

Who We Serve

In keeping with the Department’s mission “to protect and promote the health of all San Franciscans, DPH offers a rich array of services that annually touch the lives of scores of San Francisco’s residents and visitors. The Department’s “safety net” provides low-income, uninsured and other vulnerable populations health care at San Francisco General Hospital (SFGH), the community Primary Care Clinics, Laguna Honda Hospital and the Behavioral Health Center. Safety net hospital and health care systems like SFGH are distinguished by their commitment to provide access to care for people with limited or no access to health care due to their financial, insurance, or medical status.

The Emergency Department acts as a safety net of a different sort. All county residents and visitors in need of expert trauma care are treated at SFGH’s Emergency Department (ED) which is the only Level 1 Trauma Center in San Francisco and northern San Mateo County. The SFGH ED serves any and all who experience serious injury.

As the last chapter highlights, DPH could not provide the wide array of services and programs without the help of our community partners, both advisory groups and providers, or through the numerous grant funds we receive annually. All San Franciscans are impacted by the Health Department, whether or not an individual receives care in our system directly. The Department focuses on prevention messages and educational campaigns that touch the lives of all the City’s residents.



The Community Health Network

The CHN provides a wide array of personal health care services across a continuum of care. The Community Health Network is comprised on San Francisco General Hospital, Laguna Honda Hospital, Community Oriented Primary Care, Health at Home and Jail Health Services. Major service components include primary care (provided at 18 sites throughout the City), specialty care, acute care, home health care, long-term care, and emergency care.

CHN Services

In FY 2006-07, the CHN provided the following health care services to clients.

Services Provided by the Community Health Network in FY 2006-2007

TYPES OF VISITS	NUMBER/PERCENTAGE OF VISITS
Primary Care Visits	320,516
Specialty Care Visits	239,601
Dental Care Visits	13,928
Urgent Care Visits	21,933
Emergency Visits	61,409
Medical Visits	53,666
Percent Admitted	21.5%
Psychiatric Visits	7,743
Percent Admitted	24.9%
Encounters Requiring Trauma Center Services Activations	3,279
Diagnostic Visits	127,805
Acute Inpatient	115,981
Actual Days at SFGH	114,826
Actual Days at LHH	1,155
Home Health Care Visits	24,895
Skilled Nursing Care	411,540
Actual Days at SFGH	9,688
Actual Days at BHC	36,004
Actual Days at LHH	365,808

San Francisco General Hospital



VISION

To be the best public hospital in the country.

MISSION

The mission of San Francisco General Hospital is to deliver humanistic, cost-effective, and culturally competent health services as an integral part of the Department of Public Health for the City and County of San Francisco by:

- Providing access to all residents by eliminating linguistic, physical and operational barriers;
- Providing quality services that treat illness, promoting and sustaining wellness, and preventing the spread of disease, injury and disability;
- Participating in and supporting training and research; and
- Serving the healthcare needs of the community.

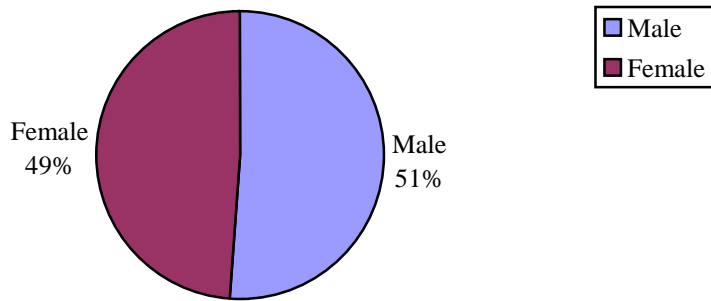
VALUE

To promote access to services, quality of care, patient safety, customer satisfaction, staff morale, resource management, effective partnerships, and academic excellence.

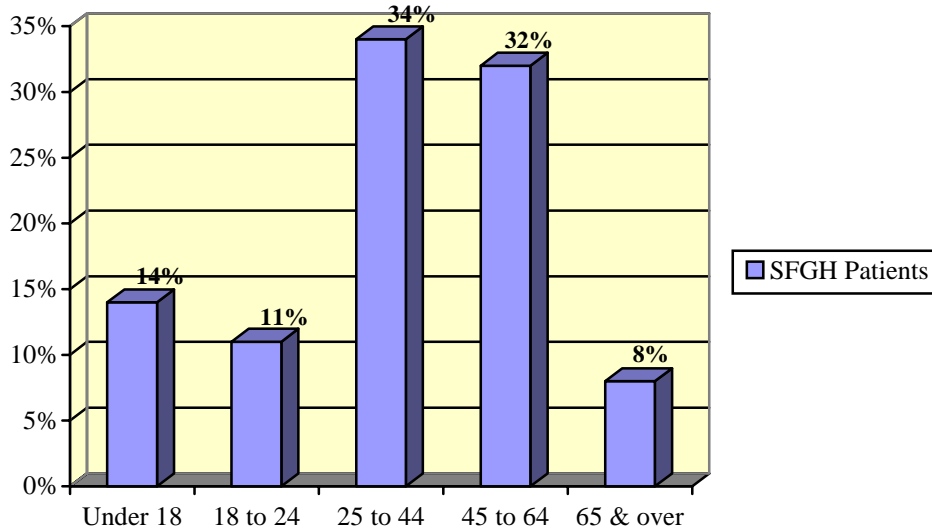
San Francisco General Hospital (SFGH) is a licensed general acute care hospital owned and operated by the City and County of San Francisco. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health and rehabilitation services for adults and children. It is the largest acute inpatient and rehabilitation hospital for psychiatric patients in the City, and the only hospital that provides 24-hour psychiatric emergency services. Additionally, SFGH operates the only Trauma Center (Level I) for the 1.5 million residents of San Francisco and northern San Mateo County. San Francisco General Hospital provides comprehensive emergent, urgent, primary and specialty care to 98,244 adult and pediatric patients annually.

The charts shown in the following pages illustrate the demographics of SFGH's patients in FY 2006-07. This page shows gender (with a nearly equal breakdown of male and female patients) and age (with a majority of adult patients ages 25 through 64).

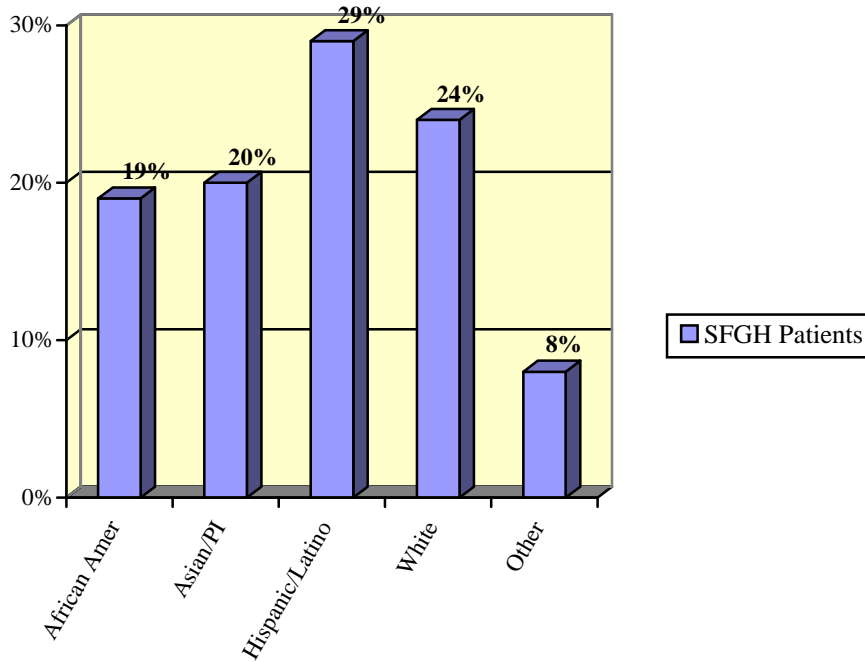
SFGH Patients by Gender



SFGH Patients by Age Range



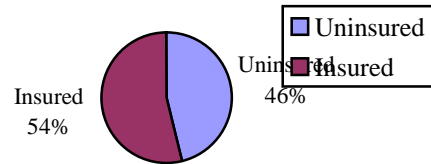
SFGH Patients by Race/Ethnicity



In FY 2006-07, 46 percent of SFGH’s patients were uninsured (50,777 patients). Of the patients (54%) who did have health insurance, most had coverage through public assistance. The following lists the number of patients who sought care at SFGH in FY 2006-07 by payor source:

- Medi-Cal: 27,217 patients
- Medicare: 11,313 patients
- Private insurance: 4,687 patients
- Other coverage: 26,336

SFGH Patients by Insurance Status



Laguna Honda Hospital



VISION

To be an innovative, world-class center of excellence in long-term care and rehabilitation.

