

GOAL 3**Services, programs and facilities are cost-effective and resources are maximized****OBJECTIVE****Ensure adequate staffing to meet programmatic needs through improved recruitment, retention and training of staff****Staff Recruitment and Retention**

In FY 2007-08, DPH's Human Resource Services assisted management by posting job opportunities for Departmental vacancies and processing 1,300 appointments. A breakdown of appointments by division follows:

Division	Appointments
LHH	165
SFGH	807
Primary Care	76
Forensics	29
Health at Home	5
Central Admin	3
CHS	107
Mental Health	81
Substance Abuse	7

Human Resources also worked towards the City's Civil Service reform goal of reducing the number of provisional hires. Through its examination processes, DPH reduced its number of provisional appointments from over 450 to 364 in FY 2007-08. This occurred through the administration of 42 discrete civil service examinations, and continuous testing for Licensed Vocational Nurses, Registered Nurses and Nurse Practitioners.

Upon identification of a large number of long-term leaves of absences at DPH, a task force was created to review such leaves across areas of responsibility, such as Workers' Compensation, the Americans with Disabilities Act, and City rules regulating leaves. Staff from DPH's HR Labor, Operations and EEO divisions, and DPH's Occupational Health and Safety division, now meet regularly to ensure that DPH's long-term leave policies are being carried out in a consistent and equitable manner, and that critical positions are not held indefinitely. All efforts are made to return employees to work following an extended leave, and if this is not feasible, to ensure employees understand their options, which may include disability retirement, medical separation, or eligibility for long-term disability insurance.

In addition, while the DPH had to cut a number of positions related to budgetary issues and the closure of LHH's Clarendon Hall, DPH's managers and HR staff worked together closely throughout the year to facilitate appropriate reassignments to vacant positions, and administer any necessary layoffs according to Civil Service rules. For instance, due

to diligent planning and teamwork by LHH and SFGH nurse managers and HR staff, 18 Certified Nursing Assistants (CNAs) were successfully oriented and transitioned from LHH to SFGH in June 2008. This coordination allowed DPH to retain well-trained staff without a break in service, and simultaneously support LHH's budget reduction at the end of the fiscal year and SFGH's need for qualified CNAs.

DPH-wide Performance Review and Training

The DPH continued to improve its performance evaluation program, with SFGH and LHH both achieving 90 percent completion rates for annual performance evaluations last FY.

A number of important DPH-wide trainings occurred in FY 2007-08. All of DPH's supervisors completed harassment prevention training, in compliance with California law. In addition, all City employees were assigned disaster service worker training, and 82 percent of staff had completed this training by the end of the fiscal year.

Trainers from various divisions of DPH worked together to launch a universal training calendar for employees, accessible from the DPH's intranet. This training link provides information about DPH-specific trainings, tuition reimbursement opportunities, and educational opportunities available through the City's Department of Human Resources, City College, and the SEIU UHW-West and Joint Employer Education Fund.

DPH's Human Resource Services began publishing a quarterly newsletter, *The Source*, to provide employees and managers with information on policy changes and best practices related to HR Operations, Labor Relations, Merit Services and Equal Employment Opportunity. Staff also collaborated with the City's Department of Human Resources to offer a number of on-site trainings to DPH employees, such as conducting performance appraisals and providing customer service.

Pipeline Internship Program for High School Students

After the success of our pilot internship project last fiscal year, DPH offered a second summer internship program for high school students. This project is sponsored by DPH's Community Health Promotion & Prevention and Human Resource Services in collaboration with the San Francisco Unified School District's School-to-Careers Office and the Hekima Project at Southeast Community College. This year, DPH matched 18 high school students interested in health and information technology careers to DPH employee/mentors for a six-week internship that included job shadowing, assignments and career exploration.

Public Health Laboratory Hosts Interns

The SF Public Health Laboratory hosted three post-baccalaureate students for training and scientific projects the past fiscal year. A second year University of California at Berkeley Masters in Public Health student compared the sensitivity of a nucleic acid amplification method (PCR) to culture for the detection of Methicillin Resistant Staph aureus (MRSA). Other projects taken on by the interns included the compilation of true cost for several laboratory tests, such as the QuantiFeron, and investigation of several methods for detecting acute HIV infection. In addition, with the assistance of an American Public Health Laboratory Fellow, the lab took on an applied research project to

establish a molecular method to monitor for drug resistant syphilis and gonorrhea strains in the community.

