

*San Francisco* **Department of Public Health**



*1999-2000*

**Annual Report**



*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.**

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San Francisco Department of Public Health

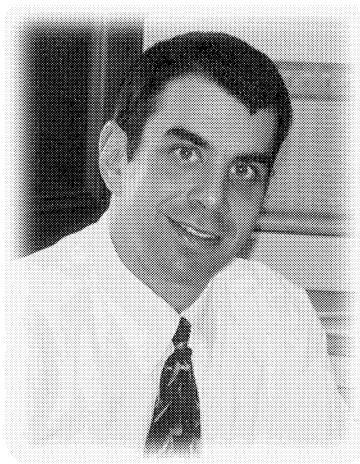
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# TABLE OF CONTENTS

Message From the Director	<b>2</b>
Health Commission	<b>4</b>
Organizational Chart	<b>5</b>
Hearing From You	<b>6</b>
Employee Awards and Recognition	<b>8</b>
Community Health Assessment and Research	<b>10</b>
Strategic Planning	<b>12</b>
Communicable Disease Prevention and Treatment	<b>13</b>
City-Wide Health Services	<b>16</b>
Community-Based Alternatives to Institutional Care	<b>20</b>
Service Expansions and Enhancements	<b>22</b>
Cultural and Linguistic Competence	<b>34</b>
Volunteers, Foundations, and Private Support	<b>38</b>
The Department's Advisory Groups	<b>40</b>
The Department's Contractors	<b>42</b>
Appendix	<b>A-1</b>

# a message from the director...



It is my privilege to present the Fiscal Year 1999/00 Annual Report of the City and County of San Francisco Department of Public Health. The report summarizes some of the Department's major accomplishments during this fiscal year. During the year, the Department focused on assessing the community's health, undertaking a strategic planning initiative, developing community-based alternatives to institutional care, expanding services, ensuring cultural and linguistic access, and promoting city-wide health services.

I feel very fortunate to be a local health director in a City that strongly supports public health and health care services. This is reflected not only in the support from the Mayor, Board of Supervisors and Health Commission, but also from residents who participate on departmental advisory groups and in the quality and caliber of the Department's staff.

San Francisco's decision to replace Laguna Honda Hospital and Rehabilitation Center is just one shining example of the City's support for health services. In November 1999, San Francisco voters approved Proposition A – a \$299 million bond measure to replace Laguna Honda with a new 1,200-bed skilled nursing facility and construct at least 140 units of assisted living. The proposition won the necessary two-thirds of the vote in every single neighborhood in San Francisco. Laguna Honda is critically needed for those disabled and elderly residents who cannot be cared for in their homes or in less restrictive settings. The voters also committed an additional \$1 million a year to tobacco prevention and control activities when this ballot measure was approved.

I am proud of our FY 1999/00 accomplishments. After several months of planning which started in FY 1998/99, the Department ushered in the Millennium by working together with other City agencies to ensure that there would be rapid access to needed medical and clinical care throughout the four-day Millennium celebration. We also:

- Developed an Adult Immunization Clinic which provides low-cost immunizations, such as Hepatitis A and Hepatitis B, to adults -- our goal is to prevent the spread of communicable disease,
- Started an Early Intervention Program which provides medical evaluation and treatment, case management, and health education/ risk reduction services to residents in the Bayview Hunters Point community,
- Trained over 1,500 restaurant and retail food service facility workers in food handling as part of new State requirements,
- Implemented a new "Integrated Soft Tissue Infection Service" to more appropriately treat serious infection among heroin users on an outpatient basis and reduce emergency room visits and hospitalizations,
- Installed an new Emergency Medical Services diversion system, in collaboration with local hospitals, to improve access to emergency hospital care,
- Opened supportive housing services at the Windsor Hotel, a single-room occupancy hotel, with 94 newly-renovated rooms and an on-site team of social workers, nurses and a physician,
- Implemented a Medical Cannabis Identification Card program that enables San Francisco residents needing cannabis to obtain an ID card issued by the Department showing that they qualify as a medical cannabis user under State Proposition 215, and
- Opened Action Point, a drop-in program in South of Market to help homeless or marginally housed, HIV-positive individuals adhere to complicated medication schedules.

In addition to the initiatives cited above, we continued expansion of our substance abuse treatment on demand effort – since its inception, service capacity has increased 60% with about 4,800 people in treatment at any given time. We also implemented the second phase of the Partner Support Program which provides health education and support services to adolescents at Balboa High School.



While the Department continued its effort to develop programs that address community needs, it also undertook a strategic planning initiative in FY 1999/00. This community-based planning effort will culminate in a strategic plan that will be finalized next year in 2000/01. At its core, the strategic planning effort will help the Department better fulfill its mission and address funding constraints.

More than ever, FY 1999/00 was a period in which the Department simultaneously faced increased demand and decreased revenue. The Department witnessed an increase in the number of uninsured residents seeking care at the Community Health Network and decreased federal and State revenue for vital services. More and more San Francisco residents are finding themselves with jobs that do not offer health care coverage. In addition, the Department provides care to more residents with complex medical and psychosocial needs – many of whom lack health insurance. It is not lost upon me, our residents, or our clients that the significant federal budget surplus has been at the expense of local governments such as San Francisco. That's why I'm committed to reversing this trend and continue to advocate strongly at the federal and state levels for additional funding to county safety net providers such as the Department of Public Health. The Department remains committed to expanding health care coverage to the uninsured.

In my 2000 *State of the City Public Health Address*, I stressed the importance of moving our system, which is heavily oriented towards acute hospitalization, toward a broader continuum of community-based services. The need for more cost-effective community-based services becomes more imperative when the Department is confronted with decreased federal and State revenues. We must ensure that our clients always have the opportunity to be cared for in settings that promote prevention, focus on supportive services, and are in community environments. A preliminary evaluation of our Community Mental Health Services' "Single-Point-of-Responsibility" program indicates that the average annual cost of service per client has been reduced from \$51,000 to \$26,000. The program provides intensive case management services to clients with severe mental illness who have difficulty remaining in the community without extensive support. I am pleased that over the last year the Department expanded its housing services, increased substance abuse treatment slots, and improved the delivery of mental health services.

Fundamentally, the Department's focus should be on prevention. We must work together to prevent disease and reduce injury. Even during times of diminished funding, our resolve to promote and expand prevention should not diminish. Prevention is the cornerstone of any good public health strategy. During the last year, the Department partnered with the community on several prevention initiatives, including the African American Health Initiative, children's mental health, tobacco control, and adult immunizations.

Despite our fiscal challenges, the Department will never abandon its goal of improving health by expanding services, planning new initiatives, and focusing on health promotion and prevention. In the coming year, the Department's strategic plan will help provide clear direction to staff and public on the range of services that are needed to improve health status. As we continue to improve health status in the 21st century it is incumbent upon all of us to vigorously attack the socio-economic determinants of health status – poverty, limited education, sub-standard housing – with the same force that was used to eradicate deadly diseases in the first half of the 20th century.

None of the accomplishments sited in this report could have been achieved without our staff. The report profiles their work. I am extremely proud to work in a local health department with staff who is so dedicated and hard-working. Over the past several years, the health care field has been a "bumpy ride." Staff has withstood the changes and challenges with professionalism and skillfulness. I am awed by their sheer talent and appreciative of their commitment to health.

Finally, I am grateful for the leadership of the Mayor, Board of Supervisors, and San Francisco Health Commission. Their guidance is vital to fulfilling our mission and meeting the challenges that lie ahead. As a Department, we are committed to working together closely to improve the health status of our residents.

  
Mitchell H. Katz, M.D.  
Director of Health

# HEALTH COMMISSION

**A**s the governing and policy-making body of the Department of Public Health, the San Francisco Health Commission is mandated by City and County Charter to manage and control the City and County hospitals, 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 Mayor of San Francisco appoints Health Commissioners to four-year terms. Listed below are the Health Commissioners and the Department committees they serve on.



## **The San Francisco Health Commissioners**

(Left to right, standing) John I. Umekubo, M.D.; Ron Hill, Harrison Parker, Sr., D.D.S.; David J. Sanchez, Jr., Ph.D.  
(Left to right, seated) Edward A. Chow, M.D.; Lee Ann Monfredini, President; Roma P. Guy, M.S.W., Vice President

### **Roma P. Guy, M.S.W., President**

Member, Joint Conference Committee for Population Health and Prevention  
Member, San Francisco Health Authority

### **John I. Umekubo, M.D., Vice President**

Chairperson, Joint Conference Committee for Laguna Honda Hospital

### **Edward A. Chow, M.D.**

Chairperson, Joint Conference Committee for Community Health Network  
Member, Joint Conference Committee for San Francisco General Hospital

### **Ron Hill**

Chairperson, Budget Committee  
Member, San Francisco General Hospital Foundation Board

### **Lee Ann Monfredini**

Chairperson, Joint Conference Committee for San Francisco General Hospital  
Member, Joint Conference Committee for Laguna Honda Hospital

### **Harrison Parker, Sr., D.D.S.**

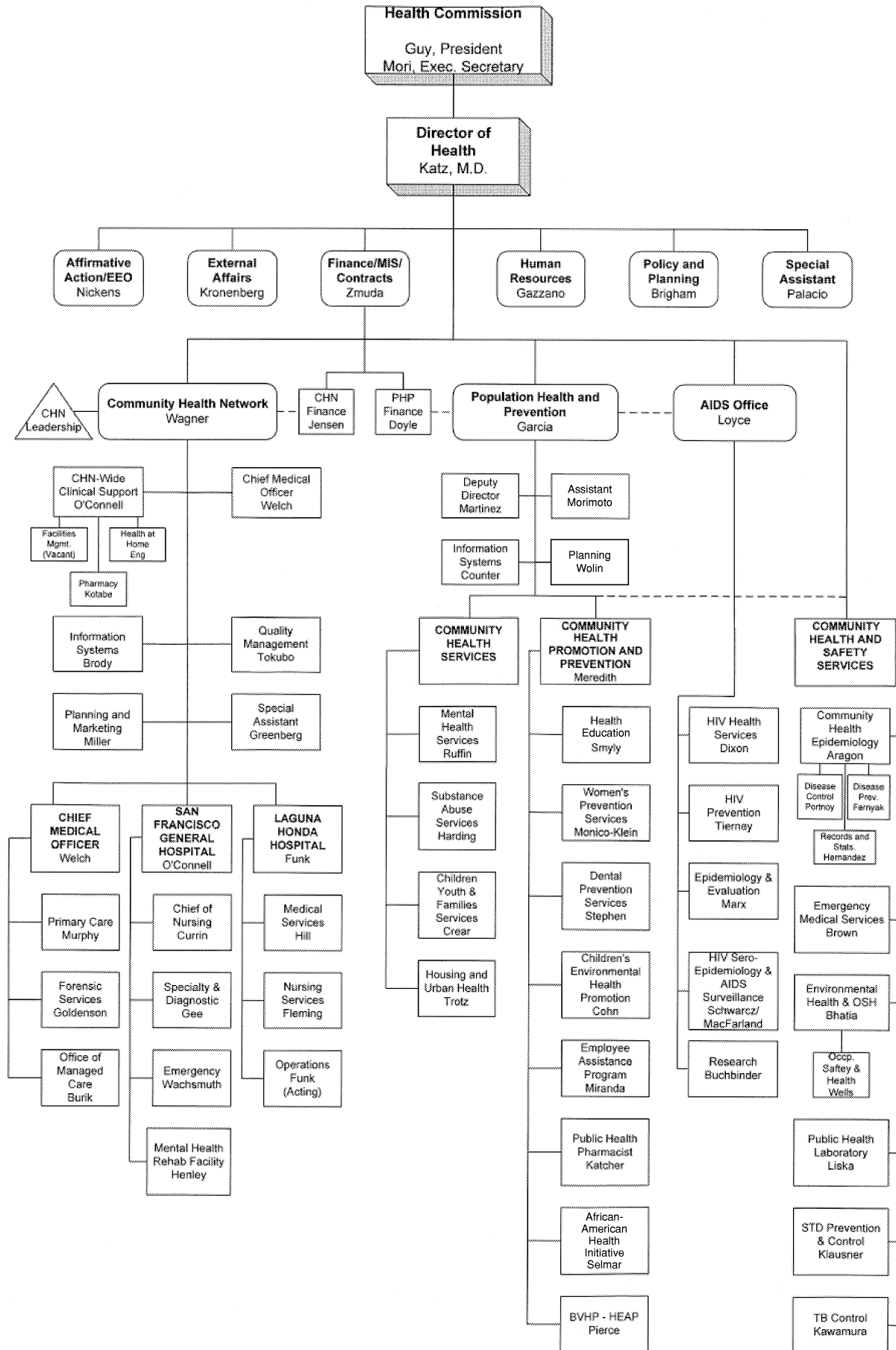
Chairperson, Joint Conference Committee for Population Health and Prevention  
Member, Budget Committee  
Member, In Home Support Services Public Authority

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

Member, Budget Committee  
Member, Joint Conference Committee for Community Health Network

### **Sandy Ouye Mori, Executive Secretary**

# ORGANIZATIONAL CHART



## HEARING FROM YOU

Everyday, over 6,800 individuals work under the banner of Public Health. Given the confines of an Annual Report, it's difficult to present a precise snapshot of who we are and what we do. The photos in this document offer the reader some of our faces. To complete the picture, we've collected some very fine voices as well. The following excerpts from letters and testimonies suggest the sort of daily public health adventure

we very much enjoy and rarely take for granted.

