

2010/2011
Annual Report

San Francisco Department of Public Health



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415.554.2500



Our Mission

The Mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

The San Francisco Department of Public Health shall:

- Assess and research the health of the community.
- Develop and enforce health policy.
- Prevent disease and injury.
- Educate the public and train health care providers.
- Provide quality, comprehensive, culturally-proficient health services.
- Ensure equal access to all.

For more information, please visit the San Francisco Department of Public Health at www.sfdph.org or call 415.554.2500.

Table of Contents

Message from the Director	4
Message from the San Francisco Health Commission President.....	5
San Francisco Health Commission	6
Overview	6
Fiscal Year 10/11 San Francisco Health Commission Resolutions	8
SFDPH Fiscal Year Highlights	9
Integrated Delivery System Planning	9
Laguna Honda Hospital Replacement Project	11
Fiscal Year Achievements by SFDPH Division.....	15
San Francisco General Hospital and Trauma Center	15
Laguna Honda Hospital and Rehabilitation Center.....	16
Community Health Programs.....	17
Jail Health.....	18
Population Health and Prevention.....	19
Fiscal Year 10/11 by the Numbers	21
Patient Demographics + Service Information	21
SFDPH Budget	47
SFDPH Organization	49
Organizational Chart	49
SFDPH Service Sites + Affiliated Partners.....	50
SFDPH Contractors.....	51
Additional Resources	54

Message from the Director



I am pleased to present the San Francisco Department of Public Health's (SFPDH) Annual Report for Fiscal Year 10/11. Having worked for SFPDH for 15 years, most recently as Deputy Director of Health, I was excited to assume the role of Director in January 2011. At that time, we bid farewell to Dr. Mitch H. Katz as he left to direct the County of Los Angeles Department of Health Services where he will undoubtedly effect lasting, positive change as he has done here. I am honored to serve as SFPDH's Director with the support of the Department's outstanding staff. I look forward to all of the important work ahead of us, as we strive to improve SFPDH services while bettering the health of all San Franciscans.

This past fiscal year represents one of many changes for SFPDH as well as opportunities to better serve the public as we prepare for Health Reform and other systems changes. Chief among these efforts, SFPDH launched its Integrated Delivery System (IDS) planning efforts in May. Pushed by the passage of Health Reform and California's 1115 Medicaid Waiver, IDS planning offers SFPDH the opportunity to streamline its functions while becoming more efficient and effective, offering those we serve a continuum of care options best suited to their needs. SFPDH's IDS planning goals include:

- Providing medical homes responsible for coordinating preventive, primary, and specialty care.
- Reducing misuse, overuse, and underuse of services.
- Enhancing information technology to improve quality of care and decision making.
- Managing resources responsible for the maximum benefit of clients.
- Ensuring service excellence.
- Increasing the number of insured patients served.
- Fostering an engaged workforce.

To achieve these goals, SFPDH integration activities will focus on care coordination/case management, clinical leadership, disease prevention and health promotion, information technology and informatics, innovations in health, and quality and utilization management.

I hope that this report will give readers insight into IDS planning efforts as well as SFPDH's many other accomplishments during Fiscal Year 10/11. Past readers will observe a more streamlined report this year, which we hope will present useful information in an easy-to-understand format. Please note that we continue to measure the Department's success along the 10 citywide health goals identified by San Francisco's Community Benefits Partnership; however, we have elected not to present that information here, as it will be captured on the Health Matters in San Francisco website.

Thank you for your continued support of SFPDH as we strive to protect and promote the health of all San Franciscans. In the face of Health Reform and other systems changes, I have no doubt that SFPDH will rise to meet all future challenges.

A handwritten signature in black ink, appearing to read 'Barbara Garcia', written over a horizontal line.

Barbara A. Garcia, MPA

Message from the San Francisco Health Commission President

The Health Commission is proud that the San Francisco public health system is among the best in the nation. Staffed by many dedicated men and women, the San Francisco Department of Public Health (SFDPH) delivers services of the highest quality to those most in need.

During Fiscal Year 10/11, the Health Commission was pleased to welcome Barbara A. Garcia, MPA as the new Director of Health. We have worked closely with Ms. Garcia throughout her transition to this role, and we look forward to her continued leadership. In addition, we are appreciative of the support provided by Mayor Edwin M. Lee and the Board of Supervisors on public health issues. We also acknowledge the importance of SFDPH's partnerships with other City agencies and community organizations.



As part of its mandate to preserve, promote, and protect the health of all San Franciscans, the Health Commission has prioritized efforts to sustain the system of care during the ongoing fiscal crisis. Multi-year federal, state, and City budget cuts – in addition to federal Health Reform regulations – require that we employ new strategies to ensure that valuable resources are used effectively to provide San Francisco residents with the health services they need.

In an effort to respond to these changing health system trends, the Health Commission has emphasized the use of high quality health outcomes data. For example, throughout Fiscal Year 10/11 we supported SFDPH's planning, development, and implementation of data collection systems such as Avatar, an electronic health record system for providers serving those with substance use and behavioral health needs, and eClinicalWorks, an electronic medical record system used in SFDPH ambulatory medical care settings. Both databases demonstrate how new systems can improve the health of San Franciscans by exponentially increasing the amount of information available to health care providers. These systems will also help SFDPH comply with the many complex requirements of federal Health Reform.

To help current and future Health Commissioners make effective budget decisions, we – with expert assistance from SFDPH staff – created the Five-Year Budget Subcommittee of the Finance and Planning Committee to develop a framework of uniform goals and priorities that will focus future budget decisions on improved health outcomes, sustainability, and program efficiencies. The Subcommittee will also prioritize partnerships that reduce duplication while maximizing the use of available resources – and opportunities for federal and state reimbursement.

As we prepare for future challenges, it is important to recognize the vast array of incredible services offered through the innovation and commitment of the many talented and compassionate individuals who make up SFDPH. The health of all San Franciscans is our priority and building and maintaining an effective, sustainable system of health and wellness services guides our work.

A handwritten signature in black ink that reads "Steven Tierney". The signature is written in a cursive, flowing style.

Steven Tierney, Ed.D.

San Francisco Health Commission

Overview

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.



San Francisco Health Commissioners pose with SFPD Director Barbara Garcia. Back Row (left to right): Commissioner Catherine Waters; Commissioner David Sanchez; Commissioner James Illig; Commissioner Steven Tierney, President; Commissioner Edward Chow. Front Row (left to right): SFPD Director Barbara Garcia; Commissioner Margine Sako; Commissioner Sonia Melara, Vice President.

As the governing and policy-making body of SFPD, the San Francisco Health Commission is mandated by City and 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 full Health Commission meets on the first and third Tuesday of each month at 4:00 p.m. in Room 300 at 101 Grove Street.

The Health Commission's committee structure consists of:

- The San Francisco General Hospital Joint Conference Committee;
- The Laguna Honda Hospital Joint Conference Committee;
- The Community and Public Health Committee;
- The Finance and Planning Committee; and
- The Five-Year Budget Subcommittee of the Finance and Planning Committee.

The Health Commission also has designated seats on the following bodies:

- San Francisco Health Plan Board of Directors;
- San Francisco General Hospital Foundation Board of Directors;
- San Francisco Public Health Foundation Board of Directors; and
- In-Home Supportive Services Public Authority Governing Board.

Steven Tierney, Ed.D., President

Steven Tierney is Professor and Program Director for the Community Mental Health Program of the California Institute of Integral Studies. Commissioner Tierney is a member of the Board of Directors of the American Mental Health Counselors Association and was a member of the Board of Health and Hospitals for the City of Boston for 15 years. He was appointed to the Health Commission in 2008.

Sonia Melara, MSW, Vice President

Sonia Melara is the Executive Director of Rally Family Visitation Services of Saint Francis Memorial Hospital. She serves on the part-time faculty of San Francisco State University's School of Social Work. Commissioner Melara is Chair of the Laguna Honda Hospital Joint Conference Committee and is a member of the Finance and Planning Committee. She represents the Commission on the San Francisco Public Health Foundation Board of Directors. Commissioner Melara has served on San Francisco's Parking and Traffic Commission and the Immigrant Rights Commission. She was appointed to the Health Commission in 2008.

James M. Illig

James Illig is the Director of Government Relations for Project Open Hand and has extensive experience in San Francisco's non-profit, social service community as an executive director and program manager. Commissioner Illig is Chair of the Health Commission Finance and Planning Committee and also sits on the Laguna Honda Hospital Joint Conference Committee and the Community and Public Health Committee. He is Vice President of the Governing Board of the San Francisco In-Home Supportive Services Public Authority. He was appointed to the Health Commission in 2004.

Edward A. Chow, M.D.

Edward Chow is a practicing internist and is the Chief Medical Officer for the Chinese Community Health Plan and Executive Director of the Chinese Community Health Care Association. He is also a member of the Board of Directors of the Institute of Medical Quality, a subsidiary of the California Medical Association. Commissioner Chow is currently chairing the San Francisco General Hospital Joint Conference Committee as well as the Five-Year Budget Subcommittee and is a member of the Finance and Planning Committee. He is serving his sixth term on the Health Commission.

Margine A. Sako

Margine Sako is the Executive Director of the St. Mary's Medical Center Foundation. She served as Mayor Willie Brown's liaison to the Department of Public Health with a focus on universal health care and hospital acquisition. Commissioner Sako is the chair of the Community and Public Health Committee and is also a member of both the Laguna Honda Hospital Joint Conference Committee and the Five-Year Budget Subcommittee. She was appointed to the Health Commission in 2008.

David J. Sanchez, Jr., Ph.D.

David Sanchez is Professor Emeritus at University of California, San Francisco. Commissioner Sanchez is a member of the San Francisco General Hospital Joint Conference Committee and a member of the San Francisco General Hospital Foundation Board. He has also served on the San Francisco Board of Education and the Community College Board, the San Francisco Police Commission, and is Trustee Emeritus of the San Francisco Foundation. He has served on the Health Commission since 1997.

Catherine M. Waters, RN, Ph.D., FAAN, FAHA

Catherine Waters is a Professor in the Department of Community Health Systems at the University of California, San Francisco School of Nursing. Her community-based research focuses on preventative healthcare and advancing public/private community partnerships. Commissioner Waters is a member of the San Francisco General Hospital Joint Conference Committee, the Community and Public Health Committee and is also the Health Commission representative to the San Francisco Health Plan. She was appointed to the Health Commission in 2008.

Mark Morewitz, MSW, is the Health Commission Executive Secretary.

Fiscal Year 10/11 San Francisco Health Commission Resolutions

Resolution 9-10	Resolution to Support an Alcohol Mitigation Fee Program
Resolution 10-10	Resolution Supporting Annual Evaluations of All SFDPH Employees
Resolution 11-10	Determining that the Transfer of the Dialysis Unit at California Medical Center Will Have a Detrimental Impact on the Health Care Service of the Community
Resolution 12-10	Resolution Regarding the Proposed Health Care Services Master Plan Ordinance
Resolution 13-10	Resolution In Support of Strengthening SFDPH Food Inspection Activities
Resolution 14-10	Resolution Giving Approval to the Department of Public Works to Use the Integrated Project Delivery Method as Specified in the City's Administrative Code, Sec. 6.68 for the SOAR Project
Resolution 15-10	Resolution in Support of Naming the Broad Indoor Boulevard at the New Laguna Honda Hospital the Louise H. Renne Esplanade, and Further in Support of Naming the Multi-Purpose Theatre and Meeting Room the John T. Kanaley Community Center
Resolution 16-10	Resolution Authorizing SFDPH, Laguna Honda Hospital and Rehabilitation Center, to Accept a Gift of Merchandise, Furniture, Fixtures and Equipment from Laguna Honda Volunteers, Inc. with a Monetary Value of up to \$14,000
Resolution 17-10	Resolution Approving Relocation of Laguna Honda Hospital and Rehabilitation Center Services to the New Buildings at the Same Address, 375 Laguna Honda Boulevard, San Francisco, CA 94116
Resolution 18-10	Resolution Regarding Findings and Recommendations of the Long-Term Care Coordinating Council Concerning the Need for Improved Citywide Planning and Budgeting, and for Improved Planning in Regard to the Provision of Home and Community-Based Services for Older Adults and Adults With Disabilities in San Francisco
Resolution 19-10	Resolution Honoring Dr. Mitchell H. Katz for this 24 Years of Dedicated Service and for the Tremendous Contributions He Has Made to the Residents of the City and County of San Francisco
Resolution 20-10	In Support of Long-Term Care Coordinating Council (LTCCC) Resolution to Improve the City-Wide Budgeting Process
Resolution 21-10	Amending the Healthcare Accountability Ordinance Minimum Standards
Resolution 1-11	Resolution Honoring and Acknowledging Randy Allgaier
Resolution 2-11	Resolution Honoring and Acknowledging Florence Stroud
Resolution 3-11	Honoring Public Health Week, April 4-10, 2011
Resolution 4-11	Approving the Submission of SFDPH's Base Budget for Fiscal Year 11/12
Resolution 5-11	Resolution Commending Chinese Hospital Association of San Francisco (CHASF) on Its Plan to Rebuild and Making Specific Recommendations to CHASF as Part of the Institutional Master Plan Process
Resolution 6-11	Resolution Supporting the Recommendations of the San Francisco Health Reform Task Force
Resolution 7-11	Endorsing the SFDPH Proposal to Regulate Electronic Cigarettes

SFDPH Fiscal Year Highlights

Integrated Delivery System Planning

May 2011 marked the launch of SFDPH's Integrated Delivery System (IDS) planning process. In health care, integration improves service delivery, allows for more organized care, and minimizes duplication. Both public and private health care providers, including SFDPH, are moving toward more integration as a result of federal Health Reform, California's 1115 Medicaid Waiver, and reductions in health care funding. IDS planning will build on SFDPH's experience with integration, allowing it to improve health care access, efficiency, and quality of care for those it serves.

LEGISLATIVE CONTEXT + SFDPH EXPERIENCE WITH INTEGRATION

Federal Health Reform (Affordable Care Act of 2010) requires specific improvements to address deficiencies and inefficiencies in the way health care is delivered. In addition, California's 1115 Medicaid Waiver pushes safety net care systems toward high quality, cost-effective, and efficient care. The combined forces of these regulations, coupled with dwindling health care resources, require SFDPH to examine its service delivery system and to integrate and prioritize services in a way that is consistent with health system trends.

SFDPH currently provides a range of services from prevention and primary care to behavioral health and hospital-based services. Throughout its history, SFDPH has continually sought to ensure that the services it provides are coordinated, efficiently-operated, cost-effective, and outcomes-oriented. San Francisco is fortunate that it provides a continuum of public health and personal health care services under one organizational structure: SFDPH.

IDS GOALS + POINTS OF INTEGRATION

SFDPH's six "integrated goals" are:

- Goal 1: Provide medical homes responsible for coordinating preventive, primary, and specialty care.
- Goal 2: Reduce misuse, over-use, and under-use of services.
- Goal 3: Enhance information technology to improve quality of care and decision making.
- Goal 4: Manage resources responsibly for the maximum benefit of clients.
- Goal 5: Ensure service excellence.
- Goal 6: Increase the number of insured patients served.

IDS Definition

SFDPH's **integrated delivery system** (IDS) is a comprehensive system of care that is clinically and financially accountable to provide coordinated health services to the diverse and vulnerable individuals it serves and to improve the health of their communities.

To achieve these goals, SFDPH has identified key points of integration to focus its activities as illustrated in the following table.

Key Point of Integration	Integration Focus
Case Management	Examine current approaches to providing care coordination/case management and propose new models/structures of case management based on diverse patient population and clinical care needs.
Clinical Leadership	Identify opportunities to advance care quality and access to care and improve the patient experience.
Disease Prevention + Health Promotion	Recommend how to improve disease prevention, health promotion, and community wellness efforts in primary care homes.
Information Technology (IT) + Informatics	Make policy-level decisions for SFDPH clinical IT system development, implementation, and integration, including assessment of any IT proposals from integration recommendations.
Innovations in Health	Examine best practices with an emphasis on evidence-based innovations in the areas of process, service or service delivery, IT, and dimensions and propose how SFDPH can promote innovation in health care delivery.
Quality + Utilization Management	Develop a system that will coordinate quality and utilization management across SFDPH divisions.

IDS PLANNING STRUCTURE

The IDS planning effort is largely an internal process with broad representation across SFDPH’s health care delivery system. The diagram below describes SFDPH’s IDS planning structure and illustrates the flow of information between all entities. As appropriate, the diagram also notes the specific integrated goal(s) each entity will address.

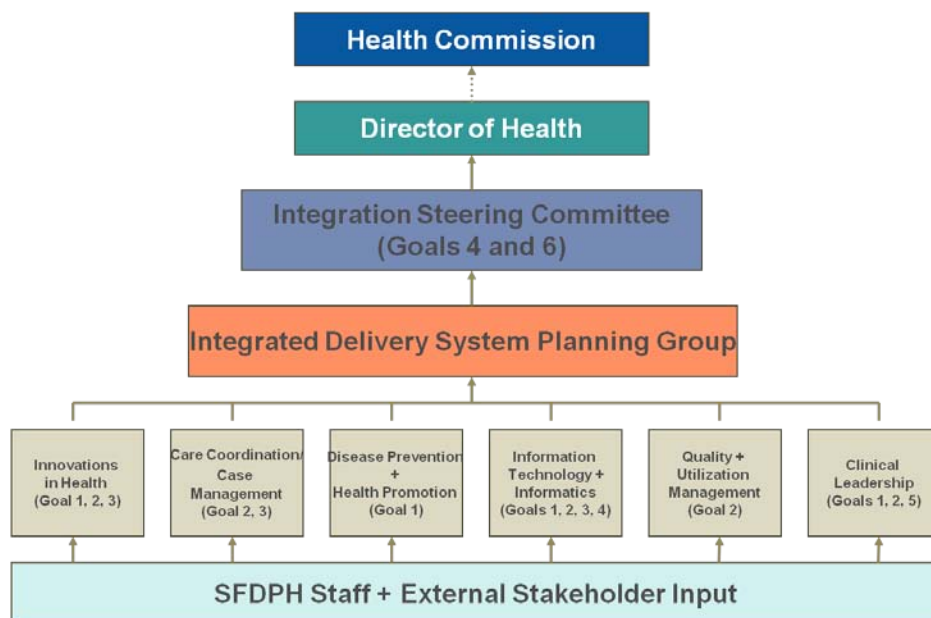


Chart provided courtesy of Harder + Company Community Research

TIMELINE

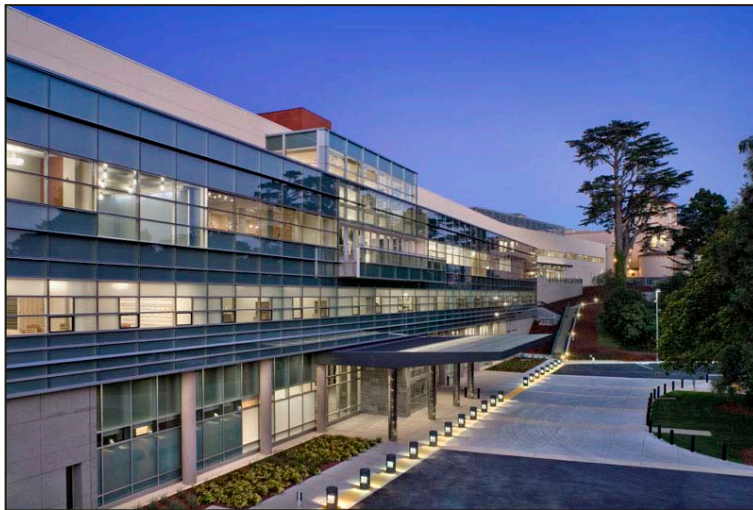
SFDPH anticipates that the IDS planning process will take one year. In May 2012 SFDPH will make a final presentation before the San Francisco Health Commission that provides a summary of all IDS planning efforts as well as appropriate policy recommendations.

ADDITIONAL INFORMATION

Persons interested in following the progress of SFDPH's IDS planning efforts may review quarterly updates made to the San Francisco Health Commission and placed on the [SFDPH Website \(www.sfdph.org\)](http://www.sfdph.org).

Laguna Honda Hospital Replacement Project

San Francisco's new Laguna Honda Hospital and Rehabilitation Center opened in December 2010,



The entrance to the new Laguna Honda Hospital. Photo by David Wakely.

establishing it as the country's most modern center for skilled nursing and rehabilitation.

The hospital, owned and operated by SFDPH, provides long-term care and rehabilitation services to a safety net population of 780 seniors and adults with disabilities. It is located on a 62-acre campus West of Twin Peaks.

The new Laguna Honda is California's first LEED-certified hospital. The US Green Building Council's Leadership in Energy and Environmental Design program, the national standard for

designating green buildings, awarded Laguna Honda silver certification in June 2010.

The three new buildings on the Laguna Honda campus, which replace the hospital's 1920's-era Florence Nightingale-style open dormitories, are designed to foster choice and independence for the people who live at the hospital. They are a centerpiece of the hospital's transition from institutionalized care to individualized care, which emphasizes the unique needs and preferences of each resident.