MISSION STATEMENT

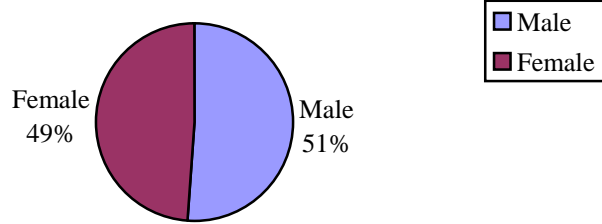
To provide high quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco.

Laguna Honda Hospital (LHH) opened its doors in 1866 and started a long tradition of caring for the citizens of San Francisco. Laguna Honda Hospital and Rehabilitation Center is a licensed acute-care hospital with distinct part skilled nursing and rehabilitation-care within the Community Health Network. It is the largest skilled nursing facility in the country, licensed for 1,457 beds, operating with an average daily census of approximately 1,030 occupied skilled nursing beds on any given day. Laguna Honda Hospital provides a full range of skilled nursing services to adult residents of San Francisco, who are disabled or chronically ill, including specialized care for those with wounds, head trauma, stroke, spinal cord injuries, orthopedic injuries, AIDS, dementia. The hospital also provides respite and hospice care, provides an outpatient Adult Day Health Care Center and neighborhood senior nutrition services.

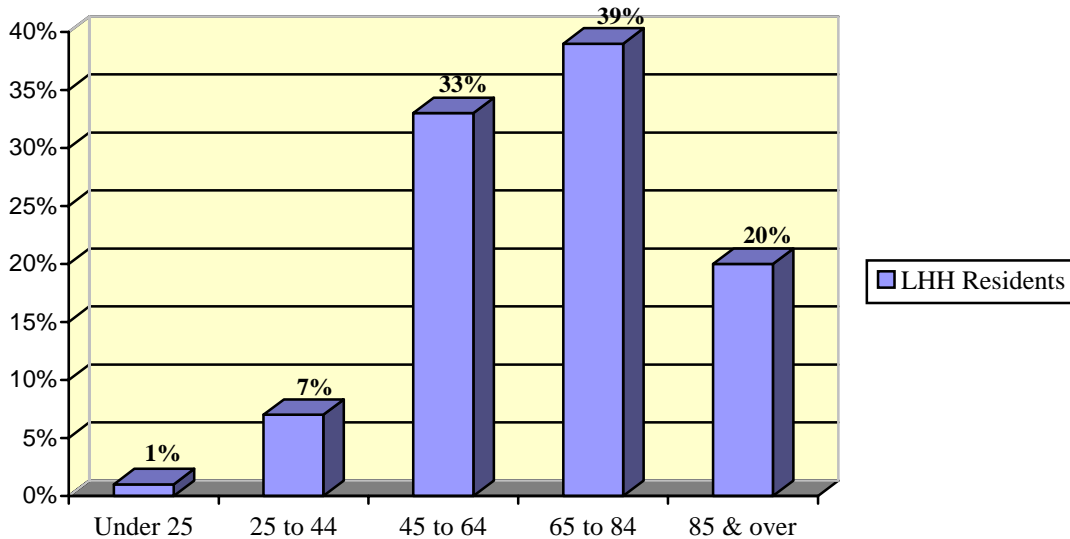
The charts on these two pages reflect the demographics of the over 1,000 residents served daily at LHH.

Like the patients at SFGH, LHH had a nearly equal split between male and female residents in FY 2006-07. This reflects somewhat of a demographic shift at LHH that has been a trend over the past several fiscal years. For example, in FY 2002-03, female residents at LHH represented 53 percent of the population (and male residents 47%). Similarly in FY 1999-2000, female residents made up 46 percent of the population and male residents 54 percent.

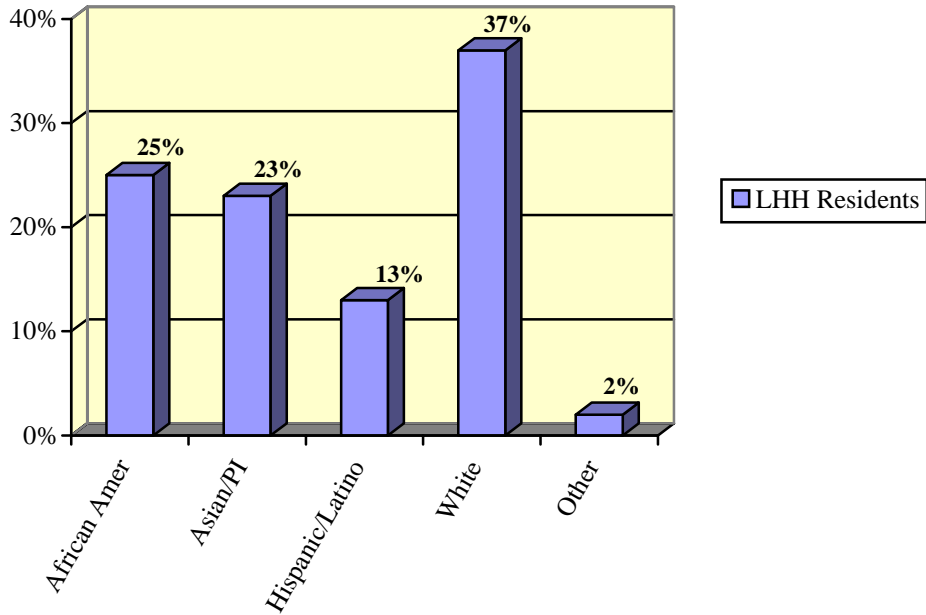
LHH Residents by Gender



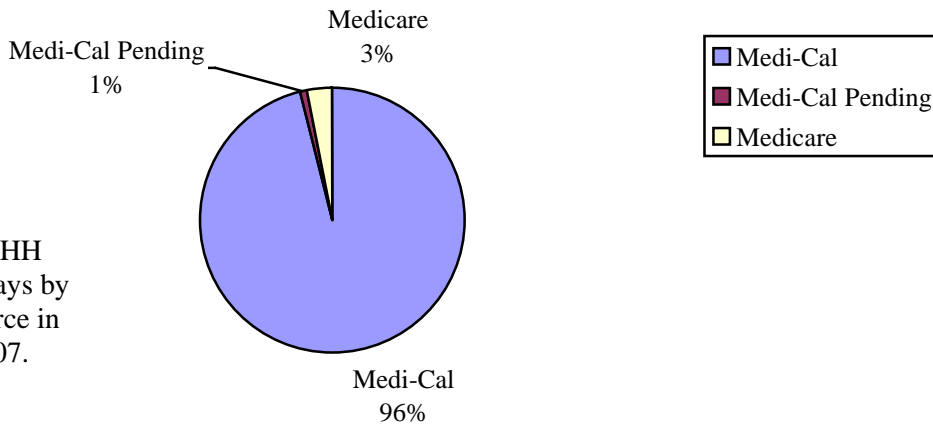
LHH Residents by Age Range



LHH Residents by Race/Ethnicity



Resident Days by Payor Source



This chart represents 375,480 LHH resident days by payor source in FY 2006-07.