"I have worked in many cities mainly in restaurant design and feel that your staff have provided the best service of any governmental officials. Your staff are dedicated to benefit the public and helpful to business owners. Good, good, good! Thank you for your great service!"

*Restaurant owner who worked with Plan Checking Unit, Environmental Health Section*

"I know that my work is helping substance users of San Francisco get the services they need, when they need it. My work is important to me because I know that, by working with the Treatment on Demand Planning Council and the Practice/Research Collaborative, our work will provide more treatment slots and improve

the quality of substance abuse prevention and treatment services in the City."

*Kathleen Adriano, Assistant Health Educator, Community Substance Abuse Services*

"This program has gotten me and my Mom closer and got us to communicate better - before, there was no communication and we were always threatening each other. The peer groups helped me a lot - it was a good environment to get support to stay clean, and we could talk to each other, and it was cool. I wanted to be clean and I am grateful 'cuz this program kept me clean and out of trouble."

*Client of Henry Ohlhoff Outpatient Program, Community Substance Abuse Services*

"In my line of work, there's never a dull moment. I find it challenging, and I like the variety. Environmental Health Inspectors are Generalists rather than Specialists, and we work in so many areas that affect people's lives - the water we drink, the food we eat, places we stay, schools, hospitals, pet shops, and nuisances in neighborhoods - odors, sewage overflow, garbage, vermin, noise. I like sharing ideas and meeting with people. It's a joy working together with the community."

*Lawrence Pong, Principal Inspector, Environmental Health Section*

"Please accept my heartfelt thanks for the wonderful care I received from you all at the San Francisco Airport Clinic. The misfortune of my head injury was really an opportunity to be introduced to all of you compassionate people and give me



back some measure of confidence in contemporary health care. You are all living examples of what's right in medicine today. It was clear from the start of my visit that I was truly cared for by you. Despite a very busy morning in your office, you made time to simply interact with me as one human being should with another – with dignity, respect, and compassion."

*Client at SFO Medical Service, Community Health Network*

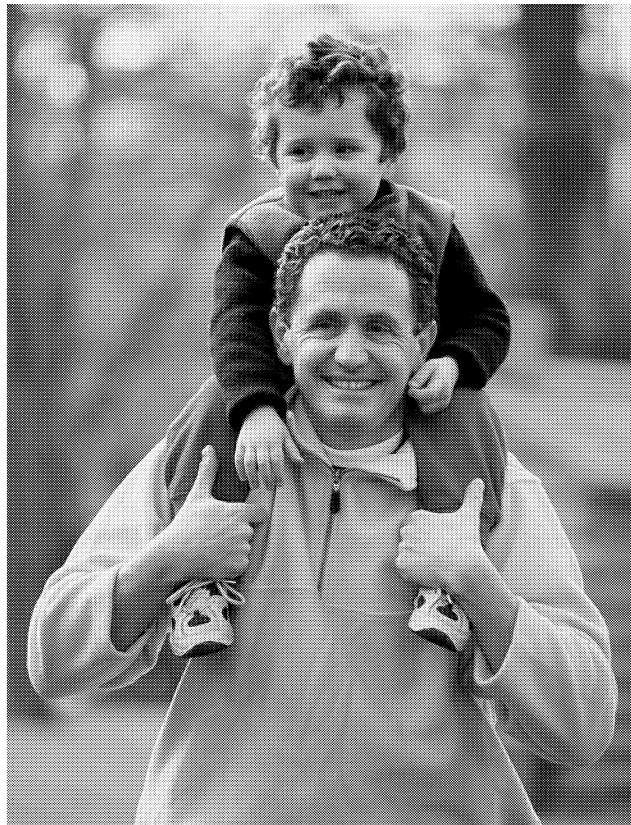
"I love the work I do at the Department – working in a multi-cultural environment and trying to be accessible to clients and give them a place to turn to. We want clients to feel comfortable about asking for help instead of feeling frustrated and isolated in their homes. I can see that clients are grateful for the services we provide, and I know that we are helping to build communities."

*Yin Yan Leung, Program Coordinator, Newcomers Health Program*

"I just wanted to thank you for your assistance with Mr. Y. He was very pleased with how things turned out. He said he felt so relieved that someone just sat down and explained (so he could understand) what was going on and what he could expect. I felt so grateful that there was someone he could turn to, who listened to his concerns, and followed through. Again, thanks for Mr. Y – he now sounds more like himself!"

*Friend of a client at Maxine Hall Health Center, Community Health Network*

"In my work with the Department, I like the opportunity I have to work with community members, being engaged in community planning, and working on efforts that have an impact on people's lives. I like being able to the recommendations from



our planning process and turn them into new programs and services for people with HIV. I think there's a lot of support in the Department for community planning, to be creative, to try something new, and to develop solutions for people with HIV."

*Laura Thomas, Health Planner, HIV Health Services, AIDS Office*

"I just wanted to let you know that I truly appreciated your concern and your honesty at a truly terrifying point in my life. And I wanted you to know that your work really did have a huge impact on the way I perceived my situation in the most positive and real way possible."

*Client of City Clinic, STD (Sexually Transmitted Diseases) Section*

# EMPLOYEE AWARDS AND RECOGNITION

The work and commitment of staff throughout San Francisco Department of Public Health make possible the many accomplishments achieved throughout the year. On a monthly basis, the San Francisco Health Commission recognizes Department staff who demonstrate outstanding job performance and deserve special recognition for the work they perform on behalf of clients or the public. In FY 1999/00, a total of 63 employees received Employee Recognition Awards.

The Public Managerial Excellence Awards is an annual event that recognizes outstanding leadership, innovation, and managerial excellence in City government. Presided over by the Mayor and sponsored by the Municipal Fiscal Advisory Committee to the Mayor (MFAC), San Francisco Planning and Urban Research Association (SPUR), and San Francisco Chamber of Commerce, the awards allow the business community to recognize the City's top managers and employees for managerial ingenuity and skill. In 1999 and 2000, the Department nominated six of its outstanding managers for this award.

We congratulate these San Francisco Department of Public Health awardees and nominees for their hard work, expertise, and dedication. In addition, we recognize the efforts of the Department's workforce of 6,800 employees who work in countless ways to help make San Francisco a healthier community.

## Employee Recognition Awards, FY 1999/00

### July 1999

Sharon Goudeau, Community Health Network (CHN), San Francisco General Hospital, Department of Psychiatry

### August 1999

Lily Xu, Population Health and Prevention Division (PHP), AIDS Office, Business and Operations Unit

CHN, Chinatown Public Health Center, Clinic Management:

Kit Chan, Lily Loo; Dr. Alex Moy; Jimmy Yan

PHP, Breast and Cervical Cancer Services, Women's Care Navigators:

Barbara Cicerelli; Alanna Ortega; Esther Thach; Sonia Tuthill

### September 1999

CHN, San Francisco General Hospital, Human Resources, Payroll Team: Nenita Bautista; Elena Domingo; Martha Espana; Anna Kwan; Jorge Martinez; Betty Matthes; Grace Ogden; Vilma Ruiz; Peter Tan

CHN, San Francisco General Hospital, Human Resources, Nursing Office Payroll Team: Henry Brogonia; Arnold Dignadice; Carol Sites

### October 1999

Angelina Ehrlich, Central Administration

Mivic Hirose, CHN, San Francisco General Hospital, Medical Surgical Nursing

### November 1999

Denise Jones, Ph.D., PHP, Community Mental Health Services, Foster Care Mental Health Program

Patricia Johnson, Central Administration, Office of Contracts Management

Brian Katcher, Pharm.D., PHP, Community Health Promotion and Prevention

Maryanne Mock, LCSW, PHP, Community Mental Health Services, Southeast Children and Family Therapy Center

### December 1999

David Rizzolo, PHP, Bureau of Environmental Health Management, Asbestos Program

Cheryl Austin, CHN, Laguna Honda Hospital, Medical Records

Ginger Smyly, MPH, PHP, Community Health Promotion and Prevention

**March 2000**

Donna Childers, Central Administration, Management Information Systems

Mary Magocsy, PHP, Emergency Medical Services Section

CHN, San Francisco General Hospital, Health Information Services: Louise Murphy, RRA; Bonnie Lee-Quon

**April 2000**

CHN, Laguna Honda Hospital: Robert Christmas, Arthur Greenberg, Leslie Holpit, RN;  
Adrienne Tong

Melissa Welch, MD, Chief Medical Officer, CHN

**May 2000**

PHP, San Francisco City Clinic, STD Prevention and Control: Susan Langdon; Nora Macias

CHN, Laguna Honda Hospital, Rehabilitation Center: Paul Carlisle, MPT, GCS; Marilyn Brandt, MS, OTR; Pamela Horenstein, MS, CCC, SLP; Lisa U. Pascual, MD

**June 2000**

PHP, Environmental Health, Food Safety Certification Instruction Team: Lorraine Aspiras; Norma Castro; Alice Chung; Jacqueline Greenwood; Vicki Lore; Eric Mar; Anita Ng; Timothy Ng; Phuong Nguyen; Lisa Palladino; Larry Pong; Oscar Quevedo; Imelda Reyes; Nader Shatara; Harpreet Sran; Ajamu Stewart; Nancy Yee

**Public Managerial Excellence Awards, 1999**

Barbara Garcia, Director of Population Health and Prevention Division\*

Galen Leung, Director of Contract Management, Central Administration

Eric Miller, Associate Administrator, Community Health Network

**Public Managerial Excellence Awards, 2000**

Lawrence J. Funk, Executive Director, Laguna Honda Hospital, Community Health Network

Anne Kronenberg, Director of External Affairs, Central Administration

Norm Nickens, Deputy Director, EEO, Affirmative Action and Cultural Competency, Central Administration

\* Designates Public Managerial Excellence Awardee



# COMMUNITY HEALTH ASSESSMENT AND RESEARCH

**P**romoting and improving the health of the San Francisco community requires a clear understanding of the health risks, problems, strengths, and concerns of individuals in the community and the population as a whole. The Department of Public Health assesses and researches the health of the community through community needs assessments, ongoing monitoring and analysis of health conditions, and scientific research. Findings from these efforts serve as an important basis for planning, prioritizing, and implementing health improvement strategies in the community. This section provides highlights of the Department's assessment and research initiatives.

## Dental Health

Nearly half of low-income elementary school children and 18% of preschool children have untreated tooth decay.

This was a key finding of the Dental Services Section's "Dental Health Report for San Francisco." San Francisco has fluoridated water, but many newcomer children and families arrive with many oral health needs. The report recommended a citywide assessment of oral health of adults and the need for more free and low-cost dental services. As a result of the report, the Dental Services Section has increased its prevention efforts through a school-based dental sealant

(to prevent cavities) program for second grade children. This service will be extended next year to families in homeless shelters.

## Firearm Incidence Surveillance

One of the leading causes of death among San Francisco's African American and Latino males ages 15 to 24 is firearm violence. In FY 1999/00, the Department's Health Education Section expanded its Multi-Agency Active Firearm Surveillance Pilot Program to better track all firearm-related injuries in the City through a single, comprehensive data clearinghouse. The project links data from multiple agencies such as public health, police, medical examiner, and hospitals, in order to get a complete picture of why injury and death due to firearms occur. This in turn will help the Department to develop more effective firearm injury prevention strategies.

## HIV Services Evaluation

The HIV Epidemiology and Evaluation Section conducts research to determine whether the Department's strategies are effective in preventing the spread of HIV and whether existing health services are meeting the needs of HIV-infected persons and persons at-risk for becoming HIV-infected in San Francisco. In FY 1999/00, this Section:

- Evaluated the delivery and costs of Prevention Case Management (PCM) services at nine community-based organizations. The project's results were used to develop new standards for HIV/AIDS services.
- Implemented the Emergency Room Study to better understand how HIV-positive clients at San Francisco General Hospital's Emergency Room use health care services. Results of the study will help identify barriers to access for routine HIV-related care in this





client population. This study was done in collaboration with the HIV Research Section.

- Began the "Party and Play" study to examine how widespread HIV and other sexually transmitted diseases and HIV-risk behaviors are among San Francisco's men who have sex with men and transgender communities who stay up late, use illicit drugs, and are sexually active while high. The study will recruit 350 participants from the City's clubs, bars, and streets.

