

SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

2009-2010 ANNUAL REPORT



This Report Was Not Printed or Paid for at Public Expense
Report Can Be Found Online at
www.sfdph.org
415-554-2500



Our Mission

The Mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

The San Francisco Department of Public Health shall:

- **Assess and research the health of the community**
- **Develop and enforce health policy**
- **Prevent disease and injury**
- **Educate the public and train health care providers**
- **Provide quality, comprehensive, culturally-proficient health services**
- **Ensure equal access to all.**

Visit the San Francisco Department of Public Health at www.sfdph.org

415-554-2500

Table of Contents

Message from the Director.....	2
Health Commission.....	5
Reporting DPH Progress Toward Achieving Ten Citywide Health Goals.....	8
Goal 1 Increase Access to Quality Medical Care.....	10
Goal 2 Increase Physical Activity and Healthy Eating to Reduce Chronic Disease.....	21
Goal 3 Stop the Spread of Infectious Disease.....	25
Goal 4 Improve Behavioral Health.....	34
Goal 5 Prevent and Detect Cancer.....	45
Goal 6 Raise Healthy Kids	48
Goal 7 Have a Safe and Healthy Place to Live.....	54
Goal 8 Improve Health and Health Care Access for Persons with Disabilities.....	58
Goal 9 Promote Healthy Aging.....	64
Goal 10 Eliminate Health Disparities.....	69
Appendices.....	75
Appendix 1 DPH Organization.....	76
Appendix 2 Patient Demographics.....	84
Appendix 3 Budget.....	110
Appendix 4 California Legislative Initiatives.....	118

Message from the Director



I am pleased to present the fiscal year 2009-10 Department of Public Health Annual Report. After twenty years in the Department, over thirteen as Director of Health, I will be leaving DPH the first week of January to become the Director of the Los Angeles Health Services Department.

Being the Director of this Department has been a tremendous honor and joy. We have accomplished so much together.

My having been asked to run the Los Angeles system, the 2nd largest safety net system in the country, is a testimony to our great successes here. We are known as one of the best public health systems in the country.

I wanted to take this opportunity to recap some of our many accomplishments. I am proudest of our creation of Healthy San Francisco (HSF). HSF is a universal comprehensive health care coverage program that by the end of fiscal year 2009 -10 had enrolled over 53,400 uninsured residents. This represented a 24% increase compared to enrollment at the end of 2008-09. With 53,400 participants, HSF is providing needed access to health care for 89% of the estimated 60,000 uninsured adult residents. HSF ended the 2009-10 fiscal year, with 32 medical homes. In July 2009, Kaiser Permanente, a health plan, joined the network of providers delivering services to HSF participants. In addition, a long-standing community provider, North East Medical Services, opened up a new health clinic site in May 2010 which will provide services to HSF participants. An independent evaluation by Kaiser Family Foundation found that a remarkable 94% of respondents were satisfied with the program.

One of my focuses as Director was to rebuild the infrastructure of our healthcare system. This included passing a bond to rebuild both of DPH's hospitals, the aging Laguna Honda Hospital and Rehabilitation Center, and a bond to build a seismically safe San Francisco General Hospital and Trauma Center. In addition, we completed upgrades on all of the Department's Community Oriented Primary Care Centers.

It is with great joy that I can report Laguna Honda Hospital welcomed 748 residents into the new buildings December 7, 2010. Laguna Honda Hospital & Rehabilitation Center now provides a complete continuum of long-term healthcare services, encouraging rehabilitation and independent living.

The bond to build a new San Francisco General Hospital, Proposition A was passed by the voters during tough economic times. \$25 million in General Fund support went into the planning and preparation, including completion of the Environmental Impact Report before the election. Because of this extensive pre-work, groundbreaking took place in 2009, less than 10 months after the certification of the election, thereby saving tax payers' money. The \$887.4 million bond has already put people to work on a new seismically safe hospital building that is scheduled to be complete by 2015. This building

will provide much needed space to the only Level 1 Trauma Center in the region, including extra capacity for psychiatric emergency care and general emergency care.

The Department's Capital Integration committee developed a ten-year master capital calendar to prioritize projects. The retrofitting of the community oriented primary care centers and making them ADA compliant was a priority for the capital project planning. Most of the centers received new elevators, group rooms, and fire safety improvements. The Department undertook significant renovations in five of its health clinics; Silver Avenue, Maxine Hall, North of Market, Castro Mission and Potrero Hill Health Center, to expand clinical capacity to service more patients by increasing the number of examination rooms at these clinics.

The San Francisco Health Department was the first health department in the country to provide housing for our patients. The Direct Access to Housing (DAH) program has become a national model. Prior to DAH, homeless clients obtained housing by first going into shelters, then obtaining medical care, then becoming sober, then obtaining mental health services, and finally being placed on waiting lists for housing. By directly placing homeless persons in housing better outcomes are obtained without higher costs (savings in emergency visits and hospitalization days compensate for the cost of housing). Currently 996 persons with medical problems were placed in DAH housing directly from homelessness.

I am very proud of the fact that in 2009 San Francisco became the first county in the United States to ban the sale of tobacco at pharmacies. The sale of tobacco at a health promoting business sends the wrong message to non-smokers, especially young people. The ban has been replicated in three localities in Massachusetts and a city in California.

These are a few of the many successes we have achieved working together. All of our accomplishments can be directly credited to the committed and talented staff at the Department of Public Health. I am grateful for their enduring commitment to this public health mission that we share and thank them once again for their on-going support for our patients, our programs and, most important of all, for each other.

Change is difficult, but I know I leave the Department in capable hands as I move on to my new position in Los Angeles. I have worked with Barbara Garcia, the incoming Director of Health, for fifteen years. As Deputy Director of Health for thirteen years she ran the Community Programs side of DPH. Barbara's transition to Director will be seamless because she knows how the City operates and she knows the Department inside and outside. We are very lucky to have someone so talented and committed assume this important role. DPH is a resilient organization, and I know the capable staff who keep the Department running will step up to help Barbara succeed in her new role.

In addition to recognizing the staff at the Department of Health, I want to acknowledge the visionary leadership of our policy leaders. We are lucky to have a Mayor, Board of Supervisors, and the San Francisco Health Commission who understand the health needs of the community and support our efforts to fill these vast needs.

It has been a tremendous honor to serve as Director of Health for the best Department of Public Health in the nation. Those of you who know me know I don't like goodbyes. I will in the same State, on the same coast, working on the same issues: how to provide quality care, how to support health communities, how to prevent disease. I am proud of all we have accomplished in my tenure as Health Director and I thank each and every one of you for all the support you have given me and my family.

Mitchell H. Katz, M.D.
December 2010

The San Francisco Health Commission



James M. Illig, President



David Sanchez Jr, PhD
Vice President



Margine Sako



Sonia Melara, MSW



Edward Chow, MD



Steven Tierney, EdD



Catherine Waters, RN, PhD

As the governing and policy-making body of the Department of Public Health, the San Francisco Health Commission is mandated by City & County Charter to manage and control the City and County hospitals, to monitor and regulate emergency medical services, and all matters pertaining to the preservation, promotion, and protection of the lives, health and mental health of San Francisco residents. The Health Commission meets the first and third Tuesday of the month, 4:00 p.m. in Room 300 of 101 Grove Street.

James M. Illig, President

Commissioner Illig is the Director of Government Relations for Project Open Hand and has extensive experience in San Francisco's non-profit, social service community as an executive director and program manager. He was appointed to the Health Commission in 2004. Commissioner Illig is a member of the Laguna Honda Hospital Joint Conference Committee, Finance and Planning Committee, and Community and Public Health Committee (ex officio), and Vice President of the Governing Board of the In Home Supportive Services Public Authority.

Edward A. Chow, M.D., Vice President

Commissioner Chow is a practicing internist and is the Medical Director for the Chinese Community Health Plan and Executive Director of the Chinese Community Health Care Association. He is also a member of the Board of Directors of the Institute of Medical Quality (IMQ), a subsidiary of the California Medical Association. He is serving his fifth term on the Health Commission and is currently chair of the San Francisco General Hospital Joint Conference Committee and a member of the Health Commission Finance and Planning Committee.

Sonia Melara, MSW

Sonia Melara is the Executive Director of Rally Family Visitation Services of Saint Francis Memorial Hospital. She serves on the part-time faculty of San Francisco State University's School of Social Work. Commissioner Melara is chair of the Laguna Honda Hospital Joint Conference Committee. She was appointed to the Health Commission in 2008.

Margine A. Sako

Margine Sako is the Executive Director of the St. Mary's Medical Center Foundation. She served as Mayor Willie Brown's liaison to the Department of Public Health with a focus on universal healthcare and hospital acquisition. She was appointed to the Health Commission in 2008. Commissioner Sako is the chair of the Community and Public Health Committee and is a member of the Laguna Honda Hospital Joint Conference Committee.

David J. Sánchez, Jr., Ph.D.

Commissioner Sánchez is Professor Emeritus at University of California, San Francisco. Commissioner Sánchez is a member of the San Francisco General Hospital Joint Conference Committee and a member of the San Francisco General Hospital Foundation Board. He has also served on the San Francisco Board of Education and the Community College Board, the San Francisco Police Commission, and is Trustee Emeritus of the San Francisco Foundation. He has served on the Health Commission since 1997.

Steven Tierney, Ed.D.

Steven Tierney is Professor and Program Director for the Community Mental Health Program of the California Institute of Integral Studies. He was a member of the Board of Health and Hospitals for the City of Boston for 15 years. Tierney is the President of the California Mental Health Counselors Association. Commissioner Tierney is chair of the Health Commission Finance and Planning Committee. He was appointed to the Health Commission in 2008.

Catherine M. Waters, RN, Ph.D.

Catherine Waters is a Professor in the Department of Community Health Systems at the University of California, San Francisco School of Nursing. Her community-based research focuses on preventative healthcare and advancing public/private community partnerships. Commissioner Waters is a member of the San Francisco General Hospital Joint Conference Committee, the Community and Public Health Committee and is also the Health Commission representative to the San Francisco Health Plan. She was appointed to the Health Commission in 2008.

Mark Morewitz, MSW, Health Commission Executive Secretary

Since 1992, Mark Morewitz has worked as an administrator, social worker and as a consultant to the Department Public Health. Through these different roles, he has gained a broad range of relevant experience in public health policy, service planning, contracting, and organizational development.

Fiscal Year 2009- 10 Health Commission Resolutions

- Resolution 10-09 Resolution Declaring Findings on the California Pacific Medical Center Institutional Master Plan.
- Resolution 11-09 Urging the Mayor and The Board of Supervisors to Protect the Department of Public Health from Additional Cuts Due to State Budget Reductions
- Resolution 12-09 Urging Congress to Include a Public Option in Healthcare Reform Legislation
- Resolution 13-09 Urging Congress to Approve the Three-Year Ryan White HIV/AIDS Treatment Modernization Act Reauthorization Before September 30, 2009
- Resolution 14-09 Resolution Commending Conard House On Its 50th Anniversary
- Resolution 15-09 Joining Californians Allied for Patient Protection (CAPP) and Urging the City to Oppose any Legislation that Would Revise the Medical Injury Compensation Reform Act (MICRA) to Impede Access, Increase Healthcare Costs, and Divert Healthcare Dollars from Patient Care
- Resolution 16-09 Protecting a Sustainable System of Care During Ongoing Fiscal Crisis
- Resolution 17-09 New Health Commission Committee Structure
- Resolution 1-10 Resolution to Adopt the Ten Goals of the San Francisco Health Report Card as the Health Goals for the Department of Public Health
- Resolution 2-10 Resolution Memorializing the Agreements Reached By the Health Commission and the California Pacific Medical Center Regarding Its Institutional Master Plan
- Resolution 3-10 Endorsing the 2010 San Francisco HIV Prevention Plan and the Department of Public Health's New Direction for HIV Prevention
- Resolution 4-10 Honoring Public Health Week April 5-9, 2010
- Resolution 5-10 Approving the Submission of the Department of Public Health's Budget for Fiscal Year 2010-11
- Resolution 6-10 Priorities for Making Final Funding Decisions for FY2010-2011
- Resolution 7-10 Resolution of Commitment to Trauma Care at San Francisco General Hospital and Trauma Center
- Resolution 8-10 Approving an ordinance amending Article 31 of the Health Code to extend to the entire Hunters Point Shipyard area the special permit processing requirements that now apply to Hunters Point Shipyard Parcel A to address potential residual contamination, imposing fees to administer this Article , amending Sections 804 and 1227 of the Health Code to make conforming amendments; and approving amendments to the Regulations implementing the proposed ordinance; and adopting CEQA findings, including a statement of overriding considerations and a mitigation monitoring and reporting program, in furtherance of the Candlestick Point and Phase 2 of the Hunters Point Shipyard Redevelopment Project.

Reporting DPH Progress Toward Achieving Ten Citywide Health Goals

The Charity Care workgroup, which grew out of Board of Supervisors Ordinance Number 163-01, and Building a Healthier San Francisco (BHSF) which was established in 1994 to meet requirements set forth in Senate Bill 697 merged in 2008 to form the San Francisco Community Benefits Partnership (CBP) designed to maximize both change and efficiency through high-level discussion. The CBP seeks to harness the collective energy and resources of San Francisco's private non-profit hospitals, City departments (Public Health and Human Services), community clinics, health plans, and non-profit providers and advocacy groups to improve the health status of San Francisco residents.

The CBP began the process of integrating performance measures tracked by SF hospitals and community based clinics, mapping community assets, and using evaluation-based criteria to set a course of data-driven and outcome-based decision making. The CBP wanted a product that would improve the health of all San Franciscans by serving as a dynamic tool to evaluate progress of health interventions, assess health care needs, and help guide health policy in San Francisco.

In 2007, to fulfill the requirements of SB 697, BHSF launched the website Health Matters in SF, www.healthmattersinsf.org that functions as an active countywide needs assessment highlighting four priority areas:

- Improve Access to Care
- Prevent Chronic Disease and Increase Wellness
- Reduce the Incidence of Communicable Disease
- Engage in Violence Prevention

As part of the 2010 Community Needs Assessment, the CBP focused on the development of Community Vital Signs—a dynamic portal to the community's priority health issues, and associated community resources, hosted on the Health Matters website. Community Vital Signs acts as both a measurement tool for San Francisco's health goals and the infrastructure for community collaborations working to address these goals.

The CBP identified ten priority health goals for San Francisco by enhancing the four priority areas developed during the 2007 Community Needs Assessment. These were vetted and approved in November 2009 at a Community Stakeholder meeting with over 75 participants representing a cross-section of expertise in health and human services. The health goals were adopted by the San Francisco Health Commission on February 2, 2010.

These goals, tracked through the Community Vital Signs on the Health Matters in San Francisco website are listed below:

- Increase Access to Quality Medical Care
- Increase Physical Activity and Healthy Eating to Reduce Chronic Disease
- Stop the Spread of Infectious Diseases
- Improve Behavioral Health
- Prevent and Detect Cancer
- Raise Healthy Kids
- Have a Safe and Healthy Place to Live
- Improve Health and Health Care Access for Persons with Disabilities

- Promote Healthy Aging
- Eliminate Health Disparities

The CBP has encouraged each San Francisco hospital to use these ten goals as the framework to track their own performance by creating institution specific, 'Health Report Cards'. DPH is the first agency to attempt development of this tool. The Health Commission's Finance and Planning Committee reviewed an early draft of the Report Card October 5, 2010. Staff proposed three to five draft indicators per goal to grade DPH progress. The Health Commission provided valuable input and directed staff to go back and to refine the indicators focusing on budgetary and policy priority areas within the Department. In February 2011, the Commission will approve the 30 – 40 indicators for the first DPH Report Card. Annually, DPH will report on progress toward the goals as part of the Annual Report. The Report Card will summarize the Department's strengths and weaknesses, and in doing so inherently outlines future priorities. Most importantly, it will serve as a standard against which our progress will be measured.

The Report Card complements the Annual Report, and together a broad picture of the Department – both past and future – will develop. This year the Annual Report is focused on the ten health goals, with the programmatic activities related to each goal. In future years, the indicators will be tracked per goal as part of the Annual Report. It is our intention to also include an easy to use pull out with the Annual Report that lists the ten goals and the Department's progress in each area. We hope it will provide a useful tool and guide as we strive to "protect and promote the health of all San Franciscans".

Goal 1 Increase Access to Quality Medical Care

One's ability to take care of our physical health needs, and a perception that one can easily and efficiently access medical care, are critical determinants of overall health and well-being. Yet for over a decade in San Francisco, the need for primary and specialty care services has outweighed the infrastructure to provide them. Given this reality, DPH identified this goal to ensure San Franciscans have access to public and private services, which support their physical health and ability to engage in healthier behaviors. Healthy San Francisco (HSF) is the Department's health access program. It provides comprehensive, affordable health care to San Francisco's uninsured adult residents irrespective of the person's employment status, immigration status, or pre-existing medical conditions.

HEALTHY SAN FRANCISCO

HSF strives to improve access to, satisfaction with and utilization of health care received by uninsured participants. During the 2009-10 fiscal year, HSF moved closer to meeting these goals.

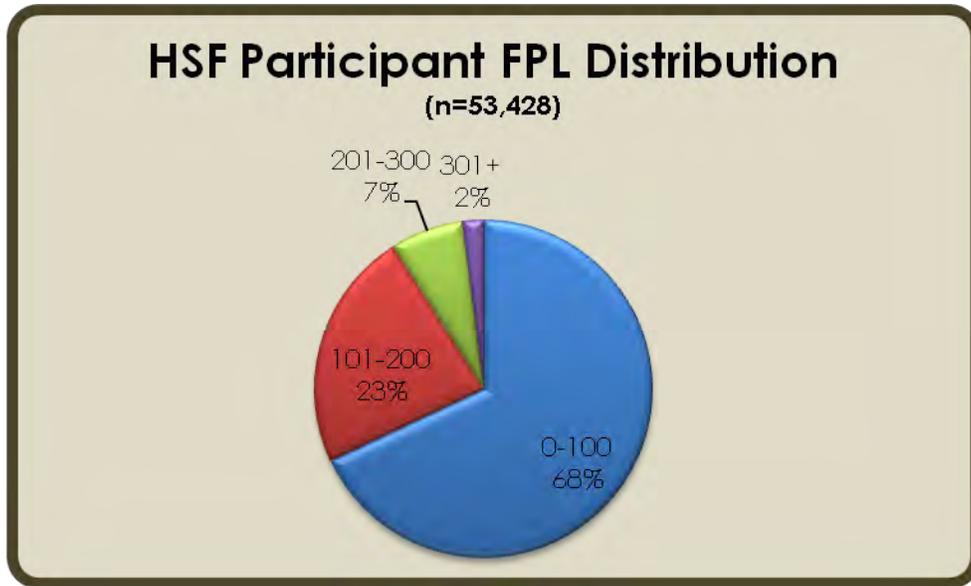


ACCESS TO HSF SERVICES

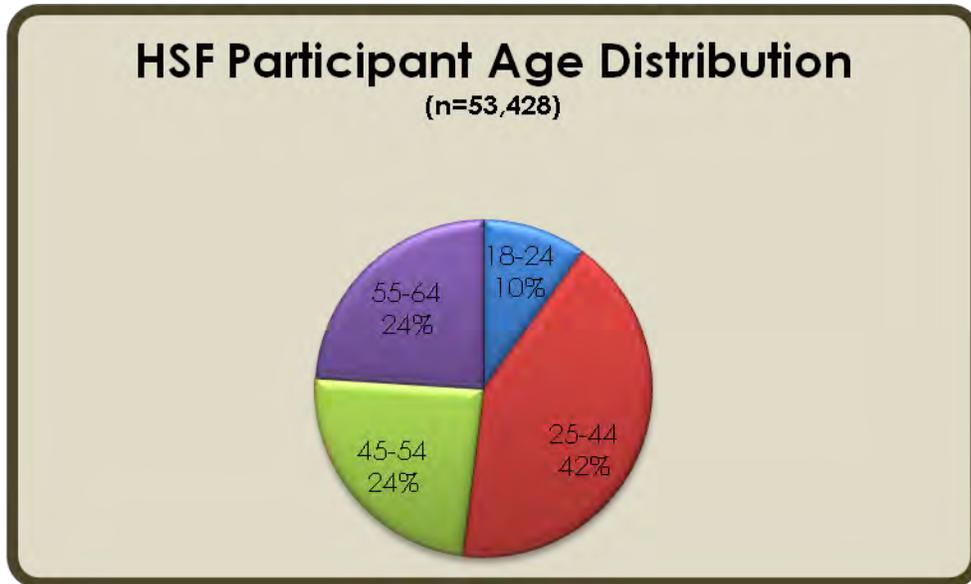
One way HSF increases access to care is by serving more uninsured residents.

At the end of 2009-10 fiscal year, over 53,400 uninsured residents were enrolled in HSF – this represented a 24% increase compared to enrollment at the end of 2008-09 (43,200 participants). With 53,400 participants, HSF is providing needed access to health care for 89% of the estimated 60,000 uninsured adult residents.

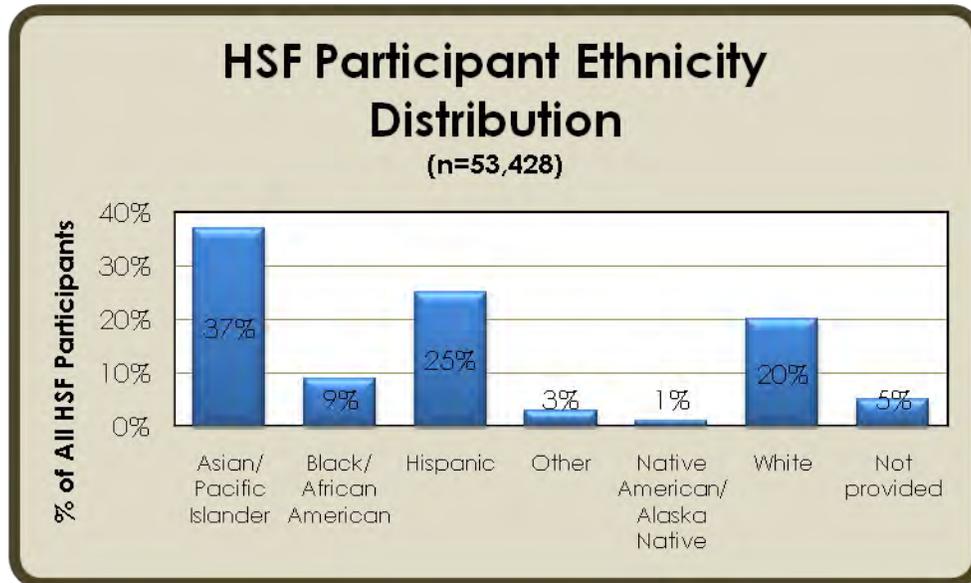
Demographic data reveals that the majority of HSF participants are low income – with 68% of program participants having annual incomes between 0-100% percent of the federal poverty level.



Across age, 66% of participants are between the ages of 25-54 years old.

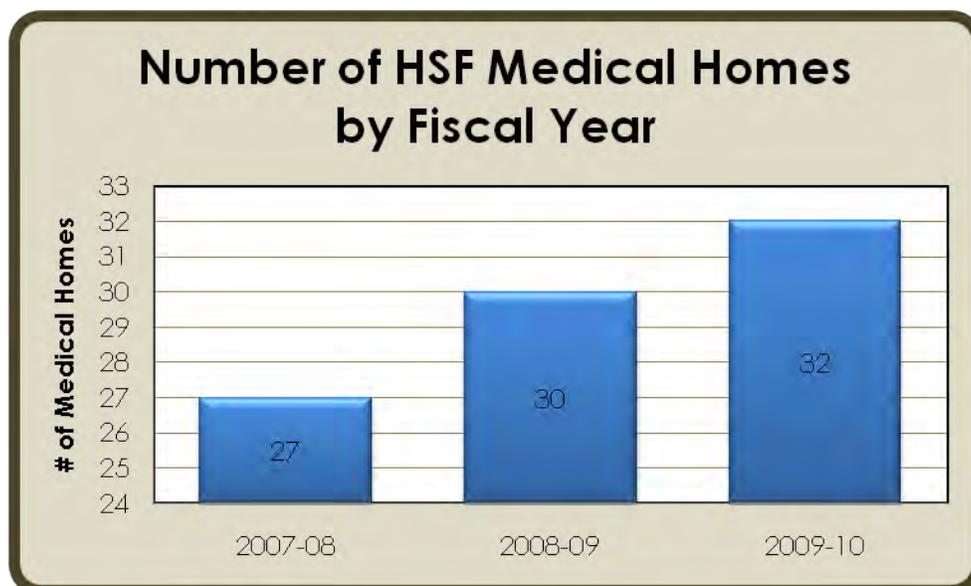


As in previous years, Asian/Pacific Islanders continue to comprise the largest ethnic group in HSF, representing 37% of participants at the end of the fiscal year. The program gender distribution is 53% male and 47% female.



Another way HSF increases access to care is by expanding the pool of medical providers that deliver health care services to uninsured residents. This supports the Department’s vision to connect every uninsured San Franciscan to a primary care medical home.

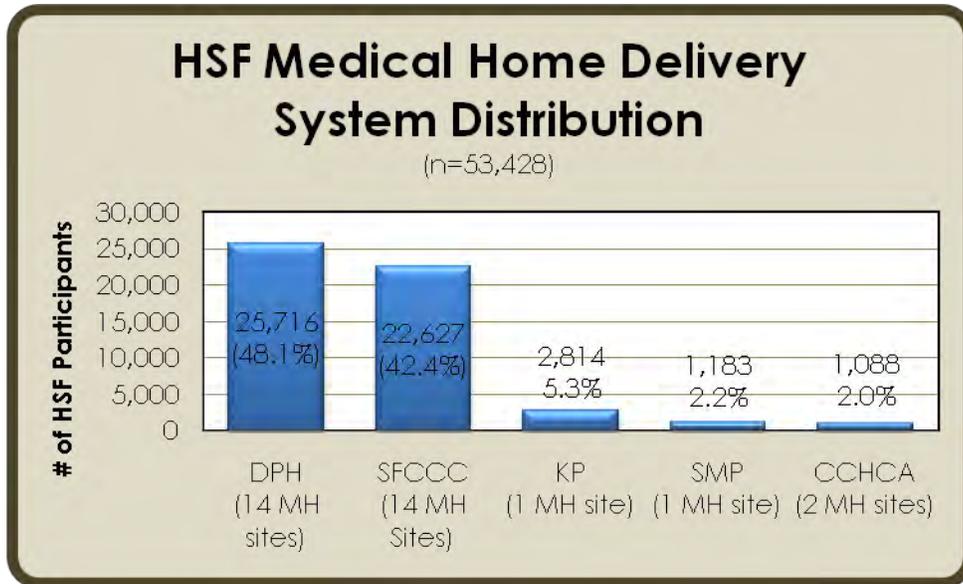
HSF ended the 2009-10 fiscal year, with 32 medical homes – a 19% increase from 2007-08 (the program’s first year of operation).



In July 2009, Kaiser Permanente, a health plan, joined the network of providers delivering services to HSF participants. In addition, a long-standing community

provider, North East Medical Services, opened up a new health clinic site in May 2010 which will provide services to HSF participants. Finally, the Department undertook significant renovations in two of its health clinics (Castro Mission Health Center and Potrero Hill Health Center) to expand clinical capacity to service more patients by increasing the number of examination rooms at these clinics.

All told, HSF had five delivery systems at the end of the fiscal year: the Department, San Francisco Community Clinic Consortium, Kaiser Permanente, Sister Mary Phillipa Health Center, and Chinese Community Health Care Association. The distribution of participants was:



SATISFACTION WITH HSF SERVICES

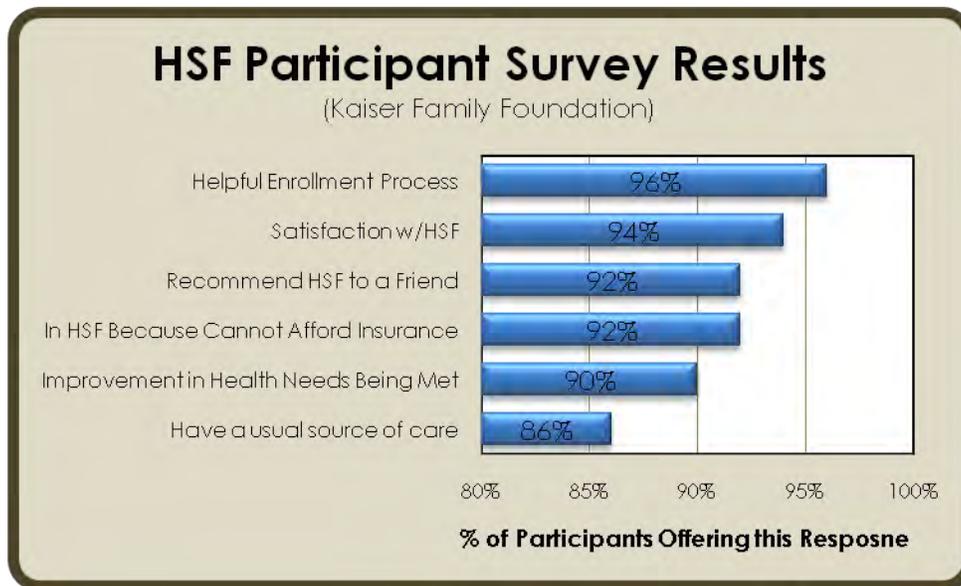
Every health care delivery system needs feedback from its clients in order to determine if the range of services and quality of care provided is meeting the needs of its patient population. Healthy San Francisco is no different. From its beginning, the HSF program has focused on ongoing monitoring and evaluation in an effort to improve the program, as needed.

In 2009-10, the HSF program obtained feedback from participants through two mechanisms – the Health Access Questionnaire and a Participant Survey. In both, HSF participants reported better access to care under the HSF program and high satisfaction with the program.

The Health Access Questionnaire found that HSF participants re-enrolling in the program had established relationships with a medical home, better access to care and better quality care compared to someone applying for HSF the first time. The questionnaire is an ongoing program tool that the Department uses to continually improve HSF.

The Healthy San Francisco Participant Survey, which was administered and generously funded by Kaiser Family Foundation, found the 94% of the participants were satisfied with the program.

The overall results documented that HSF was having its intended results:



At the same time, because HSF is still relatively new, the survey uncovered areas for additional improvement such as program awareness/education, challenges for non-English speakers and streamlining the medical appointment process. The Department is working to address these in coming years.

Fiscal year 2009-10 also marked the start of a formal HSF program evaluation by an external evaluator, Mathematica Policy Research, Inc. The Department anticipates releasing the findings of the formal evaluation in FY11-12.

UTILIZATION OF HSF SERVICES

HSF's care delivery model is based on the notion that by providing each uninsured program participant with a primary care medical home, the Department can help ensure access to primary and preventive care. This in turn can help reduce episodic care or the need for uninsured residents to receive primary care in a hospital emergency department.

Fiscal year 2009-10 data suggests that HSF provides services in an effective manner, promotes the use of primary care and has resulted in a reduction in hospital utilization:

- 76% of HSF participants received a primary care visit and the average number of primary care/preventive visits per participant per year (3) is consistent with the National Medicaid Average (3)
- utilization of emergency department services held constant at 164 visits for every 1,000 participants -- this is below the State average of 275 visits per 1,000
- 9% of the emergency room visits for participants were avoidable (i.e., the visit could have occurred in a primary care setting) -- this is lower than the State Medi-Cal average of 18%

- from 2008-09 to 2009-10, the program witnessed decreases in hospital admissions (14%), acute hospital days per 1,000 participants (35%) and average length of hospital stay (26%)
- in quality of care, HSF exceeded or was near the National Medicaid Average in care standards for diabetic patients and those patients with asthma.

U.S. SUPREME COURT SETTLES EMPLOYER SPENDING REQUIREMENT LAWSUIT

Since its beginning in July 2007, HSF and its companion City program, the Employer Spending Requirement, worked under the cloud of a federal lawsuit which challenged the legality of the Employer Spending Requirement one of the funding sources for HSF. This lawsuit was effectively settled in June 2010 when the United States Supreme Court declined to hear the Golden Gate Restaurant Association lawsuit and kept intact the Employer Spending Requirement.

There was a 15% increase in the number of San Francisco employers who elected to use the City Option (Healthy San Francisco/Medical Reimbursement Account) to meet the Employer Spending Requirement (from 980 in fiscal year 2008-09 to 1,126 in fiscal year 2009-10). By the end of the fiscal year, these 1,126 employers had elected to use the City Option to make health care expenditures on behalf of almost 55,600 employees.