Community Oriented Primary Care

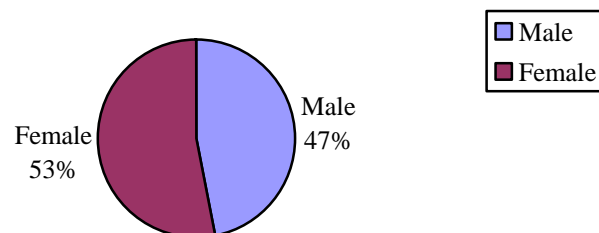
The guiding philosophy of the Primary Care Division is that of community-oriented primary care (COPC), which is a synthesis of primary care, community medicine and public health. Specific features include:

- Primary care - medical care which is comprehensive, continuous, accessible, organized, coordinated, and accountable;
- A defined population - each Health Center has a target population defined by geography, age, gender, sexual orientation, family, and/or cultural community;
- Organized methods that utilize epidemiology to assess the health needs of the target community;
- Programs designed to meet the health needs of the target community;
- Accessibility to the community; and
- Involvement by the community in the development and implementation of health programs.

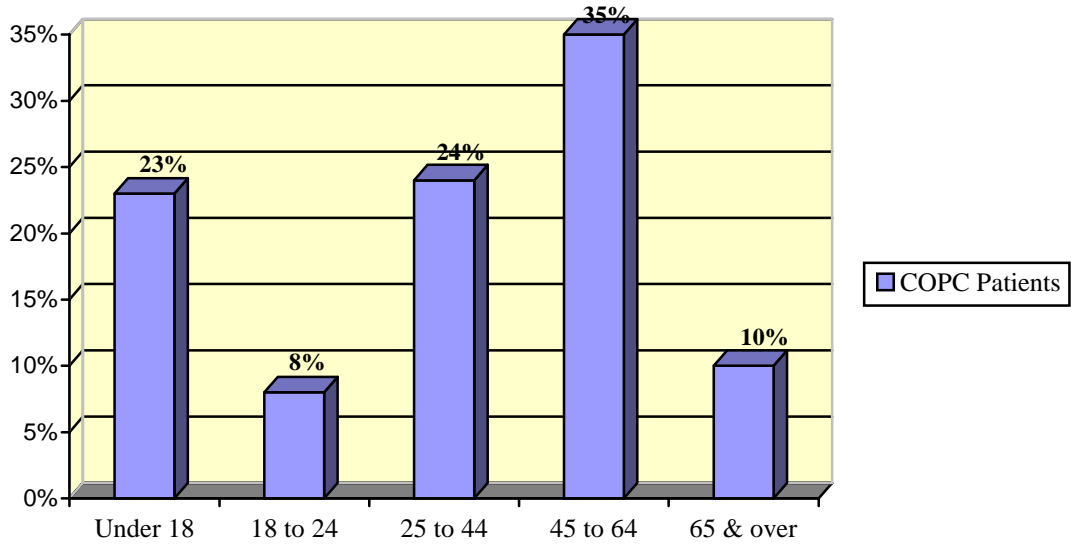
In addition, the Primary Care Division, primary care providers, and staff are committed to a broad definition of health (physical, psychological, social, and spiritual) and to multidisciplinary services. The Primary Care Division embraces the department's goals of access, quality of patient care, teaching, and research. Training of interns and residents, medical student, nursing students, and a variety of other trainees occurs in various combinations in all primary care sites.

These pages illustrate the demographics of the patients accessing primary care services through the DPH system in FY 2006-07.