### **Homeless Death Report**

In 1999, the number of homeless people who died on the streets of San Francisco reached a record high of 169. According to the Department's "Homeless Death Report" issued in December 1999, most of these deaths were preventable and substance abuse was the most common cause of death. Since 1990, the Department has counted the number of people who die homeless to help identify gaps in the City's system of care to prevent future homeless deaths. As a result of its death review, the Department developed a homeless death prevention team to identify and evaluate people who are homeless or at-risk for homelessness to facilitate their access to health and other City services. In addition, with the support of the Mayor and Board of Supervisors, the Department has increased its mental health and substance abuse treatment services.

### **Child and Adolescent Health Status**

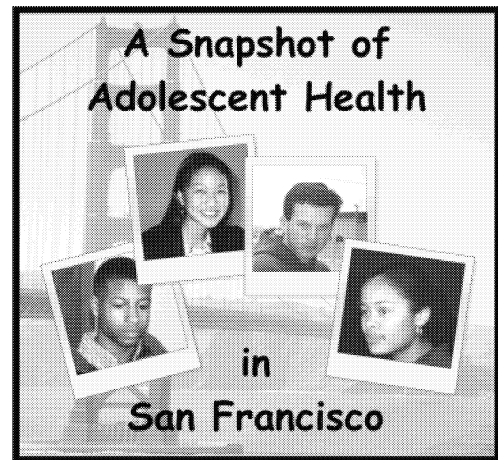
Advances in medical care mean that there aren't as many sick children who need hospital care and other traditional health services as in the past. Instead, health care providers must focus more on health problems related to preventable risk-taking

behaviors and emotional difficulties. In FY 1999/00, the Department issued two reports describing key health and socio-economic indicators for San Francisco's young people.

"The Health and Well-Being of San Francisco Unified School District Students (SFUSD), K-12", developed in collaboration with SFUSD, and "A Snapshot of Adolescent Health in San Francisco" both emphasize the largely preventable nature of current childhood and adolescent health conditions. The reports point to the link between health and school performance and the need for expanded psychosocial services for children, youth, and their families. The reports have become an important tool to guide the Department in planning for child and adolescent health services.

### **San Francisco Practice/Research Collaborative**

In October 1999, Community Substance Abuse Services initiated the San Francisco Practice/Research Collaborative (SF-PRC), a 45-member community planning group comprised of substance abuse providers, researchers, policy makers, and client representatives. SF-PRC's goal is to improve the quality of substance abuse services in San Francisco by increasing communication and collaboration between community-based service providers and the research community. SF-PRC's first year of work included a comprehensive needs assessment and evaluation priorities for substance abuse services.



# STRATEGIC PLANNING

San Francisco's future is dependent upon healthy communities, families, and residents. Our quality of life is improved with healthy communities. As a result, the Department of Public Health is committed to promoting health, preventing injury and illness, reducing harm, and providing services. We must continually ensure that the services we provide are relevant to resident needs.

During FY 1999/00, the Department embarked on a strategic planning initiative to improve its ability to achieve its mission and vision. Like any organization, the Department must strategically position and prepare itself for changes in the financing, regulation, and delivery of health services. Recommendations from this planning effort will be developed in FY 2000/01.

The purpose of the strategic planning initiative is to:

- Respond to San Francisco's changing demographic and health needs,
- Plan with the community for health improvement,
- Strengthen prevention efforts,
- Identify populations the Department should more appropriately serve,
- Develop program priorities to maximize the effectiveness of limited resources, and
- Respond to funding trends.

Our goal is to provide San Francisco residents with the most appropriate services that we can offer within the funding available to us. Because the Department is not the only entity that provides health services in the community, our effort included consumers, staff, providers, and health

advocates in the planning effort.

Over the past several years, the Department's challenge has been to provide an array of health services that address socio-economic factors (such as poverty, housing, and lack of education) that impact health status. More and more, the public is demanding, providers are supporting, and research is documenting the need for local health departments, such as the San Francisco Department of Public Health, to adopt a broader view of health. The Department has a responsibility to respond to these needs.

As part of this effort, the Department is conducting a series of town hall meetings with the community and staff. Thus far, the town hall meetings reveal that many residents throughout the City's neighborhoods echo similar health concerns – the negative impact of socio-economic conditions on health, the need to increase our emphasis on prevention, the need for more dental health, homeless services, long-term care, and behavioral health services, and the importance of service integration, outreach, and collaboration. This is both enlightening and heartening. It can help clarify community needs and prioritize new program initiatives in the Department.

Over the course of FY 2000/01, the Department will continue this community planning initiative and encourages residents to keep not only informed about the effort, but also contribute their input and perspectives. The Department has created the following Internet site for the public and staff – [www.dph.sf.ca.us/stratplan](http://www.dph.sf.ca.us/stratplan).

## COMMUNICABLE DISEASE PREVENTION AND TREATMENT

Successful prevention and control of communicable (infectious) diseases and widespread improvements in basic sanitation practices have been two important reasons for vast improvements in public health and increased life expectancy in the U.S. in the past century. The Department of Public Health continues to maintain strong efforts to prevent and treat communicable diseases such as Sexually Transmitted Diseases (including HIV/AIDS), tuberculosis, childhood infectious diseases, and new, emerging diseases. The Department's efforts in this arena comprise a mixture of long-standing, proven strategies, as well as new, creative strategies needed to prevent the spread of communicable diseases within San Francisco's diverse and dynamic communities.

### STD Prevention and Control

Sexually Transmitted Diseases (STDs) can cause serious health problems, but getting tested for STDs is easier than ever. A simple urine test can now detect chlamydia and gonorrhea, diseases most people may not even know that they have contracted. The Department's STD



Program operates City Clinic, the City's only municipal STD Clinic. City Clinic offers drop-in STD testing, diagnosis, treatment, and counseling; HIV counseling, testing, referral, partner notification, early intervention, post-exposure prevention services; and, male and female reproductive services.

In FY 1999/00, the Department's STD

Program expanded the number and types of venues offering STD screening and education to include nightclubs, adult book stores, community-based organizations, and public schools. STD outreach occurred at:

- CATS Nightclub which generated national publicity and proved that it is possible to do STD outreach and screening in a club.
- Folsom Gulch Bookstore which was the first-ever successful collaboration between STD Services and an adult bookstore.
- San Francisco public high schools - for the second year. A total of 566 students were screened for chlamydia and gonorrhea. This successful effort led to the San Francisco Unified School District's commitment to support expanded STD screening next year.

In FY 1999/00, the STD Services Program also:

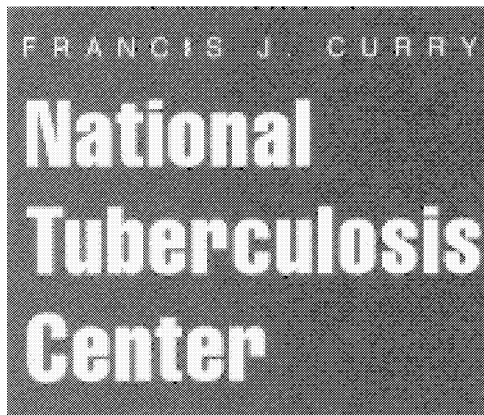
- Maintained a "Syphilis Rapid Response Team" with the goal of eliminating locally-acquired syphilis infection. The Team screens high-risk groups, investigates syphilis outbreaks, and conducts community outreach and education.
- Established a summer STD Internship Program for inner city youth who received intensive training on STDs, HIV, drug abuse, and teen pregnancy and made presentations at a variety of community-based events to educate other youth about STDs.

### Influenza Prevention

Influenza is a significant cause of death and disability among the



elderly, people with chronic medical conditions, and pregnant women. The influenza vaccine is an important way to prevent this potentially fatal infection. In FY 1999/00, Communicable Disease Prevention Section organized the Community-Wide Influenza Coalition (CWIC), a group of San Francisco health care providers and community agencies working together to get at-risk San Franciscans immunized against influenza. CWIC created and distributed an "Influenza Toolbox" to employers and other organizations to promote the importance of influenza immunizations.



### **Tuberculosis Prevention and Control Services**

In FY 1999/00, the Department's Tuberculosis (TB) Control Program:

- Strengthened its community partnerships by opening a satellite TB treatment site at the Department's Chinatown Public Health Center where patients have community access to

monthly prescription refills or daily "Directly Observed Therapy" medications and will be more successful in completing their treatment.

- Received competitive federal funding for the National TB Model Center, based in San Francisco, targeted testing and treatment services, and other essential TB prevention and control services.
- Participated in research to study a blood test that may someday replace the traditional TB skin test that helps identify persons exposed to TB. Replacing the TB skin test would reduce clinic visits and prevent potential errors made from improper testing and reading.
- Conducted research to test the effectiveness of a two-month treatment for TB-infected individuals who have "latent" or dormant, non-contagious infection.

### **HIV Early Intervention Program at SEHC**

According to a recent survey, residents of the Bayview Hunters Point neighborhood consider HIV/AIDS to be one of their top health concerns. In April 2000, a new Early Intervention Program (EIP), administered by the Department's HIV Health Services in cooperation with the Institute for Community Health Outreach, began enrolling clients and their significant others in EIP, with the goal of reducing HIV high-risk behaviors. The program, located at Southeast Health Center, provides medical evaluation and treatment, case management, and health education/risk reduction services. In addition, a coalition of HIV community providers participate in the continuum of care by providing STD/HIV testing, mental health, and substance abuse services.

### Toddler Immunizations

Only 57% of San Francisco's African-American two-year olds are up-to-date on immunizations compared to a city-wide rate of 70%. CDP, in

Is there a baby in your family? Immunize on time every time

2 months old  
4 months old  
6 months old  
12 months old  
15 months old

For more information  
1-800-300-9950

SAN FRANCISCO IMMUNIZATION COALITION

SFIC Voice Mail (415) 535-0115

collaboration with the San Francisco Immunization Coalition, began conducting focus groups with San Francisco's African-American families to identify the specific barriers preventing African-American children from having higher immunization rates. Results of the focus groups will

be used to develop immunization strategies to specifically eliminate the barriers faced by these families.

### Adult Immunization Clinic

It's been years since San Franciscans could drop-by the Department's main building and receive an old-fashioned shot in the arm. Beginning in October 1999, Communicable Disease Prevention's Adult Immunization Clinic began providing low-cost Hepatitis A and Hepatitis B immunizations, mainly to serve travelers, food service workers, students, and men-who-have-sex-with men. Today, the clinic provides 17 reasonably priced immunizations



to adults from all walks of life, reflecting the growing demand for more variety, walk-in convenience, and health-related travel counseling. Plans are underway to offer seven more blood tests and immunizations in FY 2000/01.

## CITY-WIDE HEALTH SERVICES

The Department of Public Health is actively involved in protecting the public's health in ways that most San Franciscans may be unaware of. Two important ways that the Department performs important "behind-the-scenes" activities is in assuring the availability of a reliable and responsive city-wide emergency medical services system and in preventing and eliminating harmful environmental elements in the City. The Department's commitment to

transports by ambulances to hospital emergency rooms in the City. However, an increased number of "911" calls requesting emergency medical services, fewer available beds within San Francisco's hospitals because of hospital closures, and a severe nursing shortage have resulted in a steady increase in ambulance diversions. These are situations in which a hospital can redirect or "divert" an ambulance to another hospital if they are too busy to accept one more ambulance patient. The Department's Emergency Medical Services (EMS) Section, in collaboration with local hospitals, and public and private EMS providers installed a new internet-based Diversion Communication System to improve day-to-day management of available hospital resources, improving monitoring of diversion practices, and refining ambulance diversion policies.



city-wide emergency health services and environmental health regulation and management are put to the test and become more evident in times of actual emergencies and disasters. The following are a sampling of initiatives occurring in the past year, which illustrate the Department's effectiveness in these areas.

