

## GOAL 2

### Disease and injury are prevented

#### OBJECTIVE

##### Decrease injury and disease among San Francisco residents

###### Child Passenger Safety

Child Passenger Safety efforts were consolidated during FY 2007-08 in the Community Health Education Section of Community Programs. The program significantly expanded with the support of a two year grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration. Program staff conducted 55 workshops for low-income families and pregnant mothers, distributed 251 vouchers for subsidized car safety seats to qualifying participants, and participated in dozens of health fairs and community events to raise awareness of how to keep children safe in cars. Their success was multiplied by managing 13 mini-grants to health and community services agencies, including Kai Ming Head Start, Vis Valley Community Center, North East Medical Services, Potrero Hill Family Resource Center, and to DPH programs, including Black Infant Health Improvement Project and the Tom Waddell Homeless Family Team, to enable agencies to train staff as Certified Child Passenger Safety Technicians and distribute free car seats. These agencies conducted 95 child passenger safety workshops and gave away well over 1000 safety seats.

This program was the cornerstone of the DPH successful application to the State for a three year Childhood Unintentional Injury Prevention grant, to coordinate and integrate DPH-wide efforts, including child pedestrian and passenger safety. This first year has focused on building infrastructure and evaluating current programs. A new Safe Routes to School grant, still in start-up phase, will help link safety efforts to increased physical activity and chronic disease prevention.

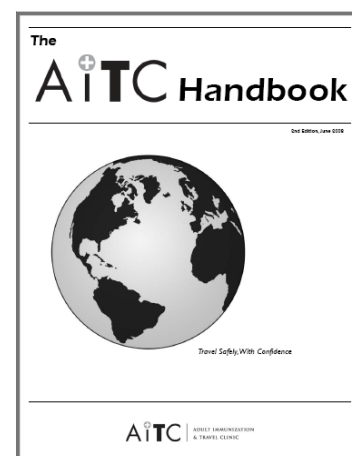


### SF Hepatitis B Free

Since the April 2007 launch of an unprecedented campaign to eliminate the transmission of Hepatitis B in San Francisco, community involvement in the program has dramatically increased. The innovative Hepatitis B Free campaign has grown to include over 30 active community and health organizations, established seven public access low cost testing and vaccination sites, tested over 3,000 people for chronic hepatitis B, conducted both grassroots and professional education events, and initiated an evaluation of the project, as well as a large scale public awareness effort.

### Adult Immunization and Travel Clinic (AITC)

The AITC located on the 1<sup>st</sup> Floor at 101 Grove Street, has become the leading provider of travel vaccine services in San Francisco, with over 7200 visits by local residents planning international travel in FY 2007-08. During this time AITC also handled over 8000 visits for routine adult vaccinations. AITC made several program enhancements in 2007-08. Clients now have the option of convenient, one-stop blood testing at AITC to check their vaccination status or to document immunity to vaccine preventable diseases for work or school. International travelers who visit AITC are able to purchase health maintenance essentials such as DEET insect repellents and packets of oral rehydration salts before their trip. The clinic also self-publishes and provides clients with *The AITC Handbook*, a 20-page booklet packed with health advice for international travelers covering topics such as water purification, protection from insect-borne diseases, prevention and management of travelers' diarrhea, getting medical care abroad, and post-exposure rabies prophylaxis in case of animal bites. Clients really appreciate the clinic, as evidenced by this sample of unsolicited reviews from yelp.com:



10/16/2007

Good staff that really knows their stuff. And I can really quiz them because I work in biotech. You tell them where you're going, and they have a printout ready with each country ready when you check in...

01/29/2008

My daughter went to Thailand for three months with her school. She researched travel clinics all over the Bay Area looking for the best prices for her shots, and the Travel Clinic was by far the best, price-wise. We were really happy with the services provided. The worker was friendly and fun to talk to, and very knowledgeable about what kinds of issues she'd be dealing with health-wise in Bangkok ... As the mom, I was much more comfortable with her going after speaking with him, he made the whole process easy, informative, and enjoyable.

