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 healthy 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

The San Francisco Department of Public Health (SFDPH) is committed to ensuring our patients, clients and colleagues are supported and informed in the face of uncertainty with healthcare.

SFDPH’s commitment to provide quality health care and services for all San Franciscans has not changed, regardless of immigration or insurance status. We want all of our patients and clients to continue to seek services with their SFDPH providers, including care at our clinics and hospitals.
MESSAGE FROM THE DIRECTOR

I am pleased to present the San Francisco Department of Public Health’s (DPH) Annual Report for Fiscal Year 2017-2018 – highlighting the accomplishments of our programs and services throughout the City. I am honored to serve as the new Director of Health, advancing the excellent work that occurred under former Director Barbara Garcia’s leadership. As we move forward, it is exciting to consider the opportunities for further deepening the department’s dedication to equity and well-being.

DPH maintains its commitment to promoting health equity among residents facing the greatest health disparities. For example, the Black African American Health Initiative (BAAHI) has expanded its community engagement strategy, strengthened alliances with vital community-based organizations, and enhanced data-sharing with partners to develop health strategies and outcome metrics. BAAHI’s leadership has taken steps to cultivate collaboration and coordination across the department and set system-level goals.

Since fall 2017, DPH has taken a leading role in the citywide Healthy Street Operations Center, a Mayoral-directed interagency effort to direct, plan, and coordinate efforts to address homelessness, individuals struggling with substance use and mental health needs, street cleanliness, and related public safety concerns. As a part of these efforts, DPH has invested significant resources to bolster services to better support the health and wellness of the city as a whole while serving our most vulnerable with compassion.

The past fiscal year saw substantial progress towards launching its new Epic Electronic Health Record, an essential tool for the San Francisco Health Network to improve patient experience and ensure consistent, high quality care for all patients. Over the past fiscal year, we have assembled a talented team of subject matter experts and leadership for the system to go-live by August 2019. This will represent a major advance in modernizing our data and management systems and help us serve the public better.

This Annual Report also showcases multiple other departmental highlights from the Population Health Division and San Francisco Health Network. They demonstrate our dedication and tremendous work towards improving health in San Francisco – despite ongoing uncertainty surrounding federal healthcare policy. DPH remains steadfastly committed to providing quality health care and services for all San Franciscans.

I thank all of our dedicated staff, community and city partners, and the Health Commission for their contributions, partnership, and service to the health of San Francisco. I am extremely proud of the Department’s accomplishments this year, and I look forward to the important work ahead.

Grant Colfax, MD
Director of Health
The past year was one of immense transition for the San Francisco Department of Public Health (SFDPH). In December of 2017, the Health Commission joined the SFDPH staff and the entire City in mourning the death of Mayor Edwin Lee, our City’s deeply honored leader with a long history of strongly supporting the SFDPH. He was a dedicated and effective public servant who helped make San Francisco a better city. The SFDPH worked closely with the interim Mayor, Mark Farrell in his short term and welcomed our current Mayor, London Breed, when she took office in July 2018.

In the Summer of 2018, our Director of Health, Barbara Garcia, resigned. The Commission approved Resolution 18-6 to acknowledge her work and recognize the impact she had during her eight-year tenure. Under her leadership, the SFDPH was effectively reorganized into the San Francisco Health Network and Population Health Division. The Health Commission worked closely with Acting Director Greg Wagner and other DPH staff during the interim. In accordance with the City Charter, we worked with the Department of Human Resources to select candidates for the next Director of Health to forward to Mayor Breed, who has City Charter authority to make the final selection. We are very pleased to welcome Dr. Grant Colfax as the new Director of Health.

The Health Commission is deeply appreciative to Greg Wagner, who accepted the role of Acting Director of Health, while continuing to carry out his duties as Chief Financial Officer. He has done a commendable job in providing effective leadership to the $2.2 billion organization and the entire San Francisco public health community.

This past year, that the SFDPH has continued to meet its budget targets through increasing revenue generation and collection. The San Francisco Health Network and Population Health Division continue to effectively use Lean to make impactful changes throughout the SFDPH. The Health Commission will continue to closely monitor the implementation of the Department-wide electronic health record, which is scheduled to launch in August of 2019.

During the year, we welcomed new Health Commissioners Dr. Laurie Green and Tessie Guillermo. Both bring tremendous community experience and public health-related skills to the Commission. We also saw the departure of Dr. David Pating, who served as Health Commission Vice President for several years, and Dr. Judy Karshmer, who served on the Commission for five years.

The Commission extends its gratitude to all the SFPDH employees who, through this year of transition and change, have continued to operate one of the best public health departments in the country. We are grateful for the leadership that Mayor Breed and the Board of Supervisors bring to public health issues. We also acknowledge the importance of the many productive partnerships between the SFDPH with other City Departments and community-based organizations.

We look forward to working with Dr. Colfax in the years ahead to continue to improve the health of all San Franciscans.

Edward A. Chow, M.D.
Health Commission President
The mission of the San Francisco Department of Public Health (SFDPH) is to protect and promote the health of all San Franciscans. SFDPH is an integrated health department with two primary roles and two major divisions to fulfill its mission:

- Protecting the health of the population, which is the primary responsibility of SFDPH’s Population Health Division; and
- Promoting the health of our patients, which is the primary responsibility of the San Francisco Health Network.

SFDPH’s central administrative functions, such as finance, human resources, information technology, and policy and planning, support the work of SFDPH’s two divisions and promote integration.

POPULATION HEALTH DIVISION

SFDPH’s Population Health Division (PHD) addresses public health concerns, including consumer safety, health promotion and prevention, and the monitoring of threats to the public’s health. PHD implements traditional and innovative public health interventions. PHD staff inspect restaurants, promote improved air and water quality, track communicable diseases, and educate San Franciscans about the negative health impacts of tobacco. PHD staff also promote pedestrian safety, participate in an ambitious campaign to eliminate new HIV infections, and provide technical assistance to corner stores to increase healthy food options for residents. PHD contributes to the health of SFDPH’s patients by contributing population health data and data analysis to the San Francisco Health Network.

PHD was granted public health accreditation in March of 2017, which specifically focuses on measurement of health department performance against a set of nationally recognized, practice-focused, and evidence-based standards based on the ten essential public health services, as well as management, administration, and governance.

SAN FRANCISCO HEALTH NETWORK

The SF Health Network (SFHN) comprises the direct health services SFDPH provides to thousands of insured and uninsured residents of San Francisco, including those most socially and medically vulnerable. The San Francisco Health Network is a community of top-rated clinics, hospitals and programs operated by the Health Department. We connect San Franciscans to quality health care. Every year we serve more than 100,000 people in our clinics and hospitals, including Zuckerberg San Francisco General, the only trauma center serving all of San Francisco and northern San Mateo County, and Laguna Honda Hospital and Rehabilitation Center. We provide continuous care for people wherever they are – in clinics, hospitals, at home, in jail or transitional housing. As the city’s public health system we also provide emergency, trauma, mental health and substance abuse care to any San Franciscan who needs it.

The Health Network celebrates the city’s diversity, serving individuals and families of all backgrounds and identities, regardless of immigration or insurance status. The Health Network is dedicated to empowering all San Franciscans, without exception, to live the healthiest lives possible.

To learn more about San Francisco Health Network and the services we provide, please visit: http://www.sfhealthnetwork.org.
True North is a precise, concise and universal set of ideals which, when taken together provide a compass that describes the DPH’s ideal or state of perfection that the department is continually striving towards. True North encompasses a broad scope of work and serves as the basis for strategic planning, guiding leadership in setting priorities and metrics across all levels of the organization. While departmental tactics and strategies may change True North does not change. SFDPH’s True North, Mission, and Vision are summarized in the following visual triangle.

