GOAL 2
Disease and injury are prevented

OBJECTIVE
Decrease injury and disease among San Francisco residents

Shape Up San Francisco
On April 26, 2006, the Mayor's Challenge: Shape Up San Francisco was launched at a Summit, which focused on creating healthy eating and active living environments. Community Health Promotion and Prevention (CHPP) staff played a key role in the creation of the Mayor's Initiative and was responsible for the coordination and implementation of the Summit. At the Summit, the Mayor issued an Executive Order asking all city departments to begin implementing newly adopted Worksite Wellness Strategies. This directive seeks to enhance the health and well being of city employees. The Summit was the beginning of the Mayor's Shape Up Challenge, and laid the groundwork for future chronic disease prevention work in San Francisco. For example, the Citywide Chronic Disease Prevention Consortium, which coordinated the Summit and is staffed by CHPP, has since evolved into the Shape Up San Francisco Coalition. The Coalition will be focused on creating healthy environments through environmental change strategies, media and education, with an emphasis on addressing health disparities.

Infectious Disease Emergency Response Planning
Communicable Disease Control and Prevention (CDCP), on a daily basis, does passive and active surveillance for reportable and emerging diseases, as well as epidemiologic investigations of individual cases and clusters of disease to determine the risk factors for disease, including exposure to other infected individuals.

In order to respond to a large-scale outbreak from a natural infection or a bioterrorism agent, CDCP is developing an "Infectious Disease Emergency Epidemiology and Surveillance Response Plan." This plan includes details of our operational response to an infectious disease emergency, including an incident command response structure, field response equipment, including "Epi Go Kits" and computers. These provide staff members with personal protective equipment (PPE) that allows them to safely interview potentially infectious patients, the materials and supplies needed to gather samples to be tested in the laboratory, and computers to efficiently enter data gathered in the field.

Hepatitis B and C Registry in San Francisco

One out of four people chronically infected with chronic hepatitis B virus will die prematurely of cirrhosis or liver cancer. In recent years, safe and effective vaccines have been developed to prevent infection with hepatitis B and anti-viral medications have been developed that can cure those who are infected. DPH has identified acute and chronic hepatitis B infection as important health problems for San Franciscans. With the introduction of hepatitis B vaccine, the number of acute hepatitis B cases in San Francisco has declined dramatically. The burden of chronic hepatitis B in San Francisco, however, is high, since many San Franciscans come from areas in Asia where hepatitis B is endemic, or have other known risk factors for hepatitis B acquisition such as men having sex with men. DPH has received funding from the CDC to determine the prevalence of chronic hepatitis B and C among San Francisco residents with a focus on obtaining information about hepatitis B risk factors and identifying missed opportunities for hepatitis screening and prevention. The hepatitis registry project has also convened an advisory board of San Francisco clinicians from private, public, and academic health care settings to provide input on DPH initiatives for screening, prevention and outreach in the community.

Expanded Kindergarten Retrospective Study – San Francisco's Toddler Immunization Rate

The 2005 Kindergarten Retrospective Survey (KRS) analyzed a total of 1,466 immunization records of kindergarteners when they were aged 24 months (primarily born in 1998 & 1999) from a randomly selected 25% of San Francisco kindergartens. It revealed an overall up-to-date (UTD) immunization rate of 77.4% for the City of San Francisco. This data was collected from immunization records for the 04-05 school year. DPH conducts retrospective studies of this nature every three years. While there has been a consistent upward trend in immunization rates since 1990 for San Francisco toddlers, the most recent survey reveals a minor decrease in those protection levels.

Board of Supervisors' Food Security Task Force

In April 2005, the Board of Supervisors passed an ordinance amending the San Francisco Health Code to establish a Food Security Task Force. This body was charged with creating a strategic plan to address hunger, enhance food security, and increase participation in federally funded programs. Food security, for purposes of this ordinance, was defined as the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through local non-emergency sources.