06/26/2008

Hands down the best government run institution I have ever encountered ... Suzanne, my nurse, put my anxiety to a rest, was all business, and handled my three shots quickly and virtually painlessly ... Go here for any vaccination you need. They have you covered like a poncho. I even thought of going back for some recreational vaccines. Okay, that's a bit much but yea. This place gives some goooooood shots!

06/19/2008

I have come to the clinic two years in a row for my travel meds. They are SO NICE. Extremely well-informed, helpful, professional...everything you would want in a healthcare professional. I wish I could come here for all my medical appointments!

02/19/2008

Can these people be any nicer?? ... The nurses were all super friendly and knowledgeable and even printed me out handouts on all the specific regions I was traveling too. In one hour I got poked three times, got three scripts for pills, was given personalized information on several cities I would be traveling to, and even got a short lecture on why I should stay away from all animals including cute little dogs because rabies is something I don't wanna deal with.

### **Paid Sick Days**

Almost half of the nation's workforce does not have the right to take paid time off from work when they are sick. With the passage of Proposition F in 2006 San Francisco became the first City in the country to require employers to provide paid sick leave to employees. For every 30 hours worked, an employee who performs work in San Francisco accrues one hour of paid sick leave up to a total of nine days. Providing paid sick days has well documented public health benefits for all workers and residents worker. According to an extensive study, co-authored by DPH, guaranteed paid sick days for all workers will help reduce the spread of flu and other contagious diseases; protect the public from diseases carried by sick workers in restaurants and in nursing homes; enable workers to stay home when they need to care for a sick dependent; facilitate preventative care; and prevent hunger and homelessness among low-income workers with long-term illnesses. The Department of Public Health is working closely with the Office of Labor Standards Enforcement to conduct outreach on this law to city businesses including restaurants. [http://www.sfphe.org/work\\_sick\\_day.htm](http://www.sfphe.org/work_sick_day.htm)

### **Methicillin-resistant *Staphylococcus aureus* (MRSA)**

FY 2007- 08 showed an increase in media attention and public interest around (MRSA) infections, particularly those likely to be acquired from the community with no healthcare-associated risk factors. The national media reported outbreaks occurring among athletic teams and schools, and in January 2008 the San Francisco Chronicle reported a story based on a UCSF/SFGH publication noting a multi-drug resistant (MDR) MRSA strain with a high incidence in the Castro district ZIP code, and a higher risk among gay/MSM seen at the HIV clinic at SFGH compared to non-gay/MSM patients with MRSA there, with an unfortunate reference to MRSA as a "new gay disease." DPH collaborated to quickly provide talking points and updated FAQs on our website, provided testimony to the Board of Supervisors about MRSA, and also disseminated a MRSA Health Advisory to San Francisco clinicians in January 2008 in response.



**Members of the Board of Supervisors Participating in Hand washing Demonstration**

In an effort to coordinate DPH response, the MRSA Working Group was formed with representatives from CDCP, STD Section, Environmental Health, UCSF, Tom Waddell Health Center, Jail Health Services, Housing and Urban Health, Occupation Health, and StopAIDS. The group plans to distribute its treatment guidelines for skin and soft tissue infections to CHN clinicians in fall 2008 and evaluate its impact on clinician practice in

treating MRSA. In addition to the treatment guidelines, CDCP has also updated guidelines for the general community, cleaning in non-healthcare settings, schools, and athletic teams, all of which are available at <http://sfcdcp.org/mrsa.cfm>.

## OBJECTIVE

### Decrease injury and disease among the DPH's target populations

#### Community Oriented Primary Care (COPC) - Chronic Disease Management

An enhanced Disease Registry (i2i) was greatly expanded to assist in population-based patient management of diabetics and other chronic conditions (e.g. Hep C, chronic pain). An improved team approach was expanded at several health centers, involving redefined staff roles, enhanced patient self-management techniques, and improved data use by patients and clinic staff. Funding from Kaiser Permanente and the California Health Care Foundation allowed expert trainings of multi-disciplinary staff to lead these chronic disease improvement efforts. COPC Health Centers have also expanded referral to community-based self-improvement resources, including smoking cessation, exercise, and nutrition programs.