The six True North Pillars are:
- Safety and Security: Ensure safe environments for our clients, patients, and staff
- Health Impact: Improve the health of the people we serve
- Service Experience: Provide the best experience for the people we serve
- Workforce: Create an environment that respects, values, and invests in all our people
- Financial Stewardship: Ensure transparent and accountable stewardship of resources
- Equity: Eliminate health disparities
SFDPH’s dedicated staff help realize the organization’s mission of protecting and promoting the health of all San Franciscans. The San Francisco Health Network integrates our delivery system and focuses on providing high quality health care services. The Population Health Division leads SFDPH efforts in health protection, promotion, prevention and disaster readiness.
As SFDPH’s governing and policy-making body, the San Francisco Health Commission is mandated by City and 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 full Health Commission meets on the first and third Tuesday of each month at 4:00 p.m. in Room 300 at 101 Grove Street. The Health Commission’s committee structure consists of:

- The Zuckerberg SF General Joint Conference Committee
- The Laguna Honda Hospital Joint Conference Committee
- The Community and Public Health Committee
- The Finance and Planning Committee

The Health Commission also has designated seats on the following bodies:

- San Francisco Health Plan Board of Directors
- Zuckerberg SF General Foundation Board of Directors
- San Francisco Public Health Foundation Board of Directors
- In-Home Supportive Services Public Authority Governing Board

Edward A. Chow, M.D., President

Commissioner Chow is an internal medicine specialist who has been in practice in San Francisco for over fifty years. He is President and CEO of Jade Health Care Medical Group, affiliated with the Chinese Hospital Health System. Previously he was Executive Director of the Chinese Community Health Care Association, and Chief Medical Officer of the Chinese Community Health Plan. He is co-chair of the Asian American Native Hawaiian and Pacific Islander Diabetes Coalition and member-at-large of the Federation of Chinese American and Chinese Canadian Medical Societies Board of Directors. He has received numerous awards for his work in health disparities and cultural competency, including the 2008 Alumni Merit Award from St. Louis University School of Medicine, Laureate Award from the American College of Physicians Northern California Chapter (2008), San Francisco Asian Pacific American Heritage Lifetime Achievement Award (2010), and the Silver SPUR award (2012) for enhancing the quality of life and vitality of the San Francisco Bay Area.

Commissioner Chow is the President of the Health Commission, currently chairs the Zuckerberg San Francisco General Hospital Joint Conference Committee, and is a member of the Finance and Planning Committee. He was appointed to the Commission in 1989.

James Loyce, Jr., M.S., Vice President

Mr. Loyce is a Public Health and Non-Profit professional and advocate with over 35 years of experience. He began his career in the Non-Profit Sector in clinical staff positions progressing over time to the role of Executive Director/CEO. His advocacy work included co-founding The Black Coalition on AIDS and serving on numerous Boards of Directors for Non-Profits. He also has been involved in local, state and federal health policy advocacy. In the public sector, Mr. Loyce served the City and County of San Francisco in a variety of senior administrative roles that spanned health policy, budget development and advocacy at local, state and federal levels. He retired from the San Francisco Department of Public Health as a Deputy Director in 2007 after 20 years of service. Since his retirement, he has returned to Public Health and Non-Profit advocacy work serving on a number of San Francisco Bay Area and National Boards. He also is an Organizational Development Consultant to Non-Profits.

Commissioner Loyce was appointed to the Health Commission in 2016 and currently serves as Vice President. He is chair of the Community and Public Health Committee and a member of the Public Health Foundation.
Dan Bernal

Bernal is Chief of Staff for Congresswoman and Speaker of the House Nancy Pelosi. He has dedicated his career to public service, having served in the White House under President Bill Clinton and as a presidential appointee at the U.S. Department of Education. As Congress debated the Affordable Care Act, he supported Speaker Pelosi’s efforts to build support for the legislation in California by convening diverse stakeholders and coordinating activities for Bay Area Members of Congress. He continues to serve as a valuable resource to the California Democratic Congressional Delegation, key policy makers, and advocates in the fight to prevent repeal of the Affordable Care Act. Commissioner Bernal served as board president of the AIDS Emergency Fund and spearheaded the creation of the Breast Cancer Emergency Fund. He also previously served on the board of directors of the Susan G. Komen Breast Cancer Foundation Bay Area Affiliate and the San Francisco AIDS Foundation. He currently serves on National AIDS Memorial Grove board.

Commissioner Bernal was appointed to the Health Commission in 2017. He is a member of the Finance and Planning and the Community and Public Health Committees.

Cecilia Chung

Commissioner Chung is nationally recognized as a civil rights leader, advocating for HIV/AIDS awareness and care, LGBT equality, and prisoner rights. She is the Senior Strategist of Transgender Law Center and has served on a number of planning bodies, which includes the San Francisco HIV Health Services Planning Council, Transgender Community Advisory Board for UCSF TRANS and the Visioning Change Initiative of the California HIV/AIDS Research Program. She previously served on the Presidential Advisory Council on HIV/AIDS.

Commissioner Chung chairs the Finance and Planning Committee and is a member of the Community and Public Health Committee. She was appointed to the Health Commission in 2012.

Laurie Green, M.D.

Dr. Green has practiced medicine for 38 years. She is the founding partner of Pacific Women’s Obstetrics & Gynecology Medical Group, which was founded in 1989 with the goal of providing state-of-the-art, empathic obstetrics and gynecology care in a woman-run environment. Dr. Green is also the Founder, President, and Chair of the Board of The MAVEN Project, which engages physicians to volunteer their clinical expertise via telehealth technology to medically under-resourced communities across the country.

In addition to Presidency of the California Academy of Medicine and San Francisco Gynecology Society, she has served in board leadership positions in the Brown and Toland Medical Group, the San Francisco Medical Society, the San Francisco Gynecology Society, and the California Academy of Medicine. She has served on the Board of Directors of Brown and Toland Medical Group for the past 16 years, and has been responsible for many initiatives to improve physician communication and quality of care. She is currently Vice-Chair of the OB/GYN Department at California Pacific Medical Center.

Commissioner Green was appointed to the Health Commission in 2018. She is a member of the Zuckerberg San Francisco General Hospital Joint Conference Committee.
Tessie M. Guillermo

Ms. Guillermo is the former President and CEO of ZeroDivide, a philanthropy and consultancy that developed innovative digital equity strategies in support of low-income communities. Ms. Guillermo served in this capacity for 13 years. Prior to ZeroDivide, Ms. Guillermo was the founding CEO of the Asian and Pacific Islander American Health Forum, leading this national minority health policy/advocacy organization for 15 years. In recognition of her national leadership, Ms. Guillermo was appointed by President Bill Clinton to serve as an inaugural member of the President’s Advisory Commission on Asian Americans and Pacific Islanders. She currently serves as Board Chairwoman for Dignity Health, and serves on the boards of the Marguerite Casey Foundation, the Nonprofit Finance Fund, the Center for Asian American Media and the Smithsonian Museum’s Asian Pacific American Center. Ms. Guillermo is an alumnus of the University of California, Berkeley; and California State University East Bay, where she has been awarded recognition as a Distinguished Alumni of the School of Business and Economics.

Commissioner Guillermo was appointed to the Health Commission in 2018. She is a member of the Laguna Honda Hospital Joint Conference Committee.

David J. Sanchez, Jr., PhD.

Commissioner Sanchez is Professor Emeritus at University of California, San Francisco. Commissioner Sanchez is a member of the San Francisco General Hospital Joint Conference Committee and the Chair of the Laguna Honda Hospital Joint Conference Committee. He is 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 was appointed to the California Commission on Aging in 2013.

Commissioner Sanchez resigned from the Health Commission in 2019 after serving 22 years as a valued member. He was chair of the Laguna Honda Hospital Joint Conference Committee, a member of the Zuckerberg San Francisco General Hospital Joint Conference Committee, and a member of the San Francisco General Foundation.

Mark Morewitz, MSW
Health Commission Secretary
BLACK AFRICAN AMERICAN HEALTH INITIATIVE

The Black African American Health Initiative made several strides this year, the fourth year of the initiative. First, the initiative expanded from an inward focus on improvement, to include community engagement as a key strategy. Initiative staff began representing DPH regularly at community meetings relevant to Black/African American Health, including BMAGIC, Black to the Future, My Brother’s Sister’s Keeper and Healthy Southeast. Sharing data and activities with these groups increased their ability to shape their work to include health strategies. Staff also co-hosted a community forum with the NAACP and the Human Rights Commission in the spring of 2018, which was attended by over 100 people. The forum allowed BAAHI staff to share data on Black/African American health status with community leaders and residents, allowed staff from various parts of DPH to dialogue with residents about the services they offer, and to expose attendees to a variety of city initiatives outside of DPH that are relevant to their health. This initial introduction will be followed by other forms of community engagement in 2018-19. DPH has set a goal to increase community participation in priority-setting, recruitment and evaluation of services targeted to reduce Black/African American health disparities as the initiative matures.