### EMERGENCY MEDICAL SERVICES

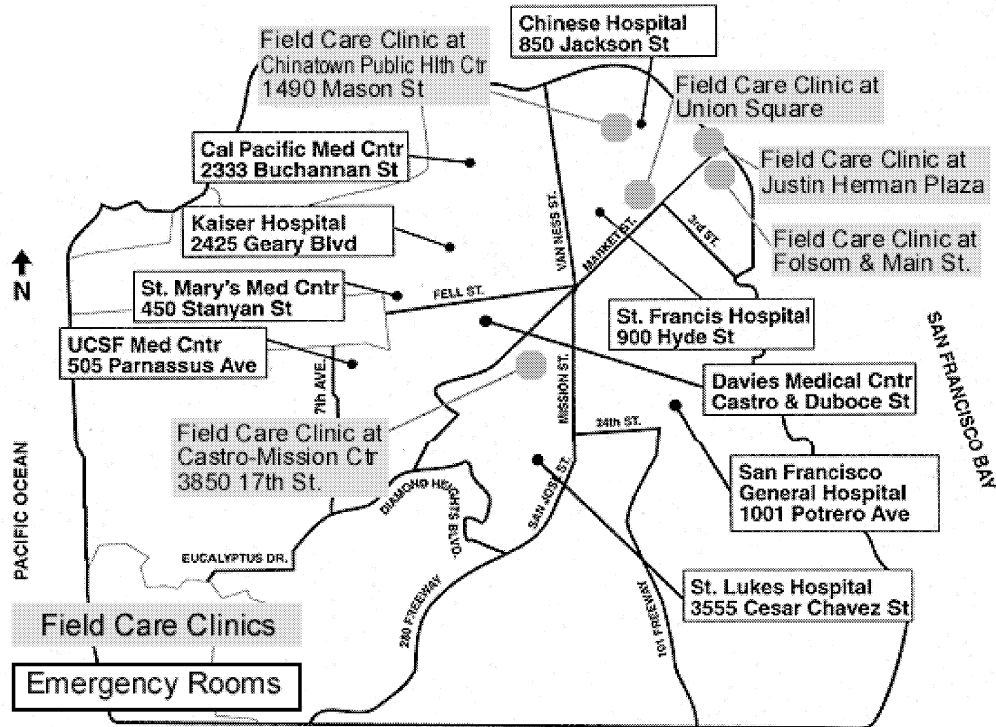
#### Ambulance Diversion

In 1999, San Francisco's Emergency Medical System provided over 50,000

#### Cross-Trained Firefighter/ Paramedics

Five minutes can mean the difference between life and death if emergency medical treatment is not given to a seriously ill or injured patient. In FY 1999/00, the Department in collaboration with the San Francisco Fire Department, completed final arrangements to launch the first in a series of Advanced Life Support (ALS) fire engines which will allow emergency medical treatment to begin prior to the arrival of an ambulance. ALS fire engines, inaugurated in August 2000, place cross-trained firefighter/paramedics who are equally adept at fire suppression and emergency medical treatment on fire trucks. Eventually,

**Millennium Field Care Clinics and Emergency Rooms**



more than half of the City's fire engines will be ALS units, which will significantly improve the quality of paramedic services for San Francisco residents and visitors.

**Millennium Health Response**

In Summer 1999, the Department, in collaboration with other City agencies and private health care providers, began preparing for a four-day Millennium celebration that was expected to draw up to 750,000 visitors to San Francisco and create an unprecedented demand on health care services. After intensive and creative planning, the Department was successful in distributing healthy Millennium messages through media venues, in BART and MUNI, and at hotels and restaurants, stressing the need to plan ahead, drink moderately, and take public transportation. During the celebrations, the Department operated eight Field Care Clinics supplemented by foot patrols and

health care at two impromptu jails to provide triage and on-site medical care to minimize the number of patients at hospital emergency rooms (see above). Although the celebrations did not evolve into the rapid-response model that was prepared for, services were provided efficiently and the months of planning down to the essential details served as a good basis for emergency preparedness within the Department and all participating agencies.

**Trauma Care**

The turn of the Millennium found the Trauma Center at San Francisco General Hospital in its 27th year of operation as the only "Level One" Trauma Center in the City, caring for San Francisco residents and visitors. Level One status requires that the same level of trauma physicians, nurses, support staff, equipment, and "crash operating rooms" be available at all times. In fact, a nearly equal



number of patients required trauma care during day and nighttime hours this year. Of 1,233 people receiving care in FY 1999/00, most were injured because of falls, motor vehicle crashes, or pedestrian injuries. Of those, 105 people suffered fatal injuries. Violence by shooting, stabbing, gun violence, and other forms of assault brought nearly 400 adults, youth, and children to the Trauma Center.

In FY 1999/00, the Trauma Center adopted the motto "A Team for Life", reflecting its commitment to provide the most comprehensive, compassionate care possible to save the life of persons experiencing trauma. The Center also rededicated itself to excellence and leadership in trauma care by:

- Adding nurse practitioners to the Trauma Team, strengthening physician leadership, and adding new night shift medical social workers to support trauma victims and their loved ones; and
- Beginning a two-year planning process, in collaboration with the

Department's Emergency Services Agency, to develop a comprehensive trauma plan to improve all aspects of trauma care in San Francisco.

## **ENVIRONMENTAL HEALTH REGULATION AND MANAGEMENT**

### **Preventing and Controlling Environmental Risks**

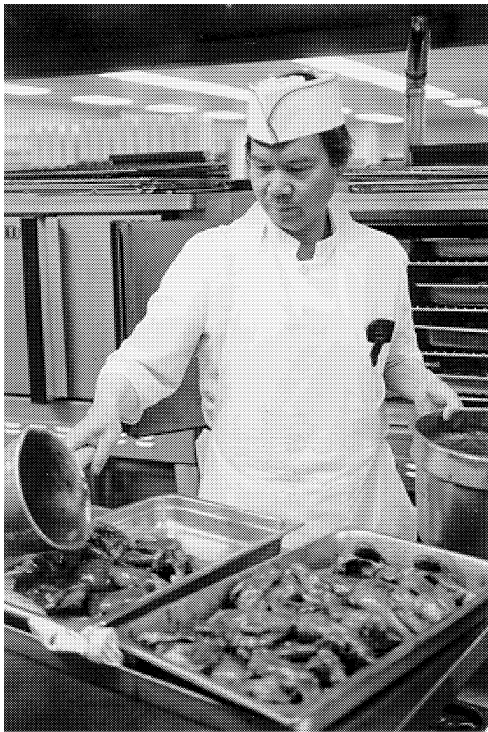
The Department's Environmental Health Section (EHS) monitors and controls a wide range of potentially harmful conditions in the environment. EHS inspects and facilitates the health and safety of San Franciscans in hotels and restaurants and other retail outlets and at recreational water sites. EHS monitors and helps to alleviate exposure to lead, environmental noise, hazardous materials, and hazardous wastes. This year, EHS:

- Implemented a Voluntary Cleanup Program to supervise and expedite clean-up of land in San Francisco contaminated by hazardous wastes, with the goal of returning the land to productive and safe use. Two major clean-up efforts this past year were San Francisco Redevelopment Agency's Bernal Dwellings (public housing) Project and San Francisco Recreation and Parks Department's Franklin Square Project.
- Provided the City's Planning Department with a review of the environmental consequences of proposed increased capacity of the Potrero Power Plant, proposed industrial uses of the Southern Waterfront, and other major San Francisco projects.

### **Food Safety Training**

With the arrival of the new





millennium, an invisible but critical change occurred in food facilities throughout San Francisco. Beginning January 1, 2000, a new California law requires that each of the City's approximately 6,000 restaurants and retail food service facilities have at least one person on staff who has successfully passed an accredited food safety exam. Facilities who do not comply with this new regulation face closure.

To help food facilities meet this deadline, a team from the Department's Environmental Health Section developed and offered low-cost food handler training classes in English, Spanish, and Cantonese, to over 1,500 individuals, to help them prepare for the exam. Participants received high passing marks on the exams, reflecting the effectiveness of the training. The training not only promoted higher quality food preparation, but also strengthened the collaborative relationship between the food industry and the Department.

### **Rodents and Other Public Health Nuisances**

In FY 1999/00, inspectors from the Environmental Health Section (EHS) responded to 2,000 complaints of public health nuisances including abandoned vehicles, illegal dumping of refuse, vermin and pigeon infestation, overgrown vegetation, and solid waste disposal. Complementing these efforts, EHS, in collaboration with San Francisco League of Urban Gardeners (SLUG) and the Department of Public Works instituted more aggressive rodent monitoring and abatement activities in Chinatown, Fisherman's Wharf, and downtown areas. Critical to these efforts was close cooperation between EHS, residents and business owners to adopt better rodent control practices.

### **Underground Storage Tanks**

Increasing awareness of widespread contamination due to leaking underground storage tanks (USTs) used for storing gasoline and other fuels, has resulted in new State laws requiring that USTs be inspected annually instead of only once every three years. Leaking USTs are a problem because some fuel constituents, such as MTBE, are considered to be health hazards and can contaminate groundwater used for the City's drinking supplies. The Environmental Health Section's inspections of 694 operational USTs at 263 facilities in the City have not revealed any leaks, but ongoing inspections are critical to prevent environmental harm.

## COMMUNITY-BASED ALTERNATIVES TO INSTITUTIONAL CARE

San Francisco has a significant need for additional community-based health and social services to maintain and support residents in or close to their homes. Without these services, some San Franciscans may inappropriately turn to emergency and inpatient care for their health and social needs. The range of



community-based services that would help keep people in their communities and promote their independence includes substance abuse treatment, mental health alternatives to hospitalization, and supportive housing services. In addition, long term care services such as home health care and adult day care also help keep people out of institutional settings. The expansion of community-based alternatives to reduce the use of more costly emergency services, inpatient care, and hospital-based skilled nursing facilities has been a top priority of the Department and was reaffirmed in FY 1999/00 as reflected in the following new and ongoing initiatives.

### **Direct Access to Housing**

Over a year ago, the Windsor Hotel, located in the heart of the Tenderloin, was just another rundown single-room-occupancy (SRO) hotel contributing to the blight of the

neighborhood. At best, the hotel provided marginal housing to 20 people. In October 1999, the Department, in a unique partnership with a private SRO property owner and a property management firm, officially reopened the Windsor Hotel with 94 newly-renovated rooms and an on-site team of social workers, nurses, and a physician.

The Windsor Hotel is the second site of the Department's Direct Access to Housing (DAH) program. DAH identifies under-utilized, privately-owned buildings, and master-leases and renovates them in order to provide clean, safe, and stable housing for people living on the street and revolving through shelters and medical systems. The Windsor Hotel provides residents with the chance to regain stability and control over their lives. DAH has already leased a third site, the LeNain Hotel, to house homeless seniors and has three additional sites in the works, bringing the total to 401 units in operation by Spring 2001.

### **"SPR" Mental Health Teams**

Since 1997, Community Mental Health Services has deployed six "Single-Point-of-Responsibility" (SPR) teams to provide intensive case management services to high-cost clients with severe mental illnesses who have difficulty remaining in the community without extensive support. SPR teams serve about 400 clients at any one time, using "Assertive Community Treatment", a state-of-the-art model of behavioral health care, to arrange for all the services needed by clients to improve their mental health and minimize high-cost acute and emergency services. In FY 1999/00,

preliminary evaluation findings indicate that SPRs reduced the average annual cost of services per client from \$51,000 to \$26,000 after two years of enrollment while achieving good ratings from clients on program satisfaction and perceptions of self-improvement.

### **Health at Home**

The heart of Health at Home, the Community Health Network's licensed home health agency, is preserving health, independence, and quality of life. In FY 1999/00, Health at Home cared for over 800 chronically ill and frail elderly clients with services such as restorative and respite care, HIV management, and diabetic and respiratory care. A multi-disciplinary staff of registered nurses, physical, occupational and speech therapists, social workers, home health aides, and trained volunteers provided nearly 20,000 visits and worked with many community agencies to ensure continuity of care for clients.

### **Avenues Program**

In April 2000, Community Mental Health Services, in partnership with Progress Foundation, opened a 12-bed Acute Diversion Unit for mental health clients in crisis. The Avenues Program provides an alternative to psychiatric hospitalization in a warm, supportive residence with 24 hours a day, 7 days a week supervision. Within six months, the Avenues Program had treated 58 clients, over half are "dually-diagnosed" (have both mental health and substance abuse problems). Almost all clients were referred from Psychiatric Emergency Services at San Francisco General Hospital, and were thus successfully diverted to a community-based setting instead of being hospitalized. More than half of Avenues' clients have been successfully stabilized and returned to the community.



### **Soft Tissue Infections**

The heroin epidemic has taken a severe toll on the City - approximately one San Franciscan dies every other day from heroin overdose. In 1999, there were over 4,000 visits to San Francisco General Hospital (SFGH) for skin and soft tissue infections related to heroin use. Expansion of SFGH's 4C Wound Care Center is a key initiative consistent with the Department's goal to reduce inappropriate hospitalizations and Emergency Department (ED) visits by developing more appropriate outpatient services. A new "Integrated Soft Tissue Infection Service" (ISIS) team comprised of surgeons and nurses have begun serving patients with soft tissue infections. Since the clinic's opening, more than 200 injection drug users are being seen and treated each month by the ISIS team. The ISIS team collaborates with medical social service, substance use, pharmacy, and emergency room staff to arrange for ongoing substance abuse treatment, shelter, and other concrete services that injection drug users need. Already, this new, less costly service has reduced ED visits, operating room visits, and hospitalizations.

## SERVICE EXPANSIONS AND ENHANCEMENTS

**A** wide range of service expansions and enhancements occurred this past year throughout the Department's two main divisions - Population Health and Prevention (PHP) and Community Health Network (CHN). PHP focuses on disease prevention and health promotion of communities throughout San Francisco. CHN works to assure equal access to health care for all San Franciscans by providing personal health care services through a comprehensive network of providers, with special emphasis and commitment to serving the City's most vulnerable populations. Together, these two divisions work in different, yet complementary ways, to achieve the mission of the Department to protect and promote the health of all San Franciscans. This section will describe key service improvements related to prevention, behavioral health services, long term care, women's health, children and youth, HIV health services, neighborhood-based initiatives, social support and rehabilitative care.

