

# ACCOMPLISHMENTS AND PROGRAM HIGHLIGHTS

This chapter highlights many of the Department's new programs and service expansions that took place in FY 2002-2003.

**GOAL 1: SAN FRANCISCANS HAVE ACCESS TO THE HEALTH SERVICES THEY NEED, WHILE THE DEPARTMENT EMPHASIZES SERVICES TO ITS TARGET POPULATIONS**

**Strategy: Focus population-based public health services on the entire community and personal health care services on target populations**

## **Population-Based Services**

### ***Centralizing disaster response activities***

The Emergency Medical Services Section, with the support of many Department employees, has developed a Department Operations Center (DOC), the headquarters for the Department in time of disaster. The DOC is located within walking distance of the Department's main building at 101 Grove Street and has "turn-key" capability, with a set-up time of 15 to 20 minutes.

In time of disaster, the Department's administrative personnel would report to the DOC and assume duties as outlined in the Department's Emergency Operations Plan. The administrative structure of the Department would be streamlined into four branches-- Operations, Planning, Finance and Logistics--which is the State standard for disaster operations. The DOC has conference rooms for the Operations and Planning branches and office space for Logistics and Finance branches as needed. Communication links include satellite phone, two radio systems, 800 MHz two way multiple phone and fax lines, and the Mayor's Emergency Telephone System. When fully staffed, it will operate with approximately 30 personnel and will be supported by the City's emergency management system. The DOC will report to the Emergency Operations Center along with other City departments.

### ***Preparing for the possibility of SARS***

In March 2003, the Centers for Disease Control and Prevention issued an alert regarding Severe Acute Respiratory Syndrome (SARS) to health authorities across the nation, including the Department. SARS was a new flu-like infection for which there is currently no treatment or vaccine. The Department's Communicable Disease Control Unit immediately issued a Health Advisory regarding the recent outbreak of SARS to all San

Francisco clinicians, and local hospital emergency departments and infection control units. The advisory included information for the case definition, diagnosis, referral, control, treatment, and reporting of suspected SARS patients.

In addition to this advisory, the Department promptly provided education and outreach to San Francisco clinicians, hospitals, ambulatory care settings and the general public. The staff of the Community Health Epidemiology and Disease Control Section also conducted the following activities to educate the public and health care providers:

- ◆ Developed and posted a SARS webpage on the Department's Internet site, (<http://www.dph.sf.ca.us/HealthInfo/SARS/SARS.htm>);
- ◆ Presented on the topic at the University of California, San Francisco, San Francisco General Hospital, and to the Medical Directors of the San Francisco Community Clinic Consortium;
- ◆ Created guidelines on SARS for ambulatory care settings;
- ◆ Convened five press conferences on SARS;
- ◆ Created "Frequently Asked Questions" on SARS in English, Chinese, Vietnamese, Spanish and Tagalog for the general public;
- ◆ Created SARS Information Line in English and Cantonese (554-2905); and
- ◆ Held several presentations and informational meetings with community groups.

These efforts taken by the Department helped San Franciscans understand SARS and allowed the health care community to prepare for a possible outbreak of the disease.

### ***Responding to the emerging syphilis epidemic***

In 2002, syphilis cases rose to epidemic proportions in the City (491 early cases in 2002 compared to 189 in 2001). The majority of the cases were among white, gay men residing in the Castro Area of the City. Many of these individuals met their sexual partners on-line and reported using methamphetamine during these encounters. The Sexually Transmitted Disease (STD) Program responded to this health emergency in the following ways:

- ◆ Convened a working group of concerned individuals from the target population, called the STD Community Partners, that helped develop a syphilis reduction plan for the City, and implement activities designed to increase awareness and reduce the spread of syphilis in the City;
- ◆ Implemented a provider visitation program to educate providers;
- ◆ Placed regular ads in San Francisco's weekly gay newspaper, the Bay Area Reporter;
- ◆ Implemented an online syphilis testing and incentive program and expanded syphilis testing to other community sites, such as programs catering to speed users;
- ◆ Implemented syphilis partner delivered therapy whereby persons infected with syphilis can get medication to give to their partners;
- ◆ Maintained the Healthy Penis 2003 STD Awareness Campaign; and

- ◆ Worked closely with the City's sex clubs, adult bookstores and bars/clubs to reduce the amount of unsafe sexual activity and increase awareness about syphilis.

## **Personal Health Care Services**

### ***Restorative care for the frail elderly and people with chronic disease and disabilities***

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) has a long tradition and philosophy of helping individuals achieve their highest level of functioning and independence. This commitment to functional independence is integral to keeping residents connected to their environment, and for facilitating discharges. To effectively address current resident needs, an interdisciplinary performance team undertook an initiative to create a new model for a restorative nursing care program. The long-term impact of this effort is expected to improve resident functioning in activities of daily living and/or to prevent loss of these activities.

This initiative has been a collaborative effort between a number of Laguna Honda units, including Nursing, Education and Training, Physical Therapy, Speech Therapy, and Occupational Therapy, beginning from the educational aspects up to the clinical delivery of care. The Activity Therapy Department has also responded by redirecting some resident activities to reflect a restorative care perspective and by increasing the Activity Therapists' participation in resident care planning conferences.

### ***Housing the chronically homeless***

The Star and Camelot Hotels opened in 2003 and are the two of the Department's newest Direct Access to Housing sites. The Star and Camelot Hotel provides 107 units of permanent housing coupled with on-site support services. The two hotels target chronically homeless people who have been living on the street and/or revolving through high-cost institutional settings. The majority of residents housed in the program are struggling with a combination of mental health, addiction, and physical health issues. The primary goal of the program is to achieve long-term residential stability, improved health status, and reduction in the overuse of high-cost services.

### ***Long-term care for immigrants, including the undocumented, newcomers and monolingual individuals***

Laguna Honda, like the entire Department, emphasizes services to target populations. According to the Strategic Plan, three important target populations are the frail elderly, people with chronic disease and disabilities and immigrants, including the undocumented, newcomers and monolingual individuals needing long-term care. In February 2003 the interdisciplinary leadership of Laguna Honda's Unit E5 worked with staff, residents and the community to establish a new program to meet the needs of both the Spanish-speaking population at Laguna Honda as well as residents with dementia.

