

2011-2012

# ANNUAL REPORT



## SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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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 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.

For more information, please visit the San Francisco Department of Public Health website at [www.sfdph.org](http://www.sfdph.org) or call 415.554.2500.

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## M ESSAGE FROM THE DIRECTOR

I am pleased to present the San Francisco Department of Public Health's (DPH) Annual Report for Fiscal Year 2011/2012. Since assuming this role in January 2011, it has been a tremendous honor to serve with our highly committed and talented staff. We have undertaken large efforts over the last fiscal year to align with the future of Health Care Reform.

The passage of the *Patient Protection and Affordable Care Act* is our call action to accomplish the following goals:

- To Implement an Integrated Delivery System by braiding DPH services in community settings and hospitals to create a well-organized and interconnected system. This new system of care will support our commitment to financial efficiency, the improvement of our patient's care experience, and our ability to address both individual and population health needs.
- To expand and integrate our primary care services, and to work with our other health care networks to ensure that all San Francisco residents have a primary care home,
- To strengthen and realign our public health activities to improve the overall health of San Franciscans by proactive community-centered assessments, policy solutions, and enforcement.

With our commitment to service excellence and our continued support of community partnerships, we believe that we can continue to improve the health outcomes of all residents, and that our Department can become the "provider of choice" for San Francisco residents

Programs such as Healthy San Francisco and SF PATH paved the way for this preparation for and response to Health Care Reform – these programs have gone well beyond the traditional medical model to meet the community's health needs with a focus on prevention and wellness.

Again, all of our accomplishments can be directly credited to the dedicated and talented staff and leadership at DPH. I am grateful for their enduring commitment to this public health mission that we share and thank them for their ongoing efforts to protect and promote the health of all San Franciscans. In the face of Health Care Reform and other systems changes, I have no doubt that DPH will continue to meet all future challenges.

Barbara A. Garcia, M.P.A.



## ESSAGE FROM THE HEALTH COMMISSION PRESIDENT

The Health Commission acknowledges the many individuals who work hard to make the San Francisco public health system one of the best in the United States. We are deeply appreciative of the Mayor and the Board of Supervisors' leadership on issues related to public health. We also acknowledge Director Barbara Garcia for her effective management of the Department of Public Health (DPH) and the many talented DPH employees who contribute their expertise and innovation to the health of San Franciscans.

During the past fiscal year, the Commission continued its long-range budget planning through the creation of the Five-Year Budget Subcommittee which has prioritized three areas: Financial Efficiency, Public Health Accreditation, and an Integrated Service Delivery System. Through the highly innovative work of DPH staff, the Subcommittee has participated in the development of a prioritization tool which will assist in ensuring that the DPH annual budget reflects Departmental policies and goals set forth by the Health Commission.

The Commission has worked closely with Director Barbara Garcia and DPH Executive staff to closely monitor the budget and progress of the dynamic San Francisco General Hospital Rebuild Project in addition to the continued successful transition of Laguna Honda Hospital to its new buildings.

Throughout the fiscal year, the Commission continued its monitoring of and participation in the Health Care Services Master Plan Task Force, which was responsible for making recommendations regarding the current and future needs of health care services in San Francisco. We look forward to working with the San Francisco Planning Commission to finalize master plan recommendations in 2013.

The composition of the Health Commission shifted this year as we welcomed Commissioners Cecilia Chung and Belle Taylor-McGhee, who both bring enormous skill and experience to the Commission. We also said good-bye to Commissioners Steven Tierney and Jim Illig who both contributed greatly to the leadership of the public health system during their tenure.

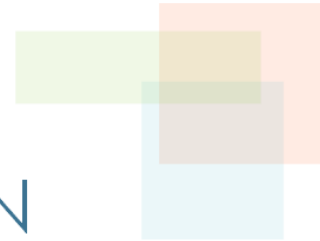
The Health Commission will continue to work with the Mayor, the Board of Supervisors, the DPH Director and staff and its many community partners to face the challenges ahead as we all continue efforts to prepare for the full rollout of the Affordable Care Act. In addition, fiscal challenges at the federal, state, and local levels will continue to motivate our efforts to protect the sustainability of the system of care through new innovation through program design, evaluation data, and budget initiatives.

We look forward to our continued work to improve the health of all San Franciscans.

Health Commission President Sonia E. Melara, MSW



# **AN FRANCISCO** **HEALTH COMMISSION**



*San Francisco Health Commissioners pose with DPH Director Barbara A. Garcia.*

**Back Row (left to right):**

*Commissioner Edward A. Chow;  
 Commissioner Catherine M. Waters;  
 DPH Director Barbara A. Garcia;  
 Commissioner Margine A. Sako, Vice President;  
 Commissioner David J. Sanchez, Jr.*

**Front Row (left to right):**

*Commissioner Cecilia Chung;  
 Commissioner Sonia Melara, President;  
 Commissioner Belle-Taylor McGhee*

## OVERVIEW

As DPH'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 San Francisco General Hospital Joint Conference Committee;
- The Laguna Honda Hospital Joint Conference Committee;
- The Community and Public Health Committee;
- The Finance and Planning Committee; and
- The Five-Year Budget Subcommittee of the Finance and Planning Committee.

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

- San Francisco Health Plan Board of Directors;
- San Francisco General Hospital Foundation Board of Directors; and
- San Francisco Public Health Foundation Board of Directors.