The service priority in the new Laguna Honda is to help residents to achieve their highest level of functional capacity, whether they

Laguna Honda Completes California's Largest Ever Hospital Move

Over the course of two days in December 2010, 750 seniors and disabled adults moved from the Florence Nightingale dormitories built in 1926 to neighborhoods and households in a new state-of-the-art facility on the Laguna Honda campus. The event was the largest-ever hospital move in California. Regulators from the California Department of Public Health monitored the move and described it as "flawless." The move makes Laguna Honda the most modern skilled nursing facility in the United States.

remain on the Laguna Honda campus or complete a program of rehabilitation and move to a lower level of care or independent living elsewhere in the community. The restorative care program at Laguna Honda was the recipient of a 2007 best practice award from the California Hospital Association.

The new buildings themselves have therapeutic value. They were designed to bring the outdoors in, and are suffused with natural light. The materials used to construct the buildings are virtually free of volatile organic compounds. The buildings contain 11 therapeutic gardens, including secured outdoor spaces that allow people with advanced dementia to enjoy the therapeutic effects of the hospital's natural environment without risk.

Most residents live in single bedrooms in suites of two or three rooms. Some share a room with one or two other people. The rooms are arranged in households of 15 people, each with its own living room. Every four households are grouped on a single floor around a central great room where meals are served and daily activities take place, making up a 60-person neighborhood.

Each neighborhood is home to a specialized nursing program, allowing Laguna Honda to provide the personal care possible in small-scale nursing facilities while at the same time maintaining the efficiencies of an integrated 780-resident hospital.



A resident room in the new Laguna Honda. Photo by S. Woo.

The hospital provides a wide range of specialized services to meet the needs of a highly diverse service population.

- Acute care for hospital residents;
- The Bay Area's only HIV/AIDS skilled nursing program;
- Monolingual care in Spanish and Chinese;
- A safe and comfortable environment for people with Alzheimer's and other dementias; Rehabilitation services that include physical therapy, occupational therapy, speech therapy, and audiology;
- Programming for adults with developmental disabilities;
- An in-house hospice operated with the Zen Hospice Project of San Francisco; and
- Care that combines medical and social support for people coping with the effects of stroke, traumatic brain injury, and multiple sclerosis.

At the center of the new facility is a wide, indoor boulevard, named the Louise H. Renne Esplanade, after the former San Francisco City Attorney, who put together the financing package for the new hospital, which included funds from the settlement of the City's consumer protection lawsuits against tobacco companies. Voters approved use of the tobacco settlement funds to rebuild Laguna Honda in 1999. The esplanade serves as a main street for the hospital community. Arranged along the esplanade are the kinds of amenities one might find on the main street of a small town, including a community theatre, a

beauty salon and barber shop, a library, a general store, a café, and an art studio for the hospital's many resident painters and sculptors, participants in the Art with Elders program offered in conjunction with Eldergivers, a San Francisco non-profit, and classes provided on campus by City College of San Francisco. During their day, Laguna Honda residents can choose to meet with friends in the living room of their household, gather for activities in the neighborhood Great Room, venture to the community center on the esplanade, or retire to their room for a bit of privacy.



They can also enjoy the outdoors in one of the gardens or in the Clarendon Valley, the hospital's backyard, formerly the site of its maintenance services, now restored to its natural state. The valley is designed to offer possibilities for outdoor recreation.

It contains raised planting beds accessible to people in wheelchairs, a small orchard, a petting zoo that is home to the hospital's animal-assisted therapy program, a half basketball court for wheelchair basketball (70 percent of residents are wheelchair users), and the Betty Sutro Meadow, named after a long-time benefactor of the hospital.



A central therapeutic element of the new facility is nearly \$4 million in public art curated by the San Francisco Arts Commission. Funded by the city's two percent for art program, which sets aside a portion of the capital costs of new construction for artwork, each sculpture, painting, mosaic, or mixed media work on the new campus is designed to stimulate memory and cognitive development, and to add to the comfort of life.



The new Laguna Honda opens another chapter in the nearly 150-year history of a civic icon that opened in 1866 to care for one of the first generations of San

Top Left: Every 15-person household at the new Laguna Honda has its own living room. Photo by S. Woo. Middle Left: The hospital's backyard, known as the Clarendon Valley, is the former site of its maintenance services. As part of the rebuild, the valley was restored and made into a park. Photo by David Wakely. Bottom Left: Aquatics activities are offered in two new swimming pools as part of the hospital's physical therapy and activity therapy programs. Photo by David Wakely.

Franciscans, the Gold Rush pioneers. Today's hospital re-fashions a tradition of service to meet the changing health care needs of seniors and disabled adults. In addition, lessons learned from the Laguna Honda Replacement Project will greatly inform the rebuild of San Francisco General Hospital, which is scheduled for completion in 2015.



Cutting the Ribbon (from left to right): Project Manager John Thomas, Director of Public Works Ed Reiskin (partially hidden, holding child), Supervisor Carmen Chu, Supervisor Sophie Maxwell, Supervisor Sean Elsbernd, LHH Executive Administrator Mivic Hirose, Health Commissioner Jim Illig, State Senator Mark Leno, Congresswoman Jackie Speier, Laguna Honda Foundation President Louise Renne, Associate Administrator Larry Funk, Treasurer Jose Cisneros, former Mayor Gavin Newsom, Board of Supervisors President David Chiu, former Director of Health Dr. Mitch Katz, Residents' Council President Elizabeth Cutler, Anshen+Allen architect Sharon Woodworth, former Mayor Art Agnos, former Supervisor Bevan Dufty, Supervisor Ross Mirkarimi (partially hidden, holding child).

Fiscal Year Achievements by SFDPH Division

San Francisco General Hospital and Trauma Center

BUILDING THE NEW SAN FRANCISCO GENERAL HOSPITAL + TRAUMA CENTER FROM THE GROUND UP

San Francisco General Hospital + Trauma Center (SFGH) is being rebuilt to create an earthquake-safe hospital facility that complies with updated California seismic standards for hospitals. The SFGH Rebuild project hit its stride in Fiscal Year 10/11. Not only were several major construction milestones achieved, but progress was made with local hiring and community relations activities. For example:

- The last of the site utility relocation work was completed in late 2010, meaning that all obstructions, tunnels, and lines were out of the way, allowing the excavation process to begin.
- In July 2011, five emergency back-up generators were installed in the service building and a 50,000 gallon emergency water tank was installed underground. These are parts of a larger system that will allow SFGH to remain operable for at least 72 hours should public utilities be unavailable.
- Throughout the year, San Francisco residents made up around 30 percent of project labor hours, and over five percent of workers were from ZIP Codes representing the Mission and Potrero Hill neighborhoods. The SFGH construction team also employed San Francisco residents through the Jobs Now! federal stimulus program and four Immaculate Conception Academy students through their school's work study program. The SFGH Rebuild will create an estimated 3,000 jobs over the life of the project.



Top: After seven months of excavation, crews hit bottom on the two-story deep hole needed to complete the SFGH rebuild. That is enough dirt to fill a football field almost 60-feet deep!
Bottom: Community members paint a mural that hangs along Potrero Avenue. The mural beautifies the area and helps conceal SFGH construction.

The project continues to remain on schedule with completion scheduled for 2015. For more information on the rebuild, check out [Facebook](#), [Twitter](#), and [YouTube](#). SFGH will continue to rely on social media formats to engage the public in the project in fun and entertaining ways.

HUMAN RIGHTS CAMPAIGN HEALTHCARE QUALITY INDEX

SFGH earned a top score in the 2011 Healthcare Quality Index, an acknowledgement of its care for patients who are lesbian, gay, bisexual, or transgender (LGBT). The annual report by the Human Rights Campaign, a national advocacy group, looks at such issues as whether the hospital has policies that protect patients and employees from discrimination based on sexual orientation, ensures equal visitation for same-sex couples, and provides training for staff to deal competently and sensitively with LGBT health issues.

GRAND OPENING OF SFGH'S NEW COMMUNITY WELLNESS CENTER

Just after the close of Fiscal Year 10/11, SFGH CEO Sue Currin and Director of Wellness Programs, Shermineh Jafarieh, presided over the ribbon cutting ceremony that ushered in the hospital's new Community Wellness Center. Hundreds of staff, patients, their families, and friends danced, stretched, de-stressed, drummed, and shared healthy food at the 2011 Summer Fest, "Summer Grooves with Healing Moves," a celebration of the grand opening of SFGH's new Community Wellness Center. The new Community Wellness Center is located on the second floor of the hospital and will offer culturally and linguistically relevant programs and services for SFGH's vibrant and diverse community. The program brings together providers, staff, patients, volunteers and the surrounding community to create innovative, engaging, and open services that take a holistic approach in improving mental, physical, spiritual, and emotional health and wellbeing.

IMPLEMENTATION OF COMPUTERIZED PROVIDER ORDER ENTRY SYSTEM

SFGH has begun implementation of a computerized provider order entry (CPOE) system. CPOE will allow physicians and other licensed providers to place orders via computer, eliminating the use of handwritten orders and reducing transcription errors that can accompany them. Together, with bar-coded medication administration and the electronic Medication Administration Check, CPOE will assure the five rights of medication administration: Right Patient, Right Medication, Right Dose, Right Route, Right Time. SFGH will accomplish this leap forward in patient safety by mid-2012.

Laguna Honda Hospital and Rehabilitation Center

THREE STAR CMS RATING

The Centers for Medicare and Medicaid Services (CMS) raised Laguna Honda's rating to three out of five stars just after the close of Fiscal Year 10/11. CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which they may want to ask questions. The hospital's goal is to attain five out of five stars by 2014. The CMS Nursing Home Compare System rates nursing homes in three categories: staffing, health inspections, and quality measures. Laguna Honda has five out of five stars in staffing, three stars in quality measures and two stars in health inspections. The overall rating is an average of the three.

DOJ CONCLUDES LHH OVERSIGHT

The US Department of Justice (DOJ) concluded its oversight of Laguna Honda in June 2011. The DOJ praised SFDPH and the hospital for "creative" and "extraordinary" steps to improve services and integrate people with disabilities into community settings. From 2005–2010 over 1,200 Laguna Honda residents moved to scattered site housing, 70 percent of them to independent living. The DOJ first visited Laguna Honda in 1997 to investigate whether conditions and care planning at the hospital were consistent with the rights of residents and the community integration of people with disabilities under the Americans with Disabilities Act.

Community Health Programs

COMMUNITY ORIENTED PRIMARY CARE IMPLEMENTS NEW MODEL OF PSYCHOSOCIAL SERVICES DELIVERY: PRIMARY CARE BEHAVIORAL HEALTH

In February 2011, the Community Oriented Primary Care (COPC) Section embarked on a new model of psychosocial services delivery: Primary Care Behavioral Health (PCBH), which is designed to deliver more behavioral health services to clients in a primary care setting. Within this model, the primary care provider can make same-day referrals to a behaviorist, a Master's- or licensed-level psychosocial service provider who addresses issues with the patient such as depression, anxiety, chronic disease management, and/or addiction. The behaviorist provides brief, targeted interventions for these issues and teaches the patient new skills for managing them. As needed, the patient may return for follow-up visits to expand and strengthen these skills. Evaluation of the PCBH program is underway.

HOUSING AND URBAN HEALTH OPENS 75 NEW DIRECT ACCESS TO HOUSING UNITS



Rendering of Edith Witt Senior Community, a 107-unit building that houses 27 DAH residents.

The Housing and Urban Health (HUH) Section strives to improve the health and wellbeing of homeless persons while reducing the costly over-utilization of emergency services. Central to realizing HUH's mission is the Direct Access to Housing (DAH) program, which provides permanent, service-enriched housing to extremely low-income homeless people—most of whom have concurrent mental health, substance use, and chronic medical issues. In 2010, HUH and its community partners opened three new permanent supportive housing projects

including 23 DAH units at Armstrong Place in the Bayview neighborhood, 27 DAH units at Edith Witt Senior Community in South of Market, and 25 DAH units at the Coronet Senior Housing development in the Richmond. Looking ahead to Fiscal Year 11/12, HUH will open 173 new DAH units for chronically homeless people in the Hayes Valley and Mission neighborhoods.

MATERNAL, CHILD, AND ADOLESCENT HEALTH SECTION LAUNCHES MULTIPLE PROGRAMS

The Maternal, Child, and Adolescent Health (MCAH) Section implemented multiple high-quality programs in Fiscal Year 10/11:

- The WIC Supplemental Nutrition program opened a new site at 30 Van Ness, which is conveniently serving nearby families.
- The Black Infant Health Project (BIH) implemented a new group program model to reduce the Black-White gap in birth outcomes. San Francisco's BIH coordinator is working with the State MCAH Branch to refine the model and train staff in other local health jurisdictions.
- The "Go Folic" Project moved its operations into SFDPH clinics, and MCAH staff presented at several national conferences on San Francisco's successful implementation of the model.
- The Children's Oral Health Program staff taught dental students about providing oral health care to infants and toddlers, enhancing the skills of tomorrow's dentists. Program staff members were honored for their work with the dental students.

COMMUNITY PLACEMENT SECTION INCREASES APPROPRIATE, COST EFFECTIVE CLIENT PLACEMENTS

The Community Placement Section (“Placement”) strives to stabilize clients in the most appropriate and least restrictive setting. Policy changes and community partnerships initiated in Fiscal Year 09/10 have allowed Placement to, as appropriate, move more clients along its continuum of care more cost effectively. As a result, Placement has moved 1.2 percent more clients for 0.6 percent fewer dollars. Community Placement continued this practice in Fiscal Year 10/11.

Jail Health

HEP B FREE SAN FRANCISCO

In March 2011, Jail Health Services joined the Hep B Free San Francisco campaign by offering hepatitis B testing services to prisoners who identify as Asian or Pacific Islander. Between March and the close of Fiscal Year 10/11, Jail Health Services:

- Approached 93 clients for testing;
- Vaccinated 11 clients against hepatitis B;
- Provided care to one client with chronic hepatitis B.

NAVIGATOR PROJECT

In collaboration with the San Francisco Pretrial Diversion Project and the Center for AIDS Prevention Studies, Jail Health’s Forensic AIDS Project (FAP) participated in the Navigator Project, which is conducting a pilot study of “navigator-enhanced” case management services provided to HIV-infected county jail prisoners reentering the community.

As part of the pilot, FAP offers standard of care services to *all* study participants. In addition to this service baseline, some study participants receive the enhanced Navigator intervention. The enhanced intervention, housed at the San Francisco Pretrial Diversion Project, offers in-jail HIV prevention counseling and one year of post-release intensive case management provided by professional case managers and paraprofessional peer navigators. (Case managers strive to connect participants to appropriate community services, whereas peer navigators accompany participants to appointments and provide general support.)

Navigator Project Goals

- Reduce sex and drug-related HIV transmission risk,
- Increase HIV medication adherence,
- Reduce hazardous drug use, and
- Reduce recidivism.

As of July 2011, Navigator had approached 319 potential participants, 151 of whom enrolled in the study. Study participants were then randomized to the Navigator intervention (76 participants) or FAP standard of care (75 participants). Compared to the standard of care, preliminary data suggest that participants in the Navigator intervention are more likely to link to and receive community services post-release.

BAY AREA NETWORK FOR POSITIVE HEALTH PROVIDES HIV CARE TO SHORT-TERM INMATES

HIV+ prisoners released from custody after only a short time period (four hours to four days) frequently do not receive care for their HIV. The San Francisco Health Equity Institute, as part of the Bay Area Network for Positive Health project, is working to address this gap in HIV care. The project funds a half-time Engagement and Linkage Specialist to provide care to HIV+ inmates who are (a) incarcerated for less than 72 hours, or (b) not linked to HIV services in the community.

Population Health and Prevention

HIV PREVENTION SECTION RESPONDS TO NATIONAL HIV/AIDS STRATEGY

The White House released the US' first National HIV/AIDS Strategy in July of 2010. The strategy highlights three main goals: (1) reduce new HIV infections, (2) improve access to care and health outcomes for people living with HIV, and (3) reduce HIV-related disparities. Over the past year, the HIV Prevention Section, in collaboration with SFPDPH and community partners, developed the following evidence-based local approach to meet these goals:

- Scale up HIV testing, care, and treatment services.
- Re-focus behavioral interventions to increase health equity, including addressing substance use as a contributing factor to new HIV infections.
- Strengthen strategies with proven effectiveness: condom distribution, syringe access, perinatal prevention, and post-exposure prophylaxis.
- Implement groundbreaking research into promising interventions.



The Asian & Pacific Islander Wellness Center offers OraQuick HIV rapid testing as part of San Francisco's approach to the National HIV/AIDS Strategy. Photo by Alice Heimsoth.

San Francisco became one of the first cities to implement HIV prevention programs in line with the National HIV/AIDS Prevention Strategy. The HIV Prevention Section issued a request for proposals in November 2010, and new community-based HIV testing, prevention with positives, health education/risk reduction, syringe access, and condom distribution programs were put into place between June and September 2011.

SFPDPH FORMS PUBLIC HEALTH EMERGENCY AND RESPONSE SECTION

In February 2011, SFPDPH formed the Public Health Emergency Preparedness and Response (PHEPR) Section to coordinate the Department's emergency planning, resources, and response efforts. The section convened a PHEPR Steering Committee and conducted a strategic planning process that resulted in an SFPDPH vision for emergency preparedness and response as well as the purpose and values of the PHEPR section. Since its inception, PHEPR has:

- Developed an SFPDPH emergency preparedness and response work plan identifying five Year 1 priority capabilities in addition to five-year goals.
- Updated the Departmental Operating Center site-setup plans for a primary and backup site.
- Began updating SFPDPH's emergency operation plan.
- Developed an activation and notification protocol and Continuity of Operations template for each SFPDPH section, so each section may more easily develop a plan for maintaining essential services during a disaster.

PHEPR has also overseen several disaster response training exercises and participated in several actual public health and/or citywide responses to events and incidents. Extending its reach to the community, PHEPR, through the Community Health Emergency Planning Project, has conducted meetings throughout San Francisco to foster productive emergency planning processes among neighborhood clinics and community-based organizations.

EMERGENCY MEDICAL SERVICES SECTION WORKS TO DOUBLE NUMBER OF LIVES SAVED FROM CARDIAC ARREST

During Fiscal Year 10/11, the Emergency Medical Services (EMS) Section made strides in its goal to double the number of lives saved from cardiac arrest by June 30, 2012. EMS embarked on this goal in June 2010 when the city's cardiac arrest survival rate from witnessed cases of patients found in ventricular fibrillation was nine percent, putting San Francisco in the lower half of US cities. In response, EMS launched several initiatives, including: a Community CPR Training Consortium to increase the rate of bystander CPR; a partnership with the City Attorney's Office to update the EMS registry of Automatic External Defibrillators available for public use in public buildings; an improvement in CPR/resuscitation techniques used by emergency medical technicians and paramedics in the EMS system; and a partnership with hospitals to develop special heart attack and post-cardiac arrest centers as destinations for patients who are resuscitated in the field. Since the section began its efforts, San Francisco's cardiac arrest survival rate increased to 14 percent.

SFDPH LABORATORY USES NEWLY-APPROVED "ANTIGEN-ANTIBODY" COMBO TEST FOR HIV

In Fiscal Year 10/11, the SFDPH Public Health Laboratory became one of the first labs in the nation to screen for HIV infection using the FDA's newly-approved "antigen-antibody" combo tests. Such tests allow the detection of HIV infection in individuals whose infections may have occurred as recently as 16 days before testing. Acquisition and institution of the antigen-antibody test was facilitated by a Centers for Disease Control and Prevention grant awarded to SFDPH.



Right: An SFDPH microbiologist prepares to test specimens for HIV infection using the new "antigen-antibody" combo

INNOVATIVE USE OF ELECTRONIC TOOLS TO ASSESS SMOKING STATUS + INCREASE SMOKING CESSATION REFERRALS

Community Health Promotion and Prevention's Tobacco Free Project (TFP) collaborated with Community Oriented Primary Care to improve smoking status assessment in adult patients and to increase smoking cessation referrals through innovative use of electronic tools. Electronic documentation of smoking status during patient visits, linked with incorporating cessation referrals into the existing e-Referral tool, increased smoking status e-documentation for adult patients of 15 primary care clinics from 9.7 percent in November 2009 to 55.2 percent in August 2011 with almost 400 e-Referrals to cessation groups provided by the TFP.