Another forward step occurred in the leadership of the initiative. The steering committee, expanded in 2016-17 to include leadership from every section of the department, set system level goals for the first time in the course of the initiative. The two goals were to institute a training program for staff to increase understanding of how racism has and does impact health. This would be followed by training to help staff make the policy and practice changes needed to combat those negative impacts. A second goal set by the committee was to create infrastructure such as groups, roles, and modes of accountability to support the success of the work. Changes in staffing and new policies developed in 2017-18 will be established in the 2018-19 fiscal year.

“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

-James Baldwin
FISCAL YEAR 17/18 HIGHLIGHTS

FEATURES

HEALTHY STREETS OPERATIONS CENTER

As an expansion of coordinated efforts that began in San Francisco’s Mission District and Civic Center, the Healthy Streets Operations Center (HSOC) aims to unify the efforts of multiple agencies involved in addressing homelessness, individuals struggling with behavioral health issues, street cleanliness, and related public safety issues.

HSOC officially activated in January 2018, with representatives of city departments collectively stationed at SF’s Emergency Operations Center to direct, plan, and coordinate efforts to address immediate needs, help guide people to services and resources, and improve street safety and cleanliness.

Since its inception, DPH has taken a leading role in HSOC policy development, staff education and training, and outreach and engagement throughout the city. In addition, DPH fills critical roles of:

- providing health services through its comprehensive system of care (primary care, hospital care, and behavioral health care)
- identifying priority individuals or “top users” of multiple services and coordinating efforts to better meet the needs of those with complex challenges
- holding monthly Health Fairs to provide routine medical care, access to harm reduction services and treatment, linkage to care, disease testing, and building relationships
- identifying areas with frequent syringe use, dispose of syringes, and connecting individuals with services for treatment or harm reduction

While HSOC is, in many ways, an extension of DPH’s standard work, it has facilitated DPH enhancing and coordinating its capacity and operations to better support the medical and behavioral health needs of people who are homeless or unsheltered on the street. In conjunction with HSOC, DPH made the following investments during FY17-18:

- increased the scope and number of citywide syringe clean-up teams to 7 days a week
- placed 25 syringe disposal kiosks and boxes located throughout the city
- bolstered street outreach and engagement teams that provide services and referrals
- increased the number of residential treatment and detox beds
- expanded Medical Respite and Sobering Center programs
- opened 40 beds at the San Francisco Healing Center at St. Mary’s Hospital for San Franciscans with serious mental illness
- expanded the Street medicine team and its innovative buprenorphine program to serve 250 clients
- expanded capacity at the Harm Reduction Center by 36 percent to accommodate 43,000 visits per year
- integrated LEAD SF, a pre-booking diversion program that refers eligible individuals to community-based health and social services as an alternative to jail and prosecution
Having an Epic EHR will allow us to partner with other health care systems and share vital patient information seamlessly while meeting privacy standards. Through an Epic feature called Care Everywhere, we will electronically exchange information about the tests, procedures and data gathered during patient and client visits from our colleagues at other Bay Area systems such as Alameda Health System, Kaiser Permanente, Stanford, Sutter and UCSF. Our patients will experience vast improvements in the communication, coordination and quality of care among various providers.

With the implementation of Epic, we will be able to use data to make decisions not just about individual patients but to improve the overall performance of our system and the health of the community. Epic will give our providers real-time and predictive analytics, along with risk scoring tools and chronic disease registries to help inform patient care. For example, our providers will have access to patients’ historical prescription patterns and frequency of hospitalizations. All of this ultimately helps us engage our patients and clients by providing them with valuable health and wellness information, and drive outcomes through analytics.

DPH providers are now able to envision a new world of patient information. An emergency physician can look up a patient’s allergies even if the patient can’t speak for themselves. Our home health providers will have information on their client’s latest medications and diagnoses. And, our mental health providers will be aware of all diagnoses and medical history needed to best care for their clients. All of this at the push of a button.

As a safety net provider, we provide care to the most vulnerable populations. Those patients and clients will now have the most advanced health care information system available to them. The Epic project will result in a single system of patient data to better serve the more than 100,000 clients of the San Francisco Health Network and other San Franciscans who use our health care and behavioral health services. When we flip the switch on our new EHR on August 3, 2019, these many months, weeks and days of hard work and dedication will result in profound improvements in the areas of safety, quality, patient experience and finances, helping us accomplish our true north goals and ultimately realize a future that is truly epic.
FISCAL YEAR 17/18 HIGHLIGHTS

PROTECTING HEALTH

TENDERLOIN HEALTH

The Program on Health, Equity and Sustainability (PHES) staff have been actively engaged in planning and evaluation efforts to advance the health of existing Tenderloin residents and businesses, in the midst of ongoing neighborhood transformation, as part of two large community improvement efforts: the Tenderloin Health Improvement Partnership (TLHIP) – a collective impact initiative led by St. Francis Memorial Hospital and its foundation – and the Office of Economic and Workforce Development’s Central Market/Tenderloin Strategy, since 2014. In FY17/18 the following achievements were made:

- PHES launched the Central Market/Tenderloin Data Portal with support from a CDC Health Impact Assessment Grant. The website tracks key health-related factors for both initiatives – providing interactive, geographically granular data for planning and coordination while linking measures to significant investments being made.

- PHES worked with TLHIP to organize the first Tenderloin Data Day where attendees participated in an interactive “data scavenger hunt” while learning how to use the Data Portal. The event was attended by 65 individuals representing more than 25 neighborhood and city organizations.

- PHES was notified the Data Portal had been selected as a NACCHO “Promising Practice” for 2018.

HOMELESS HEALTH

SFPDH provided access to health and other services for people who are homeless through pop up Encampment Health Fairs welcomed by the community. SFPDH developed a collaboration with the Department of Homelessness and Supportive Housing, along with community partners, Glide Harm Reduction Services and the San Francisco AIDS Foundation to respond to needs expressed by the community and noted in epidemiological data.

The collaboration, led by Community Health Equity & Promotion, Transitions, and Street Medicine, has allowed us to strengthen the work done in clinical and street settings by focusing on the overlapping vulnerabilities of San Franciscans at risk for both HIV and hepatitis C. This collaboration strengthens SFPDH’s commitment to supporting the health of marginalized people with compassion and respect. SFPDH’s strong history of harm reduction, community engagement, and flexibility to meet people where they are has contributed to this collaborative being so successful and accepted in the community.

During the fiscal year, the collaborative reached over 390 people and:
- 133 people received low barrier medical care, including rapid HIV treatment and pregnancy care
- 355 tested for HIV, HCV, and/or STD
- 13 people started PrEP
- 20 people started on buprenorphine
- 117 people were referred to follow-up services.

MATERNAL HEALTH

Preterm birth, or being born before 37 weeks gestation, is a major driver of disability and infant mortality. Supported by the UCSF California Preterm Birth Initiative (PTBi), the Center for Learning & Innovation (CLI) and the Maternal Child and Adolescent Health Branch partnered to catalyze a city-wide, multi-sector collective impact effort.

Expecting Justice launched in 2017 with the goal of addressing significant disparities in preterm birth that affect African American and Pacific Islander women—rates that are nearly double that of white women. Expecting Justice brings together women with lived experience and leaders from community based organizations and health and social systems to confront the legacy of racism and ongoing injustices that perpetuate health inequity. The group prioritized strategies to make doula care accessible to low income women of color and to address housing insecurity as a root cause of stress-mediated preterm birth risk.