SPURRING AND RECOGNIZING INNOVATION IN HEALTH CARE

While at its core, HSF is a health care program for uninsured residents, it has also served as an innovative model for other communities interested in improving access to care to this vulnerable population. To aid other communities exploring the feasibility of developing a program similar to HSF, the Department released [Policy Brief: Lessons from Healthy San Francisco](#), written by a graduate student from UC Berkeley's Goldman School for Public Policy. The report notes that HSF highlights the three important ways of strengthening the local health system: patient-centered reform, delivery system reform and coverage expansion.

In addition to serving as a resource for others at the local, state and federal levels, the Department's efforts in expanding access to health care through HSF were recognized nationally:

- *Healthy San Francisco Receives National Association of Public Hospital's Chair Award*
The National Association of Public Hospitals awarded its 2010 NAPH Safety Net Chair Award to Healthy San Francisco for successfully expanding access to needed primary, specialty and inpatient services to uninsured San Francisco adult residents. Award recipients were: Lindsey Angelats, Tangerine Brigham, Danice Cook, Sue Currin and Roland Pickens.



- Healthy San Francisco Chronic Care Redesign Projects Receive National Association of Public Hospitals Award for Improving the Patient Experience*

The Healthy San Francisco's Chronic Care Redesign Projects received the 2010 NAPH Award for Improving the Patient Experience. The award was given in recognition of the projects' innovation solutions to improve access to outpatient care, particularly for complicated patients with multiple chronic conditions, who often do not do well without targeted support. Award recipients were: Dr. Hali Hammer, Dr. Claire Horton and Dr. David Ofman.
- Healthy San Francisco and Participating Hospitals Receive American Hospital Association NOVA Award*

The American Hospital Association awarded Healthy San Francisco and its seven participating hospitals with one of its five 2010 NOVA Awards. The NOVA Award recognizes hospitals and health systems for their collaborative efforts toward improving community health. In addition to Healthy San Francisco, the hospital award recipients were: San Francisco General Hospital, University of California Medical Center, Chinese Hospital, California Pacific Medical Center, Saint Francis Memorial Hospital, St. Mary's Medical Center and Kaiser Permanente.

As the Department turns its sights toward the 2010-11 fiscal year, the Healthy San Francisco program will continue its effort to improve access to care. HSF will focus its activities on expanding the provider network, educating HSF participants of their options under federal health reform, implementing a nurse advice line (co-located with the New Patient Appointment Unit), participating in the Health Care Coverage Initiative, evaluating the program and enrolling eligible uninsured adults into the program.

COPC ACCESS IMPROVEMENT INITIATIVES

Demand for access into DPH Community Oriented Primary Care (COPC) is accelerating. Sources of demand include: ongoing enrollment in HSF; the San Francisco Health Plan (MediCal Managed Care, Healthy Worker, and other lines of business); referrals from SFGH inpatient and ER for newly diagnosed patients with chronic diseases; discharges from Jail Health Services; and a growing emphasis on referring behavioral health clients into primary care. In addition, the new Timely Access standards from the Department of Managed Health Care Services (DMHS) take effect January 2011, and will further stress access to primary care services. Finally, nationwide health reform legislation will provide more people with coverage. It is not yet known how many of these people will choose to access care in the COPC system.

In response to these access demands and challenges, COPC completed "Improving the Way We Care" project in fiscal year 2008-09, which created two new access improvement initiatives. San Francisco Health Plan (SFHP) provides funding and administrative support for these 2 projects. The first initiative is "Optimizing the Patient Care Experience" (OPCE) project, involving Maxine Hall, Southeast, and Chinatown Public Health Centers, along with two San Francisco Community Clinic Consortium (SFCCC) clinics. Dr. Mark Murray, nationally known for his work in improving patient panel management, is the primary consultant funded through

SFHP. The focus is on eliminating wait times for patients requesting an appointment. The goal is to achieve same day/same week appointments for any patient who wishes to be seen, while maximizing continuity with patient's own primary care provider. By doing away with distant scheduling, with its attendant high no-show rates, efficiencies in office practice and improved patient satisfaction are occurring. In addition, a focus on appointment "demand moderation" techniques, in which patient issues that do not require a face to face visit with the MD/NP can be handled in other ways, e.g. MD telephone visits, medical assistant follow-up. These techniques free up valuable provider appointments, and are more convenient for the patients as well.

The second major initiative funded through SFHP is the "Patient-Centered Communication" (PCC) project at Silver Avenue Family Health Center, Castro Mission Health Center, and two SFCCC clinics. Dan O'Connell is the lead consultant. This project emphasizes the importance of clear agenda-setting between providers and patients, improved clinical team communication through pre-clinic huddles, and, as with the OPCE project, enhanced use of non-clinical team members in serving patients' needs (panel management). It is expected that such enhancements will lead to more effective use of clinicians' time, more effective outcomes through better team communication, and, ultimately, expansion of access and system satisfaction for all patients.

Data is being collected to evaluate both these initiatives, and will be incorporated into future plans to spread these projects to more COPC health centers. Both of these initiatives have required collaboration by health center staff, who have shown great drive in creating improved systems to serve patients. As DPH has served a growing HSF population and prepares for expansion of MediCal and other trends related to national health care reform, these efforts will prove valuable in expanding access even further.

CENTRALIZED NURSE ADVICE LINE

In February 2010, in collaboration with HSF, Primary Care began implementation of a Nurse Advice Line. Two health centers, Castro Mission Health Center and Silver Avenue Family Health Center have now piloted the system and patients have been very satisfied. By 2011, all sites including SFGH will be plugged into the system.

The goal of the Nurse Advice Line is to improve access, provide care in a timely manner, create more appointment slots and reduce inappropriate visit to Primary Care. Advice lines have also been found to increase patient's ability for self-care, help patients use resources in a more efficient manner, reduce the amount of inappropriately directed patients to ED, urgent care and primary care. Currently, the advice line for pilot sites is in operation from 8am – 5pm, with plans for further expansion of hours.

TELEPHONE VISITS IN PRIMARY CARE

Studies show that 40 – 80% of primary care visits do not require a face-to-face appointment and alternatively that telephone visits (TV) result in significant reductions in admission, medication and ER trips - ultimately providing better health outcomes. In 2009, a number of Primary Care sites began experimenting with the use of telephone visits to address the problem of access. TVs address a specific question or problem that does not require vital signs, physical assessment, or face-to-face contact for assessing and responding to emotional status. Prior to the call, the phone number is verified and the patient confirms that he/she will be available

by telephone to receive the call at the scheduled appointment time. Essentially, TV is provided by a physician to an established patient, not originating from service provided within the previous seven days. Currently, 1-2 slots are reserved on the appointment templates for TVs, and will continue to be evaluated.

USE OF TELEMEDICINE AND VIDEO MEDICAL INTERPRETATION SERVICES

Speaker Nancy Pelosi visited Maxine Hall Health Center (MHHC) and was given a demonstration of their Video Medical Interpretation and Telemedicine services. Telemedicine is the use of various telecommunications by physicians and medical institutions to provide health care to patients through electronic or digital means. It employs technology that makes it possible for health care providers to care for their patients in other remote areas, such as homes, specialty institutions and rural areas. MHHC in collaboration with UCSF piloted a telemedicine program for their HIV Clinic. Patients were able to access specialty services such as nutrition, pharmacy from UCSF at MHHC.



Not only did the program improve access to specialty care, it reduced no show rate, provided immediate consultation, and saved travel time for patients.

HOUSING AND URBAN HEALTH CLINIC

In July 2010, DPH's Housing and Urban Health Clinic (HUHC) extended primary care and behavioral health services to tenants living in buildings owned and operated by the Community Housing Partnership (CHP), a San Francisco nonprofit that serves the City's homeless. A Federally Qualified Health Center that has served Direct Access to Housing tenants since 2004, HUHC's expansion translates to increased healthcare access for tenants at eight additional housing sites. In addition, HUHC services became available to Healthy San Francisco participants in fiscal year 2009-10.

Other HUHC successes that will improve patient health include the following:

- In fiscal year 2009-10, HUHC staff implemented the Community Oriented Primary Care (COPC) pain management protocol for all patients receiving opiate medications.
- In an effort to improve patient health outcomes, HUHC staff initiated a study of weight gain and glucose control among patients receiving antipsychotic medications.

INCREASING ACCESS TO HEALTHCARE FOR VULNERABLE IMMIGRANT GROUPS

A core function of the Community Health Promotion and Prevention's Newcomers Health Program is to provide support to newly arriving refugees, asylees, survivors of human trafficking and other vulnerable immigrant groups in San Francisco by ensuring access to health care services.

In December of 2008, Newcomers Health Program began a new initiative in collaboration with International Rescue Committee and United States Citizenship and Immigration Services' Asylum Division in San Francisco to conduct monthly orientation sessions to new asylum grantees. Primary topics addressed are accessing health services and eligibility for Medi-Cal.

As a result of this initiative, Newcomers Health Program provides linkages for direct access to health assessment services at Family Health Center's Refugee Medical Clinic for asylees residing in San Francisco. In total services were provided to 376 individuals from more than 40 different countries of origin.

In an effort to increase health care access to other vulnerable populations in San Francisco, Newcomers Health Program in collaboration with Family Health Center, works closely with several community-based organizations serving asylum applicants, and potential or pre-certified survivors of human trafficking by providing them with direct access to health care services.

SAN FRANCISCO GENERAL HOSPITAL REBUILD

SFGH made significant progress on the rebuild of its acute care facility during fiscal year 2009-10. The groundbreaking ceremony was held in October less than a year after 84% of San Francisco voters approved Proposition A. The new hospital construction is well underway, with several major milestones already completed. These included: preparing the campus for construction by creating new pedestrian and auto traffic routes; building a new ADA parking lot; installing a new canopy and concession trailer; and substantial completion of the site utilities relocation work required to keep the current campus fully operational during construction. The building site has been cleared and excavated, and the foundation started.



Using an integrated design process, architects, builders, engineers, construction managers and hospital representatives work side by side to problem-solve, keeping costs down and the schedule in check. The project uses three-dimensional building information modeling to identify problems and solutions at the desktop, rather than in the field, where changes are more costly. Early savings were achieved with the first major trade packages. In all, steel purchases, and bid packages for excavation, site utilities and elevator work came in at 12 percent below estimates.

Shoring and excavation will continue into the middle of 2011 in preparation for laying the foundation. The base-isolated system is the most advanced seismically-resistant design known today. Rather than placing the building directly into the ground, the hospital will rest in a "bathtub" with rolling disks. This type of foundation will allow the hospital building to glide 30 inches in any direction, in the event of an earthquake. The hospital will remain open and operational, able to care for current patients and treat disaster victims.

The rebuild also has served as a catalyst for increased staff, patient, and community involvement. An inter-disciplinary group of hospital staff collaborated with the San Francisco Arts Commission to select the artists who will create original public artwork for the new building. SFGH hosted a series of Town Hall meetings to keep community members informed about progress on the project and to gather feedback, build relationships and solve problems. A community newsletter goes out every two months, providing construction updates, hospital's activities, and health care news. DPH is particularly proud of the combined efforts of patients, staff, and students from neighboring Buena Vista Elementary School who designed a community mural to decorate the construction site. That mural was painted by approximately 200 neighbors, patients, and staff. The rebuild project is on schedule, with completion slated for 2015.

Goal 2

Promote Physical Activity and Healthy Eating to Reduce Chronic Disease

Chronic disease is often associated with lifestyle choices – a nutritious diet and regular physical activity are essential defenses against many chronic diseases, including heart disease, hypertension, and diabetes. While lifestyle choices do impact health, the choices available to a person are determined by numerous environmental factors. This goal is designed to demonstrate the link between diet, inactivity, and chronic disease, and to help us create environments that promote eating well and moving more. Shape Up SF, staffed by the Department of Public Health’s Community Health Promotion and Prevention section, uses a variety of strategies to promote physical activity and healthy eating. Shape up SF is focused primarily on creating the settings to make healthy eating and active living possible.

SHAPE UP SAN FRANCISCO

The Shape Up SF mission is to increase the awareness of and opportunities for increased physical activity and improved nutrition where people live, work, learn, and play; particularly for populations disproportionately affected by chronic disease. Shape Up SF uses four strategies to address the root causes of chronic disease to create environments that support healthy behaviors:

1. Policy advocacy/ environmental prevention;
2. Awareness/education
3. Programs/events; and
4. Research/data.

SHAPE UP SF WALKING CHALLENGE

Recognized by the National League of Cities as a model practice. In Spring 2010, Shape Up SF ran its 4th annual Walking Challenge increasing the number of teams and participants from previous years as seen in the following chart.

Shape Up SF Walking Challenge						
Year	Dates	Total # Participants	Total # Teams	Total # Teams Completed	Miles Collectively Walked	Equivalent Times Around the Earth
2006	Oct 4-Dec 24	~2000	86		100,981	4
2007	Oct 2-Dec 5	1882	121		167,691	6.7
2009	Mar 9-May 15	2,672	177	77	232,478	9.3
2010	Mar 1 – May 8	2,659	246	91	253,701	10.1

SHAPE UP BAYVIEW

For the past two years, Shape Up Bayview Hunters Point has been funded by Kaiser Permanente to support gardens as a way to improve nutrition and physical activity in the BVHP neighborhood. As a result, students increased their produce intake and willingness to try new fruits and vegetables. Recently Bret Harte successfully earned

a grant from San Francisco Environment to continue its gardening program for another two years.

VENDING MACHINE GUIDELINES

The Shape Up program staff worked with the Mayor's Office to develop vending machine standards for vending machines located on City property. The policy eliminates sweetened beverages from city vending machines and requires that at least half the snacks qualify as healthy.



In 2010, Shape Up SF completed its third annual Soda Free Summer campaign. On June 21, the first official day of summer, the Mayor issued a proclamation declaring June-August a Soda Free Summer in San Francisco. The following day, the Board of Supervisors passed a resolution supporting Soda Free Summer.

SF Recreation and Parks Department's regional summer camps integrated Rethink Your Drink strategies by offering campers healthy snacks and water for drinks. Their Summer Camp Manual explicitly states that sugary beverages are not allowed. RPD also introduced Rethink Your Drink week from July 19-23 when campers received sugar savvy lessons, tracked their soda free days, and participated in a poster contest about why they should be soda free.

Free summer lunch and snack sites throughout the city also participated in Soda Free Summer. All Site Coordinators were trained on the "Be Sugar Savvy Curriculum", and summer lunch participants participated in a survey to determine the impact of the campaign.

PHYSICAL ACTIVITY COUNCIL

Physical Activity Council member Susan Zieff, PhD, San Francisco State, Kinesiology Department, is leading a research effort to identify how city policies help or hinder physical activity; particularly among low income populations. Consisting of document review, key informant interviews, and community outreach, the research and accompanying recommendations are expected to be completed early in fiscal year 2010 -11. Physical Activity Council members are currently meeting with members of the Board of Supervisors to alert them to the research and encourage their support of any policy recommendations that may result from this study. This research follows a previous study that researched attitudes and knowledge of physical activity in different SF adult populations. The preliminary recommendations were lauded by the Chief of the California Center for Physical Activity, California Department of Public Health.

SOUTHEAST FOOD ACCESS WORKING GROUP

The Southeast Food Access Working Group (SEFA) is a collaborative of residents, community based organizations, city agencies and educators. SEFA facilitates communication, advocacy, and accountability across agencies and neighborhood residents. The goal of the working group is to ensure healthy, fresh, local, sustainable, and affordable produce is accessible to all residents of the Bayview Hunters Point (BVHP) neighborhood.

SEFA members work collaboratively with existing retail stores in BVHP (FoodsCo and SuperSave) to encourage fresh, healthy and sustainable foods are available to residents. As a result of SEFA's work a partnership was formed between SuperSave and the SF Redevelopment Agency who is funding a consultant to help the store promote nutritional awareness.

In December 2009, SEFA launched the Food Guardian (FG) program, a group of BVHP residents who are trained to educate, advocate and mobilize to promote nutrition education and awareness. The Food Guardian program also supports urban agriculture, and addresses community food security and justice. In the early summer of 2010, they distributed produce at the YMCA grown in a local school garden. The FG's surveyed customers at the FoodsCo Store and are going to use the survey findings to ask for changes in the stores merchandise. The FG's are also developing healthy retail standards that city agencies will ask stores to adhere to when receiving city funding. FG's will use the tool to monitor the quality and healthfulness of food available at local food retailers and apply community pressure and accountability to stores failing to meet certain standards. SEFA partnered with the San Francisco Women Infants and Children (WIC) program to add two new WIC-authorized vendors to those already serving the BVHP.



POURING ON THE POUNDS

The California Department of Public Health provided funding to the City and County of San Francisco to run New York City's cutting edge ad "Are you Pouring on the Pounds? Don't drink yourself fat." on Muni interior and exteriors starting February 1, 2010.



The bus backs ran for 6 weeks and the bus interiors ran for 12 weeks. The bus interiors were viewed by about 4,000,000 riders per month. The bus exteriors were viewed by about 32,000,000 people per month. These are gross figures, so this counts people who saw the ads multiple times.

COMMUNITY SUPPORTED AGRICULTURE PROGRAM

SFGH's new Community Supported Agriculture (CSA) program, Farm Share, began delivery of fresh, organic, locally grown produce on January 15, 2010. Participating staff receive a seasonal mix of vegetables and fruits delivered weekly to the hospital cafeteria. Over 100 staff members have signed up for this food delivery project, the first step in SFGH's new healthy food access program. As part of SFGH's Wellness Initiative, the hospital has also added new garden beds on the third floor patio to

grow fresh produce which is given to patients, staff, and a local food pantry. Future Wellness projects include:

- creating a centrally located wellness center with classes, demos, exercise programs, and hospital and community resources;
- establishing a free farmers market for referred patients in conjunction with patient- and community-led nutrition classes; and
- coordinating a team of dietitians, librarians, education and training staff, and interns to contribute to the hospital's wellness educational efforts.

SWEET SUCCESS

The Women's Health Center at SFGH passed its Sweet Success audit with flying colors. Sweet Success is a state run gestational diabetes program. The Women's Health Center is well above the state averages in several categories: proportion screened prior to 28 weeks (56% vs. 36% statewide), proportion breastfeeding (88% vs. 40% statewide), and proportion who received postpartum testing for diabetes (87% vs. 38% statewide).

EXERCISE AT LUNCH

As part of SFGH's Wellness Initiative, the hospital publicizes various wellness activities on the hospital campus. This includes a lunchtime walking program twice a week, weekly meditation sessions in the hospital chapel, free weekly tai chi classes, and yoga classes three times a week.

CAFETERIA OFFERS HEALTHY CHOICES

The SFGH Food and Nutritional Services improved cafeteria menus and snack and beverage offerings to feature healthier choices and locally produced fruits and vegetables for staff, visitors, and patients' families.

Goal 3

Decrease the Spread of Infectious Diseases

Public health promotes preventive, rather than curative, efforts in managing population-level health issues. When compared to populations in other California counties, San Franciscans are disproportionately affected by infectious diseases including HIV, viral hepatitis, and other sexually transmitted infections. Selected by the Community Benefits Partnership, this goal focuses on education and immunization programs as effective means of improving lives through the prevention and treatment of infectious disease.

H1N1 SWINE FLU RESPONSE: APRIL 2009-MARCH 2010

In response to emergence of a novel influenza in the world, the Communicable Disease Control and Prevention (CDCP) Section of DPH activated its Infectious Disease Emergency Response (IDER) from April 25 – May 26, 2009. San Francisco's Department Operations Center (DOC) and the Emergency Operations Center (EOC) were also activated to help coordinate the response.

During this response, information, guidance, and data was shared with the general public, providers and other stakeholders; enhanced surveillance was conducted; laboratory testing was conducted and coordinated; and data was analyzed and reported. Because of the length of this response and the number of activities conducted and amount of resources needed, ultimately, 59 people, both CDCP and non-CDCP staff, were mobilized as responders. An After Action Report from this experience was written, as well as a Corrective Action Plan incorporating lessons learned that informed the Fall-Winter response during the second wave of pandemic flu activity and mass vaccine distribution.

During the Fall-Winter response, the DOC was again activated between September 2009 – March 2010 with a new focus on vaccine receipt and distribution to the San Francisco population. Approximately 100 people were activated (not including workers at the mass vaccination clinics) during this time period. Information and guidance was developed for health care providers, the public, schools, long term care facilities, and congregate living situations and shelters and the website was continually updated (<http://www.sfcddcp.org/flu.html>). DPH worked closely with 3-1-1 to ensure information for the public was always up to date.



The high demand for vaccine from local providers, and the lack of sufficient supply to meet those demands posed particular challenges to DPH. To ensure equity and transparency, DPH sent out constant faxes and emails to providers who had ordered vaccine, and posted information on the website about distribution strategies. Many valuable lessons were learned about emergency distribution and administration of vaccines preparing DPH for future global pandemic.

H1N1 VACCINE DISTRIBUTION

DPH estimates that over 400,000 people in San Francisco were immunized for H1N1 swine flu. DPH received about 70,000 of those doses - used in primary and urgent care, within SFGH and Laguna Honda and to use in public and special clinic settings. DPH sponsored 27 public clinics in late October, vaccinating 18,000 people. DPH also conducted one mass vaccination clinic in December. Four hundred people volunteered to work in the clinic and 1,000 people an hour were vaccinated. During that one day clinic, more than 9,000 vaccines were given. Supplemental clinics for H1N1 vaccine also took place at Community Oriented Primary Care (COPC) Sites, Project Homeless Connect, homeless family shelters, domestic violence shelters, and the Adult Immunization and Travel Clinic (for immunizing active city and county employees) and many other sites.



DPH rapidly developed several surveillance systems to monitor the occurrence of H1N1 swine flu and influenza-like illnesses after the appearance of this novel influenza strain in April 2009. Staff from CDCP led the development of these systems, trained epidemiology staff from other sections in DPH, and coordinated with external partners to share data. Data sharing partners included community health care providers, Kaiser Permanente, San Francisco Unified School District (SFUSD),

and the California Emerging Infections Program. The new surveillance systems established enabled DPH to:

1. Track the number of confirmed or probable cases of H1N1 in San Francisco residents who were hospitalized in the ICU or who had died;
2. Monitor the number of specimens submitted to the SF Public Health Laboratory for testing, and the number of specimens that tested positive for H1N1 swine flu;
3. Monitor the level of absenteeism among SFUSD students, and compare it to seasonal norms from the previous year;
4. Track the percentage of admissions to San Francisco General Hospital for flu or pneumonia;
5. Track the percentage of visits to a network of outpatient healthcare providers for influenza-like illness; and
6. Monitor the number of laboratory detections of influenza at the Kaiser Permanente San Francisco facility.

During peak influenza activity, surveillance reports were generated and reviewed weekly. DPH is also finishing the development of another surveillance system to monitor the percentage of visits for influenza-like illness in the Community Oriented Primary Care clinics.

MASS PROPHYLAXIS TOOLS FOR BUSINESSES AND ORGANIZATIONS

In the spring of 2009, the CDCP successfully applied for and received a \$100,000 grant from the National Association of City and County Health Officials (NACCHO) to create a toolkit for businesses and organizations across the nation who are interested in working with local health departments to dispense antibiotics to employees and/or clients in the rare instance of a bioterrorism emergency requiring mass antibiotic dispensing.

The URL for this innovative, unique product is www.ClosedPODPartners.org. The toolkit provides a host of tested and informative documents and checklists that can be customized to different organizations. It was created with input from over 25 SF-based private organizations and is now accessible in an interactive, multimedia fashion on the internet. The toolkit was selected by the (NACCHO) as a Model Practice Program because it demonstrates "exemplary and replicable qualities in response to a local public health need."

SAN FRANCISCO BAY AREA ADVANCED PRACTICE CENTER

In the summer of 2009, DPH was selected and awarded grant funding by NACCHO to become one of eight Advanced Practice Centers (APC) nationwide. Advanced Practice Centers aim to develop and share tools and materials that will advance public health preparedness (<http://www.naccho.org/topics/emergency/APC/index.cfm>). The San Francisco Bay Area APC is developing two toolkits for use by local health departments throughout the country. The Infectious Disease Emergency Response (IDER) Toolkit will be based on the San Francisco IDER Plan, and DPH will be collaborating closely with University of California, Berkeley Center for Infectious Disease Emergency Response Center (UCB CIDER) to develop a Pandemic Influenza Vaccination Implementation Toolkit to help local health departments implement vaccination guidance issued by state and federal health agencies. DPH will also work with UCB CIDER to do training, marketing and outreach of the IDER and PIVI toolkits.

HIV PREVENTION PLAN

The HIV Prevention Section (HPS) and the HIV Prevention Planning Council (HPPC) worked in collaboration to develop the 2010 San Francisco HIV Prevention Plan. It represents the work of the HIV Prevention Planning Council (HPPC) since 2006, which approved the Plan in July 2009. The Plan was published in late 2009 and was made available to the public in early 2010. For a complete version of the 2010 San Francisco HIV Prevention Plan, go to www.sfhiv.org.

The 2010 HIV Prevention Plan expands beyond HPPC's past priority-setting model and resource-allocation recommendations to focus on five content areas that the HPPC has determined are necessary to meet our objectives for reducing HIV infections. This focus is the result of the recognition that over the past six years both science and community experience have focused on HIV prevention interventions. After an extensive review of the prevention literature and local data, and input from a variety of community sources, the HPPC has agreed that San Francisco's prevention efforts should emphasize the following five areas: HIV Status Awareness, Prevention with Positives, Drivers of HIV in San Francisco, Syringe Access and Disposal Programs, and Structural Change. Prevention programs will be focused within these areas.



PROJECT AWARE

Project Aware is a NIH-funded, clinical trial in which individuals at STD clinics are asked to participate in a HIV testing and counseling study. This study will explore whether the provision of counseling reduces risk behavior and sexually transmitted infections over time.

Approximately 5,000 participants at nine STD clinics throughout the United States will be randomized to one of two study arms; (1) on-site HIV rapid testing with brief, participant-tailored prevention counseling vs. (2) on-site HIV rapid testing with information only. In addition to HIV testing, participants are screened for sexually transmitted infections at the baseline visit and during a six month follow-up visit.

To date there are 2,629 participants enrolled in Project Aware across all nine participating sites, including San Francisco City Clinic. The effect of counseling on the number of new STI infections and self-reported risk behaviors will be evaluated at the six month visit.

PROJECT ECHO

In the U.S., MSM's continue to constitute the greatest number of HIV/AIDS cases compared with other groups. In addition, substance use is highly prevalent among MSM and many studies show that using substances just before or during sex substantially increases HIV risk.

Project ECHO is a CDC-funded study to adapt and test the efficacy of Personalized Cognitive Counseling (PCC), a brief self-justification counseling intervention, on sexual risk and substance use among episodic substance-using HIV-negative MSM. Individuals are randomized to one of two study arms to receive; (1) HIV rapid testing with adapted Personalized Cognitive Counseling (PCC) or (2) HIV rapid testing with information only.

Project ECHO will make a significant contribution by adapting a proven behavioral intervention, Personalized Cognitive Counseling (PCC), to a new, high-risk population. We will evaluate whether the provision of counseling reduces risk behavior and sexually transmitted infections in episodic substance-using HIV-negative MSM.

“PROJECT BUMP” – METH ADDICTION AND HIV RISK BEHAVIORS

Methamphetamines are a major driver in the HIV epidemic. MSM who use meth are two to three times more likely to engage in risk behaviors that could lead to HIV. While medications exist to treat opiate, nicotine, and alcohol dependencies, currently there are no medications approved for methamphetamine addiction. The "BUMP" studies are designed to determine if medications can help individuals who use meth stop or decrease their meth use and reduce the associated HIV risk behaviors.

DPH is currently enrolling a study of aripiprazole, a medication used to treat depression and other psychiatric conditions. This NIH-sponsored study will enroll 90 individuals. A study of mirtazapine, a medication used to treat depression, was completed in March 2010 and the data is currently being evaluated. If results of the studies show that these medications can help curb methamphetamine use and decrease HIV risk behaviors, Project BUMP will move forward with the next phase of research by expanding the size of test populations.

CREATIVE APPROACHES TO STD NOTIFICATION AND TESTING

During fiscal year 2009-10, the Sexually Transmitted Disease (STD) Prevention and Control Services Section continued to provide significant support to both Magnet, the City's gay men's sexual health clinic and to the St. James Infirmary, the City's health clinic for sex workers. In addition, the STD section continues to support screening in teen and adolescent clinics, primary care clinics, juvenile hall and adult corrections, and family planning clinics. STDtest.org is the 24/7 online STD testing service, which enables high-risk persons to download a lab slip and take it to a specific testing facility in the City for free STD testing. InSpot, is an electronic partner notification system, allowing sexual partners to gonorrhea and chlamydia patients who receive an InSpot postcard to download a prescription that they can take to the pharmacy of their choice and receive preventive treatment.

The STD Prevention and Control Services Section was one of the first programs nationally to offer patient delivered partner therapy (where persons diagnosed with an STD are given medications to give to their sex partners). By improving partner treatment, ongoing transmission of STDs can be interrupted.

In fiscal year 2009-10 STDs in the City decreased:

- 10% decrease in the overall gonorrhea rate;
- 21.8% decrease in gonorrhea among adolescents;
- 5% decrease in gonorrhea among men who have sex with men; and
- 8% decrease in early syphilis

SFGH PATIENT SAFETY INITIATIVE

San Francisco General Hospital is one of 42 hospitals participating in Phase I of the "Patient Safety Initiative at America's Public Hospitals", a two-year program designed to enhance patient safety programs at public hospitals to ensure safe, high-quality care for vulnerable and low-income populations that depend on publicly supported health care institutions for medical care. The program is sponsored by Kaiser Permanente, the National Patient Safety Foundation, and the National Association of Public Hospitals and Health Systems.

The goals of the Patient Safety Initiative at America's Public Hospitals are to:

- Position public hospitals on the leading edge of patient safety and quality care
- Establish a consistent and shared pool of patient safety knowledge, tool sets, and techniques
- Develop a community of public hospital clinicians, patient safety and quality leaders, and hospital executives committed to the initiative
- Garner measurable results in patient safety practices
- Create patient and community programs fostering communication that engages, informs, and builds continued confidence in care and the public hospital system.

Key focus areas for the program include enhancing the culture and leadership, infrastructure and measurement capabilities, and metrics for evidence in improving patient safety and outcomes at each of the participating facilities. Participants will have access to multiple resources including membership in the highly-acclaimed NPSF Stand Up for Patient Safety program, NPSF Patient Safety Congress registrations, health literacy and communications tools, measurement and analysis tools, and opportunities to apply for Patient Safety Leadership Fellowships.

FLU VACCINATION CHALLENGE

The Joint Commission Resources issued a Certificate of Achievement to SFGH for its participation in the 2009-2010 Flu Vaccination Challenge. SFGH reached the bronze tier, the result of a 65 percent seasonal flu vaccination rate among SFGH employees. The certificate is an acknowledgment of the important strides made to improve the quality of care at SFGH.

PNEUMONIA CARE

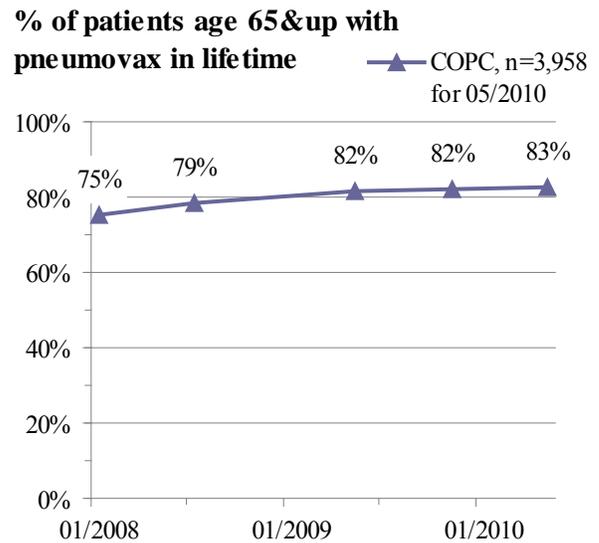
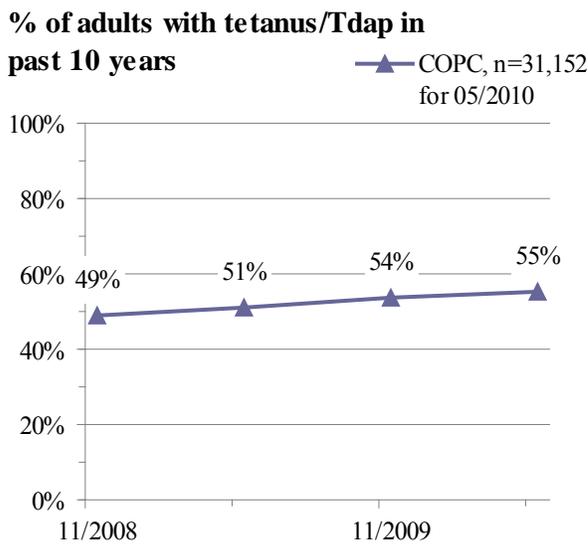
SFGH received a grant of \$40,000 from the California Health Care Foundation to fund improvement activities focused on pneumonia care in the Emergency Department. Initial planning of improvement strategies is in process.