Fiscal Year 10/11 by the Numbers

Patient Demographics + Service Information

SFDPH HEALTH CARE SERVICES

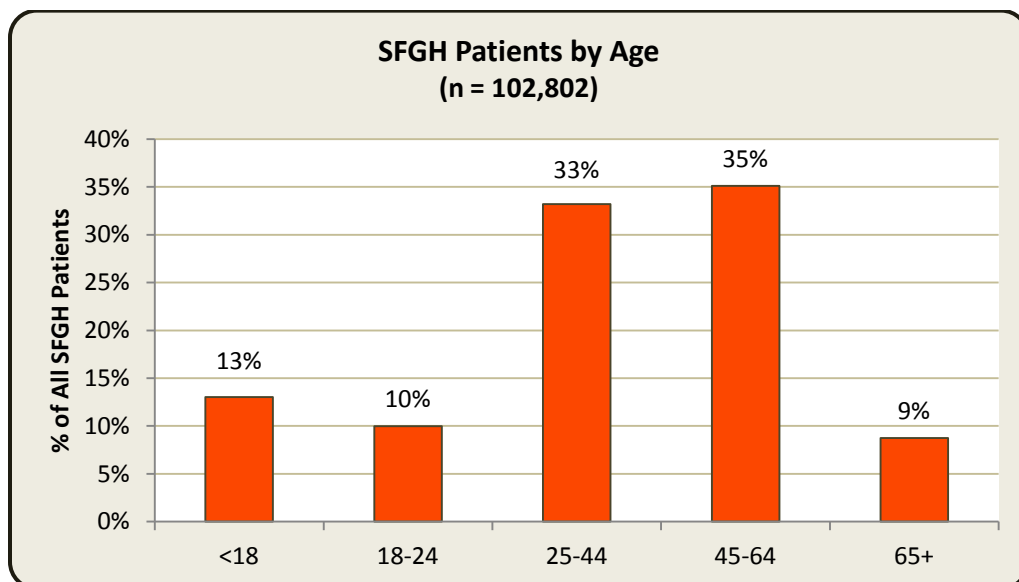
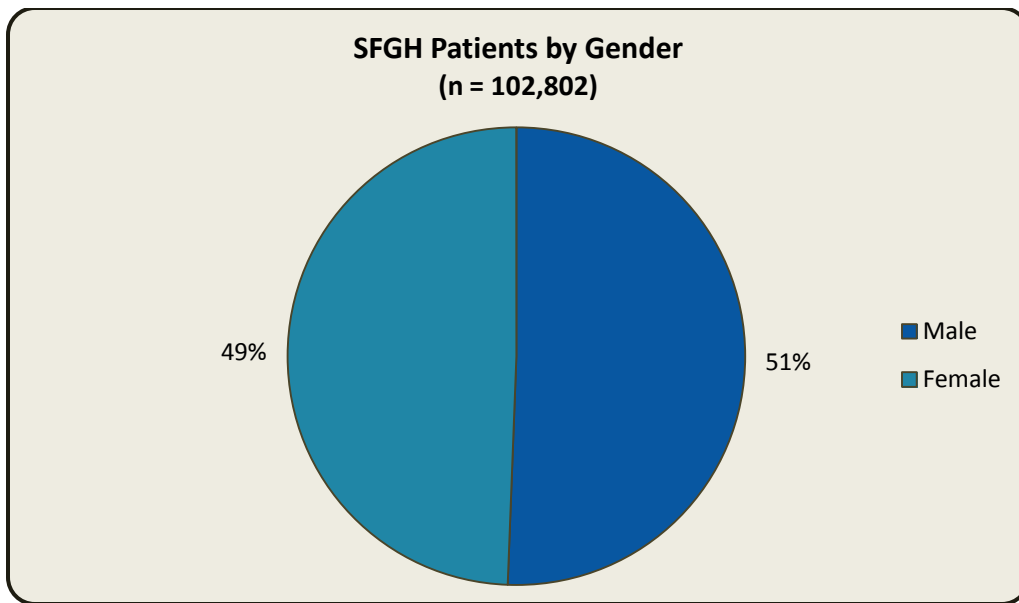
SFDPH provides a wide array of services across its continuum of care. SFDPH's direct services providers consist of San Francisco General Hospital (SFGH), which includes the Behavioral Health Center (BHC), Laguna Honda Hospital (LHH), Community-Oriented Primary Care (COPC), Health at Home (HAH), and Jail Health Services. Major service components include primary care, specialty care, acute care, home health care, long-term care, and emergency care.

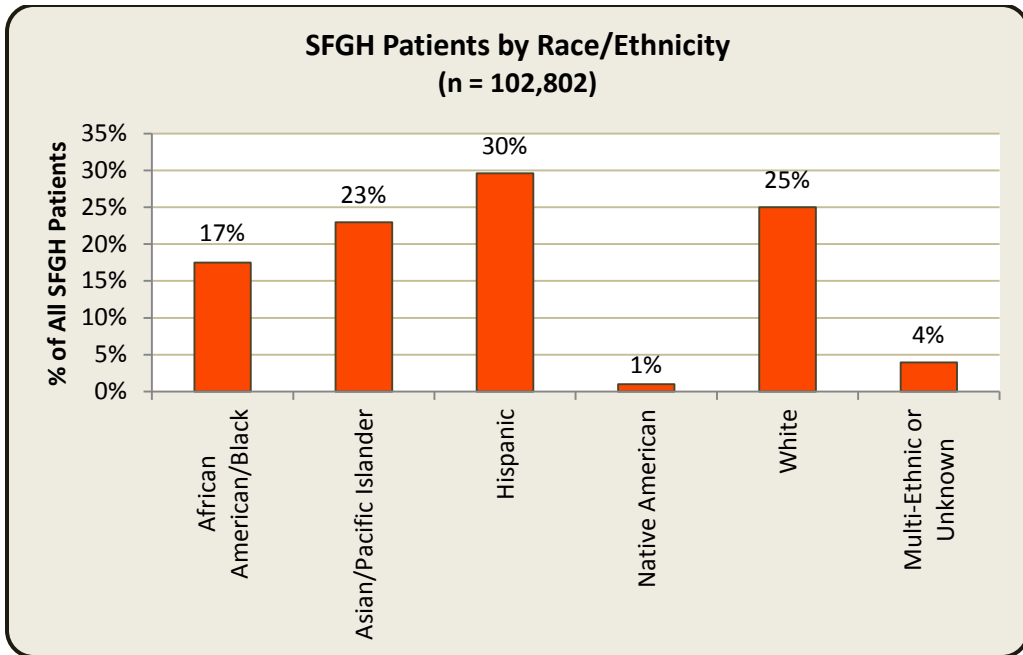
SFDPH Services Provided in Fiscal Year 10/11

Visit Type	Number/Percentage of Visits
Primary Care	331,255
Specialty Care	211,241
Dental Care	13,306
Urgent Care	21,739
Emergency Visits	62,672
Medical Visits	54,694
Percent Admitted	16%
Psychiatric Visits	6,978
Percent Admitted	17%
Encounters Requiring Trauma Center Services Activations	4,102
Diagnostic Visits	122,795
Acute Inpatient	101,891
Actual Days at SFGH	100,123
Actual Days at LHH	1,768
Home Health Care Visits	20,017
Skilled Nursing Care	318,855
Actual Days at SFGH	10,794
Actual Days at BHC	37,401
Actual Days at LHH	270,660

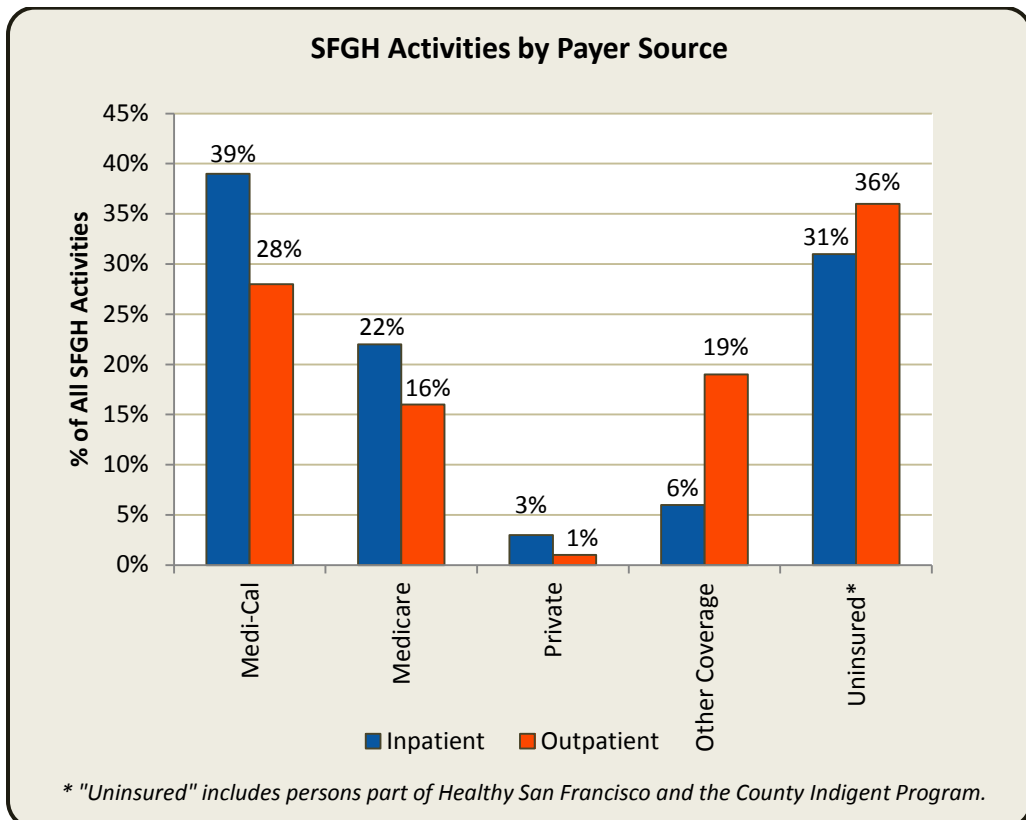
SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

San Francisco General Hospital and Trauma Center (SFGH) is a licensed acute care hospital owned and operated by the City and County of San Francisco – and the only Level 1 Trauma Center serving San Francisco and northern San Mateo counties. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health, and rehabilitation services for adults and children and is the only hospital that provides 24-hour psychiatric emergency services. In addition, SFGH is home to the San Francisco Behavioral Health Center (BHC). BHC serves a sub-acute psychiatric population with a rehabilitation focus that promotes improved independence and enables residents to achieve their highest level of functioning. SFGH cared for 102,802 persons in Fiscal Year 10/11, an increase of 1,362 patients since Fiscal Year 09/10. The demographics of SFGH’s Fiscal Year 10/11 patient population appear in the charts below.



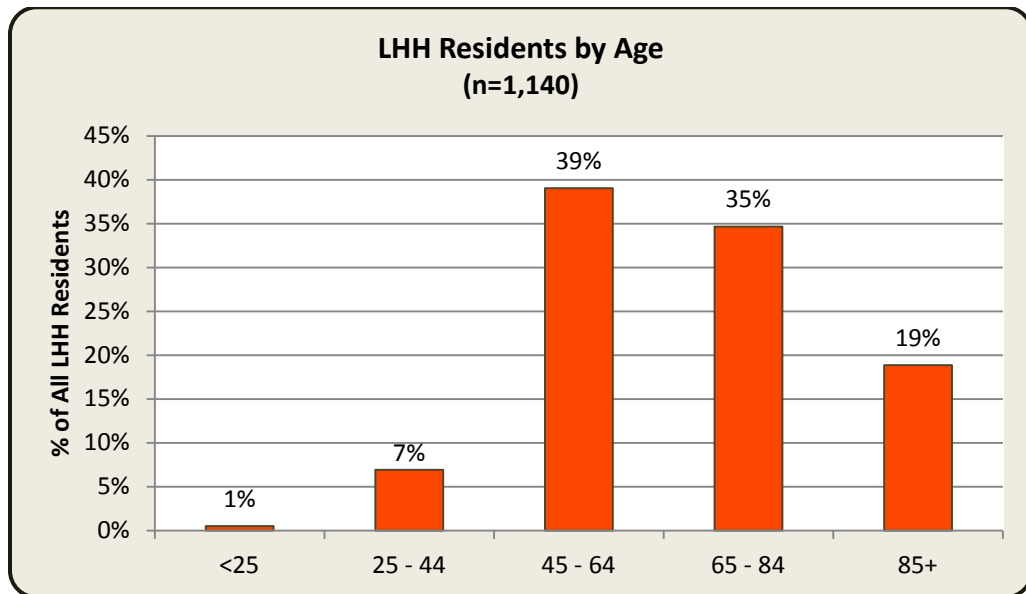
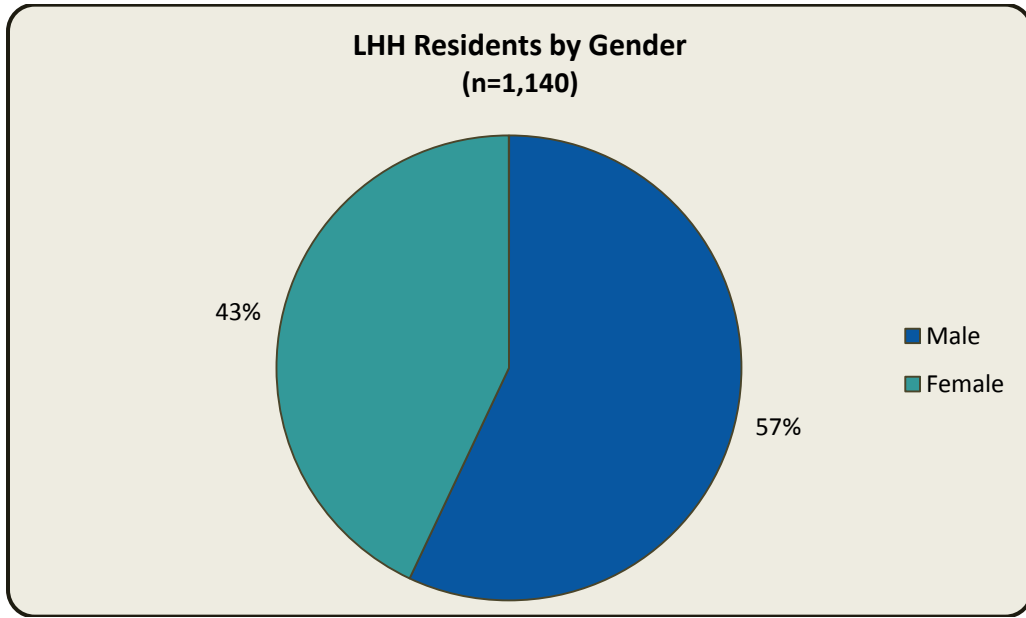


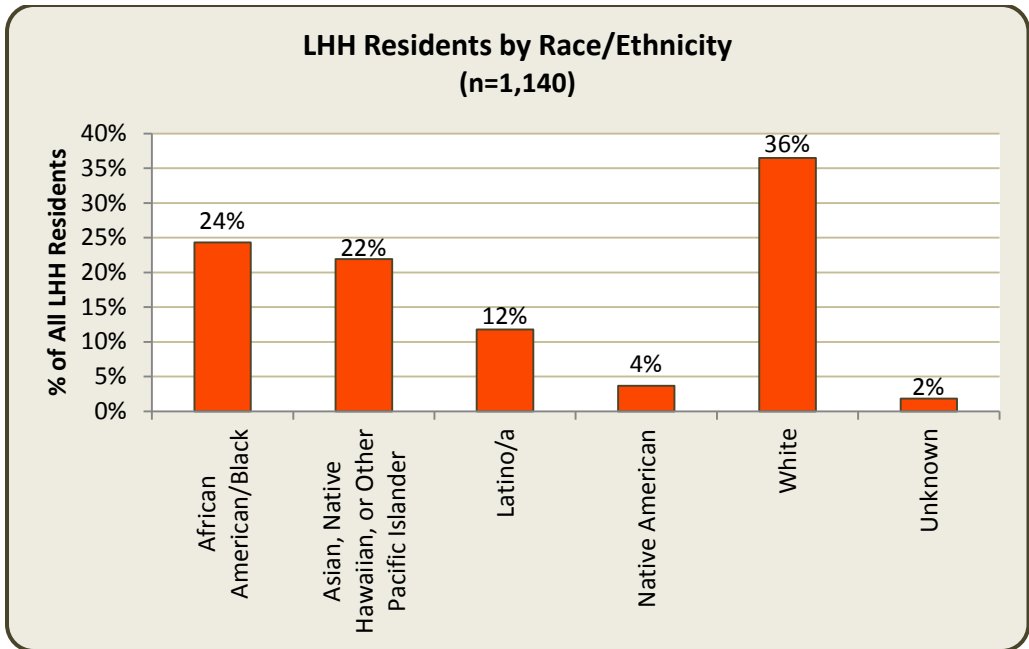
A patient's payer source may change throughout the year. As such, the chart below represents all SFGH Fiscal Year 10/11 activities by payer source. Please note that "inpatient" refers to inpatient days whereas "outpatient" refers to outpatient encounters – not patients.



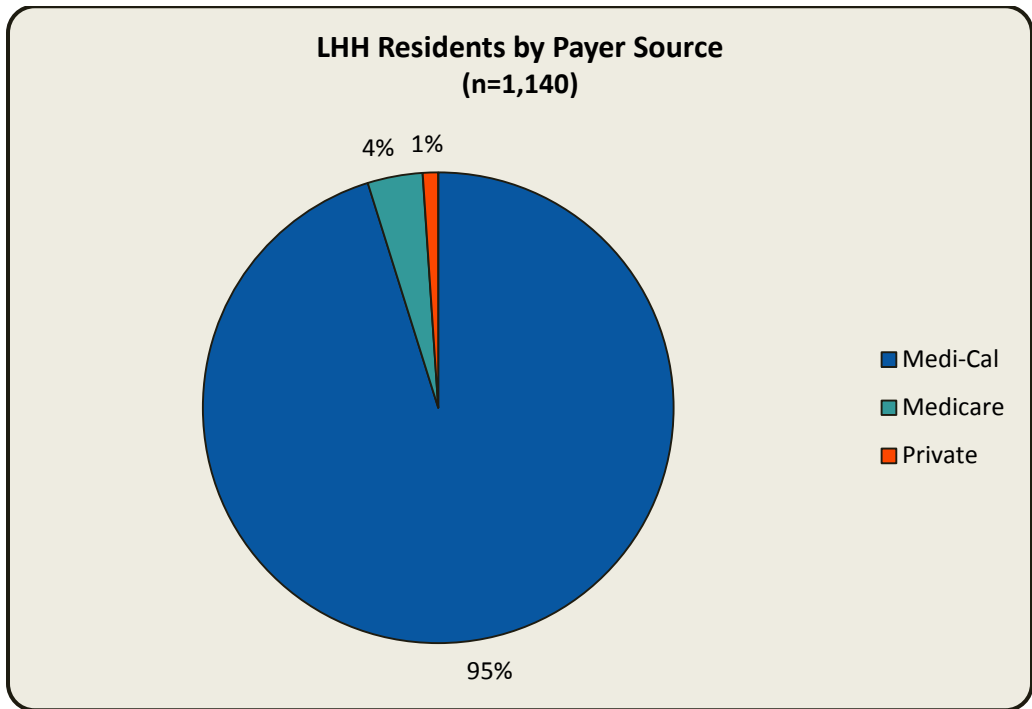
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

Laguna Honda Hospital and Rehabilitation Center (LHH) is a therapeutic community providing skilled nursing, acute care, and rehabilitation services to seniors and adults with disabilities. LHH transitioned to a new state-of-the-art facility in Fiscal Year 10/11 and served 1,140 residents, the demographics of which appear in the following figures.





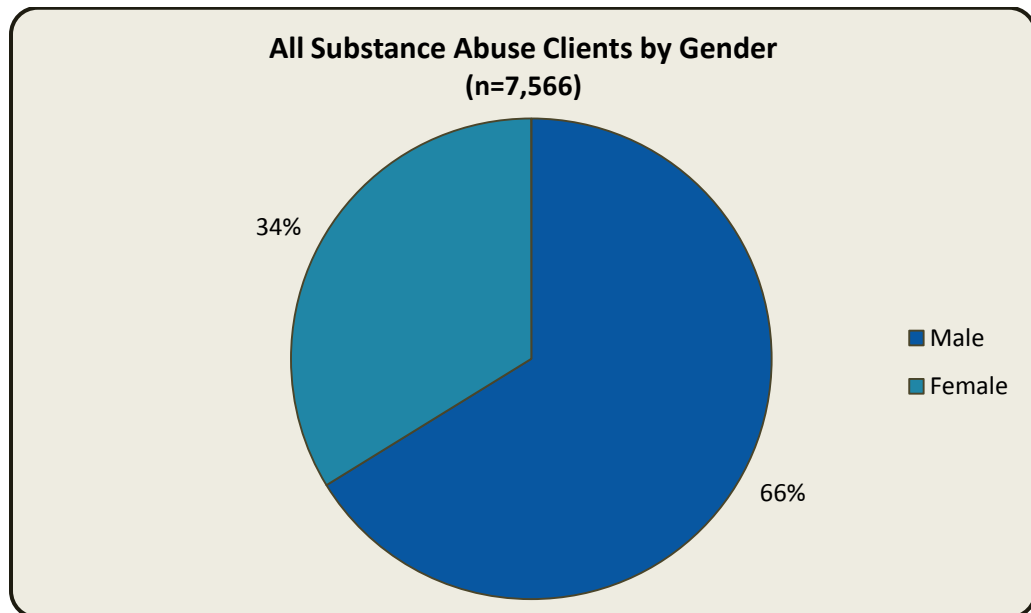
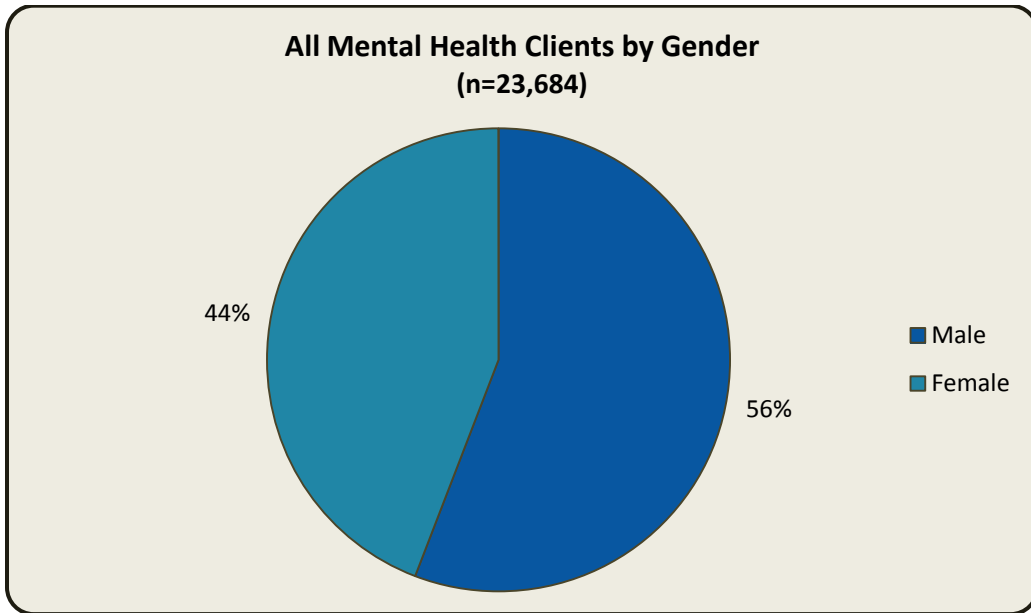
Medi-Cal is the primary payer source for long-term care services – regardless of resident age – because Medicare does not cover long-term care. As illustrated in the figure below, Medi-Cal covered 95 percent of LHH residents’ care during Fiscal Year 10/11. Medicare and private insurance covered the remaining 5 percent, primarily to reimburse acute care and rehabilitative service costs. Three LHH residents relied on Healthy San Francisco as a payer source.