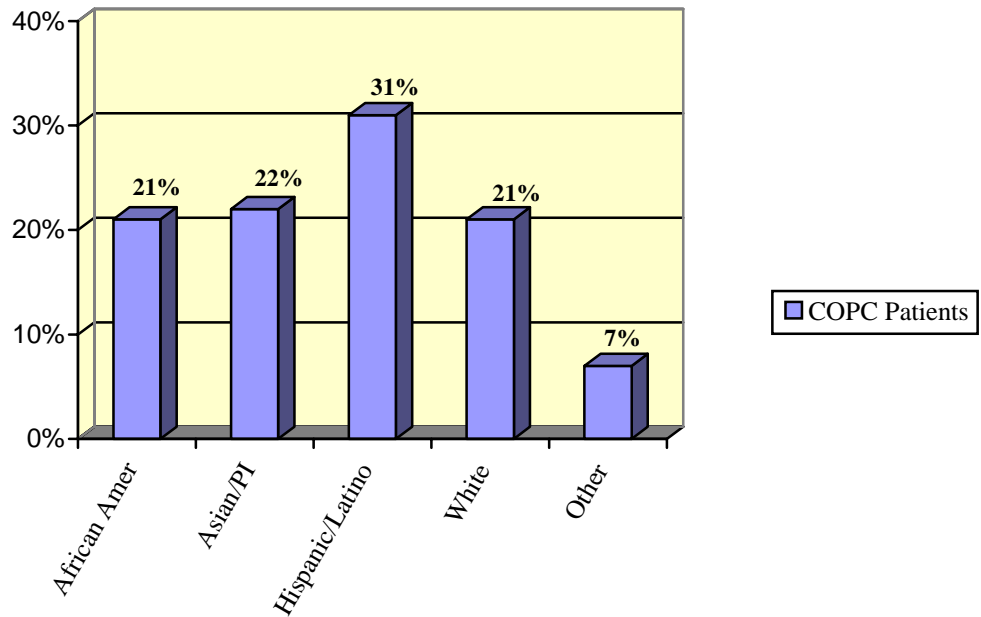
Primary Care Patients by Gender



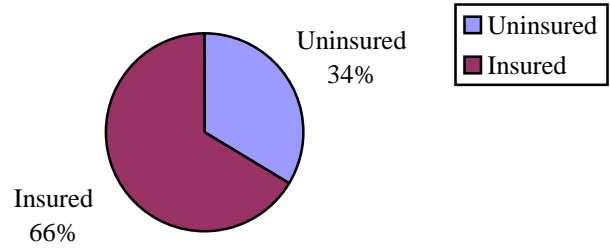
Primary Care Patients by Age



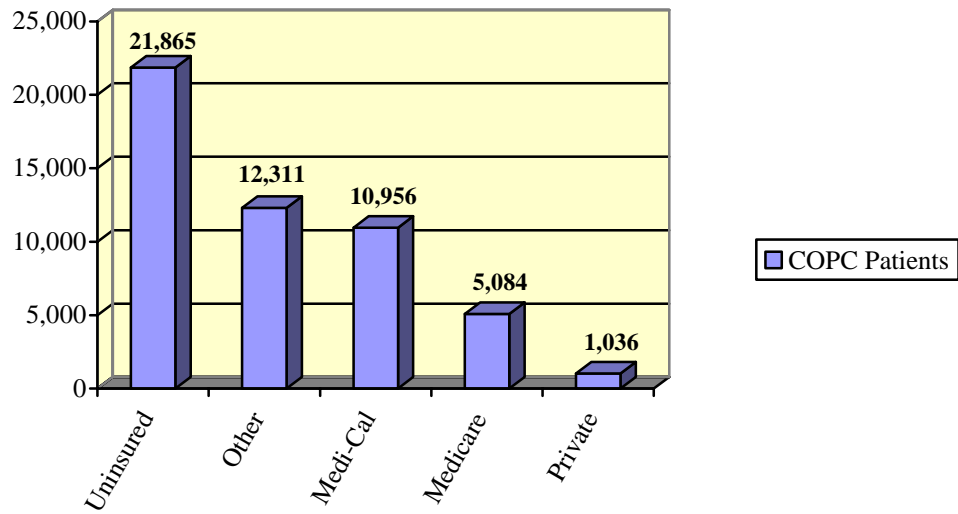
Primary Care Patients by Race/Ethnicity



Primary Care Patients by Insurance Status



Primary Care Patients by Payor Source

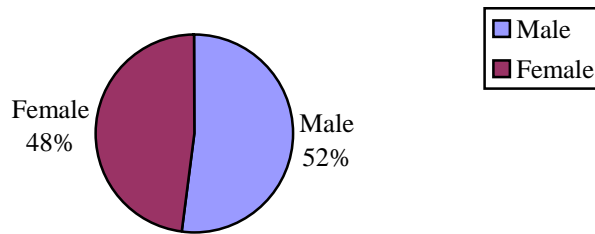


Health at Home

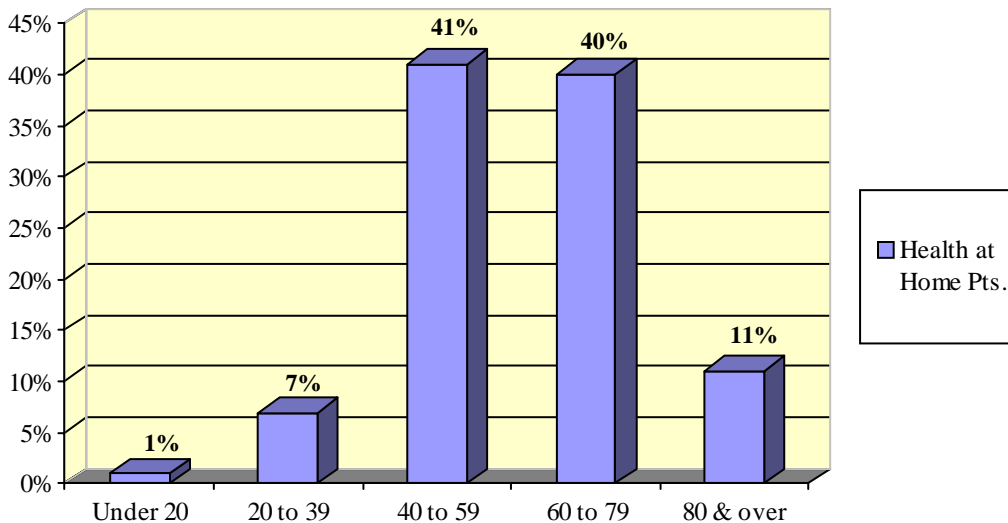
Health at Home is the CHN’s Medicare-certified home health agency. The program provides symptom management, restorative care, respite, personal care, HIV management, wound and ostomy care, medical escort services, diabetic and respiratory care, nutrition, and palliative care through a staff of nurses, social workers, home health aides, volunteers, and physical, occupational, and speech therapists. In addition, the agency has recently expanded services to chronically ill adults through the Chronic Care Public Health Nursing Program. A team of Public Health Nurses provides comprehensive case management services that include patient education, linkages to community services, assistance with medication, nutritional counseling and home safety assessments. A grant from the Community Living Fund was received to provide public health nursing case management, occupational therapy home safety evaluations, and RN nursing consultation, supporting SF residents who are at-risk for institutionalization to remain in the community.

Each year, Health at Home helps more than 1,200 low-income clients stay in their homes. The charts on these two pages show the demographics of the patients cared for through the Health at Home program in FY 2006-07.

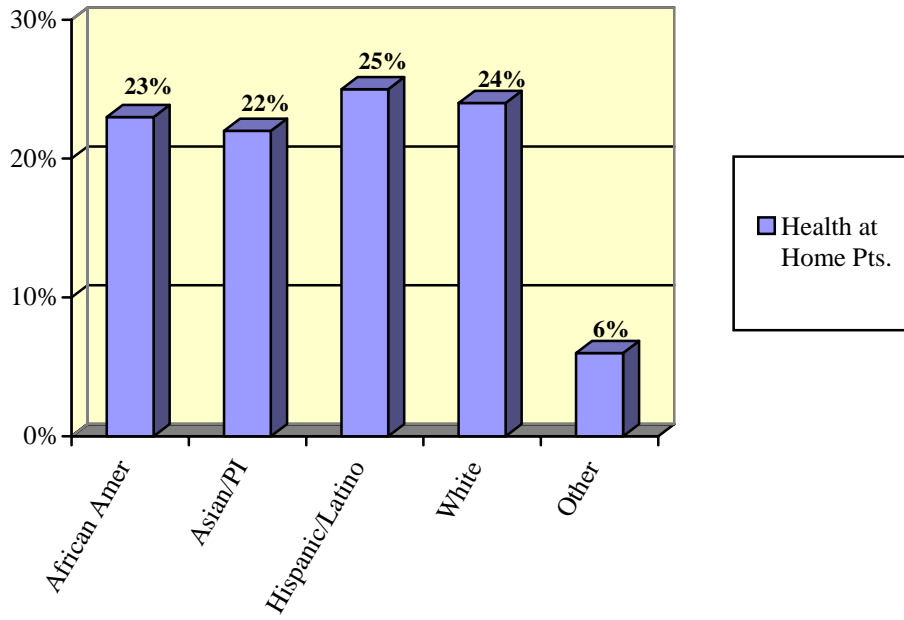
Health at Home Clients by Gender



Health at Home Patients by Age



Health at Home by Race/Ethnicity



Jail Health Services



MISSION

Jail Health Services mission is to provide respectful, high quality health care in the San Francisco county jails from an individual and community health perspective.

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

Delivering quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, prior to being incarcerated, is a unique challenge. Inmates have a high prevalence of both acute and chronic medical, mental health, substance abuse, and social problems. JHS pursues an aggressive program of health promotion and disease prevention to stabilize these problems while individuals are incarcerated. JHS also provides discharge planning services to maintain health when inmates return to the community by linking patients to existing community-based health and human services.

The Forensic AIDS Project (FAP) was awarded Center of Excellence (COE) funding in FY 2006-07 for services to HIV positive men and women in the San Francisco county jails. The FAP Center of Excellence is a stand-alone center working collaboratively with all of the COE's in the community.

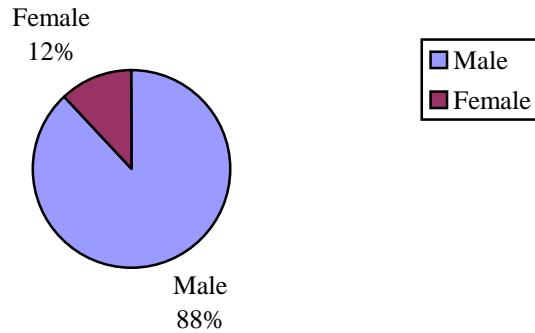
JHS provided the following services in FY 2006-07

- 32,425 Patients Triage
- 94,034 Registered Nurse Evaluations/Treatments Performed
- 15,052 Clinician Visits Performed
- 8,808 Patients Screened for Tuberculosis
- 5,249 Patients Screened for Gonorrhea