As the need for dementia services for Spanish-speaking residents increased, the team developed a new program and transitioned from a chronic care service to a dementia service, with a focus on serving Spanish-speaking residents. As a means of providing culturally sensitive activities, a Spanish-speaking Activity Therapist joined the E5 team. In March, the unit celebrated the first phase of the transition with an open house and “*tardiada*” or afternoon tea. By mid March, approximately 45 percent of the E5 population was Spanish-speaking with approximately 85 percent of the unit population meeting the “Dementia” criteria. As part of this transition, Spanish-speaking staff have been enlisted on Unit E5 to ensure cultural appropriateness and sensitivity.

### **Strategy: Clarify the target neighborhoods that the Department should consider as priorities for services**

#### ***Reducing chlamydia among youth in the Bayview***

During the last year, the STD Program collaborated with the Providence Baptist Church to reduce chlamydia among African-American youth in the Bayview area of the City. Over 2,000 youth were provided with HIV/STD education and 557 were screened for gonorrhea and chlamydia. Twenty-one of these individuals (3.8 percent) were infected with asymptomatic disease and received treatment. Additionally, over 10,000 condoms and lube packets were distributed. Additionally, the STD Program maintained its Jail STD Screening Program. This program was very effective in identifying a high number of asymptomatic chlamydia infections and is thought to have played a role in decreasing female chlamydia morbidity in Bayview. During this period at Southeast Health Center, the community health center serving the largest numbers of at-risk youth, female chlamydia decreased by about 50 percent, from 8.2 percent to 4.4 percent.

#### ***A magnet for gay men’s health services***

The Department’s HIV Prevention Section launched several new initiatives which will result in fewer new infections and better education and support for those who are HIV positive. San Francisco is a key pilot project site for rapid HIV testing with several sites in operation and more joining every week.

One of these sites, Magnet (a new center for gay men's health), opened in FY 2002-2003. In the first six weeks, more than 200 people received testing and STD screenings. Magnet, located in the heart of the Castro, provides sexual health services for gay men in a convenient and welcoming environment. Magnet's staff and community partners offer an array of services including HIV testing, screening and testing for STDs, as well as professional staff trained to understand the complex social and sexual factors that influence the decisions gay men make that impact their health.

#### ***Community planning in Bayview Hunters Point***

FY 2002-2003 saw a number of achievements in the Department’s HIV Health Services section. One example is the HIV Health Services Planning Council decision to allocate funds to support a community planning process aimed at enhancing primary care services for African Americans in the San Francisco Bayview Hunters Point district. The HIV Health Services Planning Council identified the need to improve the health status of

people of color, especially African Americans, as one of the overarching goals in their comprehensive plan. A planning effort is needed to summarize the information available, share best practices across agencies, and plan for improved services, greater access to care, and better health status for African Americans living with HIV/AIDS.

### **Strategy: Ensure that the Community Health Network continues its vital role in the delivery of care**

#### ***Ensuring privacy and security through HIPAA***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal mandate that improves health insurance accessibility for people changing employers or leaving the workforce. HIPAA also includes privacy provisions for health care providers, health plans and clearinghouses to encourage and protect the electronic transmission of health-related data. The focus of the Department's implementation efforts is on the privacy and security provisions of HIPAA.

Since the HIPAA implementation efforts began in December 2002, there have been significant privacy and security improvements throughout the Department. The Department has been on time in meeting HIPAA requirements, including the following:

- ◆ A Compliance Manual updated with Privacy Policy;
- ◆ A Notice of Privacy Practices available in targeted languages;
- ◆ Privacy and operation training completed for department staff; and
- ◆ Implementation of a Department-wide Privacy Policy and Notice of Privacy Practices.

The implementation of the HIPAA area of privacy was 99 percent complete as of July 2003. Implementation will continue with the Department performing a post-implementation review, as well as providing additional training for staff in health-related fields. The Department has also been crucial in providing consultation to other City departments on their compliance program, as well as assisting the City Attorney's Office in determining which departments are covered under the HIPAA Privacy Rule.

#### ***Supporting the City's only Level 1 trauma center***

San Francisco General Hospital (SFGH) offers the only Level 1 Trauma Center available for over 1.5 million people living and working in San Francisco and northern San Mateo County. In fiscal year 2002-2003, 3,300 patients were treated for injuries requiring the services of a Level 1 Trauma Center.

In order to maintain its Level 1 status, SFGH hired a new Trauma Program Manager in FY 2002-2003 to help guide SFGH through the process of recertification by the American College of Surgeons (ACS). The program is also fully staffed, for the first time in 3 years, with a trauma educator and two trauma nurse practitioners. This team will help physician leaders prepare for the ACS survey, assisting managers and directors of departments and services responsible for the trauma continuum of care to prepare for

the ACS survey at the department level, arranging all logistics of the site survey in coordination with ACS and the SF EMS Agency, and preparing for a “continual state of ACS readiness” in preparation for the three-year ACS site survey.

### ***A state of readiness***

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) evaluates and accredits more than 17,000 health care organizations and programs in the United States. SFGH has made a commitment to have its leadership and staff maintain a constant state of JCAHO readiness, incorporating JCAHO standards, National Patient Safety Goals and all other regulatory changes into hospital and medical staff policies and procedures. SFGH’s Quality Management department recently hired a Manager of JCAHO and Regulatory Affairs to better coordinate the hospital’s preparation for JCAHO’s triennial survey and all other regulatory visits, e.g. DHS and Cal-OSHA.

Starting in 2004, JCAHO is launching a new survey process entitled, “Shared Visions - New Pathways.” While continuing to focus on safety and quality, the new process is intended to better integrate the standards with the survey process, shifting to more interactions with the ‘front line’ staff (nurses, physicians, etc) and less with Administration. By July 2005, all JCAHO health care organizations will have their triennial surveys on an unannounced basis; SFGH will only know approximately when JCAHO will survey by the last survey date. Once JCAHO arrives to the health care organization for survey, they will then create their agenda by focusing on patients, populations, issues and clinical focus groups. With all the new changes in standards and process, SFGH has modified their preparation process. SFGH's next scheduled survey date would be spring of 2005. However, SFGHMC has volunteered to be on the unannounced survey schedule. Therefore, the next triennial survey can be as early as January, 2005 and as late as December, 2005.