Four COPC clinics have completed an innovative program known as Spreading Effective and Efficient Diabetes Care (SEED) to improve care for their diabetic patients. Maxine Hall and Castro Mission Health Centers participated in the first year of SEED in 2007, and were joined this year by Southeast and Silver Avenue Family Health Centers. This diabetes learning collaborative was sponsored by the California Health Care Safety Net Institute.

Multidisciplinary diabetes care teams from public hospital systems all across California met together in SEED Learning Sessions to plan for clinic workflow redesign, patient self-management support, and implementation of a diabetes registry. The i2i registry is an essential tool to track performance on diabetes care measures and to manage the population of diabetics.





### **Child Care Health Project (CCHP) Expands Service**

During FY 2007-08 the CCHP expanded service to include six Family Resource Centers and three residential treatment/Homeless Shelter sites in addition to 78 child care sites. PHNs and Health Advocates have provided trainings on Child Abuse, Blood borne Pathogens, Infection Precautions, Disaster Preparedness and specific health related topics. Health Worker staff have provided 65 circle lessons to children this year in preparation for a screening or as a learning circle on a health/safety related topic. Visual aids, stories and child participation are emphasized.



### **DPH Dental Services**

During FY 2007-08, DPH Dental Services made a number of changes in program design, including:

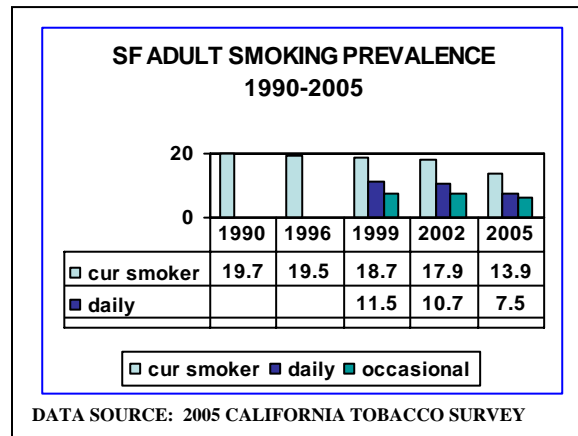
- added a children's clinic one Friday a month at Southeast Health Center;
- began a special program to serve pregnant women at Silver Avenue Family Health Center;
- received a 'Special Program of National Significance' grant to deliver dental services to HIV homeless persons at two locations within Tenderloin Health and Tom Waddell Health Center;
- this program is part of a 15 site study looking at best methods of providing HIV+ individuals oral health care;
- received a \$30,000 grant from San Francisco Unified School District to implement a kindergarten screening program to examine the oral health of children entering school; and
- changed the focus of Potrero Hill and Southeast Health Center dental clinics from adults to children and pregnant women. Adults will continue to be seen at these sites upon availability of appointments.

**2008 Annual State Licensing & Certification (L&C) Survey**

In May 2008, for the second consecutive year, LHH passed the California Department of Health Services annual Licensing and Certification Survey on the first attempt. Every LHH staff member pulled together as a team and stepped up to the challenges presented by the L&C inspectors. This achievement reflects the persistent high quality of care and service that LHH staff members provide to the most vulnerable of San Franciscans.

**Smoking Cessation Services**

The Tobacco Free Project expanded stop smoking services by offering new stop smoking classes at South East Health Center and Maxine Hall Health Center. These services supplemented on-going stop smoking classes offered at SFGH as well as services offered through mini grants to the Last Drag program through the Coalition of Lavender Americans on Smoking or Health, serving the LGBT community; Chinatown Health Center serving the Cantonese speaking community; and SUNSET Tobacco Education Program providing services to the Russian speaking community. All services are offered free of charge. Prevalence rates of tobacco use continue to decline among adults and youth in San Francisco thereby preventing tobacco related diseases.