The Food Security Task Force consists of 12 members, mostly from public and private food assistance programs. Maria LeClair, Director of Nutrition Services, was one of the members appointed by the Board. She played a key role in developing funding priorities, legislative action, and city policies for addressing hunger and enhancing the food security of San Francisco residents, particularly for participants of the Women, Infants and Children Supplemental Nutrition

Program (WIC). In addition, Christine Wong Mineta, Health Educator for the WIC Program, provided administrative and logistical support to the Task Force and its committees.

The Task Force is currently finalizing a comprehensive, and coordinated strategic plan setting forth its recommendations and suggestions on implementation, which will be presented to the Board in November 2006.

OBJECTIVE

Decrease injury and disease among the Department's target populations

Centers of Excellence

In November 2005, HIV Health Services (HSS) of the DPH in conjunction with seven (7) community and departmental partners launched innovative and multidisciplinary models of service delivery that are designed to place primary medical care at the center of the HIV/AIDS service delivery system. The Centers of Excellence provide an intensive level of integrated services, to locate and maintain clients in service and to increase positive health outcomes for the target populations. These programs offer direct access to a comprehensive spectrum of care and deliver services to clients in the vicinity of their primary care. Services provided include: primary medical care; case management; psychiatric assessment and psychiatric medication monitoring; treatment adherence and medication assistance; peer advocacy; access to emergency housing; outpatient mental health and substance use assessment, counseling, and referral; and vouchers for transportation, food, and household goods.

The seven Centers are located in various neighborhoods including the Tenderloin, Mission, and Bayview Hunters Point/Southeast Corridor. The Center of Excellence in the BVHP neighborhood reflects the result of a neighborhood needs assessment and the need for a specialized model to address the health disparities among African Americans with HIV disease.

The Community of Color Capacity Building Project

The Community of Color Capacity Building Project is a three-year project funded by the Office of Minority Health and coordinated by HIV Health Services. This innovative initiative is designed to significantly increase the skills, capacity, and impact, and self-sustainability of our minority-based HIV/AIDS care and prevention organizations within the San Francisco EMA and – via dissemination – throughout the nation as a whole. The goals of the capacity-building demonstration project are:

- To provide broad-based and individualized technical assistance to minority-based HIV/AIDS providers that will help to enhance the capacity to provide HIV prevention and care services;

- To demonstrate a user-friendly capacity building TA model that helps build effective, sustainable organizational competency, as evidenced by system enhancement and change; and
- To strengthen the organizational abilities of minority CBOs to successfully compete for federal, other public and private funds.

The Project includes a series of four training workshops per year in a variety of areas identified by agencies in a needs assessment. The topics include human resources development; finance and development; recruitment; and grant-writing skills, among others. This project has just concluded its first year and is entering year two.

Childhood Obesity Prevention Training
All Women Infant & Children (WIC) registered dietitians attended Childhood Obesity Prevention training on November 1, 2005. This training was a review and update on the latest information/research on childhood obesity and how we can start a dialogue with parents using motivational interviewing and stages of change strategies for a more client centered counseling approach. This training has helped us to pull together all the techniques we have learned during the past years, including but not limited to Finding the Teacher Within and Learning to Listen, Learning to Teach and applied them to obesity prevention counseling.

3 For Life
Communicable Disease Control and Prevention (CDCP), in partnership with the Asian Liver Center at Stanford University, completed a pilot project entitled *3 For Life*, which targeted foreign-born Chinese residents for hepatitis B testing and vaccination. During the course of one year, we screened over 1200 adults, administered more than 3000 shots and trained 120 volunteers. The project achieved a remarkable 87% completion rate for those eligible for the series of hepatitis shots.

Data collected indicated that 10% of the clients screened are chronically infected with hepatitis B and 40% are immune due to previous infection, leaving 50% vulnerable to infection and in need of immunization. Nearly 54% have health insurance yet only 16% said their doctor had ever suggested hepatitis testing to them (only 25% among those with chronic infection). This one piece of information speaks to the need for education among the city's primary care providers around the importance of screening for hepatitis B status. Currently, the greater San Francisco Bay Area has the highest incidence of liver cancer in California and the country, and chronic hepatitis B infection is one of the top five causes of premature mortality in the San Francisco Asian community.