### **Strategy: Ensure that contract agencies are viable partners with the Department in providing health services**

#### ***Helping clients access SSI benefits***

Under the leadership of DPH, a Citywide SSI Advocacy Workgroup (a coalition of providers, advocates, City departments, and the Social Security Administration) implemented SSI Advocacy pilots in three of the Department’s mental health programs. The pilots have legal advocates serve as resources to the clinician as well as the patient, creating a team that works together on behalf of the patient throughout the SSI application process. Advocates work directly with mental health professionals, clarifying eligibility requirements, screening clients, assisting with paperwork, helping compile the medical evidence necessary for the application, and guiding clients through the appeal process when necessary. Given the success of the pilots, the Workgroup developed and plan to implement nine recommendations that will further the ultimate goal to “assure the Department’s patients and clients who are eligible for SSI benefits attain them.” This will allow the Department and its contractors to leverage limited resources, increase client engagement, and improve services.

**Strategy: Improve integration of services (physical, prevention, behavioral, social and environmental) for target, vulnerable and at-risk populations who need multiple services**

***Nursing services at needle exchange sites***

As part of the Soft Tissue Infection Initiative, the Department has achieved the goal of providing medical care at all City-supported needle exchange sites in San Francisco. Each week, 14 needle exchange sites are staffed to provide medical services onsite. The goals of this project are to:

- ◆ Engage injection drug users;
- ◆ Treat urgent medical problems including soft tissue infections;
- ◆ Teach HIV/HCV and abscess prevention techniques; and
- ◆ Refer to ongoing primary care and drug treatment.

All non-medical needle exchange services are provided by either the HIV Prevention Project of the San Francisco AIDS Foundation funded from the HIV prevention branch of the AIDS Office or the Haight-Ashbury Free Medical clinic.

***Integrating medical and mental health services for at-risk youth***

The Department's Integrated Satellite Health Clinics program now integrates mental health and medical services for at-risk youth and their families in community health centers and agencies. Four mental health agencies partner with four medical clinics to serve clients in Visitacion Valley/Sunnydale neighborhoods, the Castro and greater Mission neighborhoods, the Chinatown, North Beach, and Tenderloin neighborhoods, and the Ingleside and Sunset neighborhoods. Clinics offer support group meetings, family planning, play therapy, individual, group, and family counseling, child abuse and sexual abuse counseling, as well as physical health exams, health screening and referral, primary care to infants, children, and adolescents, and dental care, among other services. In the next year, substance abuse screening, treatment, and referral for youth and caregivers will be integrated into daily operations.

***Expanding programs for homeless individuals***

The Department's new Community Behavioral Health Services (combined mental health and substance abuse) section provides substance abuse treatment through Targeted Capacity Expansion (TCE) grants from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The Walden House Homeless Addict Vocational and Educational Network (HAVEN) initiated services in February 2003 and provides 13 residential treatment slots to homeless individuals while addressing issues of substance abuse, mental health, housing, education, vocational training, and medical problems. The program is extremely successful in retaining clients and over 90 percent of the clients have stayed in treatment. Clients are just starting to graduate to the second phase of treatment provided at satellite facilities. The program plans to serve 155 clients over the three-year grant period.

Another new program funded through SAMHSA is the Post Release Education Program (PREP) that provides treatment services to individuals recently released from County jail. A collaboration with the Sheriff's Office, this program allows individuals who would otherwise not receive services during the tumultuous post-release period to have access to substance abuse treatment, assistance in securing shelter, mental health and medical care, and vocational and education training. There is also a family focus component of the program that helps the families of PREP clients gain an understanding of treatment issues and the PREP program. Over 100 individuals received service through PREP during the first nine months of service.

### ***Coordinating health care services in the home***

The Department's Health at Home (HAH) program continues to expand its services to meet the needs of clients. Seventy-four percent of the agency's clients are referred from San Francisco General Hospital and a smaller percent from the community primary care clinics. The agency's nursing and therapist case managers, along with the home care interdisciplinary team, work collaboratively with primary care providers to improve the continuity of care for clients, with the goal of decreasing the chance of hospital readmission.

SFGH has increased referrals to HAH for three types of patients: those needing complex wound care, those requiring intravenous (IV) therapy, and oncology patients needing home case management. A certified wound care nurse provides care for the more complicated cases and provides oversight and consultation to staff on assessment and treatment of wounds. Providers have noted the remarkable improvements which have occurred in patients having more difficult non-healing wounds. RNs also provide IV therapy in the home and teach patients self-infusion, when appropriate. The HAH Oncology/Palliative Care Team provides patients with pain, symptom and medication management.



## **Strategy: Prioritize Department services within funding limitations**

### ***Establishing a new sobering unit***

The McMillan Drop-In Center, a collaboration of the Department's Tom Waddell Health Center and Chemical Awareness Treatment Services, provides a place for homeless public inebriates to sober up safely. Once sober, clients have access to medical, behavioral health, housing, and case management services to assist in their recovery. In addition, because public inebriates place a considerable burden on the emergency health care system, the Department expects that this new program will reduce inappropriate ambulance trips and emergency room visits. This program was funded by contributions from private nonprofit hospitals in San Francisco, and by assuming that the facility will decrease the expense of caring for this population in the SFGH Emergency Department.

A recent recommendation from the Board of Supervisors' Ambulance Diversion Task Force was to establish a sobering unit to reduce emergency visits and improve health outcomes for chronic public inebriates. The target pilot project populations are homeless public inebriates and existing clients at the McMillan Drop In Center. The new project offers 20 stabilization beds and aims to achieve the following goals:

- ◆ To provide better care for chronic public inebriates and improve their health outcomes;
- ◆ To decrease the number of inappropriate ambulance trips that transport chronic public inebriates to the emergency department; and
- ◆ To decrease the number of inappropriate chronic public inebriates seen in the emergency room.

### ***Addressing the exploitation of youth***

In August 2002, the San Francisco Board of Supervisors passed a resolution that established the End the Exploitation of Youth Task Force. The Task Force was created in response to increasing community concerns about the seriousness of sexual exploitation of youth in San Francisco and the lack of appropriate local services. The vision of the Task Force was to raise public awareness about the sexual exploitation of children and youth, create a responsive social service system, eliminate the criminalization of exploited youth and reduce the number of victims of sexual violence.

