

GOAL 1

San Franciscans have access to the health services they need

OBJECTIVE

Improve health outcomes among San Francisco residents

SFGHMC received prestigious international recognition as a Baby-Friendly hospital SFGH was named the first Baby Friendly Certified Hospital in San Francisco and only the second hospital in Northern California. Baby-Friendly USA is the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). The initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies. Based on the UNICEF/WHO Ten Steps to Successful Breastfeeding, this prestigious international award recognizes birth facilities that offer breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies.

Currently there are 58 Baby-Friendly hospitals and birth centers in the United States. The “Baby-Friendly” designation is given after a rigorous on-site survey is completed. The award is maintained by continuing to practice the Ten Steps as demonstrated by quality processes.

2005 California Health Interview Survey - Covering Kids in San Francisco

The California Health Interview Survey (CHIS) is a biennial survey of more than 45,000 California households on health and health access issues at the county level. It is a collaborative project of the UCLA Center for health Policy Research, the California Department of Health Services, and the Public Health Institute. The 2005 survey showed that more than 99 percent of children in San Francisco ages birth through 18 have health insurance coverage. The 2005 CHIS showed coverage rates of 99.7 percent for San Francisco children; in 2003 it showed 99.2 percent coverage. This result helps confirm that San Francisco has achieved and is maintaining universal coverage for its children. In addition the survey showed that coverage for young adults age 19 through 24 increased from 80.9 percent in 2003 to 91.1 percent in 2005.

Stroke Centers

San Francisco is well on its way to becoming the first city in the nation that will have its entire hospital healthcare system achieve the status of designated “Stroke Centers.” Stroke is the second leading cause of death to San Franciscans. As a designated Stroke Center, hospitals will have the ability to rapidly prioritize potential stroke victims, perform blood tests and CT scans to identify reversible causes of stroke, provide expert neurological consultation quickly and provide treatment and rehabilitation for stroke

victims. Stroke centers must meet rigorous criteria established by the Joint Commission on the Accreditation of Hospitals and Health Care Facilities. The City's paramedics, emergency personnel and dispatchers have received extensive training to support stroke patients during their transport to the receiving hospitals

Pertussis Vaccine for New Moms at SFGH

The Communicable Disease Prevention Unit established a pilot project with the State Immunization Branch enabling Labor and Delivery at SFGH to vaccinate new moms with Tdap (tetanus, diphtheria, pertussis) prior to discharge from the hospital. Prior to the pilot, L&D was only able to access 20 doses a month for their 100+ deliveries. The Centers for Disease Control & Prevention (CDC) recommends administering this new vaccine to adults in order to protect babies from pertussis (whooping cough), a disease prevalent in the adult population and deadly to young infants who cannot begin the vaccination series against the disease until they are two months of age.

OBJECTIVE

Decrease health disparities between racial and ethnic populations and between residents of different neighborhoods

Project Homeless Connect—Bayview Hunters Point

Project Homeless Connect held its first outreach in the Bayview Hunters Point community in 2007 at the Southeast Health Center. Over 500 volunteers and 200 non-profits and government agencies provided services to clients. Volunteers from the Department of Public Health are a critical piece in the success of Homeless Connect events. Dr. Mark Ghaly, Director of Southeast Health Center, and his staff did an outstanding job to make the event a success.

Below are the health-related outcomes for the 591 homeless clients served:

- 93 people received benefits assistance (SSI, food stamps, GA)
- 39 people received mental health and substance abuse services
- 20 received HIV tests
- 104 received glasses
- 73 received medical care (40 were given follow up appointments)
- 28 received dental procedures (extractions, cleanings, fillings)

District Attorney's Bayview Hunters Point Satellite Office with Health Component

San Francisco District Attorney Kamala Harris opened a satellite office on Evans Street in Bayview Hunters Point in an effort to build trust between prosecutors and crime victims. The DA's Victim Services Division staffs the office 18 hours a week. A Department of Public Health clinician is also on site to help young people through the trauma of crime. The office is supported by a new network of 15 community groups -- called the Bayview-Potrero Hill Community Response Network, which attempts to de-escalate spasms of violence.

YMCA Property to Be Developed into Holistic Healthcare Facility for Homeless

Housing and Urban Health has teamed up with Tenderloin Neighborhood Development Corporation and A.F. Evans Company to redevelop the historic YMCA property located at 220 Golden Gate Ave. The project will include 174 studio units for persons who have been chronically homeless. In addition to wonderful housing units, the building will include an expanded Housing and Urban Health Clinic and Wellness Center that will provide holistic healthcare to residents of the building and surrounding supportive housing sites. The building also includes other non-residential spaces important to the health and well being of the residents including a full gymnasium, meeting space, auditorium, and support service offices.