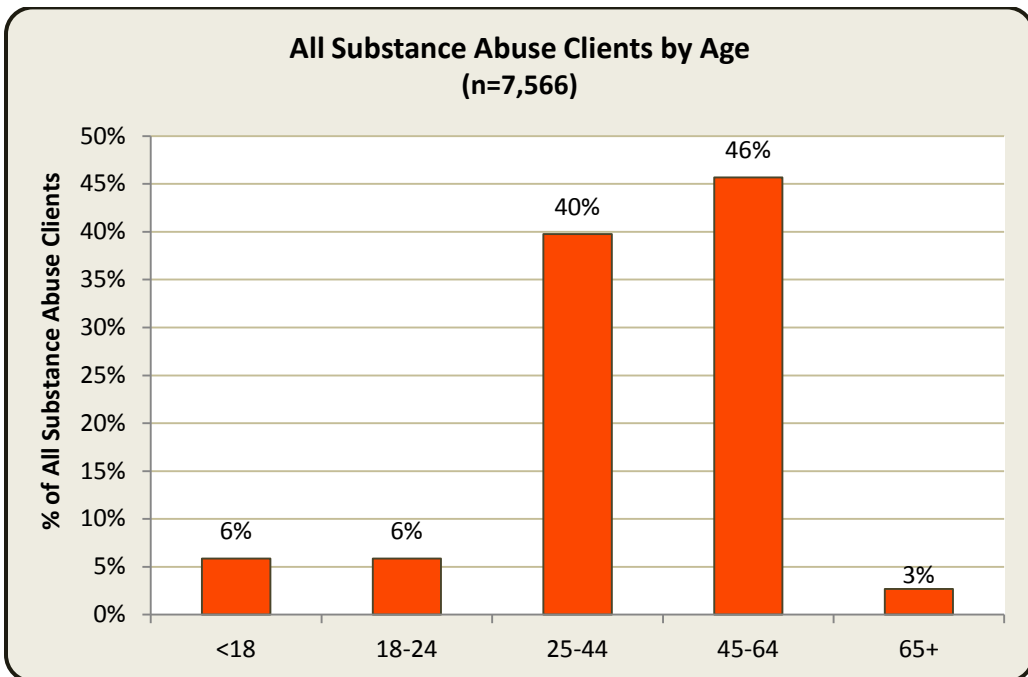
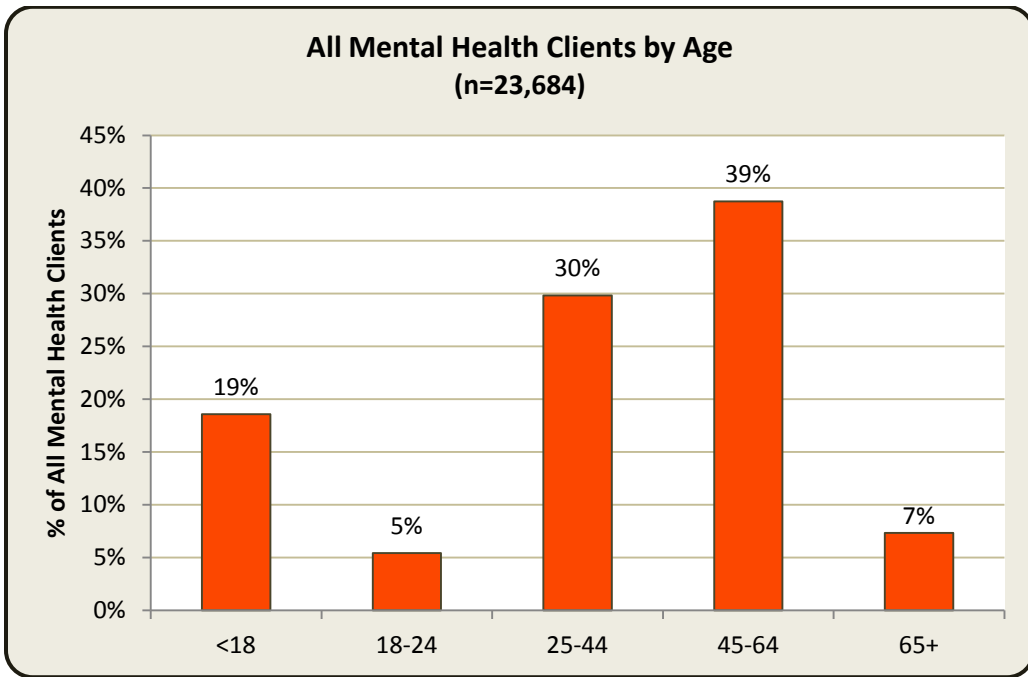


COMMUNITY BEHAVIORAL HEALTH SERVICES

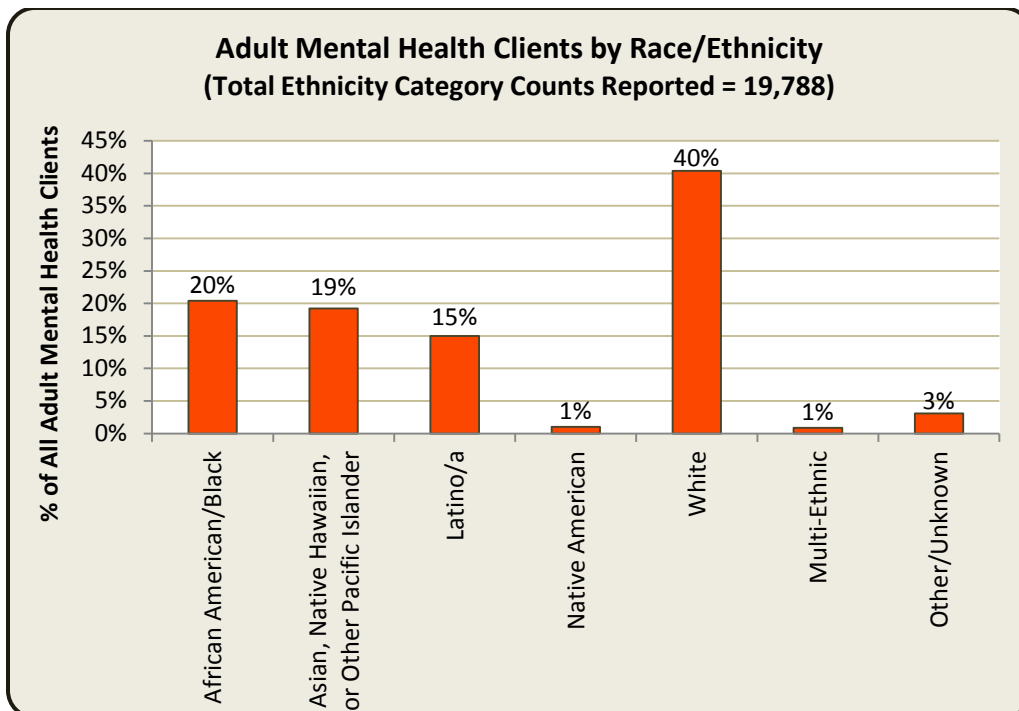
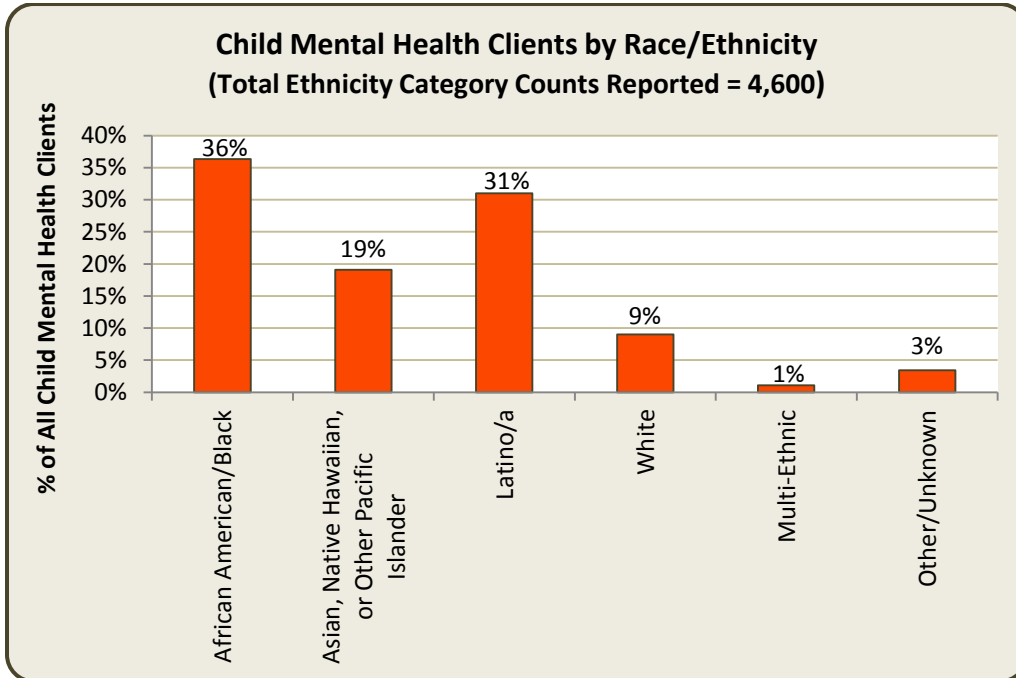
Community Behavioral Health Services (CBHS) strives to provide a system of care that is welcoming, culturally and linguistically competent, gender responsive, and integrated. Subscribing to a policy that “any door is the right door,” CBHS provides a medical home and timely access to treatment for individuals and families with behavioral health issues, allowing clients to maximize opportunities for recovery and healthy, meaningful lives in the community.

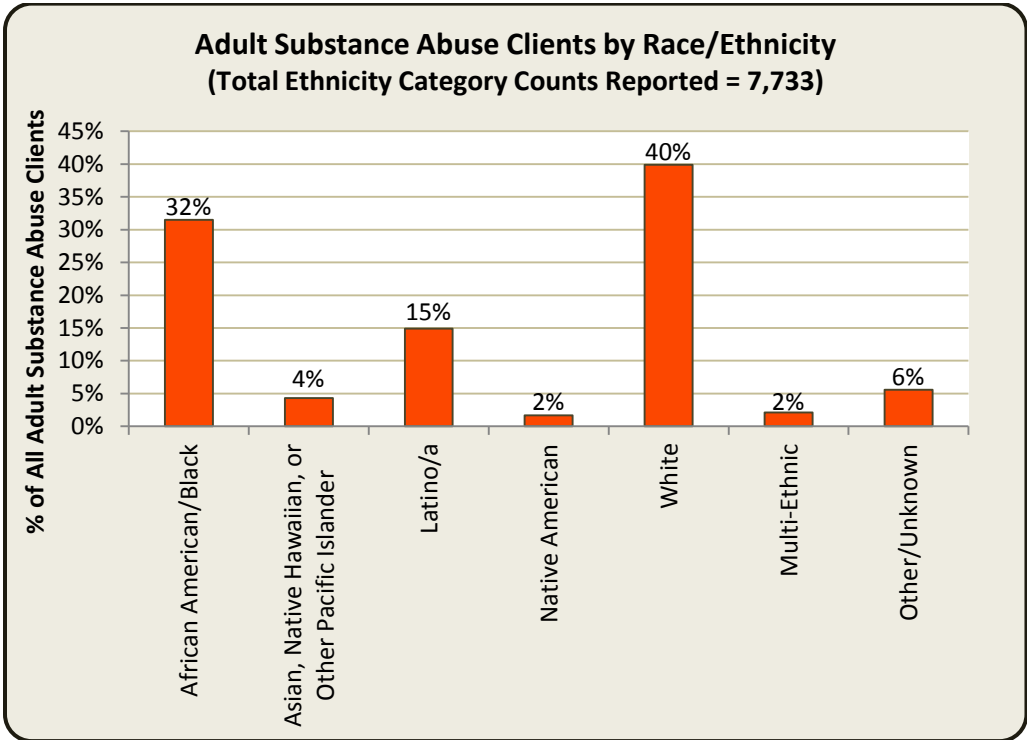
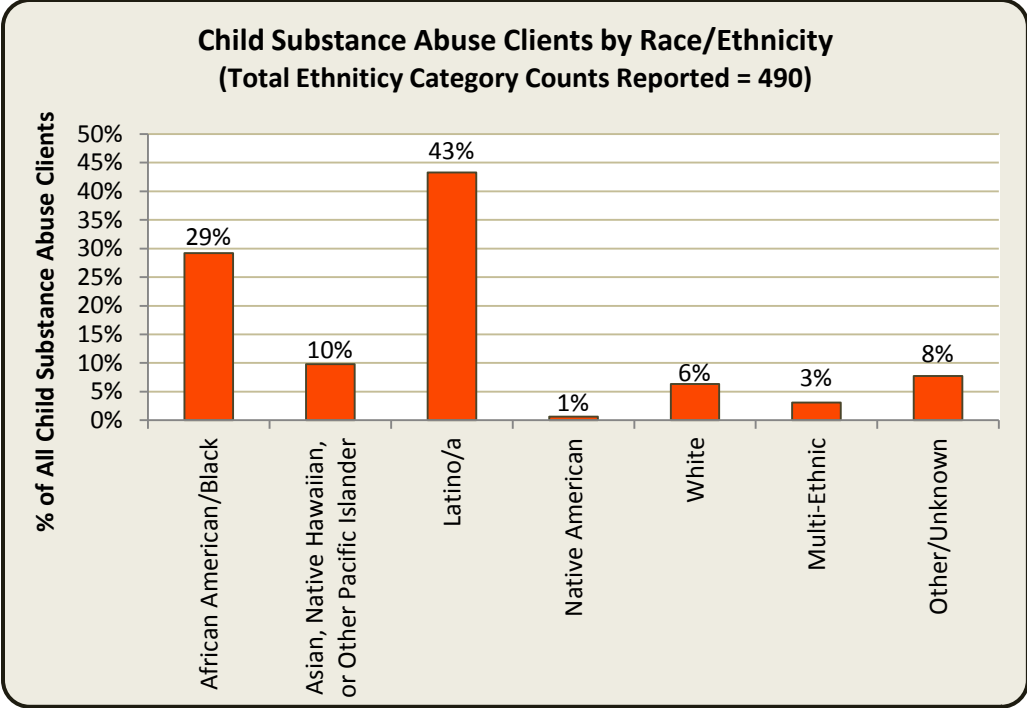
The charts below present CBHS-client demographic split by (a) clients seen in adult vs. child/youth programs and (b) clients in mental health vs. substance abuse programs. Please note that many patients may overlap between CBHS mental health and substance abuse programs.



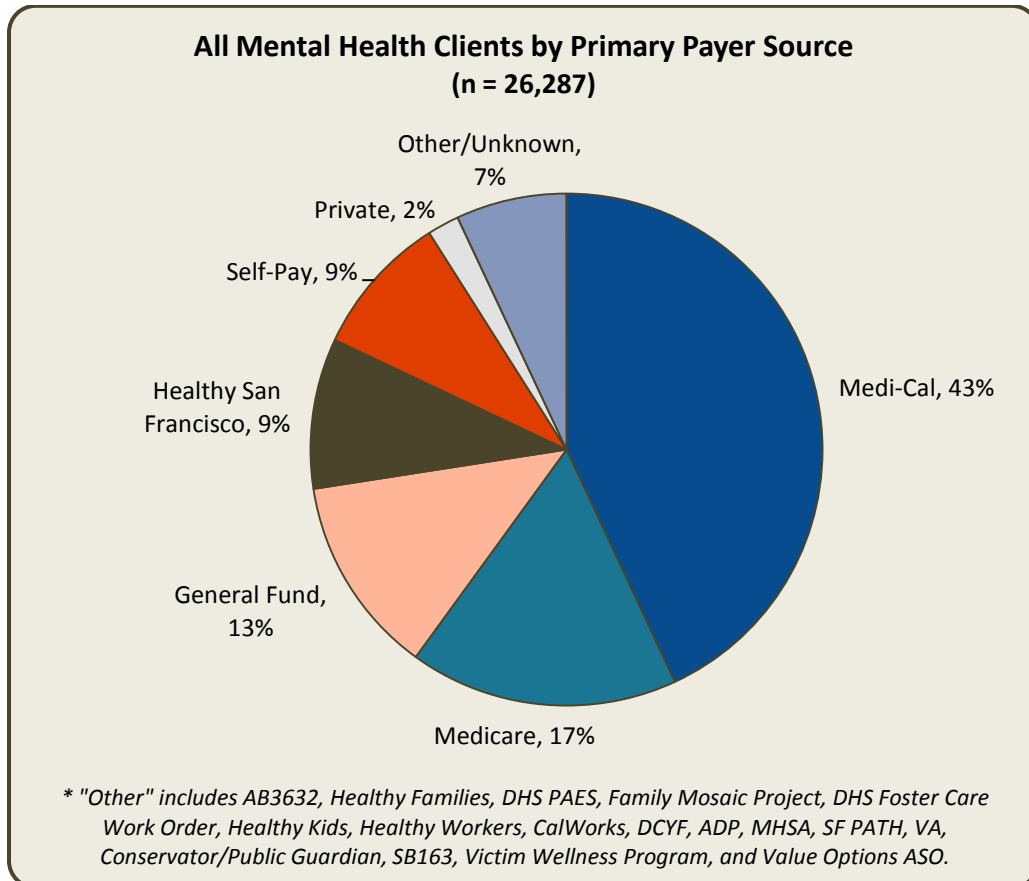


The following charts describe CBHS child/adult mental health and substance abuse clients by race/ethnicity. Please note that the data below do not reflect unduplicated client counts; any client indicating more than one race/ethnicity is represented in multiple race/ethnicity categories.