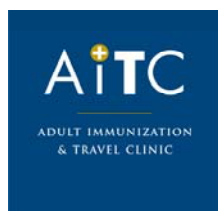


**OBJECTIVE**

**Integrate prevention activities into program design throughout the DPH**

**Pilot project protects elementary students against flu**

Last flu season Communicable Disease Control and Prevention (CDCP) implemented a pilot project with Gordon Lau elementary school to provide free flu vaccination to their 750 students and teachers. Healthy students received Flu Mist while children with contraindications to the live attenuated virus vaccine received the usual flu injection. A total of 350 immunizations were successfully administered.

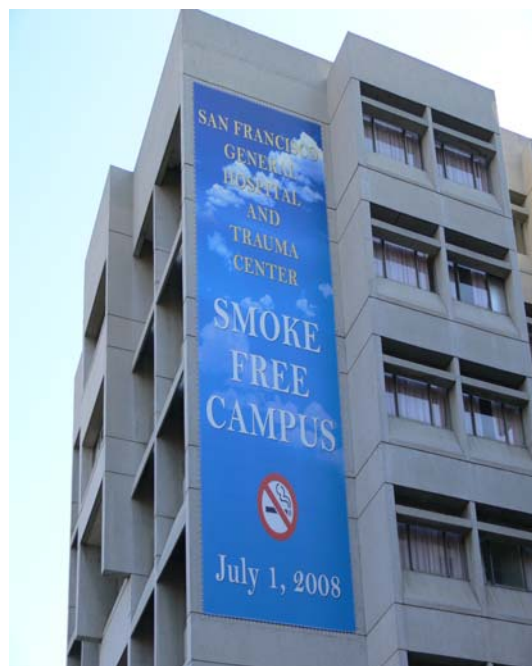


**Flu shots available here**

Come in today!  
or call (415) 554-2625  
[www.sfdph.org/aitc](http://www.sfdph.org/aitc)

### SFGH Tobacco Free Campus

In FY2007-08, San Francisco General Hospital implemented its Smoke Free Campus initiative as part of its efforts to promote positive health changes in the lives of San Franciscans. After several months of educating staff, preparing smoking cessation literature, providing smoking cessation resources, and advertising the implementation of the policy, the hospital campus became smoke free on July 1, 2008. The Tobacco Free Project provided technical assistance, training and an awareness and outreach campaign. Patients, visitors and staff are no longer permitted to smoke inside hospital buildings, grounds, parking lots and gardens. As part of the Smoke Free Campus Initiative, SFGH developed a new AWOL policy, also implemented July 1, 2008, aimed at changing patient behavior to require that patients stay on their units to further a quicker recovery. Children's artwork lines the halls of SFGH advertising the new policy.



### Hepatitis A and B prevention in the MSM community

Through a project called HepTeam, CDCP provided 1012 hepatitis A and B vaccinations at seven street fairs in San Francisco during FY 2007-08. In addition to providing vaccinations, HepTeam conducted outreach throughout the community and visited numerous clinics and private providers to provide education on the need to vaccinate men who have sex with men (MSM) against hepatitis A and hepatitis B. During FY 2007-08 the HepTeam administered over 5000 vaccinations in eight cities across the country, including Chicago, New York City, Long Beach, and San Francisco.