Workforce Development, Education, and Training

The Planning Process for the County of San Francisco's Workforce Development, Education and Training (WDET) component of the Mental Health Services Act was led by a working committee comprised of county employees, consumers, family members, representatives from community-based organizations and educational institutions. This committee was tasked to develop programs that would:

- actualize the recommendations of the Community Service and Supports 2005 committee;
- provide mental health educational opportunities to existing and potential employees;
- address cultural and linguistic gaps in the mental health system;
- encourage high school students and young adults to pursue careers in the mental health field;
- provide support for implementation of recommended programs and activities; and
- leverage existing resources such as CSS programs and activities and State initiatives.

The San Francisco Three Year Program and Expenditure Plan was submitted to the California Department of Mental Health at the end of the fiscal year. Subsequent to the conclusion of the planning process, DMH released an additional \$110 million to augment the WDET funding. San Francisco County received an additional \$2,026,590 increasing the total to \$3,950,000. This augmentation will support programs and services that were identified as a priority need by CBHS Administration and those that were recommended by the planning committee.

LHH Training Opportunities Expanded

Sixty-five Certified Nursing Assistants (CNAs) from LHH and three CNAs from SFGH 4A successfully completed a 16- hour Restorative Nursing Program Certification Course. Classes were held in January and February 2008. The course was held at LHH and funded through a grant in partnership between City College of San Francisco, Laguna Honda Hospital and the Regional Health Occupations Resource Center, Interior Bay Region. The faculty consisted of a joint team between City College of San Francisco and LHH nursing educators. This training is designed to provide skills for the CNA to assist residents in attaining and/or maintaining their highest level of function. The graduates received their certificates and pins from Quality Care Health Foundation of California.

In August 2007, LHH began a City College of San Francisco course on computer applications. The course focused on fundamentals of word processing, creating and using spreadsheets, doing presentations, managing personal information and communication via e-mail. The class met weekly until December 2007 for a total of 45 instructional hours. The class was very popular as 41 participants registered, including staff and volunteers.

OBJECTIVE**Determine service levels by need rather than by availability of funding****Substance Abuse Prevention Services Strategic Plan**

The City and County of San Francisco submitted a five-year Substance Abuse Prevention Services Strategic Plan to the State DPH of Alcohol and Drug Programs. The Strategic Plan is a result of a two-year community planning process that involved youth, families, public agency partners and community-based providers. The plan provides a broad framework that will guide SF substance abuse prevention services. The plan is designed to be a living document that is responsive to new challenges that may arise in substance abuse prevention, such as the recent methamphetamine epidemic. There are four major focus areas under the plan based on an extensive community needs assessment conducted during the planning process. These 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. Substance abuse prevention providers will be asked to meet new objectives in FY 2007-08, such as engaging young people twice per year to better understand youth attitudes toward alcohol and drugs and conducting an inventory of current practices to determine the most promising practices in preventing substance abuse.

Ensure the public health infrastructure**Rebuild of San Francisco General Hospital Medical Center**

There must be a viable plan for rebuilding San Francisco General Hospital Medical Center by 2015 to meet California seismic safety regulatory requirements for acute care hospitals. The requirements were a direct response to the 1994 Northridge earthquake, which damaged many hospitals; several required temporary closures and eventual replacement. If there is no plan for having a seismically safe hospital by 2015, SFGH will have to close by 2013.

Since 2006 the City has spent \$25 million and two years completing programming, initial design, environmental, geotechnical, and other planning studies. As a result, we have a solid understanding of the space needs, design goals and, most important, the cost of the building. We also have implemented the Integrated Project Delivery Method, approved by the Board of Supervisors, to establish early communication and collaboration among the design professionals and the construction contractors. This will minimize delays and disagreements between the design professionals, manufacturers, and contractors and ultimately keep project costs within the current estimates. Timelines for the project call for utilities relocation and replacement starting in the summer of 2009 and construction of the new building beginning immediately thereafter in the fall of 2009. The hospital would be open for business at the start of 2015.