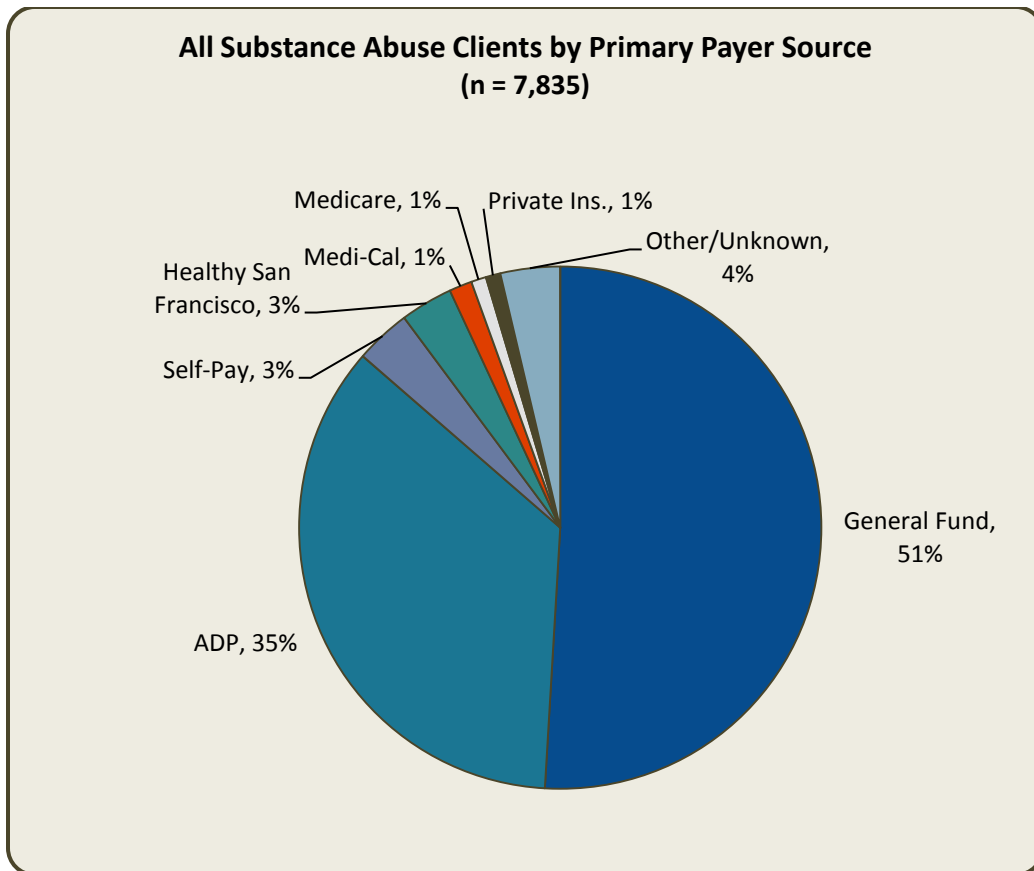




The chart below depicts all CBHS mental health clients by *primary* payer source.¹ As indicated below, 43 percent of CBHS mental health clients rely on Medi-Cal as their primary payer source. Sixty-three percent (63%) of CBHS mental health clients rely on Medi-Cal coverage to some extent, regardless of whether it is the client's primary payer source.



¹ Please note that the number of clients counted to retrieve the data below differs from that in CBHS demographic data presented previously. This distinction reflects differences in user manipulations of the Avatar Database.



CBHS relies on a network of civil service and contracted providers to offer high-quality services to CBHS mental health and substance abuse clients. The tables below indicate the number of CBHS mental health and substance abuse clients served by contractors vs. civil service providers in Fiscal Year 10/11.

CBHS Mental Health Clients Served, Fiscal Year 10/11		
Provider	Duplicated Client Count ²	Unduplicated Client Count
Contract Providers	25,774	13,953
Civil Service Providers (Incl. SFGH)	18,678	16,756
TOTAL UNDUPLICATED CLIENTS	-	26,287

CBHS Substance Abuse Clients Served, Fiscal Year 10/11	
Provider	Unduplicated Client Count
Contract Providers	7,835
Civil Service Providers ³	-
TOTAL UNDUPLICATED CLIENTS	7,835

² Clients may be seen by multiple contract agencies and by both contract and civil service providers. The duplicated client count gives a sense of client activity whereas the unduplicated count indicates the number of unique clients seen by contract and civil service providers. (Duplication still exists between contract vs. civil service counts.)

³ There are no civil service substance abuse programs in CBHS.

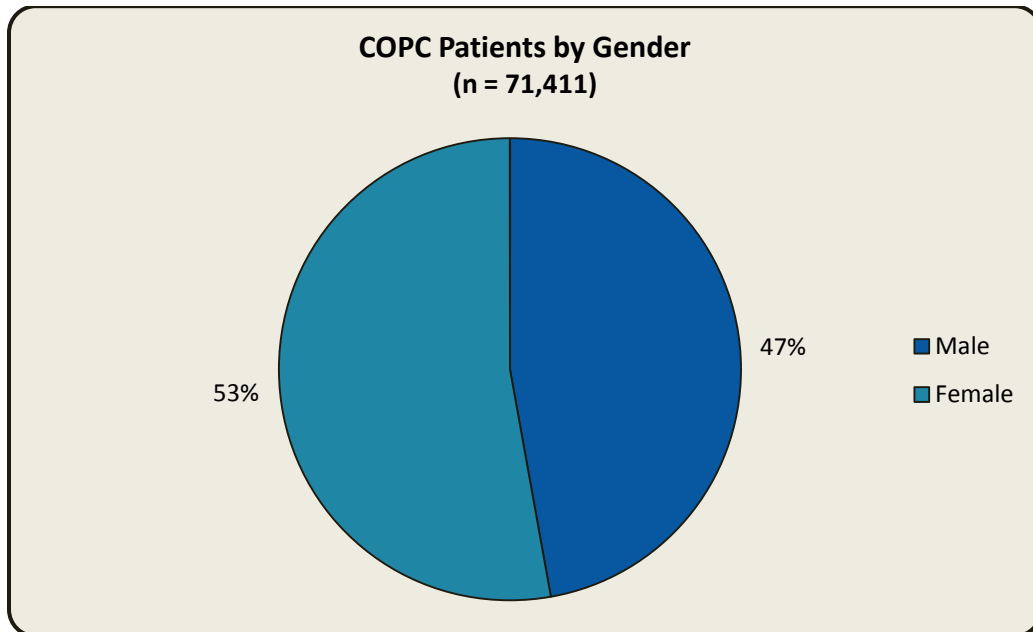
COMMUNITY-ORIENTED PRIMARY CARE

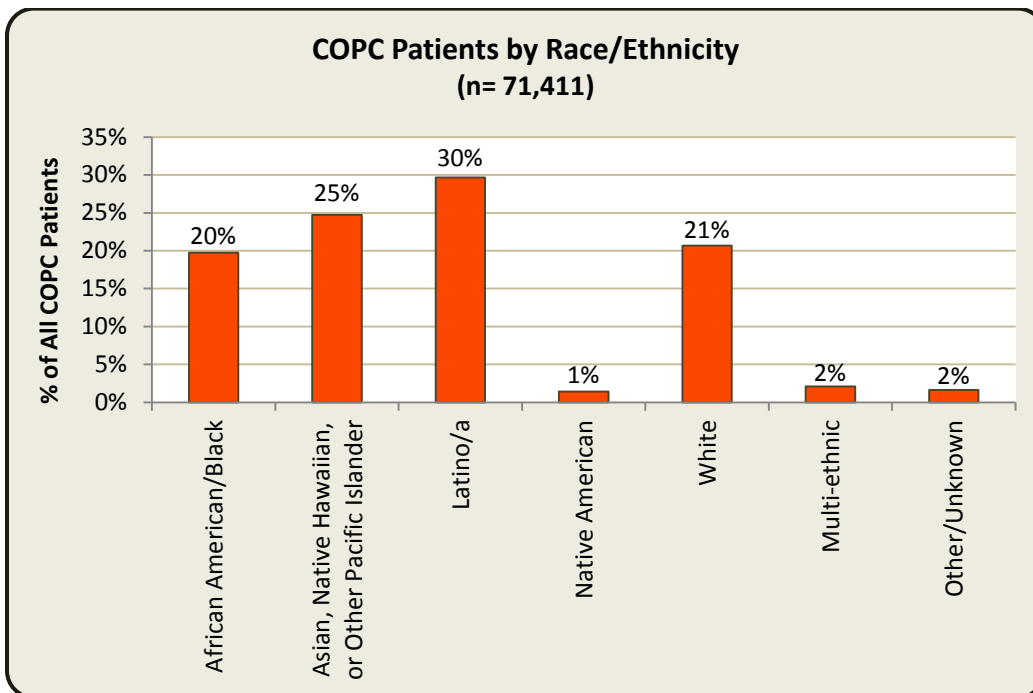
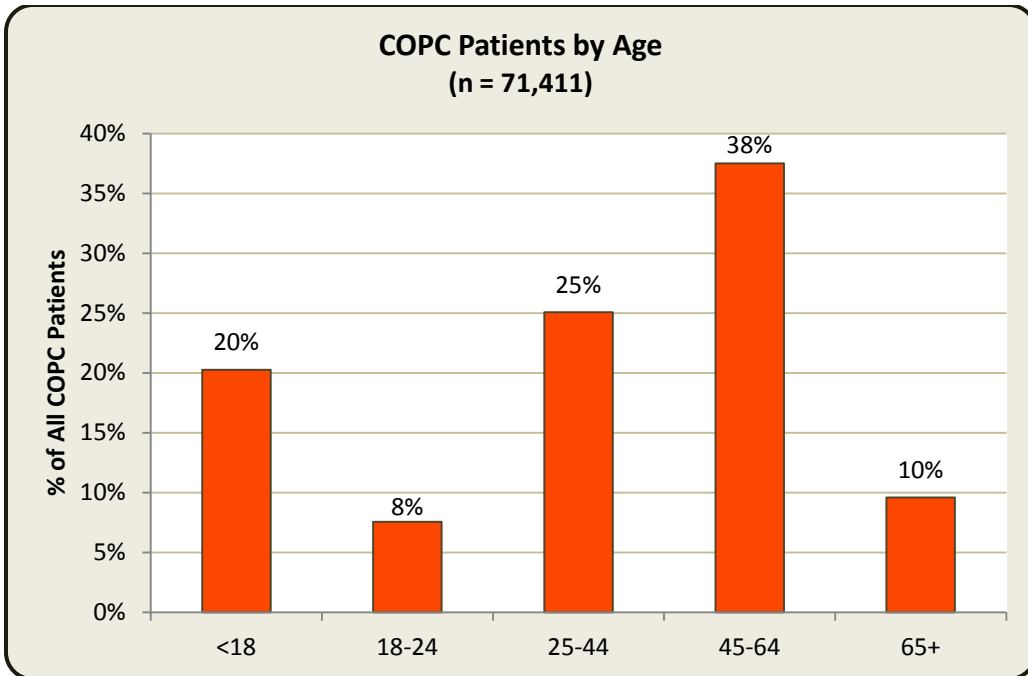
The Community-Oriented Primary Care (COPC) Section integrates primary care, community medicine, and public health to better the health outcomes of those it serves. COPC features:

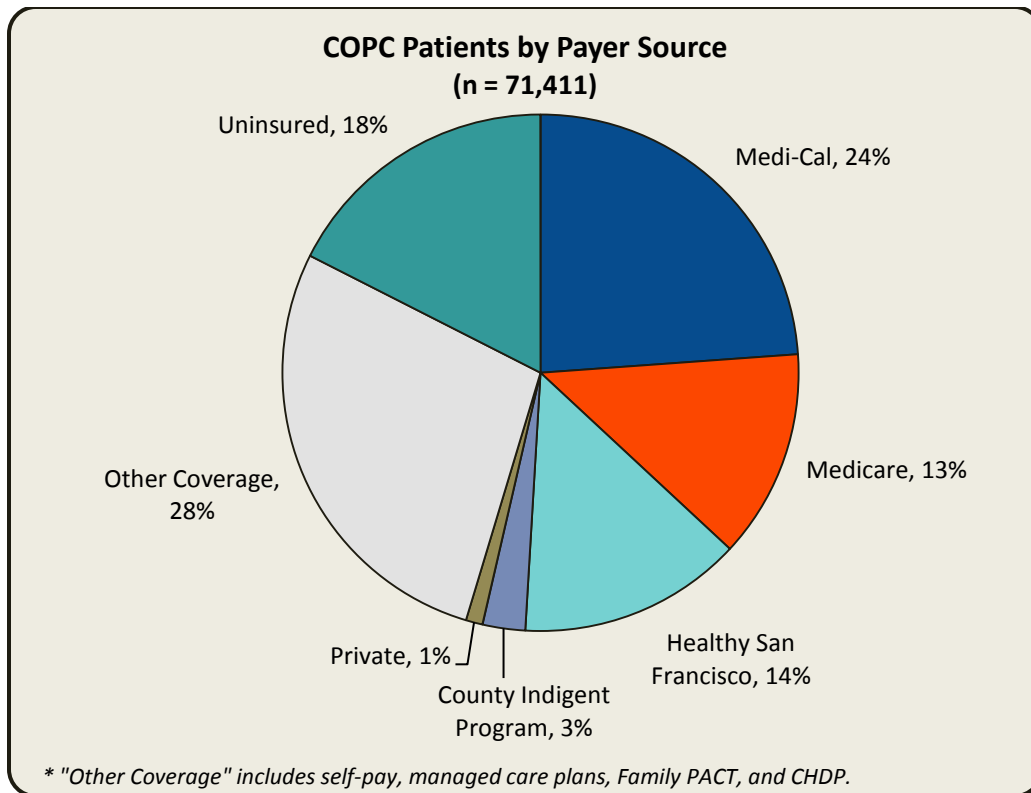
- Primary Care: COPC health centers provide medical care that is comprehensive, continuous, accessible, organized, coordinated, and accountable.
- Defined Populations: Each COPC health center has a target population defined by geography, age, gender, sexual orientation, family, and/or cultural community.
- Use of Epidemiological Methods: COPC uses epidemiological methods to assess the health needs of each target community.
- Targeted Programs: COPC programs are designed to meet the health needs of the target community.
- Community Involvement: COPC relies on community involvement to develop and implement health programs.

COPC providers and staff are committed to defining health broadly (e.g., physical, mental, social, and spiritual) and to providing a range of services to meet the needs of the target community. COPC also strives to train the future health care workforce with an eye toward community-oriented primary care, offering training opportunities to interns and residents, medical and nursing students, and a variety of other health professionals.

The following charts illustrate the demographics of the COPC patient population served during Fiscal Year 10/11.







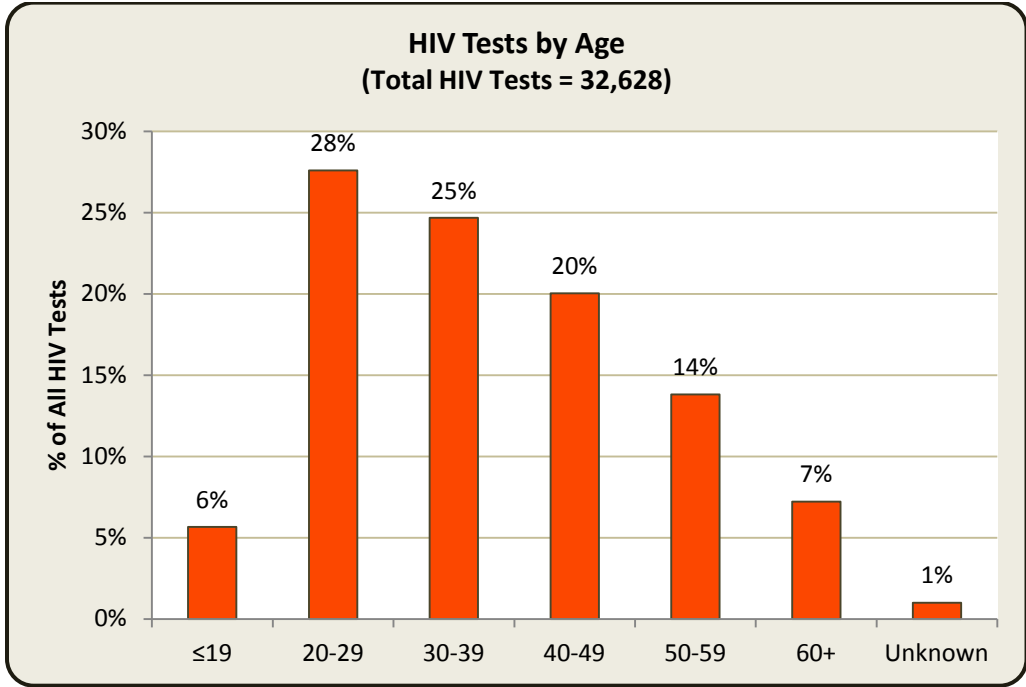
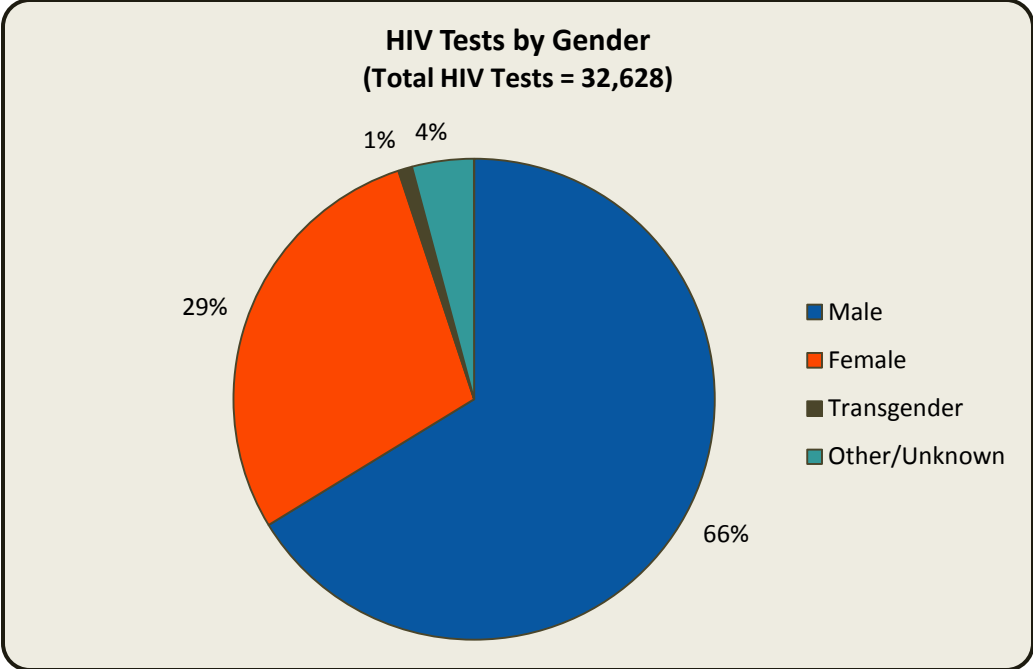
HIV PREVENTION

For more than 20 years, SFDPH’s HIV Prevention Section has partnered with community members and local organization to design and deliver effective HIV prevention services. Services include HIV prevention and support groups, HIV prevention services for HIV+ people (Prevention with Positives), HIV testing, substance use treatment and support (e.g., syringe access and disposal programs), and support for people letting their partners know that they may have been exposed to HIV. Through the provision of such services, HIV Prevention hopes to reduce the rate of new HIV infections by 50 percent by 2017. Specifically, HIV Prevention hopes to:

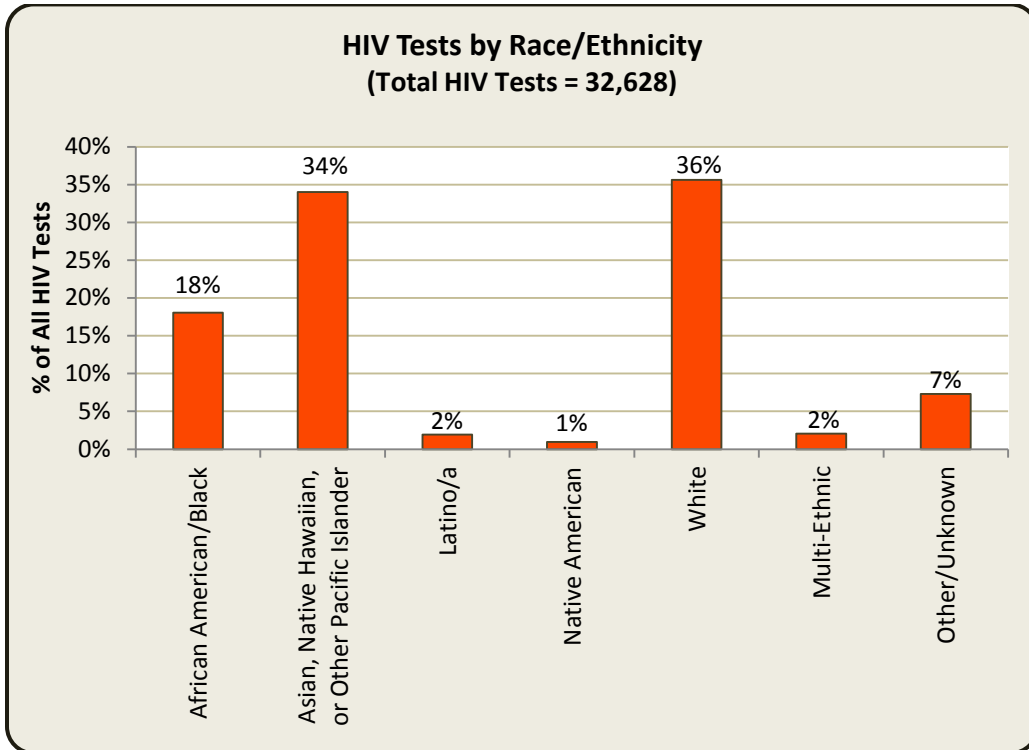
- Reduce new HIV infections among men who have sex with men (MSM) by 50percent,
- Reduce new HIV infections among transgender persons by 50 percent,
- Eliminate new infections among IDUs, and
- Eliminate perinatal (mother-to-child) infections.

All services provided by HIV Prevention are funded by the Centers for Disease Control and Prevention, the California State Office of AIDS, and the San Francisco General Fund.