The Centralized Opiate Program Evaluation (COPE) Service

In July, 2006 COPE opened its doors to opioid (typically heroin) dependent, homeless or marginally housed, San Franciscans. COPE's primary mission is to evaluate and link this vulnerable patient population to methadone, buprenorphine, or other treatment services in the community. Patient referrals come to COPE from the Homeless Outreach Team, Project Homeless Connect, Community Primary Care and Mental Health Centers, and other programs and services working with this patient population. To date, COPE has successfully linked over 300 patients with methadone or buprenorphine treatment.

Program Expansion and Improvements at Laguna Honda Hospital

HIV/AIDS LHH expanded access to treatment for San Franciscans with HIV/AIDS by opening another positive care unit in June 2007. The number of beds dedicated for HIV/AIDS patients increased by 90% from 29 to 55.

Rehabilitation In May 2007, LHH opened a second nursing unit dedicated to rehabilitation for patients who suffered serious injuries or illnesses. Comprehensive rehabilitation treatment programs are developed for individuals with a complex array of diagnoses. The Rehabilitation Service administers the Community Reintegration Program, which returns approximately 72% of rehabilitation patients back to the community. Further expansion is planned when Rehabilitation moves into a 60-bed unit in the new facility.

Dementia LHH expanded access to off-unit activities for Dementia Cluster residents. During FY 2006-07, the Dementia Cluster instituted an open door program on the sixth floor. This activity involves unlocking the doors of the two secured units allowing residents who are normally confined to their units to wander freely outside their units in a safe environment. Multiple hallway activities are scheduled at this time to encourage residents of the units to stroll and socialize with residents from other units.

Discharge In March 2007, LHH implemented Discharge Linkage Plans for its residents, who are currently receiving skilled nursing care. A Discharge Linkage Plan is part of the discharge planning process to help residents gain access to care and social services in the community. The Plan is initiated by a Targeted Case Management (TCM) nurse as part of DPH's on-going effort to promote the integration of residents into the least restrictive settings.

Community Oriented Primary Care – Pain Management

Community Oriented Primary Care (COPC) dedicated its entire Quarterly Medical Providers' Meeting to Pain Management Issues, including issues of prescribing to the narcotic addicted and dependent patient populations. With the increasing prevalence of pain management concerns arising in our health centers, it was determined that sharing of best practices and avoidance of common pitfalls was deserving of this educational focus.

Future goals coming from this intensive half-day review may include recommendations for enhanced pain management strategies throughout the CHN, with greater access to non-pharmaceutical alternatives, e.g. physical therapy, complementary medicine, and group visits.

OBJECTIVE

Decrease the rate of uninsurance among San Francisco residents

One-e-App

The One-e-App system identifies people who are eligible but not enrolled in public health insurance programs. See Chapter 7, Healthy San Francisco.

OBJECTIVE

Provide a comprehensive array of quality and culturally competent services

Advancing Cultural Competency

The Department is committed to developing its capability of providing health care services that are culturally and linguistically competent, community-based and consumer guided. San Francisco's increasingly diverse ethnic, racial, cultural and linguistic populations have been a driving force in the Department's recognition and acknowledgment that services must be culturally and linguistically competent to be effective.

A number of program enhancements occurred in FY 2006-07. The Department introduced a pilot evaluation tool for program managers and analysts to evaluate the Cultural Competency Reports submitted as part of the Department's contracting requirements. The Department also introduced a streamlined process for community partners to report their advancements in cultural and linguistic competency. The report due in September 2007 will identify three opportunities for improvement and the desired measurable outcomes. This new process is expected to be less burdensome to the contractors while proactively advancing cultural and linguistic competency.

Race and Racism on Health and Health Disparities

The Community Health Promotion and Prevention (CHHP) Branch provided training for DPH Program Managers and Contractors in development of the Cultural and Linguistic Competency Reports and Plans. CHHP's Health Education Training Center now offers a training session on "Goals and Objectives for Cultural Competency." CHHP also held a four-hour intensive workshop entitled, "Understanding the Impact of Race and Racism on Health and Health Disparities." This workshop, focused on managers, supervisors and other health leaders, encourages participants to look at their roles within the workplace and identify how they can root out interpersonal and institutionalized racism, and provide an environment in which race and racism does not adversely impact the quality of care and patient outcomes.