Grounded in the Community Action Model, CLI, UCSF, and the San Francisco State University Health Equity Institute trained ten women, including two former clients from the SFPDH-run Black Infant Health Program, as Benioff Community Innovators. Their Mamas Sharing Session focus groups engaged 90 women and generated ideas that may guide policies that prioritize pregnant women for housing support.
ENVIRONMENTAL HEALTH

The EHB continued streamlining operations to increase operational efficiency and effectiveness for multiple programs. Some milestones include:

- Hazardous Materials & Waste Program (HMWP) improved communication and compliance assistance for clients and implemented electronic tools in alignment with DPH’s efforts to support the city’s goal of achieving Zero Waste by 2020.
- Streamlined client communications and instructions to assist in achieving compliance. Business owners/operators expressed appreciation, citing avoidance of late fees and penalties, fewer notices received by mail, and decreased likelihood of time sensitive materials being misplaced or lost.
- Completed over 2,000 complaint inspections at permitted food facilities and approximately 7,000 routine inspections at food facilities.
- Awarded $1.8 million for Tobacco Law Enforcement and Outreach to deter sales to people under 21 years of age, enforcement of unpermitted tobacco retailers and hookah lounges, create education and outreach materials to engage the retail and residential community, and conduct community outreach.
- Trained 150 individuals and 50 different jurisdictions on Red-light abatement laws.

NORTH BAY FIRES RESPONSE

In Fall 2017, SFDPH Behavioral Health Services (BHS) activated in response to the disaster mental health support needs of evacuees from the wildfires that erupted in Napa and Sonoma counties. Evacuation shelters opened up in the affected areas, with about 100 staff members ready and on stand-by. BHS sent approximately 30 disaster mental health workers to provide support to the people who were impacted and/or suffered losses, including to families and children.

The majority of the disaster mental health workers that BHS deployed were bilingual Spanish-speaking, as Spanish was the identified language in greater need. BHS deployed disaster mental health workers in work shifts (including overnights) to both counties where the fires had the most devastating impact. BHS coordinated its disaster mental health support via the Statewide EMS authority for coordinating County Mutual Aid. SFDPH BHS is grateful to all the mental health workers who deployed and to the many staff who signed up and expressed their willingness help out.

PUERTO RICO RELIEF MISSION

In April 2018, DPH conducted a medical relief mission in Puerto Rico to assist with recovery efforts in the wake of Hurricane Maria. A 15-person team made up of physicians, nurses, mental health providers, disease surveillance and analyst staff across the SFHN departed on a weeklong trip to Hatillo and Utuado in the northwest of the island commonwealth.

The SF team formed two groups, with one based at a clinic treating patients, and another going door to door in the community, providing assessments, deliveries and care to those who were not able to reach the clinics. Led by Dr. Hali Hammer, Director of Primary Care for the San Francisco Health Network, the team of Spanish-speaking staff assisted Corporacion de Servicios Medicos, Federally Qualified Health Centers that include Clinica Hatillo and Clinica Utuado, serving communities where the storm damage and health impacts have been quite significant.

The storm exacerbated chronic illnesses such as respiratory conditions, asthma, diabetes and high blood pressure. Many residents were affected by increased dust and mold in the environment, lack of refrigeration for medications, or difficulties accessing care, among other challenging circumstances.
Amber Gray received the 2017 Ellen Daily Consumer Advocate Award from the National Health Care for the Homeless Council for her extraordinary work advocating for persons experiencing homelessness.

Amber has spent the past 16 years working as a counselor with LGBTQ high-risk youth without homes, a health educator with a mentoring program, a prevention case manager in a residential housing program, and now in a senior program management position with HIV Education and Prevention services for transgender women of color and their partners. She is also a group facilitator for “Transgender Tuesdays” at the Tom Waddell Health Clinic and mentors youth around principles of independence and empowerment. Amber’s dream is to reduce the stigma that continually plagues her community. She is committed to encouraging, motivating, and empowering transgender women of color. Currently Amber is a Peer Specialist with the Transgender Pilot Project, a program of the Mental Health Services Act (MHSA).

Hummingbird Place opened during FY17-18 as the first Navigation Center in SF specifically tailored for individuals experiencing mental and behavioral health issues. The 24-hour program offers low-barrier respite, clinical and peer counseling, hot meals, showers and 15 beds for overnight accommodations to help clients regroup and stabilize after a crisis episode. Hummingbird Place has capacity for 25 day drop-in clients, and it is anticipated to expand to 29 overnight beds by February 2019.

While Hummingbird Place originally opened in 2015 as a day program providing peer counseling and support, the new and expanded model of care adds multi-disciplinary staff, including professionals and peers. Clients may be referred from Zuckerberg San Francisco General Hospital, Psychiatric Emergency Services, the Homeless Outreach Team (SFHOT), the Encampment Resolution Team and community providers.

The program’s focus will be on helping homeless people that have had multiple visits to hospitals due to psychiatric and addiction crisis. Hummingbird Place is yet another example of DPH’s ongoing commitment to protecting the health of the city’s most vulnerable individuals, in addition to addressing the complex intersection of mental and behavioral health and homelessness.

In March 2018, the San Francisco Healing Center opened at St. Mary’s Medical Center, adding 54 new conservatorship beds to DPH’s system of mental health care, and more than doubling the current number in the county.

These locked psychiatric beds serve a critical need for clients who are placed on conservatorship and are too ill to live independently but do not require acute hospital care. The center will provide comprehensive programming for recovery and wellness, including therapeutic care, peer support, and a wide variety of evidence-based treatments designed to support and enable clients to live more independently in the community. The program is operated by Crestwood Behavioral Health, with Dignity Health and UCSF as key partners.

Expanding SF’s supply of these beds increases the county’s capacity to serve people with serious mental illness. The clients who will be cared for include people who are gravely disabled due to mental illness or incompetent to stand trial. Currently, these clients can wait for placement in out-of-county facilities, acute care hospitals or jail. With the new beds, the system will have more capacity, patient flow will improve, and people will be treated in the most appropriate settings.
CHILDREN’S ORAL HEALTH

SFDPH won a competitive four year $5.8 million Dental Transformation grant from CA Department of Health Care Services. The SF Dental Transformation Initiative, Local Dental Pilot Project, will implement 5 pilot projects to increase the use of preventive dental services, reduce cavities rate, and close oral health disparities among children ages 0-5.

The project is a partnership between Maternal, Child, and Adolescent Health (MCAH), San Francisco Health Network (SFHN) Dental Services, and CavityFree SF Collaborative. From 2017-2020, the project will:

- Lead learning collaboratives on quality improvement strategies to help dental clinics improve capacity to serve more children ages 0-5
- Provide coordination through DPH and the SF Unified School District to connect children to preventive dental services. As of July, 1,432 children attended a dental appointment as a result of care coordination
- Develop culturally relevant oral health promotion messaging in collaboration with 3 Community Children’s Oral Health Taskforces in Bayview/Visitacion Valley, Chinatown, and Mission
- Train primary care providers in oral health competencies and dental referral methods
- Increase dual medical/dental users ages 0-5 at SF Federally Qualified Health Centers with co-located medical and dental clinics.

SOCIAL MEDICINE TEAM

In 2017, a large multidisciplinary team initiated a novel approach to deliver holistic care to ZSFG Emergency Department (ED) patients with complex social needs. Previously, one-third of inpatients admitted through the ED stayed in the hospital less than 2 days.

Review of short-stay inpatients showed a pattern of low medical acuity and high social complexity. Hospitalizing patients for social needs was not addressing patients’ fundamental determinants of health, and was negatively affecting all ZSFG’s strategic ‘True North’ metrics.

Thus, a multidisciplinary team partnered to provide ED patients and providers with safe alternatives to hospitalization by assessing and treating patients’ social illnesses. Using lean improvement tools, the team developed 10 PDSA initiatives, ranging from a new ED social medicine consult service to direct linkage for ED patients to transitional housing.

Since January 2018, the team has served over 1,000 patients with complex medical and social needs, and prevented over 200 admissions and 30 readmissions. Their work has also correlated with PRIME readmission target fulfillment, decreased inpatient length-of-stay, and a 10% reduction in ED revisit rate. Individual patient outcomes have been transformative, helping many surmount homelessness, engage in substance use treatment, and connect with medical and social services in a community setting.