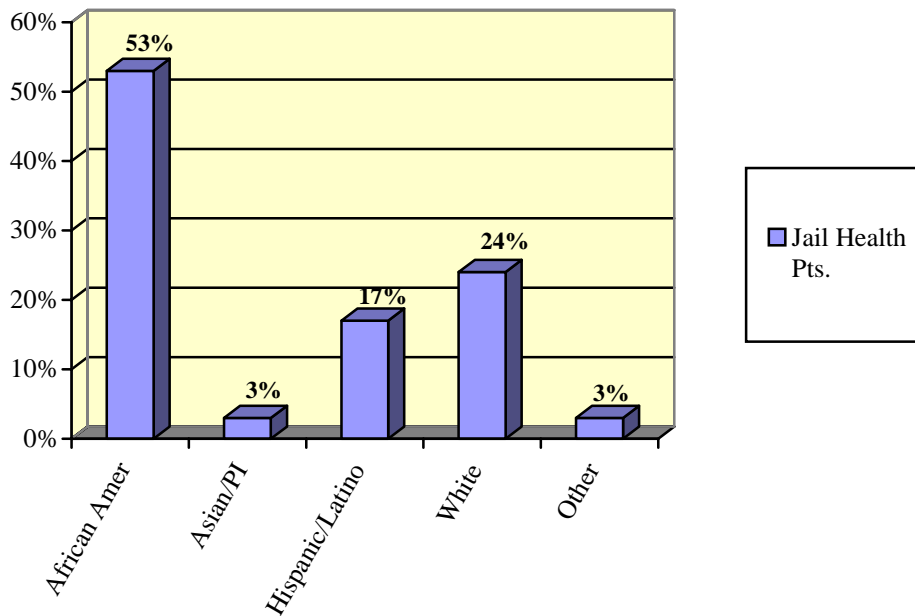
- 5,250 Patients Screened for Chlamydia
- 3,682 Patients Seen by a Dentist
- 7,454 Mental Health Evaluations Performed
- 32,704 Mental Health Follow-up Visits Performed
- 1,684 HIV Risk Assessments/Tests Provided
- 8,508 Encounters Provided to 567 HIV Positive Patients

The average daily population of the County Jail System is 2,000. The Jail system has a capacity of 2,026. On average, 75 to 80 percent of prisoners have substance abuse problems, 28 percent are homeless, and 14 percent have significant mental health problems. The charts on the following two pages illustrate the demographics of the individuals who received jail health services in FY 2006-07.

Jail Health Population by Gender



Jail Health Population by Race/Ethnicity



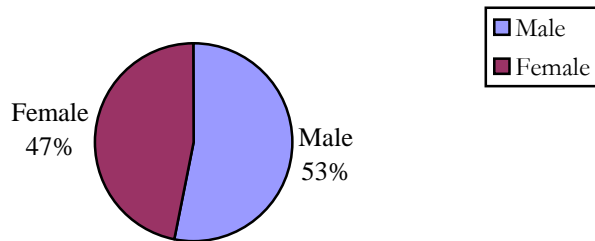
Community Behavioral Health Services

As mental health and substance abuse integration efforts continue, Community Behavioral Health Services (CBHS) embarked on a quality improvement effort at the system, program, clinical practice, and clinician competency levels towards a Comprehensive Continuous Integrated System of Behavioral Health Care. In a partnership between service providers, individual change agents from throughout the system, clients, and system administrators, the quality improvement project is gathering momentum for

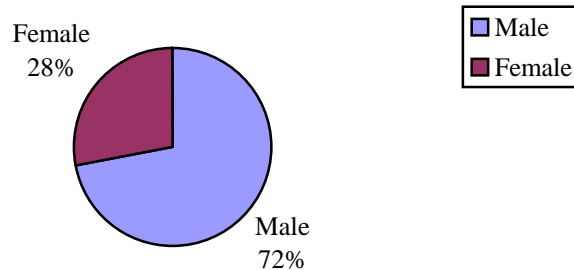
the transformation of mental health and substance abuse services into an integrated and dual diagnosis capable system. This involves system, program, and clinician self-assessment leading to action planning at multiple levels (policies, program development, training, etc.) to enhance the success of the system in helping all clients with mental health and/or substance abuse problems.

The charts on the following two pages explore the demographics of the individuals served by the CBHS system in FY 2006-07.

