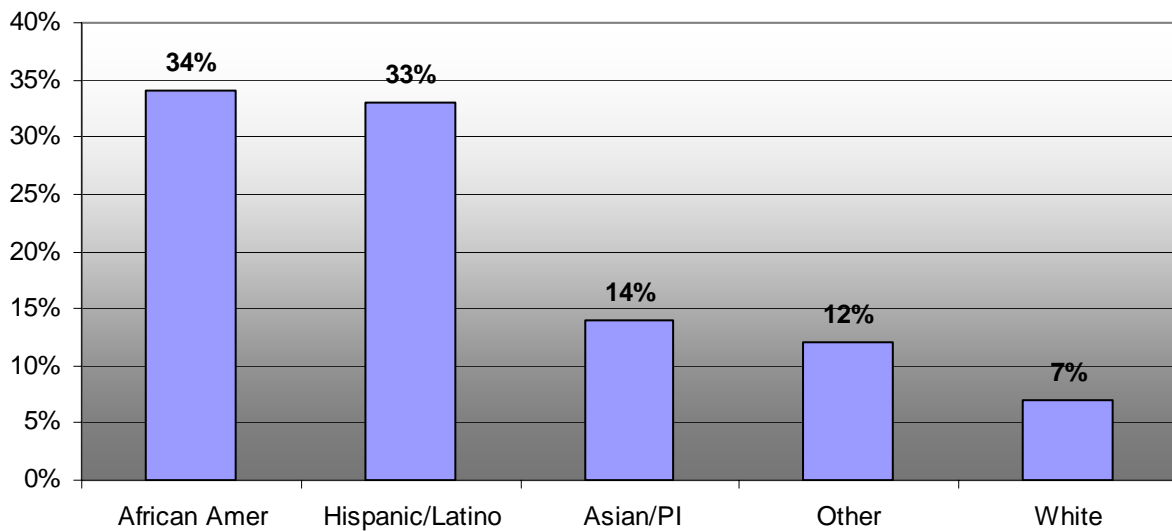


Figure #32: Substance Abuse Clients by Race/Ethnicity (Child/Youth)
 N=1,001



San Francisco City Clinic



City Clinic

MISSION

Maximize sexual and reproductive health in San Francisco

GOALS

- To reduce STD incidence and complications
- To provide culturally proficient STD diagnosis and treatment
- To identify and decrease risk factors associated with poor sexual health
- To promote awareness and provide state of the art sexual health education and training

VALUES

- Maintaining confidentiality is of paramount importance.
- Healthy sexual relationships are important to overall good health.
- Sexual health should be attainable for all regardless of race/ethnicity, sexual orientation, socio-economic status, age, religion, gender, disability or immigration status.
- At risk populations in San Francisco should have accessible sexual health services.
- It is important to recognize the importance of community leaders, voices, partnerships and collaborations with institutions with common goals.
- Use resources efficiently based on the best available data.
- Historical and current information, studies and resources should be easily available and actively disseminated within the community.
- It is important to incorporate the principle of harm reduction into our activities.
- Use creativity and innovation in the development of new interventions.

The San Francisco City Clinic is the only municipal sexually transmitted disease (STD) clinic in San Francisco, and provides confidential, quality STD services to all residents twelve years of age or older. The clinic offers evaluation, testing and treatment for gonorrhea, syphilis, Chlamydia, and all other STDs. It houses a microbiology lab for STAT testing. In addition, the clinic offers STD patients confidential HIV testing, early care for HIV-infected patients and family planning services for women, including pregnancy testing and PAP smears.

The clinic is a focus of many studies, including behavioral interventions, new tests and new therapies. The clinic also serves as a training center for clinicians throughout California and the southwest United States: due to the number of STD cases seen at the clinic, City Clinic clinicians have experience in recognizing uncommon STDs and atypical presentations.

Figures #33 through #36 show the demographic information for City Clinic for FY 2007-08.