Members of the Task Force include representatives from City agencies, social service agencies, physical and mental health services, and multidisciplinary professionals. The Coordinator of the Department's Office of Adolescent Health co-staffed the Task Force and the Coordinator of the Department's Office of Women's Health served as a Task Force member. The Task Force developed three recommendations considered necessary first steps for the development of a safer and healthier environment for sexually exploited youth:

- ◆ Open a secured residential program – The program would provide a secure housing option for long-term treatment and support.
- ◆ Establish a 24-hour hotline – The hotline would provide culturally appropriate crisis intervention, harm reduction and health promotion strategies, and links to services for sexually exploited youth.
- ◆ Expand community outreach services – Community outreach efforts would be focused on bridging service gaps that currently exist for sexually exploited youth.

### ***A bright future for adolescent health***

Adolescents in San Francisco comprise 16 percent of the total San Francisco population and are the most ethnically and racially diverse population in the City. As a group, adolescents in San Francisco are generally physically healthy; however, some struggle with mental and emotional health issues, and may have difficulty in accessing primary health care services. A major goal of the Department's new Office of Adolescent Health is to eliminate the health services gaps that exist for underserved youth in San Francisco. Underserved youth include those of specific ethnic and racial groups, in the juvenile justice system, in foster care, homeless, LGBTQ, newcomers, or those with special needs due to developmental or physical disabilities.

In January 2003, the Office of Adolescent Health completed an Adolescent Health Plan for San Francisco that will span two years and improve services for youth, particularly those currently identified as underserved. This report is the first strategic health plan adopted by the Department that focuses entirely on the needs of San Francisco's youth population (ages 10-24). The Adolescent Health Plan provides strategies to improve services across seven health issues (e.g., behavioral health, violence, nutrition and physical activity, etc.). Implementation of prevention services and programs that are sensitive to the comprehensive needs of San Francisco's diverse youth, as well as special training for health care delivery personnel, are already in progress. The Office of Adolescent Health also arranges for strategic collaborations between the Department, local agencies, and community programs in order to provide a healthier environment for San Francisco's youth to develop into healthy adults.

### ***Partnering in wellness for women and girls***

In May 2003, "The Women's Health Plan: Partnering in Wellness with Women and Girls in San Francisco 2003-2006" was issued by the Department's Office of Women's Health. This plan will guide the Department in its efforts to safeguard, promote and improve the health and well-being of the women and girls of San Francisco. The Women's Health Plan outlines multiple current challenges to women's health and well-being, and in response, formulates six core recommendations and suggests numerous possible Department strategies for their achievement.

The Women's Health Plan encourages the provision of gender-specific comprehensive health care services that are sensitive to the needs and social roles of women, and that are made accessible to vulnerable populations of women including those that are homeless, incarcerated or uninsured. The Plan envisions the elimination of health disparities based on race and ethnicity, disabilities and sexual orientation. Prevention,

through health screening and health education services, and the need for reduction of cancer rates are also highlighted in the Plan. The Plan intends to diminish the public health impact of violence on women, girls and their families by targeting intimate partner violence, sexual assault and gun-related violence. The Women's Health Plan will be implemented between 2003 and 2006 with an evaluation in 2007.

**Strategy: Use data and evaluation more routinely and uniformly to guide program planning and priority setting**

***Tracking HIV Infection***

The responsibilities of the Department's HIV/AIDS Statistics and Epidemiology Section (formerly the AIDS Surveillance and Seroepidemiology Section) expanded in July 2002 to include the reporting of persons with HIV infection who had not yet developed AIDS. HIV case reporting differs from AIDS case reporting because both laboratories and health care providers are required to report to the local health department and because persons with HIV infection are reported using a non-name code. Implementing HIV case reporting has required substantial efforts on the part of staff, laboratories, HIV counseling and testing sites, hospitals, and private medical providers. This collaborative effort has paid off and HIV reporting is now well established in San Francisco.

From July to September 2003, 4,186 persons with HIV infection were reported to the HIV/AIDS Statistics and Epidemiology Section; 3,462 of the case reports reflect persons diagnosed with HIV prior to 2002 and 724 were persons who were known to be first diagnosed with HIV in 2002-2003. Based on prior estimates, the Department anticipates that an additional 1,500 persons will be reported during the remainder of 2003 and through 2004. Although the data are incomplete, preliminary analysis suggests that compared to persons living with AIDS, persons with HIV infection without an AIDS diagnosis are younger and are more likely to have private health insurance. More information can be found online at [www.dph.sf.ca.us/PHP/AIDSSurvUnit.htm](http://www.dph.sf.ca.us/PHP/AIDSSurvUnit.htm).

***Evaluating regional needs for homeless families***

The San Francisco Bay Area Homeless Perinatal Planning Committee is led by the Department's Maternal and Child Health Program and brings together representatives from San Francisco, Alameda, Contra Costa, Marin, San Mateo, Santa Clara and Solano counties and the City of Berkeley to promote regional awareness of homeless issues that affect families in our communities. The Committee sponsored the 2<sup>nd</sup> Annual Networking Conference in September 2002, titled "Repairing the Safety Net for Homeless Families," and the 7<sup>th</sup> Annual Homeless Perinatal Conference in May 2003 in Oakland, titled "Survivors: Homeless Children & Their Families." In addition, the committee developed a Bay Area Help Card, which can be found on the San Francisco Department of Public Health Web Site <http://www.dph.sf.ca.us/PHP/PregantHlp.htm>. The card contains information and resources for the seven Bay Area counties.

## **GOAL 2: DISEASE AND INJURY ARE PREVENTED**

### **Strategy: Strengthen primary prevention activities of the Department**

#### ***Preventing influenza at Laguna Honda Hospital and Rehabilitation Center***

Prevention of illness, disability and injury is one of the cornerstones of all public health programs and institutions. As part of the public health system that spans the entire continuum of care for San Franciscans, Laguna Honda strives to include preventive services in all its programming. One example is Laguna Honda's influenza prevention program. Laguna Honda has had a vigorous influenza vaccination program for years, reaching over 92 percent of residents. The influenza prevention program includes the following components:

- ◆ Vaccination of residents and staff;
- ◆ Surveillance;
- ◆ Antiviral prophylaxis and treatment; and
- ◆ Infection control and outbreak control.