With CDC moving its focus away from acute hepatitis onto chronic hepatitis, this project has successfully positioned our Department to address a problem of particular concern in our community, considering our demographics.

STD Clinic YUTHE Program
In addition to performing STD screening in adult and youth detention centers, the STD Control Program funds the Youth United Through Health Education (YUTHE) Peer Education and Outreach Program. The YUTHE Program is a peer based program that is designed to provide peer based STD face-to-face street outreach and education to high risk African American youth in the Bayview and Sunnydale areas of the City, the two neighborhoods with the highest gonorrhea and chlamydia rates among African American youth.

In April 2006, the STD Section launched SEXINFO, a new text messaging service for at risk, sexually active youth in San Francisco. SexInfo is an information and referral service for youth that can be accessed by texting "SEXINFO" from any wireless phone. Information provided on the service answers common questions from at risk sexually active youth, such as, "What are symptoms of STDs", "What can I do if the condom broke?" and "Where can I go if I think I might be pregnant?" Youth who tested the service said it worked very well and replied back to them in under a minute.

Tobacco Prevention and Control
The Tobacco Free Project's comprehensive tobacco control program focuses on 4 goals:

1. Reducing exposure to second hand smoke;
2. Reducing availability of tobacco;
3. Countering pro-tobacco influences such as advertising and promotion, including the impact of transnational tobacco companies; and
4. Providing tobacco cessation services

Key accomplishments for FY05-06 included: providing staff support to the SF Tobacco Free Coalition in its successful advocacy effort to ban smoking at public transit stops; playing a key role in the implementation of the Tobacco Permit Ordinance, a mechanism to reduce illegal tobacco sales to minors, which led to 35 tobacco permit suspensions, and partnering with nine community based organizations to counter pro tobacco influences such as adoption of formal policies not to accept tobacco sponsorship funds by community events.

OBJECTIVE

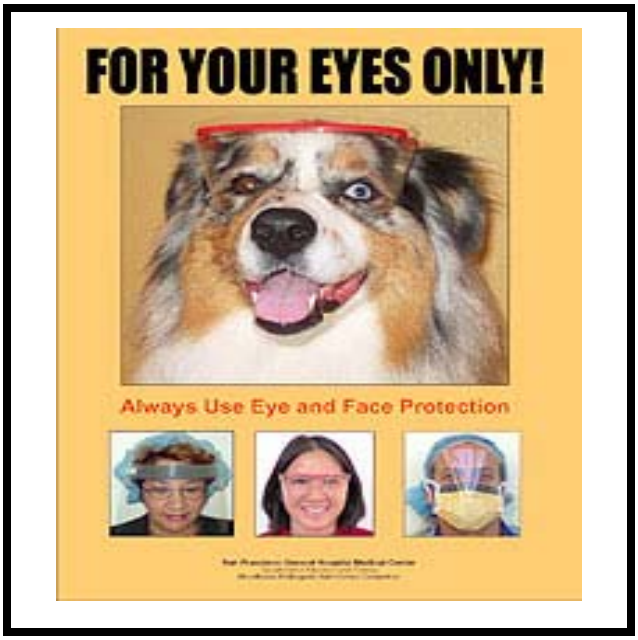
Integrate prevention activities into program design throughout the Department

Safe Device Committee
The Safe Device Committee, chartered in 1999, is a joint Labor-Management committee charged with protecting clinical staff from sharps injuries and exposure to bloodborne pathogens such as Hepatitis B and C and HIV.

The Committee consists of clinical staff from a variety of DPH work areas, and is co-chaired by Labor and Management representatives. In addition, key units such as Infection Control, Education and Training, Environmental Health & Safety and Materials Management are represented on the Committee. SEIU has been instrumental in establishing and supporting the committee. This broad participation facilitates development and communication of training content for each device and guidelines for safe work practices as well as efficient coordination in transitioning to a new device.

The Committee has compiled two important clinician references: *The Safe Device Inventory* (a listing all the safety devices available within DPH) and *Guidelines for Safe Work Practices* (to prevent injury in high risk situations and when handling any sharp).