COPC HEALTH CARE MAINTENANCE SCREEN

In 2009 an enhancement was completed of the Health Care Maintenance (HCM) screen in the electronic medical record (EMR). This now allows documentation of tests done outside of DPH and captures the data in the primary care patient registry. COPC uses these tools to capture data and report on them for quality improvement purposes.

The enhanced HCM screen allows a properly trained non-provider clinic staff to quickly review a patient’s HCM status and to initiate appropriate action or counseling based on protocol. Meanwhile, the ability to report on the entire patient population, and to identify the subgroups of patients needing outreach or reminders are the necessary tools for data driven quality improvement efforts to improve the adherence to recommended screenings and interventions in these areas:

- Chlamydia and syphilis screenings
- Adult Immunizations: Tetanus/Tdap (see figure below), Pneumococcal vaccination (see figure below), Flu, Rubella, Hepatitis A and B, Tuberculosis screening



PUBLIC HEALTH LAB SWINE INFLUENZA TESTING

In December of 2009, the Public Health Laboratory acquired the equipment, training and reagents required to screen for the novel strain of H1N1 Influenza that attained pandemic status in 2009. The test is more sensitive than the traditional culture-based tests for influenza. It is also faster, with results available within 4 hours of obtaining a specimen. The new test can screen for any of the major types of influenza typically seen in humans. It also allows for the specific sub-typing of viruses, which can be important in regards to being able to predict the efficacy of certain anti-viral medications.

NOVEL STRAIN OF GONORRHEA

The laboratory detected and characterized a novel strain of *N. gonorrhoeae*. This novel strain was shown to possess a decreased susceptibility to oral cephalosporin drugs. This is important because cephalosporins are currently the only oral compound recommended for the treatment of uncomplicated gonorrhea. These strains appear to be multi-drug resistant. The laboratory surveyed the entire year of

2009 for this strain, and published a paper describing this strain in *Antimicrobial Agents and Chemotherapy* in September of 2009.

MASS SYPHILIS SCREENING

The laboratory completed a study investigating alternative methods for mass screening for syphilis. These findings were submitted for publication and await peer-review. In this study, the laboratory demonstrated the strengths and weaknesses of the use of enzyme immunoassays (EIA) for screening for syphilis, relative to the methods currently utilized by most labs. The laboratory found that the EIA was approximately as sensitive as existing methods, but allowed for a greater throughput of specimens in a shorter amount of time. This may foster a more efficient screening program, with the potential to increase screening for syphilis with a lesser impact on lab resources.

HIV TESTING

The laboratory continued its practice, which has become routine, of testing for HIV by way of an expanded protocol. This protocol includes the detection of both HIV particles, and antibody to HIV. In enabling the detection of HIV itself, the laboratory has the ability to detect HIV infections during the early, "acute" phase of infection, where a person's infection may be invisible to antibody detection methods. Moreover, infected individuals have been shown to be most infectious during this acute phase. Hence, detecting people during this time is not only good for the patient, but also may be an effective tool in stemming subsequent HIV transmissions.



Goal 4

Improve Behavioral Health

Health care providers in San Francisco have long recognized the need for behavioral health services to address mental health, suicide prevention, and tobacco, alcohol and drug use. However, the supply of such services has been unable to meet the growing need. As a result, the San Francisco Department of Public Health identified this goal to ensure San Franciscans have access to important services that support their emotional wellbeing and ability to engage in healthier behaviors.

COMMUNITY BEHAVIORAL HEALTH SERVICES WELCOMES NEW DIRECTOR

Jo Robinson incoming CBHS Director, served as Assistant Director of Jail Health Services and Director of Jail Psychiatric Services. She brings with her a wealth of information regarding coordinating Substance Abuse, Mental Health, and Primary Care Services.



STREAMLINING CONTRACTS AND COMPLIANCE IN COMMUNITY PROGRAMS

A new Community Programs Business Office was created to streamline the contracting process, as well as to ensure compliance with contract objectives. The new Business Office is comprised of Contract Development & Technical Assistance and Business Office Contract Compliance.

NEW SERVICE MODEL - INTEGRATED FULL SERVICE OUTPATIENT

CBHS issued Request for Proposals (RFP) to introduce a new treatment modality: Integrated Full-Service Outpatient (IFSO) Programs. IFSO Programs will have the capability to provide a spectrum of behavioral health services, ranging from mental health to dual diagnosis to substance abuse treatment, and ranging from low threshold engagement strategies to regular outpatient care to intensive case management services. In developing the IFSO model, providers will maintain the ability to generate Medi-Cal FFP revenues by developing their capability to meet the

needs of the dually-diagnosed substance abusing client population via the modality of billable mental health services. New service definitions were instituted in order to maximize available revenue streams.

INTEGRATION BETWEEN PRIMARY CARE AND BEHAVIORAL HEALTH

DPH has made a commitment to ensure that individuals in Primary Care have access to behavioral health services. This brief intervention model will be implemented throughout our Community Oriented Primary Care Clinics over the course of FY 2010-2011. Evaluations of similar programs in other cities suggest better health-related quality of life outcomes for patients, improvement in primary care provider and patient satisfaction with behavioral health services, and a better value for the health care dollar.

At the core of this model is a new type of provider—the “Behaviorist.” The Behaviorist will focus on a specific problem that the patient and primary care provider identify; for example, the focus may be enhancing motivation to change health risk behaviors, changing lifestyle behaviors to prevent illness or improve disease management, learning ways to improve mood and ability to relax, addressing problems with use of medications, improving parenting skills, addressing child behavior problems, establishing stable housing, promoting stability and a higher quality of life for patients with serious mental illnesses, and assisting with the problems of obesity, smoking, alcohol and drug use.

HIGH USERS OF MULTIPLE SYSTEMS PILOT

The San Francisco Department of Public Health developed the High Users of Multiple Systems (HUMS) Pilot to address the distinct needs of clients, who despite assertive case management and repeated efforts at stabilization in the community, are failing to recover. They are chronically homeless who suffer from chronic and severe substance abuse disorders (primarily alcohol) and who also have complex medical and serious mental illnesses. This confluence of co-morbid disorders results in extremely high rates of premature mortality.

The purpose of the HUMS Pilot is to reduce harm, reduce dependence on high-costing emergency services, increase reliance on community- and self-care, and ultimately, to move clients toward long-term well-being.

HUMS Pilot Objectives:

1. Provide timely access to needed services including continuous coordinated care
2. Admit clients as a “step-up” from the street to prevent admissions to higher levels of care
3. Admit clients as a “step-down” from long-term care facilities to prevent relapse
4. Insure a short-term stabilization plan and a long-term recovery plan for each individual including permanent housing
5. Identify medical protocols and programmatic interventions to achieve above
6. Identify and monitor data that measures success in the above

DPH LAUNCHES THE COORDINATED CASE MANAGEMENT SYSTEM

The Coordinated Case Management System (CCMS) is a web-based database designed by intensive case managers and epidemiologists. It functions as an integrated electronic charting, reporting, and communication tool for teams working

with clients who are served across multiple systems of care and who are primarily homeless and/or frail elderly residents.

San Francisco provides a wide array of services to its most vulnerable residents; however, services provided by one section of the safety net may be unknown to another. By pulling client histories routinely from twenty databases from five departments and integrating them into one electronic medical record, we are poised to deliver the first-ever comprehensive database of unique homeless and frail elderly clients in San Francisco, and most likely in the nation.

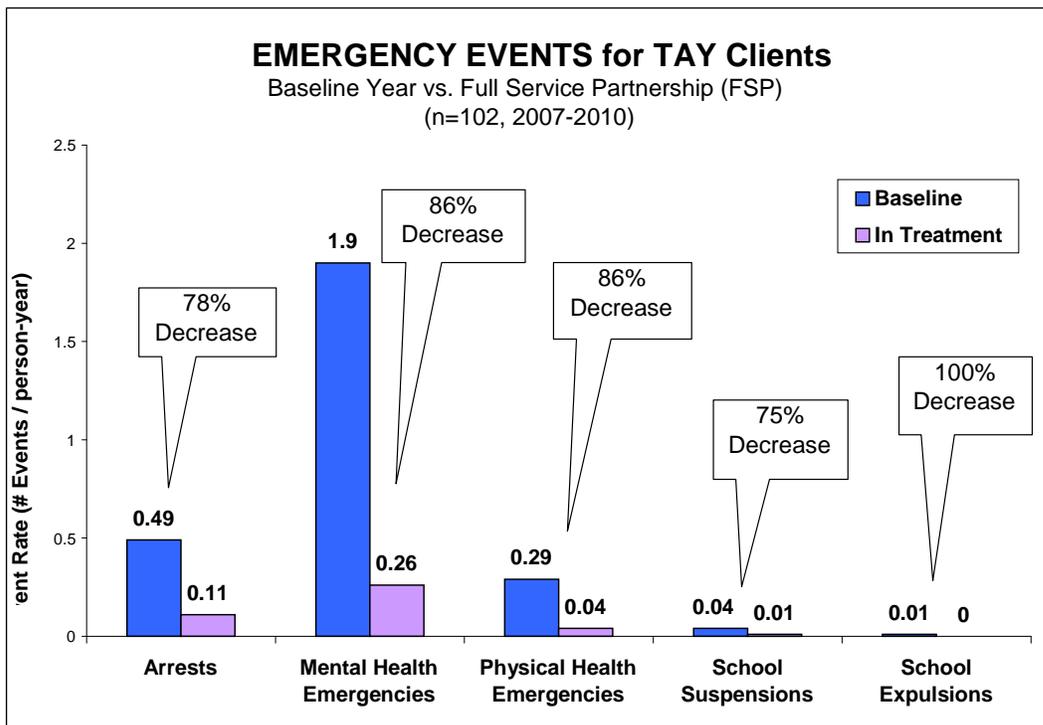
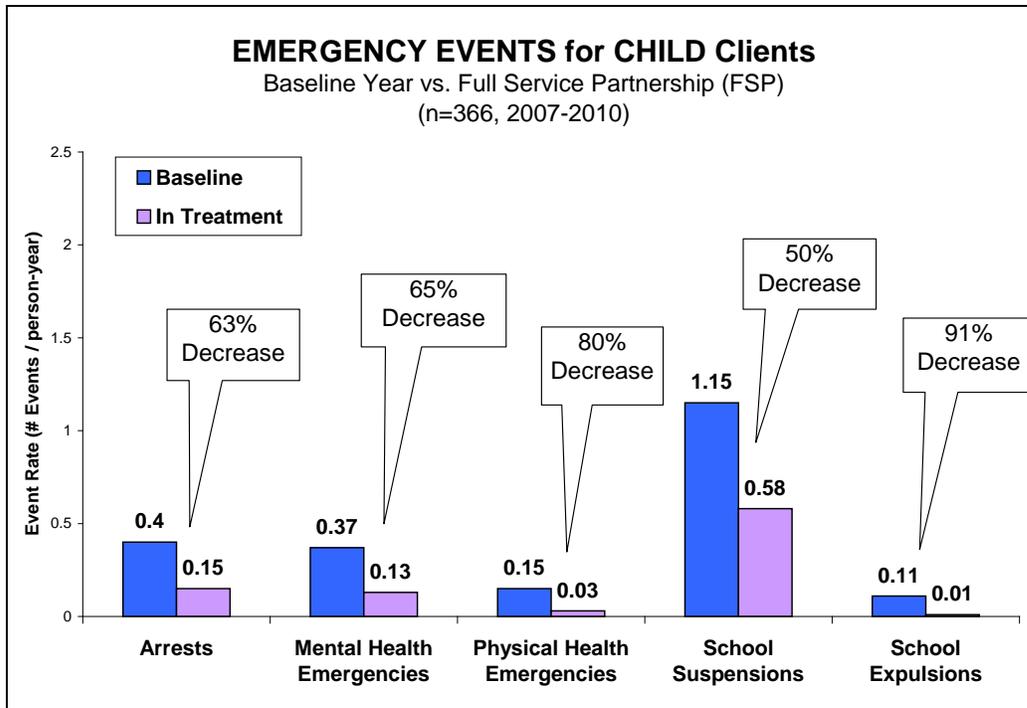
CCMS enables clinicians from various site-based and street-based case management teams to view in one location, all of a given client's psycho-social-medical histories gathered across multiple departments and systems. These include records from the San Francisco Homeless Outreach Team (SFHOT), Department of Adult and Aging Services (DAAS), the SFFD, DPH Medical, DPH Mental Health Treatment Services, Psychiatric Emergency Services, DPH Sobering Center, Medical Respite, Homeless Drop-In Center, Emergency Medical Services (EMS) High User Transport, Housing, SFPD Public Intoxication Citations, CCSF Death Registry, Substance Abuse Treatment Services, HSA Shelter, HSA Housing Placement, Bed Placement, HIV Health Services, Jail Health, and TB Control. CCMS can be used as a tool to notify clinicians when their clients are picked-up by other case managers (thus initiating coordination and reducing duplication); communicate clinical alerts; share assessments and treatment plans (in order to develop coordinated/shared plans); track placements, housing and benefit status changes; monitor urgent/emergent and ambulance transports; as well as other pertinent data.

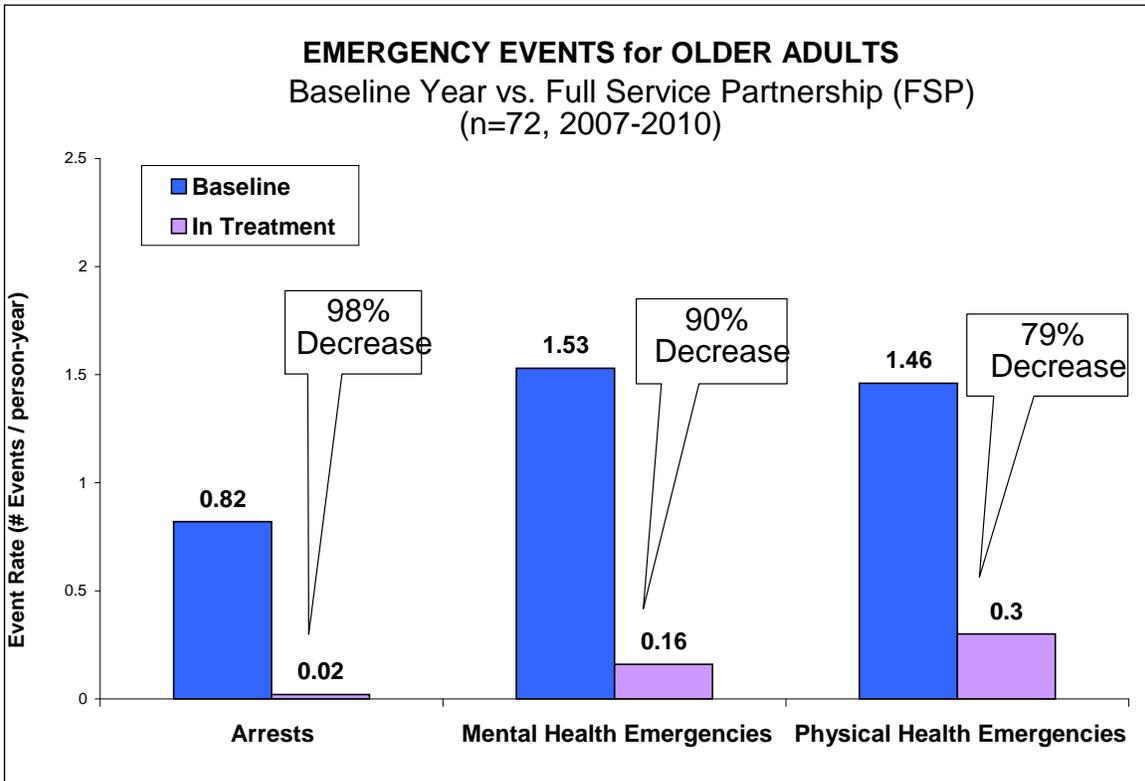
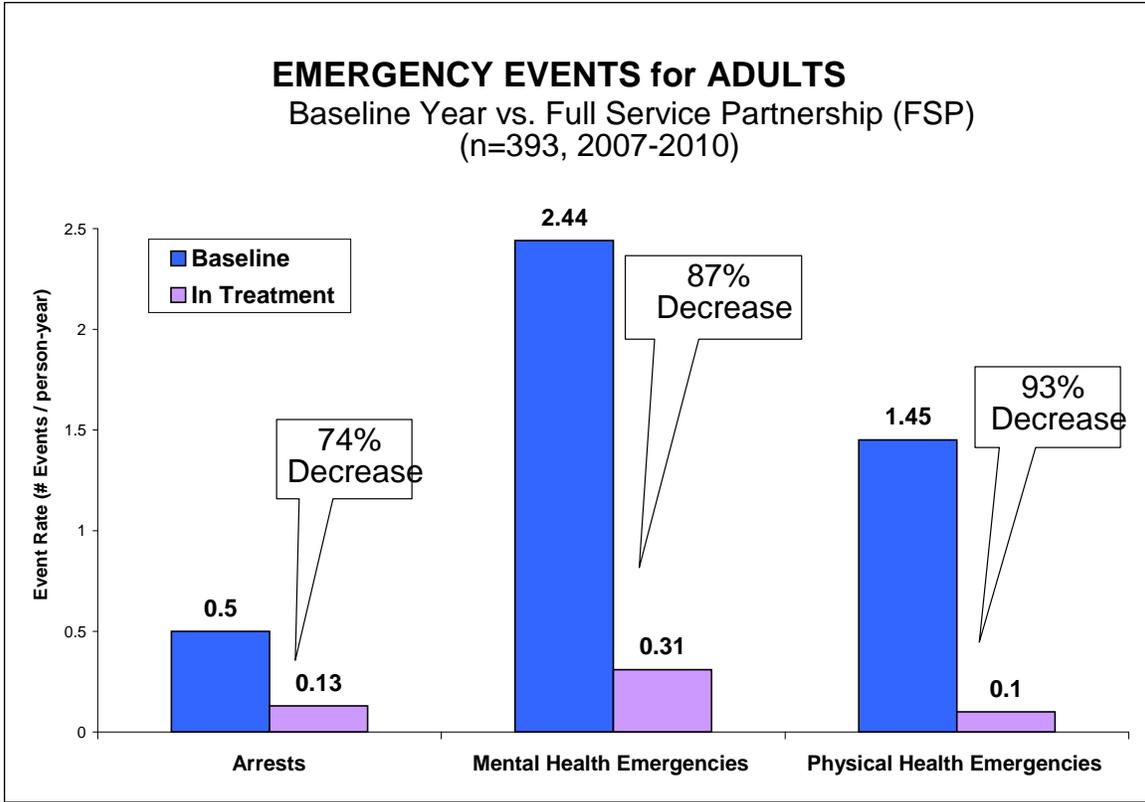
CBHS ELECTRONIC HEALTH RECORD

CBHS has launched a new electronic health record that includes documentation and billing system. The new system, Avatar, will replace existing billing systems as well as paper charts. Avatar will facilitate client referrals, and improve the continuity of care and timely sharing of relevant client information that will be maintained in the same data base. Electronic Health Records increase accuracy and decrease redundancy in data entry, assessments, and diagnoses. The system will allow more thorough and timely access to clinical, billing, and quality assurance reports that will improve our ability to monitor quality of services, compliance with Medi-Cal documentation, and enhance program development. Avatar also includes an e-prescribing feature that promotes faster and more accurate access to clients' medication history, side effects, and medication compliance. Finally, conversion to electronic health records positions San Francisco to receive incentives from government agencies.

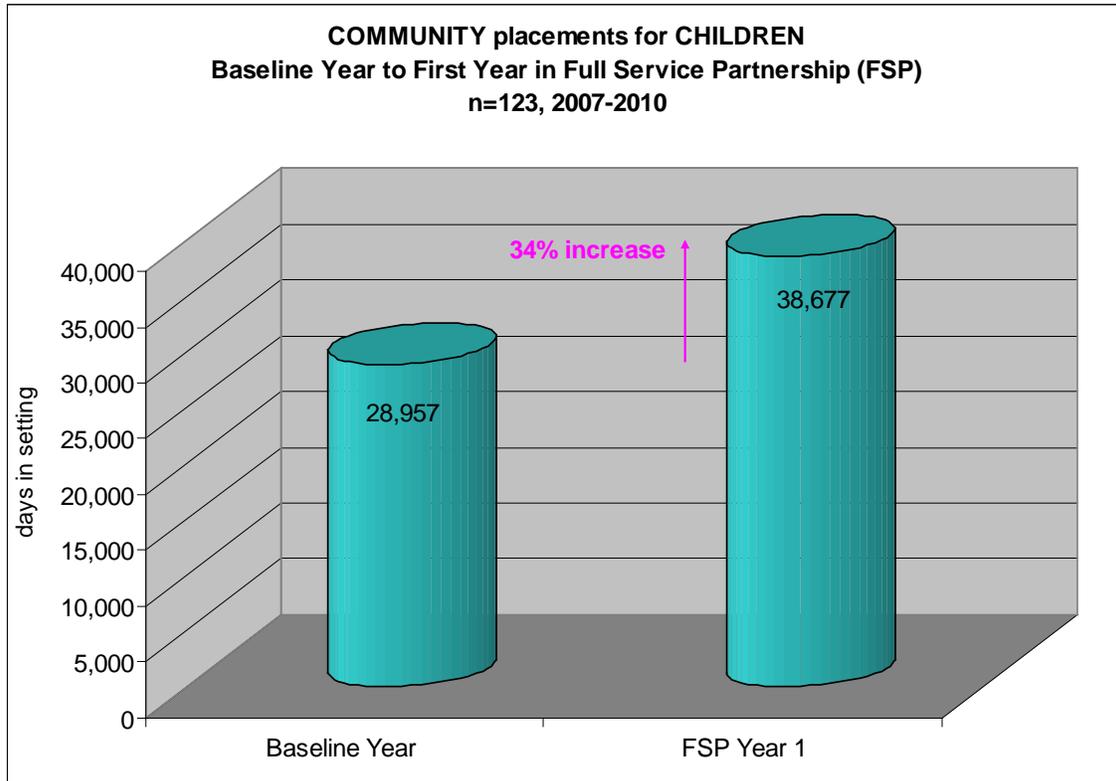
FIFTH YEAR - MENTAL HEALTH SERVICES ACT IMPLEMENTATION

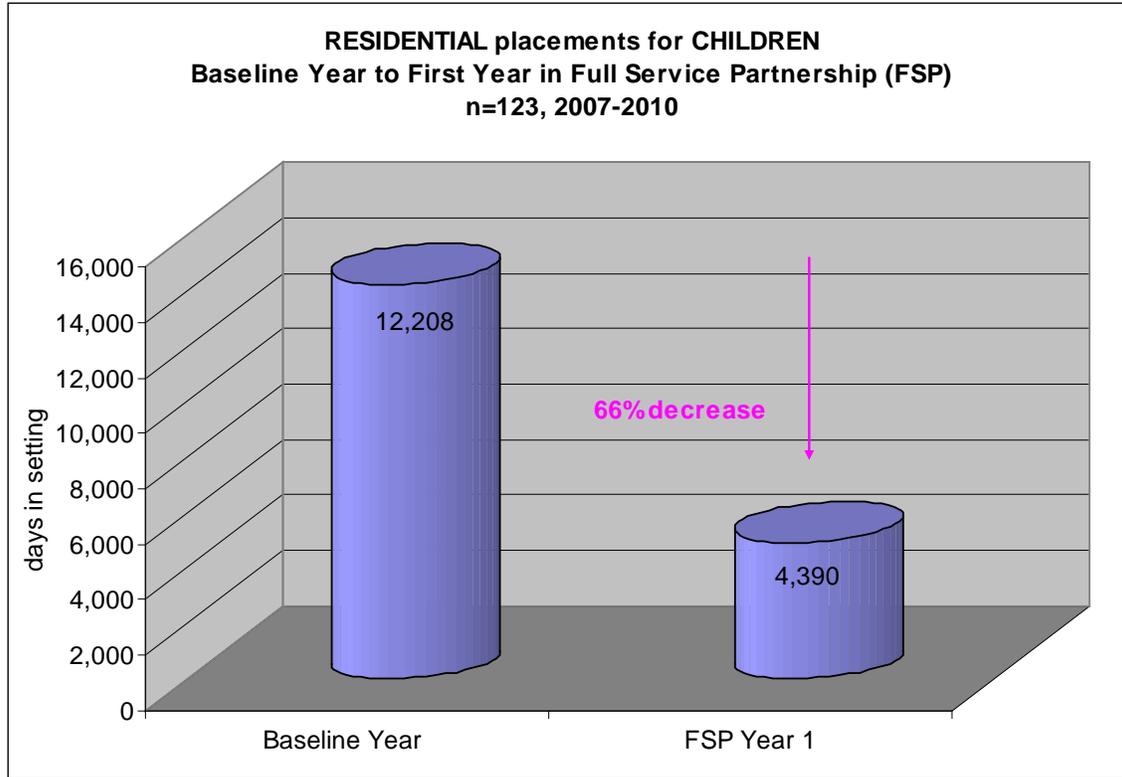
The following Charts show dramatic decreases in the occurrence of emergency events (arrests, use of mental health and medical emergency services for all age groups and school suspensions and expulsions for children and youth) from the year prior to involvement with an MHSA Full Service Partnership (FSP) to the number of such events since the client joined the FSP. For example, mental health emergencies decreased between 65% and 90%, depending on age group. The number of arrests decreased from 63% to 98%. These findings present powerful evidence of the value FSPs are providing to individual clients and to the system as a whole.





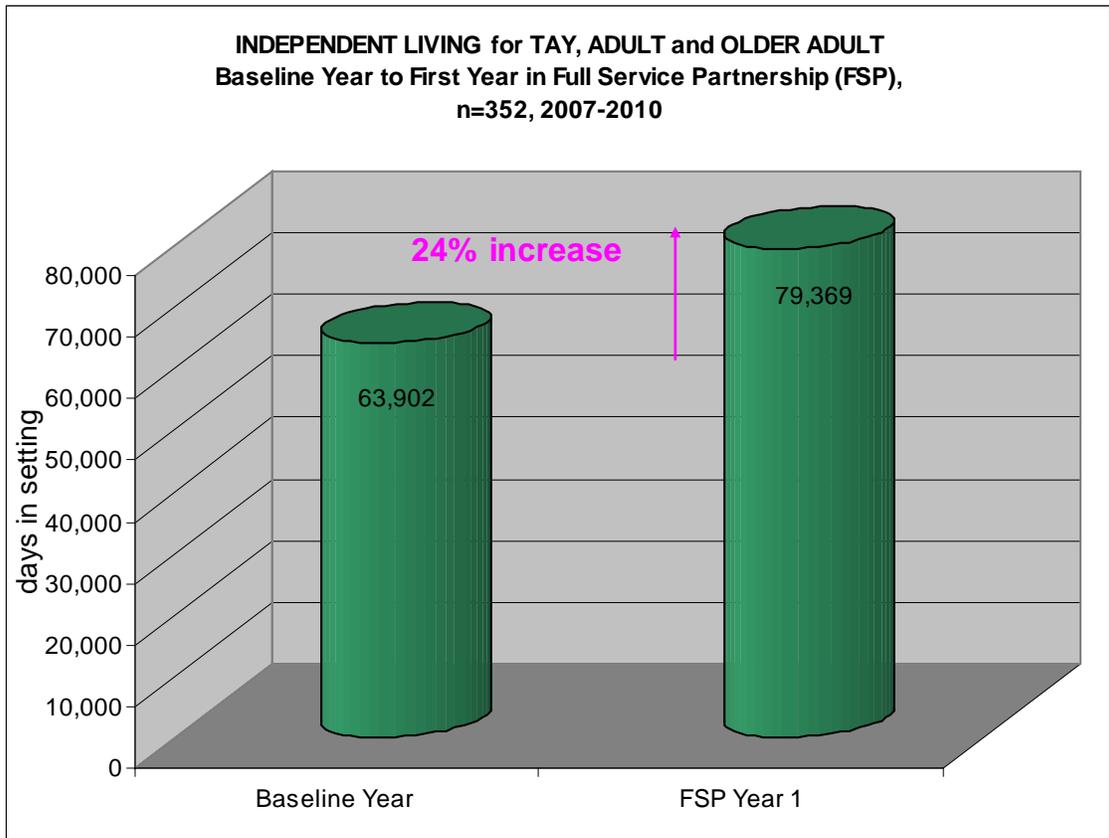
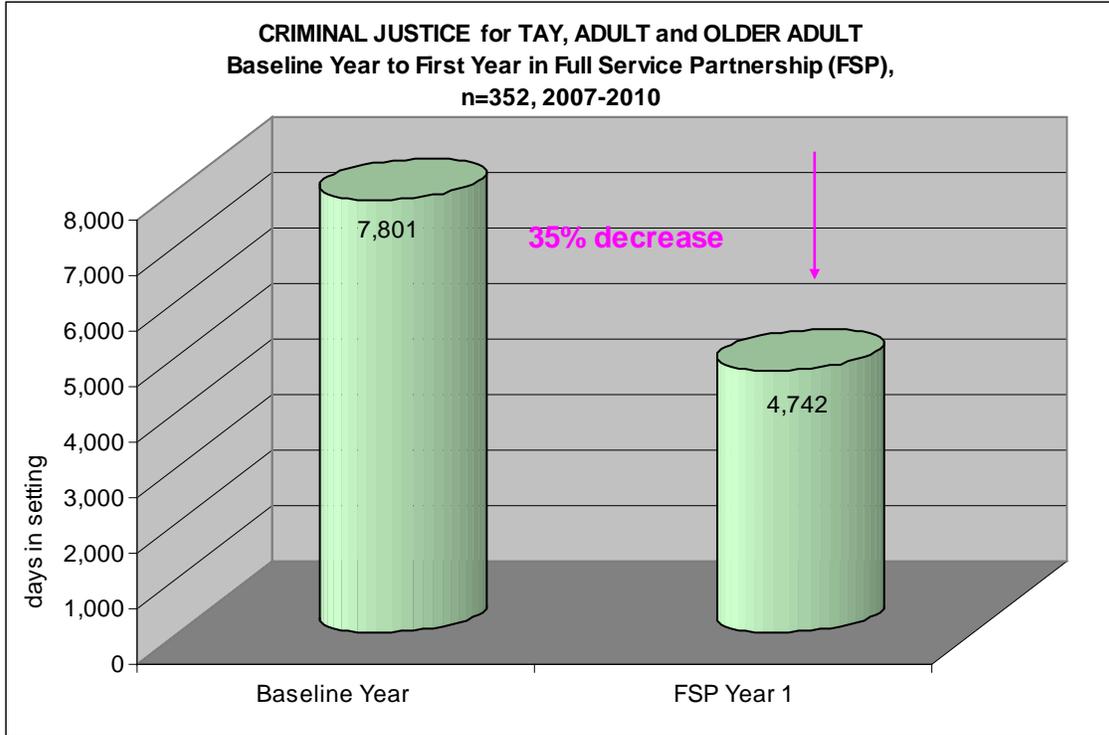
The following two charts showcase two important residential outcomes among child and youth FSP clients. Days spent in community placements increased 34% during the first year of FSP involvement, while days in residential placements decreased 66%. Since placement in the community is an important goal for children, these trends are further evidence of the FSP’s effectiveness.