In late 2002 the Laguna Honda Infection Control Committee reviewed its data from the 2001-2002 flu season and concluded that its most effective intervention would be to increase the staff vaccination rate using an educational campaign, enhanced access to vaccinations, and incentives. The percentage of staff receiving the flu vaccination increased from 26 percent in 2001-2002 to 37 percent in 2002-2003. The number of influenza cases decreased from 30 to 4. The program was presented as a model at the California Adult Immunization Summit in May 2003.

#### ***Reducing the risk of falls for Laguna Honda residents***

Fall prevention is a public health issue advocated by the Centers for Disease Control and Prevention, which notes that falls are the most common cause of injuries and hospital admissions for trauma. Falls account for 87 percent of all fractures in people 65 years and older, and are the leading cause of injury and death among this group. Incidence of falls in long term-care residents is even higher.

Laguna Honda developed programs for fall risk management and successfully reduced the percentage of residents using one or more restraints to 4 percent, significantly below state (17%) and national (9%) nursing home averages, without a commensurate increase in fall rates or injuries associated with falls. Interdisciplinary teams at Laguna Honda now have fall risk assessment tools to evaluate and intervene for fall risk reduction without using restraints. Interventions are tailored to the individual, including environmental alterations; pharmacy consultations; therapy consultations; exercise; and restraint alternatives. Laguna Honda's incidence of new fractures is 1.3 percent, in

contrast to the comparison group average of 1.8 percent, while prevalence of falls at Laguna Honda is 7 percent, half that of the comparison group.

### ***The pedestrian and traffic safety program***

The Pedestrian and Traffic Safety Program had four main areas of focus in the last year:

- ◆ **Pedestrian Injury Surveillance:** The Department compiled data from San Francisco's Trauma Registry reports, Emergency Medical Services reports and Police Department collision reports. The data allow staff and community to identify neighborhoods and age groups that may be at higher risk for pedestrian injury.
- ◆ **Technical Assistance:** Staff in the Community Health Education Section provided technical assistance to pedestrian and traffic safety advocates by convening the Traffic Safety Advisory Council; convening the Mission and Tenderloin Pedestrian Safety Working Groups; providing training on community organizing, fundraising, advocacy and other tools for activists; and linking community groups and City agencies.
- ◆ **Mini-Grants for Community-Based Organizations:** The Department funded community-based organizations to conduct pedestrian and traffic safety projects in their neighborhoods, utilizing funds awarded by the California Office of Traffic Safety.
- ◆ **Media Campaigns:** In conjunction with the Department of Parking and Traffic, the Department, conducted an annual media campaign targeting traffic safety in San Francisco. The media campaign was funded by the fines for running red lights. In 2003, the focus of the media campaign was to promote courtesy between drivers and pedestrians.



Information on pedestrian and traffic safety programs is available to the public on the Traffic Safety Web Page, at [http://www.dph.ca.sf.us/traffic\\_safety](http://www.dph.ca.sf.us/traffic_safety)

### ***Improving medication safety***

In 2002, the CHN's Medication Use and Safety Officer noted a problem with the manufacturer's labels on two injectable medications. The problem had the potential to

lead to serious medication errors. The drugs, acetazolamide and acyclovir, were packaged in identical size and shape vials, both were available as 500mg vials, and the color used for the labels on both products were variations of blue and white. Because drugs are usually stored in alphabetical order by pharmacies, on nursing units, and in other medication storage areas, the potential that busy hospital staff might mistake the products for each other was great.

The Pharmacy contacted several national medication safety “watchdog” organizations with this concern. As a result, the manufacturer recently notified the CHN and the national organizations of its intent to change the labeling on the vials to make the drug name more easily readable and the products more readily differentiated. Through this action, medication safety was improved nationwide for patients for whom these drugs are ordered and used.

### ***Researching ways to prevent HIV***

The Department’s HIV Research Section's mission is to conduct ethical, innovative research likely to have the greatest impact on preventing HIV infection and AIDS in this changing epidemic. The Research Section provides leadership in developing critical research questions and communicating its study results widely. In addition to their research, the Research Section serves as a mentor to both national and international sites. Sister research sites are in Puerto Rico and Argentina, and the Research Section helped to develop HIV vaccine research centers in Honduras, the Dominican Republic, and Jamaica.

The research is currently split into two major categories, behavioral prevention of HIV and clinical prevention of HIV. Behavioral prevention efforts consist of two studies: the Explore study, which involved 735 men who have sex with men (MSM) at the San Francisco site and over 3,000 others nationwide; and Project Mix, which is a peer based intervention to encourage safe sex among substance using MSM. Clinical prevention efforts consist of testing HIV vaccines for safety and efficacy. In the last fiscal year, the Research Section began testing two phase I HIV vaccines and is scheduled to begin three additional phase I trials before the end of the calendar year.

## **Strategy: Address social and economic determinants of health status**

### ***The Health Impact Assessment***

Neighborhood rezoning plans must undergo environmental impact assessments (EIA) to inform governmental decision-makers and the public about the potential, significant effects of proposed decisions and activities. Laws mandating EIA recognize that social and physical environments are interrelated; however, EIA has been traditionally deficient in addressing how projects impact social determinants of health, and health agencies have traditionally had limited involvement with EIA.

In San Francisco's Mission neighborhood, a coalition of community organizations, the Mission Anti-displacement Coalition (MAC), convened to represent the needs of residents in a city rezoning process. MAC has begun using the Health Impact Assessment as a vehicle to evaluate the health and social impacts of alternative zoning proposals, increase community capacity to engage with land use planning, and develop public awareness of the relationship between land use and health.

The Department facilitates the assessment planning and implementation, coordinates and documents the process and its findings, trains community member research activities, and provides other research support. Multiple qualitative, quantitative, and popular research methods are being applied to the assessment. Findings will be integrated into a document and will be disseminated through multiple, culturally relevant and language appropriate media. The partnership will develop a plan to monitor the influence of the assessment both on the zoning decision as well as local agency approaches to community involvement.

### ***Mental health consultation in homeless and domestic violence shelters***

The Department's Child, Youth, and Family Section began providing mental health consultation and treatment services to children age birth to 5 years and their families living in 11 homeless shelters, transitional housing programs and domestic violence shelters. Services include assessment, direct treatment, therapeutic play groups, group therapy, and staff consultations and training.

Mental health services address disturbances related to the trauma of the current episode of homelessness (e.g., anxiety, fear, anger and hostility). Mental health services also address problems related to negative influences in the past, such as growing up in foster care or with alcoholic or drug addicted parents. The program is being evaluated by interviewing mothers in the shelters at intake and every six months thereafter, and asking mental health consultants and shelter staff to complete surveys every six months about progress the child and family is making on a variety of mental health indicators.