### PREVENTION

#### Injury Prevention

In April 2000, the Department's Health Education Section, in partnership with San Francisco Injury Center, convened a statewide conference, "Injury Prevention: A Public Health Approach." The conference was successful in raising awareness about injuries, increasing

skills in injury assessment, and increasing networking among community representatives and public health professionals. The conference focused on specific San Francisco issues including how to use data and how to improve pedestrian safety.

#### Fall Prevention Among Seniors

Injuries are a significant and largely preventable health problem for seniors, resulting in long-term disabilities, as well as, deaths. Falls are one of the most common types of injuries, and most falls occur in seniors' homes. In FY 1999/00, the Health Education Section's Community and Home Injury Prevention Project for Seniors (CHIPPS) expanded its ability to conduct home visits to San Francisco elderly to assess safety, with return visits to do injury-preventing safety modifications in homes. CHIPPS also began working with University of California at San Francisco researchers to better understand what factors encourage older people from different cultures to make safety-related changes in their homes.

#### Mammography Screening and Tracking

Breast cancer is the most common type of cancer for women of all racial and ethnic groups in San Francisco. Early detection improves the chances that treatment will be successful. In FY 1999/00, the Community Health Network's primary care health centers took steps to improve breast cancer screening rates. A new automated tracking and reminder system was established to send reminders to women ages 52 to 69 at 12 and 18



months after their last mammography. A personal phone call will be made to women who are at least two years overdue for screening to find out whether there are specific barriers that staff can address to help clients get screened. Through these new efforts, health centers hope to increase up-to-date screening rates from 63% to 75% over the coming year.

**HIV Prevention**

New HIV infections are increasing among gay men in San Francisco and recent studies indicate that high-risk



sexual behavior is increasing among men-who-have-sex-with-men. In FY 1999/00, the HIV Prevention Section (HPS) continued to coordinate the activities of San Francisco's HIV Prevention Planning Council which allocates federal, State, and local funding to the City's HIV prevention providers based on priorities set by the Council. HPS also strengthened its efforts to fight the spread of HIV in San Francisco through new initiatives:

- The Prevention for HIV Positive Individuals Project (HIV-PIP) launched its new website, "HIV Stops With Me" website ([www.hivstopswithme.org](http://www.hivstopswithme.org)) featuring a panel of San Francisco

spokespersons who tell their life stories and encourage web users to contact them. The website also provides information about HIV prevention resources, volunteer opportunities, and "Prevention for Positives" events. HIV-PIP seeks to stop the spread of HIV by helping HIV-positive gay/bisexual men and transgenders to be leaders in HIV prevention.

- The N'HOW (Neighborhood Health On Wheels) mobile medical van began canvassing various City neighborhoods to increase access to health care services by at-risk individuals. The van provides HIV counseling and testing and STD (sexually transmitted disease) screening and referrals to treatment services.
- A new "Fund for Innovation" provides grants to encourage new, creative strategies to prevent HIV. The Fund's newest projects are a drop-in center at the Tenderloin AIDS Resource Center to promote community and individual empowerment, unique web-based outreach and education for the gay community by the Stop-AIDS Project and AIDS Health Project, and an innovative collaboration between HPS and the Department's STD (Sexually Transmitted Disease) Section to integrate HIV services with other STD services.

**BEHAVIORAL HEALTH  
(Substance Abuse and Mental Health)**

**Expanded Access to Outpatient Behavioral Services**

In FY 1999/00, Community Mental Health Services (CMHS) expanded the availability of behavioral

(combined mental health and substance abuse) services to 650 uninsured, homeless, and limited English-speaking San Franciscans - improving access to services, wherever clients need them, during convenient hours, and in the languages they speak. CMHS and its community partners have begun offering more services at shelters, drop-in centers, community agencies, and the streets, instead of at traditional clinics. Next year, these efforts will double to serve 1,300 clients.

### **Harm Reduction: Bridging the Gap**

Since 1997, the Department's Community Substance Abuse Services has co-sponsored a "Bridging the Gap" conference aimed at integrating harm reduction approaches into traditional substance abuse services. This year's two-day conference in May 2000 had over 600 attendees including Bay Area substance abuse service providers, scientists, consumers, and advocates as well as their counterparts from throughout the country. The conference was successful in examining issues such as drug treatment within the criminal justice system and development of new ways to reach clients who might otherwise not access substance abuse treatment.

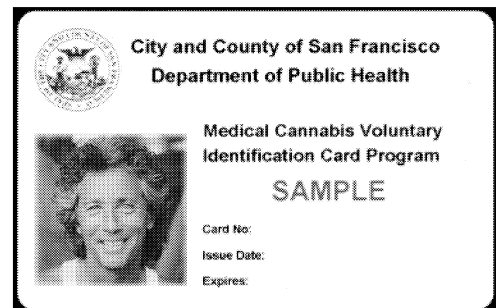
### **Domestic Violence and Substance Abuse/Mental Health Treatment**

In September 1999, the San Francisco Collaborative Organized to Prevent Abuse (SF-COPA) a project of the Health Education Section, sponsored "Behavioral Health and Domestic Violence: Creating Treatment Plans That Work", a conference designed to raise awareness among the

Department's mental health, substance abuse, and HIV service providers about the impact of family violence on their clients and their treatment. As a result of the conference, the Department's Population Health and Prevention division started planning for integration of domestic violence protocols and training into these services.

### **Medical Cannabis ID Card**

In 1996, California voters passed Proposition 215, Compassionate Use Act of 1996, to allow Californians with serious illnesses such as AIDS, cancer, and glaucoma to use marijuana (cannabis) legally for medical purposes. Throughout FY 1999/00, the Board of Supervisors facilitated cooperation between community representatives, the Department, City Attorney, and Police Department to complete the



planning needed to launch the Medical Cannabis Voluntary Identification Card Program. Beginning in July 2000, with a \$25 fee and a doctor's statement, San Francisco residents can obtain an ID card issued by the Department showing they qualify as medical cannabis users under Prop 215. Primary caregivers can also obtain ID cards to satisfy law enforcement inquiries about their possession of cannabis under Prop 215.

**Substance Abuse Treatment on Demand**

San Francisco has the highest annual drug-related death rate among California counties. Since 1996, the San Francisco Substance Abuse Treatment On Demand (TOD) Planning Council, with the support of the Mayor and Board of Supervisors, has successfully planned and advocated for expansion of City-supported substance abuse prevention and treatment services. These services are administered by the Department's Community Substance Abuse Services (CSAS) through contracts with community-based agencies. Since TOD's inception, CSAS's service capacity has expanded by over 60%, with about 4,800 people active in treatment at any given time and nearly 14,000 clients served in FY 1999/00.

With guidance from TOD, CSAS expanded its continuum of services in FY 1999/00 by opening thirteen new programs offering 359 new slots in outpatient, residential, day treatment, drop-in, and jail-based settings. Priority enrollment for these new programs included youth, homeless families and adults, Latino men and families, "dually-diagnosed" adults (with both substance abuse problems and mental illness), elderly, deaf and hearing-impaired people, and individuals in the criminal justice system.

**Office-Based Opiate Addiction Treatment**

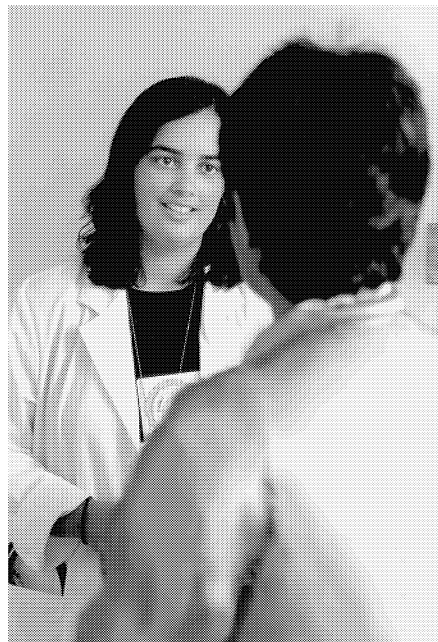
Treatment of persons addicted to heroin and other opiates with methadone maintenance therapy is considered to be cost-effective and compassionate and have positive health benefits. Under direction from the Board of Supervisors and with

support from the Health Commission, the Department began an Office-based Opiate Addiction Treatment Program Feasibility Study (OBOAT) to develop a plan to train and permit San Francisco physicians, substance abuse counselors, and pharmacists to offer methadone maintenance treatment from their usual clinical practices. Making office-based methadone available is expected to increase access to treatment for thousands of the City's opiate addicts. The feasibility study will collect data through focus groups with providers, methadone patients, and addicts seeking treatment as part of this planning process to develop the OBOAT pilot project.

**Primary Care and Mental Health Integration**

Over half of clients at Maxine Hall Health Center (MHHC) have had mental health problems and over 40% have had a history of substance abuse. In response to this situation, MHHC teamed-up with University of California at San Francisco's Psycho-Social Medicine Division to better address clients' physical and psychosocial needs.

Clients who typically do not seek mental health services can now easily get individual therapy and medications. In addition, they can participate in innovative groups such



as "Body and Soul" to help cope with their illnesses, learn stress reduction and anger management skills, and get help dealing with grief. Other groups include "DARE (Depression Anxiety, Recovery Experiences)" focusing on substance abuse and "Using Medications Successfully." So far, over 500 clients have used these services.

### **Alcohol Policy Coalition**

In San Francisco, alcohol is readily available, heavily promoted, and even cheaper to buy than bottled water in some stores. Alcohol use is a major risk factor contributing to premature deaths, illnesses and injuries, and a compromised quality of life in many neighborhoods. The San Francisco Alcohol Policy Coalition is a community-engaged group facilitated by the Department and the Youth Leadership Institute. Researchers, youth and adult advocates, and victims of alcohol-related incidents have joined together to create practical alcohol policies to influence community norms and reduce alcohol-related harms to individuals, families, and communities. In FY 1999/00, the Coalition educated its members about alcohol-related policy trends and of similar coalition efforts to get local control over alcohol sales and advertising. The Coalition has begun formulating strategies to address specific alcohol-related issues in the City.

### **Maximizing Funding and Expanding Access to Care**

During FY 1999/00, Community Mental Health Services (CMHS), in collaboration with five community-based clinics and AIDS Office, successfully transferred over 600 HIV-positive clients from Ryan

White CARE funding to Medi-Cal funding. Clients benefit by having access to the full array of publicly-funded mental health services – from medications to day treatment to vocational services – available through the San Francisco Mental Health Plan. The transfer, required review of clients' eligibility and medical necessity, but involved no disruption in services and allowed other clients to be served under Ryan White CARE funds. This effort to maximize available funding while expanding access to services serves as a model for replication.

### **Quality of Care**

In FY 1999/00, Community Mental Health Services (CMHS) continued to closely monitor the quality of its services by measuring client satisfaction, ease of access to services, and client health outcomes. As a result of information from quality of care monitoring activities, CMHS has taken steps to increase participation of clients in treatment planning, improve many aspects of mental health clinic operations, and strengthen its ability to track changes in health and well-being of its clients.

### **LONG-TERM CARE**

#### **Psychosocial-Care Skilled Nursing Units**

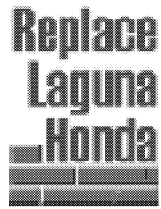
Laguna Honda Hospital and Rehabilitation Center (LHH)





continues its tradition of expanding and changing its services to meet the health care needs of San Francisco with the opening of three specialty social-behavior skilled nursing units in FY 1999/00. The Gero-Psych, Med-Psych, and Neuro-Psych units provide enhanced clinical and programmatic services for 60 LHH residents whose psychosocial or behavioral problems have made treatment difficult in other settings. Staff for these units received intensive, customized training in order to respond to the specialized needs of residents on these new units.

**LHH Replacement Project**



On Nov. 2, 1999, San Francisco voters overwhelming approved Proposition A to replace Laguna Honda Hospital and Rehabilitation Center (LHH) to be financed by the sale of \$299

million in general obligation bonds augmented with proceeds from the tobacco industry settlement. Passage of Proposition A resolved a longstanding concern regarding the future of LHH, and assures that LHH will remain a vital component of San Francisco's long-term care delivery system, as it has since 1867. The existing LHH physical plant does not comply with current federal requirements for licensure and reimbursement. The new LHH will consist of a 1,200 bed skilled nursing facility and at least 140 assisted living units on the existing site. The LHH Project is expected to take approximately seven years to complete.