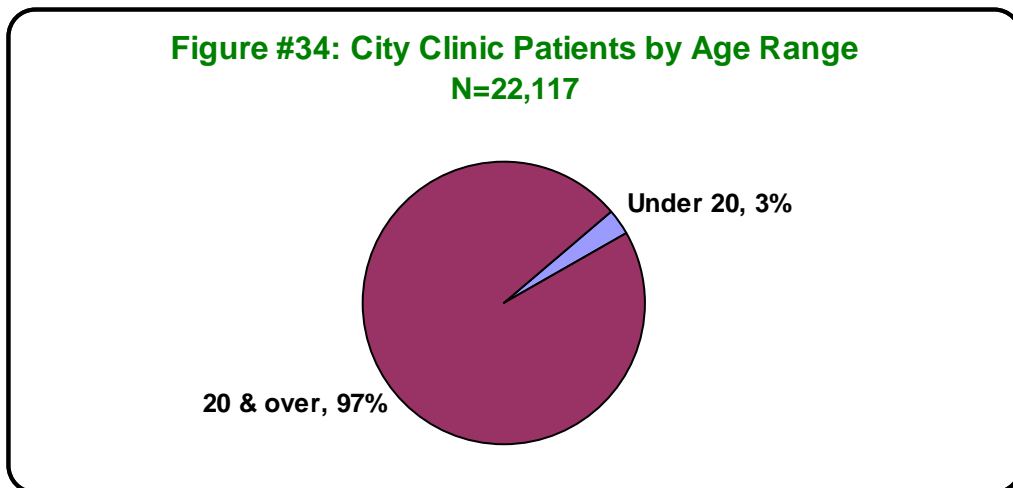
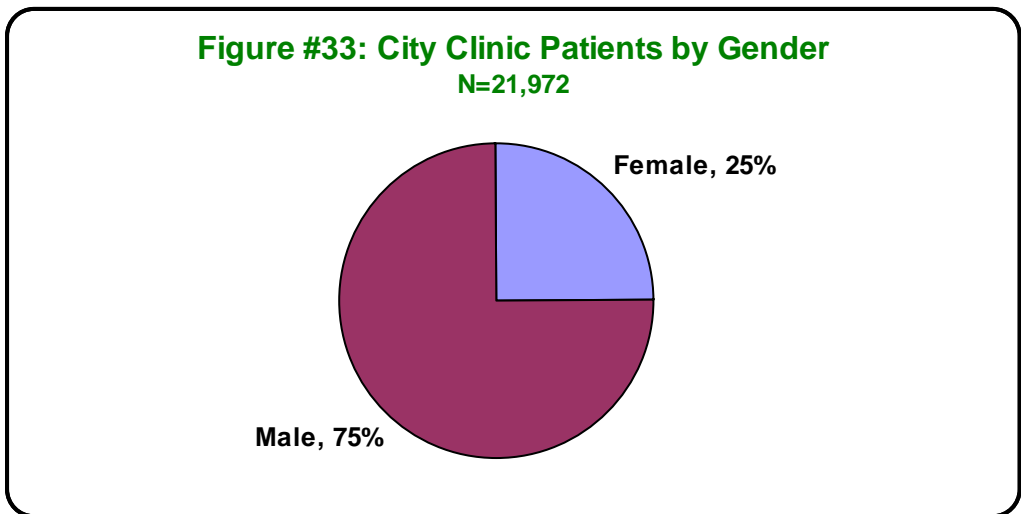