Housing and Urban Health Workgroup

Housing and Urban Health (HUH) formed a workgroup to explore cultural and linguistic competency within its section. To facilitate the development of the section's cultural/linguistic competency sub-plan as a part of the larger DPH plan, the group will make recommendations to the section's management team to include: staff assessment of HUH's own cultural competence and training needs through administration of an anonymous survey, assessment of clients' and contractors' satisfaction with HUH around cultural competence through administration of satisfaction surveys, review of the demographic identity of the clients and contractors served by the section, and the development of goals and objectives for the section regarding cultural competency.

Women, Infants and Children Classes

In celebration of 2006 World Breastfeeding Week (August 1-7, 2006), the San Francisco Women, Infants, and Children (WIC) Supplemental Nutrition Program had a day dedicated to breastfeeding education. In addition, classes were offered in English, Spanish, and Chinese at San Francisco General Hospital, Silver Avenue Family Health Center, Chinatown Public Health Center, and Ocean Park Health Center. All pregnant and postpartum women in the community, whether they are WIC participants or not, were invited to attend this breastfeeding class.

Feeling Good Project

The Feeling Good Project, Nutrition Services completed a bilingual (English and Spanish), train-the-trainer cooking curriculum called "Cook Well-Live Better" or "Cocine Bien-Viva Mejor." This curriculum has been used to train dozens of community partners, such as the Boys and Girls Clubs, Mission Neighborhood Health Center, St. Anthony's Foundation, Tom Waddell Clinic, CARECEN and others, who in turn have reached hundreds of their clients and staff.

Farmers Markets

Nutrition Services also distributed over 1400 copies of their trilingual (English, Spanish and Chinese) "Farmers Markets in San Francisco" flyer in 2006-07 and had it downloaded from the DPH website over 2800 times. They also distributed over 5,000 trilingual (English, Spanish and Chinese) handouts to community members promoting fruit and vegetable intake and physical activity.

OBJECTIVE**Ensure contractor viability****Community Behavioral Health Services (CBHS) Contractor Performance Objectives**

Beginning with FY 2006-07, CBHS worked to streamline contractor performance objectives. In spring a planning committee was established to review CBHS FY 2007-08 Contractor Performance Objectives. The planning committee included managers and providers from both contractor associations (mental health and substance abuse). Final recommendations of the planning committee included elimination of seven performance objectives with 33 performance objectives recommended for retention. This represents a reduction of roughly half of the total number of objectives included in the CBHS FY 2006-07 Contractor Performance Objectives.

Contractors will be requested to comply with all quality management requirements in FY 2007-08 including system utilization review as part of their contracts. Consistent with the CBHS integration process, contractors will be expected to meet objectives this year that were previously optional such as selecting a behavioral health partner and participating in integration training. CBHS will conduct a system-wide evaluation to collect client level outcomes using the sampling method. This evaluation will be jointly designed by CBHS Evaluation and Quality Management staff with input from contractors.

Contractors' Cost of Living Adjustment (COLA)

In the FY 2007-08 budget the Department requested a 1% COLA for CBO Contractor's totaling \$1,616,334 and a similar COLA for the University of California San Francisco (UCSF) Affiliation Agreement. During budget deliberations, the Board of Supervisors added an additional 1% COLA for DPH's community contractors (excluding UCSF).

OBJECTIVE**Improve integration of services****Integration Steering Committee (ISC)**

As reported in last year's annual report, the Integration Steering Committee was formed in August 2005. This committee was an outgrowth of a recommendation contained in the Health Management Associates audit of the Department contracted by the Controller's Office in 2005. The ISC has been meeting twice monthly for two years.

The vision and mission of the committee are:

Vision

San Francisco will have the best integrated public health system in the country.

Mission

To (1) place clients first (2) promote the good of the entire Department (3) maximize resources by aligning with the Department’s mission and vision (4) and communicate effectively about the Department’s role and function.

The ISC is comprised of senior administrative and clinical leadership representing the various components of the Department’s delivery system. Much of FY 2006-07 focus was on the development of the Department’s new Health Access Program, Healthy San Francisco (HSF) which kicked off in July, 2007. Internally, the ISC took on a critical role in helping oversee development and implementation of the HSF. Specifically, given the vision and mission statements of the ISC, its role in the HSF was to:

- Determine how to best integrate the HSF into the Department’s delivery system;
- Provide strategic policy direction and provide input on critical HSF design features;
- Identify critical eligibility, fiscal, information technology, program, provider network, etc. issues that should be addressed for appropriate implementation;
- Make decisions on recommended design features;
- Assign and empower staff to various HSF committees; and
- Serve as a critical component in a unified communications strategy.