**WOMEN'S HEALTH**

Women's Breastfeeding Center

The Women's Health Center at San Francisco General Medical Center opened a Women's Breastfeeding Center staffed by a team of lactation experts including nutritionists, nurses, and health workers. The Center provides lactation counseling in



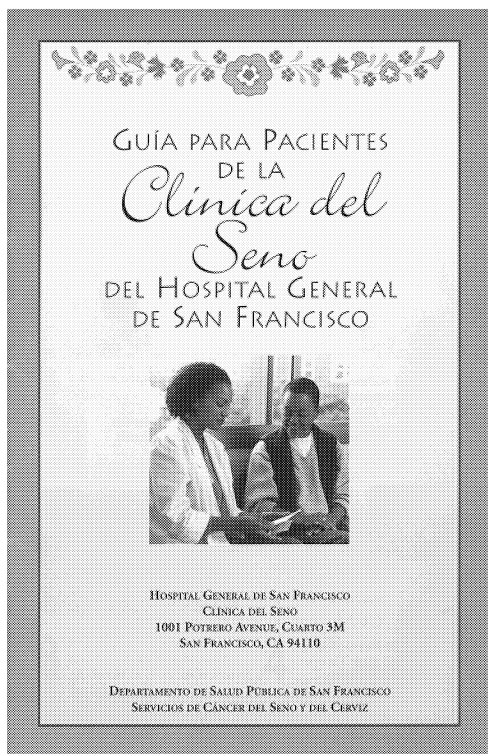
seven different languages and facilitates a Breastfeeding Support Group attended by over 170 women in FY 1999/00. Support group members had high breastfeeding rates, with over 80% of the women breastfeeding after six months including 22% who were exclusively breastfeeding.

**Women's Services**

In 1999/00, the Department's Office of Women's Services:

- Organized a day-long Lesbian, Bisexual, Transgendered (LBT) Women's Health Forum in April 2000, attended by more than 300 consumers, advocates, and providers. The forum, co-chaired by Mayor Willie Brown and Board Supervisor Leslie Katz, was convened in response to growing concerns about the need for more research and better understanding of a largely invisible population. Forum attendees recommended that the Department develop more screening and other clinical protocols for LBT women and that health care services be made more accessible and sensitive to LBT women.

- Created a 15-member, community-based Women's Health Services Committee to develop a community vision and voice for women's health services and to review and make recommendations on women's health policies and services throughout the Department.
- Through its Breast and Cervical Cancer Services (BCCS) Project, organized a "Time for Healing, Time for Change" Town Hall in Sunnydale and a "Take Charge of Your Health" Forum in Chinatown,



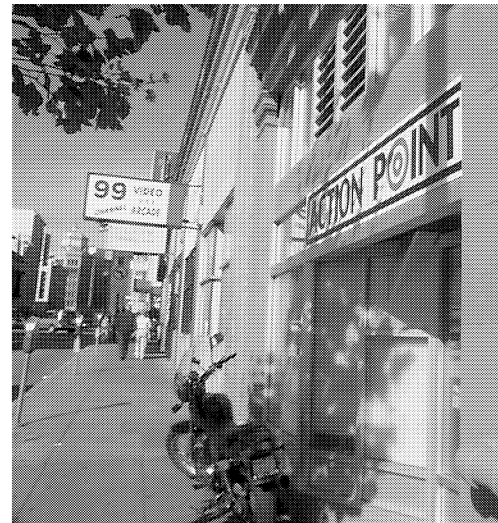
in collaboration with many community groups, to raise public awareness of the importance of screening, early detection, and treatment of breast and cervical cancer. BCCS also produced "A Patient's Guide to the San Francisco General Hospital Breast Clinic" in English and Spanish to

provide women with step-by-step information about how to use the Clinic's range of services.

## HIV HEALTH SERVICES

### Action Point

Homeless people living with HIV are less likely to be prescribed highly active HIV medications and are therefore less likely to benefit from HIV treatment advances. Competing life priorities such as unstable



housing, mental health problems, and drug addiction make it difficult for these individuals to adhere to complex HIV medication regimens. In July 1999, in collaboration with San Francisco AIDS Foundation, the Department opened Action Point, a storefront, drop-in program in South of Market District to help homeless or marginally housed, HIV-positive individuals adhere to complicated medication schedules. Action Point provides weekly cash incentives, medication storage and dispensing, beepers to remind clients to take their medications, nursing assessment and care, and referrals to mental health and substance abuse treatment and housing support. Results have been promising - many clients have improved living conditions and lower HIV blood levels since they began participating.

## NEIGHBORHOOD-BASED INITIATIVES

### Health Tech Job Training

In Summer 1999, 28 Visitacion Valley residents, ages 19 to 61, began their quest for careers in the health care field. In collaboration with a group of University of California at San



street sales of illicit drugs in or near the stores. In Spring 2000, BVHP Health and Environmental Assessment Task Force launched its Good Neighbor Project to begin eliminating these problems and improving the neighborhood environment. The project coordinated with the Department's

Francisco family practice physicians at San Francisco General Hospital and several community-based agencies, the Department is participating in Health Tech/Gateway to Health Careers. Health Tech is an innovative job-training project for unemployed and underemployed adults in health technology fields such as home health aide, emergency medical technician, and EKG technician. The program, free to participants, provides stipends and transportation, coursework at City College, and career counseling and job placement assistance.

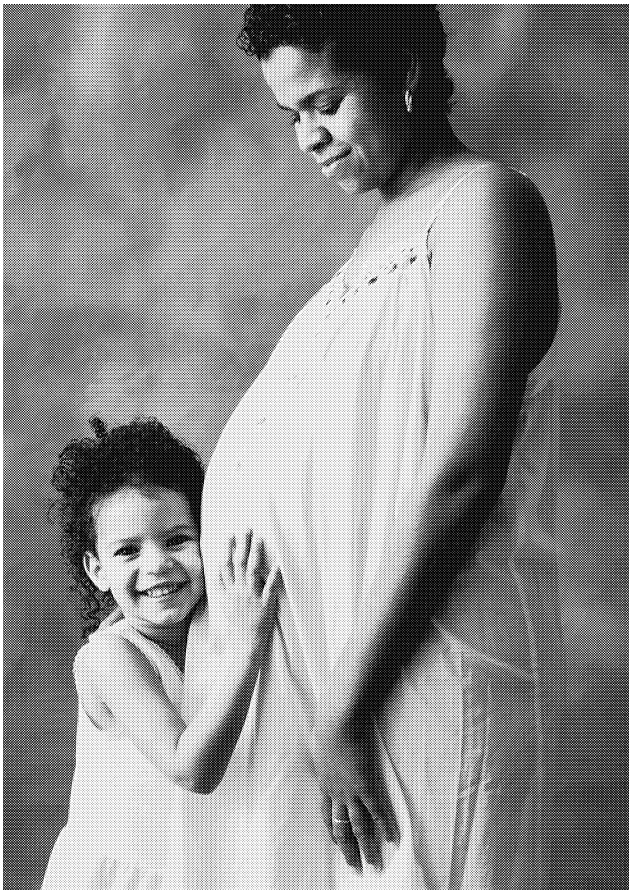
**BVHP Good Neighbor Project**  
San Francisco's Bayview Hunters Point (BVHP) neighborhood has a high concentration of liquor stores on Third Street with illegal loitering and

Environmental Health Section, City Attorney, and Planning, Fire, and Police Departments, to conduct a Code Enforcement and Nuisance Abatement training to teach residents how to identify and report conditions that are potential hazards and violate health and safety codes. The workshop resulted in an agreement to have the San Francisco Wholesale Produce Market help neighborhood liquor stores expand their merchandise to include fresh produce.

### **Healthy People in Healthy Communities**

In collaboration with Health Through Art, the Department sponsored a poster contest for San Francisco's young people in celebration of National Public Health Week in April





2000. Three contest winners, Megan Harty, Monica Lui, and Vanessa Puschendorf, created billboard designs that were displayed in MUNI bus shelters and BART stations throughout the City and reflected their vision of "Healthy People in Healthy Communities." The winners also received gift certificates to stores of their choice.

## CHILDREN AND YOUTH

### Early Childhood Development

Recent research confirms the importance of the first five years of a child's life in setting the foundation for becoming healthy and productive adults. Proposition 10, California Children and Families First Act passed by California voters in November 1998, directed new tobacco taxes towards improving early childhood development and

assuring that all children age five are ready to learn. In FY 1999/00, the Department, with City and community representatives, participated in the nine-member San Francisco Children and Families Commission. In May 2000, the Commission completed a strategic plan establishing San Francisco's priorities in the areas of health, quality child care, parent education, children with special needs and their families, and homeless families. The Commission has moved forward with implementation of specific projects.

### Children with Asthma

In FY 1999/00, the Children's Environmental Health Promotion (CEHP) Section assessed the health concerns of child-serving providers:

- A new state law now allows childcare providers to administer asthma medications to their clients. However, a survey of 650 San Francisco family childcare providers found significant concern about liability and their need for training about asthma. In response to this feedback, CEHP will begin providing asthma awareness training for childcare providers to help them better care for children with asthma.
- A survey of 370 San Francisco pediatricians identified their desire for more assistance with patient education for children with asthma. CEHP will be working with pediatricians to promote the most recent national guidelines on asthma management and inform them about local asthma-related resources.

In addition to promoting asthma training for providers, CEHP conducted home visits for 85 asthmatic children, many with severe asthma. A public health nurse and

health educators work with families to make certain that children are using all prescribed asthma medications properly. In addition, staff assess homes for "asthma triggers" such as mold, dust, household chemicals, and tobacco smoke. They also provide anti-allergy bed encasings and practical tips to make homes more allergen-free.

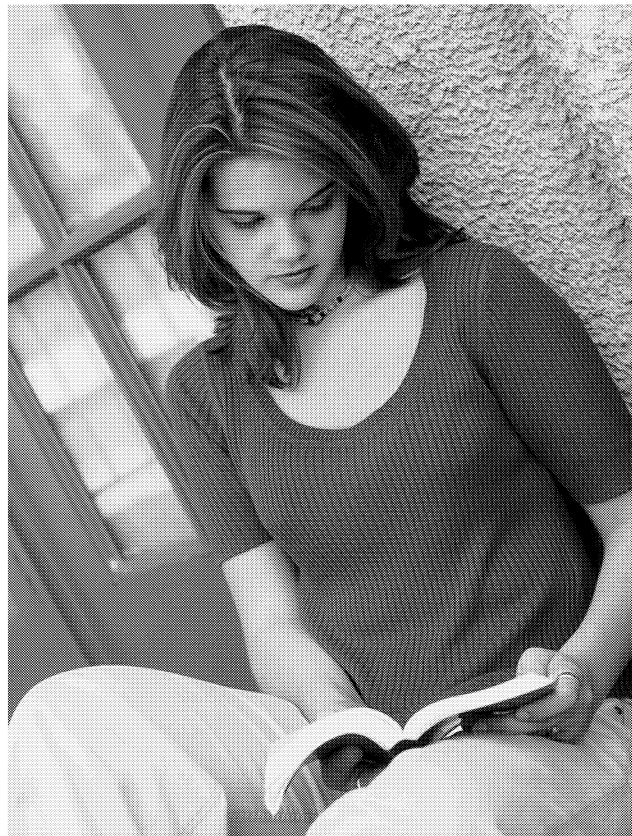
### **Balboa Teen Health Center**

Risky sexual behaviors during adolescence can have both immediate and long-lasting health consequences. In addition, lack of support to succeed in school and to pursue long-range goals can affect a youth's successful transition to adulthood. In FY 1999/00, the Community Health Network's Balboa Teen Health Center, located on the campus of Balboa High School in the Excelsior District, implemented Phase II of its Partner Support Program (PSP). PSP utilizes an innovative approach where two students, either friends or partners, meet weekly with a health educator to prioritize and work to reach their goals in the areas of sexual decision-making, academic success, and future job placement. Phase I of PSP focused on adolescent sexuality issues such as teen pregnancy and STD transmission, while Phase II involved academic and job counseling and support. PSP hopes to enroll approximately 150 students over the next two years, with extra efforts to involve males.

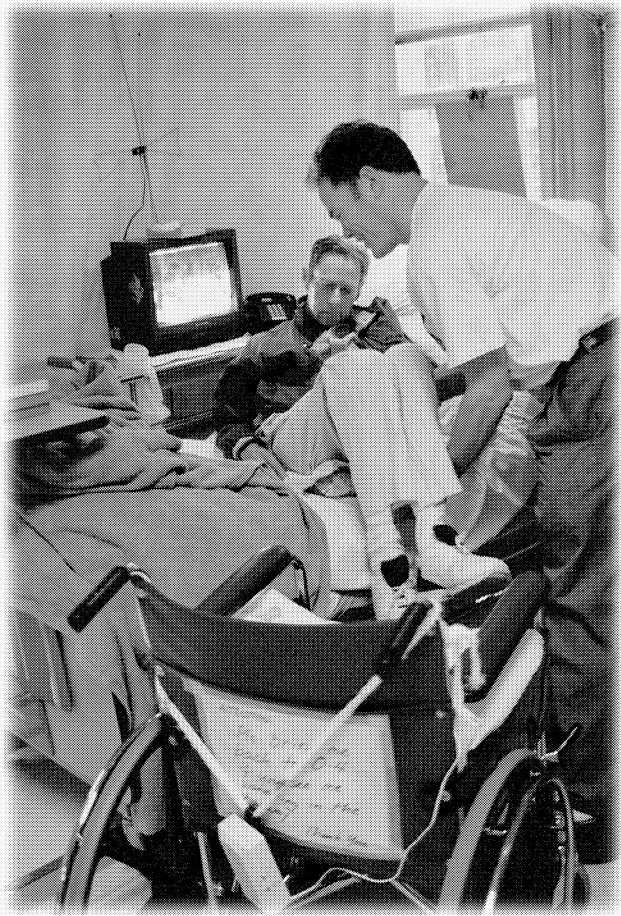
### **Mental Health Services**

In FY 1999/00, Children, Youth, and Family (CYF) Section of Community Mental Health Services made services more coordinated and more widely available to San Francisco children.