Figure #35: City Clinic Patients by Race/Ethnicity
N=21,733

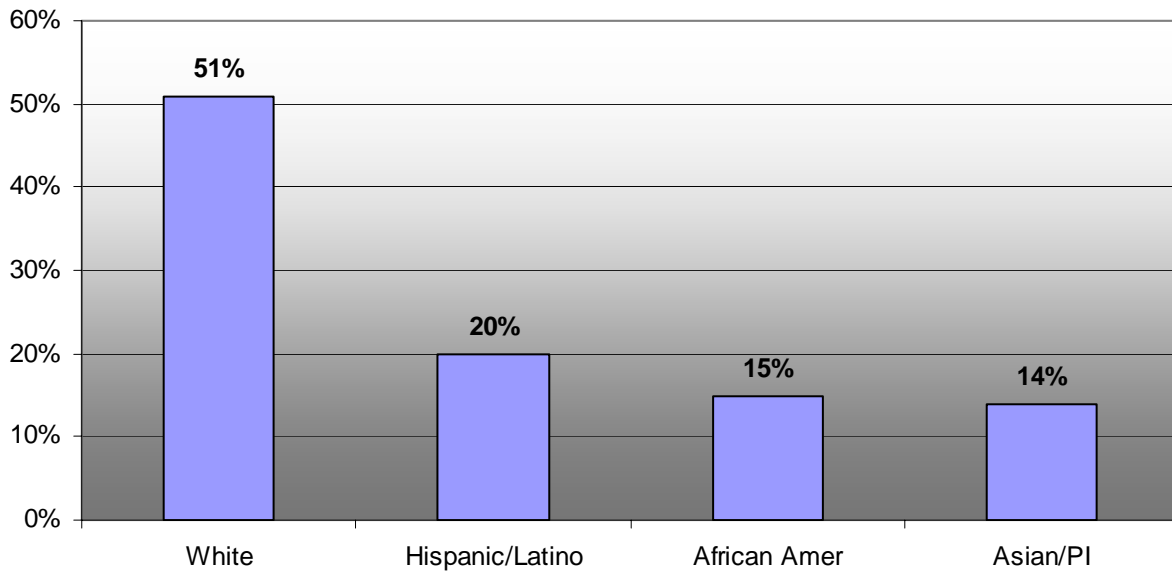
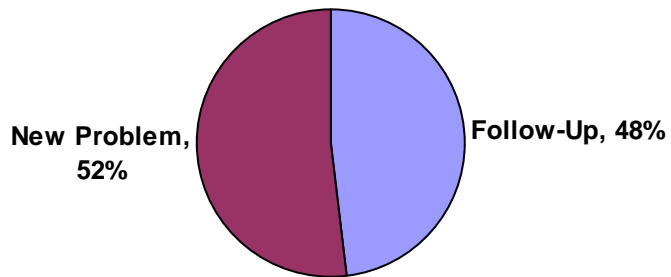


Figure #36: City Clinic Patients, by Reason for Visit
N=22,117



AIDS Office



25 Van Ness – AIDS Office

MISSION AIDS OFFICE

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 DPH..

MISSION HIV PREVENTION

Our Mission is to reduce HIV infection through promoting health and enabling individuals and communities to increase control over conditions affecting their health.

VALUES

Health

Health is an experience, not a behavior. Effective health promotion requires understanding and responding to the cultural, social, biological and environmental factors that affect physical, mental and social well-being. All San Franciscans have the right to obtain culturally and linguistically appropriate HIV prevention information and services.

Diversity

We are dedicated to promoting inclusion and self-determination in HIV prevention and health promotion. We recognize that social discrimination, isolation and violence increase individual and community vulnerability to HIV and that working for social justice on all fronts is a necessary element of HIV prevention.

Partners in Leadership

As members of the San Francisco community, we are committed to working with the HIV Prevention Planning Council and our other partners to set the agenda for HIV prevention and health promotion in San Francisco and to support community mobilization in response to the epidemic.

Sex Positive

Sexuality is an integral part of life. Individuals have the right to seek consensual pleasure in its many forms as well as the responsibility to accept the consequences of their actions.

Reducing Harm

To be human is to take risks. HIV prevention programs should concentrate on reducing the negative effects of behaviors, rather than ignore or pass judgment on particular people or behaviors.

Knowledge

Our knowledge must keep pace with changes in the HIV epidemic and the context of HIV prevention. We recognize that we do not know everything and are committed to listening to and learning from those most affected by HIV/AIDS.

Overview of the HIV/AIDS Epidemic in San Francisco

As of December 31, 2007, a cumulative total of 27,592 San Francisco residents were diagnosed with AIDS, and 18,612 have died. There are about 9,000 persons living with AIDS and an estimated equal amount of persons living with HIV non-AIDS. The numbers of new AIDS cases and deaths have become stable while the number of persons living with HIV/AIDS continues to increase. Survival for persons with AIDS has improved with the majority of persons receiving antiretroviral therapy. However, disparity in survival and receipt of care and treatment still exist between demographic and risk subgroups. Use of antiretroviral therapy was lower among women, transgender persons, African Americans and injection drug users. These groups also have worse survival compared to their counterparts. With an estimated 19,000 San Franciscans living with HIV/AIDS, DPH has made HIV/AIDS research, prevention, and services a priority.

HIV Research Section

The HIV Research Section evaluates novel biomedical and behavioral strategies to prevent HIV infection. Currently, the Research Section is testing a variety of strategies in HIV negative people, including HIV vaccines, anti-HIV medication as prevention (pre-exposure prophylaxis), and treatment of Herpes to prevent HIV. The Section is also building new strategies to increase inclusion of African American and Hispanic/Latino communities in all aspects of HIV prevention research.