In 2005-2006 the Committee selected a new safety blood collection set and safety disposable scalpels. In conjunction with the SFGH Operating Room Committee, a protected scalpel blade system was introduced in the Operating Room. In addition, the Committee's website on the DPH intranet was launched. The website provides a focal point accessible by staff at all DPH sites where all the Committee's activities are showcased. Reported exposure incidents have been declining and these efforts have made a significant contribution to the decline in injuries/exposures.



Guidelines to Healthy Meetings

In October 2005 *Guidelines to Healthy Meetings* was posted on the DPH website. This resource was designed to support CCSF agencies, departments and programs on how to serve healthier food at meetings, trainings and events for their staff and/or clients. In addition the Health Commission endorsed a Healthy and Sustainable Food Policy in July 2006 that builds on these guidelines. To access go to: **http://www.dph.sf.ca.us/PHP/MCH/HlthyMtgsFood.shtml**

WIC Staff Exercising During a Break in Training

Maintenance and Expansion of InSpot (Internet Partner Notification Services)

InSpot is an electronic partner notification system that allows patients with STDs or HIV to notify their sexual partners of their exposure by sending them an electronic postcard. In 2005, the InSpot.org website averaged 350-400 people a month sending e-cards to an average of 1.7 sex partners. All e-cards contain links to referral information for testing and/or treatment in the San Francisco Bay Area as well as detailed disease-specific information.

In late 2005, InSpot was enhanced to allow persons notified of an STD exposure to download a prescription authorized by the STD Program Director and take it to the pharmacy of their choice to obtain immediate preventive treatment.

OBJECTIVE

Increase attention to social and economic factors that affect health status (e.g., wages, employment, child care, housing, social safety net, transportation, education) especially for low income, uninsured, under-insured, and homeless populations

Project Homeless Connect

Project Homeless Connect (PHC) began in October 2004, with 200 city workers combing a 60-square block area of the Tenderloin, where our major downtown hotels, restaurants, and theater district meet 85% of the city's targeted homeless population. At this first event, 515 homeless were connected to health and social services which were available in the lobbies of local Single Room Occupancy Hotels. Under leadership and support from the Mayor's Office, since then, Project Homeless Connect has connected 12,426 homeless San Franciscans to services and housing, leveraged hundreds of thousands of dollars in donations and pro-bono services and supplies, as well as inspiring 14,011 volunteers to give a day every other month assisting the homeless.

PHC offers a myriad of services to clients. These include access to shelter, substance abuse/alcohol treatment programs, methadone, mental health services, SSI, general assistance, medical care, dental care, food, senior services and more. As the program has grown, so have these services expanded to meet clients' every need. These free services include mail services provided by FedEx, phone calls provided by Sprint/Nextel, bags of food from the SF Food Bank, family-centered services, veterinary care, prescription eyeglasses, clothing and shoes. At the first PHC, 211 units of service were provided. This rocketed to 3,700 in October 2005. In October 2006, the number continued to increase to more than 8,600.

The program's success has received national recognition as Phillip Mangano, the Executive Director of the United States Interagency on Homelessness, declared "what is happening in San Francisco is unprecedented and that there is nothing else like it in our country." PHC is breaking the myth that people do not seek assistance and services and would simply prefer to be on the street. The data proves that when people are approached in a respectful and kind manner, and with accessible and available resources, they are eager to accept help towards self-sufficiency.

I**ncrease Capacity - Direct Access to Housing (DAH) Program**
The Department of Public Health's Direct Access to Housing (DAH) program provides access to permanent housing for San Francisco's most vulnerable homeless population. This includes persons who have been chronically homeless, many are struggling with mental health, substance abuse, and unmet primary care

needs and revolving through emergency care settings such as shelters emergency rooms, jails and other institutions.

DPH currently has 821 DAH units in 13 buildings. The DAH program provides on-site support services that can include case management, mental health and substance abuse services, medical services, basic living skills, benefit advocacy, vocational services, support groups, and meals. 120 units will be added to the DAH program in FY 06-07, and an additional 378 units are in the pipeline scheduled for completion by 2009.