WHOLE PERSON CARE

FY17-18 saw continuation of San Francisco’s Whole Person Care (WPC) pilot, a Medi-Cal Waiver awarded in 2016. This inter-agency partnership includes Departments of Homelessness and Supportive Housing (HSH), Human Services (DHS), Aging and Adult Services (DAAS), health plans and a network of community based organizations.

The objective of the Whole Person Care pilot is to improve outcomes for adults experiencing homelessness through better coordinated delivery of physical health, behavioral health, and social services. The system improvements and infrastructure solutions developed will benefit all clients shared across SF’s health and human services.

WPC’s approach includes engineering of information-sharing solutions that improve the communication and knowledge necessary to support and optimize human-centered care for all shared clients. In 2017-18, the WPC team assessed city-wide IT systems and identified data sharing needs to inform requirements for a WPC data sharing solution.

With the help of the Mayor’s Office in Innovation and the STIR program, they designed and prototyped a mobile application that supports street outreach teams, makes integrated client data accessible in the field, and provides an easy-to-use tool for documenting client encounters.

WPC challenges partners to move beyond silos and provides the imperative for to work together in a human centered fashion.
Community Behavioral Health Services (CBHS) received the National Association of Counties 2018 Achievement Award for its Mental Health Promotion and Early Intervention (Pop Focus) programs. Mental Health Services Act’s (MHSA) pioneering Pop Focus programs seek to help oppressed and marginalized communities by honoring their histories; cultural and spiritual beliefs around health & mental health; and their community defined practices that lead to wellness.

Pop Focus programs center on: heritage, healing practices, ceremonies and rituals of indigenous communities; understanding that culture frames communities’ interactions with the public mental health system; and a careful blend of clinical and non-clinical services designed to suit each individual community.

Pop Focus programs have helped transform SF’s landscape of public mental health prevention and early intervention service provision by recognizing and honoring communities’ connections to culture, heritage and generational eras and have shaped them into contemporary and relevant ways of bringing mental health support and therapeutic care to their community members.

Pop Focus programs have resulted in: evidence-based programming that resonates highly with communities; communities’ heightened awareness about mental health and self-care, especially within the contexts of cultural and linguistic heritages and generation/age groups; the reduction of stigmatizing and discriminating views toward mental/behavioral health and seeking mental health care; and the uptick of people accessing mental health support.

San Francisco is a recipient of a $5.9 million Board of State and Community Corrections (BSCC) grant (April 2017-June 2019) to implement Law Enforcement Assisted Diversion (LEAD).

Based on the Seattle LEAD program, LEAD SF is an innovative pre-booking diversion program that utilizes principles of harm reduction to work with individuals who have repeat low-level drug offenses or individuals engaged in sex work at high risk of recidivism, at the earliest contact with law enforcement, to community-based health and social services as an alternative to jail and prosecution.

This program, which launched in October 2017, aims to refer 250 individuals from the Mission and Tenderloin Districts with a goal of improving the health and housing status of participants, reducing the recidivism rate for low-level drug and alcohol offenses, and strengthening the collaboration with city and community based partners. At the end of the 2017-2018 Fiscal Year 132 individuals have been referred to the program, 38 of which were successfully diverted from the San Francisco County Jail, and 77 individuals have been connected to care.

San Francisco is a recipient of a $6 million Board of State and Community Corrections (BSCC) grant to implement a Proposition 47 program (June 2017-August 2020) which is being called Promoting Recovery and Services for the Prevention of Recidivism (PRSPR). This program is designed to work with individuals who have been arrest for, charged with, or convicted of a criminal offense with a goal of reducing recidivism and improving the health and housing status of participants.

This grant is funding 32 Substance Use Disorder (SUD) residential treatment beds, as well as 5 social detox beds. In addition to residential treatment, this program provides peer support to individuals as they complete the program and, while available for adults over the age of 18, also has an additional Transitional Age Youth (TAY) component to support the outreach of TAY participants and development of TAY specific SUD curriculum.

This program is unique as it provides dedicated capacity for individuals involved in the criminal justice system and expands DPH’s residential treatment capacity.
CIVIC BRIDGE PROGRAM

In 2017-2018, the Women, Infants, and Children program (WIC) partnered with Google to understand and strategize around a specific problem WIC is facing - retention of children in the WIC program past the age of one. This private-public partnership was made possible through the SF Mayor's Office of Innovation Civic Bridge program.

Four Google employees stationed with WIC full time for one month conducted participant, staff and subject matter expert interviews, observed interactions at the City’s six WIC clinics and analyzed quantitative and qualitative data to improve understanding of the root causes of declining participation trend. The findings suggested stigma of participating in a government funded program and expectation gaps are the primary drivers of the drop in retention, particularly among English speaking participants.

Based on this analysis, the Google and WIC teams co-designed human centered interventions including refreshing WIC clinics to warmly welcome families with young children, upgrading client-communication technology, creating story board and narrative for WIC outreach video, improving staff engagement through anonymous feedback survey and developing a playbook to standardize workflows. See below photos of the Google and WIC team engagement to design interventions and the successful renovation of our Silver Avenue WIC Clinic.

OVERDOSE PREVENTION

An estimated 22,500 people inject drugs in SF, and approximately 160 to 200 people die in the city each year from a drug overdose. In response to increasing attention on public injection drug use and Board Resolution 123-17, DPH convened the Safe Injection Services Task Force between June and August to make policy recommendations to the Mayor, the Board of Supervisors, and City departments regarding potential opportunities and obstacles associated with safe injection services, the community need for such services, and the feasibility of opening and operating them. DPH identified focus areas through the review of published literature and reports, and sought diverse perspectives from an array of San Franciscans through public surveys, focus groups, and public comment at Task Force meetings.

The Task Force developed 17 recommendations that support the creation of safe injection services in San Francisco. They address the need for legal analyses, program planning and management, delivery model, location considerations, community engagement and education, and identifying special populations.

The Board of Supervisors’ Public Safety and Neighborhood Services Committee and the Health Commission expressed their full support for the Task Force recommendations and for DPH to implement safe injection services in SF.

JAIL HEALTH SERVICES

JHS has entered into a unique partnership with UCSF to provide psychiatry services to incarcerated patients while in the jail and while hospitalized on the inpatient unit at ZSFG. JHS is proud to have Dr. Loren Roth, a forensic psychiatrist, serving as the new medical director of Jail Behavioral Health Services. Dr. Roth comes to the jail after years of experience directing care on the inpatient forensics unit at Bellevue Hospital in New York. Dr. Roth, along with Dr. Mark Leary, Professor of Psychiatry and Interim Chief of Psychiatry at Zuckerberg San Francisco General are building a robust and responsive system of psychiatric support for incarcerated people with mental illness.

This system includes not only inpatient and outpatient care during the period of incarceration, but also participation in collaborative courts and diversion programs that keep our patients out of jail and in treatment.

These physicians join the expert Jail Behavioral Health team of therapists and behavioral specialists under the direction of Tanya Mera in the complex management of our incarcerated population. This work focuses on assessment, stabilization, and treatment in the jail and linkage to services in the community in preparation for release from incarceration.
DATA & INNOVATION

Two separate data initiatives were recognized by the SF Mayor’s Office of Civic Innovation and DataSF at the 2017 Data and Innovations Awards Ceremony.

The Shared Youth Database (SYDB) is a collaboration of DPH, Human Services Agency (HSA), Juvenile Probation Department (JPD), and the San Francisco Unified School District (SFUSD). These departments worked together to address legal hurdles and contract challenges to develop a comprehensive web-based database management system for at-risk youth in SF who are served by the respective agencies/departments.

The main goal of the SYDB is to identify intervention points at which multi-system youth can be helped with the most impact and to coordinate the care of youth engaged with multiple systems. The SYDB initiative is an innovative way of breaking down silos and working across multiple city departments to share data for coordination of care for the county’s high-risk youth.