HIV Epidemiology Section

The HIV Epidemiology Section conducts HIV case and incidence surveillance as well as surveys of HIV prevalence and risk behaviors. The Section also conducts special projects in monitoring care and testing behaviors, and HIV-related morbidity and mortality. The goals of the Section are to track the leading edge of the HIV epidemic in San Francisco and to ensure a complete, timely and accurate surveillance system for the data to be useful. The Section provides crucial data for the understanding of the infected and at-risk populations, and to help guide HIV prevention and care programs.

HIV Prevention

Our Mission is to reduce HIV infection through promoting health and enabling individuals and communities to increase control over conditions affecting their health. As part of this mission, 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 goal of reducing the number of new HIV infections in San Francisco to as close to zero as possible. 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. These priorities are in keeping with the distribution of HIV cases in San Francisco, which remain concentrated among men who have sex with men, transgenders, and injection drug users.

In FY 2007-08, HIV prevention providers made more than 250,000 contacts with over 20,000 people at risk for acquiring or transmitting HIV. Our funded providers offer a wide range of services to meet community needs, including HIV counseling and testing, health education, prevention with positives, and syringe access. As indicated in the following charts, in the first two fiscal quarters of 2007, over three fourths of HIV tests (77 percent) were with males, 21 percent with females, and 2 percent with transgendered persons. Nearly half the tests (45 percent) were among people of color, and 46 percent were among whites. In terms of age, half of tests (51 percent) were among people between 30 and 49 years old, and over one third were among people under 30 (38 percent).

The demographics of participants in other HIV prevention services (not including syringe access) are also provided in the following charts. In the first three quarters of FY 2007-08, nearly three quarters of contacts were with males (70 percent), 17 percent with women, and 9 percent with transgendered persons. Approximately half of contacts were with people of color (46 percent) and one third with whites (33 percent). Half of contacts (50 percent) were between 30 and 49 years old, one quarter (25 percent) were among people under 30, and one quarter (24 percent) were age 50 and older.