The following was completed with the \$25 million dollar allocation this past year:

- Site feasibility study;
- Space programming and institutional master plan (IMP) completed;
- Fiscal feasibility ordinance approved;
- Project manager and team hired;
- Board of Supervisors approval of design assist contract delivery;
- Design team chosen and schematics complete;
- Geotechnical studies completed;
- Expedited OSHPD State review;
- Contractor selected and cost estimates completed;
- Planning Commission approval of EIR and General Plan referral;
- Art Commission Design Review first phase complete;
- Capital Planning Committee approval of the bond; and
- Unanimous Board of Supervisors project approval.

The proposed hospital will be built on the West Lawn of SFGH's Potrero Campus and will be a total of nine stories, with seven above ground. The lower floors include a rectangular diagnostic and treatment podium while floors two - seven are curvilinear and comprise the patient bed tower. It will connect to the existing building both underground and above ground. The gross square footage of the building will be approximately 442,350 square feet, with a total capacity for 284 acute care beds.

An 887.4 million General Obligation Bond to rebuild the hospital qualified for the November 2008 ballot. While the cost of the rebuild is substantial, the hospital is a cost-effective and productive acute care facility. DPH estimates that if SFGH were forced to close, in order to provide this state-mandated care elsewhere in the City (assuming it were available), the City would be required to pay a subsidy of over \$185 million to other hospitals for this care, which exceeds the existing annual general fund support by approximately \$76 million.

If the bond is approved in November, the new SFGH will provide a structure that is seismically safe, cost-efficient, providing efficient and patient-centered care and serving the health care needs of the city for decades to come.



Laguna Honda Replacement Project

The first half of 2008 was a significant time for LHH Replacement Project planning that included: definite move plans, specific budgetary requirements, and refinement of other major project elements. Collaboration among all key participants continues to ensure a successful transition into the new hospital.

- **Construction Update** – Construction on all three buildings was over 60% complete by the end of the fiscal year. Although the overall project schedule is currently tracking twelve months late, the team is making every effort to not stay on the current schedule. The doors to the new buildings will open in late 2009.
- **South, East, and Link Buildings** – The exterior shell of the South Residence and Link Buildings are nearly complete and the window installation is underway. Waterproofing and lathing for stucco began in February. Installation of the interior wall framing continues in the Link and South Residence Buildings and Mechanical, Electrical and Plumbing installation is underway in all three buildings.
- **Knuckle Building** – The Knuckle Building now has concrete floors and the Mechanical, Electrical and Plumbing for the new kitchen and cafeteria is installed and the interior wall framing is completed.
- **Furniture, Fixtures & Equipment (FFE)** – FFE consultants are working with hospital staff and the Replacement Team to prepare to purchase new furniture and medical equipment for the new building.

The Construction-Operations Committee continues to meet weekly to coordinate all construction-related activities on the campus to ensure a safe environment, uninterrupted operations, and to facilitate rapid completion of the construction work. During the first half of 2008, the Committee's work focused on advancing the remodel work in the Main Building while assuring coordinated logistics of all new construction throughout the campus.



Retrofit and Make Primary Care Centers ADA Compliant

The Integration Steering Committee's Capital Integration Subcommittee developed a ten-year master capital calendar to ensure all current and upcoming projects are identified. The retrofitting of existing primary care centers continued this year with the following accomplishments:

- Silver Avenue – New elevator, five new exam rooms, and new registration area. Project complete.
- Tom Waddell – New elevator and fire alarm and electrical work. Project complete and under budget.
- Castro/Mission – Group medical room and new elevator and ADA work. Project complete.
- Chinatown Health Center – First phase of the project completed. This included a new registration area and second floor restrooms. Phase two of the project is in the design phase.
- Southeast Health Center – ADA work. The project is under construction.
- Ocean Park – Project under construction 40 percent complete. This includes ADA upgrades, new elevator and restrooms.
- Potrero Hill Expansion – Two new exam rooms, new community room and two counseling rooms. Will go to bid September 2008.
- STD City Clinic – ADA, elevator and patient care. Project in design phase.
- Maxine Hall – Initial retrofit project complete. This included five new exam rooms, HVAC system and ADA upgrades. Phase two renovation is installation of an elevator. The study has been completed.
- North of Market – Four new exam rooms, seismic upgrade, new registration. Project complete.

OBJECTIVE

Maximize external funding sources (e.g., grants, fees, federal financial participation)

Multiple SFGH Initiatives Funded by Grants in FY 2007-08

Gordon and Betty Moore Foundation: \$1.6 million to fund a mobile data center to alleviate conditions in the hospital's overcrowded and underpowered data center which houses most of the hospital's computer servers. The "data center in a box" will allow the hospital to support the replacement of critical care systems and a new materials management system until a new data center can be built.