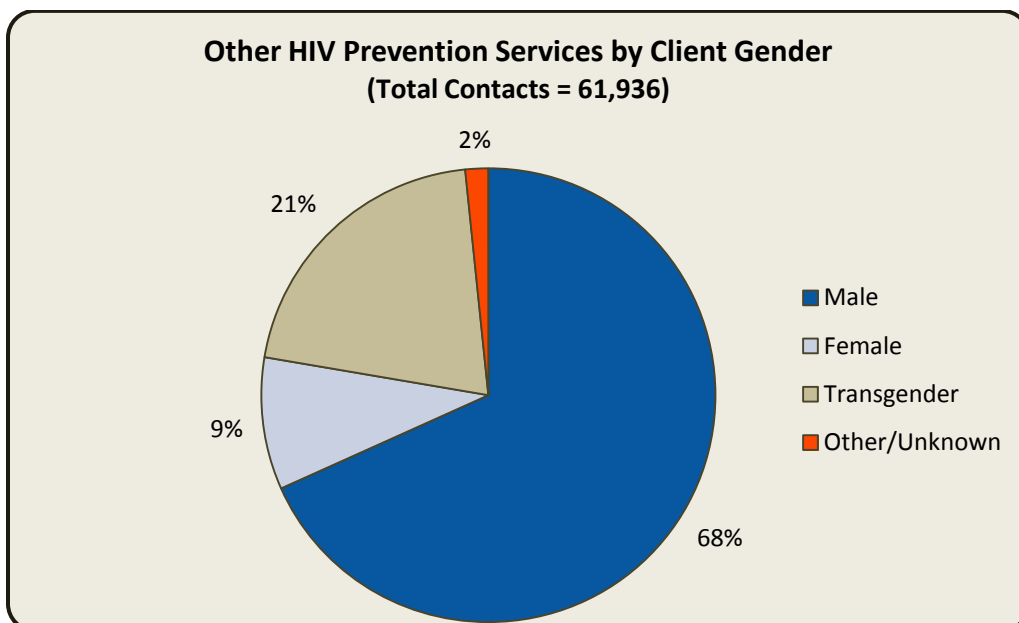
The following three figures illustrate client demographic data by HIV tests provided in Fiscal Year 10/11. Please note that these charts aggregate data for HIV tests provided in medical settings vs. at community-based settings. Medical testing data covers the period October 1, 2010 – June 30, 2011. Community testing data – which include HIV testing data for the San Francisco City Clinic – reflect the period July through December 2010.



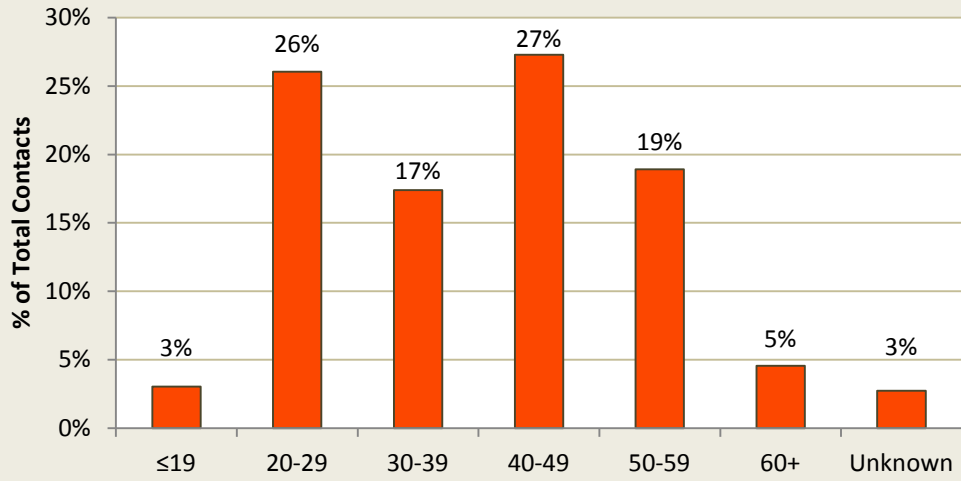
The chart below presents the percentage of HIV tests provided by client race/ethnicity.



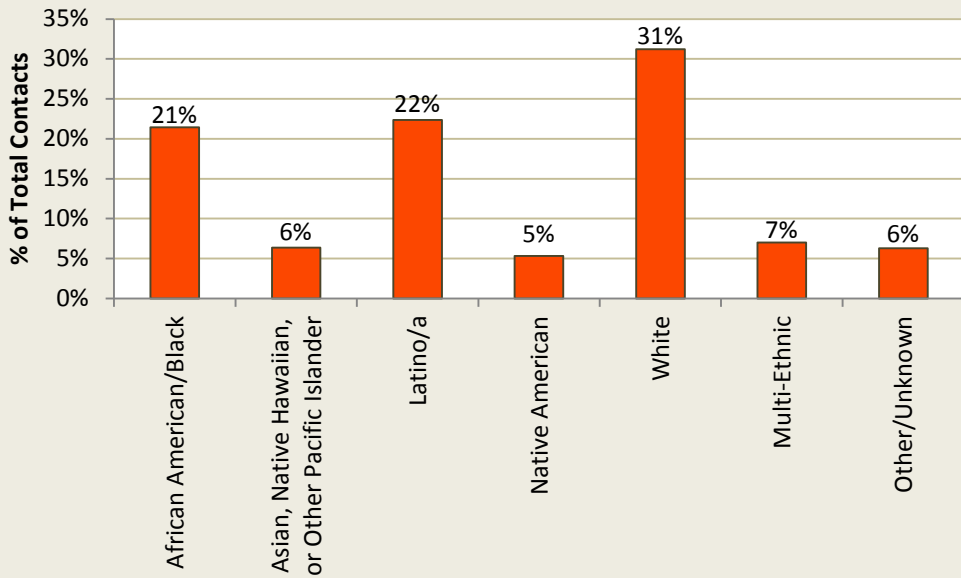
In addition to testing, the HIV Prevention Section provides other services such as HIV prevention counseling, substance abuse treatment, and support. The charts below present client demographic data by non-HIV testing service contacts.



Other HIV Prevention Services by Client Age
 (Total Contacts = 61,936)



Other HIV Prevention Services by Client Race/Ethnicity
 (Total Contacts = 61,936)

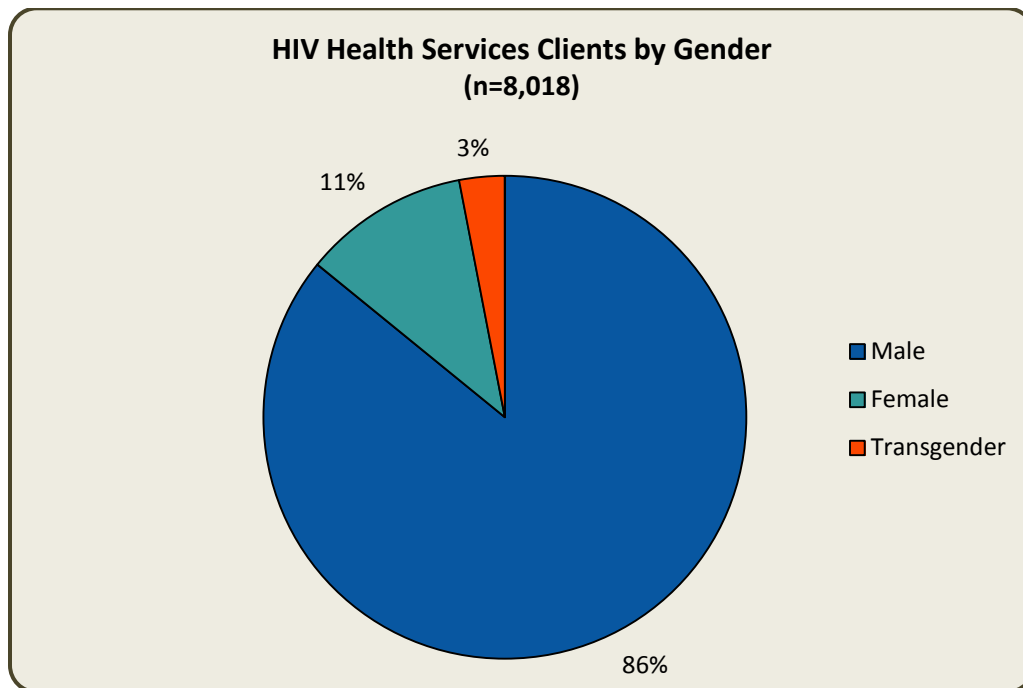


HIV HEALTH SERVICES

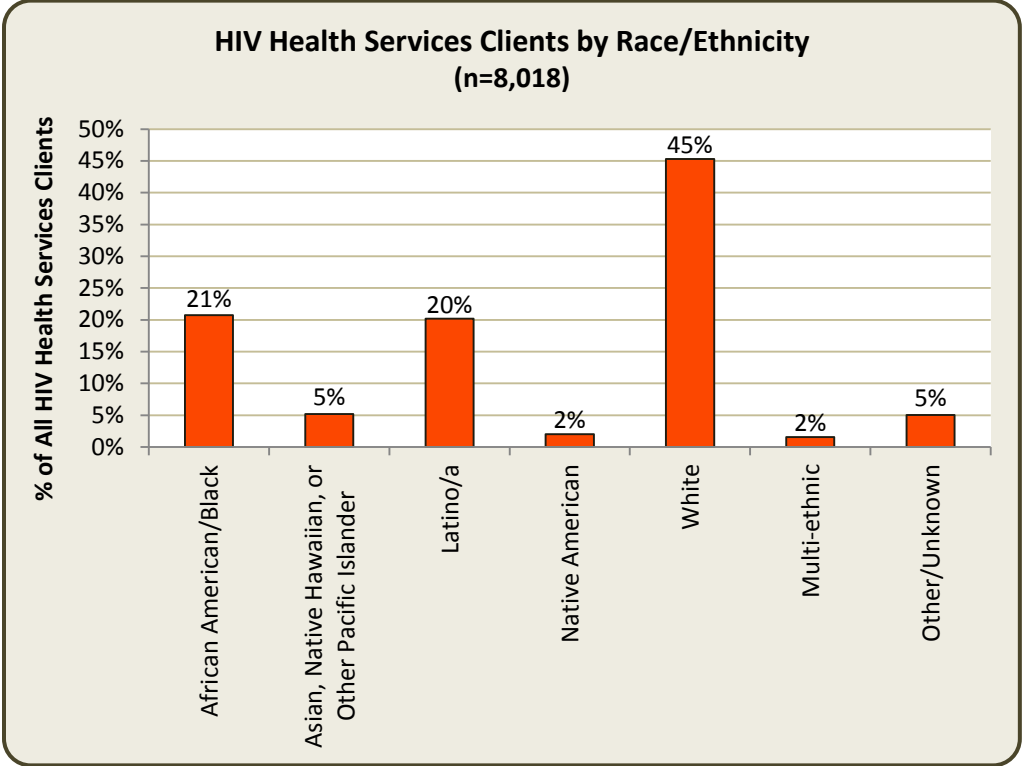
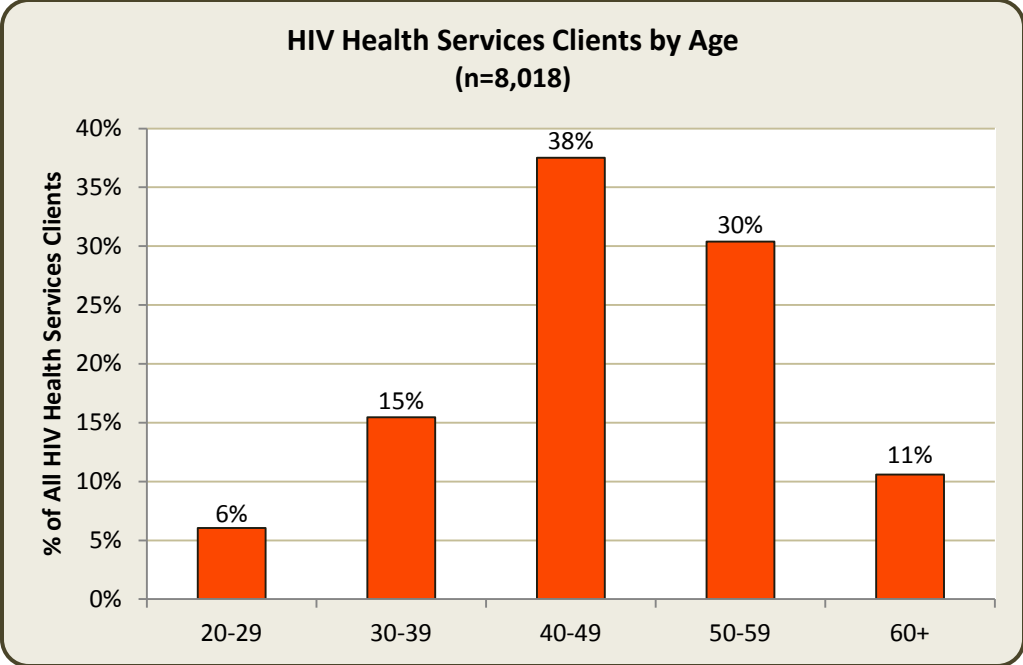
HIV Health Services strives to provide the highest quality, accessible, and culturally-competent care for people with HIV/AIDS. To achieve this goal, HIV Health Services works in partnership with constituents – including people living with HIV/AIDS, service providers, other SFDPH divisions, community planning groups, funders, and members of the broader community – to:

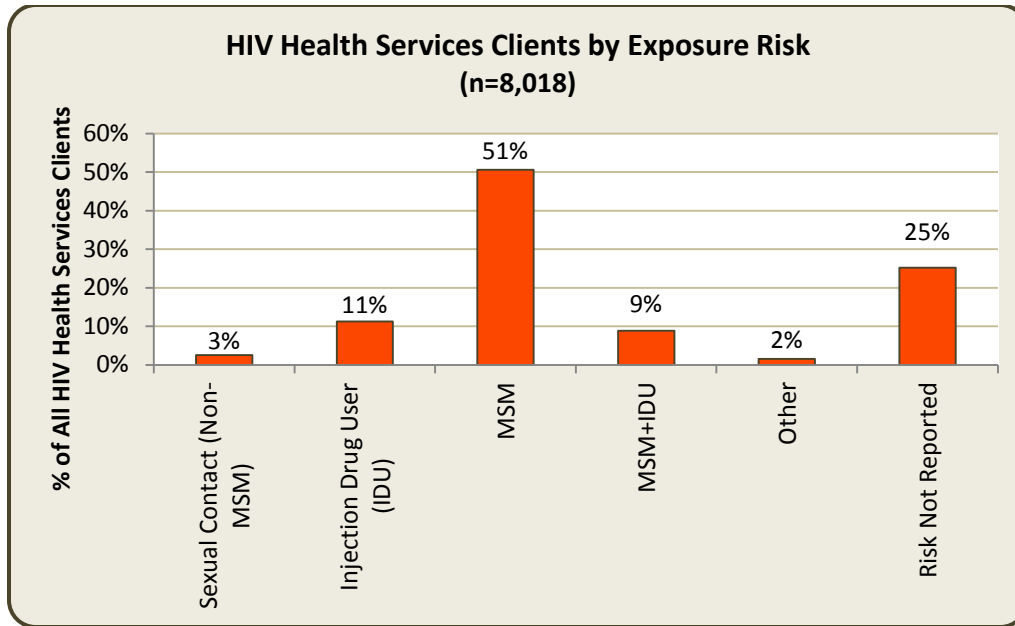
- Ensure access to care and eliminate disparities in care,
- Increase service integration, and
- Bring newly diagnosed people into care and help all clients maintain their HIV care.

In Fiscal Year 10/11, HIV Health Services provided care to 8,018 unduplicated clients, all of whom were uninsured. The following figures show the demographics of all HIV Health Services clients served during Fiscal Year 10/11.



The following chart depicts the age distribution of HIV Health Services clients, 78 percent of whom are age 40 or older. Please also note that, while registering less than one percent of the HIV Health Services client population, HIV Health Services provided care to 18 persons under the age of 19.





JAIL HEALTH SERVICES

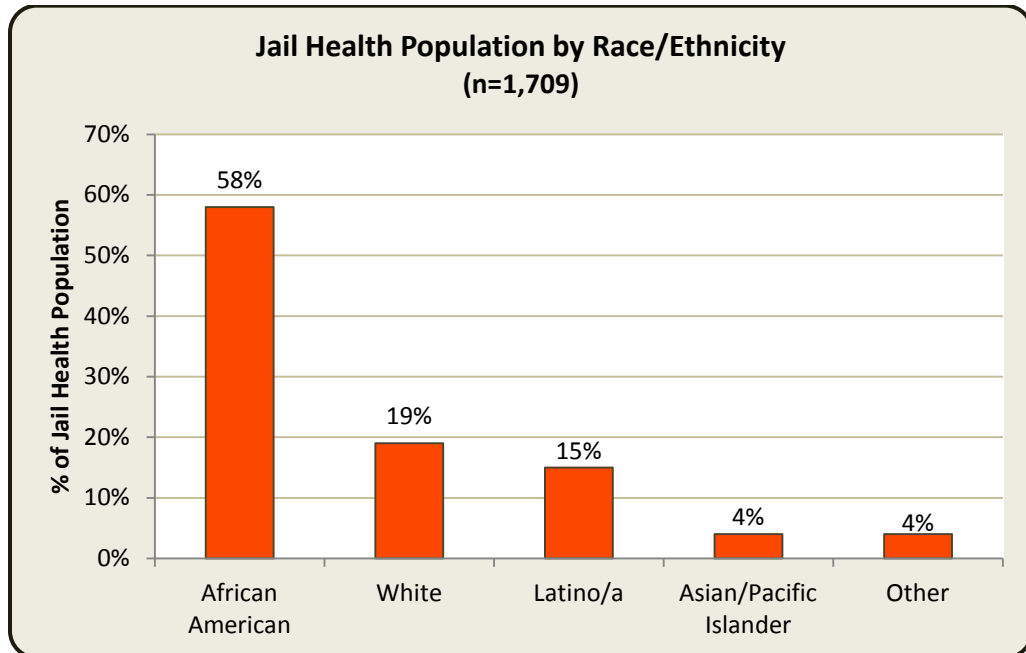
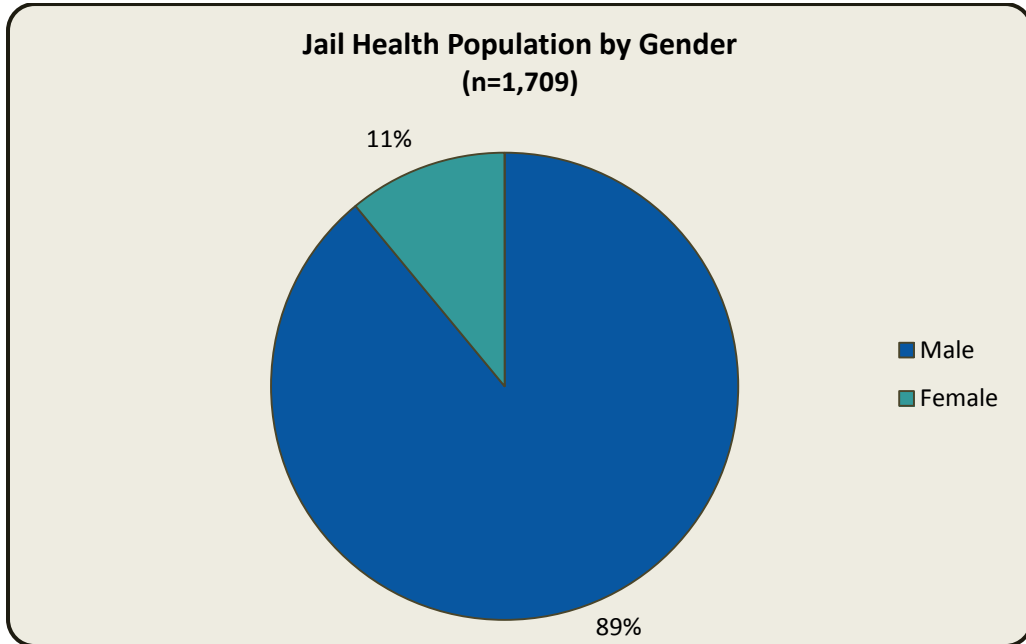
Jail Health Services (JHS) provides an integrated system of comprehensive medical, psychiatric, and substance abuse services to inmates in San Francisco jails. JHS provides services consistent with community standards detailed by the California Medical Association’s Standards for Health Services in Adult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

A diverse group that does not typically use health care services before entering jail, inmates have a high prevalence of both acute and chronic medical, mental health, substance abuse, and social problems. On average, 75 to 80 percent of prisoners have substance abuse problems, 28 percent are homeless, and 14 percent have significant mental health problems. JHS pursues an aggressive program of health promotion and disease prevention to stabilize these issues, as incarceration provides a unique opportunity to identify and address health problems before they advance. JHS also provides discharge planning services to inmates returning to the community, linking them to existing community-based health and human services.