### Menu Labeling

Obesity and overweight are serious public health problems, resulting in significant premature death and disability, health care costs, and lost productivity. The rise in obesity rates nationally has coincided with Americans eating more meals outside of the

home where food choices are often higher in calories and saturated fat. Providing consumers of food with nutrition information can help them make healthier choices and can help mitigate the growing problem of obesity. In March, 2008, Mayor Gavin Newsom signed into law the San Francisco menu labeling ordinance, requiring chain restaurants with 20 or more locations in California to display the total number of calories on menu boards and food tags, and the total grams of calories, saturated fat, carbohydrates and sodium on all menus. San Francisco was set to implement this law in November 2008, however the State passed a similar bill in October 2008 that will supersede local laws. The State legislation is scheduled to go into effect in 2010. San Francisco's leadership on this important issue was instrumental in influencing and modeling the state legislation. More information at: <http://www.sfdph.org/dph/EH/sfmenu/default.asp>

## 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**

### **Fresh and Easy Market to Open in BVHP**

On December 13, 2007, Fresh and Easy broke ground at 5800 Third Street for the construction of a full service market. The Bayview Hunters Point neighborhood has lacked a quality full service market for decades and residents have been clamoring for access to healthy, fresh food as noted in the recently released Southeast Food Access Survey findings. The store is expected to open its doors in approximately 18 months.

### **Free Health Shuttle Starting in the Bayview**

A three-year grant from the San Francisco County Transportation Authority to the BVHP Foundation for Community Improvement began providing free transportation in the Bayview area beginning May 12, 2008, between various health providers and community centers frequented by residents of Bayview Hunters Point. The Shuttle, operated by American MAGIS Inc., offers curbside service and, unlike service on paratransit, drivers are able to assist disabled passenger such as those in wheelchairs or with limited mobility. It is no secret that BVHP residents face greater challenges to good health than residents in other parts of the City. This is but one small step to help residents access healthy living options in a community that has had limited choices.

### **Permanent Supportive Housing: Direct Access to Housing**

The DPH's Housing and Urban Health section continues to end homelessness and reduce the costly overuse of emergency services in San Francisco through the expansion of its Direct Access to Housing (DAH) program. Established in 1998, DAH provides permanent, service-enriched housing to extremely low-income homeless people—most of whom have concurrent mental health, substance use, and chronic medical issues. DAH houses nearly 1,000 persons across 23 sites currently and will, by 2013, bring close to 800 additional housing units online.



By placing formerly homeless persons in housing, DAH addresses all of the goals outlined in DPH's Strategic Plan.

- DAH affords tenants access to the health services they need, ranging from primary medical to psychiatric care (Goal 1). In addition to a range of on-site support and clinical services available to tenants, tenants also have access to medical care available through DPH's Housing and Urban Health Clinic.
- The DAH model equates housing with health care. By taking individuals off the streets and placing them in service-enriched housing, DAH actually prevents disease and injury that tenants might otherwise experience on the streets (Goal 2).
- DAH housing provides a cost-effective alternative to the expensive overuse of emergency services (DPH Goal 3). For example, one Housing and Urban Health study indicated that Empress tenants reduced their psychiatric emergency service use by 44 percent compared to baseline, resulting in significant cost-savings to the City.<sup>1</sup>
- DAH's success relies on the collaboration of myriad stakeholders including nonprofit service providers, community organizations, and other government offices. As a result, DPH-Housing and Urban Health fosters lasting relationships throughout the community, facilitating future programming and policy development (DPH Goal 4).



**Parkview Terrace**

<sup>1</sup> The study assessed psychiatric emergency service use among 110 tenants during a two-year data collection period. At baseline (data collected one year prior to move-in), subjects utilized psychiatric emergency services 86 times; one year after move-in, tenants utilized psychiatric emergency services 48 times.