Avon Foundation: \$1,250,000 to the Hematology, Oncology and Radiology Departments at SFGH to provide screening, treatment, navigation, support services, access to trials and outreach to low-income women who are at high risk of breast cancer or who currently have the disease.

Gordon and Betty Moore Foundation: \$625,000 for the implementation of an electronic medication administration system, a patient safety item that allows staff to enter medication orders electronically then chart the medications without rewrites.

Kaiser Permanente Community Benefits Program: \$400,000 for the Prevent Heart Attacks and Strokes Everyday (PHASE) initiative. The PHASE project will fund strategies in the General Medical Clinic, Family Health Center, Ocean Park Health Center, and Chinatown Public Health Center to prescribe a combination of pharmaceuticals and promotion of healthy lifestyle choices. The grant will fund the establishment of the PHASE pilot sites, training curriculum for those clinics' staff, and the development of a more comprehensive tracking system for patients enrolled in the project.

Kaiser Permanente Community Benefits Program: \$150,000 to expand quality improvement programs at the hospital, including patient safety initiatives of preventing Central Line Infections, Ventilator Associated Pneumonia, and Surgical Site Infections, expanding the i2i Chronic Disease Registry, and expanding users for Performance Logic, the Project Management and Data Dashboard tool.

Mount Zion Health Fund: \$75,000 over two years in support of Cancer Awareness Support Education (CARE) program to provide Cantonese and Spanish education and support groups for SFGH cancer patients.

The San Francisco Foundation: \$50,000 in support of Cancer Awareness Support Education (CARE) program to provide English, Cantonese and Spanish education and support groups for SFGH cancer patients.

Richard & Rhoda Goldman Foundation: \$50,000 in support of hiring a new bilingual Options Counselor at the Women's Options Center.

Mimi and Peter Haas Fund: \$30,000 to provide staff administrative and social worker staff support for the Bay Area Perinatal AIDS Center (BAPAC).

California Pacific Medical Center 2008 Community Health Programs: \$25,000 to the SFGH Family Health Center Grant for its Health Coaches for Youth Program to expand the adolescent and young adult clinic and to incorporate health coaching into work with young people, particularly vulnerable and underserved groups such as foster care youth aging out of children's services.

National Alliance for the Mentally Ill (NAMI) Walkathon Participation

CBHS Cultural Competence and Client Relations participated in another year of walking together in the 2008 NAMI walkathon. The walk helps raise money and awareness for people with mental illness. CBHS has participated in NAMI walks since the first walk in 2005. The team With Us, We Can, raised a total of \$1500 in donations from co-workers, family and friends, and two bake sales.

On walk day the team of 15 walkers showed up early at Golden Gate Park Speedway Meadows San Francisco, with team t-shirts ready to walk. The walk acknowledged those in their fight with mental illness, sponsors of the walk, team captains, and steering committee members.

Dependency Drug Court Grant

Community Behavioral Health Services (CBHS) received a competitive grant award of \$287,177 from the California Department of Alcohol and Drug Programs to establish a dependency drug court (DDC) in family courts. The DDC is a new collaboration of DPH, Superior Court and the Human Service Agency/Child Welfare Services. Parents who have been served with a child abuse or neglect petition and who have an alcohol or other drug problem are eligible for the specialized court. The objectives of the program are to:

- achieve good alcohol and drug treatment outcomes;
- reduce child out of home placement time;
- reduce time to family reunification;
- reduce the incidence of failed family reunifications and
- to stabilize families into long term supportive networks and housing.

Shape Up San Francisco Coalition Wins Two Grants

The Shape Up San Francisco Coalition received a \$500,000 Safe Routes to School grant to run from September 1, 2007 through August 30, 2009. Leading this grant is the Community Health Promotion and Prevention unit with partners from the SF Unified School District; Department of Children, Youth and Families; San Francisco Police Department, Municipal Transportation Authority and the Bicycle Coalition.