***Increasing access to healthy foods***

The mission of the San Francisco Food Systems Council is to bridge San Francisco residents to the sustainable production, equitable distribution, nutritious consumption and responsible recycling of food and promoting community relevant policies that support an equitable food system. The Food Systems Council's work has focused on four major activities:

- ◆ Strategic planning for the development of the San Francisco Food Systems Council;
- ◆ Planning for and promoting community food assessments in San Francisco in order to prioritize community concerns, develop projects strategically and build capacity of existing organizations to do more sustainable food systems work;
- ◆ Educating City agencies and existing community-based organizations about the work of the San Francisco Food Systems Council and how it might apply to their organization; and
- ◆ Working with San Francisco Unified School District to determine the feasibility of a Farm-to-School project.

***An action guide for children and youth***

The Department's Child, Youth, and Family System of Care section worked together with the San Francisco Unified School District School Health Programs Department to develop two sections on depression and suicide prevention for the district's Action Guide for students and families. The guide, which was sent to the home of every public high school student in San Francisco, addresses the warning signs of depression and suicidal intention, what parents can do, where to get help, and how students can help other students who are in need of help. The guide was also translated into Spanish and Chinese.

**Strategy: Develop a multi-year prevention plan.*****Coordinating prevention efforts***

In FY 2002-2003, the Department's Prevention Planning Team and Prevention Workgroup developed a Strategic Prevention Plan. This Plan is to be used as guide for the development of prevention activities throughout the Department. It is designed to build on existing efforts, eliminate or mitigate disparities, and select interventions based on evidence. The Plan will provide an integrated approach for the Department's prevention efforts, whereby various sections within the Department can develop primary prevention interventions that build upon a common foundation. Implementation will begin throughout various sections and programs in 2004. The Community Programs' Expanded Management Team will provide ongoing oversight.

**GOAL 3: SERVICES, PROGRAMS AND FACILITIES ARE COST-EFFECTIVE AND RESOURCES ARE MAXIMIZED****Strategy: Make overall improvements in financing operations*****Maximizing revenues at Laguna Honda Hospital and Rehabilitation Center***

As revenue generation becomes increasingly important in long-term care, Laguna Honda has undertaken a major initiative to maximize revenues that are determined by the completion of Minimum Data Set (MDS). This comprehensive functional assessment of some 250+ questions, originally designed in 1989 to be used as the foundation for planning and delivering care to all nursing home residents, has gained increasing importance in providing regulatory oversight and revenue generation.

The MDS is also presently being used in 27 states to determine Medicaid reimbursement with California expected to start using the MDS for Medi-Cal reimbursement in the near future. Responding to the present financial landscape with the knowledge that Medi-Cal reimbursement will soon depend upon an accurate completion of the MDS, Laguna Honda has established a program to train registered nurses to coordinate the input of the Interdisciplinary Team and complete the MDS in an accurate and timely manner. Staff will continue to monitor the impact on revenue due to enhanced knowledge and accuracy of coding.

***Improving billing procedures at San Francisco General Hospital***

To contend with ongoing economic downturns and reductions in City General Funds, San Francisco General Hospital (SFGH) is taking measures to identify new sources of revenue to minimize the reduction of services. In Fiscal Year 2002-2003, SFGH implemented an Operating Room major trauma charge and continued efforts to identify late charges on inpatient accounts, improve coding on billing forms and ancillary department requisitions, acquire billing numbers for all new providers, ensure proper charging of supplies and develop a supply formulary, and determine and facilitate patient eligibility for various programs. In addition, SFGH hired two revenue enhancement specialists and began efforts to better utilize existing staff to support ongoing efforts to maximize revenue.

**Strategy: Continue to adopt a financial strategy that enhances revenue and reduces expenditures to ensure that the overall public health system operates cost-effectively**

***Developing the Behavioral Health Court***

This past year, the Department's Jail Health Services and Behavioral Health Services (mental health and substance abuse services combined) in collaboration with the Courts, the District Attorney's Office, and the Public Defender's Office implemented a voluntary Behavioral Health Court (BHC). This therapeutic court, created with no additional funds, offers defendants with serious mental illness a chance for treatment instead of incarceration. The court has a multi-disciplinary team working with the defendant to obtain Supplemental Security Housing (SSI), housing, and appropriate levels of community based treatment. Being a participant in BHC requires an immense amount of effort by the client. In the first 8 months, 90 clients have actively participated with BHC and it appears to be a successful alternative to the traditional court system for this special needs population.

***Ensuring the appropriate level of care - The Patient Flow Pilot Project***

The Patient Flow Pilot Project focuses on creating greater capacity at SFGH for acute psychiatric patients by facilitating timely patient transition to the next appropriate level of care. By making timely transfers, patients are assured the least restrictive level of care and SFGH is able to reduce its number of administrative days, which are reimbursed by Medi-Cal at amounts significantly lower than the cost of providing acute psychiatric care. During the pilot, staff carefully monitored several quality indicators to ensure clinical appropriateness. The data collected from March through October 2002 showed favorable results.

There was an average increase of 65 acute patients per month admitted to SFGH due to increase in capacity. At the same time, SFGH experienced an average decrease of 424 administrative days per month. The average length of stay decreased from 15 days to 10.5 days. During the same time period, the number of patients requiring transfer from Psychiatric Emergency Services to hospitals due to lack of capacity decreased from 173 to 31.

***Streamlining STD testing***

Recognizing the importance of surveillance for controlling and preventing the transmission of Sexually Transmitted Diseases (STD) like gonorrhea and chlamydia infections, the Department's Laboratory has teamed up with the STD Control unit to increase screening for STDs. To handle the increase in specimens tested, the laboratory installed the Viper automatic pipetting device in December 2002 to streamline specimen handling and testing. This instrument allows the laboratory to process more specimens without increasing staff. The automation also controls contamination of the environment and reduces ergonomic activity for staff.