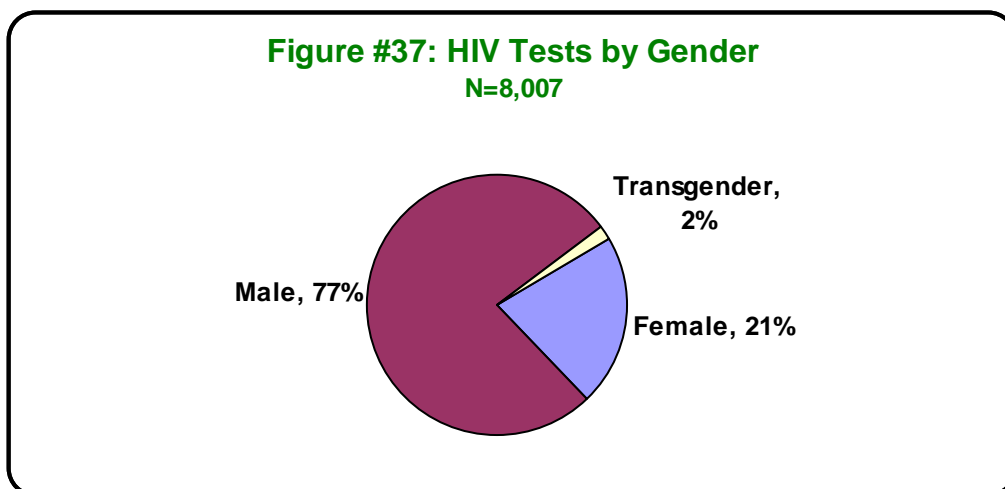


Figure #38: HIV Tests by Race/Ethnicity
N=8,007

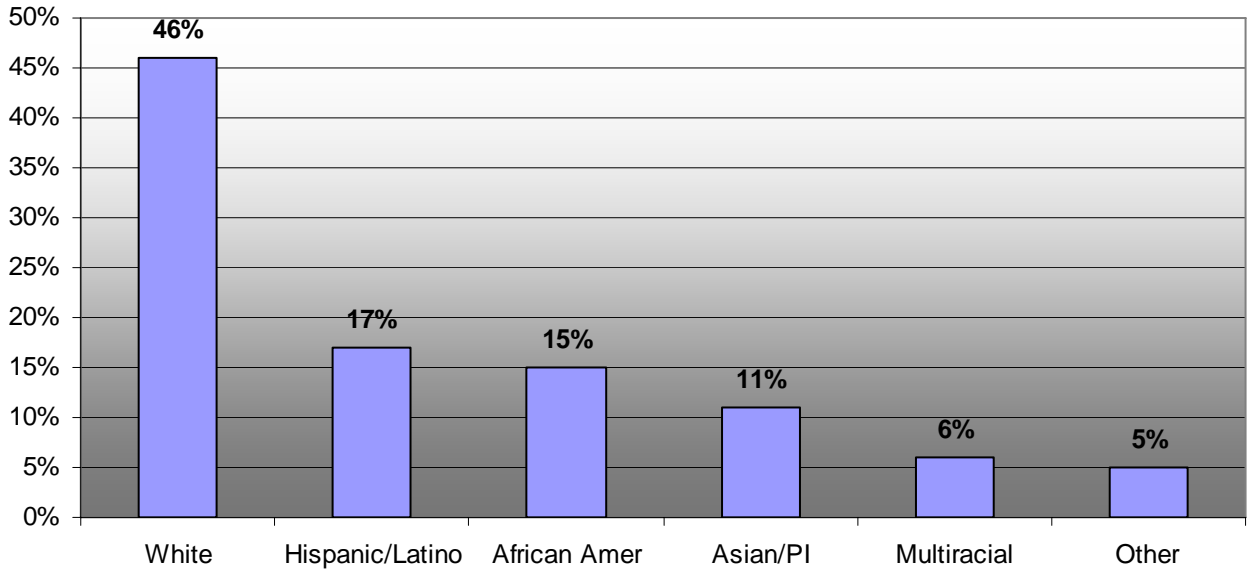


Figure #39: HIV Tests by Age Range
N=8,007

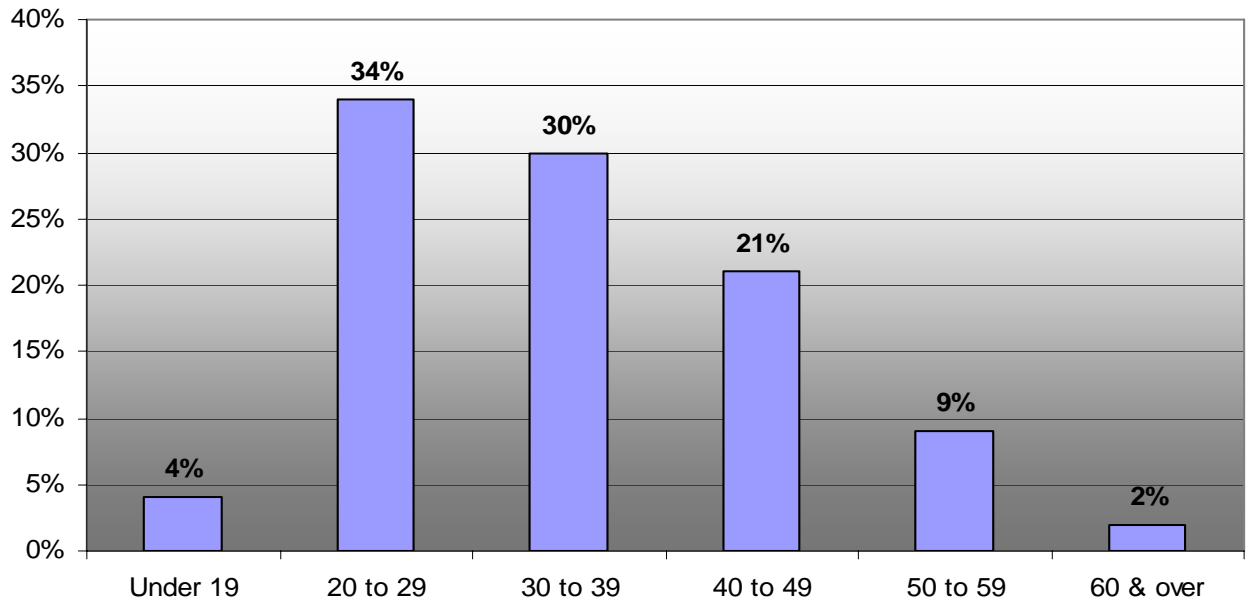


Figure #40: HIV Prevention Services by Gender*
N=180,163

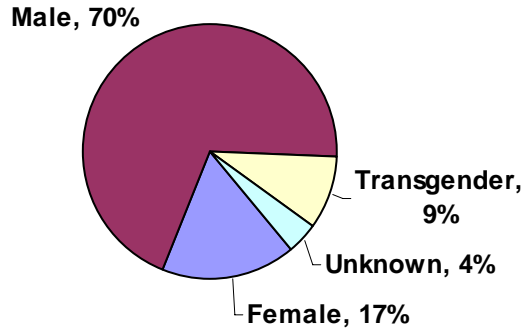