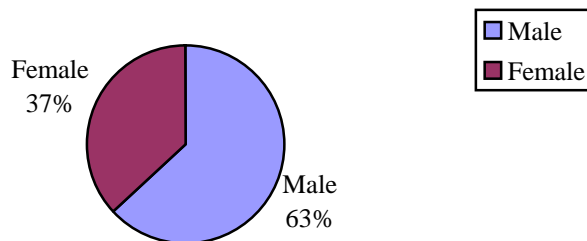
Adult Mental Health Clients by Gender



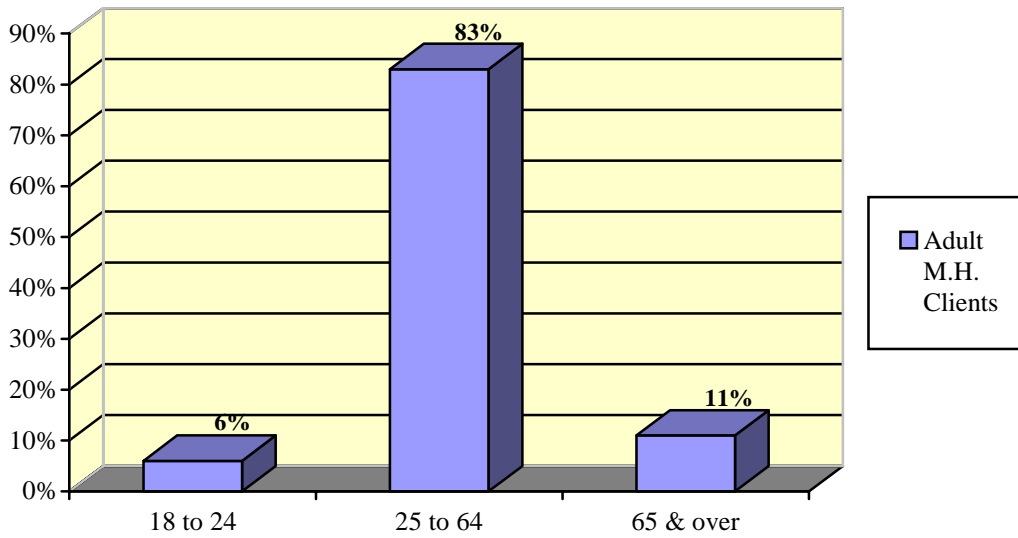
Child Mental Health Clients by Gender



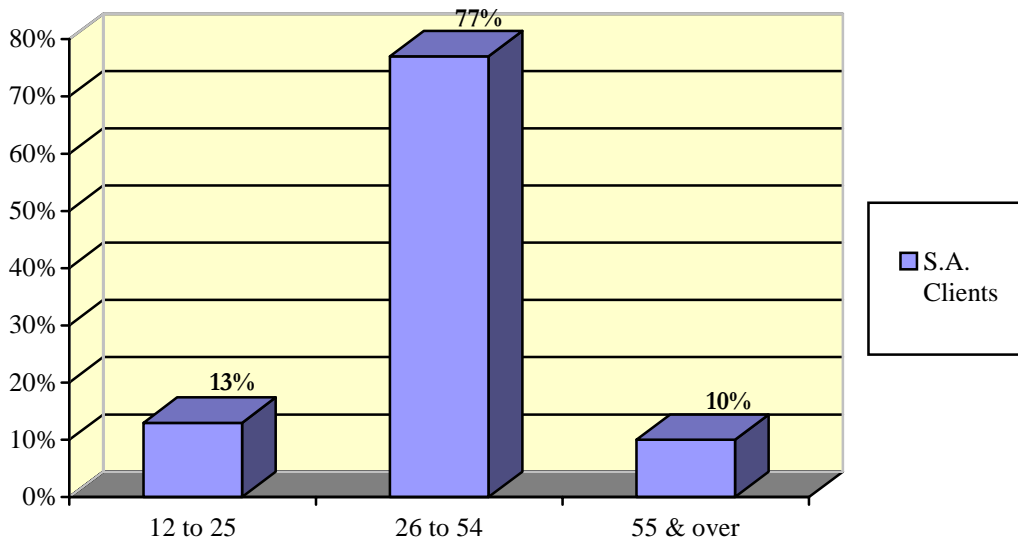
Substance Abuse Clients by Gender



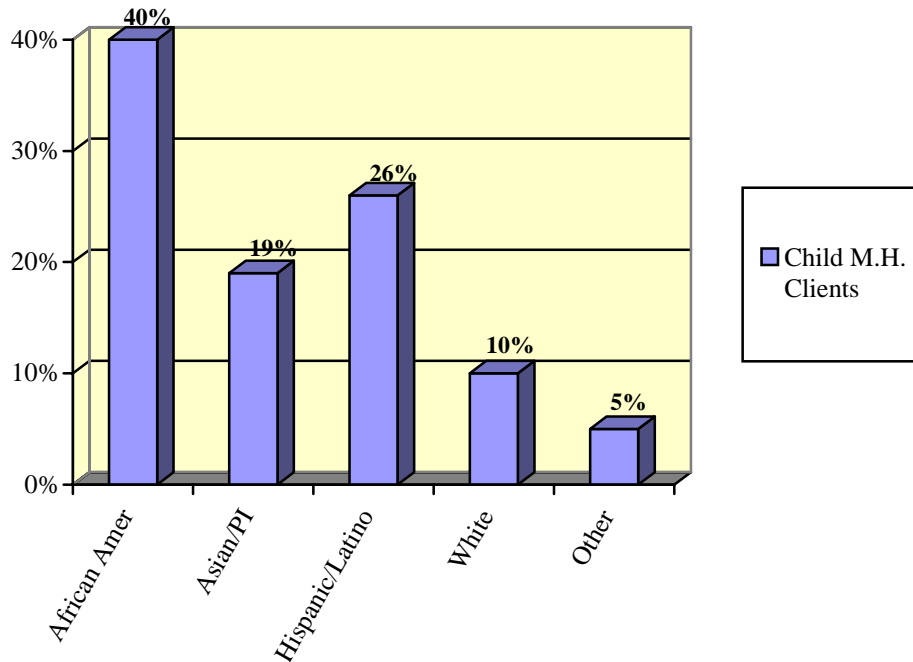
Adult Mental Health Clients by Age Range



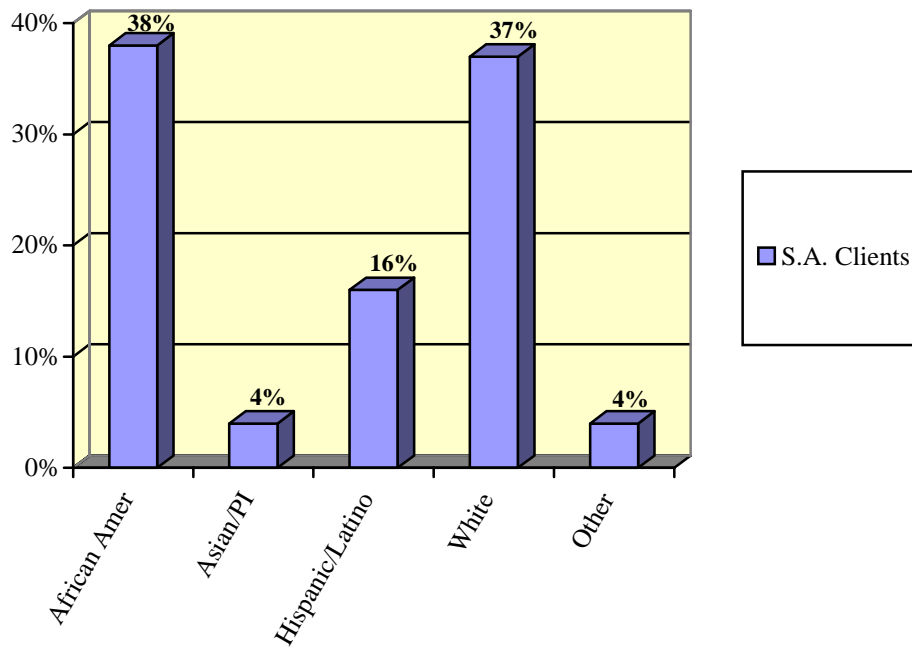
Substance Abuse Clients by Age Range



Children's Mental Health Clients by Race/Ethnicity



Substance Abuse Clients by Race/Ethnicity



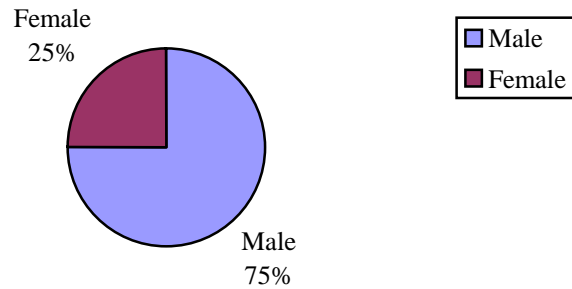
San Francisco City Clinic

The San Francisco City Clinic is the only municipal sexually transmitted disease (STD) clinic in San Francisco, and provides confidential, quality STD services to all residents twelve years of age or older. The clinic offers evaluation, testing and treatment for gonorrhea, syphilis, chlamydia, and all other STDs. It houses a microbiology lab for STAT testing. In addition, the clinic offers STD patients confidential HIV testing, early care for HIV-infected patients and family planning services for women, including pregnancy testing and PAP smears.

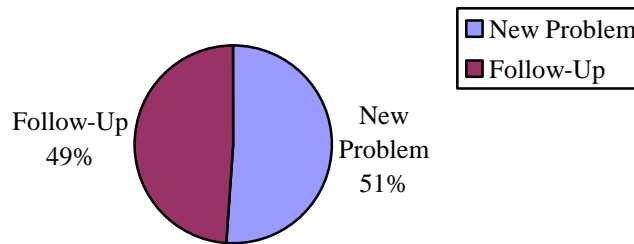
The clinic is a focus of many studies, including behavioral interventions, new tests and new therapies. The clinic also serves as a training center for clinicians throughout California and the southwest United States: due to the number of STD cases seen at the clinic, City Clinic clinicians have experience in recognizing uncommon STDs and atypical presentations.

The charts on the next two pages show the demographic information for City Clinic for the time period of January 1, 2006 through June 30, 2007.