## **Strategy: Address the infrastructure needs on the San Francisco General Hospital campus and at the primary care sites**

### ***Planning for air medical access***

San Francisco is the only locality within the top 25 municipalities in the United States without air medical access. The inability to air transport patients into and out of San Francisco General Hospital Medical Center (SFGH) compromises its ability to respond to critically injured patients whose needs are best served at a Level 1 Trauma Center. To better serve all trauma patients within this region and maintain American College of Surgeons verification as a Level 1 Trauma Center, SFGH conducted a needs assessment and feasibility study to determine the need for air medical access and determine whether a helipad could be located at the SFGH campus. In March 2003, the Health Commission reviewed the findings of the "SFGH Air Medical Access Needs Assessment & Feasibility Study" and adopted a resolution directing SFGH to continue planning for air medical access.

The next steps for SFGH air medical access planning are conducting an environmental impact review (EIR), designing a medical helipad for an SFGH rooftop location, and obtaining the necessary permits for an SFGH medical helipad. The successful accomplishment of this goal requires the development and implementation of a Phase II air medical access action plan, convening a Phase II team to implement the plan, hiring contractors to conduct the work (EIR, design, and permit), adhering to time specific objectives, and ensuring community outreach to neighborhoods, community groups and health care professionals.

### ***Rebuilding San Francisco General Hospital***

In 1996, California passed Senate Bill 1953, mandating that all California acute care hospitals meet new seismic safety standards by 2013 or face closure by 2008. In January 2001, the Health Commission approved a resolution to support the effort, and the Department conducted a series of planning meetings to review its options. It became evident that rebuilding rather than retrofitting was required, and that rebuilding SFGH presented a unique opportunity for the Department to make system-wide as well as structural improvements in its delivery of care for patients in 2013 and beyond.

At the end of FY 2002-2003, SFGH had three scenarios as part of its Institutional Master Plan. One scenario would rebuild SFGH on the Potrero Street campus and the other two scenarios include a Mission Bay site. The next steps are, with guidance from the Rebuild Steering Committee, Combined Advisory Committee, and the SFGH and Community Health Network Joint Conference Committees, to choose the best of the three alternatives and present a final proposed Institutional Master Planning concept to the Health Commission for approval in October 2003. In addition, a financial plan will be developed for funding the hospital rebuild, which will include a general obligation bond package for submission to the Capital Improvement Advisory Committee by March 2004 for a ballot initiative in November 2004.

## **Strategy: Design an e-government strategy and presence for the department**

### ***Developing a single information system to support the continuum of care***

SFGH is undertaking major information systems projects needed to simplify clinical and diagnostic functions and comply with various State and federal laws. In April 2003, the Health Commission approved a plan to transition to SOARIAN beginning in 2004. SOARIAN is a comprehensive, Internet-based suite of applications for patient registration, accounting, patient scheduling, clinical care plan documentation, clinical orders, and the Lifetime Clinical Record. This system will standardize information technology systems across DPH institutions and adds the potential to integrate clinical and financial data. This product will allow SFGH to comply with Senate Bill 1875, which requires hospitals to implement a computerized provider order entry system by 2005 to reduce medication errors.

Meanwhile, SFGH is continuing to perform essential upgrades to existing systems, replace obsolete workstations and move towards a filmless radiology department through a Picture Archiving Communications System (PACS). The PACS system will store electronic images, thereby eliminating the lost film problem and the need to reprint films.

## **Strategy: Improve recruitment, retention and training of Department staff**

### ***Improving retention and recruitment***

It has been projected that there will be a 40 percent rate of retirement among City employees from 2000 to 2011. As of September 2002, the total rate of vacancies at SFGH was 12 percent, and the turnover rate was 8.7 percent. Shortages in key healthcare professions including registered nurses, pharmacists, respiratory therapists, and radiology technicians are challenging recruitment efforts. Cost of living in the Bay Area and current pay scales will continue to be barriers to filling vacancies, including those of physicians. SFGH hopes to decrease turnover and vacancy rates by improving staff retention and recruitment. Efforts by the Department's Nursing Leadership Council included the establishment of "Nursing Notes" a quarterly newsletter that highlights accomplishments and other issues of relevance to nurses.

In another effort, the Private Industry Council with the joint participation of eight San Francisco hospitals, including Laguna Honda and San Francisco General Hospital, SEIU Local 250, and the City College of San Francisco, received grant funding from the State of California to address the nursing shortage. Other partners in the grant include Jewish Vocational Services, Hospital Council of Northern California and Regional Health Occupations Resource Center. The grant project aims to provide career ladder training for incumbent non-licensed hospital employees to become licensed vocational nurses or registered nurses. The grant will fund the eligible hospital staff tuition, fees, uniforms, supplies and/or books. Laguna Honda, as a prospective participating hospital, will commit to releasing employees who meet eligibility and selection criteria to attend

classes during regular working hours, with pay, not to exceed eight hours per week. SEIU Local 250 and Jewish Vocational Services will also provide educational counseling and case management to employees participating in the program.

***Training Department staff to treat opiate addiction***

In October 2002, the federal Food and Drug Administration approved buprenorphine for use in the treatment of heroin and other opiate addiction. Like methadone, buprenorphine is a medication that addicts can take to block withdrawal symptoms and the craving for opiates without producing a strong narcotic “high”. In January 2003, the Department responded by sponsoring free buprenorphine training for Department staff. More than 160 individuals attended the training, including 100 physicians. Physicians who attended this training may apply to CSAT for permission to prescribe buprenorphine. The Department is developing guidelines for the use of buprenorphine, building on the work of the Office-based Opiate Treatment Program (OBOT) Program planning process and the integration of substance abuse and mental health services. A specialized induction clinic has been developed for OBOT patients initiating buprenorphine.

**GOAL 4: PARTNERSHIPS WITH COMMUNITIES ARE CREATED AND SUSTAINED TO ASSESS, DEVELOP, IMPLEMENT AND ADVOCATE FOR HEALTH FUNDING, POLICIES, PROGRAMS AND SERVICES**

**Strategy: Restructure and enhance the Department's relationship with its community advisory groups**

***Mental health consumer initiatives***

The Department's Community Mental Health Services section implemented several consumer initiative programs based on wellness and recovery in FY 2002-2003, including:

- ◆ The Peer Internship Program trained 19 mental health clients and placed them in various mental health programs. The program also provided peer counseling and support services. Four of the nineteen individuals were then hired by the agencies.
- ◆ The Asian Consumer Leadership Team conducted four peer workshops in multiple Asian languages.
- ◆ A Wellness and Recovery Task Force composed of clients, family members and providers completed its task of submitting recommendations for the development and implementation of a recovery-oriented system of care. The recommendations included suggested action steps to enhance the role of consumers at all levels in the system-of-care, and to develop and support multiple pathways to recovery (including increasing the availability of "non-clinical" resources such as housing, vocational rehabilitation services, supportive education, socialization and volunteer opportunities).