The goals of this grant are to:

- Increase bicycle, pedestrian, and traffic safety around schools
- Decrease traffic congestion around schools
- Reduce childhood obesity by increasing number of children walking and biking to school
- Improve air quality, community safety and security, and community involvement around schools



In addition, the Shape Up Coalition was awarded a \$60,000 *Healthy Eating Active Living Community Health Initiative* Grant by San Francisco Kaiser Permanente. The grant supports the work of Bret Harte Elementary Parents group and the Alice Griffith Housing Residents group to assess their neighborhood and identify ways in which they can create changes that will support healthy eating and active living environments. The grant supports changes proposed by the community members, and will be leveraged to identify other funding sources. Grant activities will commence in September.

Maternal Child Adolescent Health (MCAH) Grant

In a survey of women of childbearing age in the US only seven percent knew folic acid should be taken before pregnancy in order to prevent birth defects. In March 2008, MCAH Family Planning Preconception Health Program was awarded a grant in the amount of \$343,000 for a three year period, from the Vitamin Settlement Fund to provide multivitamins & folic acid to women of reproductive age within DPH Primary Care Clinics and the Consortium Clinics. The funds will also be used to train Primary Care Providers about preconception and interconception practices and develop a public awareness campaign targeting African American, Latino and Chinese communities to improve birth outcomes.

OBJECTIVE

Maintain efficiency throughout the DPH

Transfer of Disaster Registry Program (DRP) Data to the Human Services Agency

Starting April 15, 2008, the DRP data was transferred with the permission of the program’s clients to the Human Services Agency, which maintains a data base of vulnerable patients who need home health services to be continued in time of disaster. This change reduced the duplication of database services that had previously existed and allows DPH to assist contract providers to improve their own internal disaster plans and ability to provide support for their program’s clients with the overall goal of reducing need for City services for these persons following a disaster.

Transfer Laboratory Functions from SFGH to Public Health Lab

Gonorrhea and Chlamydia testing previously done at the SFGH clinical lab was transferred to DPH Laboratory to maximize efficiency and resources. The DPH Lab has the capacity to run several hundred specimens per day. In addition, testing for acute HIV infection was expanded to a number of clinic sites. The impressive statistics for the fiscal year are listed below.

Statistics for the Public Health Laboratory

Lab Test	Number of Specimens
TB Testing	2,675
Chlamydia & Gonorrhea Testing	49,019
Syphilis Serology	20,074
Latent TB Screening	8,465
HIV Screening	7,574
HIV Viral Load	10,025
Rabies	95

Online Census Pilot

In November 2007, Laguna Honda began piloting the online census management functionality in the Invision system. The positive change includes capturing relocations, discharges, admissions, and other bed census management functions on-time and real-time. Currently, these bed census activities, if occurring after business hours and on weekends/holiday, are not entered in the system until the next business day. The goal is to implement throughout the Hospital as the total number of computers per unit are increased to two.

New Pharmacy Software at Laguna Honda Hospital

In July 2007, LHH implemented its new user friendly Pharmacy software, QS/1. This long-term care pharmacy software offers state-of-the-art functionality for prescription processing, pharmacy billing and clinical checking for allergies and drug interactions. It also allows the hospital to move forward with plans to integrate new technology into its medication safety programs. The implementation allows staff to improve their ability to perform clinical checking, streamline workflow, ensure linkage with billing and run reports. The successful install was a joint effort between the Pharmacy, Information Systems and Finance Departments.

In November 2007, the hospital went “live” with a unit dose pharmacy packaging machine and began piloting the new packaging on unit F6. The new machine packages medication tablets and capsules into individualized bar coded, unit of use doses. Because it is interfaced with each resident’s prescription profile in the QS/1 pharmacy software, it allows for highly accurate and efficient processing of prescription refills. Not only does this make the distribution and administration of medications safer, it also allows the pharmacy to reduce the supply of medications on the nursing units from thirty to seven days. As a result, there is less drug wastage from discontinued or changed prescriptions. The packages are bar coded with an eye on the future.

e-Referral Reduces Wait Times in Clinics

San Francisco General Hospital has reduced wait times in almost every clinic with the implementation and expansion of e-Referral, including a reduction by more than 50 percent in the Rheumatology and Endocrinology Clinics.