## Current DAH Projects

Start Date	Building Name	Total Building Units	DAH Units	DAH Population
1999	Pacific Bay Inn	75	75	Homeless adults with special needs
1999	Windsor	92	92	Homeless adults with special needs
2000	Le Nain	86	86	Homeless seniors (55+) w/ special needs
2001	Broderick Residential Care Facility	33	33	Persons exiting institutions with mental health and/or physical health needs requiring licensed facility
2003	Star	54	54	Homeless adults with special needs
2003	Camelot	55	55	Homeless adults with special needs
2004	CCR	204	60	Homeless seniors (55+)
2004	West	104	40	Homeless seniors (55+)
2004	Empress	89	89	Chronically homeless adults with special needs*
2005	Folsom/Dore	98	40	Chronically homeless adults with special needs
2005	Plaza	106	106	Homeless adults with special needs
2006	Mission Creek Senior Community	139	51	Frail homeless seniors (62+)
2006	DAH for Chronic Alcoholics (6 sites)	Varies	74**	Chronically homeless adults with a disabling addiction to alcohol*
2007	DAH Prop. 63 Program (3 sites)	Varies	26	Severely mentally ill adults and older adults who are homeless or at-risk of homelessness
2008	Parkview Terrace Apartments	100	20	Chronically homeless seniors
October 2008	990 Polk	110	50	Chronically homeless seniors with special needs
<b>TOTAL</b>	--	<b>1345+</b>	<b>951</b>	--

\* “Chronically homeless” as defined by the US DPH of Housing and Urban Development (HUD).

\*\* HUD funding supports 62 of the 74 units.

## Future DAH Projects

Start Date	Building Name	Total Building Units	DAH Units	DAH Population
Fall 2008	Mosaica	151	11	Chronically homeless seniors
December 2009	Mason Street	56	56	Chronically homeless adults
December 2009	3575 Geary Blvd. Senior Housing	150	53	Chronically homeless seniors
May 2010	9 <sup>th</sup> and Jessie Senior Housing	107	27	Chronically homeless seniors
2009	1500 Page Street Residential Care Facility	45+	45+	Homeless adults leaving institutions who have mental health and/or physical health needs that require a licensed facility
2010	220 Golden Gate	174	174	Chronically homeless adults
2010	Central Freeway Parcel G	120	120	Chronically homeless adults
2010	Armstrong Place	116	23	Chronically homeless seniors
2011	Parcel C	100	20	Chronically homeless seniors
2011	Rosa Parks	100	20	Chronically homeless seniors
2011	St. Anthony's	90	18	Chronically homeless seniors
2012	Transbay Parcel	100	100	Chronically homeless adults
2013	Mission Bay Parcel 3	97	97	Chronically homeless adults
TBD	29 <sup>th</sup> Avenue Apartments	20	7	Chronically homeless seniors
<b>TOTAL</b>	<b>New Programs</b>	<b>1333+</b>	<b>771+</b>	--

## OBJECTIVE

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

#### Excelsior Freeway Corridor Health Impact Assessment

DPH collaborated with staff from PODER (People Organizing to Demand Environmental & Economic Rights) and UC Berkeley School of Public Health (UCB) to develop a community-based health impact assessment of traffic and the transportation system in the Excelsior neighborhood in southeastern San Francisco. The project has involved partnerships with community residents, PODER youth and adult leaders, and the Chinese Progressive Association (CPA). Undergraduate students participating in a UC Berkeley Environmental Justice Class also connected with the project, and contributed numerous hours to help understand the impacts of transportation decisions on the community.

This residential neighborhood is framed by the 280 freeway and the large, busy thoroughfares of Alemany Boulevard, Mission Street, and San Jose Avenue. Fast-moving trucks and buses generate a constant flow of traffic along the neighborhood's residential streets that serve as routes to these large traffic corridors. Community members are concerned that residents in this Excelsior community are being disproportionately exposed to traffic-related exposures including air pollution, and are suffering the health consequences. Our collaborative health impact assessment sought to answer the question: What are the community health impacts of this heavy traffic?

Key needs initially identified for the project were to develop community knowledge regarding the environmental health challenges faced by the neighborhood as well as potential community vulnerabilities (e.g., age, poverty, language barriers, health care access), and to involve community members in identifying practical solutions that could lead to community change to address those issues. Our project draws on community members' expertise and experiences in their local environment, as well as the scientific knowledge and research tools of DPH and a local university.