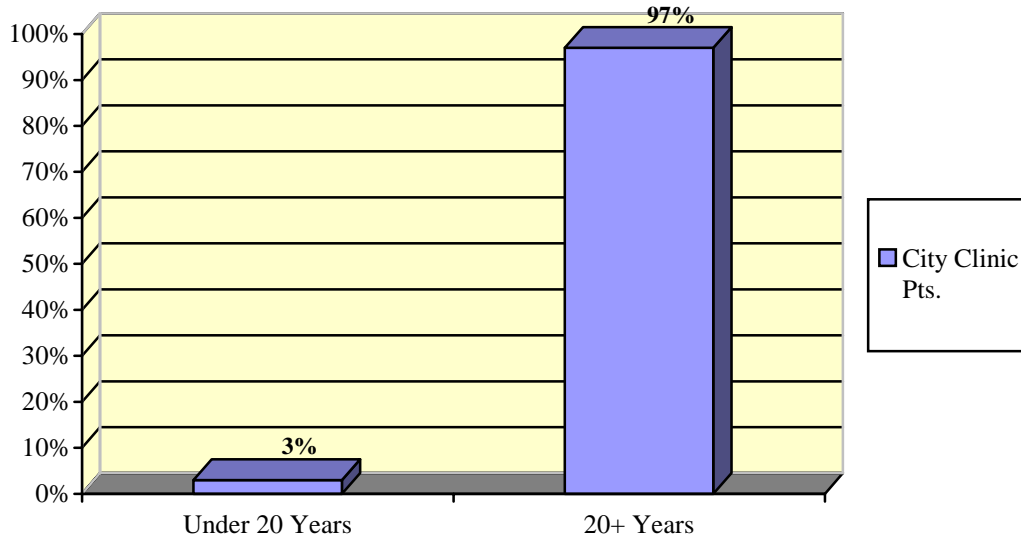
City Clinic Patients by Gender



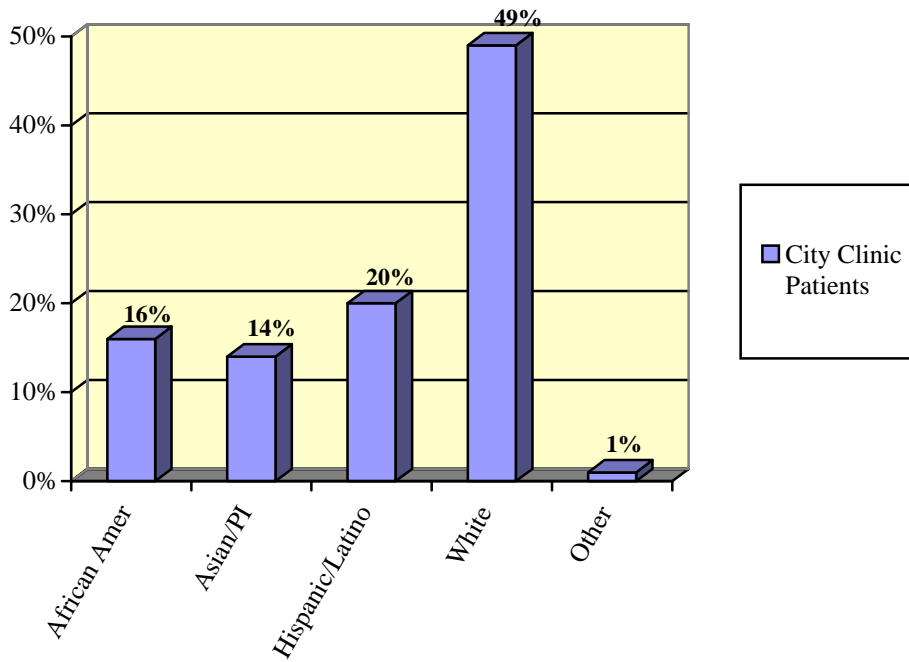
City Clinic Patients, by Reason for Visit



City Clinic Patients by Age Range



City Clinic Patients by Race/Ethnicity



AIDS Office

With an estimated 19,000 San Franciscans living with HIV/AIDS, DPH has made HIV/AIDS research, prevention, and services a priority. The mission of the AIDS Office is to respond to the HIV/AIDS epidemic in San Francisco by measuring its impact; developing appropriate prevention strategies; establishing community partnerships to ensure the provision of direct services to individuals living with HIV disease and those at risk for infection; contributing to the scientific and service communities through research and special studies; and formulating HIV policies for the Department.

HIV Research Section

The HIV Research Section evaluates novel biomedical and behavioral strategies to prevent HIV infection. Currently, the Research Section is testing a variety of strategies in HIV negative people, including HIV vaccines, anti-HIV medication as prevention (pre-exposure prophylaxis), and treatment of Herpes to prevent HIV. The Section is also building new strategies to increase inclusion of African American and Hispanic/Latino communities in all aspects of HIV prevention research.

HIV Prevention

The HIV Prevention Section's goal is to eliminate new HIV infections. The Section works closely with a community planning group called the HIV Prevention Planning Council (HPPC), which sets priorities for HIV prevention programs and services. Based on the established priorities, the Section allocates Federal, State and General Fund monies to HIV prevention providers throughout San Francisco. Collectively these providers make over 200,000 contacts a year, offering HIV counseling and testing, needle exchange, individual and group education and counseling, outreach, social marketing, community events, and other programs and services tailored to the unique needs of San Francisco's diverse communities. Service data shows that prevention is reaching people and communities in accordance with the HPPC priorities.

HIV Prevention Providers and Who They Reach

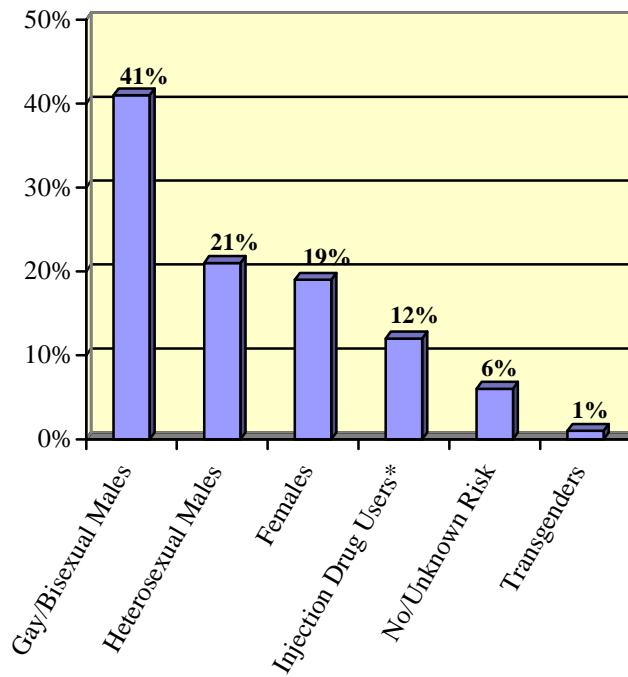
The HIV Prevention Section funds and/or provides technical assistance to 41 agencies/programs throughout San Francisco, 22 of which provide health education/risk reduction services, 19 provide HIV counseling and testing, 13 provide prevention with positives, and 5 provide needle exchange. These providers reach a variety of populations, including but not limited to gay and bisexual men, male-to-female transgendered persons, women, young people, substance users (both injection and non-injection), homeless individuals, and HIV-positive people. The Section funds several culturally specific programs for African Americans, Asians/Pacific Islanders, Latinos, and Native Americans.

Gay/bisexual males represented the largest percentage of HIV tests (41%), followed by heterosexual male (21%), females (19%), injection drug users (12%), and transgendered persons (1%). Nearly half of HIV tests were among Whites (48%), followed by Latinos (17%), African Americans (16%), Asians and Pacific Islanders (10%), and Native Americans (1%).

HIV Counseling and Testing

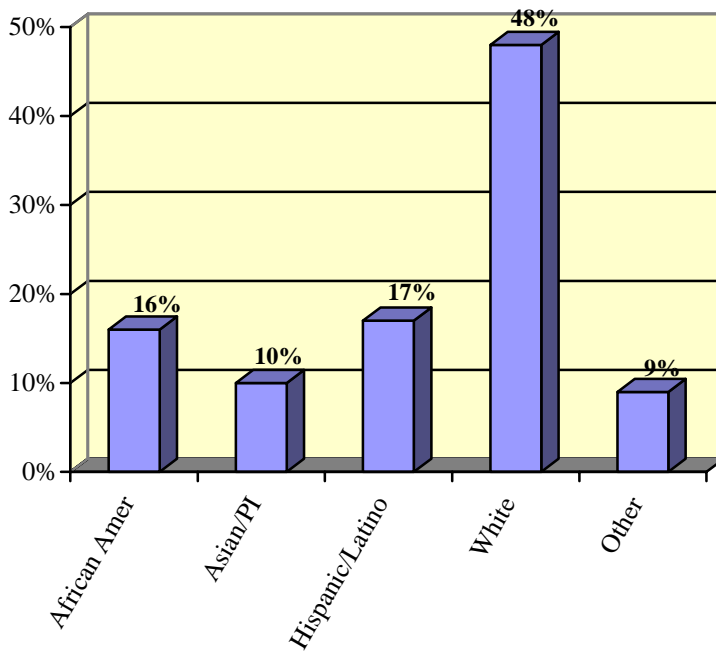
The charts on this page show who received HIV counseling and testing by risk group and race/ethnicity in FY 2006-07.

HIV Counseling & Testing Contacts by Risk Group



*"Injection drug users" includes gay/bisexual males, transgendered persons, females, and heterosexual males who inject.