The ISC has a number of active subcommittees including, the Placement Task Force, the Integrated Finance Committee, the Capital Integration Committee, the Information Technology Task Force, and the Nursing Advisory Committee. Accomplishments of these various committees are contained throughout this report.

The Mental Health Services Act (Proposition 63)

Implementation of the Community Services and Supports component of the Mental Health Services Act (MHSA) began in FY 2006-07 with the funding of 13 community-based mental health agencies, three programs in the Department, one with the Human Services Agency, and the integration of behavioral health services in three primary care clinics. All of these programs serve individuals with serious mental illness or severe emotional disorders, who are not served by the current system. In consonance with the wellness and recovery principle, the eight full service partnership (FSP) programs offer “whatever it takes” services to help individuals and their families achieve life building skills that would enable them fulfilling lives and improve their current states of homelessness, isolation, joblessness, and the continuous cycle of criminal justice and public health systems involvement. The general system development agencies were funded to: deliver violence and trauma recovery services in targeted neighborhoods that have been blighted with community and gang violence; provide supportive services for housing to assist individuals in attaining and maintaining housing; add peer based

centers that offer respite, safe haven, and low-threshold participation from people with mental illness; offer vocational services; extend culturally sensitive services to Asian Pacific Islanders (API) and API Lesbian Gay Bisexual Transgender Queer and Questioning (LGBTQQ) youths; and bring behavioral health services in primary care clinics, especially to children identified with autism and pervasive developmental disorders and to youths in Juvenile Hall. By the end of FY 2006-07, FSPs served 191 clients, exceeding the target of 140.

Mental Health Services Act outcomes are centered on recovery and community integration. San Francisco was the only county that volunteered to help the State Department of Mental Health pilot test the MHSA Data Collection and Reporting (DCR) system, a web-based data system that collects extensive outcomes information on clients receiving services from Full Service Partnerships (FSP). Community Behavioral Health Services staff have been training FSP staff on how to use the outcome instruments and the DCR and our FSPs are currently entering client-level data. Feedback from programs has helped the State rollout this outcomes tracking system. The data will track clients' progress and assess program effectiveness in helping formerly unserved and underserved clients achieve meaningful community integration.

Prevention Service Integration

The STD Section continues to partner with the Community Behavioral Health Section to provide direct treatment services to methamphetamine users in an effort to reduce methamphetamine-associated sexual risk behavior. In addition, the STD Section also collaborates with the Communicable Disease Control Section to provide hepatitis A and B immunizations to all eligible City Clinic patients and hepatitis immunizations in the field at special events like street fairs and parades. The STD Section continues to support one of the most comprehensive Jail-based STD screening programs in the country with demonstrated reductions in new STDs in communities at the highest risk for jail entry.

San Francisco Substance Abuse Prevention Services Strategic Plan

As reported in last year's annual report, CBHS issued a Request for Proposal (RFP) in FY 2005-06 to redefine and restructure the entire substance abuse outpatient system of care. Community Behavioral Health Services recently completed the two-year planning process with community substance abuse prevention providers and public agency partners that culminated in the first ever Substance Abuse Prevention Services Strategic Plan. The Strategic Plan provides a broad framework that will guide San Francisco substance abuse prevention services over the next five years. It is designed to be a living document that is responsive to new challenges that may arise in substance abuse prevention, such as the methamphetamine epidemic.

There are four major focus areas under the plan based on an extensive community needs assessment conducted during the planning process. The four primary focus areas include reducing youth access to alcohol and other drugs, changing norms and increasing public awareness of alcohol and other drugs, empowering community and promoting environmental change, and building system capacity.

OBJECTIVE

Improve patient flow and standardize record keeping, in order to improve continuity of care and reduce decertified days. The continuum of care should include acute care (SFGH), skilled nursing (LHH), residential care, intermediate care, and community-based care

Integration Steering Committee – Placement Task Force

The Placement Task Force, a subcommittee of the Department's Integrated Steering Committee, consists of Community Programs, SFGH, Laguna Honda, Jail Services and Long Term Care. The goals of this committee are to develop strategies to improve placement activities throughout the System of Care in the Department of Public Health. Some of the first year accomplishments of the Placement Taskforce were:

- Analysis of the top reasons for non-acute days for psychiatric patients versus med/surg patients;
- Development of a Level of Care document;
- Chart review of top 25 users of non-acute services; and
- Development of a conservatorship workgroup to explore ways assist the most difficult to place patients because of severe and morbid conditions.