The Data Reflection to Improve and Vitalize Effectiveness (DRIVE) initiative primarily involved meaningful and reflective use of data made possible by the rigorous data analytic work of the BHS Quality Management team through creatively generated charts and reports to visualize and make the use of children, youth, and adult outcomes data meaningful.

OFFICE OF MANAGED CARE

OMC improved their managed care operations, understanding of DPH’s patient volume, and further optimized revenues through the following efforts:

- In collaboration with medical records, billing, ZSFG reimbursement and SFHP, OMC identified a few very high cost hospital claims to identify the overpayment and recouped about $3M in FY17-18 as a result. Because of this project, OMC plans to implement ongoing audit of these TPA services to further ensure the accuracy and integrity of these TPA services.

- OMC collaborated with IT to complete the development of the SFHN Total Enrollment Report. This patient/membership report serves as the single source of truth for the managed care members and non-managed care patients for medical services.

- The Provider Grievance and Appeal Tracking System (GnA Tracker) provides SFHN with a more systematic approach to track ongoing provider appeals and grievances, further streamline coordination and communication among various departments, and provide more robust reporting capabilities to allow for summary level data for analysis. Since obtaining the green light for this project in July 2017, OMC has worked with multiple departments across the network to develop, test and train users on this system.

PRIME

PRIME (Public Hospital Redesign and Incentives in Medi-Cal) is a pay-for-performance delivery system transformation and alignment program that is part of Medi-Cal 2020 – a five-year renewal of California’s Section 1115 Medicaid Waiver. Across SFHN, PRIME includes 10 initiatives encompassing 57 measures that span 3 domains including outpatient delivery system transformation, management of high-risk populations, and resource utilization efficiency with the collaboration of over 100 team members across the network.

In FY17-18, SFHN was on target to achieve approximately $33 million incentive funds based on performance improvement across numerous quality areas for the year. Some highlights of achievement over the past year include:

- Depression screening and follow-up increased from 40.3% to 50.2%;
- Influenza vaccination increased from 71.4% to 85.1%);
- Sexual Orientation and Gender Identity (SOGI) increased from 0 to 21.7% data completeness; and
- Substantial advances in reducing disparities for Black/African Americans with hypertension.

The PRIME Program has allowed SFHN to focus efforts to improve patient care through enhanced data analytics, expansion of team-based care models for population management, and use of LEAN A3 thinking to support continuous quality improvement. Through collective efforts across the state, PRIME is advancing the quality and value of care provided across California’s safety net health systems.
In collaboration with executive leadership, the DPH Kaizen Promotion Office (KPO) is charged with driving Lean efforts through teaching and coaching Lean values and tools to help the organization achieve its mission and vision. This shared effort builds on the inspiring work of the entire department. In September, DPH held its first department-level strategic planning (Hoshin Kanri) and adopted six Truth North dimensions: Health Impact, Equity, Financial Stewardship, Workforce, Care Experience, and Safety and Security.

DPH identified two critical priority areas: developing our people and rolling out the new electronic health record. This was followed by Hoshins at the department and section levels, each taking direction from the DPH Hoshin and allowing for alignment of priorities across the department.

The KPO sponsored two Lean certification series to train executive leadership and performance improvement staff in Lean principles and tools, further building up internal DPH capacity to support Lean activities.

A major focus for this year is the deployment of a daily management system (DMS) which will support the EPIC implementation. DMS concentrates on developing front-line staff and managers, makes improvement a daily action, creates problem solvers, and develops bi-directional accountability. Building on the work of sections and divisions, the KPO is leading efforts to develop a department-wide standard approach and tools for daily management.

The Environmental Health LEAN process for performance improvement streamlined the food application process and improved application processing. On-line applications for food facilities and on-line payment is now the norm for Environmental Health.

Through close collaboration with the Treasurer Tax Collector (TTX), the on-line food permit application utilizes the Food Facility applicants’ Business Account Number to auto-populate the food permit application. A few more questions are answered for the Food Program with the uploading of facility plans and menus; then application is ready for submittal. Application fees are paid on-line. TTX electronically sends necessary referrals to Planning and Fire Departments and following reviews and Fire and Environmental Health-Food Program inspections, the permit is approved to be issued. TTX is notified and the permit is sent to the Food Facility Operator.

Performance Improvement for the permitting process has reduced processing time from one year (365 days) to 56 days. Over 200 permits have been processed and issued beginning in April 2018 to July 2018.

Laguna Honda continued its Lean Transformation journey with an impetus on growing internal capacity for Lean. The hospital designated a cohort of eight to complete requirements as Lean certified practitioners, allowing them to lead workshops and coach other staff through performance improvement efforts. This includes working to achieve True North metrics, prepare for new EHR implementation, and sustain high levels of quality on skilled nursing care measures collected by Center for Medicare and Medicaid Services.

The newly minted practitioners represent various disciplines and departments through the facility, and they play a large role in helping LHH transition to new requirements under the value-based care environment. Skilled nursing facilities nation-wide are now subjected to financial penalties for all residents discharged, but then are readmitted to an inpatient setting anywhere within 30 days. This placed greater emphasis on the hospital to ensure residents are on their most successful discharge track and have resources necessary to succeed in their community reintegration.

LHH was able to make necessary improvements to its discharge processes with a Value Stream Mapping workshop and a trilogy of Kaizen events dedicated to creating an optimal discharge identification and operational plan. The hospital is utilizing this plan for all appropriate residents, and early results demonstrate success.
FISCAL YEAR 17/18
BY THE NUMBERS
In FY 17-18, SFDPH’s budget was $2,198,181,187, which was an increase of $139,304,748 from the FY 16-17 budget. The General Fund subsidy from the City and County was $715,478,756 and remained at 30% of the total budget.

$31.4 million for additional funding for Electronic Health Records

$14 million for additional expenditure and revenue for Whole Person Care

$5 million to add up to 40 additional conservatorship beds at Saint Mary’s

$2.9 million to create the new Hummingbird Behavioral Health Navigation Center

$10 million to align Zuckerberg San Francisco General’s budget to existing operations

$1.4 million to establish a department wide Lean Management Strategy

$725,000 for Population Health to support the regulation of adult use cannabis

$2 million for PROSPR Grant

$2 million for Law Enforcement Assisted Diversion (LEAD) Grant
San Francisco Health Network provides a wide array of services across its continuum of care. San Francisco Health Network’s direct service providers consist of Zuckerberg SF General (ZSFG), which includes the Behavioral Health Center (BHC); Laguna Honda Hospital (LHH); Primary Care (PC); Health at Home (HAH); and Jail Health Services. Major service components include primary care, specialty care, acute care, home health care, long-term care, and emergency care.

### SF Health Network Patient Encounters

<table>
<thead>
<tr>
<th>Visit Type (FY17-18)</th>
<th>FY15-16 % or Number of Visits</th>
<th>FY16-17 % or Number of Visits</th>
<th>FY17-18 % or Number of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>371,049</td>
<td>369,017</td>
<td>354,161</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>198,848</td>
<td>209,769</td>
<td>219,516</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>16,993</td>
<td>19,078</td>
<td>30,559</td>
</tr>
<tr>
<td>Dental Care</td>
<td>12,080</td>
<td>12,494</td>
<td>12,596</td>
</tr>
<tr>
<td>Encounters Requiring Trauma Center Services Activations</td>
<td>4,541</td>
<td>3,836</td>
<td>3,638</td>
</tr>
<tr>
<td>Diagnostic and Ancillary</td>
<td>144,054</td>
<td>137,667</td>
<td>134,712</td>
</tr>
<tr>
<td>Home Health Care Visits</td>
<td>20,187</td>
<td>21,032</td>
<td>19,912</td>
</tr>
<tr>
<td><strong>Total Emergency Encounters</strong></td>
<td>73,305</td>
<td>76,059</td>
<td>83,249</td>
</tr>
<tr>
<td>Medical Encounters</td>
<td>66,244</td>
<td>69,489</td>
<td>76,131</td>
</tr>
<tr>
<td>Percent Admitted</td>
<td>15%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>Psychiatric Encounters</td>
<td>7,061</td>
<td>6,570</td>
<td>7,118</td>
</tr>
<tr>
<td>Percent Admitted</td>
<td>12%</td>
<td>10%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Total Acute Inpatient Days</strong></td>
<td>84,206</td>
<td>82,492</td>
<td>87,909</td>
</tr>
<tr>
<td>Actual Days at SFGH</td>
<td>83,308</td>
<td>81,596</td>
<td>87,056</td>
</tr>
<tr>
<td>Actual Days at LHH</td>
<td>898</td>
<td>896</td>
<td>853</td>
</tr>
<tr>
<td><strong>Total Skilled Nursing Care</strong></td>
<td>296,951</td>
<td>299,370</td>
<td>289,760</td>
</tr>
<tr>
<td>Actual Days at ZSFG</td>
<td>9,539</td>
<td>9,639</td>
<td>10,725</td>
</tr>
<tr>
<td>Actual Days at BHC</td>
<td>12,161</td>
<td>16,148</td>
<td>15,862</td>
</tr>
<tr>
<td>Actual Days at LHH</td>
<td>275,251</td>
<td>273,583</td>
<td>279,035</td>
</tr>
</tbody>
</table>
*Data not shown: Native Americans and Pacific Islanders comprise approximately 1% the population served in all health systems above. Race/ethnicity data is unknown for 0-14% of patients served.