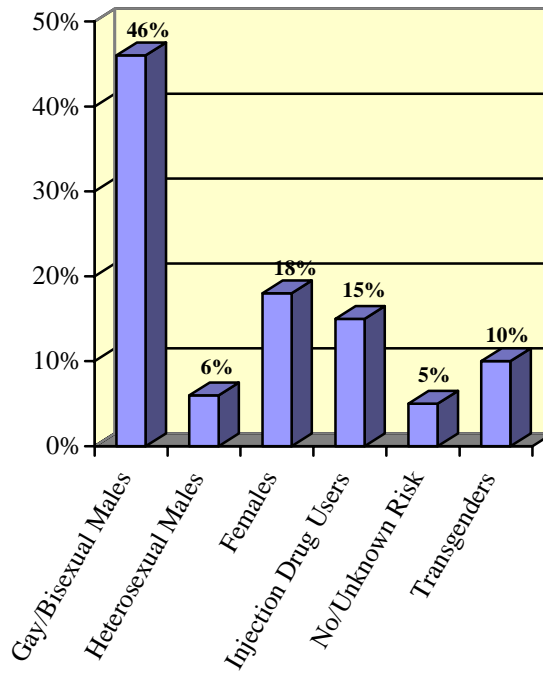
HIV Counseling & Testing Contacts by Race/Ethnicity



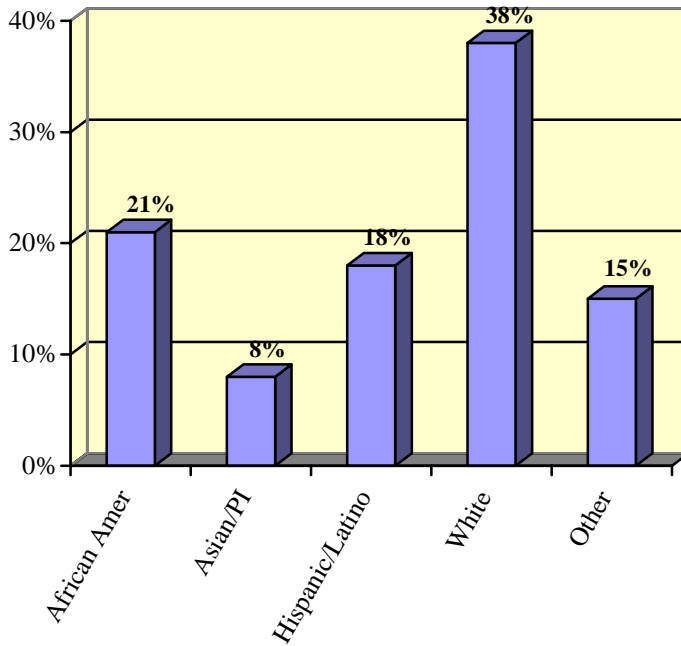
Health Education/Risk Reduction and Prevention with Positives

The charts on this page show participants (unduplicated) in HIV prevention individual and group education/counseling by risk group and race/ethnicity in March 2007. The data is for only one month, due to a mid-year change in data systems. More than one third of individuals participating in HIV prevention programs were HIV-positive.

HIV Health Education/Risk Reduction and Prevention with Positives Program Participants by Risk Group



HIV Health Education/Risk Reduction and Prevention with Positives Program Participants by Race/Ethnicity

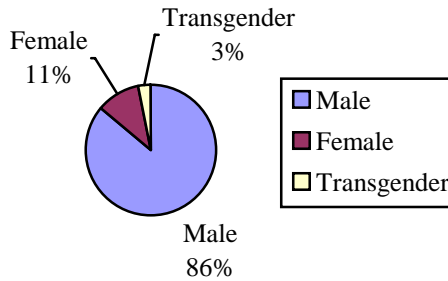


HIV Health Services

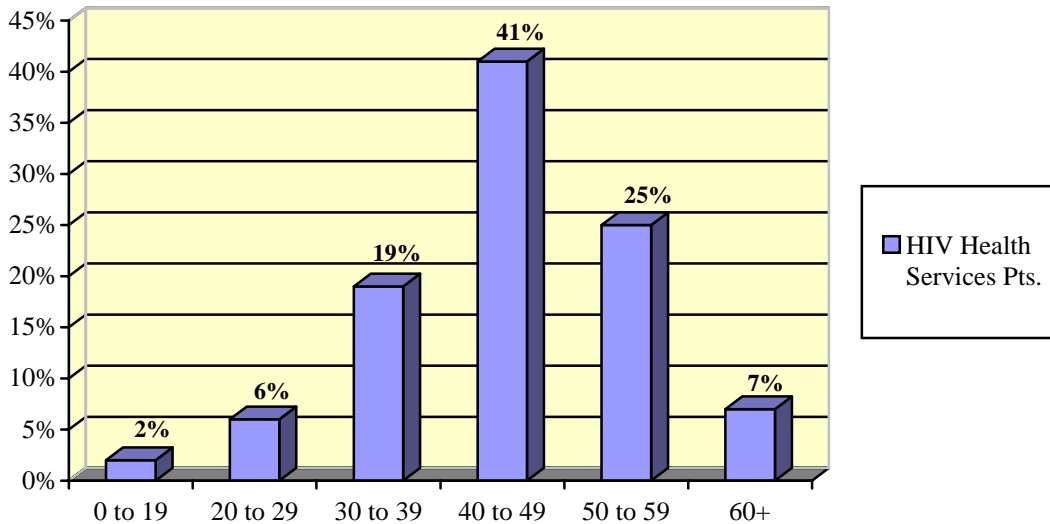
The mission of HIV Health Services is to maintain and improve the health and quality of life for those infected and affected by HIV/AIDS. This is accomplished in collaboration with various public agencies and San Francisco’s diverse communities by assessing community needs; conducting strategic and comprehensive planning; securing funding’ implementing coordinated, client-centered, innovative and effective community-based programs; evaluating services; and facilitating the development of responsible public policy. In FY 2006-07, the HIV Health Service Section provided care to 8,969 unduplicated clients.

The charts on these next two pages illustrate the demographics of the patients who accessed HIV Health Services in FY 2006-07.

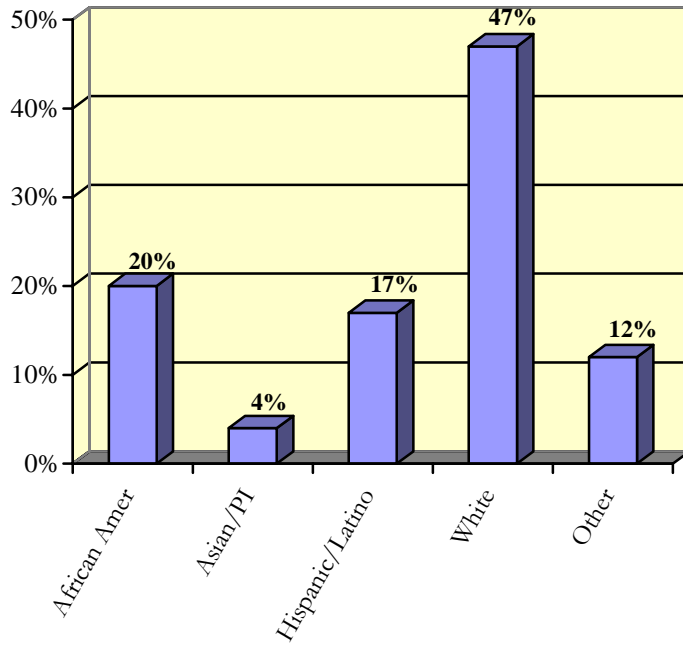
HIV Health Services Patients by Gender



HIV Health Services Patients by Race/Ethnicity



HIV Health Services Patients by Race/Ethnicity



HIV Health Services Patients by Exposure Risk