JHS provided the following services in Fiscal Year 10/11:

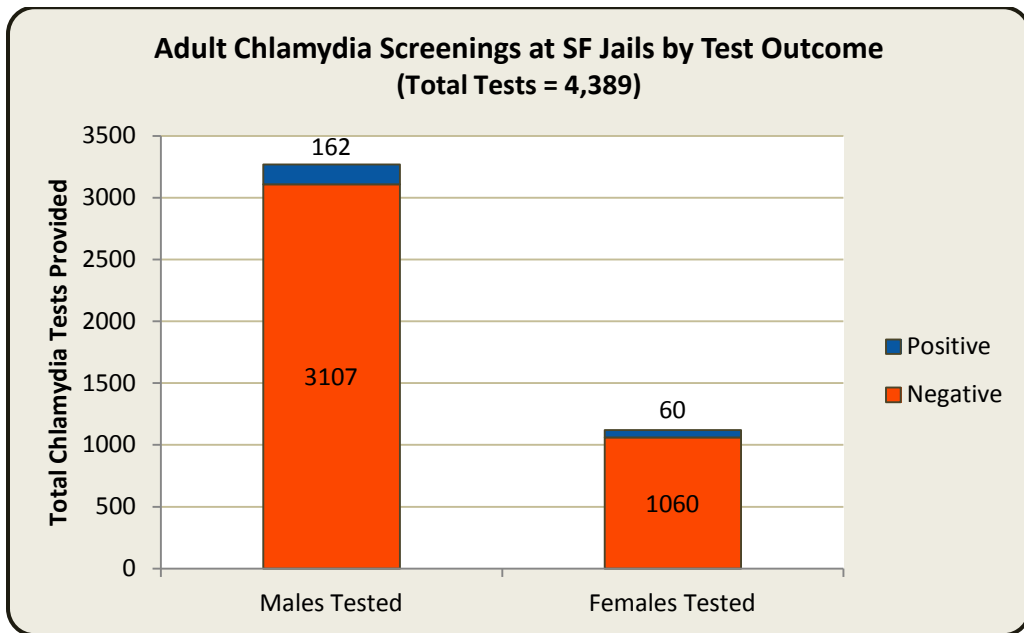
- 25,037 Patients Triaged
- 120,556 Registered Nurse Evaluations/Treatments
- 16,916 Clinician Visits
- 4,638 Patients Screened for Tuberculosis
- 3,727 Patients Screened for Gonorrhea
- 3,731 Patients Screened for Chlamydia
- 4,039 Dental Visits
- 7,341 Mental Health Evaluations
- 36,170 Mental Health Follow-up Visits
- 1,685 HIV Risk Assessments/Tests Provided
- 7,026 Encounters Provided to 671 HIV+ Patients

During Fiscal Year 10/11, the average daily population of the County Jail System was 1,709. As illustrated below, the San Francisco jail population is predominantly male.

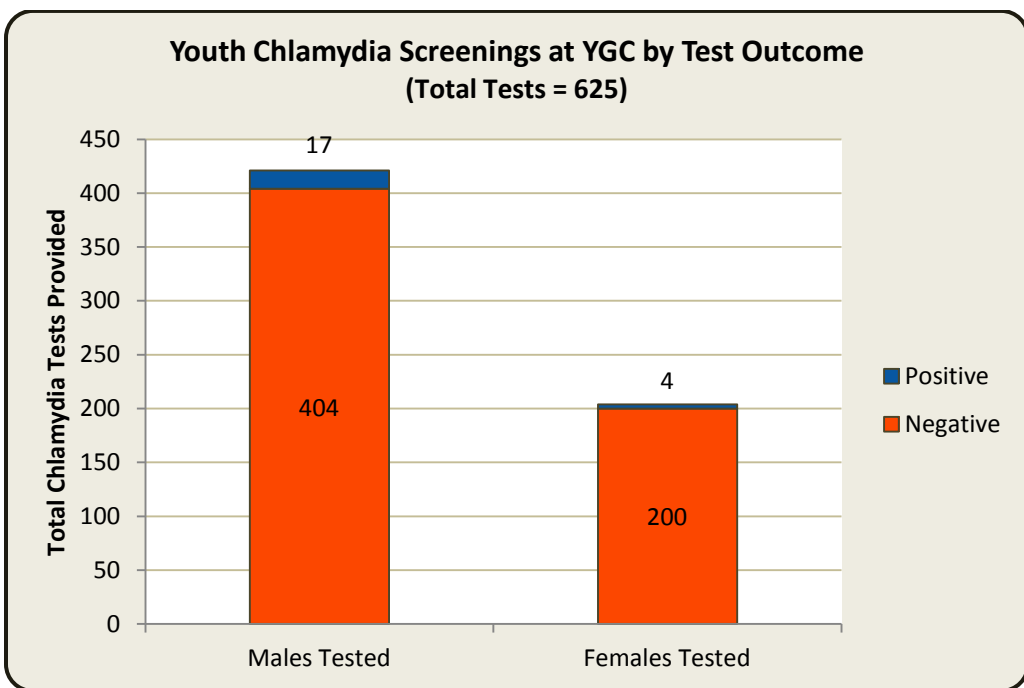


The Jail Sexually Transmitted Disease (STD) Program is a collaboration between JHS and the STD Program, both of which assign staff to screen inmates for STDs. Chlamydia is one of the program's most

commonly diagnosed STDs. The figure below illustrates how many Chlamydia tests were performed on adults in the San Francisco jails during Fiscal Year 10/11.



The following figure illustrates Chlamydia screenings performed on adolescents during Fiscal Year 10/11. These patients were incarcerated at the Youth Guidance Center (YGC).

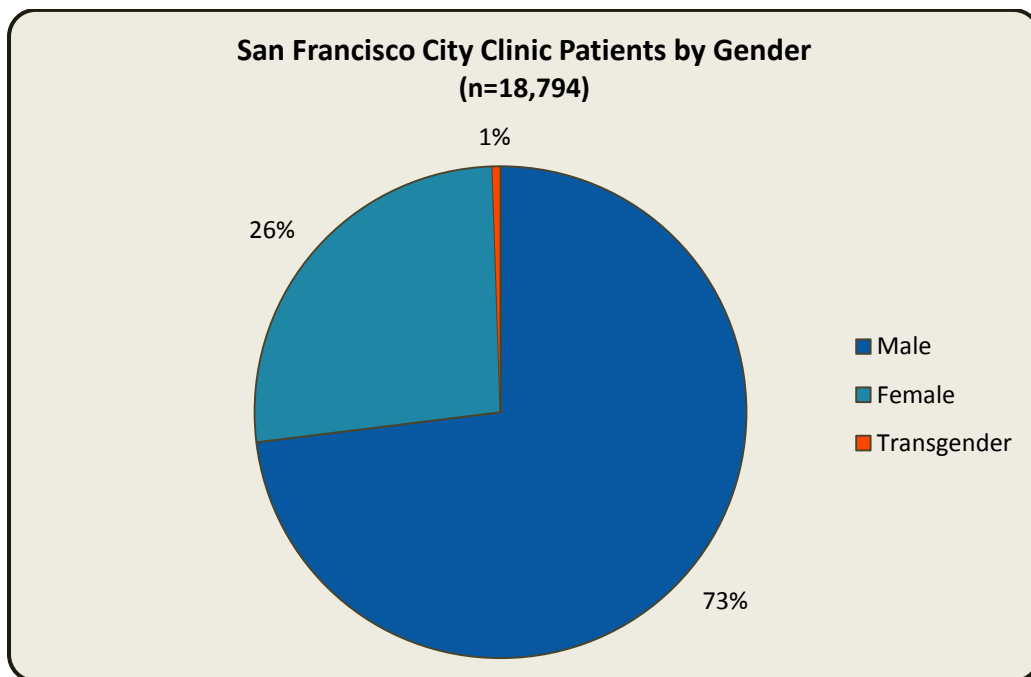


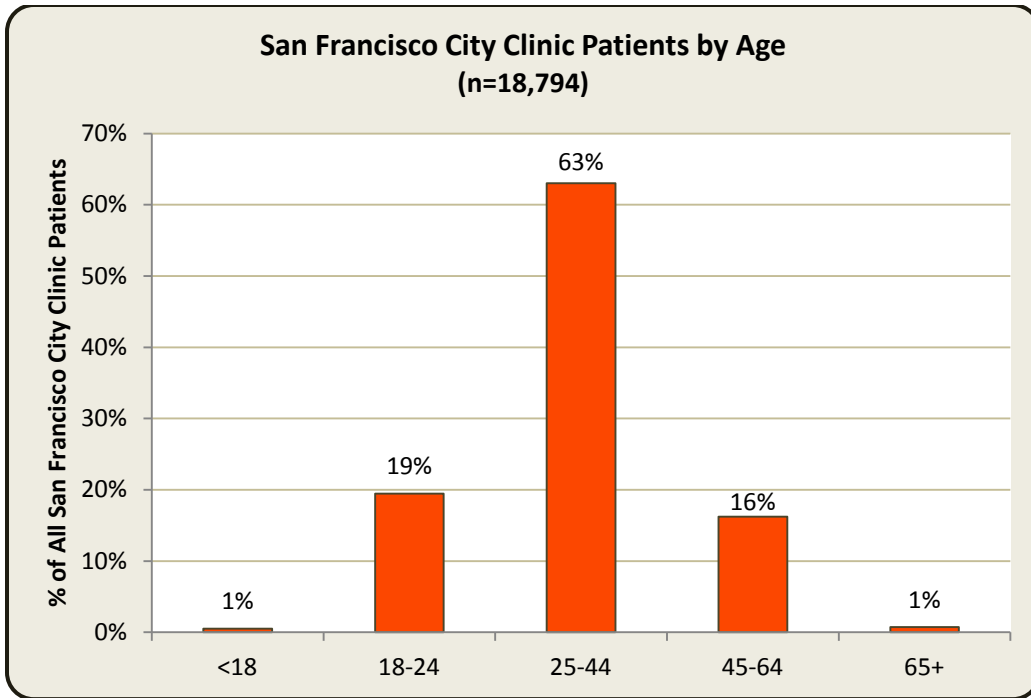
SAN FRANCISCO CITY CLINIC

San Francisco City Clinic strives to maximize sexual and reproductive health in San Francisco and is the only municipal STD clinic in the city. The clinic provides confidential STD services to residents aged 12 and over, including evaluation, testing, and treatment for gonorrhea, syphilis, Chlamydia, and all other STDs. San Francisco City Clinic also offers confidential HIV testing and early care for HIV-infected patients as well as family planning services for women.

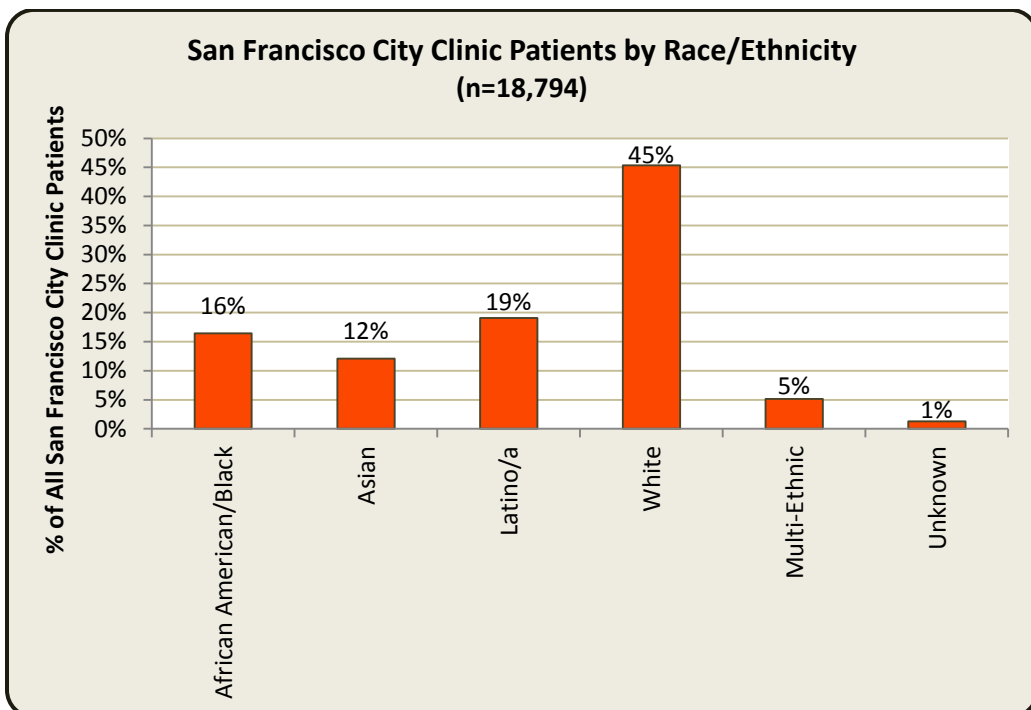
San Francisco City Clinic, a training center for clinicians throughout California and the southwestern United States, tracks patient demographic information, posting annual STD summaries to the [SFDPH website](#). Due to the number of STD cases seen at the clinic, San Francisco City Clinic providers have experience in recognizing uncommon STDs and atypical presentations.

In Fiscal Year 10/11, San Francisco City Clinic services 18,794 patients. The figures below illustrate the distribution of these patients by gender and age.





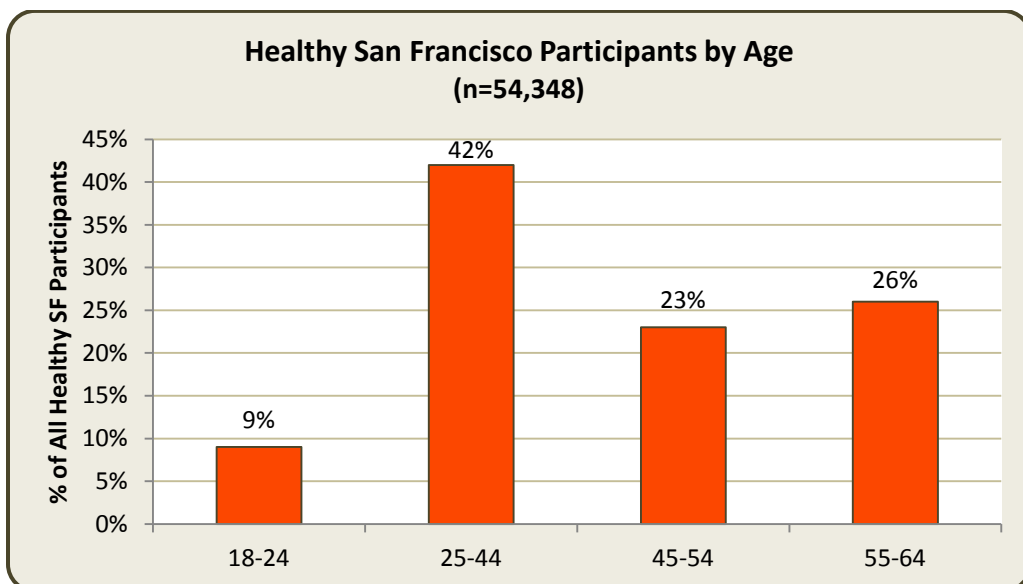
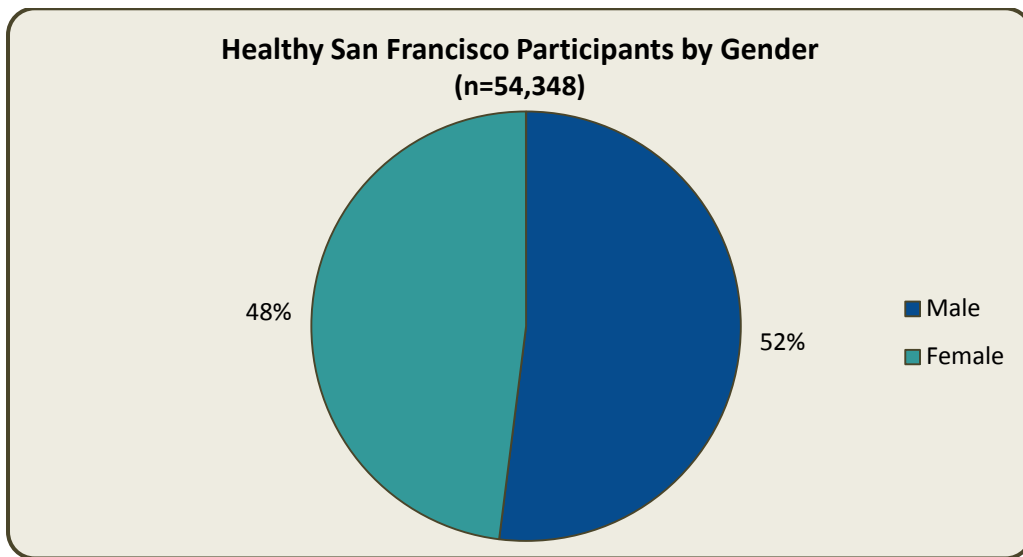
The figure below illustrates the distribution of San Francisco City Clinic patients by race/ethnicity. Please note that, in addition to the categories below, the San Francisco City Clinic also served 63 Native American patients and 56 Native Hawaiian and other Pacific Islander patients; the numbers captured in these patient groups were not large enough to register in the chart below.



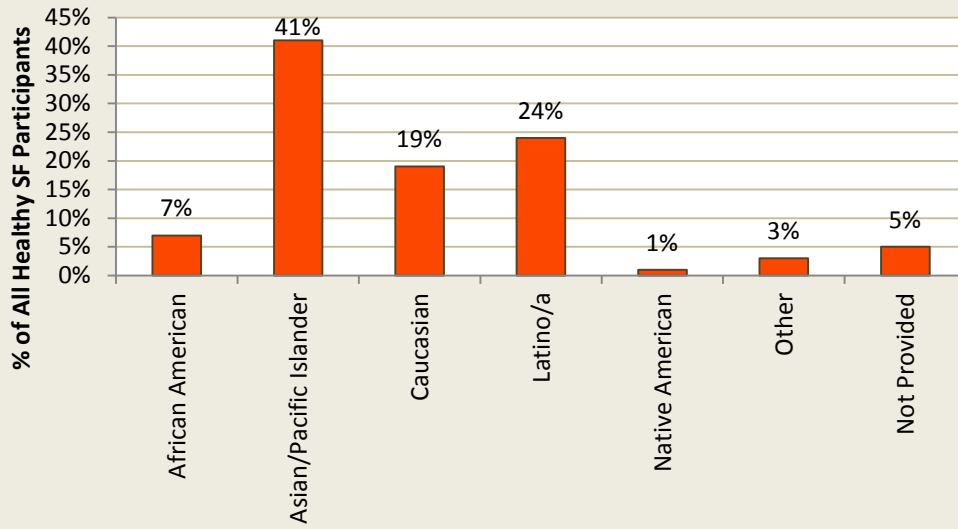
HEALTHY SAN FRANCISCO

Healthy San Francisco is an innovative SFPDPH program designed to make health care services accessible and affordable to uninsured San Franciscans. Healthy San Francisco is not insurance, but a reinvention of the San Francisco health care safety net, that enables and encourages residents to access primary and preventive care. It provides a medical home and primary care physician to each program participant, allowing a greater focus on preventive care, and also provides access to specialty care, urgent and emergency care, laboratory services, inpatient hospitalization, radiology, and pharmaceuticals.

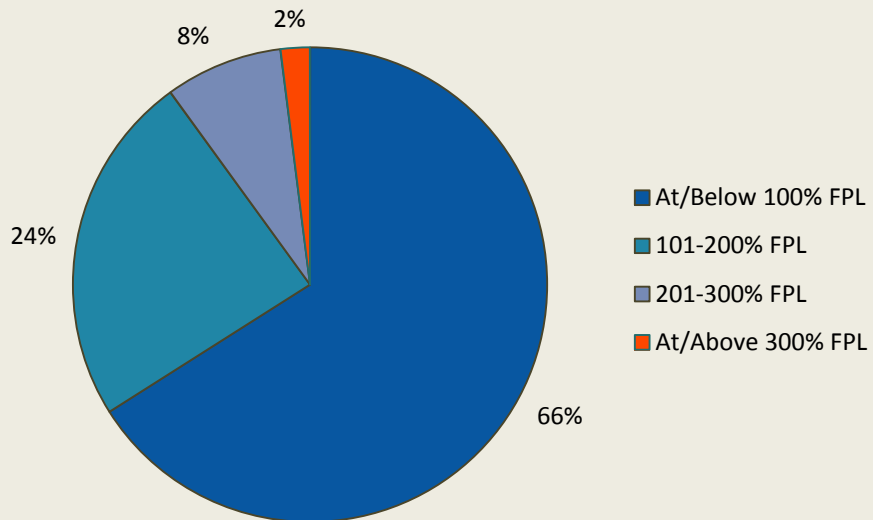
By the end of Fiscal Year 10/11, 54,348 San Francisco residents were enrolled in the Healthy San Francisco program. Demographic information for those enrollees appears below. For more detailed information on Healthy San Francisco, please visit the [program's website](#) or review [Healthy San Francisco's Annual Report for Fiscal Year 10/11](#).