*US Census data does not include estimates of individuals identifying as transgender.
Patients by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>SF</th>
<th>ZSFG (n=108,850)</th>
<th>Laguna Honda (n=1,528)</th>
<th>Primary Care (n=63,827)</th>
<th>Mental Health (n=21,775)</th>
<th>Substance Abuse (n=6,596)</th>
<th>Jail Health (n=11,177)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt;18</td>
<td>14.9%</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
<td>19%</td>
<td>3%</td>
<td>18%</td>
</tr>
<tr>
<td>Age 18–24</td>
<td>38.9%</td>
<td>34%</td>
<td>32%</td>
<td>36%</td>
<td>38%</td>
<td>35%</td>
<td>23%</td>
</tr>
<tr>
<td>Age 25–44</td>
<td>13.4%</td>
<td>25.4%</td>
<td>8%</td>
<td>6%</td>
<td>7%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Age 45–64</td>
<td>7.5%</td>
<td>&lt;1%</td>
<td>7%</td>
<td>6%</td>
<td>7%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>8%</td>
<td>14.9%</td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Hospital Payer Source

<table>
<thead>
<tr>
<th>Hospital Type</th>
<th>ZSFG Inpatient (n=108,162 days)</th>
<th>ZSFG Outpatient (n= 603,334 encounters)</th>
<th>LHH Inpatient (n= 277,613 days)</th>
<th>LHH Outpatient (n= 7,657 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>58%</td>
<td>56%</td>
<td>96%</td>
<td>56%</td>
</tr>
<tr>
<td>Medicare</td>
<td>33%</td>
<td>23%</td>
<td>2%</td>
<td>41%</td>
</tr>
<tr>
<td>County Indigent Program / Medi-Cal Managed Care</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Private / Commercial</td>
<td>3%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>9%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Behavioral Health Services relies on a network of civil service and contracted providers to offer high-quality services to mental health and substance abuse clients. The tables below indicate the number of mental health and substance abuse clients served by contractors vs. civil service providers in FY 17/18.

### CBHS Mental Health Clients Served

<table>
<thead>
<tr>
<th>Provider</th>
<th>Unduplicated Client Count*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Providers</td>
<td>13,558</td>
</tr>
<tr>
<td>Civil Service Providers (Incl. SFGH)</td>
<td>11,795</td>
</tr>
<tr>
<td>TOTAL</td>
<td>21,907</td>
</tr>
</tbody>
</table>

* Clients can be seen in both Civil Service and Contract programs in the course of a year.

### CBHS Substance Abuse Clients Served

<table>
<thead>
<tr>
<th>Provider</th>
<th>Unduplicated Client Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Providers - Treatment Service Clients</td>
<td>6,596</td>
</tr>
<tr>
<td>Contract Providers - Prevention Participants*</td>
<td>427</td>
</tr>
<tr>
<td>Civil Service Providers**</td>
<td>NA</td>
</tr>
</tbody>
</table>

* *Fiscal Year 2017-18 data are the first set of data to be included in the state’s new Primary Prevention SUD Data Service system. Demographic data is no longer collected for single services (“One-Time Interventions”) where no one-to-one services are offered.

** There are no Civil Service Substance Abuse programs in Behavioral Health Services.
FISCAL YEAR 17/18 BY THE NUMBERS

POPULATION HEALTH

SFDPH has been a leader in the field of public health for decades, providing important innovations in interventions and programs. However, in spite of these successes, San Francisco faces many health challenges: a striking epidemic of adult and youth obesity and its complications (e.g., childhood type 2 diabetes and hypertension); high rates of infant mortality, and persistent health inequities related to ethnic, social, economic, and environmental factors. SFDPH’s ongoing efforts to meet emerging challenges are reflected in the Strategic Plan for our Population Health Division. In Fiscal Year 17/18, PHD conducted the following key programmatic activities that support PHD’s strategic plan focus areas.

CHILDREN’S ENVIRONMENTAL HEALTH

- 300 FAMILIES RECEIVED LEAD OR ASTHMA HOME ASSESSMENTS

TOBACCO & SMOKING

- 413 PROVIDERS TRAINED ON TOBACCO CESSATION COMMUNITY RESOURCES THROUGH 56 TRAINING
- 176 VIOLATIONS UNCOVERED ON ILLEGALS SALES OF FLAVORED TOBACCO PRODUCTS TO PEOPLE UNDER AGE 21

HEALTHY HOUSING

- 3,472 HEALTHY HOUSING PROGRAM INSPECTIONS
- 75 EMERGENCY RESPONSES INVOLVING HAZARDOUS MATERIALS

HEALTHY RETAIL

- 10 PARTICIPATING STORES HAVE BEEN REDESIGNED IN TENDERLOIN, BAYVIEW, AND OCEANVIEW NEIGHBORHOODS
- 18,300 ADDITIONAL UNITS OF PRODUCE SOLD PER MONTH

SHAPE UP SF

- 1,000 PEOPLE EDUCATED ON SUGARY DRINKS AND HEALTHY CHOICES AT HEALTH FAIRS AND MEETINGS
FISCAL YEAR 17/18 BY THE NUMBERS
POPULATION HEALTH

NEWCOMERS HEALTH PROGRAM

139 Refugees linked to primary care at 14 outreach events

HUMAN RESOURCES

132 DPH staff participated in racial humility trainings

SAFE ROUTES TO SCHOOL

18,516 Elementary school students participated in events

MATERNAL, CHILD, ADOLESCENT HEALTH

RESEARCH, EPIDEMIOLOGY, & SURVEILLANCE

83% of newly diagnosed patients were linked to care within one month

59% decrease in new HIV diagnoses since 2006
2017

17-07 Determining That The Closure Of The Skilled Nursing Facility At CPMC St. Luke’s Hospital Will Have A Detrimental Impact On The Health Care Services In The Community

17-09 Approving The San Francisco Department Of Public Health’s 2018 State And Federal Legislative Plans

17-10 Resolution In Honor Of Colleen Chawla

17-11 Honoring The Impactful Contributions Of Mayor Edwin Mah Lee To The City Of San Francisco