JULY 2006 - PERMANENT HOUSING: DIRECT ACCESS TO HOUSING (DAH) PROGRAM

Building Name	# of DAH-Allocated Units	DAH Population Served and Description
Pacific Bay Inn	75	Homeless adults with special needs
Windsor	92	Homeless adults with special needs
Le Nain	86	Homeless seniors (55+) with special needs
Broderick Street Residential Care Facility	33	Homeless patients leaving Institutions. These individuals have mental health and/or physical health needs that they live in a licensed facility.
Star	54	Homeless adults with special needs
Camelot	53	Homeless adults with special needs
CCR	60	Homeless seniors (55+)
West	40	Homeless seniors (55+)
Empress	89	Chronically homeless* adults with special needs
Folsom/Dore	20	Chronically homeless* adults with special needs
Plaza	106	Homeless adults with special needs
Mission Creek Senior Community	51	Frail homeless seniors (62+)
Various supportive housing sites	62	Chronically homeless adults addicted to alcohol*
TOTAL	**821**	

HIV Service Integration Award
San Francisco HIV Services received national recognition through HIV Health Services Director, Michelle Long, MHA, who was honored by the Federal Health Resources and Services Administration with the Hank Carde Award for Metropolitan Services during the Ryan White CARE All Titles 2006 Grantee Meeting in Washington D.C. (August 28-31, 2006). The Hank Carde award praises excellence in metropolitan services leadership; under Ms Long's direction, HIV Health Services was commended for providing a "model of professionalism, leadership, integrity, collaboration, honesty and innovation." Among the accomplishments cited were the implementation of an innovative Integrated Services Model of Care designed to better serve multiply-diagnosed individuals; design of a prototype for a medication distribution system that is used state-wide; and the transition of the "Reggie" shared client-level data collection system, a model other states and EMAs have adopted.

OBJECTIVE

Recognize urban planning/land use policy as a public health activity

The Healthy Development Measurement Tool: A Comprehensive Metric for Healthy Neighborhoods
For several years, DPH has been working to ensure that health is also considered when the City makes plans for new and existing neighborhoods. As part of that effort, in November 2004, DPH initiated the Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) to analyze how development in several San Francisco neighborhoods would affect attributes of social and physical environments that are most important to health. Facilitated and staffed by DPH, ENCHIA was guided by a multi-stakeholder Community Council of over 20 diverse organizations whose interests were affected by urban development. Over the 18-month long effort, the Council developed a vision of a healthy San Francisco, identified measurable community health planning objectives, produced data and maps to assess how San Francisco is meeting these objectives, and researched urban policy strategies to support health. The experience and research of ENCHIA was integrated into a *Healthy Development Measurement Tool (HDMT)* to support more accountable, evidence-based, and health-oriented planning and policy-making. In its current form, components of the *Tool* include:

- *Community Health Objectives* that, if achieved, would result in greater and more equitable health assets and resources for San Francisco residents.
- *Measurable Indicators* for each of the objectives to help measure progress towards the objectives and evaluate the benefits of projects, plans, and policies.
- *Established Standards* which, when available, have been established by other sources as a means to advance health.
- *Baseline Data* for each indicator to inform us how we are doing today.
- *Development Targets* to provide specific planning and development criteria that advance community health objectives.
- *Evidence-based Health Justifications* that provide a rationale for why achieving each target would improve human health.

The Healthy Development Measurement Tool is intended to provide *voluntary* guidance for health-oriented development, and we envision that it might ultimately be used by many City agencies in comprehensive planning, in plan and project review, and in agency specific planning and budgeting. The Tool provides users a systematic way to evaluate a plan or project against broad set of health goals, measure progress towards those goals, and highlight where conflicts exist between goals

During the development phase, staff has incorporated suggestions and criticisms from both local agencies and national experts in the fields of public health, planning, environmental protection, and social indicators. The tool will undergo ongoing peer review and revisions based on early applications.