The collaborative retrospective health impact assessment focuses on the local transportation system – including a freeway and heavy traffic corridors running through the neighborhood – and its health impacts on current residents through air pollution, noise exposures, and pedestrian hazards. To assess both current and historical conditions related to the neighborhood's population and health-related conditions the following were used:

- Door-to-door community surveys
- Traffic counts
- Community photography
- Oral histories
- Outdoor air quality and noise modeling
- Outdoor air quality and noise exposure assessment
- Pedestrian environmental quality evaluation
- Historical document review
- Publicly available data from numerous sources including hospitalization data, U.S. Census data, and traffic-related injury data.

The Key Findings from the health impact assessment have been summarized, and additional details of this project are on the website at [http://www.sfphes.org/HIA\\_PODER.htm](http://www.sfphes.org/HIA_PODER.htm)

### **Preventing Air Pollution Exposure near Heavily Trafficked Roadways**

Adverse health outcomes associated with motor vehicle air pollutants include cancer, respiratory disease, and pre-mature mortality. Vehicle air pollutants and their adverse health outcomes are significantly higher among people living near freeways and busy roadways. For example, health research has demonstrated that children living within 100-200 meters of freeways or busy roadways have poorer lung function and more asthma and respiratory symptoms than those living further away. San Francisco is the first city in the country to take action to protect residential development from the harmful effects of air pollution from traffic. The 2007 environmental review of the Eastern Neighborhoods



Zoning Plans required residential projects to assess and mitigate air quality impacts from traffic on sensitive uses. Subsequently, DPH developed guidance to implement these protections. The rules mandate that developers screen sensitive use projects for proximity to traffic and calculate the concentration of key pollutants from traffic sources. If levels of traffic-attributable pollutants at a project site exceed an action level, developers are required to incorporate ventilation systems to remove outdoor air pollutants. The San Francisco Planning Department is currently requiring developers of sensitive use near busy roadways to conduct such air quality site assessments under the guidance of DPH. More Information at: <http://www.sfdph.org/dph/EH/Air/default.asp>

## OBJECTIVE

### Prepare to respond to any emergency or disaster situation

#### **Pandemic Flu Exercise: DPH and Hospitals**

DPH coordinated a functional county-wide Pandemic Flu Exercise with six hospitals and various health DPH agencies. CDCP activated the Infectious Disease Emergency Response (IDER) plan and Command Center. The Departmental Operations Center (DOC) was activated to test communication and coordination with the CDCP Command Center. This was the first opportunity to activate the DOC in the updated rooms at 1380 Howard St and to test the new technology and communication systems that were funded with Homeland Security Funds and installed over the past year. During the next year, we will continue to exercise to improve emergency readiness and response that requires a Public Health component. An After Action Report of the exercise and a Mock Health Alert are posted on the website: <http://sfdcp.org/exercises.cfm>. In May 2008, DPH coordinated a follow up county-wide Pandemic Flu Exercise with hospitals. Details are also available on the website.

#### **Pandemic Flu Disaster Service Worker Training Video**

The Pandemic Flu Outreach Project produced a pandemic flu preparedness training video for San Francisco city and county employees. It features many DPH staff who educate and entertain the viewers with messages about healthy habits to prevent the spread of disease and what to expect from a flu pandemic. The video was premiered to CDCP staff and the Avian/Pan Flu Task Force in March 2008. This video is accompanied by a training guide for the trainer - which includes a discussion guide and short quiz - and is now available on [www.sfdcp.com/pandemicvideo](http://www.sfdcp.com/pandemicvideo). It will be distributed to City Department's over the next several months.

#### **Emergency Response Planning**

San Francisco has made immense progress preparing for several disaster scenarios including a major earthquake, as have the medical facilities within our operational area. Together, the City and the area medical providers have trained staff, purchased and maintained disaster equipment and participated in exercises to evaluate our state of readiness. This planning has been a successful foundation for the partnership between local government and health care facilities. Even with all of these planning efforts, a mass casualty event could still quickly overwhelm the current hospital based system. The

limitations of the health care system in CCSF and the region demand creative and innovative approaches to medical surge response in a disaster.