17-12 In Support Of Vision Zero And Automated Speed Enforcement

2018

18-01 Endorsing The San Francisco Safe Injection Services Task Force’s Final Report And Recommendations
<table>
<thead>
<tr>
<th></th>
<th>Service Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balboa Teen Health Center</td>
</tr>
<tr>
<td>2</td>
<td>Southeast Health Center</td>
</tr>
<tr>
<td>3</td>
<td>3rd Street Youth Center &amp; Clinic</td>
</tr>
<tr>
<td>4</td>
<td>Castro-Mission Health Center</td>
</tr>
<tr>
<td>4</td>
<td>Dimensions Clinic</td>
</tr>
<tr>
<td>5</td>
<td>Chinatown Public Health Center</td>
</tr>
<tr>
<td>6</td>
<td>Larkin Street Youth Services</td>
</tr>
<tr>
<td>7</td>
<td>Tom Waddell Urban Health Center</td>
</tr>
<tr>
<td>8</td>
<td>Curry Senior Center</td>
</tr>
<tr>
<td>9</td>
<td>Medical Respite and Sobering Center</td>
</tr>
<tr>
<td>10</td>
<td>Maxine Hall Health Center</td>
</tr>
<tr>
<td>11</td>
<td>Cole Street Clinic</td>
</tr>
<tr>
<td>12</td>
<td>Richard Fine People’s Clinic</td>
</tr>
<tr>
<td>12</td>
<td>Family Health Center</td>
</tr>
<tr>
<td>12</td>
<td>Positive Health Program</td>
</tr>
<tr>
<td>12</td>
<td>Children’s Health Center</td>
</tr>
<tr>
<td>13</td>
<td>Silver Avenue Family Health Center</td>
</tr>
<tr>
<td>14</td>
<td>Potrero Hill Health Center</td>
</tr>
<tr>
<td>15</td>
<td>Ocean Park Health Center</td>
</tr>
<tr>
<td>16</td>
<td>Tom Waddell Urgent Care</td>
</tr>
<tr>
<td>17</td>
<td>New Generation Health Center</td>
</tr>
</tbody>
</table>
SERVICE SITES

BEHAVIORAL HEALTH

1. Sunset Mental Health
2. Chinatown Child Development
3. Community Justice Center/Violence Intervention Program
4. Behavioral Health Access Services
5. Central City Older Adult
6. Chinatown/North Beach Mental Health
7. Comprehensive Crisis
7. Foster Care Mental Health
8. Family Mosaic
9. Filipino-American Counseling Team
9. Integrated Service Center
9. South of Market Mental Health
9. Fully Integrated Recovery Services
10. LEGACY
11. Mission Family Center
12. African American Alternatives
12. Mission ACT
12. Mission Mental Health Services
13. OMI Family Center
14. SE Mission Geriatrics
14. SE Child/Family Therapy Center
15. South Van Ness Adult Behavioral Health Services
15. Transitional Aged Youth
16. SE Child/Family Therapy Center
17. SE Child/Family Therapy Center
18. Reducing Stigma in the Southeast Sector
18 Reasons
A Better Way
AGUILAS
AIDS Legal Referral Panel of the SF Bay Area
Alternative Family Services
APA Family Support Services
Asian American Recovery Services
Asian and Pacific Islander Wellness Center
Baker Places
Bay Area Communication Access
Bay Area Young Positives
Bayview Hunters Point Foundation for Community Improvement
Bayview Hunters Point Multipurpose Senior Services
Catholic Charities CYO of the Archdiocese of San Francisco
Center on Juvenile and Criminal Justice
Central American Resource Center of Northern California
Central City Hospitality House
Chamberlain Children Center
Children’s Council of San Francisco
Community Awareness & Treatment Services (CATS)
Community Housing Partnership
Community Initiatives
Community Music Center San Francisco
Community Youth Center San Francisco
Conard House
Curry Senior Center
Dolores Street Community Services
East Bay Agency for Children
Edgewood Center for Children and Families
Eldergivers
Episcopal Community Services of San Francisco
Family Service Agency of San Francisco
Fort Help LLC
Fred Finch Youth Center
Friendship House Assn. of American Indians
Glide Foundation
Harm Reduction Coalition
HealthRIGHT 360
Heluna Health
Homeless Children’s Network
Homeless Prenatal Program
Horizons Unlimited of San Francisco
Huckleberry Youth Programs
Hyde Street Community Services
Institute for Community Health Outreach
Institute on Aging
Instituto Familiar de la Raza
International Institute of the Bay Area
Japanese Community Youth Council
Jelani House
Jewish Family and Children’s Services
Larkin Street Youth Center
Latino Commission
Lavender Youth Recreation & Information Center (LYRIC)
Learning for Action
Livable City
Lutheran Social Services
Maitri AIDS Hospice
Medical Clown Project
Mental Health Association of San Francisco
Mission Council on Alcohol Abuse for the Spanish-speaking
Mission Neighborhood Health Center
Mt St. Joseph – St. Elizabeth
National Alliance on Mental Illness (NAMI) San Francisco
Native American Health Center
NICOS Chinese Health Coalition
Oakes Children’s Center
Positive Resource Center
Progress Foundation
Project Open Hand
Public Health Institute (PHI)
Rafiki Coalition
Richmond Area Multi-Services
Safe & Sound
Salvation Army
San Francisco AIDS Foundation
San Francisco Community Clinic Consortium
San Francisco Food Bank
San Francisco Mental Health Educational Funds
San Francisco Public Health Foundation
San Francisco Society for the Prevention of Cruelty to Animals
San Francisco Study Center
San Francisco Suicide Prevention
Self-Help for the Elderly
Seneca Center
Shanti Project
Special Service for Groups
St. James Infirmary
Steppingstone
Swords to Plowshares
Thunder Road Adolescent Treatment Centers
Tides Center
Unity Care
University of the Pacific
WestCoast Children’s Clinic
Westside Community Mental Health Center
Women’s Community Clinic
YMCA of San Francisco Bayview Hunters Point
YMCA of San Francisco Urban Services
Youth Leadership Institute
To learn more about SFDPH efforts to protect and promote the health of all San Franciscans, please explore the following resources:

**DEPARTMENT OF PUBLIC HEALTH**

- **SF Health Commission**: Read more about the SF Health Commission, the governing and policy-making body of the SFDPH. [https://www.sfdph.org/dph/comupg/aboutdph hc/default.asp](https://www.sfdph.org/dph/comupg/aboutdph hc/default.asp)
- **SFDPH Webpage**: Learn more about SFDPH services and programs and link to additional SFDPH reports – including past Annual Reports. [www.sfdph.org](http://www.sfdph.org)
- **SF Health Network**: Learn more about the SF Health Network, the city’s only complete care system. [www.sfhealthnetwork.org](http://www.sfhealthnetwork.org)
- **Zuckerberg SF General (ZSFG) Annual Report**: Learn more detailed information about ZSFG’s services, accomplishments, and operations over the last fiscal year. [https://www.sfdph.org/dph/comupg/oservices/medSvs/SFGH/SFGHAnnualReports.asp](https://www.sfdph.org/dph/comupg/oservices/medSvs/SFGH/SFGHAnnualReports.asp)

**FOUNDATIONS**

- **San Francisco Public Health Foundation**: Read about the San Francisco Public Health Foundation, a non-profit that strives to provide resources to San Francisco’s public health community, facilitating the provision of high quality and cost-effective health care services. [http://sfphf.org](http://sfphf.org)
- **SF General Foundation**: Find out more about the SF General (SFGH) Foundation, a not-for-profit corporation that provides fundraising support to ZSFG. [www.sfghf.org](http://www.sfghf.org)
- **Laguna Honda Hospital (LHH) Annual Report**: Learn more detailed information about LHH’s services, accomplishments, and operations over the last fiscal year. [http://www.lagunahonda.org](http://www.lagunahonda.org)
- **Friends of Laguna Honda**: Learn more about Friends of Laguna Honda, a non-profit organization founded in 1956, dedicated to enhancing the quality of life for the residents at Laguna Honda Hospital and Rehabilitation Center by funding non-medical programs and services that would otherwise be unavailable. [www.friendsoflagunahonda.org](http://www.friendsoflagunahonda.org)

**ACCESS TO COVERAGE AND CARE**

- **Healthy San Francisco**: Learn about the Healthy San Francisco program, including information on eligibility and enrollment. [www.healthysanfrancisco.org](http://www.healthysanfrancisco.org)
- **Get Covered San Francisco!**: Learn more about health care options under the Affordable Care Act. [www.sfgov.org/healthreform](http://www.sfgov.org/healthreform)

**COMMUNITY ORGANIZATIONS**

- **San Francisco Health Improvement Partnerships (SFHIP)**: Learn more about SFHIP, a dynamic portal to the community’s priority health issues and associated community resources. [www.sfhip.org](http://www.sfhip.org)
Report can be found online at www.SFDPH.org
(415) 554-2500

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