

THE YEAR IN REVIEW



SUMMER 2003

The City's fiscal year begins on July 1. By this time, much of the Department's efforts to plan and prioritize for the coming year have been done, as this work goes hand-in-hand with budgeting. However, the Department is constantly striving for new and better ways to provide essential public health services to the City's residents. For example, the McMillan Stabilization Program pilot began in July 2003 as a way to help the City better handle inebriated individuals. This section of Chapter Four highlights the months of July, August and September, reviewing some of the ongoing work of the Department as well as special accomplishments.

These pages highlight a number of important programs and events from the summer of 2003, including:

- The successful McMillan Stabilization Program, which stabilizes inebriated individuals, providing good care and keeping them from the City's emergency rooms;
- The revised outpatient prescription benefits for indigent patients, which saved the Department \$2.9 million;
- The new peer support programs offered through Community Behavioral Health Services; and more.

Planning for Flu Season - The Flu Forum

The Department is responsible for many challenging activities around planning for flu season and each year must reserve the proper amount of vaccine before the demand is known (and before budgets are finalized); and develop a reasonable timeline to offer flu shot clinics to the public.

Conducted each summer, the Flu Forum gives stakeholders an opportunity to collaborate. At this meeting, participants discuss where and when they will provide flu shots for the public during flu season, the amount they will charge, the special projects they are working on and their policies regarding specific populations (such as infants or high risk adults). The Flu Forum also serves as a venue for setting up vaccine redistribution systems with local partners in case vaccine needs to be moved around the City. The Department also uses the Flu Forum to collect comprehensive information from partners and then posts on the Department's website all of the flu clinics for everyone involved. Well attended and highly communicative, it is a remarkable collaborative effort.

Outpatient Prescription Benefits for Indigent Patients

A major revision of the outpatient prescription benefit service for indigent Community Health Network (CHN) patients was accomplished this year. Beginning July 1, 2003, eligible indigent patients received CHN prescription benefit services from either the San Francisco General Hospital Outpatient Pharmacy, or the community retail pharmacy affiliated with their primary care clinic. The Department of Pharmaceutical Services developed, implemented, operated and monitored compliance and quality for a complex arrangement that allows for dispensing of deeply discounted drugs by the contracted retail pharmacies. The plan change resulted in two new partners for the CHN, AG Pharmacy and Rite Aid Corporation and in a cost-avoidance for pharmaceuticals of \$2.9 million.

A Successful Pilot – The McMillan Stabilization Project

The McMillan Stabilization Pilot Project is a medically supported sobering center for homeless alcohol-dependent persons located at the McMillan Drop-in Center. It was implemented in July 2003 and had nearly 5,000 admissions during its first year, serving over 2,000 unduplicated clients. Designed to divert patients from unnecessary Emergency Room (ER) and ambulance usage to a safe, more effective, and less costly level of care, the 24 hour, 7 day a week project provides transportation, 20 beds of medically-supported sobering services, intensive case management and linkages to detox, housing, and other services.

McMillan's "high ambulance user" clients averaged 12 visits during the year, as compared to non-high users' two visits per year. The 57 "high ambulance users" were served a total of 690 times - encounters that, without the Stabilization Project, would have otherwise resulted in an ambulance pick-up and emergency room drop-off. Transports to the larger McMillan Drop-in Center have increased by 50 percent since the pilot project began. (Clinicians report that a majority of clients' health status improves (64%) or is maintained (34%) during the McMillan Stabilization stay. During the next fiscal year, the Department will formally evaluate the program and strive to increase the number of referrals to the Stabilization Project from San Francisco General Hospital ER staff and ambulance drivers.

Office Based Opiate Addiction Treatment Program (OBOAT)

A pilot program for office-based treatment of opiate addicted patients was approved in San Francisco as part of a larger Harm Reduction initiative. Under this program, people who are addicted to heroin can obtain methadone or buprenorphine treatment outside of a clinic setting through their individual physician. San Francisco General Hospital's (SFGH) Outpatient Pharmacy is the dispensing pharmacy for patients enrolled in the program and maintained on methadone. The Community Behavioral Health Services (CBHS) pharmacy at 1380 Howard Street is the dispensing pharmacy for patients maintained on buprenorphine. Pharmacists selected to participate in the program were required to attend a training program sponsored by the California Society of Addiction Medicine, and taught how to use a web-based computer program designed specifically for the OBOAT pilot. The first patient was enrolled into the program in July 2003, and the SFGH and CBHS OBOAT pharmacists are currently observing self-administered dosing, and dispensing medication to over fifty (50) patients enrolled in the program.

African-American Alternatives Program

In July 2003, Community Behavioral Health Services (CBHS) began a program to develop alternatives to Institutions for Mental Disease (IMDs, i.e., locked psychiatric facilities) for African-American men. In an IMD study conducted in 2002 by the Quality Management section of CBHS, it was found that African-American men were disproportionately represented in IMDs, had longer lengths of stay, and returned at a higher rate to institutional care after discharge. The new program provides resources to develop an intensive case management team with resources for housing, vocational and wrap-around services. The program uses a culturally competent approach to working with clients in order to improve the rate of successful return to the community. The program will serve at least 40 clients within a two-year period.