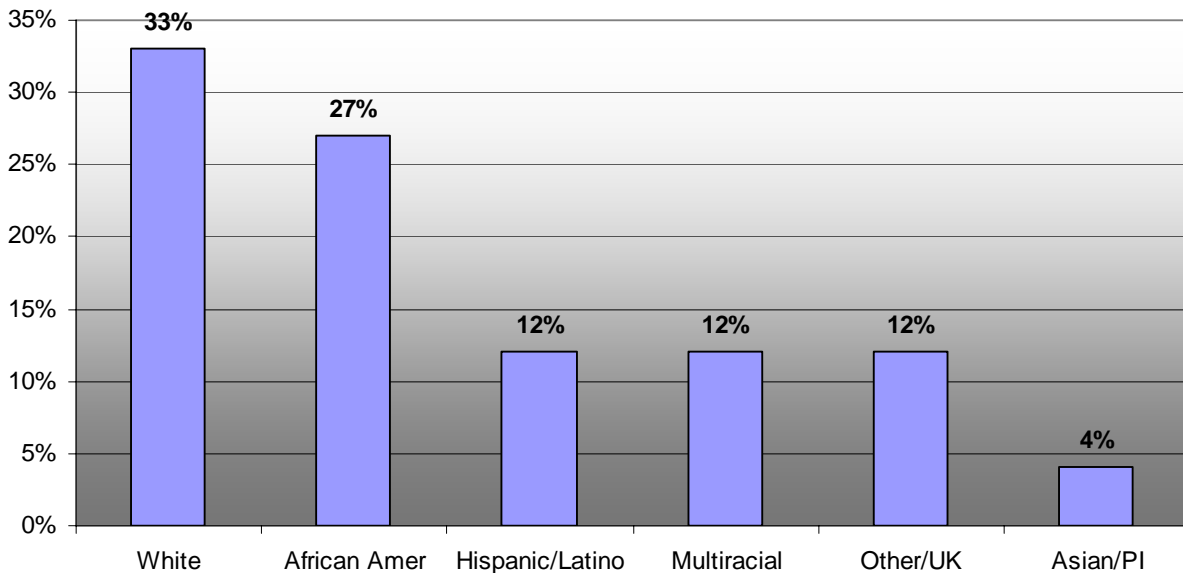


Figure #41: HIV Prevention Services by Race/Ethnicity* N=180,163



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 2007-08, the HIV Health Service Section provided care to 6,957 unduplicated clients. Figures #43 through #46 show the demographics of this program.