**Strategy: Explore opportunities to partner with other providers and their community on common health issues**

***High Quality Child Care Mental Health Consultation Initiative***

The High Quality Child Care Mental Health Consultation Initiative places mental health consultants in over 80 childcare centers and over 100 family day care homes. The consultants provide direct therapeutic services to children and indirect consultation and training to childcare staff. The most prominent issues that children face (as rated by teachers) include family/economic hardship, family instability, traumatic stress, and witnessing violence.

The Initiative has demonstrated positive outcomes for young children and child care staff. Children identified for treatment showed statistically significant improvements in social maturity, and they matured at a faster rate than children not identified for treatment. Children with clinically related problem behaviors made statistically significant improvements as compared to children not identified for treatment. Childcare center staff indicated strong satisfaction with the services provided by the mental health consultants. Over 90 percent of parents participating in the evaluation reported that they were very satisfied with the services their children were receiving, and that they were better able to understand and address their child's needs and difficulties.

### ***Thinking clean and green***

The Clean and Green program is designed to provide San Francisco businesses with an opportunity to develop model precautionary business practices through education and training. The training includes technical assistance for preventing workers' exposure to toxins and chemicals by utilizing environmentally friendly products that are also better for health. The training also includes determining environmental management practices, a method of finding the most efficient application of an idea or use. The program provides outreach to help prevent future problems and accidents involving chemicals in the workplace, and fosters an open level of communications between the Department and the private business sector.

In October 2002, the first specialized Clean and Green workshop series was offered to the automotive industry in San Francisco. The workshop was co-sponsored by the Department of Toxic Substances Control (DTSC). They were able to provide hydrophobic mops, pollution prevention t-shirts, and training videos to the workshop attendees. To date, 47 of these businesses have been successfully converted to thinking "clean and green." The Clean and Green program now provides free workshops, environmental tools, private consultation, and health education materials to City businesses and agencies that are interested in protecting their workers and becoming a certified "clean and green" business.

### ***Children and youth domestic violence free***

During the third year of the Children and Youth Domestic Violence Free project, the Community Health Education Section planned and conducted a citywide conference entitled, "San Francisco Children and Families Domestic Violence Free: Multidisciplinary Approaches to Addressing Family Violence." The conference was co-planned by the San Francisco Safe Start Project, and many city, state and local community-based agencies joined as sponsors, including the State Attorney General's Office.

The purpose of the conference was to discuss early intervention, legislation and prevention of intimate partner violence and the effects such violence has on children. Over 243 representatives of public and private agencies attended the conference from a broad range of disciplines. The Community Health Education Section took this opportunity to obtain valuable input and feedback on the intimate partner violence strategic prevention plan, now nearing completion.

***Collaborating for the behavioral health project***

The behavioral health project is a collaboration between the Housing & Urban Health section (HUH) and two community-based organizations (Baker Places, Inc. and Fort Help). The project is designed to provide one-on-one mental health and substance abuse counseling, group counseling and off-site residential and detoxification services for the residents of the Direct Access to Housing Program (DAH). This model of on-site case management, medical services and counseling with augmented services off-site is expected to assist in stabilizing the residents of the DAH facilities and reduce hospitalizations (both psychiatric and medical) and evictions. The DAH program currently provides 360 units of permanent supportive housing in five single room occupancy (SRO) residential hotels and an additional 33 units in a licensed residential care facility.

Because many of the DAH residents have chronic medical, substance abuse and mental health disorders, maintaining stability in housing demands wrap-around integrated health services. At present, all six DAH sites have intensive case management services provided by community-based organizations and some medical services (either on-site or through consultation) provided by HUH. With the development of this service, Baker Places provides on-site counseling services and off-site residential behavioral health and detoxification services. Fort Help is providing methadone maintenance services.

***Improving emergency care and coordination***

The Emergency Medical Services Section recently approved the San Francisco Fire Department's (SFFD) Pilot Program, called the Rapid Paramedic Response System, to add a paramedic to the City's fire engines. In most medical emergencies, both an SFFD engine and an ambulance are dispatched to the request for help. Since there are more than twice as many engines as ambulances, and they are distributed more evenly throughout the City, the engines frequently arrive at a patient's side more quickly than an ambulance. The fire engines are staffed with firefighters who are also Emergency Medical Technicians (EMTs) and they start basic emergency medical care but must wait for a paramedic to arrive to administer medications or perform airway treatments.

By putting paramedics on engines, the pilot program demonstrated an improvement in the time interval from a 9-1-1 call until a paramedic arrived at the scene of the emergency without sacrificing patient care while being transported in the ambulance. (Many paramedics had to be shifted from ambulances to engines, creating a number of ambulances staffed with one paramedic and one EMT.) The SFFD plans to utilize the results from this study to staff more engines in areas of the City with long response intervals for paramedic service with the eventual goal, endorsed by the Health Commission, of having a paramedic on every fire engine in San Francisco. This will bring the City in line with recommendations from the EMS Medical Directors Association of California for a 5-minute response interval for defibrillator-equipped personnel and a 10-minute response interval for paramedics in urban areas. This truly is one of the landmarks of a 21st-century EMS system.

**Strategy: Continue and expand assessment of community health needs (i.e., risks to health and safety).*****Teaching healthy eating habits to reduce obesity***

Since 2001 services have been provided to the community and schools to encourage exercise and eating well-balanced meals with at least 5 fruits and vegetables. The program was a precursor to the current interest in childhood obesity. The Nutrition Services section received funding in FY 2002-2003 to provide services to the Hispanic community to reduce obesity, which leads to Type II diabetes, which is more prevalent in the Hispanic community. The staff developed partnerships with community-based groups in the Mission district and with the YMCA. The groups contacted parents through outreach and provided information on purchasing appropriate foods, meal preparation (with demonstrations), and the importance of exercise. A conference was also held for the entire city and region called "Weighty Matters" and was attended by 300 people. Materials were made available which could be used in a variety of situations to help families and communities reduce the impact of obesity.