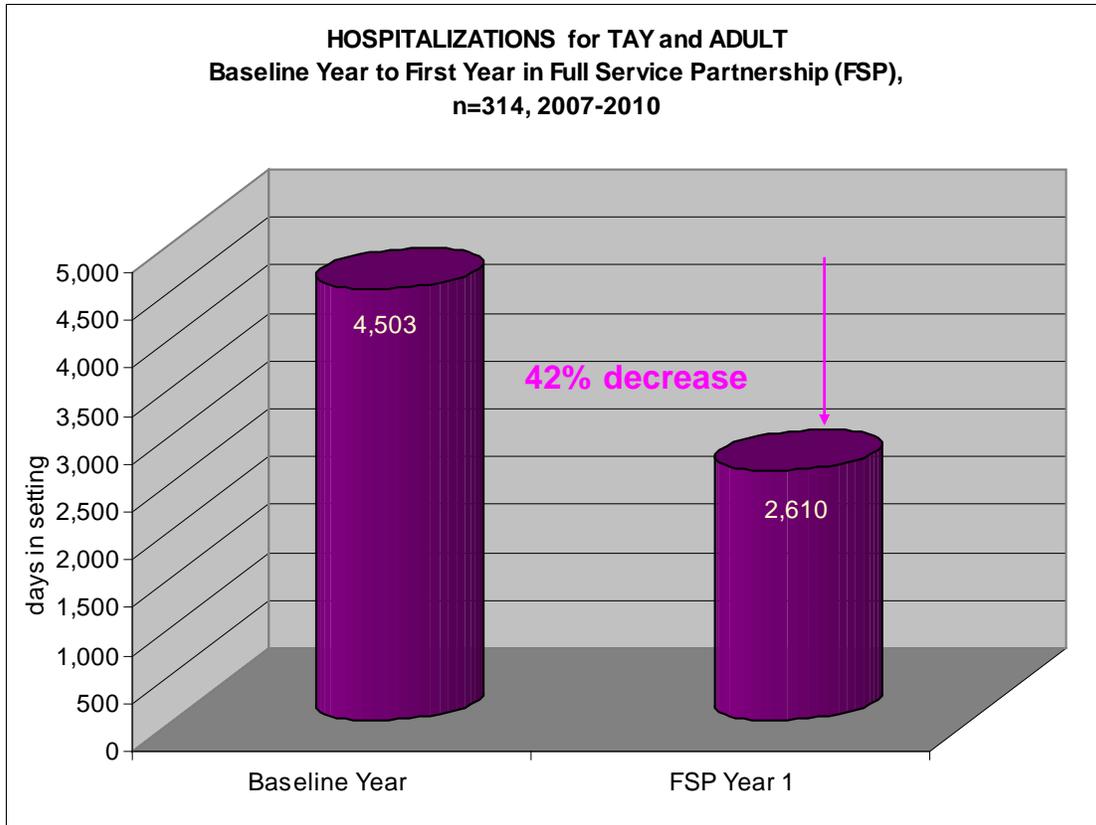




The following three charts show impressive outcomes among the Transitional Aged Youth, Adult, and Older Adult age groups: days spent in criminal justice settings (jail, prison) decreased 35% over the baseline year; days spent in independent living settings have increased 24%; and days spent hospitalized decreased for TAY and Adults by 42%.

All of these outcomes are consistent with MHSA’s vision of enhancing community integration as an overarching goal for FSP clients.





MHSA HOUSING UPDATE

Construction work at 365 Fulton (also known as Parcel G) began in fiscal year 2009-10. This new development, called the Richardson Apartments, is a partnership of Mercy Housing and Community Housing Partnership. Citywide Case Management will provide onsite supportive services. Richardson Apartments will have 120 studio apartments for extremely low income and chronically homeless individuals. Twelve of these studio apartments will house MHSA clients. Construction is estimated to be completed in August 2011.

SILVER AVENUE FAMILY HEALTH CENTER

MHSA Capital Facilities funded renovation of the Silver Avenue Family Health Center (SAFHC), allowing the program to offer integrated behavioral and primary care by adding six new private counseling rooms, a large group room, waiting and reception area, and administrative space. The long term objective is to integrate behavioral health and primary care services to better provide for the total health care needs of the client population. DPH intends to expand behavioral health services for the adult population at the SAFHC in the near future.

INSTITUTO FAMILIAR DE LA RAZA THERAPEUTIC DRUMMING

The Therapeutic Drumming Practice at Instituto Familiar De La Raza (IFR) has been accepted into the SAMHSA National Database of Community Driven Evidence Based Practices. The official acknowledgement and acceptance of Community Defined Evidence Practices by National Institutes is a shift in policy that resonates with the vision of San Francisco, DPH, IFR, and our Communities at large; and empowers the voices of our diverse people. SFDPH supports their efforts for being visionaries and leaders in promoting culturally appropriate practices throughout San Francisco.



SAN FRANCISCO LIBRARY HIRES SOCIAL WORKER FOR HOMELESS

DPH set up a program operating out of the Main Library that provides a social worker to interact with the many homeless individuals who use the library as a safe, dry and secure place to spend the day. This particular item caught the attention of Chronicle reporter Heather Knight, whose feature story on the program was subsequently picked up by other journalists, talk radio shows and internet bloggers. The most recent story about the program was written by Evelyn Nieves, former writer for the New York Times and currently on assignment with the AP. Ms. Nieves' article and photos appeared in the over 200 publications throughout the US. A link to her article can be found at: <http://www.signonsandiego.com/news/2010/feb/20/san-fran-library-hires-social-worker-for-homeless/>

SFGH OPIATE TREATMENT OUTPATIENT PROGRAM

The Commission on Accreditation of Rehabilitation Facilities (CARF) accredited the SFGH Opiate Treatment Outpatient Program (OTOP) for a period of three years for its Opioid Treatment Detoxification and Outpatient Treatment Programs. The accreditation will extend through November 2012. CARF noted that the accreditation is indicative of OTOP's dedication and commitment to improving the quality of the lives of the persons served. CARF further noted that services, personnel, and documentation clearly indicate an established pattern of practice excellence.

The Ward 93 Opiate Treatment Outpatient Program (OTOP) successfully completed the annual unannounced Alcohol and Drug Program (Title IX) survey in March 2010 with no significant findings. The surveyor was very complimentary of the program and staff and remains impressed with the Methasoft electronic record system as well as the organization and operation of the Methadone Vans. SFGH has the only OTOP program in the state with this critical intervention.

MENTAL HEALTH INTEGRATION INTO PRIMARY CARE

One of six chronic care redesign projects at SFGH is the integration of mental health services into primary care. The Mental Health project focuses on reducing psychosocial impediments to effective self-management of chronic medical conditions. Mental health staff are integrated into primary care clinics and also collaborate with clinicians from the other projects. Patients referred by primary care providers and specialty clinicians are offered group and individual counseling. The Mental Health Project's goals are 1) to increase access to mental health care in order to improve chronic disease management and promote primary care-mental health integration; and 2) to support primary care providers' efficiency, effectiveness, and satisfaction by co-managing patients' mental health needs that impact their chronic care needs.

BEHAVIORAL HEALTH CENTER

The California Department of Mental Health conducted their annual licensing survey of the San Francisco Behavioral Health Center March 9 - 11, 2010. The team of four surveyors found only minor issues. Overall, they were very pleased with the facility and were assured that our staff delivers quality, compassionate care, while respecting the dignity and special needs of our clients.

Goal 5

Prevent and Detect Cancer

The costs of cancer are great for both individuals with cancer and their communities. A good outcome requires early detection and prompt treatment. Successful cancer service programs should be tailored to an array of issues, including environmental factors, genetic predisposition, ethnicity, and health disparity issues. Working towards this goal will help communities' emphasize public awareness, understand the biology of cancer, identify various risk factors, and prevent cancer all together.

SFGH MRI TRAILER

After approval from the California Department of Public Health, SFGH began operating a new MRI trailer. With the new trailer, SFGH now has on-going operation of two state of the art MRI units (in-house and the trailer), which enhances services and eliminated the backlog of Out-Patient/Non-Urgent MRI appointments and wait times.

COMMISSION ON CANCER ACCREDITATION

San Francisco General Hospital is accredited through the American College of Surgeons Commission on Cancer (COC). SFGH is recognized as providing outstanding comprehensive care for patients affected by all cancer diagnoses. In July of 2009, SFGH received notification from the COC that the hospital was awarded Accreditation with Commendation.

The areas of commendation were:

- Strong clinical research program – Efforts of Oncology service in clinical trial enrollment were commended.
- Multiple screening and early detection programs are offered for SFGH community, for example: the Avon Center and Mammography van.
- Multiple cancer related improvements have been implemented annually, for example: the new Palliative Care program.
- The survey was a success due to the commitment and dedication of the staff in Oncology Clinic, 4C Infusion center, Unit 5A, Medical Records, Social Services, Nutrition, Pathology, Radiology, Pharmacy, Quality Management, and the Medical Staff members of the Cancer Committee.

Highlights of SFGH's cancer program include:

- The 4C outpatient infusion center for chemotherapy treatment
- Outreach in screening women for cervical and breast cancer; SFGH was one of the first funded programs for the Breast and Cervical Cancer Screening programs (BCCCP).
- One of the first programs to use patient navigators to help breast cancer patients access services.
- One of the first programs to offer free genetic counseling services not associated with participation in a study.
- We are the sole providers in San Francisco who provide care to all patients with cancer regardless of insurance status.
- We offer our patients participation in clinical trials and remain dedicated to providing comprehensive culturally sensitive cancer care to all patients at San Francisco General Hospital.

RELAY FOR LIFE

A team of health care providers and cancer survivors from San Francisco General Hospital and Trauma Center joined more than 300 people in the inaugural 2009 American Cancer Society Relay for Life at the Embarcadero. Their goal was to raise \$25,000 in the fight against cancer. The SFGH team recruited the largest number of participants with a total of 36 staff and was the top fundraiser, raising \$4,440.

CANCER SCREENING

A priority for the Primary Care Quality Improvement program has been the development of electronic tools and staff training in panel management skills needed for effective and efficient screening for common cancers in the active patient panels of the primary care clinics of DPH (COPC and SFGH based). Staff use the electronic medical record data to track and report rates of recommended screening for breast and cervical cancer in past years, and have developed targeted outreach and reminder tools for patients who are due/overdue for these screenings.

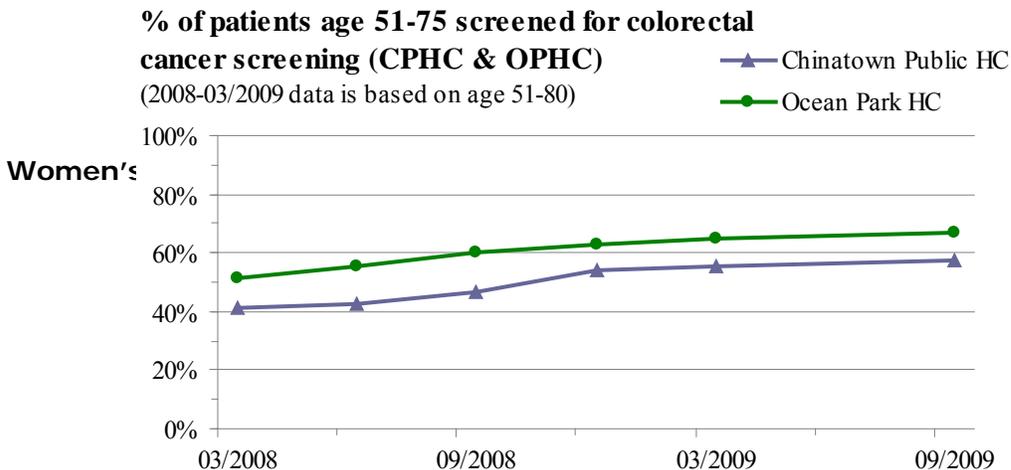
The Health Care Maintenance (HCM) screen in the electronic medical record (EMR) documents tests performed outside the organization and captures the data in the primary care patient registry i2iTracks, the expanded reporting includes rates of screening tests for Colorectal cancer screening.

This enhanced HCM screen allows a properly trained non-provider clinic staff to quickly review a patient’s cancer screening status and to initiate appropriate action or counseling based on protocol. They can also proactively use the registry to identify patients overdue for screening who need outreach. This panel management approach frees up provider time to focus on more complex problems, or to increase access for additional patients.

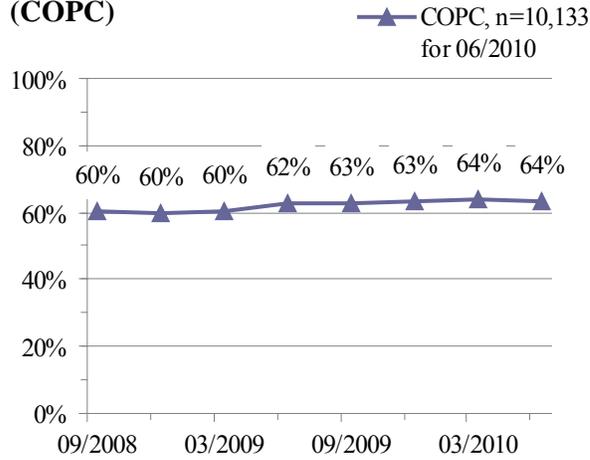
COLORECTAL CANCER SCREENING

COPC colorectal cancer screening rate among patients age 51-75 years old in 2009 was 41.2% screened (n=14,427). A number of patients receive colonoscopies outside SFGH so this screening prevalence does not fully include screenings performed outside the DPH system.

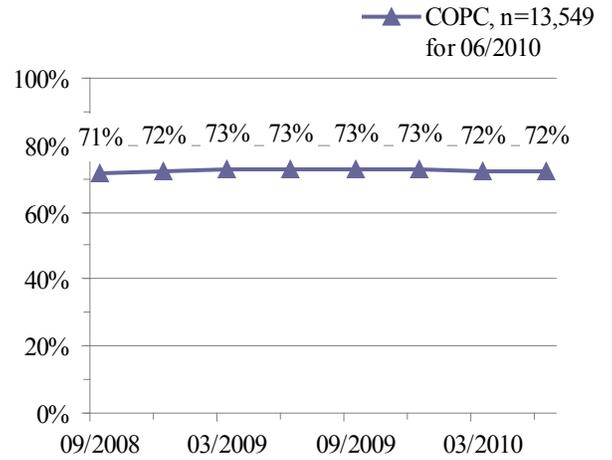
Two COPC clinics, Chinatown and Ocean Park, piloted panel management tools for colorectal cancer screening in fiscal year 2008-09 (see figure below) and have seen significantly improved screening rates. The tools and techniques are now being spread to other clinics.



% of women age 42-69 with mammogram in past 2 years (COPC)



% of women age 24-64 with pap smear in past 3 years (COPC)



STD CLINIC OFFERS PAP SMEARS

During 09/10, the STD Clinic continued to offer and perform PAP Smears for women seeking family planning services. Colonoscopy was performed for women with some abnormal PAP smears; others were referred for care at the SFGH Dysplasia Clinic, but because of our relationship with the Clinic were able to get much sooner appointments for evaluation and treatment than if they had had to make the appointment themselves

Goal 6

Raise Healthy Kids

Health is more than the absence of disease- it encompasses safe, clean, inviting places to live, learn, play and grow so that all children have equitable opportunities to reach their full potential. Children are our most important asset and investment in our future. This goal recognizes that healthy children are an essential measure of overall community health.

COMMUNITIES THAT CARE YOUTH SURVEY

The Child, Youth and Family System of Care (CYFSOC) under Community Behavioral Health Services promotes system accountability through the collection and use of data in the development of programs and services. One of the areas where more reliable data are needed is around the most prevalent risk factors that lead to San Francisco youth using alcohol and other drugs. To address this data need, CYFSOC required substance abuse prevention providers to administer the "Communities That Care (CTC) Youth Survey," an evidence-based risk and protective factor assessment tool recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In fall 2009, substance abuse prevention providers administered 600 CTC Youth Surveys to young people across San Francisco. Although each provider serves unique youth populations, there were three common, high priority risk factors identified by youth across programs: 1) family management; 2) community disorganization and low neighborhood attachment; and 3) friends with delinquent behavior or who use. Consistent with national research that demonstrates the positive impacts of family nurturing on reducing youth alcohol and other drug use, CYFSOC chose to prioritize the family management risk factor. This risk factor includes areas such as poor family supervision, poor family discipline, and a family history of antisocial behavior.

In fiscal year 2010-11, substance abuse prevention providers funded by CYFSOC will implement the "Strengthening Families Program," a proven best practice for improving family management by building family attachments and communication between caregivers and their children.

IT TAKES A VILLAGE TO RAISE A CHILD

Urban Trails San Francisco is a new behavioral health system partnership between CYFSOC and the Native American Health Center to expand access to culturally and spiritually based behavioral health services for 250 of the most needy and vulnerable Native American and Indigenous children, youth and families in San Francisco.

The partnership is funded through a six-year system of care grant from the Substance Abuse and Mental Health Services Administration. As a system of care grant community, San Francisco joined other grantees across the nation in May 2010 to raise awareness about mental health needs and to show how children and youth with mental health needs thrive in their communities.



Over 200 children, youth, families, professional staff and other key stakeholders attended the Mental Health Awareness Day event hosted by Friendship House. Presentations were made on the new federal grant in addition to cultural activities which included an opening prayer, traditional drumming and dancing by the Dancing Feathers Youth Group.

ELIMINATING DISCRIMINATORY COMPETITIVE FOOD OFFERINGS IN SFUSD

In 2009, DPH Environmental Health provided technical assistance and funding to the SFUSD to eliminate a la carte competitive food in one middle school (Francisco) and two high schools (Balboa and Lowell). Several of San Francisco’s middle and high schools were serving food to students qualified for free and reduced price lunches through the National School Lunch Program (NSLP) in separate lines from cash paying students who were offered a different menu and greater a la carte food variety. This two tiered approach contributed to stigmatization of NSLP qualified students and reduced their lunch participation.

The new integrated approach features expanded meal choices, multiple points of service to speed up lines, and marketing and promotion of the new program. All food sold was part of a balanced meal including fruit, vegetables and milk. After the intervention, lunch participation at all three pilot sites increased significantly (12-63%), and especially among students qualified for free or reduced priced meals (15-90%). Because of the success of the pilot project, SFUSD has eliminated almost all competitive a la carte food middle and high school students beginning in 2010-2011 school years.

Student Participation in NSLP Meals and A La Carte Meals Before and After Removal of A La Carte Offerings at Pilot Schools

	Before Intervention		After Intervention		Change in NSLP participation
	Student Enrollment	% of Students participating in NSLP	Student Enrollment	% of Students participating in NSLP	
Balboa High School *					
Free and reduced students	646	27%	743	52%	90%
Total students	1025	19%	1313	32%	63%
Francisco Middle School					
Free and reduced students	624	59%	624	68%	15%
Total students	700	56%	700	62%	12%
Lowell High School					
Free and reduced students	933	52%	933	73%	38%
Total students	2579	21%	2579	33%	58%

*The evaluation of participation at Balboa High School spans two different school years.

DPH also worked with the Campaign for Better Nutrition and Public Advocates to elevate the issue of stigma in the lunch program nationally. In 2010, in part based on this collective effort, the White House Task Force on Childhood Obesity concluded that "Schools should be encouraged to ensure that choosing a healthy school meal does not have a social cost for a child... in schools where most meals are served free or at reduced-price, separating lines can create a perception that program meals are intended only for lower-income students, potentially creating a stigma that prevents children who cannot afford a la carte food



from eating at all. Schools should be encouraged to examine their operational practices to ensure that all students have a full opportunity to consider and choose a school meal.”

SAFE ROUTES TO SCHOOL OVERVIEW



The Safe Routes to School (SRTS) Coalition launched a 2 year program, funded by a \$500,000 federal grant, to promote safe and active walking and bicycling for students and their families. The SRTS Coalition is led by DPH and supported by the Presidio YMCA, SF Bicycle Coalition; SF Unified School District; SF Department of Children, Youth and Families; SF Police Department; and the SF Municipal Transportation Agency.

Participating Schools in fiscal year 2009-10 were Bryant (Mission District), George Washington Carver

(Bayview), Longfellow (Excelsior), Sunnyside (Sunnyside), Sunset (Outer Sunset). 68% of the students at these schools live within one mile of their school, a realistic distance to walk and bike to/from school.

The San Francisco SRTS Program is based on the national SRTS model of the “five Es” – Education, Encouragement, Enforcement, Engineering and Evaluation. Program partners delivered specific elements to all 5 participating schools, including:

Education

- Educate schoolchildren on pedestrian safety
- Distribute traffic safety packets to drivers near schools
- Distribute walk & bike maps for students specific to schools

Encouragement

- Organize the Shape Up San Francisco Walking Challenge within schools
- Organize International Walk to School Day events (October 7, 2009)
- Organize San Francisco Bike to School Day (April 15, 2010)

Engineering

- Conduct walk and bike audits at schools

Enforcement

- Enforce traffic laws around schools
- Utilize speed radar signs near schools

Evaluation

- Collect and analyze information on how schoolchildren get to and from school
- Collect and analyze surveys from parents on knowledge and attitudes towards walking and biking

The first year of SRTS was a success, creating momentum for more schools to participate in fiscal year 2010-11. In total, there were over 650 students at 5 schools that participated in the bike and pedestrian safety classes. Over 4,000 students participated in International Walk to School Day on October 7, 2009. The second Bike to School Day was held on April 15, 2010 and participation in this event doubled from the previous year to 995. The SRTS Coalition secured another \$500,000 grant from the SF County Transportation Authority to continue the program from 2011 to 2013.



STD SCREENING FOR PREGNANT WOMEN AND TEENS

During fiscal year 2009 - 10, the STD Clinic and STD Screening Program providers continued to perform STD testing for women of childbearing age to prevent complications due to STDs among their children. During this time, there were no reports of congenital syphilis or blindness due to chlamydia or gonorrhea that can result from exposure during to the disease during a vaginal delivery.

Since chlamydia rates are very high among African American youth, the clinic also maintained the STD screening program in the juvenile detention facility and at numerous teen clinics. In addition, the clinic worked with providers and CBOs in the three highest morbidity neighborhoods: Potrero Point, Sunnydale, and Hunter's Point, to promote STD screening among adolescents. Regular peer based street outreach and education was provided through the Youth United Through Health Education Program to increase STD knowledge and STD screening behaviors among adolescents.

FREE LEGAL ASSISTANCE FOR LOW INCOME CHILDREN AND FAMILIES

The Pediatric Asthma Clinic of the Children's Health Center at SFGH and Bay Area Legal Aid launched the San Francisco Medical-Legal Partnership (SFMLP). This cross-disciplinary program places an attorney directly into the medical clinic to provide free legal assistance to low-income children and their families. The goal of the SFMLP is to address the poverty-driven factors that exacerbate children's medical conditions. All pediatric asthma clinic patients referred to the program receive free legal advice, referrals, or complete representation. The SFMLP provides assistance in areas including housing, public benefits (e.g., CalWORKS, Food Stamps, and Social

Security benefits), health access, family law, domestic violence, disability, and special education. In addition, the SFMLP provides trainings to medical providers at SFGH on basic legal rights related to these topics. Trainings focus on how to screen patients and how to refer to the appropriate community resource, including free legal services.

Goal 7

Have a Safe and Healthy Place to Live

Even in San Francisco – one of the wealthiest cities in the country – not everyone has a safe and healthy place to live. Some neighborhoods have parks, high performing schools, public transit, and grocery stores. Other neighborhoods face more fast food and alcohol outlets, industrial pollutants, socially segregated housing, and other factors that may contribute to high rates of disease, injury, and violence. This important core goal highlights the need for health-oriented land use planning, equity-oriented economic development, meaningful opportunities for physical activity, exercise and health.

HEALTHY HOUSING

The Environmental Health Section, Healthy Homes and Neighborhoods Program, provides a coordinated and comprehensive approach to preventing health problems caused by unhealthy environmental conditions in homes and neighborhoods. The website, <http://www.DPH.org//EH/housing/healthy.asp> provides resources and help for issues including:

- Environmental Hazards to Children
- Pests
- Property Conditions
- Neighborhood Conditions
- Vector Control and Healthy Housing Program Fee
- Lead Hazard Prevention Code Requirements and Resources
- Pest Control Code Compliance
- Residential Building Owner/Operator Guidelines for Vector Control

San Francisco began implementation of the Healthy Housing Ordinance 159-08, in January 2009. Environmental Health now does both new routine inspections and ongoing complaint based enforcement of apartment conditions related to substandard housing conditions and vector control. Health inspectors from DPH inspect portions of apartment buildings with three or more units to ensure that minimum levels of sanitation are being maintained by the property owners. Health inspectors also look at common areas, yards, garbage storage areas and lobbies for signs of infestations from disease-causing vectors such as rodents, mosquitoes, flies, cockroaches, and wild birds, lead and asbestos hazards and other health-related violations.

THE HEALTH IMPACTS OF TRAFFIC IN THE EXCELSIOR DISTRICT

There is growing recognition of how transportation planning decisions have contributed to adverse public health and environmental justice impacts. In 2008, PODER (People Organizing to Demand Environmental and Economic Rights) sought the support of DPH's Program on Health, Equity and Sustainability and the University of California Berkeley-School of Public Health to study the impacts of I-280 on local traffic and health in the Excelsior community.¹

¹ Detailed findings from the project can be accessed on the project website, at: www.DPHphes.org/HIA_PODER.htm. The findings from this collaborative project were also published in the *American Journal of Public Health* (2009) and

Collectively, the partnership conducted demographic research illustrating that the population, largely composed of families, immigrants, and people of color, had increased after I-280's construction at a faster rate than in surrounding areas. Observed traffic counts demonstrated that trucks and buses accounted for >10% of local traffic, and air quality and noise modeling and monitoring showed that traffic contributed significantly to neighborhood air pollution and noise, and traffic injury hazards. A community survey found that over 35% of respondents reported that traffic noise interfered with the sleep of people in their household, and over 20% of respondents reported smelling traffic exhaust in their homes in the past six months.



PODER leaders used these research findings to create popular education activities, including workshops, skits, pamphlets, and comic art, and held media events to disseminate the findings. PODER, the Chinese Progressive Association (CPA), and community members then testified at public hearings and lobbied the Board of Supervisors to adopt a

resolution urging the San Francisco Municipal Transportation Agency (SFMTA) and DPH to collaborate to identify and mitigate traffic impacts on community health.²

Following the Board resolution, PODER, CPA, DPH and SFMTA staff, staff from Supervisorial Districts 9, 10 and 11, and community members met quarterly through 2009 to strategize and move forward potential solutions to truck and traffic health impacts on the southeast. In 2009 the partnership updated and publicized the SFMTA map of designated/preferred truck routes. The partnership was also successful in adding cut-through truck traffic and pedestrian and bicycle collisions as new criteria for prioritizing traffic calming projects. Overall, the partnership demonstrates a successful use of participatory research and has informed DPH's engagement with the City's transportation and planning agencies to support healthy, equitable transportation planning and policy.

CHINATOWN RESTAURANT WORKER HEALTH STUDY

Over the past three years, staff of the DPH's Environmental Health Section have been working with the CPA, the Labor Occupational Health Program and researchers

in *Race, Poverty & the Environment* (2008). This collaboration is also featured as a case study of local action to assess and address the health impacts of transportation decisions by the *American Public Health Association* at www.apha.org/advocacy/priorities/issues/transportation/casestudies.

² Available at: <http://www.DPHbos.org/ftp/uploadedfiles/bdsupvrs/resolutions08/r0493-08.pdf>.

at the University of California Berkeley School of Public Health and University of California San Francisco School of Medicine to investigate health and working conditions of restaurant workers in San Francisco's Chinatown. This community-based participatory research (CBPR) study has included a peer-administered survey of over 400 restaurant workers, a DPH-administered observational checklist of health and safety conditions in 106 restaurants, extensive training, and capacity building, and the development of vision and policy actions for improving working conditions for a healthy Chinatown.

The research, funded by the National Institute for Occupational Safety and Health, the California Endowment and the California Wellness Foundation, has revealed a number of troubling facts about the working conditions for food handlers in Chinatown:

- o 50% of workers receive less than minimum wage and 95% do not receive a living wage
- o 20% of workers work more than 60 hours a week
- o 48% of workers have experienced burn injury
- o 3% of workers have employer provided health care
- o 42% of workers have pay deducted if they take time off sick
- o 57% of workers did not know how to report their injuries
- o 82% of restaurants lacked fully stocked first aid kits
- o 52% of restaurants lacked anti-skid slip mats
- o 65% of restaurants did not comply with labor law notification requirements
- o workers lose over \$8 million dollars a year due to labor law violations (for a kitchen worker this is approximately \$6,000 per year - or 30% of their annual income.)

Recognizing that non-compliance with labor standards also impacts health inequities, DPH staff began to explore ways to use their authority to ensure that DPH permitted businesses maintain healthy standards for workers. Over the past year, Environmental Health began requiring all businesses to provide proof of workers' compensation for new or renewed health permits. These efforts have resulted in 23 restaurants obtaining proper coverage and the suspension of one facility that refused to comply. In addition, training staff have integrated regulations about paid sick leave and safe use of chemicals in all food safety certification trainings. Finally, DPH and the Office of Labor Standards Enforcement are using DPH's routine administrative enforcement process to bring restaurants into labor code compliance. As of August 2010, this led to revocation of one restaurant's permit for denying workers' wages earned and advanced action on other non-compliant restaurant owners.

To download the full report, including more findings and worker recommendations for policy change, please visit: <http://www.sfphes.org/WRWE/Chinatown.htm>

For more information about DPH Environmental Health recent and future actions to promote compliance with labor standards, please visit: <http://www.sfphes.org/WRWE/Capacity.htm>

3-1-1 CAMPAIGN FOR SRO TENANTS

3-1-1 becomes the 'Go to Place' for SRO complaints. DPH's Tobacco Free Project (TFP) funds community based organizations to do policy development related to tobacco control. TFP provides training and technical assistance to start-up projects

addressing second hand smoke and other housing code issues in Single Room Occupancy Hotels (SROs). The TFP was the lead agency in working with the funded agency, Dolores Street Community Services, and the Mission SRO Collaborative to identify the need, do the research, and develop and propose policies that resulted in this effort. As a result of this a two-year project, SRO tenants are now able to call 3-1-1 to register a complaint about their living conditions or ask about services. In December of 2009, a partnership of City agencies including the San Francisco Fire Department, Department of Building Inspection, DPH and the SRO Collaboratives launched the new 3-1-1/SRO service with help and support from the City's Department of Technology and the 3-1-1 system. The call is free from any pay phone in the City and 3-1-1 has the capability to respond in over 100 languages. Once a complaint or service request is made to 3-1-1, the complaint is immediately routed to the appropriate City department. A tracking number is provided to the complainant for later follow up. To further this work, the funded project worked closely with Supervisor Campos' office successfully sponsoring an ordinance in the housing code mandating that all SROs in San Francisco post the 3-1-1 service in three languages. Posters and letters were mailed to more than 500 SROs in June of 2010.

Goal 8**Improve Health and Health Care Access for Persons with Disabilities**

Research shows that people with disabilities experience significant health disparities and barriers to healthcare compared to people who do not have disabilities. While consistent measures of health status and healthcare access for persons with disabilities remain limited, these issues will impact an increasing number of San Franciscans as our population ages. This core goal demonstrates the city's commitment to not only disability and disease prevention, but also to promoting health and healthy living for people with disabilities.

SAN FRANCISCO GENERAL HOSPITAL ADA CAMPUS IMPROVEMENTS

SFGH started the following ADA- accessibility projects during fiscal year 2009-10:

- The replacement of the entry doors to the hospital chapel to provide code required width for wheelchair access;
- an evaluation of options to connect Buildings 80 & 90 to create elevator redundancy during upgrades or replacements;
- implementation of the van accessibility upgrade for Buildings 80 & 90, including the reconstruction of the van drive through, accessible ramp, grading, accessible parking spaces and signage.

AMPUTEE REHABILITATION PROGRAM

The SFGH Rehabilitation Department received a \$120,000 grant from the San Francisco General Hospital Foundation to strengthen and expand its work with amputee patients. The funds help support and empower patients through educational conferences and a web site, scholarship to a kid's summer camp, transportation to a support group and to a recreational training center, and peer training to become mentors in the Amputee Coalition. Equipment such as specialty wheelchairs, cushions, lifts, and supplies not covered by Medi-Cal are also funded.

HOUSING AND URBAN HEALTH OVERVIEW OF HOUSING INVENTORY

Since its inception in 1998, DPH's Housing and Urban Health Section has held as its mission, "To promote stability and wellness among people living with poverty, homelessness, and multiple health problems through the provision of respectful health services, advocacy, and housing." Housing and Urban Health (HUH) operates various types of housing to meet the needs of clients as well as the discharge demands of other sections within DPH. For example, the Department's Homeless Outreach Team, SFHOT, needs immediate placement options for people coming directly from the streets. For that purpose, HUH has secured several hundred "stabilization rooms." HUH also operates more than 1,000 units of permanent supportive housing as part of its Direct Access to Housing (DAH) Program; these units provide long-term stable housing for persons who are currently homeless and/or transitioning from a different level of care, including stabilization housing.