OBJECTIVE

Increase use of benchmarks to compare DPH activities to local, state and federal standards

Lewin Benchmarking Study of SFGH

The Lewin report commissioned by the San Francisco Controller’s Office compared San Francisco General Hospital (SFGH) with comparable Bay Area, California and national public healthcare delivery systems across measures designed to assess efficiency and effectiveness. After analyzing key metrics including capacity and utilization, financial performance, patient characteristics, presence of residency training programs, and trauma center designation, Lewin selected five benchmark health systems: Alameda County Medical Center (San Francisco Bay Area); Santa Clara County Medical Center

(California); Riverside Regional Medical Center (California); University Medical Center (National: Las Vegas, Nevada); Denver Health (National: Denver, Colorado). All of the benchmarks are hospitals with over 300 beds, staffed by county employees, home to trauma centers and graduate medical education residency training programs, and serve a disproportionate share of Medicaid patients (greater than 31 percent of total discharges).

The benchmarking analysis found that overall, SFGH performs efficiently and effectively compared to the benchmark providers. In particular, the analysis highlighted SFGH's high relative levels of performance related to inpatient clinical quality, cost of inpatient care, and patient revenue cycle management. This was achieved despite SFGH's high occupancy rate (97 percent) and aging physical plant. See Chapter 8 for more details of the results of this analysis.

Public Health Laboratory Hailed in Peer-Review Journals

Several articles were published this year in peer-review journals on findings from projects undertaken in the Public Health Lab. These were published in the Journal of Clinical Microbiology and Journal of Medical Microbiology and were on new Rapid HIV Test systems and testing for azithromycin resistant syphilis.

Center for Science in the Public Interest Evaluates Big City Food Safety Programs

In the summer of 2008, the Center for Science in the Public Interest released a study of food safety in 20 big cities in the United States, including San Francisco, Boston, New York, Seattle, and Los Angeles. The report, entitled "Dirty Dining," analyzed routine inspection reports from 30 randomly selected restaurants in each locality and evaluated each localities procedures for public disclosure of inspection findings. Based on their analysis, San Francisco restaurants had among the lowest rates of observed critical food safety violations. The report also found that relative to the studied cities, San Francisco food inspectors had a lower than average inventory of food facilities. Many of the recommendations provided in the Center's report, including standardization of food inspection practices, adoption of the 2005 food code, multi-lingual training of restaurant employees, a risk-based inspection schedule, and restaurant scoring based on violation severity, are practices that have already been implemented by DPH. The report also advocated for the posting of food safety grades in windows, which is something that has not yet been required in San Francisco.

OBJECTIVE

Increase the use of data to guide program development, reorganization, reprioritization, reduction or elimination, and to assess the impacts of programs on health status

COPC Redesign

The COPC Health Centers have established a centralized New Patient Appointment Unit to facilitate more efficient new patient scheduling. This is being done in conjunction with the initiation of a two-year Patient Visit Redesign project, funded through the Controller's Office, to expand improvement opportunities in clinic patient through-put and staff productivity and satisfaction by both staff and patients. In concert with the

implemented the Incredible Years, an evidence based parent training program, in five sites across the city. Early results demonstrate that the program is clinically effective in reducing externalizing behavior problems of children with serious behavior problems. The Academy also implemented the use of the CANS, an evidence-based assessment protocol, to assess the behavioral health needs of children removed from their homes by the foster care system. Use of the CANS has reduced these foster children's wait time for mental health services by more than 50 percent, since its introduction in March of 2008. The Training Academy is working with stakeholders to build on these successes in the coming year. Specific activities planned include rolling out the CANS system-wide, expanding the Incredible Years program to additional agencies, and implementing an evidence-based trauma-focused treatment program for children affected by traumatic events.

Dialectical Behavioral Therapy (DBT) Performance Improvement Project

In FY 2007-08 a team of administrators and providers from CBHS launched Dialectical Behavioral Therapy as one of CBHS's Performance Improvement Projects. DBT is a modification of cognitive behavioral therapy. DBT is a treatment designed specifically for individuals with self-harm behaviors, such as self-cutting, suicide thoughts, urges to suicide, and suicide attempts. Many clients with these behaviors meet criteria for a disorder called borderline personality. It is not unusual for individuals diagnosed with BPD to also struggle with other problems -- depression, bipolar disorder, post-traumatic stress disorder (PTSD), anxiety, eating disorders, or alcohol and drug problems. DBT clinician teams were formed from provider volunteers. These teams received high-level evidence-based practice training. These DBT treatment teams, along with a number of ancillary service providers, will be coordinated together to create a DBT focused University of Nevada at Reno.