Working with Youth to Prevent Arson

Comprehensive Child Crisis Services (CCCS) and Community Behavioral Health Services partnered with other City departments, including the San Francisco Fire Department, the San Francisco Unified School District, and the Department of Human Services on the Firesetters Prevention, Education, and Treatment Project. The purpose of the program is to provide early identification and treatment for juvenile firesetters in San Francisco. CCCS conducts a behavioral health assessment and makes appropriate referrals to services.

Training also is provided under the project to school personnel, group home providers and others about the importance of reporting firesetting incidents to ensure that children and youth receive the services they need. From July 1, 2003 through June 30, 2004, 24 children and youth were referred under the Firesetters Project. Of these, 20 were males and four were females. Ages ranged from age 7 to age 16, with the majority of fires being set by youth age 13 and over. Of the 24 referred, eight were referred to CCCS for further services, which included individual therapy.

Improving Staff Retention

In August 2003, San Francisco General Hospital (SFGH) established a task force to address the issue of staff retention. From the start, members of the task force recognized of the significance of the relationship between the employee and the employee's supervisor and workplace conditions impacting retention. The role that the immediate supervisor plays in retention was acknowledged as primary to the goal of improving retention.

After reviewing SFGH vacancy and attrition rates and a University of California, San Francisco (SFGH campus) 2001 satisfaction survey, brainstorming sessions yielded a variety of possibilities. Leadership skills, mentoring, and training and education for all employees were identified as areas of significant need. Recommendations from the Task Force include:

- Revamp the orientation for new managers.
- Develop a buddy system for new managers to help them navigate the SFGH systems.
- Design a mentorship program.
- Develop and implement a management development program.
- Provide education on retention practices to utilize with employees.
- Develop best practices on retention to be held at the Management Forum.

Although not all of the task force recommendations have been implemented yet, staff retention has already improved and the nursing vacancy rate decreased from 14 percent to 6 percent.

Rebuilding Laguna Honda Hospital

On November 5, 2003, Laguna Honda Hospital (LHH) celebrated a groundbreaking to initiate the formal reconstruction project. LHH must be rebuilt to comply with federal licensing and reimbursement standards and to ensure that the facility meets seismic safety standards. Various dignitaries, community activists and friends of LHH attended the groundbreaking ceremony. At the groundbreaking ceremony, LHH had a milestone in celebrating the demolition of the bridge, which was the main artery connecting Clarendon Hall and the Main Building. To date LHH has:

- Completed the design phase of the new hospital and prepared the basic utility systems;
- Selected the interior design for the new hospital; and
- Constructed two new boilers, one for Clarendon Hall and one for the Main Building, which allows for the destruction of those buildings.



Pictured here at the LHH Replacement Project Groundbreaking are (from left):

- Former Volunteers Inc. President Pat Devlin
- LHH Executive Administrator Larry Funk
- Director of the Department Mitchell Katz, MD
- LHH Foundation President Louise Renne
- Former Mayor Willie Brown
- Former District 7 Supervisor Tony Hall
- LHH Foundation Board Director Anthony Wagner



LHH residents and staff enjoying the Vegas Casino Party and the Candlelight Dinner.

Activities at Laguna Honda Hospital

Laguna Honda Hospital's interdisciplinary Dementia Program has been sponsoring events for the eight dementia resident units. One of these events was the Candlelight Dinner held on August 21, 2003. The Candlelight Dinner was a joint effort of Activities, Nursing, Nutrition, Social Services and the Medical staff. It was a great success. Over 85 dinner guests and family members attended the dinner held in Simon Auditorium.

Another event sponsored by Laguna Honda's interdisciplinary Dementia Program was the Vegas Casino party held on November 18, 2003. In addition to staff from Nursing, Nutrition, Social Services and the Medical staff, student nurses volunteered and assisted at the party, and approximately 150 residents attended to play the games.

Training Providers on Lactation Issues

In August 2003, The San Francisco Women, Infants and Children Supplemental Nutrition Program (WIC) Program provided a five day breastfeeding course for health professionals who work in the WIC program and hospitals with maternity units. This course provided invaluable breastfeeding information to 58 health care providers and health workers. The WIC Program provided 36 scholarships for health workers, dietitians and nurses from over 15 agencies in California, mainly from the Bay Area, but also extending to areas such Mariposa County, Butte County and Humboldt County. In the evaluations participants expressed enthusiasm and many mentioned how much more knowledgeable they now are about breastfeeding.

Offering Peer Support

Community Behavioral Health Services (CBHS) placed peer support interns and funded peer activities at four outpatient mental health clinics and one consumer-run self-help center in 2003-04. The peers, consumers of mental health and substance abuse services, are part of efforts to implement Wellness and Recovery Centers at Chinatown Northbeach Mental Health Services, Sunset Mental Health Services, Hyde Street Recovery Center, and Bayview Intensive Case Management Program. Spiritmenders (a program of the San Francisco Client Network) is completely consumer-run and makes up the fifth program. Each outpatient Recovery Center program designed their own peer component activities; taking into consideration cultural differences in the clients served and program location.

The CBHS Peer Support Internship Program, which provided the peer interns to these Recovery Centers, is a paid training opportunity for mental health and substance abuse clients interested in learning how to be a support to other clients, and in developing skills that could lead to gainful employment. The peer support interns perform a variety of duties under supervision, which may include peer case management, socialization, education, skills development, and advocacy. In FY 2003-04, there were 11 peer interns placed at different behavioral health service sites. As an indication of the success of this training program, eight peer support interns have been subsequently hired in full-time or part-time positions at various CBHS program sites since August 2003.