The chart below summarizes the different housing types HUH administers or operates currently:

Housing Type	Total Units/Beds	Description
Stabilization Housing	281	Blocks of rooms in private Single Room Occupancy (SRO) hotels, which are designed for short-term stays (1-6 months) to attain basic client stability
Respite/Sobering Beds	60	<u>Respite</u> : Discharge option for hospitalized non-acute homeless patients who require further recovery. <u>Sobering</u> : Chronic inebriate stabilization services and access to continuing care
Transitional Housing	104	Medium stay housing (up to 24 months) with intensive on-site services
HIV Housing Subsidies	690	Tenant-based rental subsidies that allow persons with HIV/AIDS to rent units in the private market
Permanent Supportive Housing - DAH Program	1,071	Multi-unit buildings that include on-site support services as well as access to medical care
Scattered-Site LHHRSF	55	Scattered-site housing with wrap-around services for people discharged from LHH or diverted from SFGH
Total	2,396	

PERMANENT SUPPORTIVE HOUSING: DIRECT ACCESS TO HOUSING

Direct Access to Housing (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. By fall 2010, DAH will house more than 1,000 persons across 28 sites. By the end of 2012, DAH will bring online more than 600 housing units in eight new buildings. Current and future project details in the following charts.

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	91	91	Homeless adults with special needs
2000	Le Nain	86	86	Homeless seniors ≥ 55 with 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 with special needs
2004	West	104	40	Homeless seniors ≥ 55 with special needs
2004	Empress	89	89	Chronically homeless* adults with special needs
2005	Folsom/Dore	98	20	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 with special needs
2006	DAH for Chronic Alcoholics (Collaboration w/six existing affordable housing sites)	Varies	74**	Chronically homeless* adults with a disabling addiction to alcohol
2007	DAH Prop. 63 Program (Collaboration w/three existing affordable housing sites)	Varies	26	Homeless, severely mentally ill adults and older adults, who are homeless or at-risk of homelessness
2008	Parkview Terrace Apartments	101	20	Chronically homeless* seniors ≥ 62 with special needs, who are Shelter Plus Care eligible
2008	990 Polk Senior Community	110	50	Homeless seniors ≥ 55 with special needs, including Prop.63 clients
2009	Mosaica Family and Senior Community	151	11	Homeless seniors ≥ 62 with special needs, whose income is extremely low
2010	149 Mason Street	56	55	Homeless adults with special needs
2010	Edith Witt Senior Community	107	27	Homeless and chronically homeless seniors ≥ 62 with special needs
Sept. 2010	Armstrong Place Senior Housing	116	23	Homeless seniors ≥ 62 with special needs
Oct. 2010	Coronet Senior Housing	150	25	Homeless seniors ≥ 55 with severe disabilities, eligible for PAES
TOTAL	Current Units	1,925+	1,071	

* "Chronically homeless" as defined by the US Department of Housing and Urban Development (HUD).

** HUD funding supports 62 of the 74 units.

Future DAH Projects:

Start Date	Building Name	Total Building Units	New DAH Units	DAH Population
2010	Aarti Hotel	40	40	Homeless transition age youth (ages 18-25)
2011/2012	Arlington Residence	153	34 [^]	Chronically homeless ^{^^} adults with a disabling addiction to alcohol and homeless adults with special needs
2011/2012	1500 Page Street Residential Care Facility	50	50	To Be Determined
2011/2012	Central Freeway Parcel G	120	120	Homeless adults with special needs, including 12 Prop.63 clients
2011/2012	Dolores Hotel	53	53	Homeless adults with special needs
2012	Mary Helen Rogers Apartments	100	20	Homeless seniors with special needs
2012	Transbay Block 11	120	120	Homeless adults with special needs
2012	220 Golden Gate	174	174	Homeless adults with special needs
TOTAL	New Units	810	611	

[^] The Arlington Residence, an existing DAH for Chronic Alcoholics site, will undergo a total mod rehab, resulting in 153 mini-efficiency units boasting private bathrooms and kitchenettes. DPH-HUH will increase its number of contracted units from 24 (current) to 58 (increase of 34 units) in 2012. DPH-HUH will incrementally increase its contract over time, bringing the total contracted unit count to 128 by 2026.

^{^^} “Chronically homeless” as defined by the US Department of Housing and Urban Development (HUD).

FISCAL YEAR 2009-10 DAH HIGHLIGHTS



Photo of the 149 Mason Street Housing Project, a 55-unit newly constructed DAH building in the Tenderloin.

Since opening its first permanent supportive housing site in 1999, DPH-HUH has continued its commitment to end homelessness and reduce unnecessary use of public services by expanding the DAH Program. In March 2010, for example, DPH-HUH—in partnership with Glide, the Tenderloin Neighborhood Development Corporation, and the San Francisco Mayor’s Office of Housing—helped open the newly constructed 149 Mason Street development, a 55-unit apartment building serving homeless adults with special needs. 149 Mason Street is a 100% DAH building.

In addition DAH partnered with Mercy Housing and Catholic Charities to open Edith Witt Senior Community, a 107-unit building with 27 units set aside for homeless and chronically homeless seniors ages 62 and older.

In fiscal year 2010-11, DPH-HUH will help open the doors of two additional permanent supportive housing projects for seniors:

- Armstrong Place, a newly constructed 116-unit site that will set aside 23 housing units for the DAH Program. All DAH tenants will be homeless seniors (ages 62 and older) with special needs. Armstrong Place, the first DAH site to open in the Bayview, is scheduled to open in September 2010.



Rendering of Edith Witt Senior Community, a 107-unit building that houses 27 senior DAH residents.

- Coronet Senior Housing, a 150-unit building, 25 of which will be set aside for DAH tenants. All DAH residents will be homeless seniors (ages 55 and older) with special needs. Coronet Senior Housing and the on-site Adult Day Health Center are slated to open in October 2010.

Designed to address the growing housing needs of San Francisco's homeless seniors, these DAH sites are tailored to seniors' changing needs, allowing tenants to age in place healthfully and in safe, affordable housing.



At Left: Armstrong Place, a newly constructed site that will serve 23 senior DAH residents in San Francisco's Bayview neighborhood. At Right: Rendering of Coronet Senior Housing, scheduled to house 25 senior DAH tenants.

PROVIDING MEDICAL CARE IN HOUSING

The DAH Program increases tenant access to healthcare by offering medical services—not only at the centrally located Housing and Urban Health Clinic—but at many of the program’s permanent supportive housing sites. In fiscal year 2009-10, DAH expanded nursing services to all of the program’s six master-leased sites. DAH also extended nursing services and medical oversight to two new additions to the DAH portfolio: 149 Mason Street and Edith Witt Senior Community. At Armstrong Place Senior Housing, the close-by Southeast Health Center is ready to provide a medical home to DAH tenants.

BEHAVIORAL HEALTH IN DAH PERMANENT SUPPORTIVE HOUSING

In July 2009, DPH-HUH staff assumed the support services function at the following master-leased DAH sites:

- Camelot
- Empress
- Le Nain
- Pacific Bay Inn
- Star
- Windsor

Formerly staffed by nonprofit contractors, consolidating support services within DPH has allowed for streamlining of staff supervision, training, and support across sites. Consolidation has also allowed for increased collaboration between support services and property management, as the six master-leased buildings are operated by the same property management entity.

Goal 9

Promote Healthy Aging

Healthy aging is the natural changes and development that occur in the absence of any disease. The community Benefit Partnership has chosen this goal to emphasize maximizing older adults' self-sufficiency, safety, and health so that they can maintain a high quality of life and live independently in their communities for as long as possible. San Francisco's diverse population will pose unique cultural competence challenges to achieving these outcomes and the Department of Public Health is positioned to meet that need.

The New Laguna Honda Hospital

Over 500 celebrants gathered on June 26 for ribbon cutting ceremonies inaugurating the new Laguna Honda, California's first 'Leadership in Energy and Environmental Design' (LEED)-certified hospital. Mayor Gavin Newsom, Congresswoman Jackie Speier and Laguna Honda Residents' Council President Elizabeth Cutler presided. Fifty Laguna Honda residents were present, thanks to the hospital's activity therapy staff, which coordinated resident attendance. Laguna Honda received silver certification by the U.S. Green Building Council's Leadership in Energy and Environmental Design program on June 18, 2010. The LEED program is the leading national standard for designating green buildings.

The hospital's three new buildings address environmental impacts in their design, construction, and operation across six LEED-designated categories: sustainable sites, water efficiency, energy and atmosphere, materials and resources, indoor environmental quality, and innovation and design process.

At 780 residents, Laguna Honda represents one of the most extensive commitments to long term care and rehabilitation for a safety net population of any city or county in the country.

The new Laguna Honda consolidates 13 specialized nursing programs into a single integrated organization. It combines personalized care for a wide range of disabilities and diagnoses, including Alzheimer's, HIV/AIDS, multiple sclerosis, traumatic brain injury, and other complex and chronic conditions with the efficiencies afforded by an economy of scale. Advance for Nurses magazine called the new Laguna Honda "the wave of the future" in long term care.

Residents are scheduled to move into the new buildings following certification of life safety equipment, training of staff and licensing by the California Department of Public Health in December 2010.

Staff training is spearheaded by 160 super-users, staff members who received early training to become experts in the work routines and technical operations of the new buildings. Applying a national best practice known as Day in the Life training, the super-users are charged with orienting their colleagues to the new environment. Day in the Life scenarios simulate a resident's typical day in the hospital's new households.

The financing package for the new Laguna Honda contains innovative components to defray the cost of general obligation bonds. The buildings are partly financed by revenue from the settlement of city lawsuits against the tobacco companies. Up to 45% of capital costs are eligible for reimbursement by the federal government.

Source of Funds	Amount
General Obligation Bonds	\$296, 083, 671
Interest Earned From General Obligation Bonds	26,771,514
Tobacco Settlement Revenues	133,554,943
Interest Earned From Tobacco Settlement Revenues	7,437,788
Certificates of Participation	120,000,000
Grants (2)	1,098,686
TOTAL	\$584, 946,602

General obligation bonds were approved by San Francisco voters in the November 1999 election by 73%.

Grants are from the U.S. Health Resources and Service Administration and the U.S. Department of Housing and Urban Development.

Certificates of participation are tax exempt securities used to raise capital funds or purchase equipment.

It is exciting to have a brand new building. It is even more exciting to receive a new model of care; care that is resident-centered, care that honors each person as an individual instead of a body in a bed, care that involves talking to us, and, more important, listening to us, hearing our voices.

Community Integration

DPH has been an innovative leader in producing site-based housing through Direct Access to Housing for many years; however, the demand for community placements has continued to outstrip available units in the DPH-Housing and Urban Health network of supportive housing. As such, DPH began an ambitious project called the Laguna Honda Hospital Rental Subsidy Program (LHHRSP) in 2008. Designed to place 500 persons in scattered-site housing over five years, the LHHRSP targets:

- Persons eligible for discharge from LHH.
- Persons who qualify for a skilled nursing facility level of care but who can succeed in the community given the availability of appropriate community supports.

The LHHRSP is a joint effort between DPH and the Department of Aging and Adult Services (DAAS), with DPH responsible for locating and maintaining a network of housing and for helping with the identification and provision of appropriate client services. Distinct from the DAH housing model, this project relies on subsidizing market rate housing and deploying individualized services tailored to each client.

Westbay Housing Corporation (WBHC), selected by DPH – HUH through a competitive bidding process, is the nonprofit housing provider contracted to secure apartments in the private market that are suitable for the LHHRSP target population. In many cases, WBHC has negotiated with private landlords to allow significant accessibility improvements in units including the replacement of standard shower/tubs with roll-in showers. WBHC also plays the important role of liaison between the building owner and tenants. If tenant-caused difficulties arise at a site,

WBHC is there to problem solve and assure the owner that all necessary measures are in place. To date, WBHC has leased approximately 55 units in buildings ranging from Fox Plaza to the Fillmore Center. All apartments are self contained units with private bathrooms and kitchens. Depending on client need, the units range from studio-sized to two bedroom. The following photos provide examples of the housing sites used by this project.

1475 Fillmore



Laguna Honda continued to make progress this fiscal year in the community integration of its developmentally disabled population. The newest housing option for developmentally disabled adults in San Francisco is the Byxbee Home, which opened on June 4, 2010. A collaborative project of Laguna Honda, the Golden Gate Regional Center (GGRC), the city's Department of Aging and Adult Services and the housing office of the Department of Public Health, Byxbee serves four adults in an 1800 square foot, four bedroom home with a fully accessible backyard.

The home is operated by former Laguna Honda staff members. Byxbee is only the latest GGRC home to open as part of Laguna Honda's partnership to expand community integration for developmentally disabled adults. Last year, the same former staff members opened another GGRC home, Capay Circle, and a third home is scheduled to open in December 2010.

Shuttle Service

Laguna Honda began operating its own shuttle service from the Forest Hill Muni station across the street from the hospital in December 2010. The service replaced Muni's 89 bus line, which was discontinued due to budget cuts.

The hospital operates two wheelchair-accessible vans from the Muni station to the Laguna Honda main entrance and parking lots.

SFGH Earns NICHE Designation

SFGH has earned NICHE (Nurses Improving Care for Healthsystem Elders) designation, becoming the third hospital in the Bay Area to participate in a national program to improve care for older hospitalized adults. Recognizing the national scarcity of geriatric-trained nurses, NICHE aims to improve care of older people by strengthening approaches to core clinical issues such as falls, restraint use, pain, skin breakdown, wounds, use of advance directives and family involvement in decision-making. Additionally, NICHE aims to make the physical and social environment friendlier for the older adult patient.

A growing number of SFGH patients are over the age of 65 and, as such, face a variety of health risks specific to elders. To meet the challenges of our aging population, SFGH will undertake a number of steps to recognize and prevent or treat these health problems. In the first phase of the program, the hospital has already begun providing additional education to a core group of 80 "Geriatric Resource Nurses," who will become leaders and role models to their peers on the inpatient units.

The new NICHE designation dovetails with the hospital's Acute Care for Elders (ACE) unit that opened in 2007. The ACE unit is the only one of its kind in California, and one of two on the west coast (Virginia Mason Medical Center in Seattle, WA has a 23-bed ACE unit). It is a busy and growing program that uses an interdisciplinary team to provide patient-centered care to hospitalized older adults with a focus on returning patients home. The ACE program expanded from 12 to 24 beds and now includes patients requiring specialized cardiac care. The ACE model has been proven to increase patient and staff satisfaction and, most importantly, improve the older adult's quality of life through its coordinated holistic approach.

We thank the Gordon and Betty Moore Foundation for providing the funds to reduce readmissions for patients 65 or older, expanding the ACE program to the telemetry/cardiac unit, and conducting the NICHE training that enabled us to achieve the designation.

Prevent Heart Attacks and Strokes Everyday

The Kaiser Foundation awarded SFGH a two-year Prevent Heart Attacks and Strokes Everyday (PHASE) grant for \$300,000. PHASE, a model of care developed by Kaiser, is an evidenced-based, cost effective method of cardiovascular disease prevention in high risk patients. The key programmatic elements are a registry and panel management. SFGH received a PHASE grant in 2008-2009 to replicate the program

in 4 DPH clinics: General Medicine Clinic, Family Health Center, Ocean Park, and Chinatown. The 2009-10 grant was used to expand the program to the Maxine Hall, Southeast, and Silver Avenue clinics.

Goal 10

Eliminate Health Disparities

Most health disparities are rooted in longstanding unequal social and environmental conditions, in cities as diverse as San Francisco, rates of injury, illness, and death vary significantly by neighborhood, income, and ethnicity. Highlighting such differences allows our community to allocate resources efficiently, adjust socio-economic systems, and encourage political change to improve health. This goal provides a starting place for measuring disparities in our community. By selecting indicators that can be measured and quantified over time, we can begin to implement successful evidence-based practices to decrease and eliminate some of these disparities.

AFRICAN AMERICAN HEALTH DISPARITIES

A recent study on African American health revealed concern for premature death among African Americans. In response, CBHS has set forth the following goal:

To improve the health, well-being and quality of life of African Americans living in San Francisco

CBHS will initiate major efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two major approaches:

1. Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
2. Enhance welcoming and engagement of African American clients.

REDUCING HEALTH DISPARITIES IN THE BAYVIEW-HUNTERS POINT

Although Primary Care provides care for the most vulnerable and complex population in the city, it is further challenged by the continued health disparity in the Southeast section of the city. Several needs assessments have been conducted on the Bayview-Hunters Point (BVHP) area and they show that the Bayview continues to be disproportionately burdened by disease, violence, and poverty.

Southeast Health Center (SEHC), Primary Care continues to explore ways of reducing these health disparities in BVHP. Primary Care has participated in various planning processes to bring services into the area, including the Mayor's Communities of Opportunity Project, and the Immunization projects. Plans to expand the footprint of the clinic are under consideration. SEHC is also part of the AIDS Center of Excellence (COE), and works in partnership with several community-based organizations to improve HIV services. In fiscal year 2005-06 Southeast Health Center initiated a project (the Transition Clinic) that provides and coordinates primary care services for recently released inmates. Today, the Transition Clinic provides on-going care for more the 200 formerly incarcerated inmates. SEHC has also initiated a number of programs, such as a joint program with UCSF to provide optometry services which served more than 200 patients. Other services include AVON Breast Health, an HIV Early Intervention Program, the food pantry, SOS Van that provides street based primary care, for homeless persons and legal services.

MEDICAL-LEGAL PARTNERSHIP

Southeast Health Center (SEHC) collaborated with Volunteer Legal Services Program (VLSP) in a medical-legal partnership. The intent of the collaboration is to remove barriers to healthy living for disadvantaged residents of Bayview-Hunters Point, with special focus on SEHC. Although physicians are ideally placed to observe the health effects caused by certain socio-economic factors, and the first to detect when such factors are compromising their patients' care, they are not equipped to handle the underlying causes, such as housing problems, unsafe living environments, and lack of income. These are issues that legal services can address. The goal of the partnership formed by SEHC is to provide access to legal services in a medical setting, enabling patients to improve their living conditions, economic status, and well-being. VLSP through this partnership provides 3-6 hours a week of legal services. SEHC began reviewing individual clinical quality measures for disparities starting with Diabetes, blood pressure control among cardiovascular risk patients, and women's breast and cervical cancer screening.

COLON CANCER SCREENING GRANT

Ocean Park Health Center was awarded a grant from the California Colon Cancer Control Program (CCCCP), California Department of Public Health, to focus on colon health, colon cancer control, and improving population-based colon cancer screening (CCS) rates for all Californians over the age of 50 years. The purpose of the CCCP is to establish and integrate evidence-based colorectal cancer (CRC) screening programs in order to increase high quality population-based CRC screening rates among average-risk, uninsured and insured persons 50 years of age and older. The priority populations are low-income men and women who are uninsured or underinsured for screening services. Screening activities can include, but are not limited to: enrollment of all eligible persons into the screening program; patient and provider education; development of processes and best practices in population based care and electronic registry work, patient navigation and case management; and development of key partnership initiatives to ensure that systems and policies are in place to promote high-quality colorectal screening, diagnosis and treatment for all San Franciscans.

MILESTONES

In 2009, Chinatown Public Health Center (CPHC) celebrated their 40th anniversary of providing quality primary care services to the community. Three members of the Board of Supervisors, community representatives, and patients joined CPHC staff to commemorate the event.



SAN FRANCISCO GENERAL HOSPITAL STUDY OF VULNERABLE POPULATIONS

A study in the April issue of *Diabetes Care* comparing alternate forms of diabetes support for vulnerable populations with limited literacy and English proficiency determined that a patient-centered approach using health information technology is more effective than traditional diabetes management approaches. The study is one of several conducted by the Center for Vulnerable Populations (CVP) at SFGH as part of the Improving Diabetes Efforts across Language and Literacy (IDEALL) Project. IDEALL is an innovative program that combines accessible, multilingual communication technology with targeted interpersonal support to improve health outcomes for diabetes patients in a public “safety net” setting. Researchers found that using an automated telephone self-management (ATSM) support system for diabetes management is cost effective, reduces the burden of disease on both patient and family caregivers, and improves the quality of care in public safety-net settings.

The original ATSM pilot project involved 339 patients with type 2 diabetes and ran from 2003 to 2006. The Center for Vulnerable Populations at SFGH and the San Francisco Health Plan partnered to expand the original pilot program and now have 800 DPH clients enrolled in the system. Because of its success, the ATSM system has been highlighted by various groups including funding organizations, ethnic media groups, and academic institutes. It has been recognized as a national model for reducing language- and literacy-related health disparities by the Institute of Medicine, and as a model program for ambulatory patient safety by The Joint Commission. The IDEALL Project received the California Association of Public Health Systems and California Health Care Safety Net Institute 2009 Top Honors Award.

HIV STRATEGIES FOR DISPROPORTIONATELY AFFECTED COMMUNITIES

While HIV and AIDS remain concentrated among gay male communities, representing approximately 80% of new HIV cases annually, it is important to remember that other groups are also disproportionately affected by HIV. From 2006 estimates, new HIV infection rates appear to be very high among transfemales, emphasizing the need to support prevention efforts for this highly marginalized population. Thanks to early implementation of syringe access programs, the epidemic among injection drug users (IDUs) in San Francisco was largely curtailed, although we still see very high rates of sexual transmission of HIV among men who have sex with men (MSM) who inject drugs. As is the case with MSM infections, IDU infections have stabilized over the past few years, with approximately 114 new infections occurring annually, with just over half among MSM-IDU. New HIV infections remain relatively rare among non-injecting women and among non-injecting men who have sex exclusively with women. Together, it is estimated that these two groups account for less than 0.1% of new infections in San Francisco. Moreover, the vast majority of infections in these populations are indirectly linked to IDU and males who have sex with males and females (MSM/F).

There are ethnic/racial disparities in HIV in our city. As in the rest of the country, African Americans bear a disproportionate burden of the disease in San Francisco: this is the case for HIV cases among MSM, IDU, and heterosexual women, and may well be the case for transpersons. While it is estimated that 6% of San Francisco’s population is African American, 14% of reported HIV cases are among African Americans. Importantly, most African American HIV cases are among MSM, with over 40% of African Americans reported with HIV being MSM. These troubling data reinforce the need to strengthen our HIV prevention efforts among African Americans

in coverage, intensity, and appropriateness. These trends must be taken into account in determining how to best deliver HIV prevention services in San Francisco.

SF AFRICAN AMERICAN ACTION PLAN AND BLACK MEN TESTING PROJECT

The plan's mission was to develop recommendations for promoting and preserving the overall health and well being of all African American gay men and MSM in the City of San Francisco. The plan aims to reduce HIV and Sexually Transmitted Infections (STI) transmission through specific recommendations for development of comprehensive structural and behavioral interventions. These interventions should empower African American men, increase and sustain community support for individuals, assist in the development of social support networks, and reduce morbidity and mortality of HIV and STIs. The specific recommendations from the plan are as follows:

- To address high HIV prevalence sexual networks and neighborhoods
- To address isolation and other psychosocial challenges
- To address group-level stigma
- To address macro-environmental factors, such as health care access, housing instability, poverty, and incarceration

The AIDS Office initiated a local African American MSM HIV Counseling, Testing, and Linkage Project (Black Men Testing Project). The goal of this local project is to reach African American MSM using a social network based recruitment method first developed for peer education among IDU.

SF LATINO GAY MEN AND MSM HIV PREVENTION ACTION PLAN

The mission of the Latino Action Plan was to employ a community participatory research approach to describe the context that puts Latino gay men and other Latino MSM at risk for HIV in an effort to make programmatic recommendations for strengthening services. The plan produced a set of ten recommendations. The specific recommendations from the plan were prioritized by the Latino Working Group and are as follows:

1. Programs that provide relevant and tailored education on the interconnection of sexuality, relationships, substances, and HIV. Community building in context that emphasizes a sense of familia.
2. Culturally relevant programs that address the functional use and impact of substances -- emphasis on connection between stimulants and HIV. Need anti drug-stigma campaign and increased provider training.
3. Culturally tailored Prevention for Positives that addresses sexual behavior, HIV disclosure, and assessments of risk for HIV transmission among positive Latino men in a way that is non-stigmatizing. Campaigns aimed at reducing HIV stigmatization in the Latino gay community.
4. Programs need to address Latino gay men's concerns for job stability and financial well-being; that is, connect HIV prevention with the existing strong motivation towards "Superación" (improve one's situation - financial, educational, physical, and emotional).
5. Programs that welcome and target Latino English-speaking gay men need to develop. However, this should not be done at the expense of existing programming designed for immigrant, Spanish-speaking men.
6. Programs that help men make sound and accurate assessments of HIV risk in different sexual contexts and situations, including knowledge of HIV status of self and sexual partners.

7. A guiding structure (online website) that orients new waves of young Latino gay men who are newcomers to San Francisco; “landing pads” would be healthy and supportive contexts rather than situations of risk where Latino gay men are sexually objectified.
8. Create a program that targets the particular issues of older English-speaking Latino gay men of lower socioeconomic status who are also marginally housed (SROs or shelters). The program should address issues of life stability, as well as access to culturally appropriate mental health and substance abuse services.
9. Programs that address high burnout rates of HIV service providers. Existing Latino programs should be funded to carry out activities that prevent burnout and sustain the long term, enthusiastic work of their front-line staff.
10. Programs tailored to MSM who identify as heterosexual should be developed, with targeted individual assessment and counseling by culturally trained prevention workers.

STD SECTION ADDRESSES AFRICAN AMERICAN ADOLESCENTS

To address health disparities among African American adolescents, City Clinic:

- maintained the STD screening program in the juvenile detention facility and at numerous teen clinics;
- maintained STD screening in adult detention as a means to reduce chlamydia and gonorrhea among adolescent females, since many young females have sex with adult males;
- worked with providers and CBOs in the three highest morbidity neighborhoods (Potrero Point, Sunnyside, and Hunter’s Point,) to promote STD screening among adolescents;
- performed regular peer based street outreach and education through our Youth United Through Health Education (YUTHE) Program to increase STD knowledge and STD screening behaviors among adolescents;
- implemented a three-month re-screening program for female patients diagnosed with chlamydia to minimize re-infection and complications;
- met regularly with the Community Partners Group;
- maintained the Adolescent STD Task Force to develop and implement appropriate interventions to reduce STDs among adolescents;
- investigated and mapped socioeconomic and neighborhood factors correlated to rates of chlamydia infection in San Francisco;
- collaborated with UCSF researchers on a pilot study surveying young African-American men in the Bayview neighborhood about their STD knowledge and beliefs; and
- will be performing partner services interviews with women under 20 years of age diagnosed with chlamydia from high morbidity neighborhoods.

CITY CLINIC WORKS WITH MSM POPULATION

In an effort to decrease STDs among the MSM community, STD has developed a series of strategies including:

- publishing and disseminating written recommendations for private providers related to collecting complete sexual histories and screening and re-screening sexually active MSM for STDs;
- financially supporting Magnet, the gay men’s health center and the St. James Infirmary, the City’s only sexual health center for sex industry workers to ensure STD services were available for all of their patients;

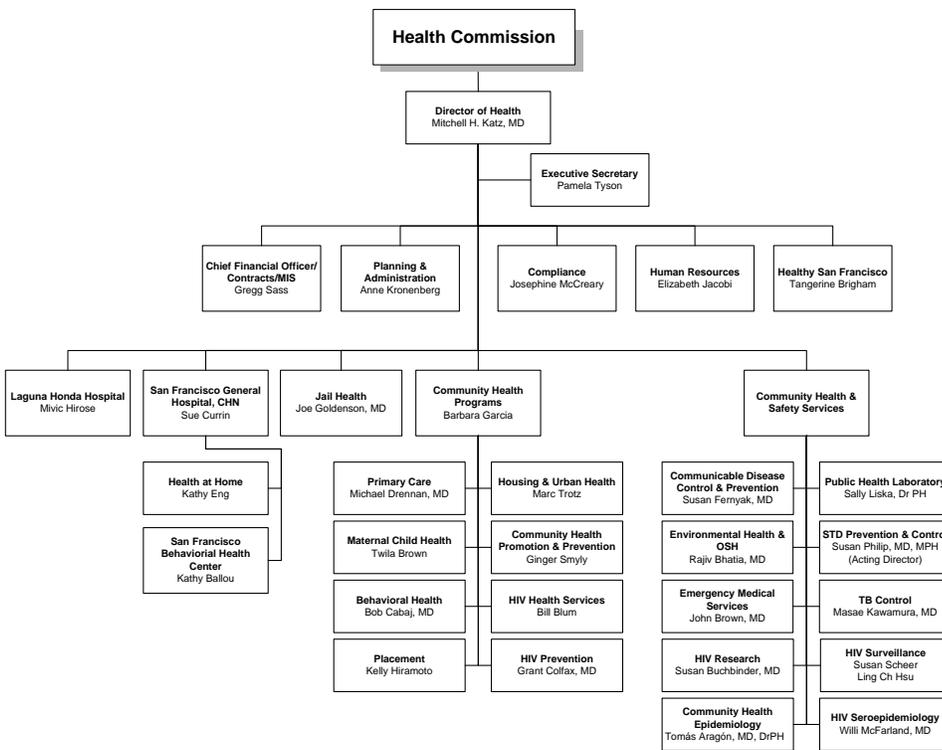
- maintaining an MSM Screening Program to increase access to comprehensive STD services for MSM;
- providing MSM seen at the STD Clinic with presumptive treatment for gonorrhea and chlamydia when diagnosed with a new HIV infection detected by rapid HIV testing to prevent the spread of STDs and complications;
- providing the data needed to have gonorrhea added as a driver for HIV infection and to have all STDs listed as co-factors for HIV infection in the new 2010 HIV Prevention Plan;
- providing rectal infection counseling for sexually active, HIV negative MSM seen at the STD Clinic to reduce their risk of developing an STD and/or acquiring HIV;
- conducting weekly recruitment, outreach, linkages and materials distribution for MSM in the Castro and South of Market neighborhoods of the City;
- meeting regularly with Community Partners Group; and
- utilizing a prediction model developed using local data from syphilis and HIV interviews to prioritize partner-notification interviews of patients diagnosed with early syphilis and/or new HIV infections that would most likely to result in treated partners.

Appendices

DPH Organization

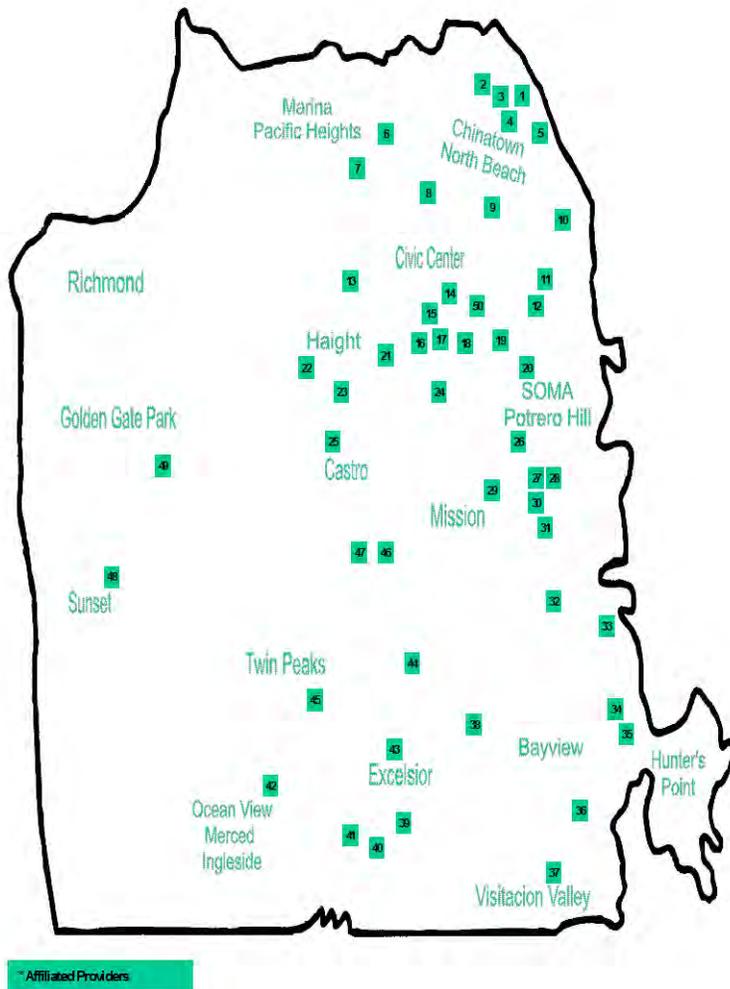
DPH Organizational Chart

The dedicated and committed DPH staff make it possible to achieve our mission to protect and promote the health of all San Franciscans. This organizational chart reflects the structure of DPH and the individuals in key positions in fiscal year 2009 -10.