Healthy San Francisco Participants by Race/Ethnicity
(n=54,348)



Healthy San Francisco Participants by Income Level
(n=54,348)

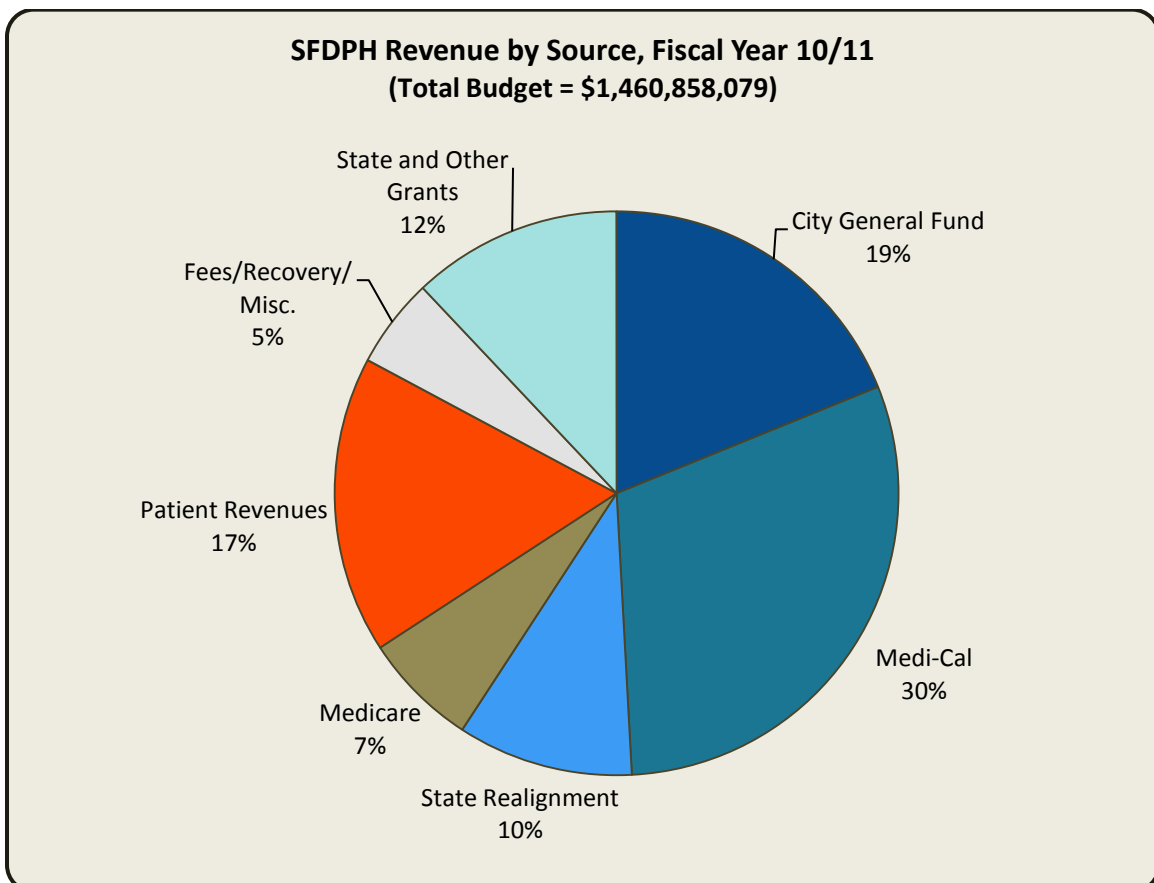


SFDPH Budget

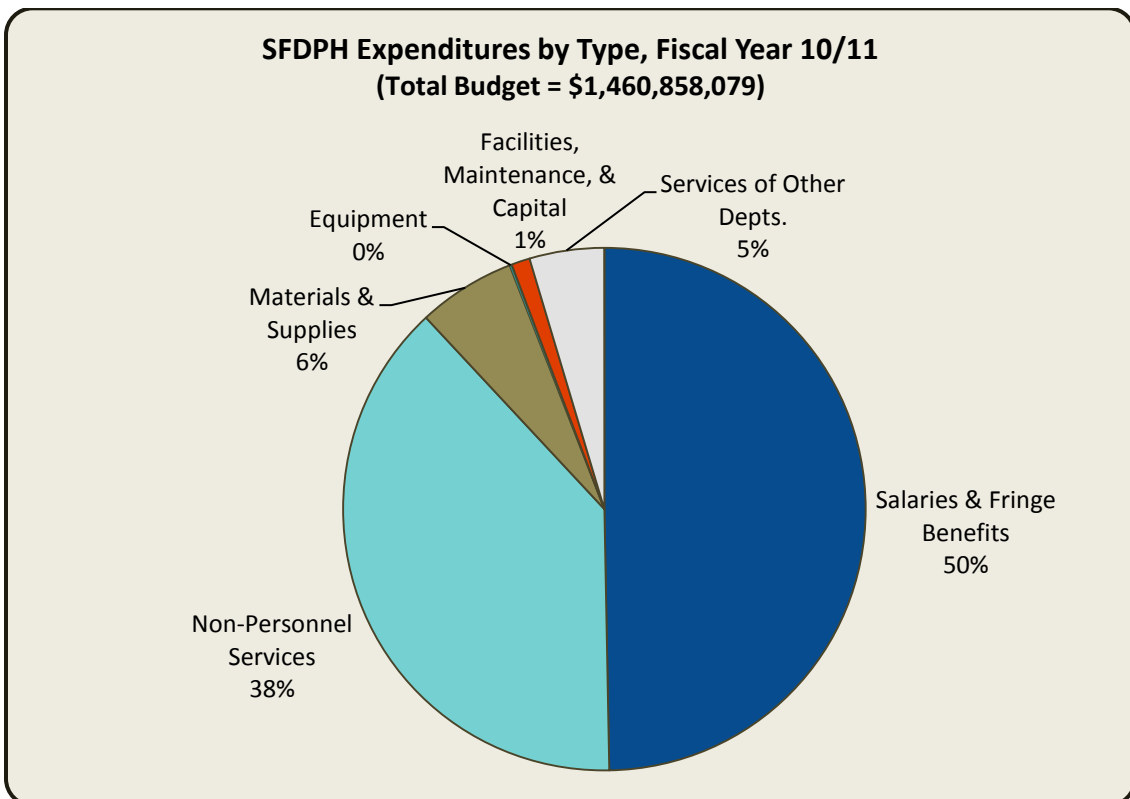
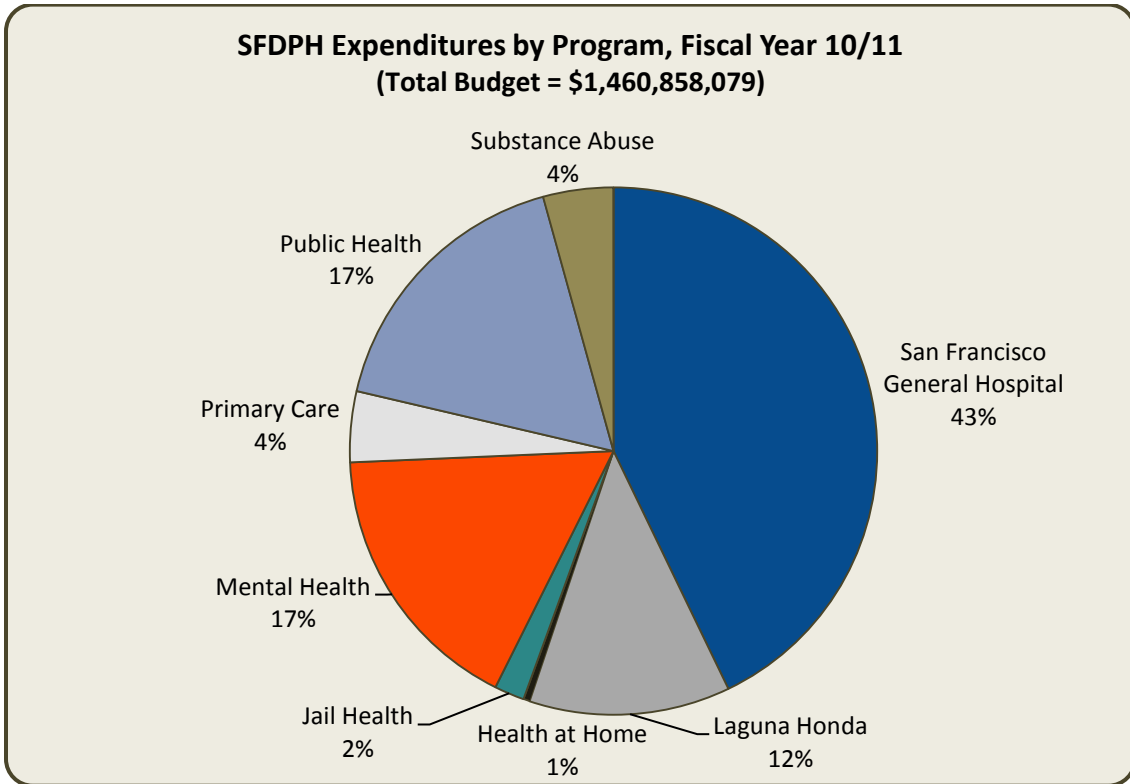
In Fiscal Year 10/11, SFDPH's budget was \$1,460,858,079. The City and County contributed \$255,025,751 in General Fund dollars to SFDPH, a reduction of \$88,715,882 from Fiscal Year 09/10's allocation of \$343,741,633. This decrease resulted from:

- Primarily, one-time revenue sources from the State Hospital Fee and an enhanced Federal Medical Assistance Percentage (FMAP). FMAP is used to determine the amount of federal matching funds for state expenditures for assistance payments for certain social services.
- A decrease in SFDPH's number of budgeted Full Time Equivalent (FTE) staff. SFDPH's number of budgeted positions decreased by 141.89 FTEs in Fiscal Year 10/11, dropping from 5837.96 FTEs in Fiscal Year 09/10 to 5696.07 FTEs in Fiscal Year 10/11.
- SFDPH's transfer of payment of more than 200 intern and resident salaries from the City payroll system to one managed by the University of California, San Francisco. This transfer reduced SFDPH's total FTEs while increasing the efficiency of payments made to interns and residents.

SFDPH REVENUE BY SOURCE



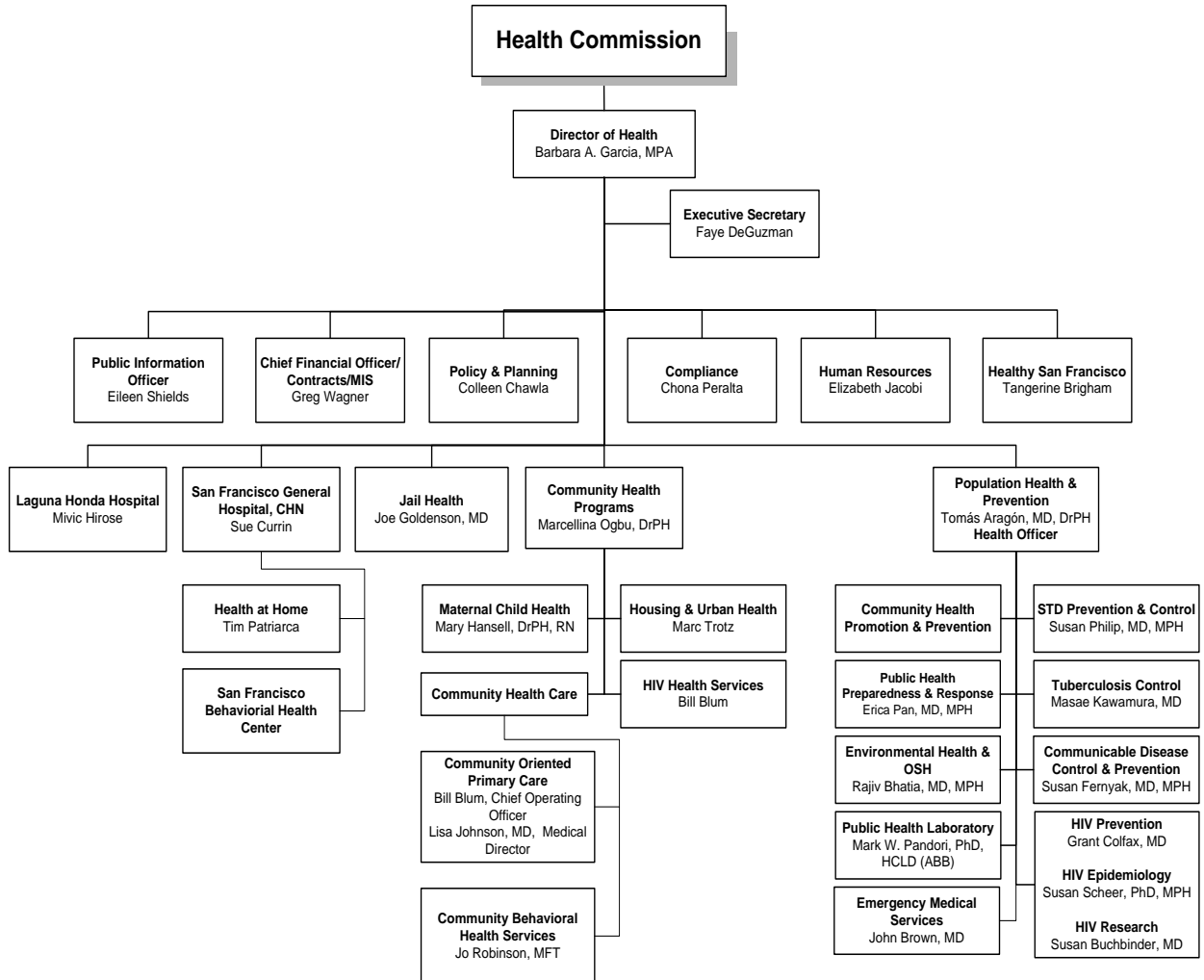
EXPENDITURES BY PROGRAM + TYPE



SFDPH Organization

Organizational Chart

SFDPH’s dedicated staff make it possible to realize the organization’s mission of protecting and promoting the health of all San Franciscans. The following organizational chart reflects SFDPH’s key positions and current structure.



SFDPH Service Sites + Affiliated Partners

SFDPH offers primary care and other health services at sites located throughout the City and County. The map below shows where SFDPH and affiliated service sites are located currently. For more specific information on SFDPH medical service sites and affiliated partners, please go to the SFDPH website (www.sfdph.org) to learn more about our [Community Health Network](#).



SFDPH Contractors

SFDPH contractors play an important role in the organization's health care service delivery system. In Fiscal Year 10/11, SFDPH contracted with 173 community partners providing a wide variety of patient services. Contractors enrich the SFDPH continuum of care and offer an array of culturally and linguistically competent programs in the community.

- A Better Way
- Addiction Research and Treatment
- AGUILAS
- AIDS Community Research Consortium
- AIDS Emergency Fund
- AIDS Legal Referral Panel of the San Francisco Bay Area
- Alternative Family Services
- Americhoice
- Ark of Refuge
- Asian American Recovery Services
- Asian and Pacific Islander Wellness Center
- Asian Women's Shelter
- BAART Behavioral Health Services
- BAART Community Healthcare
- Baker Places
- Bay Area Children First
- Bay Area Communication Access
- Bay Area Young Positives
- Bayview Hunters Point Foundation for Community Improvement
- Better World Advertising
- Black Coalition On AIDS
- Boys and Girls Clubs of San Francisco
- Brothers Against Guns
- Burt Children's Center
- Caduceus Outreach Services
- California Family Health Council
- California Institute of Integral Studies
- California Pacific Medical Center
- Catholic Charities CYO
- Center For Human Development
- Center on Juvenile and Criminal Justice
- Central City Hospitality House
- Children's Council of San Francisco
- Children's Health Council
- Chinatown Community Development Center
- Chinese Hospital
- City College of San Francisco
- Community Awareness and Treatment Services
- Community Housing Partnership
- Community Initiatives
- Community Vocational Enterprises
- Community Youth Center San Francisco
- Conard House
- Crestwood Hope Center
- Dolores Street Community Center
- Edgewood Center For Children and Families
- Eldergivers
- Epiphany Center/Mount St. Joseph-St. Elizabeth
- Episcopal Community Services of San Francisco
- Facente Consulting
- Families First
- Family Service Agency of San Francisco
- Fort Help LLC
- Fred Finch Youth Center
- Friendship House Association of American Indians
- Glide Community Housing
- Glide Foundation
- Haight Ashbury Free Clinic-Walden House
- Hamilton Family Center
- Harm Reduction Coalition
- Harm Reduction Therapy Center
- Hearing and Speech Center of Northern California
- Homeless Children's Network
- Homeless Prenatal Program
- Horizons Unlimited of San Francisco
- Huckleberry Youth Programs
- Hyde Street Community Services
- Institute For Community Health Outreach

- Institute on Aging
- Instituto Familiar De La Raza
- International Institute of the Bay Area
- Internet Sexuality Information Services
- Iris Center Women's Counseling and Recovery Services
- Japanese Community Youth Council
- Jelani House
- Jewish Family and Children's Services
- John Muir Behavioral Health Center
- La Casa de las Madres
- Larkin Street Youth Center
- Latino Commission
- Lighthouse for the Blind and Visually Impaired
- Lincoln Child Center
- Lutheran Social Services of Northern California
- Lyon-Martin Women's Health Services
- Maitri AIDS Hospice
- Mental Health Association of San Francisco
- Mental Health Management dba Canyon Manor
- Mercy Housing California
- Mission Council On Alcohol Abuse for the Spanish-Speaking
- Mission Creek Senior Community
- Mission Neighborhood Health Center
- Mobilization Against AIDS International
- Morrisania West
- MV Transportation
- National Council on Alcoholism and Other Addictions
- Native American AIDS Project
- Native American Health Center
- New Leaf Services For Our Community
- NICOS Chinese Health Coalition
- North East Medical Services
- North of Market Senior Services dba Curry Senior Center
- Oakes Children's Center
- Pacific Health Foundation Enterprises
- Pacific Institute
- Pacific Interpreters
- Parkview Terrace Partners
- Pathways To Wellness
- Plaza Apartments Associates
- Positive Directions Equals Change
- Positive Resource Center
- Progress Foundation
- Project Open Hand
- Promotions West
- Providence Foundation of San Francisco
- Rebekah Children's Services
- Regents of the University of California
- Richmond Area Multi-Services
- RISE Institute
- SAGE Project
- Saint Francis Memorial Hospital
- Samuel Merritt University
- San Francisco AIDS Foundation
- San Francisco Bar Association Volunteer Legal Services
- San Francisco Bicycle Coalition
- San Francisco Center For Psychoanalysis
- San Francisco Child Abuse Prevention Center
- San Francisco Community Clinic Consortium
- San Francisco Community Health Authority
- San Francisco Food Bank
- San Francisco LGBT Community Center
- San Francisco Mental Health Educational Fund
- San Francisco Network Ministries Housing Corp.
- San Francisco State University
- San Francisco Study Center
- San Francisco Suicide Prevention
- San Francisco Superior Court
- San Francisco Unified School District
- Self Help for the Elderly
- Seneca Center
- Shanti Project
- Sierra Vista Child and Family Services
- Special Service for Groups
- St. Mary's Medical Center
- St. Mary's Prescription Pharmacy
- St. Vincent De Paul Society of San Francisco
- State of California Department of Health Services
- Steppingstone
- Stop AIDS Project

- Sunny Hills Services
- Support for Families of Children with Disabilities
- Survivors International
- Swords To Plowshares
- Tenderloin Health
- Tenderloin Housing Clinic
- Tenderloin Neighborhood Development Corporation
- Thunder Road
- Tides Center
- UCSF AIDS Health Project
- UCSF Langley Porter Psychiatric Institute
- University of California, Berkeley
- University of the Pacific
- Victor Treatment Centers
- Volunteer Center
- Walden House
- West Bay Housing Corporation
- West Bay Pilipino Multi-Service Center
- West Coast Children's Clinic
- Westside Community Mental Health Center
- Y M C A of San Francisco
- Youth and Family Services
- Youth Homes
- Youth Justice Institute
- Youth Leadership Institute

Additional Resources

To learn more about SFDPH efforts to protect and promote the health of all San Franciscans, please explore the following resources:

- **SFDPH Webpage** (www.sfdph.org)
Learn more about SFDPH services and programs and link to additional SFDPH reports – including past Annual Reports.
- **Healthy San Francisco** (www.healthysanfrancisco.org)
Learn about the Healthy San Francisco program, including information on eligibility and enrollment. Readers may also link to [Healthy San Francisco's Annual Report for Fiscal Year 10/11](#).
- **Health Matters in San Francisco/Community Vital Signs** (www.healthmattersinsf.org)
Community Vital Signs, hosted on the Health Matters website, is a dynamic portal to the community's priority health issues and associated community resources.
- **San Francisco General Hospital Foundation** (www.sfghf.net)
Find out more about the San Francisco General Hospital (SFGH) Foundation, a not-for-profit corporation that provides fundraising support to SFGH.
- **Friends of Laguna Honda** (www.friendsoflagunahonda.org)
Friends of Laguna Honda, a non-profit organization founded in 1956, is dedicated to enhancing the quality of life for the residents at Laguna Honda Hospital and Rehabilitation Center by funding non-medical programs and services that would otherwise be unavailable.
- **San Francisco Public Health Foundation** (<http://sfpublichealthfoundation.org>)
Read about the San Francisco Public Health Foundation, a non-profit that strives to provide resources to San Francisco's public health community, facilitating the provision of high quality and cost-effective health care services.



Report can be found online at:

www.sfdph.org

415.554.2500

This report was not printed or paid for at public expense.