- Children's System of Care (CSOC) is a comprehensive, family-focused project providing mental health assessment, crisis services, treatment, transitional housing, day treatment, and intensive case management services for severely emotionally disturbed children. CSOC aims to reduce by 10% the number of out-of-home placements by coordinating services provided by numerous City and private agencies serving these children and their families.
- In collaboration with the Department of Children, Youth, and Their Families and the Department of Human Services, the Early Childhood Mental Health Initiative began providing on-site mental health screening and early treatment services for children up to age 5 at over 150 child care centers and family child care homes in San







Francisco. Mental health professionals also consult with child care staff and work with families to provide education and support.

- In partnership with Edgewood Children's Services, the CYF Section began providing short-term, therapeutic behavioral services for children and youth with severe mental illness who are living in or at-risk of entering residential group homes. This new program arranges for a broad range of services to help maintain children and youth at home or in the least restrictive setting.

### **SOCIAL SUPPORT AND REHABILITATIVE CARE**

**Clients with Chronic Conditions**  
In FY 1999/00, the Community Health

Network (CHN) began two new groups to help clients cope with chronic health conditions.

- The Chronic Pain Education Class is a seven-week course designed to help clients with chronic pain acquire practical skills to reduce their pain. This is done by exposing clients to activities such as humor therapy, dance therapy, tai chi, yoga, meditation, relaxation techniques, and communication skill-building. The class focuses on improving clients' functional abilities, enhancing their quality of life, and improving their interactions with physicians and other health care staff.
- The Amputee Support Group, facilitated by CHN's skilled nursing and rehabilitation medicine staff, provides support and information for clients with amputations resulting from trauma or illness. Participants have diverse social and economic backgrounds and many are active members of the Amputee Coalition of America. The group was successful in acquiring durable medical equipment for its participants to help promote their independence and will begin providing information to other amputees within the CHN through a newsletter.

### **SRO Fire Response**

Since 1988, there was a rash of preventable fires in San Francisco's single-room occupancy (SRO) hotels, resulting in the loss of over 800 units catering to individuals who are least able to find alternative housing. Following each fire, the Department of Public Health and other City departments, American Red Cross Bay Area, and representatives of community-based organizations

worked together to provide shelter, health care, counseling, and other emergency services for fire survivors.

Since February 1999, the Department has chaired the SRO Hotel Safety and Stabilization Task Force charged with making recommendations to the Mayor and Board of Supervisors on

accessible to persons with disabilities;

- The Cardiac Catherization Lab to accommodate new digital equipment and to enhance patient care areas;
- The Ambulatory Surgicenter to increase elective surgery capacity and to improve patient check-in



ways to address the problem of SRO fires. The Task Force is reviewing current policies and practices related to fire prevention, emergency response, long-term stabilization of hotel tenants, investigations and prosecution of SRO owners for building code and tenant rights abuse violations, and structural rehabilitation of fire-damaged SRO hotels. A final report is due by December 2001.

and recovery areas; and

- Ward 7C to improve the environment for psychiatric patients.

In addition, planning for state-mandated Hospital Seismic Safety Improvements (SB 1953) at SFGH has begun. The process will involve a series of in-depth studies and development of recommendations for a phased-in implementation.

## **CAPITAL IMPROVEMENTS AT SFGH**

Maintaining and upgrading the Department's facilities, equipment, and other capital resources to meet licensure and building code requirements and to provide a welcoming environment for clients is an ongoing challenge. In FY 1999/00, priority capital improvements underway at San Francisco General Hospital (SFGH) included renovations of:

- Public restrooms in the Main Hospital to make them fully

# CULTURAL AND LINGUISTIC COMPETENCE

The Department of Public Health has long been at the forefront in making City-sponsored services more culturally and linguistically appropriate to San Francisco's diverse population. As the City becomes increasingly diverse, so does our challenge. In FY 1999/00, the Department, in numerous ways and on a daily basis, demonstrated its commitment to improving the health of San Franciscans by making its services more effective in reaching all of the City's communities. The following initiatives are a few examples that reflect this commitment.

## Enhanced Interpreter Services

Language barriers between clients and providers are an obvious problem, but cultural barriers can create a crisis when a client does not share the same understanding as a provider. SFGH's team of 15 full-time interpreters provides language assistance in 10 languages and helps bridge cultural gaps during patient-provider encounters. SFGH interpreters respond to over 46,000 requests annually for interpreter assistance, and the need is growing as San Francisco becomes increasingly diverse. Additional on-call staff and volunteers provide assistance for 35 additional languages while phone-only assistance is available for 100 languages.

## Family Strengthening Project

Community Mental Health Services's Kinabukasan "Strengthening Pilipino Families" Project worked hand-in-hand with Pilipino community organizations to develop and pilot a 14-week, bilingual curriculum for at-risk Pilipino families such as single parents, grandparent caretakers, and families with foster care children. The curriculum emphasizes the importance of Pilipino family values, good communication, and parenting skills.

## Asian Pacific Islander Care Project

Community Mental Health Services and the Richmond Area Multi-Services Center partnered for the second



year in the Asian Pacific Islander Care Project (API-Care). This past year, representatives from San Francisco's Chinese, Cambodian, Laotian, Vietnamese, Korean, Filipino, and Samoan communities hosted "Community Dialogues" to help limited-English speaking residents better understand and access the Department's mental health managed care services and know their rights as consumers. In addition, API-Care provided training to mental health providers to help them better serve the City's diverse Asian and Pacific Islander communities.





### **Depression Among Elderly**

Depression among elderly people is all too often undetected and untreated. Throughout the year, Community Mental Health Services, in collaboration with the San Francisco Mental Health Association, screens elderly San Franciscans for depression in four languages at health fairs and other community venues to help them begin needed treatment to improve their quality of life.

### **Latino Community Outreach**

In September 1999, the Department's Community Mental Health Services and Community Substance Abuse Services co-sponsored with over 30 San Francisco community agencies, a Latino Behavioral Health Fair in the Mission District. Attended by over 500 people, the fair conducted outreach, screening, prevention and educational activities as part of a statewide campaign to increase awareness of mental health services available to the Latino community.

### **Dimensions**

Fiscal year 1999/00 marked the second year of Dimensions - Health Services for Queer and Questioning Youth, a unique collaboration of seven public and private agencies committed to filling a gap in health services for LGBTQ (lesbian, gay, bisexual, transgender, and questioning) youth. Dimensions, located at the Department's Castro-Mission Health Center, operates a comprehensive health clinic one evening a week in addition to health education workshops and intensive outreach to LGBTQ youth. Dimensions has already developed a strong reputation in the LGBTQ community for its welcoming environment and its quality of care.

This past year, Dimensions doubled



its capacity for medical services, increasing by 20% to 200 clients served and increasing the number of visits by nearly 50% to 868 visits. Dimensions also began a concerted effort to develop appropriate services for transgender youth through consultation with a newly-formed Transgender Youth Advisory Committee comprised of transgender youth and other interested individuals.

### **Support for Chinese Women with Cancer**

Many Chinese-speaking women are reticent about letting people know they have cancer and many have little or no access to health information. Since 1994, the Department's Chinatown Public Health Center, in collaboration with community agencies, has led a Cancer Support Group for Cantonese-speaking women. The nationally-recognized group has evolved to include support services such as wig



fitting, breast form fitting, and skin care services. The group has reduced the women's isolation, addressed their emotional needs, and empowered them to do outreach in the community to increase awareness and reduce fear about cancer. This past year, the group:

- Displayed a hand-made quilt at San Francisco City Hall and other venues in California and Washington D.C. to help raise community awareness of cancer.
- Developed "Dr. Play", a support group for children with parents who have cancer, using art therapy to help children express their emotions in a safe environment. Dr. Play has resulted in marked improvement in parent-child relationships.
- Provided training on public speaking and media advocacy to 20 women who have become peer leaders and spokespersons on cancer issues in the Chinese community. These women share their personal experiences on living with cancer, promote screening and early detection of cancer at conferences, community forums, and on Chinese radio talk shows.

### **Bosnian and Russian Community Health**

In FY 1999/00, the Department's Community Health Network (CHN) and Population Health and Prevention (PHP) divisions collaborated to improve health and well-being in the Russian and Bosnian communities. PHP's Newcomers' Health Program (NHP) conducted community health assessments with both communities which resulted in development of new program areas. NHP expanded its outreach beyond refugees to the broader immigrant communities. NHP also began developing individual and environmental interventions to reduce high rates of tobacco use in the Russian community. The CHN/PHP collaboration also led to expansion of translation services at the CHN Refugee Clinic and provision of culturally and linguistically competent health education programs covering topics such as tobacco cessation, tuberculosis, immunization, depression, nutrition, and hypertension.

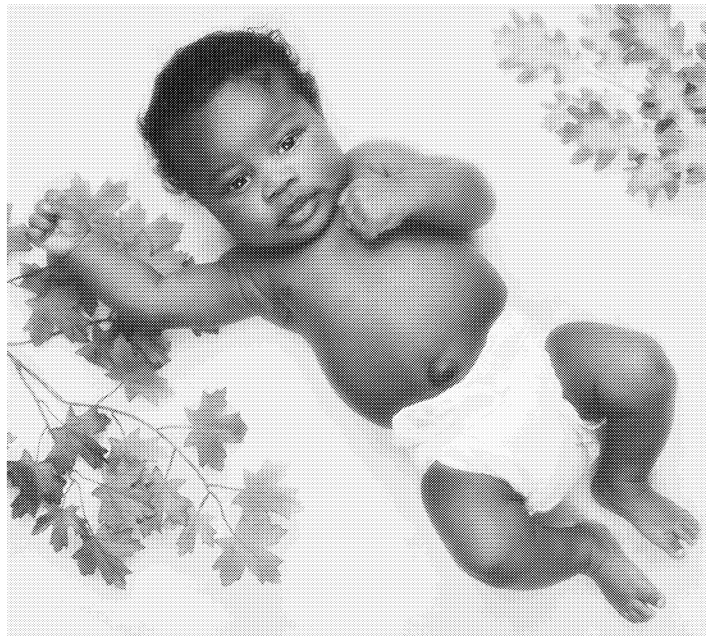
### **African American Health Initiative**

The Department's African American Health Initiative (AAHI) began its first year of developing strategies to address disparities in health in San Francisco's African American community. AAHI:

- Established the African American Coalition for Health Improvement and Empowerment (AACHIE), a community-based leadership group to set AAHI priorities and help expand involvement by stakeholders;
- Convened many neighborhood meetings of African American health care providers, community-based agencies, the

faith community, and educators to increase awareness about African American health status and to begin mobilizing community action. Planning for a "Regional Conference on Disparities in Health and Community Wellness" has also begun.

- In collaboration with the Bayview Hunters Point Health and Environment Resource Center (HERC), kicked-off the African American Men's Health Initiative for Prostate Cancer to reduce high rates of prostate cancer in African American men. This project will provide outreach, cancer awareness education, and support services to African American men and their families.
- Began addressing the "digital divide" by working with African-American seniors and youth to develop individual, health-related web pages.



American Infant Survival: Erase Disparity). The purpose of the project was to develop a community action plan to address the disparity in infant mortality and to improve African-American infant health in the City. RAISE was one of 32 federally-funded sites attempting to eliminate racial and ethnic disparities in health status. The project culminated in the development of an acceptable, feasible, and promising plan that will be implemented by all constituents of the RAISE Coalition.

### **African-American Infant Mortality**

San Francisco's African-American infants are three times more likely to die within their first year of life compared to all other San Francisco infants. In FY 1999/00, the Department's Health Education and the Children, Youth, and Families Sections worked with community residents, churches, community agencies, universities, and providers in the RAISE Project (Raise African-

## VOLUNTEERS, FOUNDATIONS, AND OTHER PRIVATE SUPPORT

Every year, volunteers, private foundations, and other private sources provide financial and in-kind support for some of the Department's most innovative and far-reaching



projects, addressing a wide range of public health needs - FY 1999/00 was no exception. This support is invaluable and allows the Department to greatly enhance resources available to clients, families, and staff.