While CCSF continues to pursue the “traditional” surge capacity enhancement strategies, it also understands that medical response has to come from all levels of the community – not just hospitals and the Department of Public Health. CCSF and community partners, including representation from medical facilities, have participated in the planning process for the Community Disaster Response Plan, also referred to as the Community Hub Plan. This plan lays out the operations of neighborhood libraries acting as coordination centers for community response including health and human services. These neighborhood hubs will self-deploy immediately after a disaster, providing community providers a place to coordinate information and resources within the community and to connect with the local government response.



In September of 2007, DPH was awarded competitive grant funds from the federal Assistant Secretary for Preparedness and Response. One of only 11 jurisdictions in the nation to receive these funds, DPH is leveraging these funds to expand community health response capabilities. This includes increasing training opportunities for hospital and out-patient staff, creating alternate care site plans, and working within the two target communities, Chinatown and Bayview/Hunter’s Point to assess the state of readiness in community medical and mental health providers. In addition, DPH is undertaking a pilot planning process to create policies for the receipt and use of medical volunteers in existing healthcare facilities. These planning processes will be expanded in future years to include the entire city and county of San Francisco and will be used as model programs for other jurisdictions in the United States and Canada.

### **Field Care Clinics**

The Department’s six Field Care Clinics (FCCs) are now strategically located throughout the city through agreements with the PUC (North Point, Oceanside), San Francisco Fire Department (SFO), Treasure Island (SFFD- Station 48), and SFGH. From these sites, transport of the FCCs to as-needed staging areas will be more readily available. A training program is underway to prepare personnel at each site to lead a deployment in the event that the trailers are immovable for any reason. Clinic tent components are contained in cases designed for rapid manual off-loading.

## OBJECTIVE

### **Develop prevention and intervention programs that address major behavioral health issues**

#### **The Mental Health Services Act Prevention and Early (PEI) Intervention Planning**

The committee reviewed and approved the programs for inclusion in the Three Year Program and Expenditure Plan. Eight project areas were identified, and within each project area, one or more programs were recommended. The consultant on this project is currently drafting the Three Year Program and Expenditure Plan which will be available for review and posting early fall 2008. CBHS will move forward quickly within State guidelines.

Included in the PEI component are statewide initiatives addressing Suicide Prevention, the Student Mental Health Initiative, Stigma and Discrimination Reduction, Ethnically and Culturally Specific Programs and Interventions, and Training, Technical Assistance and Capacity Building for Partners. Deliberations are still underway on how to implement these initiatives, the funding mechanism to move these funds from counties to the state, and how the counties could support these statewide initiatives through their local plans. It is anticipated that some of these initiatives will be implemented on a local level, in which case, the funding for them would be released to counties. When the results are available, CBHS will modify the existing plan to include these initiatives.

#### **Task Force Tackles Compulsive Hoarding**

A collaborative of agencies in San Francisco launched a number of initiatives to improve the quality of life and coordination of services for those who compulsively hoard, and are at risk of eviction due to health and safety risks. In FY 2007-08, a referral protocol agreement was implemented between DPH-Environmental Health, Adult Protective Services, and DPH Community Behavioral Health Services, to coordinate the services to provide early intervention to Single Room Occupancy (SRO) Hotel tenants who are at risk of being ordered to vacate their rooms because of unsanitary conditions created by cluttering and hoarding habits. This inter-Departmental group meets every month to plan services to clients, and CBHS programs participating include Central City Older Adults Mental Health Clinic, Mobile Crisis, and CBHS-funded behavioral health intensive case management programs.

In addition DPH participated in a City-Wide Task Force on Compulsive Hoarding. The Task Force, convened by the SF Mental Health Association includes representatives from other City Departments, including CBHS, housing and service providers, is working to identify needs and gaps in services, and to facilitate information exchange among various service providers to improve service linkages. An estimated 1-2 million Americans collect or fail to discard objects to the point that the clutter impairs basic living activities, and creates fire and public health hazards, resulting in evictions.