Our Service Sites & Affiliated Providers

DPH offers primary care and other health services at sites located throughout the City and County. The map below shows where DPH and affiliated sites were located in fiscal year 2009 -10.



Index of Service Sites From Previous Page

<ol style="list-style-type: none"> 1. Chinatown / North Beach Mental Health Services 2. Chinatown Public Health Center / Newcomers Program 3. Chinatown Child Development Center 4. Chinatown Child Development Center Child Care Mental Health Consultation 5. Northeast Medical Services * 6. Center for Special Problems – Trauma Resolution 7. Maxine Hall Health Center 8. Larkin Street Youth Clinic * 9. Curry Senior Service Center * 10. Jail Health Services 11. South of Market Health Center * 12. South of Market Mental Health Services 13. Haight-Ashbury Free Medical Clinic* 14. Health Officer / Public Health Lab / Tom Waddell Health Center / Immunization / Vital Records 15. Central City Older Adult Unit 16. Environmental Health Services 17. Health Education & Health Promotion 18. Public Conservatorship 19. City Clinic 20. Mission Mental Health Services 21. HIV Services 22. Cole Street Youth Clinic * 23. Lyon-Martin Women's Health Services * 24. Native American Health Center 25. Castro-Mission Health Center 26. Mission Neighborhood Health Center 27. AB 3632 Unit / Children's Mental Health 	<ol style="list-style-type: none"> 28. Mission Family Center 29. Alternatives Program/ Mission ACT / Mission Mental Health Services Team I 30. San Francisco General Hospital 31. Child & Adolescent Sexual Abuse Resource Center (CASARC) 32. Potrero Hill Health Center 33. Comprehensive Child Crisis Service / Foster Care Mental Health Program 34. Family Mosaic Project Children System of Care 35. Children's System of Care Intensive Care Management 36. Southeast Health Center 37. Southeast Child & Family Therapy Center 38. Silver Avenue Family Health Center 39. Southeast Child & Family Therapy Center 2 40. Health At Home 41. Balboa Teen Health Center 42. OMI Family Center 43. Excelsior Group * 44. Southeast Mission Geriatric Services 45. Team II Adult Outpatient Services 46. Special Programs for Youth 47. Laguna Honda Hospital & Rehabilitation Center 48. Sunset Mental Health Services 49. Ocean Park Health Center 50. Housing & Urban Health Clinic
--	--

The Department's Advisory Groups

DPH relies on its community partners for guidance and direction. DPH has 64 advisory groups that help inform community concerns and priorities. The following is a list of the advisory groups in fiscal year 2009 -10.

Behavioral Health

- AB 2034 Consumer Advisory Board
- Children's Mental Health Systems of Care Council
- Community Behavioral Health Services Parent Advisory Committee
- Community Behavioral Health Services Client Council
- Community Behavioral Health Integration Advisory Committee
- Mental Health Board
- Mental Health Services Act Advisory Committee
- Mental Health Urgent Care Center Committee
- Perinatal Substance Abuse Coordinating Council
- TCM Community Advisory Group
- Youth Advisory Task Force

Community Health Epidemiology

- San Francisco Immunization Coalition
- The Pandemic Avian Flu Task Force

Community Health Promotion and Prevention

- Newcomers Health Program Advisory Council 'Russian-speaking community health projects'
- San Francisco Tobacco Free Coalition
- San Francisco Coalition for Asylees, Immigrant and Refugee Services
- ShapeUp San Francisco Coalition

Community Programs

- Community Programs Stakeholder Committee
- Placement Advisory Committee

Department-wide

- Healthy San Francisco Advisory Committee

Emergency Medical Services

- EMS Advisory Committee
- EMS Research Committee
- Trauma Medical Advisory Committee
- Trauma System Advisory Committee

Environmental Health

- Asthma Task Force

Formatted: Bullets and Numbering

HIV/AIDS

- Community Advisory Committee for the HIV Research Section
- HIV Prevention Planning Council
- HIV Health Services Planning Council – Ryan White CARE Council
- Latino Stakeholders Group
- The Collaborative Council

Maternal and Child Health

- Black Infant Health Advisory Committee
- CHDP Childhood Obesity Prevention
- Childcare Planning and Advisory Council (CPAC)
- Health at Home Professional Advisory Board
- High Risk Infant Interagency Council (HRIIC)
- Neonatal Advisory Board
- Pediatric Advisory Committee
- San Francisco Breastfeeding Promotion Coalition
- San Francisco General Hospital Baby Friendly Initiative
- San Francisco Maternal, Child and Adolescent Health Advisory Board
- Women's Health Advisory Board

Primary Care

- Castro-Mission Health Centers Community Advisory Board
- Chinatown Public Health Center Community Advisory Board
- City-Wide Community Advisory Board
- Dimensions Collaborative Board
- Maxine Hall Health Center Community Advisory Board
- North of Market Senior Services Governing Board of Directors
- Ocean Avenue Health Center Community Advisory Board
- Potrero Hill Health Center Community Advisory Board
- Silver Avenue Family Health Center Community Advisory Board
- Special Programs for Youth Community Advisory Board
- Southeast Health Center Community Advisory Board
- Tom Waddell Health Center Community Advisory Board

San Francisco General Hospital

- Avon Community Advisory Committee
- Family & Community Medicine Patient Advisory Board
- Family Services Network
- PHP HIV-Hepatitis C Advisory Group
- Team up for Health

STD Control

- Community STD Partners Group
- STD Prevention Community Action Coalition
- STD Youth Community Action Coalition/Advisory Committee

The Department's Contractors

DPH's contractors play a very important role in the healthcare service delivery system. In fiscal year 2009 -10 DPH had contracts with 167 organizations providing a wide variety of services for our patients. Contractors enrich our continuum of care and allow DPH to offer a wide array of culturally and linguistically competent programs in the community.

<p>A Better Way Aguilas AIDS Community Research Consortium AIDS Emergency Fund AIDS Legal Referral Panel of the San Francisco Bay Alternative Family Services Ark of Refuge Asian American Recovery Services Asian and Pacific Islander Wellness Center Asian Women's Shelter Asthma Resource Center of San Francisco BAART Behavioral Health Services BAART Community Healthcare Baker Places Bay Area Addiction Research and Treatment (BAART) Bay Area Children First Bay Area Young Positives Bayview Hunter's Point Foundation for Community Improvement Bayview Hunter's Point HERC Black Coalition on AIDS Boys and Girls Clubs of San Francisco Brainstorm Tutoring Breast Cancer Emergency Fund Breathe California, Golden Gate Public Health Partnership Burt Children's Center Caduceus Outreach Services California Family Health Council California Institute of Integral Studies Catholic Charities/CYO Catholic Healthcare West Catholic Healthcare West/Saint Francis Memorial Hospital Catholic Healthcare West/St. Mary's Medical Center Center for Human Development Center on Juvenile and Criminal Justice Central City Hospitality House Children's Council of San Francisco Chinatown Community Development Center Chinese Hospital City College of San Francisco Clinical Training and Research Institute Community Awareness and Treatment Services Community Initiatives Community Vocational Enterprises Community Youth Center San Francisco Conard House Mental Health Management I dba Canyon Manor Mission Council on Alcohol Abuse for the Spanish Speaking Mission Creek Senior Community Mission Economic Development Association Mission Neighborhood Health Center Mobilization Against AIDS International Morrisania West Mt. St. Joseph's-St Elizabeth's</p>	<p>Crestwood Hope Center Curry Senior Center Dolores Street Community Center Edgewood Center For Children and Families Eldergivers Episcopal Community Services of San Francisco FamiliesFirst Family Service Agency of San Francisco Fort Help, LLC Fred Finch Youth Center Friendship House Assoc of American India Girls' After School Academy Glide Community Housing Glide Foundation Haight Ashbury Free Clinics Hamilton Family Center Harm Reduction Coalition Harm Reduction Therapy Center Homeless Children's Network Homeless Prenatal Program Horizons Unlimited of San Francisco Huckleberry Youth Programs Hyde Street Community Services Immune Enhancement Project Institute For Community Health Outreach Institute on Aging Instituto Familiar De La Raza International Institute of the Bay Area Internet Sexuality Information Services Iris Center: Women's Counseling and Recovery Services Janet Pomeroy Center Japanese Community Youth Council Jelani House Jewish Family and Children's Services John Muir Behavioral Health Center La Casa de las Madres La Raza Centro Legal Larkin Street Youth Center Latino Commission Lavender Youth Recreation and Information Center (LYRIC) Learning Services of Northern California Legal Services for Children Lighthouse for the Blind and Visually Impaired Lincoln Child Center Lutheran Social Services of Northern California Lyon-Martin Women's Health Services Maitri AIDS Hospice Regents of the University of California, UCSF Francis J. Curry Regional TB Center Regents of the University of California, UCSF Women's Specialty Clinic Richmond Area Multi-Services Rise Institute SAGE Project Samuel Merritt College San Francisco AIDS Foundation</p>
--	--

Appendix 1

<p>MV Transportation National Council on Alcoholism and Other Drug Addictions, Bay Area Native American AIDS Project Native American Health Center New Leaf Services for Our Community NICOS Chinese Health Coalition North and South Market Adult Day Health Corp. North East Medical Services Oakes Children's Center Ohlhoff Recovery Programs Pacific Interpreters Parkview Terrace Partners LLP Pathways to Wellness Patricia Sullivan PHFE Management Solutions Plaza Apartments Associates LLP Positive Directions Equals Change Positive Resource Center Progress Foundation Project Open Hand Promotions West Quan Yin Healing Arts Center Realizing Our Youth As Leaders (ROYAL) Rebekah Children's Services Rebuilding Together-San Francisco Regents of the University of California on behalf of the UCSF Medical Group Regents of the University of California Opiate Treatment Outpatient services (OTOP) Regents of the University of California Stimulant Outpatient services (STOP) Regents of the University of California, Crisis Response Team (CRT) Regents of the University of California, Infant Parent Program Regents of the University of California, Langley Porter Psychiatric Institute Regents of the University of California, Positive Health Program Regents of the University of California, Stonewall Project Regents of the University of California, UCSF AIDS Health Project Regents of the University of California, UCSF Center On Deafness Regents of the University of California, UCSF Clinical Practice Group, Community Focus</p>	<p>San Francisco Bar Association Volunteer Legal Services San Francisco Bicycle Coalition San Francisco Center for Psychoanalysis San Francisco Child Abuse Prevention Center San Francisco Community Clinic Consortium San Francisco Community Health Authority San Francisco Food Bank San Francisco Mental Health Educational Funds San Francisco Network Ministries San Francisco Pretrial Diversion Project San Francisco State University San Francisco Study Center San Francisco Suicide Prevention San Francisco Superior Court San Francisco Unified School District Self Help For the Elderly Seneca Center Shanti Project Sierra Vista Child and Family Services Special Service For Groups St. James Infirmary St. Vincent de Paul Society of San Francisco Steppingstone Stop AIDS Project</p>
---	---

Our Workforce

DPH's committed and talented staff reflects the cultural diversity and richness of San Francisco's population. Our dedicated staff also ensures that services are provided in a culturally and linguistically competent manner.

Many staff members are able to provide services in more than one language. The chart below reflects the individuals who passed a language proficiency test administered by DPH's Office of Equal Employment and Cultural Competency. In fiscal year 2009-10, 1034 employees were certified in 15 languages.

FOREIGN LANGUAGE	NUMBER – BILINGUAL EMPLOYEES
Cambodian	8
Chinese (Cantonese)	257
Chinese (Mandarin)	114
Chinese (Other)	5
Danish	1
French	1
Hindi	4
Japanese	1
Korean	1
Laotian	1
Portuguese	1
Russian	18
Spanish	552
Tagalog (Philippines)	41
Vietnamese	29
Total	1034

Patient Demographics

DPH's programs and services reach the lives of San Francisco's residents and visitors in a multitude of ways. The scope of the population health programs is impossible to quantify, as it impacts anyone who eats in one of San Francisco's restaurants, visits one of our beaches, seeks out a flu shot, and more. DPH focuses on prevention messages and educational campaigns that touch the lives of all the City's residents.

On the other hand, personal health services are sought out by residents of the City who need health care through the City's health services network. This "safety net" provides health care services for low-income, uninsured, and other vulnerable populations through San Francisco General Hospital (SFGH), the Community-Oriented Primary Care (COPC) clinics, Laguna Honda Hospital (LHH), and the Behavioral Health Center (BHC). Safety net hospital and health care systems like SFGH are distinguished by their commitment to provide access to care for people with limited or no access to health care due to their financial, insurance, or medical status.



The H1N1 Mass Prophylaxis Event at the Bill Graham Civic Auditorium.

DPH Health Care Services

DPH provides a wide array of personal health care services across the continuum of care. The Department's direct service providers are comprised of San Francisco General Hospital (SFGH), Laguna Honda Hospital (LHH), Community-Oriented Primary Care, Health at Home (HAH), and Jail Health Services (JHS). Major service components include primary care (provided at 18 sites throughout the City), specialty care, acute care, home health care, long-term care, and emergency care.

DPH Services

In fiscal year 2009-10, DPH provided the following health care services to clients:

Services Provided by DPH in FY 2009-10

TYPES OF VISITS	NUMBER/PERCENTAGE OF VISITS
Primary Care Visits	331,436
Specialty Care Visits	207,865
Dental Care Visits	13,162
Urgent Care Visits	22,417
Emergency Visits	62,044
Medical Visits	54,775
Percent Admitted	16%
Psychiatric Visits	7,269
Percent Admitted	21%
Encounters Requiring Trauma Center Services Activations	3,956
Diagnostic Visits	114,980
Acute Inpatient	101,740
Actual Days at SFGH	100,379
Actual Days at Laguna Honda	1,361
Home Health Care Visits	22,490
Skilled Nursing Care	326,681
Actual Days at SFGH	10,820
Actual Days at BHC	37,008
Actual Days at Laguna Honda	278,853

San Francisco General Hospital and Trauma Center



Mayor Gavin Newsom at the SFGH Groundbreaking Ceremony, with Director Mitchell Katz, MD.

VISION

Rebuild SFGH so we can continue to provide healthcare and trauma services for people in need.

MISSION

To provide quality healthcare and trauma services with compassion and respect.

VALUES

- Patient And Staff Safety
- Quality Healthcare
- Disease Prevention
- Staff Retention And Recruitment
- Culturally Responsive Care
- Efficient Resource Management
- Academic Excellence In Training And Research

SFGH is a licensed general acute care hospital owned and operated by the City and County of San Francisco. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health, and rehabilitation services for adults and children. It houses the largest acute inpatient and rehabilitation hospital for psychiatric patients in the City, and the only hospital that provides 24-hour psychiatric emergency services. Additionally, SFGH is the designated Trauma Center for the 1.5 million residents of San Francisco and northern San Mateo County. SFGH provided services to 101,440 adult and pediatric patients in fiscal year 2009-10, an increase of 2,742 patients since fiscal year 2008-09.

Patients at SFGH are nearly evenly split by gender, with 51 percent male and 49 percent female. The following two graphs show additional patient demographics, with Figure 1 illustrating the age breakdown among patients and Figure 2 the race and ethnicities represented.

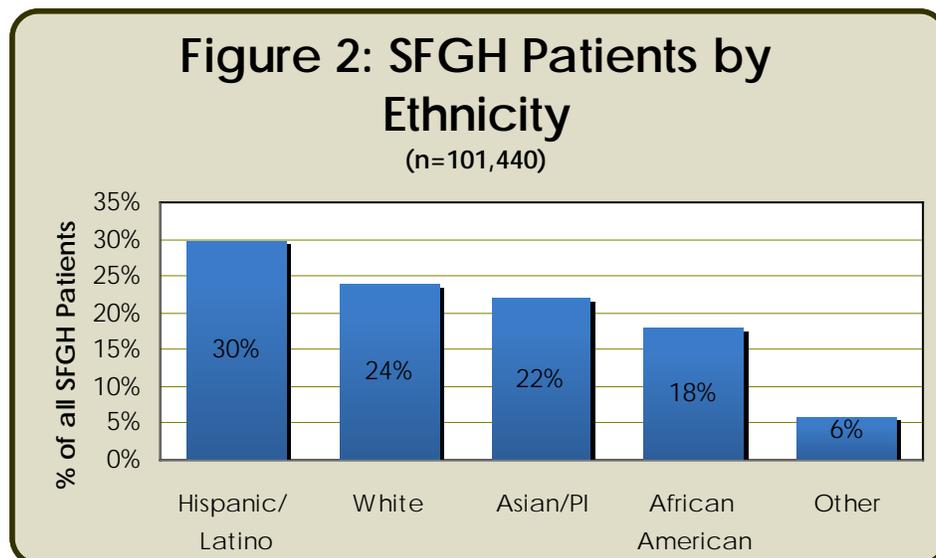
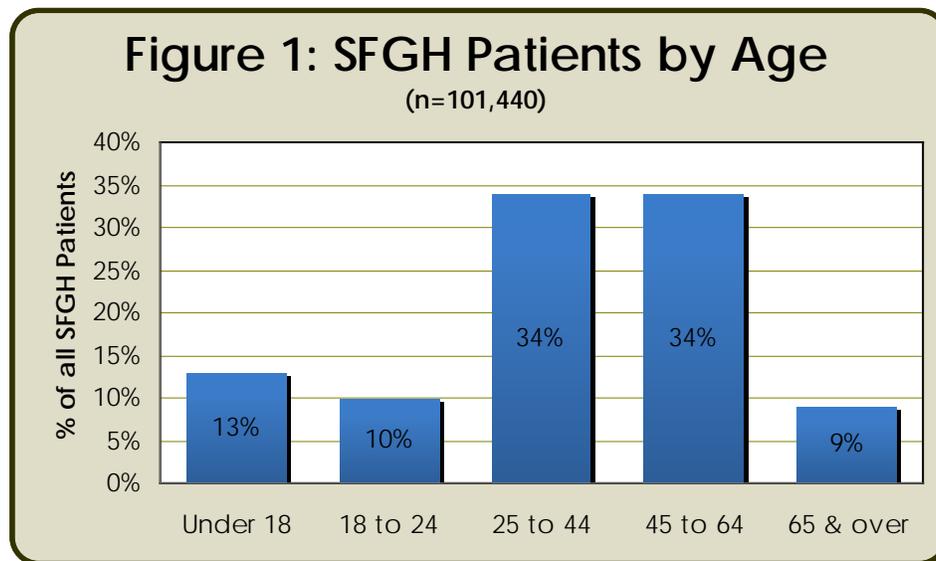
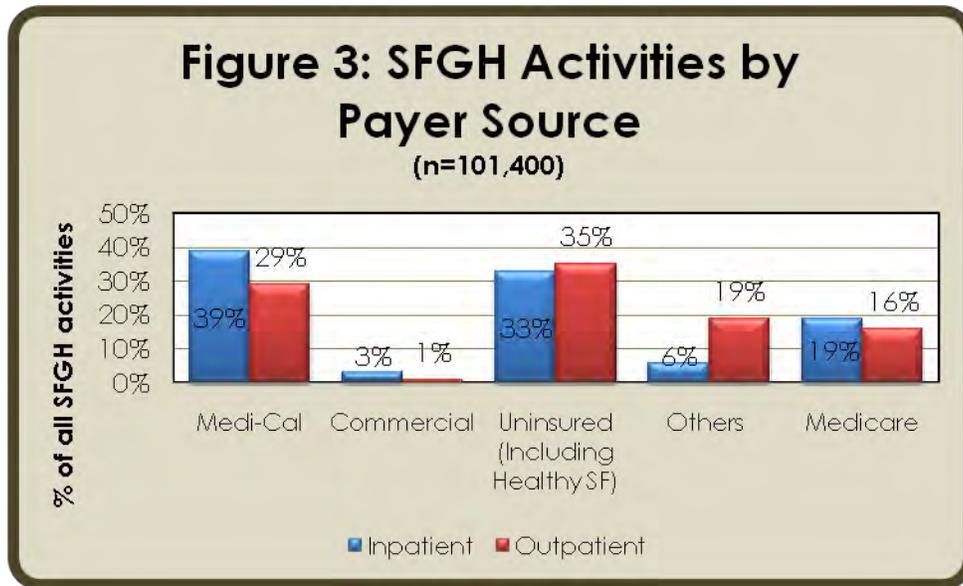


Figure 3 shows the payer source associated with the visits and services provided through SFGH, including both inpatient and outpatient. As noted previously, SFGH serves patients who are low-income, uninsured and otherwise in need. Of patients who do have coverage, Medi-Cal is the most common payer source, with 39 percent of the inpatient services paid for through Medi-Cal and 29 percent of the outpatient visits. Commercial insurance plans are least likely to be billed for services provided at SFGH.



Laguna Honda Hospital



Laguna Honda Hospital – Main Entrance

VALUE

Residents come first.

MISSION

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

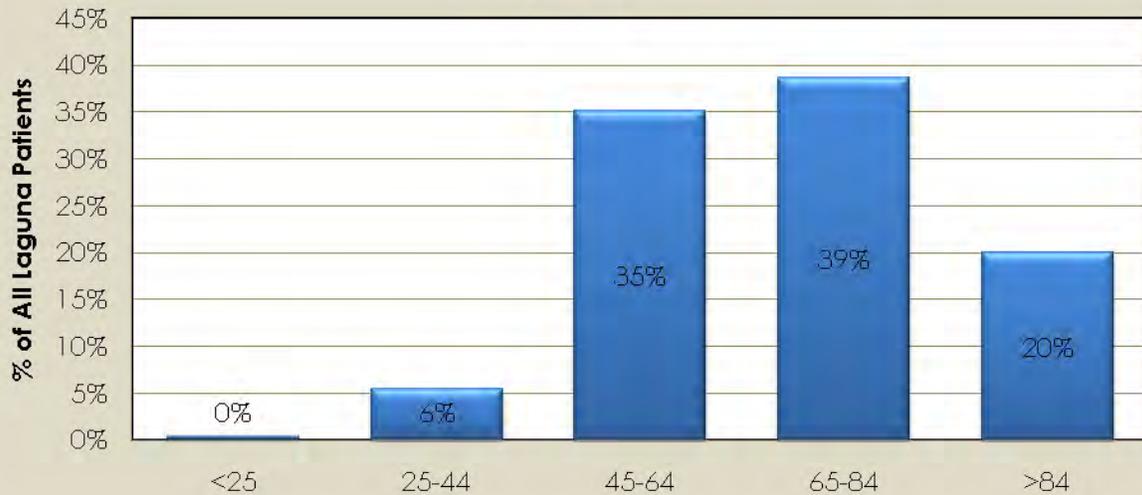
VISION

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

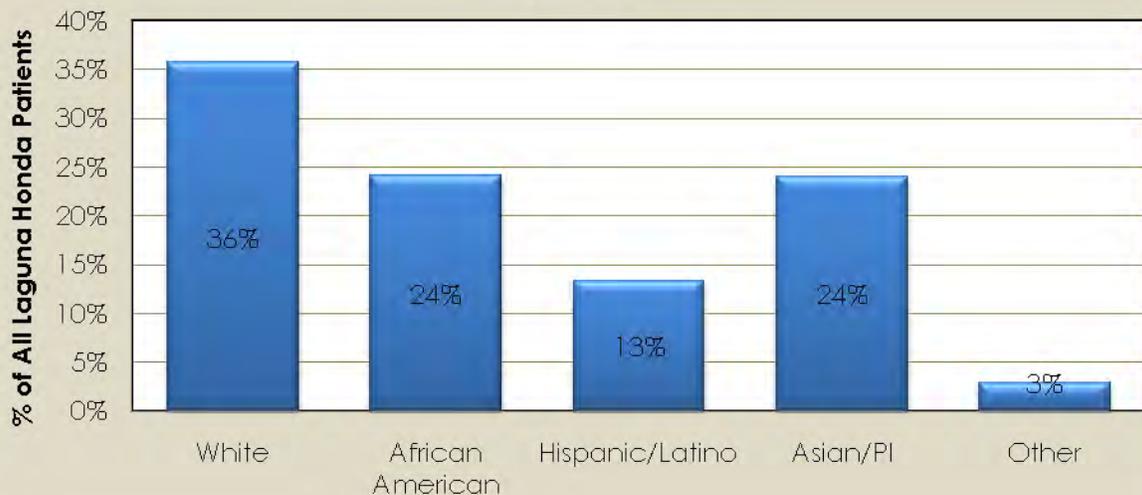
Laguna Honda Hospital (LHH) opened in 1866, starting a long tradition of providing a place for those needing special care. LHH is a therapeutic community providing skilled nursing, acute care and rehabilitation services to 780 seniors and adults with disabilities in San Francisco. It is the 10th largest public hospital in the United States. This year, LHH completed and transitioned to a new state-of-the-art facility. This facility is specifically designed to encourage choice, integration and independence for residents.

The resident gender balance if fiscal year 2009-10 was 52 percent men and 48 percent women. Additional demographics can be found in Figures 4 and 5 on the following page.

**Figure 4: Laguna Honda Residents
by Age**
(n=765)



**Figure 5: Laguna Honda Residents
by Race/Ethnicity**
(n=765)



Medi-Cal is the primary payer source for long-term care services, regardless of the individual's age, because Medicare does not cover long-term care. Therefore, 96 percent of LHH's residents' care is paid for by Medi-Cal. A total of four percent of residents are covered through Medicare, private insurance, or are uninsured (with no payer source). The other payers like Medicare or private insurers come into play mostly to reimburse for acute care or rehabilitation services.

Community Oriented Primary Care



One of DPH's Primary Care Clinics: Southeast Health Center

VISION

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

MISSION

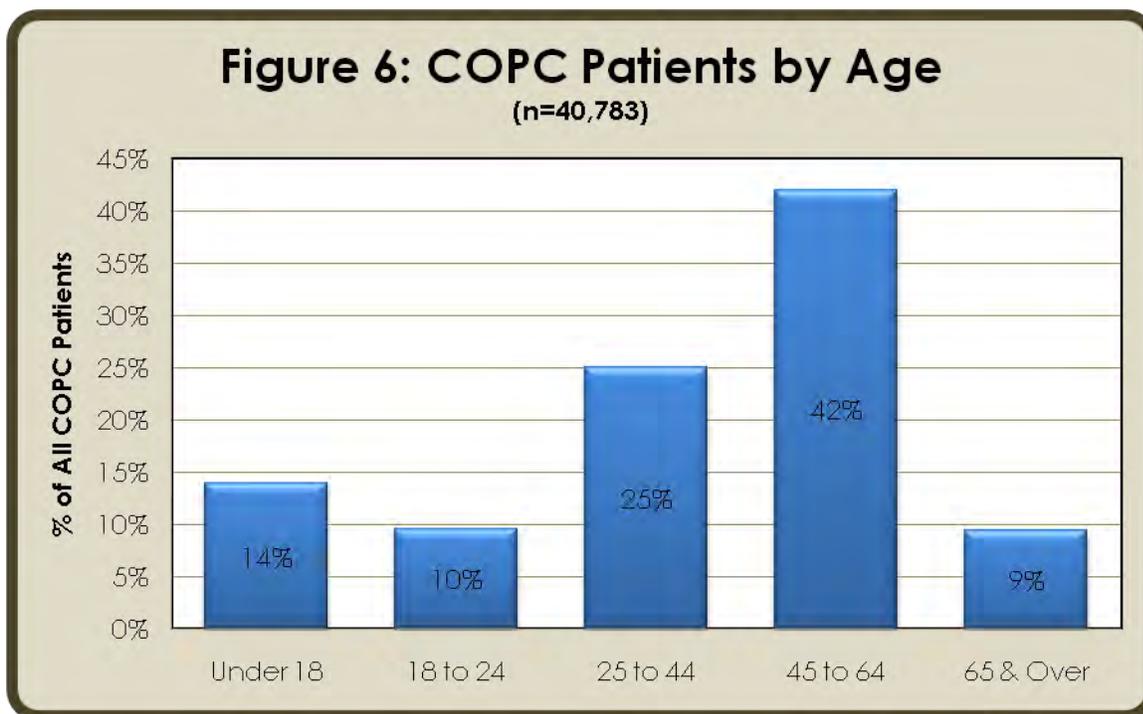
Specific features include:

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

VALUES

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

COPC patients are evenly split by gender, with 50 percent male and 50 percent female. Figure 6 shows the age ranges of the patients seen at the clinics, with the largest group (36%) between 45 and 64 years old. Figure 7 shows the patients by race and ethnicity.