Figure #43: HIV Health Services Patients by Gender
N=6,957

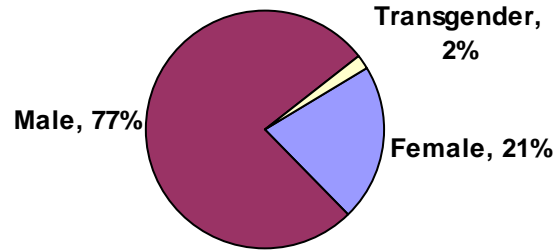


Figure #44: HIV Health Services Patients by Age
N=6,957

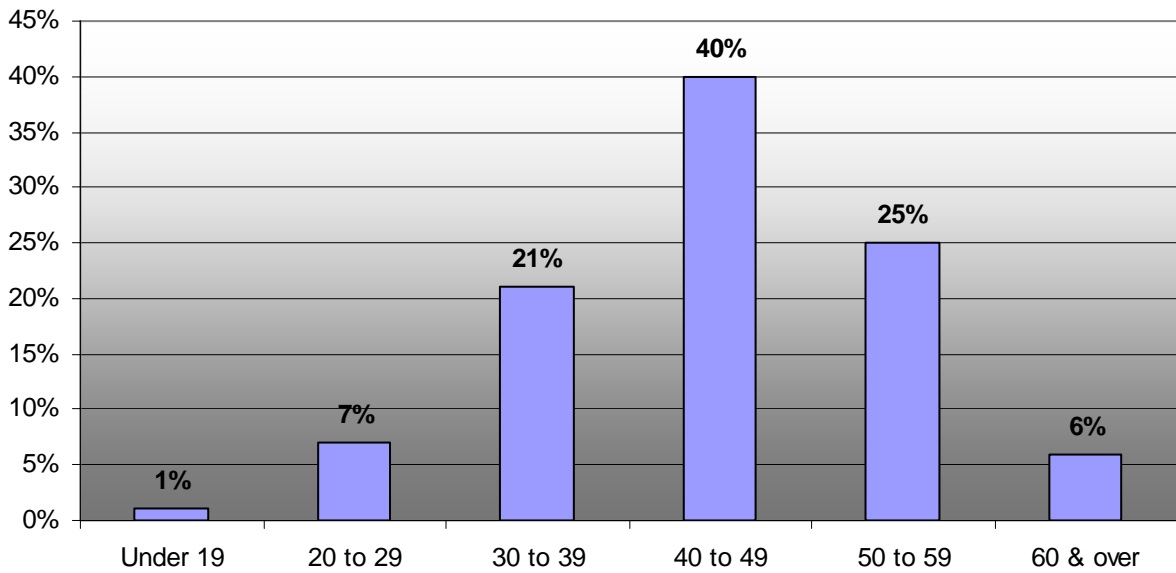


Figure #45: HIV Health Services Patients by Race/Ethnicity
N=6,957

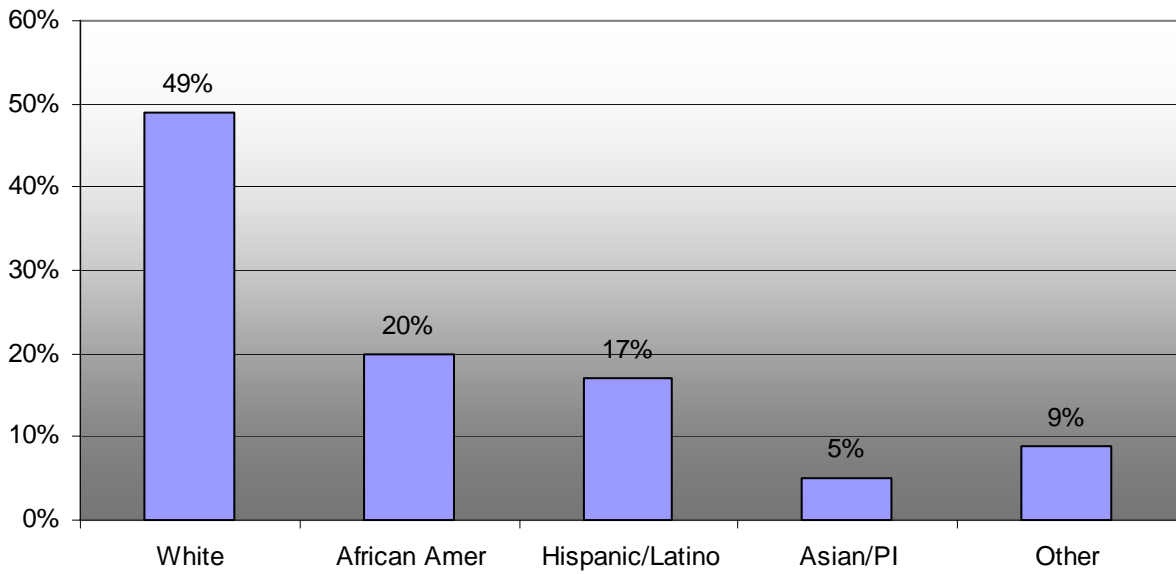


Figure #46: HIV Health Services Patients by Exposure Risk
N=6,957