Our next step are to apply the Tool to appropriate and constructive opportunities in land use and transportation planning, develop a User Guide, create web-based application for user-friendly, universal access and dissemination, and conduct training for potential users. **More Information:** **http://www.DPH.org/phes/enchia/enchia_HDMT.htm**

Pedestrian Safety
Pedestrian and Traffic Safety initiatives have been developed within the Community Health Education Section by a team of injury specialists. These projects involve community organizations and residents of effected neighborhoods and other city agencies to identify and implement locally-based actions to mitigate or eliminate hazards and other conditions which result in pedestrian injuries or deaths.

Recent epidemiological studies showed that African-Americans were being injured as pedestrians at over 2.5 times the overall rate of injuries. In response, the Department, in collaboration with the San Francisco Police Department, initiated an aggressive pedestrian safety campaign focused on enforcement and on media outreach to raise awareness about that increased enforcement.

In 2004, all of the children hospitalized for injuries received as passenger in cars were children of color, and were inadequately restrained in safety seats. In 2005-2006, Community Programs initiated a Child Passenger Safety outreach program, focusing on African-American, Asian, Chinese and Native American communities. Mini-grants were awarded to community agencies and a Car Seat Technician's Training was held for community groups.

OBJECTIVE
Prepare to respond to any emergency or disaster situation

DPH Improved Department Operations Center
The Department moved its Department Operations Center (DOC) in 2005 to a new and improved location where the majority of the Department's emergency responders are located. Improvements are being made to the physical DOC, which includes increased generator back up, redundant communications equipment, and computers. Most

importantly, the Department has begun drilling and training the DOC staff so that they will be prepared when the DOC has a real activation.

DPH has activated the DOC for drills three times in the last year. A DOC staff-training plan is underway and several DOC trainings have already been held. Trainings are being held for the larger DOC staff and also broken down for the plans, operations, logistics and finance branches. The upcoming April 2006 earthquake drill will be the first time that DPH exercises a shift change at the DOC by splitting the day into two operational periods so that both A and B shifts can practice and an actual shift change will be held.

Department Operations Plan:
The Office of Policy and Planning produced an updated Emergency Operations Plan (EOP) in April 2006. The purpose of this Plan is to outline the San Francisco Department of Public Health responsibilities in response to emergency incidents and disasters. Disaster medical and public health response is the responsibility of the Department of Public Health. This plan will be updated on a quarterly basis.

Homeland Security/Disaster Pharmaceutical Caches
Homeland Security and HRSA funds have given DPH the ability to create disaster pharmaceutical caches that will provide antibiotic prophylaxis capability, and other pharmaceutical capabilities for use in CBRNE incidents. This cache will allow San Francisco to protect and treat first responders and first receivers immediately after an event, before the Strategic National Stockpile (SNS) can be received and distributed.

Each San Francisco Receiving hospital will receive a homeland security/disaster pharmaceutical cache that will be located on site at each of the hospitals and maintained by a DPH staff pharmacist assistant. This cache will provide pharmaceuticals for 72 hours after a disaster for first responders, hospital personnel and their families. The cache is constantly growing and changing as new funding and funding requirements are added. The homeland security /disaster cache working group meets bi-monthly to plan and includes representatives from DPH, EMS, SFGH, and SFFD.

Infectious Disease Emergency Preparedness
CDCP website goes live in 2005! (www.DPH.org/cdcp)
A new website, www.DPH.org/cdcp, was developed to provide public internet access to the full contents of the Infectious Disease Emergencies Preparedness and Response Guide and to other CDCP activities and bulletins. With approximately 10,000 visitors per month, the website offers a wealth of basic prevention and disease control program information and is updated frequently with communicable disease Health Alerts and Advisories, information on new vaccines and vaccine recommendations, and up-to-date compendia of articles on emerging infectious diseases such as West Nile fever and avian influenza.

OBJECTIVE

Develop prevention and intervention programs that address major behavioral health issues

Aggression Replacement Training

Aggression Replacement Training (ART) is a structured psycho-educational intervention that primarily targets adolescents who show or are at risk of aggressive or antisocial behavior. In partnership with the Juvenile Probation Department and community-based providers, Community Behavioral Health Services provided ART training in April 2006. The first wave of training included the Family Service Agency (FSA), Edgewood Center for Children and Families and SPY/Youth Guidance Center. Both Edgewood and FSA have started ART with skill building groups. The second wave of training will take place in August 2006, and will include Comprehensive Child Crisis Services, Children's System of Care and the YTEC/Principle Center staff.