In studying the top four reasons for the 13,184 Psych Non-Acute Days (1,026 patients) the committee discovered that patients were: (1) Awaiting locked sub-acute / L facilities (2) Awaiting unlocked board and care, ADUs, residential treatment (3) Being stabilized for shelter/hotel or preparing home to be able to support, and (4) Discharge diagnosis not covered by Medi-Cal (e.g., alcohol dependence or dementia) and/or behavioral issues that need to be stabilized.

The top four reasons for the 10,127 Med-Surg Non-Acute Days (1,684 patients) were due to: (1) No bed (2) Awaiting hotel, respite, Board & Care or Psych (3) Accepted at Laguna Honda Hospital (4) Awaiting Laguna Honda Hospital ADL /need long term placement.

Medical Respite Program Description

The new San Francisco Medical Respite Program, includes 60 respite beds located in two sites, provides temporary housing for medically frail homeless persons leaving the hospital. The facility, staffed primarily by nurse practitioners, provides recuperative services for homeless persons who are too medically frail to return to the streets or shelter but who do not require hospitalization. Length of stay varies according to need, ranging from 1 week to 2-3 months. The main goal of the program is to provide further stabilization services to homeless people exiting the hospital to ensure that their health status continues to improve with a particular emphasis on access to permanent housing. Through this intervention, we hope to interrupt the costly and harmful cycle of frail homeless people cycling in and out of acute medical services.

In addition to basic medical care (including directly observed oral antibiotics administration, nebulizer therapy and wound care), clients will receive transportation to regular health care appointments (including primary care, specialty care, mental health

care, daily or twice daily intravenous antibiotics, physical therapy, radiation therapy, methadone treatment), case management, benefits counseling, referral to substance abuse treatment, referral to mental health care treatment, and housing placement services.

The first Medical Respite site, opened in March of 2007, occupies a quiet wing of 30 beds on the second floor of Next Door Shelter. The second site, opened at 39 Fell Street in July, includes an additional 30 beds and continues to be home to the sobering center. The Next Door site is collaboration between DPH and Episcopal Community Services and the 39 Fell Street includes a partnership with Community Awareness and Treatment Services.

OBJECTIVE

Ensure the quality of pre-hospital emergency medical services

EMRESOURCE – EMS System Resource Tool

As described in last year's report, the Department purchased EMResource and EMTrack, Internet-based tools to respectively track and monitor EMS System Status and to electronically track patients from MCIs (mass casualty incidents) or other sites. EMResource was successfully implemented into the San Francisco EMS System replacing the aging "HART" System. During routine operation, this web-based system allows hospitals to communicate their diversion status to other hospitals and to EMS dispatch centers. During an MCI or mass casualty event, hospitals, ambulance providers, and operations centers can communicate with all other authorized EMS System participants and department operations centers. This system is tested daily, has been used in numerous MCIs, and has performed well. This system has proved to be an excellent communication infrastructure for EMS and emergency management personnel, acute healthcare providers and public health officials.

EMTRACK – Patient Tracking

DPH began to implement "EMTrack" in late 2005. EMTrack is an electronic patient tracking system designed to track patients from an incident site, to the on-scene treatment area, through the ambulance or other transportation asset, to the hospital or other treatment site. This system should allow dispatch and command center personnel to better manage the distribution of patients from multiple simultaneous incident sites, to better allocate resources to incident sites, and to facilitate the reunification of loved ones following a disaster.

Though challenges persist, due mainly to the novel interface of wireless local area network, cell phone and satellite phone technologies, the EMS Agency staff have modified the scope of the project, and continue to work to implement an electronic patient tracking solution that functions and that can be reasonably sustained.

DPH Response to Multi-Casualty Incident

The City's Emergency Medical Services System and Hospital Emergency Departments responded to a multi-casualty incident on the afternoon of August 29, 2006 when a driver struck and injured 19 pedestrians. The EMS System activated a Red Alert and the Multi-Casualty Incident Plan. Ambulances from the Fire Department and private providers

transported 14 patients to local hospitals. Of these, eight patients--including three triaged as having potentially life-threatening injuries--were transported to San Francisco General Hospital's Trauma Center.

The SFGH Emergency Department and Trauma Physicians, nurses and support staff quickly mobilized to prepare for incoming casualties when the first reports of this incident were communicated to the hospitals. Seven patients were transported to SFGH. All patients were thoroughly evaluated and stabilized, and a total of five patients were admitted for further treatment and observation, including one patient with spinal injuries admitted to the ICU.

While this tragic event underscores the need for ongoing preparedness efforts, it is encouraging to report that the City's Hospital and Trauma Center and overall EMS system responded in a well-coordinated and practiced manner to ensure the best possible outcome for those injured.