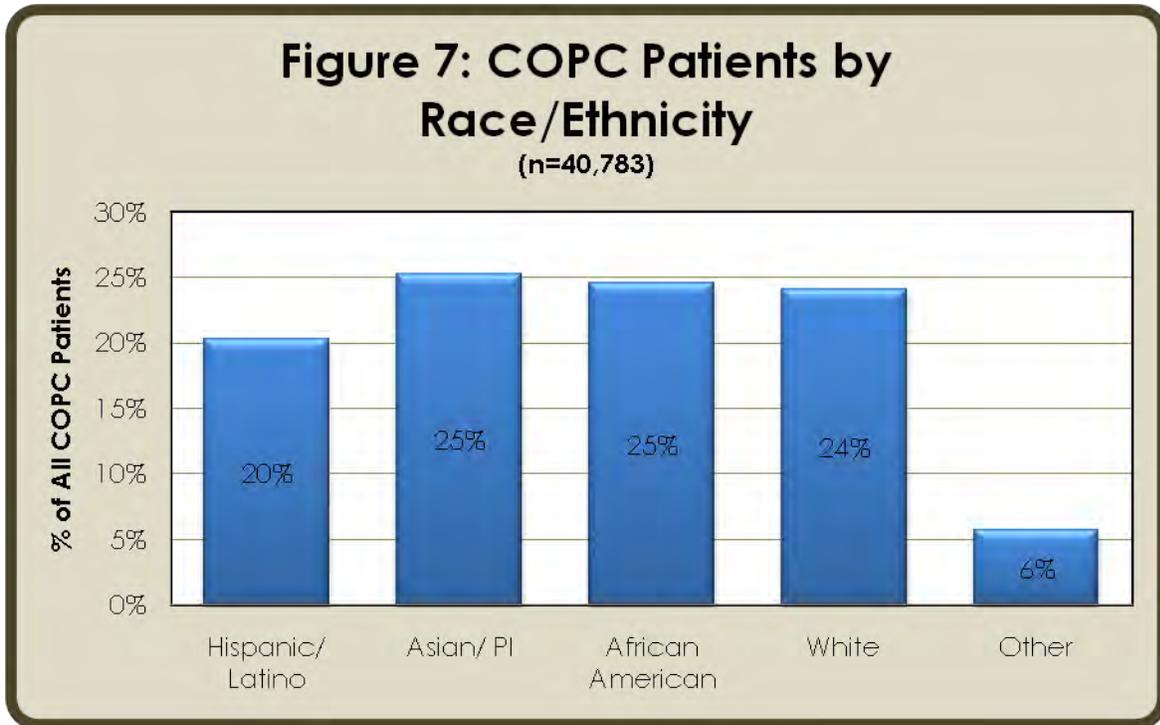
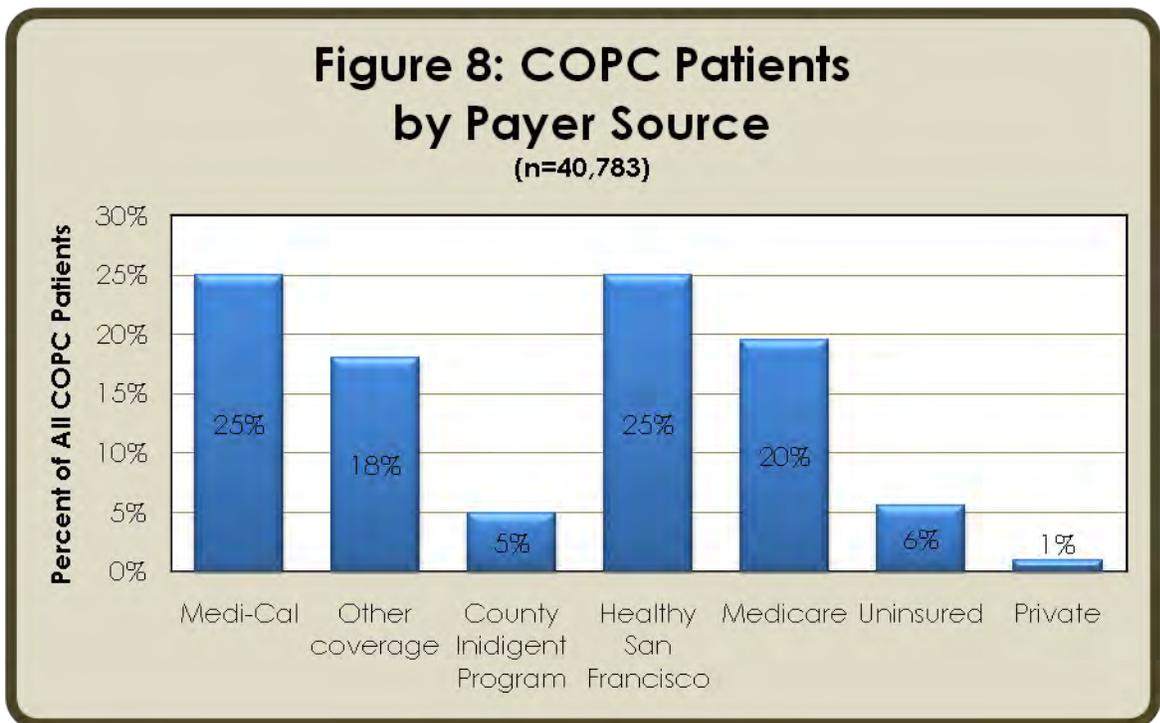
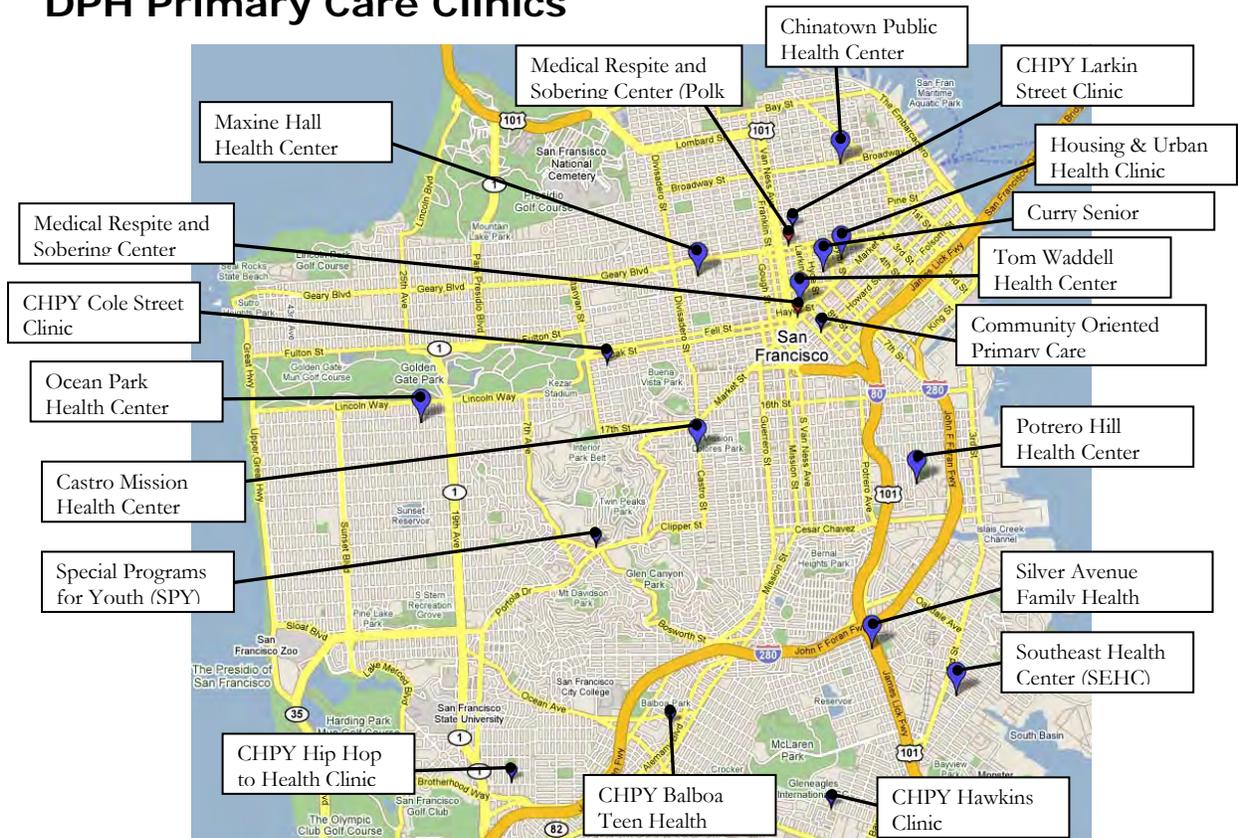


Figure 8 shows the range of payers associated with patients the COPC clinics. In this case, HSF patients are separated from the uninsured. In fiscal year 2009-10, 25 percent of the patients were HSF and 6 percent were uninsured. This is a slight shift from last year, when 21 percent were HSF and 7 percent were uninsured.

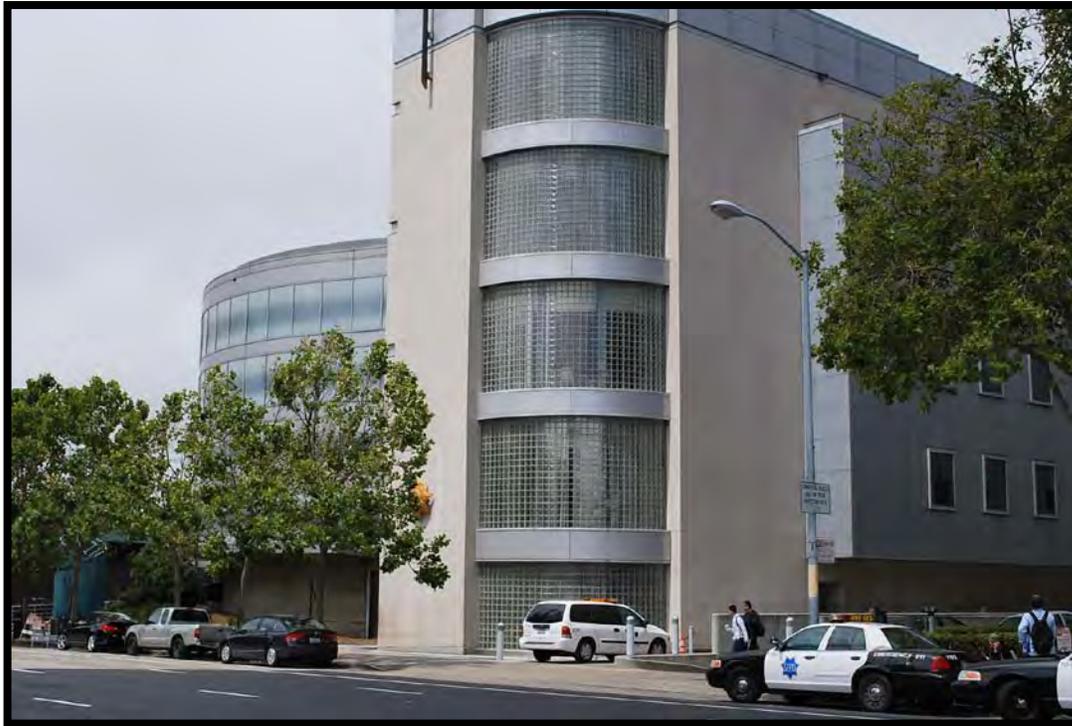


DPH Primary Care Clinics



This map shows the geographical distribution of the primary care clinics. Also included are some locations that focus on other types of services, including the medical respite sites, youth programs/health services, etc.

Jail Health Services



San Francisco County Jail

MISSION

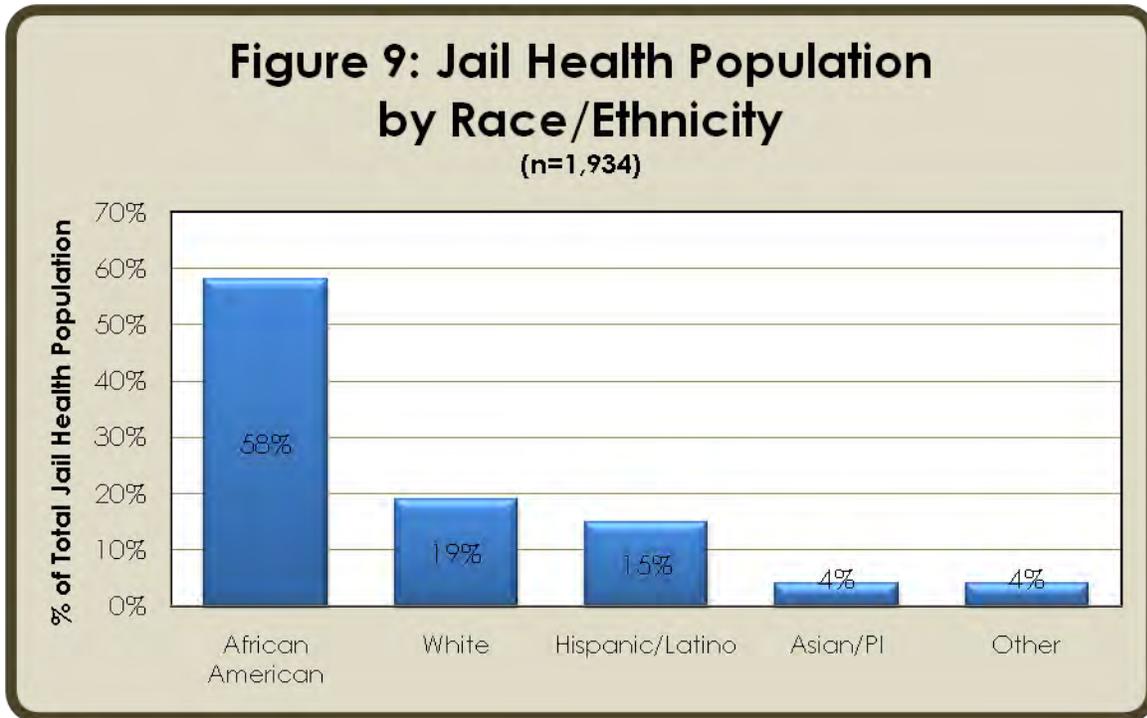
JHS's mission is to provide respectful, high quality health care in the San Francisco County jails from an individual and community health perspective.

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

It is a unique challenge to deliver quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, prior to being incarcerated. JHS pursues an aggressive program of health promotion and disease prevention to stabilize health problems while individuals are incarcerated. JHS also provides discharge planning services to maintain health when inmates return to the community.

The demographics of the jail are significantly different than other DPH health programs. The gender breakdown at JHS is the most pronounced throughout DPH, with a significant majority of males. In fiscal year 2009-10, 87 percent of the patients were male and 13 percent were female. This is consistent with previous years. The race/ethnicity distribution also differs from what is seen at SFGH, LHH and COPC, with a much higher percentage of African-American patients. The percentage of African-American patients provided screening

and services through the jail (58%) was more than double the percentage seen at the clinics and a Laguna Honda (25% and 24% respectively).



Community Behavioral Health Services



VISION

The vision of behavioral health services is to have a welcoming, culturally and linguistically competent, gender responsive, integrated, comprehensive system of care with timely access to treatment in which “Any Door is the Right Door” and individuals and families with behavioral health issues have medical homes.

MISSION

The mission of Community Behavioral Health Services (CBHS) is to maximize clients' recovery and wellness for healthy and meaningful lives in their communities.

CBHS demographic data are split by those seen in the adult and children/youth programs and also by mental health services and substance abuse services, though we know that there are many patients overlapping between mental health and substance abuse programs. The gender breakdown in these programs are as follows:

- Adult Mental Health Patients: 54% male & 46% female
- Child/Youth Mental Health Patients: 63% male & 37% female
- Adult Substance Abuse Patients: 68% male & 32% female
- Child/Youth Substance Abuse Patients: 53% male & 47% female

Figures 10 and 11 show the age ranges of patients within the CBHS program areas. In both programs, the majority of patients in the adult age range are ages 25 to 64. Not surprisingly, there is a larger percentage (19%) of the under 18 population receiving mental health services compared to eight percent receiving substance abuse services.

Figure 10: Mental Health Clients by Age

(n = 25,464)

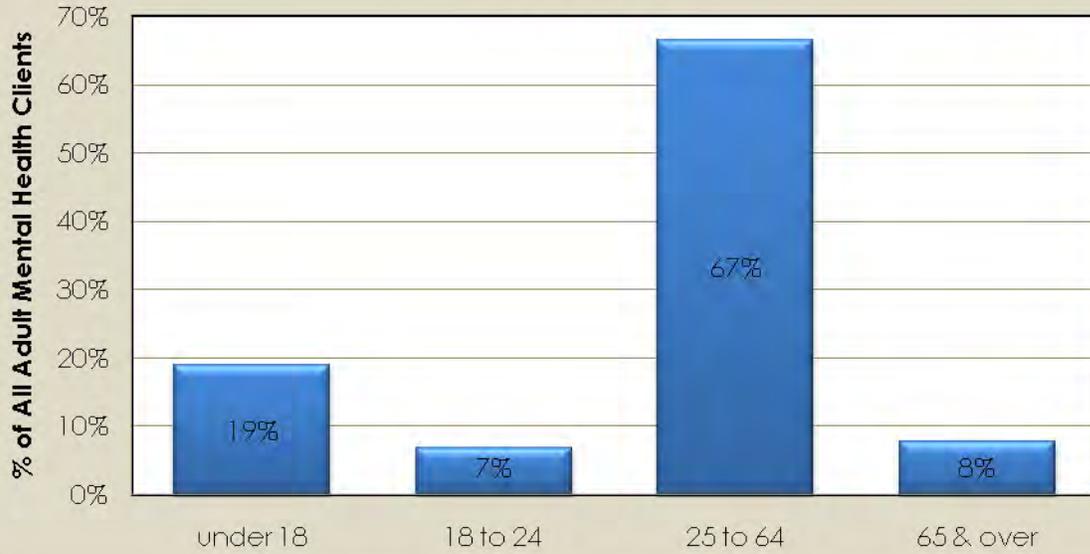
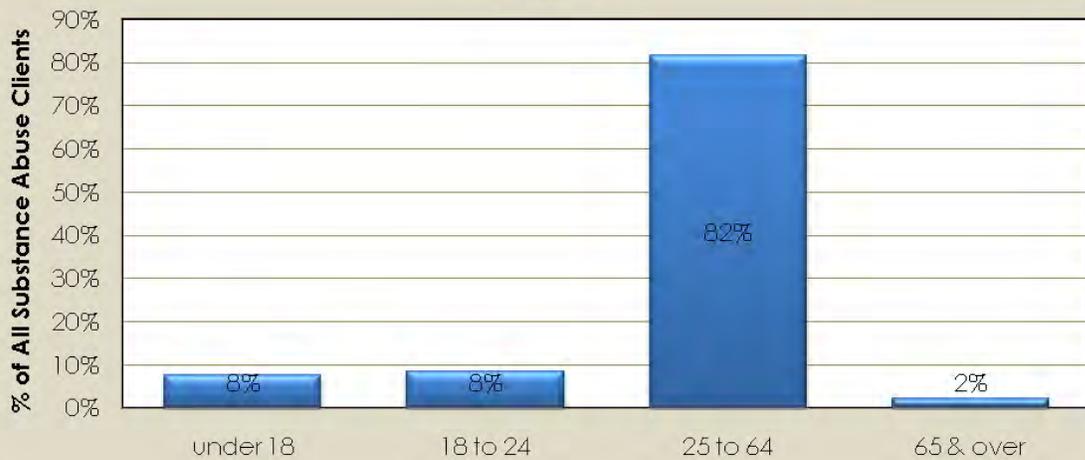


Figure 11: Substance Abuse Clients by Age

(n=9,383)



Figures 12 through 15 illustrate the race and ethnicity of the CBHS clients.

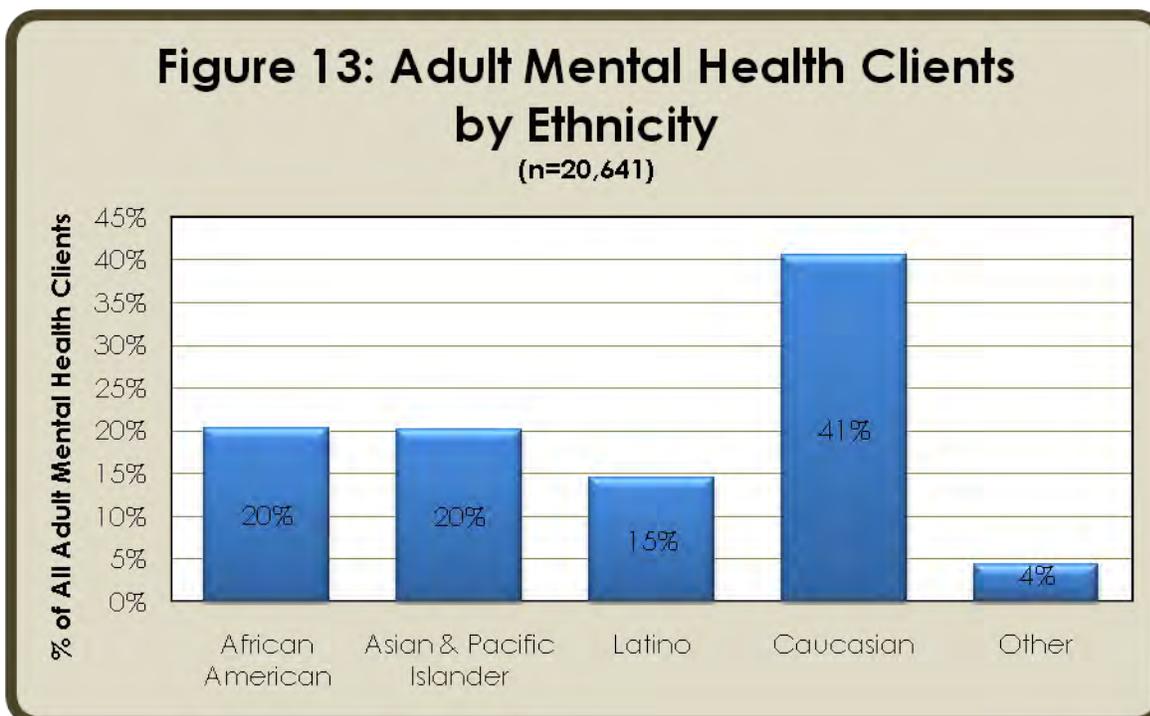
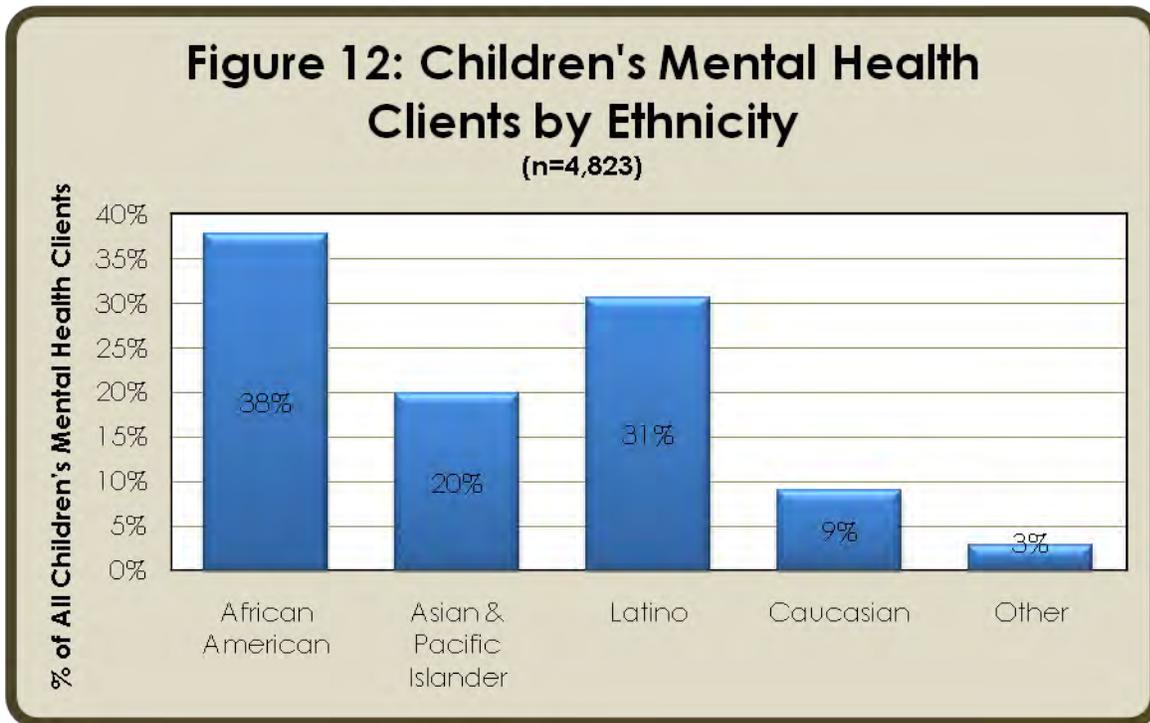


Figure 14: Children's Substance Abuse Clients by Ethnicity
(n=710)

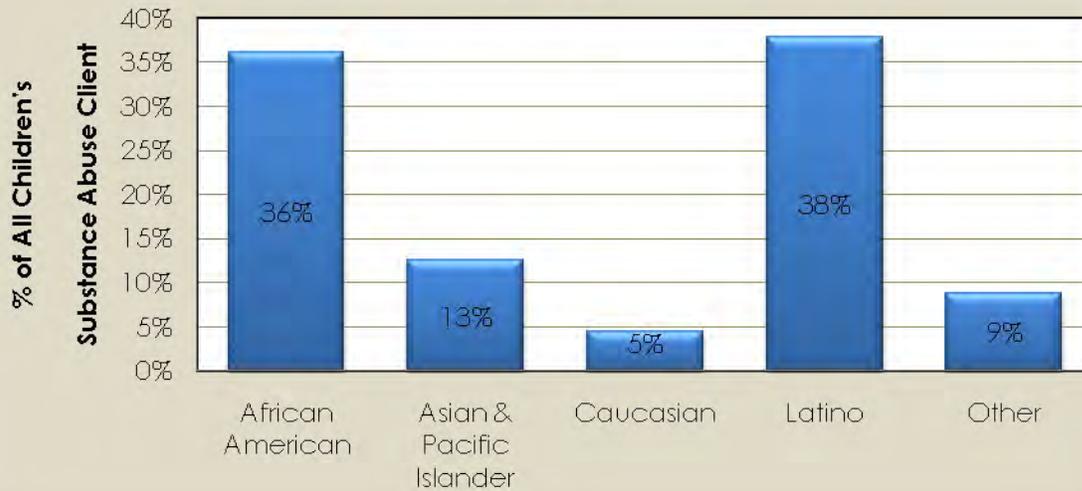
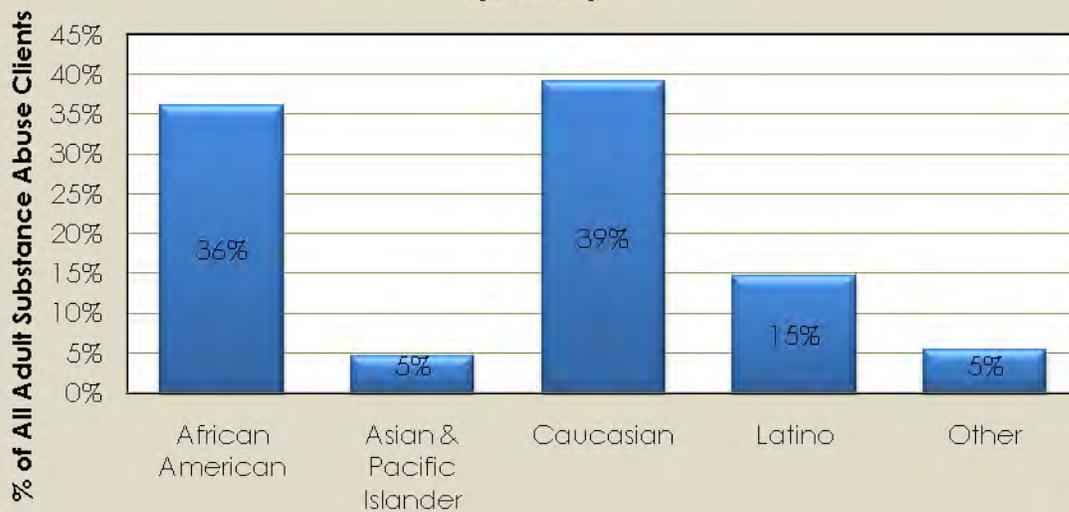


Figure 15: Adult Substance Abuse Clients by Ethnicity
(n=8,673)



San Francisco City Clinic



MISSION

Maximize sexual and reproductive health in San Francisco

GOALS

- To decrease new sexually transmitted diseases and their complications
 - To provide culturally proficient STD diagnosis and treatment
 - To identify and decrease risk factors associated with poor sexual health
- To enhance awareness and provide up to date sexual health education and training for community members and health professionals
- To identify best practices and research new methods to assure sexual health

VALUES

- o Confidentiality of patient information is of paramount importance
- o Healthful sexual relationships are important to overall good health
- o Sexual health should be attainable for all regardless of race/ethnicity, sexual orientation, socio-economic status, age, religion, gender, disability, or immigration status
- o At risk populations in San Francisco should have accessible sexual health services
- o Community leaders, voices, partnerships, and collaborations with institutions with common goals are important
- o Resources should be used efficiently based on the best available data
- o Information, resources, and study findings should be easily available and actively disseminated within the community
- o Harm reduction should be incorporated throughout the work we do
- o Creativity and innovation are important in the development of new interventions

The San Francisco City Clinic is the only municipal STD clinic in San Francisco, and provides confidential, quality STD services to all residents twelve years of age or older. The clinic offers evaluation, testing, and treatment for gonorrhea, syphilis, Chlamydia, and all other STDs. The clinic offers STD patients confidential HIV testing, early care for HIV-infected patients, and family planning services for women, including pregnancy testing and PAP smears.

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

City Clinic tracks patient visits with demographic information, posting monthly reports on DPH's website. In fiscal year 2009-10 there were 19,045 patient visits. Of these visits, the City Clinic served three-quarters male and one-quarter female patients. Of the 14,254 male patients, 54 percent identified as gay/bisexual and 46 percent identified as heterosexual. Figures 16 through 18 show additional demographics for the patient visits at City Clinic.

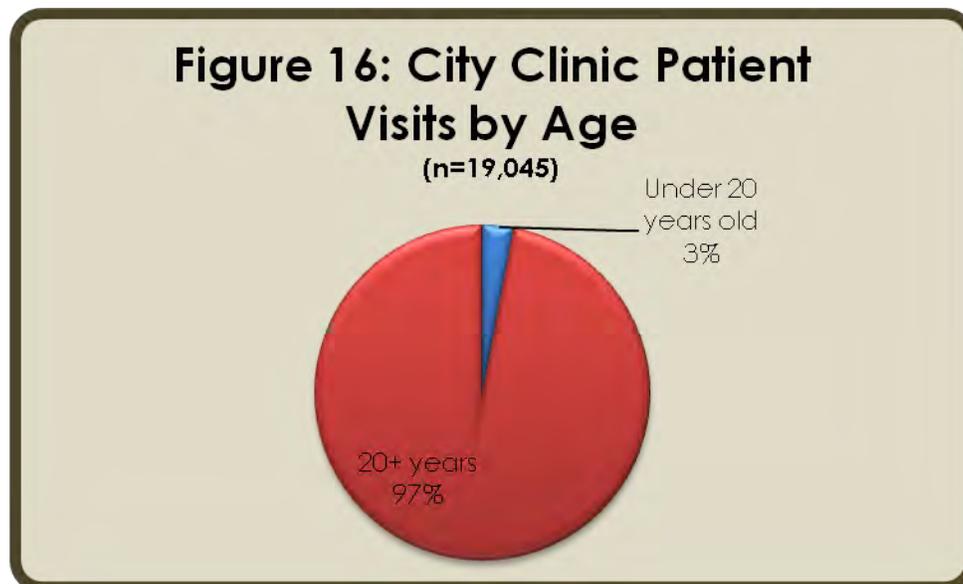


Figure 17: City Clinic Patient Visits by Race/Ethnicity
(n=19,045)

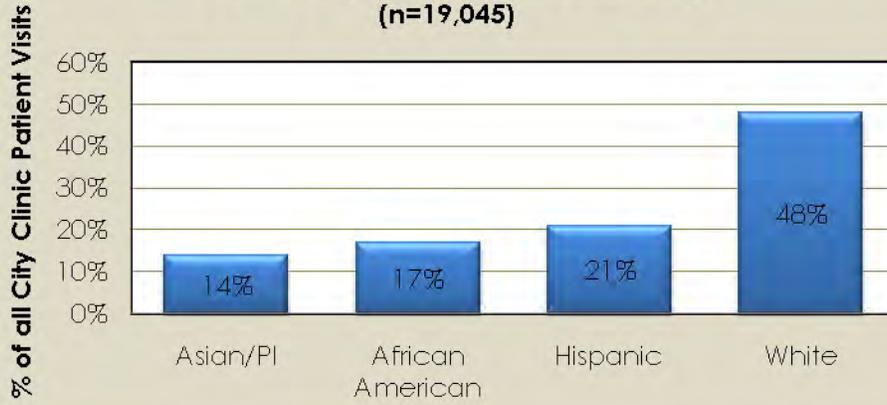


Figure 18: City Clinic Patient Visits by Reason for Visit
(n=19,045)



AIDS Office



25 Van Ness – AIDS Office

MISSION

To respond to the HIV/AIDS epidemic in San Francisco by measuring its impact; developing appropriate prevention strategies; establishing community partnerships to ensure the provision of direct services to individuals living with HIV disease and those at risk for infection; contributing to the scientific and service communities through research and special studies; and formulating HIV policies for DPH.

The AIDS Office is comprised of four sections: HIV Research Section, HIV Epidemiology Section, HIV, HIV Prevention Section, and the Health Services Section. The Sections of the AIDS Office work collaboratively with other sections of the Department of Public Health to meet its mission.