### **San Francisco General Hospital**

Thanks to the San Francisco General Hospital (SFGH) Foundation, a number of exciting new projects are underway that will enhance services and activities at the hospital. In FY 1999/00, SFGH Foundation's grants supported projects such as renovations to the Emergency Department and Newborn Nursery Waiting Room; services at the Breastfeeding Clinic;

services to assist critically ill children, children with AIDS, and trauma victims; and the Elliot Rapaport Award Program to honor outstanding medical staff members.

In addition, SFGH Foundation launched the Emergency Room/Trauma Campaign beginning with a \$100,000 donation from the George Frederick Jewett Foundation. The campaign goal of \$540,000 will fund improvements such as an automated patient tracking system to replace an outmoded manual system and renovation of the patient triage area and family waiting room - areas which have not seen a facelift in 25 years. Another major new initiative was SFGH Foundation's launch of the 1001 Club - named for the Hospital's address at 1001 Potrero Avenue. 1001 Club Donors are current and former staff members whom, this past year, supported the hospital with gifts from \$1 to \$5,000.

### **LHH Volunteers, Inc.**

LHH Volunteers, Inc. is dedicated to enhancing the quality of life of patients at Laguna Honda Hospital. In FY 1999/00, the organization raised nearly \$100,000 to pay for patients to go on recreational outings, services for patients in LHH's AIDS and



Hospice wards, an on-site farm/greenhouse, and activity therapy for patients. In addition, through funding from the Bothin Foundation and donations to LHH Volunteers, Inc., "The Betty", a brand-new wheelchair bus was added this past year to LHH's growing fleet of wheelchair buses. These buses are available for LHH residents to go out and about, to parks and to restaurants, and sporting events in San Francisco and beyond.

### **San Francisco Public Health Foundation**

In FY 1999/00, San Francisco Public Health Foundation supported a wide range of programs and services such as personal care needs for homeless clients, a mammography project at Maxine Hall Health Center, immunization services for adults, a media campaign for queer youth, STD research, and many other projects.

### **Individuals, Private Foundations, and Other Private Sources**



In FY 1999/00, funding from individuals, private foundations, and other private sources supported the Department's domestic violence

prevention services, planning for San Francisco's long-term care service system, services for homeless people, development of a firearm surveillance system, dental prevention and treatment services, HIV/AIDS services, infrastructure improvements at San Francisco General Hospital, and substance abuse service planning and treatment. We thankfully acknowledge the support from the following individuals and agencies.

- Asian American Recovery Services
- Bothin Foundation
- The California Endowment
- California HealthCare Foundation
- Corporation for Supportive Housing
- Delta Dental Plan of California
- The Dental Health Foundation
- Epiphany Center for Families in Recovery
- Estate of Beatrice Druhe
- Estate of Kathleen Mason
- Estate of LeMar Hoaglin
- Family Health International
- Family Violence Prevention Fund
- George Frederick Jewett Foundation
- Larkin Street Youth Center
- Lutheran Social Services
- National Health Care for the Homeless Council
- Open Society Institute Lindesmith Center
- President and Fellows of Harvard College
- The Public Health Institute
- The Richard and Rhoda Goldman Fund
- San Francisco Community Clinic Consortium
- The San Francisco Foundation

# THE DEPARTMENT'S ADVISORY GROUPS

Working with advisory groups is an essential way for the Department to assess and improve the quality and scope of its activities. The Department relies on insight, input, and guidance from advisory group members to increase the effectiveness of its policies and programs. We are grateful for the time, energy, and commitment of advisory group members who assist the Department to promote and protect the health of all San Franciscans.

## **Population Health and Prevention**

Adult Sexual Assault Services Planning Group  
Airport Noise Committee  
Bayview Hunters Point Health and Environmental Task Force  
Black Infant Health Task Force  
Breast Cancer Town Hall Advisory Group  
CalWORKS Behavioral Health and Domestic Violence Committee  
Children's Mental Health Systems of Care Council  
City-Wide Alcohol Advisory Board  
Come into the Sun Coalition  
Commission on Animal Control and Welfare  
Community and Home Injury Prevention Project for Seniors Community Council  
Community-Wide Influenza Coalition  
Detuned ELISA Community Advisory Board  
Drug Abuse Advisory Board  
Emergency Medical Services (EMS) Clinical Advisory Committee  
EMS Emergency Response Committee  
EMS Field Provider Committee  
EMS Receiving Hospital Liaison Committee  
EMS Research Committee  
EMS Traffic Safety Coalition  
Hazardous Materials Advisory Committee  
HIV Health Services Planning Council/Ryan White CARE Council  
HIV Post-Exposure Community Advisory Board  
HIV Prevention Messages/Circuit Party Study Community Advisory Board  
HIV Prevention Planning Council  
HIV Prevention and Vaccine Trials Community Advisory Board  
Homeless Death Prevention Community Advisory Committee  
Lead Hazard Reduction Citizen's Advisory Committee  
Lead Poisoning Prevention Citizen's Advisory Committee  
Low Fat Chinese Cuisine Campaign Task Force  
Mental Health Board  
Mental Health Committee for Culturally Competent Systems of Care  
Mental Health Provider Network  
Mental Health Quality Policy Council

Newcomers Health Program Advisory Council  
Perinatal Substance Abuse Coordinating Council  
Prevention for HIV Positives Community Advisory Board  
Rave/Club Drug Task Force  
San Francisco Alcohol Policy Coalition  
San Francisco Breastfeeding Promotion Coalition  
San Francisco Immunization Coalition  
San Francisco Pedestrian Safety Task Force  
San Francisco Substance Abuse Practice/Research Collaborative  
San Francisco Tobacco Free Coalition  
San Francisco Tuberculosis Advisory Task Force  
San Francisco Violence Prevention Network  
San Francisco Maternal, Child, and Adolescent Health Advisory Board  
Special Education Mental Health Planning  
Sexually Transmitted Disease (STD) Prevention Community Action Coalition  
STD Program Advisory Committee  
STD Youth Community Action Coalition/Advisory Committee  
Substance Abuse Treatment on Demand Planning Council  
Video Display Terminal Advisory Committee  
Women's Health Services Committee  
Youth Substance Abuse Provider's Group

**Community Health Network**

Castro-Mission Health Center Community Advisory Board  
Chinatown Public Health Center Community Advisory Board  
Citywide Community Advisory Board  
Dimensions Collaborative Board  
Maxine Hall Health Center Community Advisory Board  
North of Market Senior Services Governing Board of Directors  
Ocean Avenue Health Center Community Advisory Board  
Potrero Hill Health Center Community Advisory Board  
Psychiatry/Substance Abuse Community Advisory Board  
Silver Avenue Family Health Center Community Advisory Board  
Special Programs for Youth Community Advisory Board  
Southeast Health Center Community Advisory Board  
Tom Waddell Health Center Community Advisory Board  
Transgender Youth Advisory Committee

**Department-Wide**

Bringing Up Healthy Kids Coalition  
Citywide School Health Planning Committee  
Laguna Honda Hospital Replacement Planning Committee  
Strategic Planning Steering Committee

## THE DEPARTMENT'S CONTRACTORS

An important way that the Department provides health services is to arrange for services to be available through contracts with community-based agencies. Community-based agencies enable the Department to expand its scope of activities within both its Population Health and Prevention Division and Community Health Network. The Department's contracted services reflect the unique capabilities of community-based agencies and their commitment to respond to the diverse and dynamic health needs of the City's residents. In FY 1999/00, the Department contracted with community-based agencies to provide a total of \$200 million in health services. We would like to acknowledge and thank these organizations that work as our partners to promote and protect the health of San Franciscans. All organizations listed below provide direct health services to clients, and all are located in San Francisco unless otherwise noted.

Addiction Research and Treatment  
Aguilas, Inc.  
AIDS Emergency Fund  
AIDS Legal Referral Panel of the San Francisco Bay Area  
American College of Traditional Chinese Medicine  
American Lung Association of San Francisco (Daly City)  
Ark of Refuge, Inc.  
Asian American Recovery Services, Inc.  
Asian Pacific Islander Wellness Center  
Baker Places, Inc.  
Bay Area Communication Access  
Bay Area Legal Aid (formally San Francisco Neighborhood Legal Assistance Foundation)  
Bayview/Hunters Point Adult Day Health Center  
Bayview/Hunters Point Foundation for Community Improvement  
Black Coalition on AIDS  
Booker T. Washington Community Center  
Caduceus Outreach Services  
CAHEED (California Association for Health, Education, Employment, and Dignity, Inc.)  
California Acupuncture Resources, Inc.  
California AIDS Intervention Training Center  
California College of Podiatric Medicine  
California Pacific Medical Center  
California Prostitutes Education Project (Cal-PEP) (Oakland)  
Catholic Charities of San Francisco  
Center For Human Development (Pleasant Hill)  
Center on Juvenile and Criminal Justice  
Centerforce, Inc.  
Central American Resource Center  
Central City Hospitality House  
Chemical Awareness and Treatment Services Inc. (CATS)  
Chinese Hospital  
Community Housing Partnership  
Community Vocational Enterprises (CVE), Inc.  
Compasspoint Nonprofit Services (formerly Support Center for Non-Profit Management)  
Conard House, Inc.



Continuum HIV Day Services  
Crestwood Behavioral Health, Inc. (Stockton)  
Dolores Street Community Center  
Edgewood Center For Children and Families  
Episcopal Community Services of San Francisco, Inc.  
Family Service Agency of San Francisco  
Family Support Services of the Bay Area (Oakland)  
Filipino Task Force on AIDS  
Friendship House Association of American Indians, Inc.  
Glide Foundation  
Haight Ashbury Free Clinics, Inc.  
Henry Ohlhoff House, Inc.  
Homeless Prenatal Program  
Horizons Unlimited of San Francisco  
Immune Enhancement Project  
Industrial Emergency Council (San Carlos)  
Instituto Familiar De La Raza, Inc.  
International Institute of San Francisco  
Iris Center: Women's Counseling and Recovery Services  
Japanese Community Youth Council  
Jelani House, Inc.  
Jewish Family and Children's Services  
JLC Services  
Larkin Street Youth Center  
Lavender Youth Recreation and Information Center (LYRIC)  
Legal Services for Children  
Lutheran Social Services of Northern California  
Lyon-Martin Women's Health Services  
M S C Psychiatric Services Corporation  
Maitri AIDS Hospice  
Med Impact Healthcare Systems (San Diego)  
Men Overcoming Violence  
Mission Council on Alcohol Abuse  
Mission Neighborhood Health Center  
Mobilization Against AIDS  
Morrissania West, Inc.  
Mt. St. Joseph-St. Elizabeth  
National Council on Alcoholism  
New Leaf Services for Our Community  
NICOS Chinese Health Coalition  
North of Market Senior Services  
Northeast Medical Services  
Oakes Children's Center, Inc.  
Pathmakers of California  
Polaris Research and Development  
Positive Directions Equals Change  
Positive Resource Center  
Potrero Hill Neighborhood House  
Progress Foundation  
Project Open Hand

Quan Yin Healing Arts Center  
 Recreation Center For the Handicapped, Inc.  
 Richmond Area Multi-Services, Inc.  
 Rose Resnick Lighthouse For the Blind and Visually Impaired  
 SAGE (Standing Against Global Exploitation) Project, Inc.  
 Saint Francis Memorial Hospital  
 Saint Mary's Hospital and Medical Center  
 Samoan Community Development Center, Inc.  
 San Francisco AIDS Foundation  
 San Francisco Bar Association Volunteer Legal Services  
 San Francisco Community Clinic Consortium  
 San Francisco Drug Abuse Advisory Board  
 San Francisco Educational Services  
 San Francisco Food Bank  
 San Francisco Health Authority  
 San Francisco Hearing and Speech Center  
 San Francisco HIV Prevention Project (San Francisco AIDS Foundation)  
 San Francisco Mental Health Education Funds  
 San Francisco Network Ministries Housing Corporation  
 San Francisco Pretrial Diversion Project  
 San Francisco Study Center, Inc.  
 San Francisco Suicide Prevention  
 Seneca Center (San Leandro)  
 Shanti Project  
 Southeast Asian Community Center  
 St. John's Thresholds Center  
 St. Luke's Healthcare Center  
 St. Luke's Hospital  
 St. Mary Pharmacy Management Services  
 St. Vincent De Paul Society of San Francisco  
 Stop AIDS Project, Inc.  
 John Stewart Company  
 Support for Families of Children with Disabilities  
 Survivors International  
 Swords to Plowshares  
 Symphony MobileX Corrections Diagnostic Services (Sacramento)  
 Tenderloin AIDS Resource Center  
 Tides Center  
 UCSF (University of California at San Francisco) Stanford Health Care  
 University of California at San Francisco  
 University of the Pacific School of Dentistry  
 Urban Indian Health Board (Oakland)  
 Volunteer Center of San Francisco  
 Walden House, Inc.  
 Walnut Creek Hospital (Walnut Creek)  
 Western Dental Services, Inc.  
 Westside Community Mental Health Center, Inc.  
 Women and Children's Family Services  
 YMCA of San Francisco  
 Youth Leadership Institute