City-Wide Violence Response

In confronting the unusually high number of homicides occurring in San Francisco in recent years in which 98 homicides occurred in 2005, the Department of Public Health has developed an initiative to establish a DPH Crisis Response Team to assist family members/relatives or witnesses of violent incidents. A procedure has been developed in which the San Francisco Police Department notifies the DPH Response Coordinator that is available on a 24hour basis when a homicide incident occurs. The Crisis Response Team is activated and responds to the scene to engage with the family/community members to provide support and assess the type of services that they may need. Should a victim of gun/stabbing violence pass away at San Francisco General Hospital, a procedure has been developed for the medical social worker to contact the Response Coordinator who activates the Crisis Response Team to respond to SFGH and begin working with the family. Follow-up services are then coordinated for those individuals or families which can include assistance in planning and preparation for funeral services, assistance for referral to Victim Services in the District Attorneys Office, case management services, application assistance for relocation, and the provision of ongoing crisis, mental health, and aftercare services. An important part of that process is to involve the community-based agencies or response networks to wrap services around the needs of the family. The team also participates in a variety of community healing events to support those positive efforts to a healthier community.

The Children's System of Care (CSOC) Family Involvement Team

The CSOC was chosen to teach an institute at the prestigious national Georgetown Training Institutes in Orlando, Florida. The institute entitled, "Getting Real About Family-Driven Care," focuses on barriers families may place in the way of treatment success that can result in their children and youth not receiving the services they need. The institute's premise is that if we are going to build a truly family-driven service delivery system, then we will need to have an open and honest discussion about the challenges in working with families and about which family engagement strategies are most promising. It will take thoughtful planning, understanding, cultural competency,

respect, and patience to build a family-driven system of care. The institute has three learning objectives:

- Increase participant awareness of the ongoing struggles caregivers face in addressing personal challenges as adults;
- Expand participant understanding about how caregiver attitudes and actions specifically impact young people; and
- Provide participants with family-driven strategies on how to effectively and respectfully maintain caregivers in a family-driven process.

The CSOC Family Involvement Team will be offering the institute training session in San Francisco for behavioral health providers through various venues.

High Quality Early Childhood Mental Health Consultation Initiative
The Community Behavioral Health Services High Quality Early Childhood Mental Health Consultation Initiative (HQECMHCI) provides mental health consultants to San Francisco child care programs. A wide range of services is offered including case consultation, direct psychotherapeutic intervention with children and their families, program consultation, and therapeutic playgroups Mental health consultants also make referrals for specialized services, offer parent education and support groups, advocate for families, and train and support child care providers.

During the "Week of the Young Child" in April 2006, HQECMHCI, together with First 5 and the Human Services Agency, hosted the first annual appreciation reception for the early childhood mental health consultants. The consultants were presented with a certificate and a gift in recognition of their commitment to working with young children. In addition, the program budget has been increased by $500,000 in the next fiscal year. This will allow HQECMHCI to serve more child care facilities, ensuring that mental health services are provided to hundreds of additional young children and their families.

Multisystemic Therapy Pilot Project
As part of a Federal Substance Abuse and Mental Health Services Administration System of Care Grant, Community Behavioral Health Services entered into a partnership with the Juvenile Probation Department in November 2005, to implement the Multisystemic Therapy Pilot Project, or the MST Pilot Project. MST is an evidence-based mental health treatment model that empowers caregivers with the skills and resources needed to independently address the difficulties that arise in raising teenagers.

Differing from the current intensive care management model, families complete MST within six months and receive services from one clinician that is available to families on a 24/7 basis. MST clinicians also work in close contact with probation officers during the referral process and treatment period. The MST team supports probation officers by providing treatment updates, court support, and discharge summaries to give to judges upon graduation from MST.

The goal of the pilot is to serve 140 families over two-years. At the end of FY 2005-06, ten families had successfully graduated from the first group of families served under MST, and twenty-one were in treatment at the start of FY 06-07.