Figure 19: HIV Tests by Gender

1/1/09 - 12/31/0

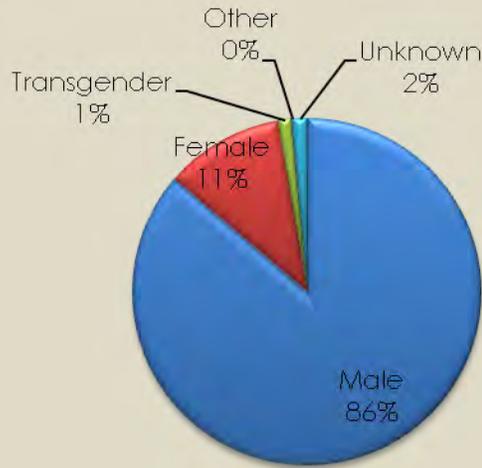


Figure 20: HIV Tests by Age Range

1/1/09 - 12/31/09

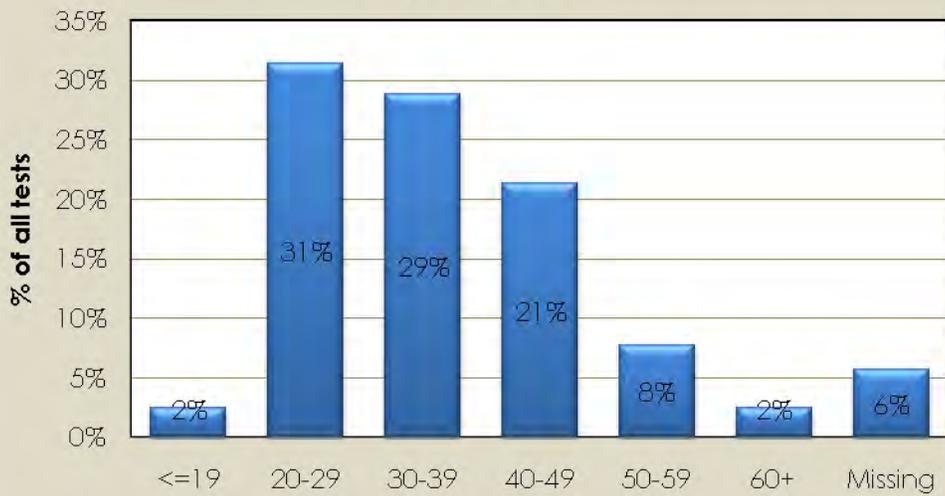


Figure 21: HIV Tests by Race/Ethnicity

1/1/09 - 12/31/0

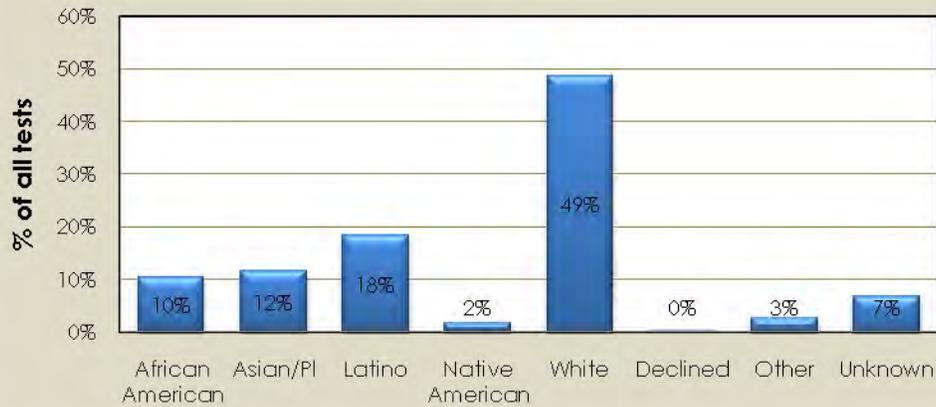
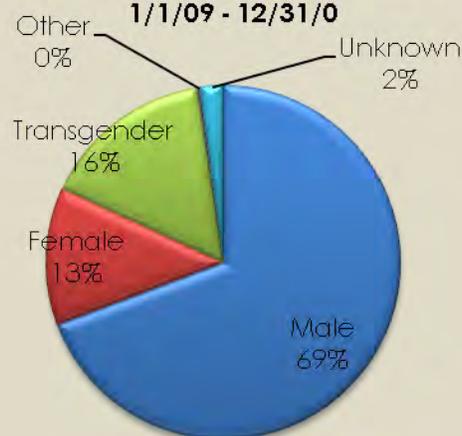


Figure 22: Other HIV Prevention Services by Gender*

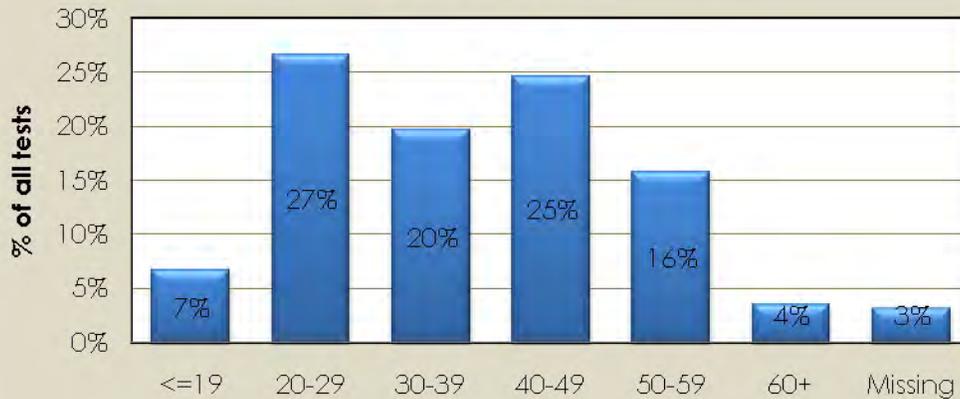
1/1/09 - 12/31/0



*Syringe access data is not included.

Figure 23: Other HIV Prevention Services by Age Range*

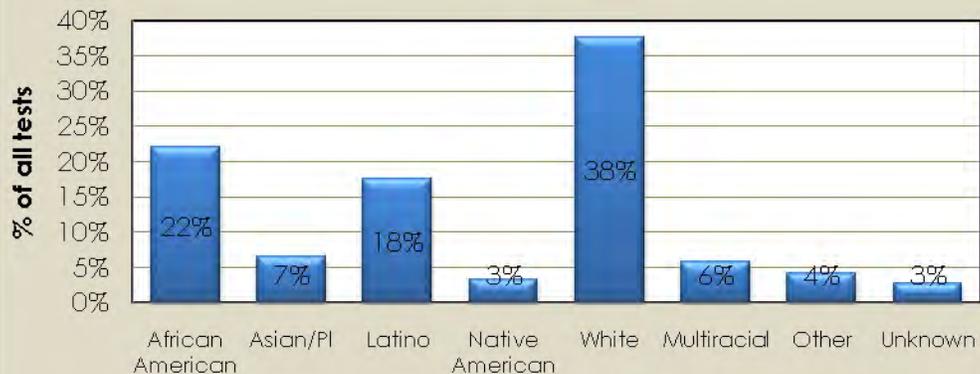
1/1/09 - 12/31/09



*Syringe access data is not included.

Figure 24: Other HIV Prevention Services by Race/Ethnicity*

1/1/09 - 12/31/09



*Syringe access data is not included.

MISSION *HIV Health Services*

HIV Health Services' mission is to maintain and improve the health and quality of life for those infected and affected by HIV/AIDS. This is accomplished in collaboration with various public agencies and San Francisco's diverse communities by assessing community needs; conducting strategic and comprehensive planning; securing funding; implementing coordinated, client-centered, innovative, and effective community-based programs;

evaluating services; and facilitating the development of responsible public policy. In fiscal year 2009-10, the HIV Health Service Section provided care to 6,336 unduplicated clients. Figures 25 through 28 show the demographics of this program.

Figure 25: HIV Health Services Clients by Gender

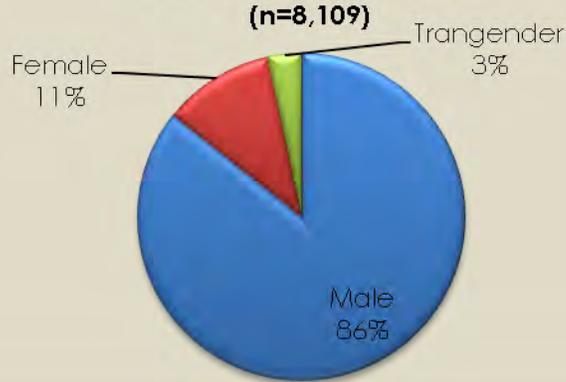


Figure 26: HIV Health Services Clients by Age

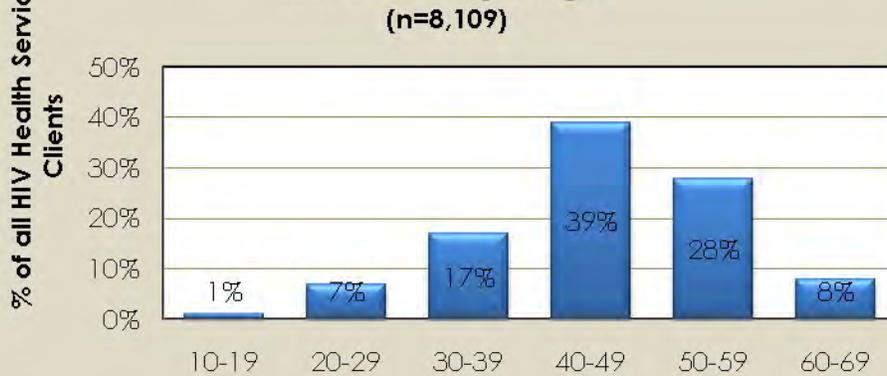


Figure 27: HIV Health Services Clients by Ethnicity
(n=8,109)

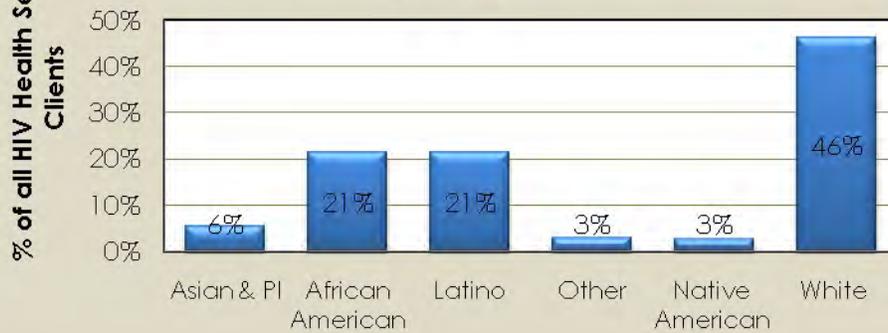
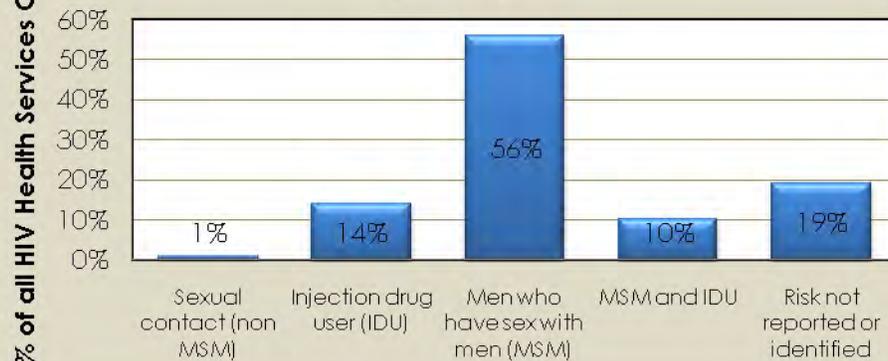


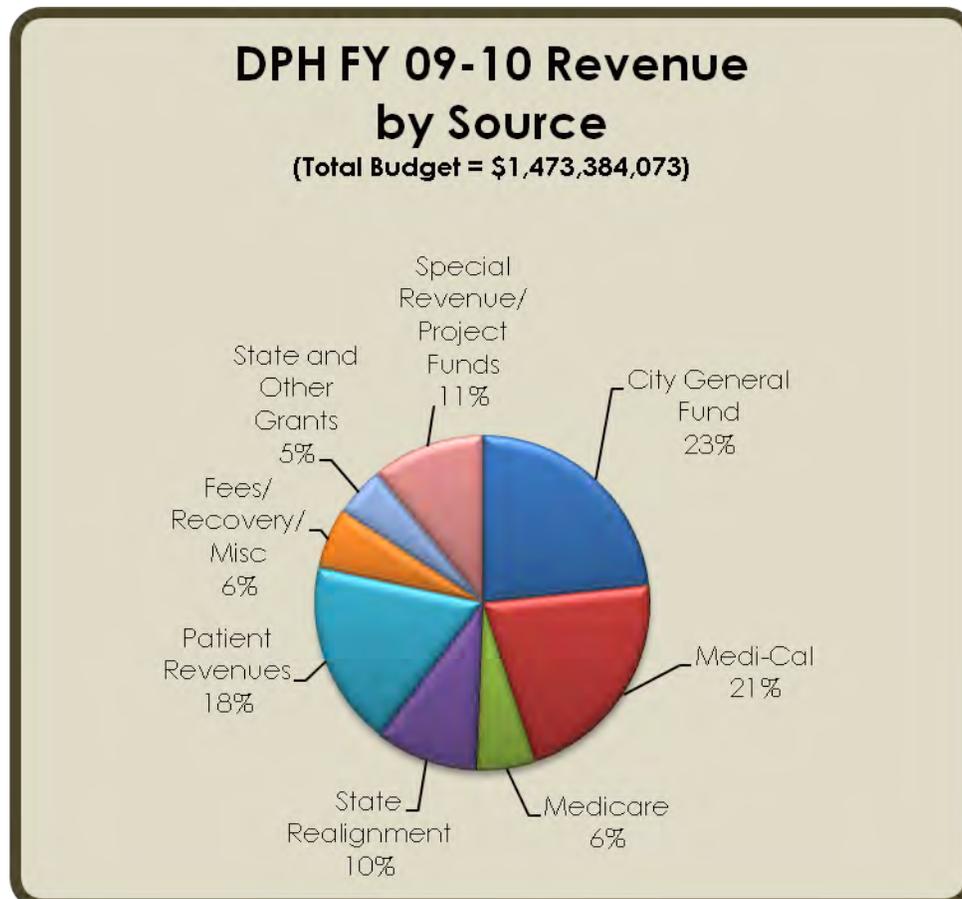
Figure 28: HIV Health Services Clients by Exposure Risk
(n=8,109)



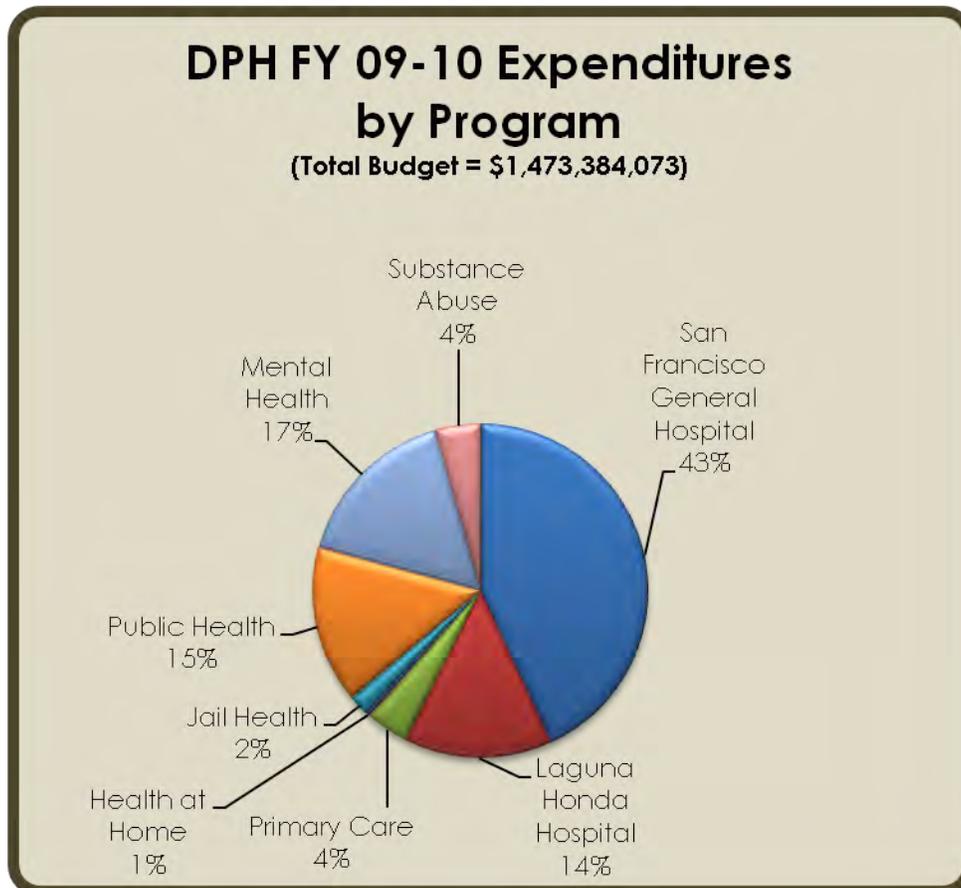
The Department's Budget

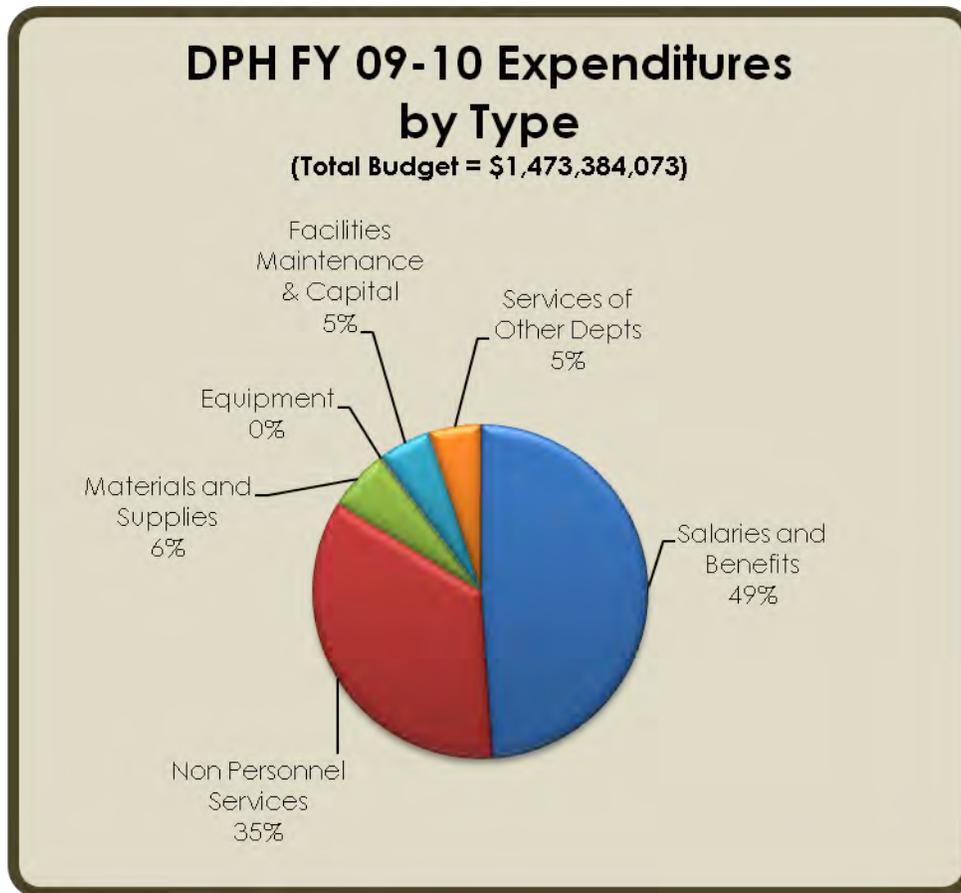
In fiscal year 2009-10, the Department's budget was \$1,473,384,073. The City and County contributed \$343,741,633 million from the General Fund, representing a \$66,963,542 million decrease from fiscal year 2008-09 General fund allocation of \$410,705,175 million. The number of budgeted positions decreased by 185 FTE, from 6,022 FTEs to 5837.96 FTEs. The majority of the decrease in the budget was related to one-time costs for the Laguna Honda Hospital Rebuild Project that were budgeted in fiscal year 2008-09 and removed in fiscal year 2009-10. Also, the position decrease is related to a reduction in administrative staff and other efficiencies.

Revenue by Source



Expenditures by Program and Type





Summary of Gifts Received in Fiscal Year 2009-10

As required by section 10.100-201 of the San Francisco Administrative Code and consistent with the policy and procedure for the acceptance of gifts adopted by the Health Commission in October 1995, the following provides a summary of gifts received in FY 2009-10.

Summary of Gifts Received in Fiscal Year 2009-10

Fund/Organization	<u>Amount under \$25,000</u>	<u>Amount over \$25,000</u>	<u>Total</u>
San Francisco General Hospital			
SFGH Foundation	\$1,408,430	\$3,396,120	\$4,804,550
Laguna Honda Hospital			
Patient Gifts Gift Fund	13,206	-	13,206
LHH Volunteers Inc.	-	76,581	76,581
Staff Gifts Gift Fund	<u>550</u>	<u>-</u>	<u>550</u>
Total	13,206	76,581	89,787
Population Health & Prevention			
San Francisco Public Health Foundation	257,485	233,446	490,931
Total Gifts	\$1,679,121	\$3,706,147	\$5,385,268

The Department is grateful to the volunteers and their leaders, and for the generous contributions received from the community.

San Francisco General Hospital

San Francisco General Hospital Foundation

The San Francisco General Hospital Foundation was established in 1994 to support programs and projects at the San Francisco General Hospital. For the above period, grants and donations totaling \$4,804,550 were received by the San Francisco General Hospital Foundation. Grants and gifts of \$25,000 and over amounted to \$3,396,120.

<u>Fund/Organization</u>	<u>Amount under \$25,000</u>	<u>Amount over \$25,000</u>	<u>Total</u>
SFGH Foundation	\$1,408,430	\$3,396,120	\$4,804,550

Grants and Donations \$25,000 and over are from the following donors:

Avon Foundation	\$	900,000
Kaiser	\$	789,300
San Francisco Health Plan	\$	422,840
Susan G. Komen Foundation	\$	186,050
OREF	\$	128,125

The Herbst Foundation	\$	100,000
Gordon and Betty Moore Foundation	\$	90,000
State of California - Department of Public Health	\$	87,650
The San Francisco Foundation	\$	80,310
OMEGA	\$	79,875
California Healthcare Foundation	\$	76,970
Center for Orthopaedic Trauma Advancement	\$	75,000
UCSF	\$	65,000
Richard and Rhoda Goldman Fund	\$	50,000
Joseph Down Foundation	\$	50,000
The Horace Goldsmith Foundation	\$	50,000
Mimi & Peter Haas Fund	\$	40,000
Macy's	\$	25,000
The Mary Wholford Foundation	\$	25,000
Firedoll Foundation	\$	25,000
Genentech, Inc.	\$	25,000
George Frederick Jewett Foundation	\$	25,000
Total	\$	<u>3,396,120</u>

Laguna Honda Hospital

Laguna Honda received gifts totaling \$90,337 in fiscal year 2009-10. The gifts consisted of:

Donor	Amount under \$1,000	Amount over \$1,000	Total
Patient Funds' Donations:			
Various	\$ 4,545	\$ 8,661	\$ 13,206
Laguna Honda Volunteers Inc.		76,581	76,581
Total	\$ 4,545	\$ 85,242	\$ 89,787
Staff Education and Development Funds' Donations (separated out of Gift Fund starting 7/1/2010)			
Various	\$ 550		\$ 550
Total Donations	\$ 5,095	\$ 85,242	\$ 90,337

Gift Fund

Laguna Honda Hospital Gift Fund received a total of \$90,337 from cash donations in fiscal year 2009-10. These included:

Received \$1 - \$1,000 from each of 49 different donors	\$ 5,095
Production LLC	3,000
Alzheimer's Association	2,181
United Way of the Bay Area	1,280
Gary Speer	1,200
The Center for Student Mission	1,000
LH Volunteers Inc.	76,581
Total	\$ 90,337

Population Health and Prevention

Population Health and Prevention programs received gifts totaling \$ 490,931 in fiscal year 2009-10 through the San Francisco Public Health Foundation (SFPHF).

SFPHF, founded in 1988, is dedicated to augmenting and expanding the services and programs of the San Francisco Department of Public Health. The Foundation provides the mechanism for individuals, corporation, foundations, and organizations to support programs and fund special projects that make a meaningful contribution to the health and welfare of our city. The Foundation assists the Department in providing innovative services to San Francisco's most vulnerable residents. Thanks to funds directed through the foundation, children and adults, in addition to being physically healthy, thrive and enjoy an improved quality of life.

The gifts help support a growing number of new and innovative community programs and services.

<u>Fund/Organization</u>	<u>Gift Amounts under \$25,000</u>	<u>Gift Amounts over \$25,000</u>	<u>Total</u>
San Francisco Public Health Foundation	\$257,485	\$233,446	\$490,931

The sources of the gifts to the San Francisco Public Health Foundation in fiscal year 2009-2010 included:

Government	\$ 3,015
Individuals	15,978
Organizations	129,645
Corporate/Businesses	53,476
Foundations	248,617
Universities	40,200
Total	\$ 490,931

The total overhead, administration and fundraising costs of the San Francisco Public Health Foundation for fiscal year 2009-10 were \$44,770, approximately 12% of the program expenses. Total assets at the end of the year were \$943,522 in restricted funds, \$76,212 in unrestricted funds.

Foundation and Volunteer Boards

The Board of Directors for the San Francisco General Hospital Foundation, The San Francisco Public Health Foundation, and the volunteer organizations for SFGH and LHH are listed on the following pages.

San Francisco General Hospital Foundation Board of Directors

Judith Swift Guggenhime, President	Helen Matthew Paul Carbone, Vice President	Gretchen Lieff James Messemer Theodore Miclau, MD Magdalen Mui Roland Pickens, MHA Laura A. Robertson, MD Ruth Ann Stumpf Jonathan Tsao, AIA Vice President Leon Tuan, Partner Beth S. Veniar, CPA Barbara Vermut, MSW, ACSW Michael West, MD, Ph.D Jamie Whittington
Michael Dowling, Treasurer	Archer-Dusté, R.N., M.S., Secretary	
Pam Baer	Mary Bersot	
Kirsten Bibbins-Domingo, Ph.D, MD	Amy Busch, Ph.D	
Lyman Casey	Sue Currin, RN, MS	
Julia Mandeville Damasco	Tina Frank	
Brandt Hooker	Lynn Jimenez-Catchings	

Laguna Honda Volunteers, Inc. Board of Directors

Joseph S. Lerer, President	Patrick Devlin
Kathleen Cardinal, Vice President	R. Porter Felton
G. Barney Schley, Vice President	William J. Hoehler
Terry Lowry, Vice President	Peter A. Johnson
Bruce Nelson, Treasurer	June Lilienthal
W. Sloan Upton, Secretary	William B. MacColl, Jr.
Morris H. Noble, Jr., Past President	Mrs. James K. McWilliams (Anne)
Richard J. Behrendt	William C. Miller
Peter W. Callander, M.D.	H. Boyd Seymour
Craig B. Collins	Sara C. Stephens
Lisa Wilcox Corning	

San Francisco Public Health Foundation Board of Directors

Sutanto Widjaja, President	Anne Kronnenberg
Randy Wittorp, Vice-President	Dani Nolin
Daniel Cody, Secretary:	Steven Tierney
Cynthia Gomez, Treasurer:	Arthur Wiess
Lisa Hammann	

California Legislative Initiatives

During the first year of the 2009-10 legislative session in Sacramento, the Office of Policy and Planning tracked 85 bills affecting health and health policy in San Francisco. The following chart includes those health-related bills in the session that became law.

Bill/Author	Content Summary
AB 23/Jones	<p>The prior version of this bill addressed Medi-Cal continuous eligibility for children. The language was placed in SBX3 24.</p> <p>The current version of the bill establishes, for purposes of Cal-COBRA, specific notice requirements and enrollment opportunities for persons eligible for federal premium assistance that would subsidize 65 percent of the cost of Cal-COBRA coverage under the federal American Recovery and Reinvestment Act of 2009 (ARRA), including allowing a qualified beneficiary eligible for Cal-COBRA coverage who is eligible for premium assistance under ARRA to elect Cal-COBRA continuation coverage no later than 60 days after the date of the notice required by this bill.</p>
AB 119/Jones	This bill eliminates the exception in current law that allows health plans and health insurers to use gender as a basis for premium, price, or charge differentials, when used on valid statistical and actuarial data.
AB 169/Portantino	This bill adds custodial officers, custody assistants and non-sworn uniformed law enforcement agency employees to the list of employees (firefighters, police officers and EMTs) who when exposed to an arrestee's blood or bodily fluids during the course of their employment, may petition the court to have the arrestee's blood drawn for testing.
AB 188/Jones	This bill is a trailer bill for AB 1383 that contains provisions that allow AB 1383 to be implemented.
AB 221/Portantino	This bill permits HIV counselors to perform basic skin punctures for the purpose of administering rapid HIV tests. Requires HIV counselor training program curriculum to include rapid HIV test proficiency and universal infection control precautions.
AB 303/Beall	This bill allows specified county and University of California disproportionate share hospitals that contract with the California Medical Assistance Commission to serve Medi-Cal patients to receive supplemental Medi-Cal reimbursement from the Construction and Renovation Reimbursement Program (CRRP) for new capital projects to meet state seismic safety deadlines for which plans have been submitted to the state after January 1, 2007 and before December 31, 2011.
AB 359/Nava	This bill, until January 1, 2014, authorizes, to the extent permitted by federal law, digital mammography screening to be covered when film or analog mammography services are not available from the provider, to be reimbursed at the Medi-Cal film or analog rate.

AB 486/Chesbro	This bill extends the review period by the Board of Supervisors of a local state of emergency declared by a health officer from 14 or 21 days to 30 days.
AB 667/Block	This bill allows any person to apply topical fluoride within a public health setting or program according to prescription or protocols issued by physicians or dentists.
AB 896/Galgiani	This bill extends indefinitely the provisions that tie rates paid to providers for CCS, GHPP, Family Planning and Family PACT to Medi-Cal hospital interim rates which existing law requires to be 90 percent of Medi-Cal hospital inpatient rates of payment.
AB 1045/J. Perez	This bill allows a clinical lab to refrain from reporting a CD4+T-Cell test if the clinical lab can demonstrate that the CD4+T-Cell test result is not related to a diagnosed case of HIV infection.
AB 1142/Price	This bill provides that if a hospital obtains proof of Medi-Cal eligibility for a patient subsequent to the date of service, that it is the responsibility of the hospital to provide all information regarding that person's Medi-Cal eligibility to providers that bill separately for all services associated with the person's treatment in the hospital rendered during the same time period for which the hospital is submitting a claim. It also provides that if the provider receives proof of a patient's Medi-Cal eligibility and has previously referred an unpaid bill to a debt collector, to promptly notify the debt collector of the patient's Medi-Cal coverage, instruct the debt collector to cease collection efforts on the unpaid bill for covered services, and notify the patient accordingly.
AB 1269/Brownley	Extends Medi-Cal eligibility for the disabled who become unemployed for an additional 26 weeks to the extent that FFP is available.
AB 1383/Jones	This bill establishes a provider fee on hospitals, matches a portion of revenues collected from the fee with federal funds in the Medi-Cal program at an enhanced match, provides funding for supplemental payments to hospitals that serve Medi-Cal and uninsured patients, provides direct grants to designated public hospitals, funds health coverage for children, and provides funds for the Department of Health Care Services for the direct costs of administering the program.
AB 1422/Bass	This bill, until January 1, 2011, imposes a tax on the total operating revenue of a Medi-Cal managed care plan. The proceeds from the tax would be continuously appropriated (1) to the Department of Health Care Services for purposes of the Medi-Cal program in an amount equal to 38.41 percent of the proceeds from the tax and (2) to the Managed Risk Medical Insurance Board for purposes of the Healthy Families Program in an amount equal to 61.59 percent of the proceeds from the tax.
AB 1475/Solorio	This bill revises Maddy Fund administration provisions by limiting administrative fund costs to an amount not to exceed actual costs of administration of the fund or ten percent of the fund, whichever amount is lower.
AB 1541/Health Committee	This bill extends the timeframe from 30 to 60 days for families to enroll children into group coverage following the loss of public health insurance (Medi-Cal, Healthy Families, AIM).

AJR 6/Beall	This resolution memorializes the President and the Congress of the United States to ensure economic security for all elders by taking several actions, including ensuring that federal policies and programs enable all elders and their families to meet their basic needs and using the Elder Economic Security Standard Index to modernize all federal poverty measures and guidelines, recalculate the number and demographic profile of elders whose basic needs are not being met, and evaluate the impact of public supports and any current or new federal initiatives to help elders age in place.
SB 54/Leno	<p>The prior version of this bill eliminated the exception in current law that allows health plans and health insurers to use gender as a basis for premium, price, or charge differentials, when used on valid statistical and actuarial data.</p> <p>The current version of this bill provides that, notwithstanding any other provision of law, a marriage between 2 persons of the same sex contracted outside this state that would be valid by the laws of the jurisdiction in which the marriage was contracted is valid in this state if the marriage was contracted prior to November 5, 2008.</p>
SB 241/Runner	CA Retail Food Code clean-up bill.
SB 249/Cox	Requires the DPH to specifically include children who are 11 years or older in any meningococcal disease public awareness campaign it implements.
SB 337/Alquist	This bill clarifies under current law that clinics, health facilities, home health agencies or hospices must report instances of unlawful access, use or disclosure of a patient's medical information within five business days of detecting it. Requires some specified facilities to delay reporting this breach if a law enforcement agency or officials provides a written or oral statement that compliance will impede the law enforcement agency's activities.
SB 744/Strickland	This bill revises licensing and certification requirements for clinical laboratories to recognize accreditation of clinical laboratories by approved, private, nonprofit organizations, as specified, revises license fees on clinical laboratories according to the number of tests performed, increases licensing fees on laboratory personnel, and makes other administrative changes.
SBX3 24/Alquist	This bill temporarily reinstates 12-month continuous Medi-Cal eligibility for children in order for the state to qualify for approximately \$10 billion in federal stimulus funds via a temporary increase in the Federal Medical Assistance Percentage. Makes the reinstatement effective during the time period that increased federal funding is available through the federal economic stimulus legislation.



Report Can Be Found Online at

www.sfdph.org

415-554-2500

This Report Was Not Printed or Paid for at Public Expense