## HEALTH COMMISSION PROFILES

### Sonia Melara, MSW, President

Commissioner Melara is the Executive Director of Rally Family Visitation Services of Saint Francis Memorial Hospital. She also serves on the part-time faculty of San Francisco State University's School of Social Work and represents the Commission on the San Francisco Public Health Foundation Board of Directors. Commissioner Melara has also served on the Parking and Traffic Commission and the Immigrant Rights Commission. She was appointed to the Health Commission in 2008.

### **Margine A. Sako, Vice President**

Commissioner 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 health care and hospital acquisition. Commissioner Sako is the Chair of the Community and Public Health Committee, and the Laguna Honda Hospital Joint Conference Committee. She is a member of the Five-Year Budget Subcommittee and was appointed to the Health Commission in 2008.

### **Edward A. Chow, M.D.**

Commissioner Chow is a practicing internist. He is Executive Director of the Chinese Community Health Care Association and is the Senior Advisor for the Chinese Community Health Plan. He is also Treasurer of the Board of Directors of the Institute of Medical Quality, a subsidiary of the California Medical Association. Commissioner Chow currently chairs the San Francisco General Hospital Joint Conference Committee, the Finance and Planning Committee as well as the Five-Year Budget Subcommittee. He is serving his sixth term on the Health Commission.

### **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 former Deputy Director of the 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. Commissioner Chung is a member of the Finance and Planning Committee and the Community and Public Health Committee. Commissioner Chung was appointed to the Health Commission in 2012.

### **David J. Sanchez, Jr., Ph.D.**

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 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, the Community College Board, and the San Francisco Police Commission, and is Trustee Emeritus of the San Francisco Foundation. He has served on the Health Commission since 1997.

### **Belle Taylor-McGhee**

Commissioner Taylor-McGhee is a national leader in women's reproductive health, a public speaker, published writer, and an experienced non-profit executive director. Currently, Ms. Taylor-McGhee is a consultant with JLM Management Group, a multi-disciplinary consulting firm specializing in strategic communications, media and public relations, and business development. Commissioner Taylor-McGhee is a member of the Laguna Honda Hospital Joint Conference Committee and the Finance and Planning Committee. She was appointed to the Health Commission in 2012.

### **Catherine M. Waters, RN, Ph.D., FAAN, FAHA**

Commissioner 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 Board of Directors. She was appointed to the Health Commission in 2008.

## FISCAL YEAR 11/12 HEALTH COMMISSION RESOLUTIONS

- 8-11** Resolution Supporting Intent of Amendments to the San Francisco Health Care Security Ordinance
- 9-11** Resolution Authorizing the Director of Health to Enter an Agreement with the California Department of Corrections and Rehabilitation Regarding the Low Income Health Program
- 10-11** Resolution Supporting the San Francisco Department of Public Health's Participation in the Low Income Health Program and Authorizing the Director of Health to Enter into a Contract with the California Department of Health Care Services
- 11-11** Resolution Determining that the St. Mary's Adult Day Health Center Will Not Have a Detrimental Impact on the Health Care Service of the Community
- 12-11** The Resolution Urging the U.S. Food and Drug Administration (FDA) to Ban Menthol in Cigarettes and other Tobacco Products
- 13-11** Resolution Authorizing the Department of Public Health, Laguna Honda Hospital and Rehabilitation Center, to Accept a Gift of \$20,000 from Safeway Corporation, to Support Special Nutritional Programs Related to Inter-Generational Cooking With Senior Residents and Children, and a Cultural Nutrition Program for Residents
- 14-11** Resolution Determining That the Closure of St. Francis Memorial Hospital Behavioral Health Day Partial Program Will Not Have a Detrimental Impact on the Health Care Service of the Community
- 1-12** Resolution Approving the DPH 2012 Federal and State Legislative Plans
- 2-12** Resolution Supporting the San Francisco Department of Public Health's Participation in and Submission of a Grant Proposal Under the Health Care Innovation Challenge Initiative
- 3-12** Recommendations to Encourage Adequate Physical Activity and Health Eating for Students in San Francisco Public Schools
- 4-12** Requesting that the Mayor Protect Funding for Public Health Programs and Services
- 5-12** Resolution Honoring Public Health Week, April 2-8, 2012
- 6-12** Resolution to Support Setting Limits to the Number of Tobacco Retail Permits in All Supervisorial Districts in San Francisco
- 7-12** Resolution Giving Approval to the Department of Public Works to Use the Integrated Project Delivery Method as Specified in the City's Administration Code, Sec. 6.68 for the SFGH Building 5 Accessibility Compliance Improvement Projects
- 8-12** Resolution Endorsing an Ordinance to Create a Non-Potable Water Program



# FISCAL YEAR HIGHLIGHTS

## INTEGRATED DELIVERY SYSTEM

### PLANNING FOR AN INTEGRATED DELIVERY SYSTEM (IDS)

Since May 2011, DPH has been busy planning for an Integrated Delivery System (IDS), culminating with a commitment to move DPH from being a *provider of last resort* to being a *provider of choice*.

Beginning in January 2014, the *Affordable Care Act* will provide uninsured patients with health insurance and with that greater choice in selecting providers. DPH wants its newly insured patients to continue using DPH services because of factors such as positive patient experience, quality of care, and access. Focus on better health outcomes, improved patient experience and reduced health care costs – known as the Triple Aim – will guide DPH efforts towards becoming a *provider of choice*. In keeping with these aims, DPH reaffirmed the definition and goals of IDS.

### IDS DEFINITION AND GOALS

In health care, integration improves service delivery, allows for more organized care, and minimizes duplication. DPH's integrated delivery system is a comprehensive system of care that is clinically and financially

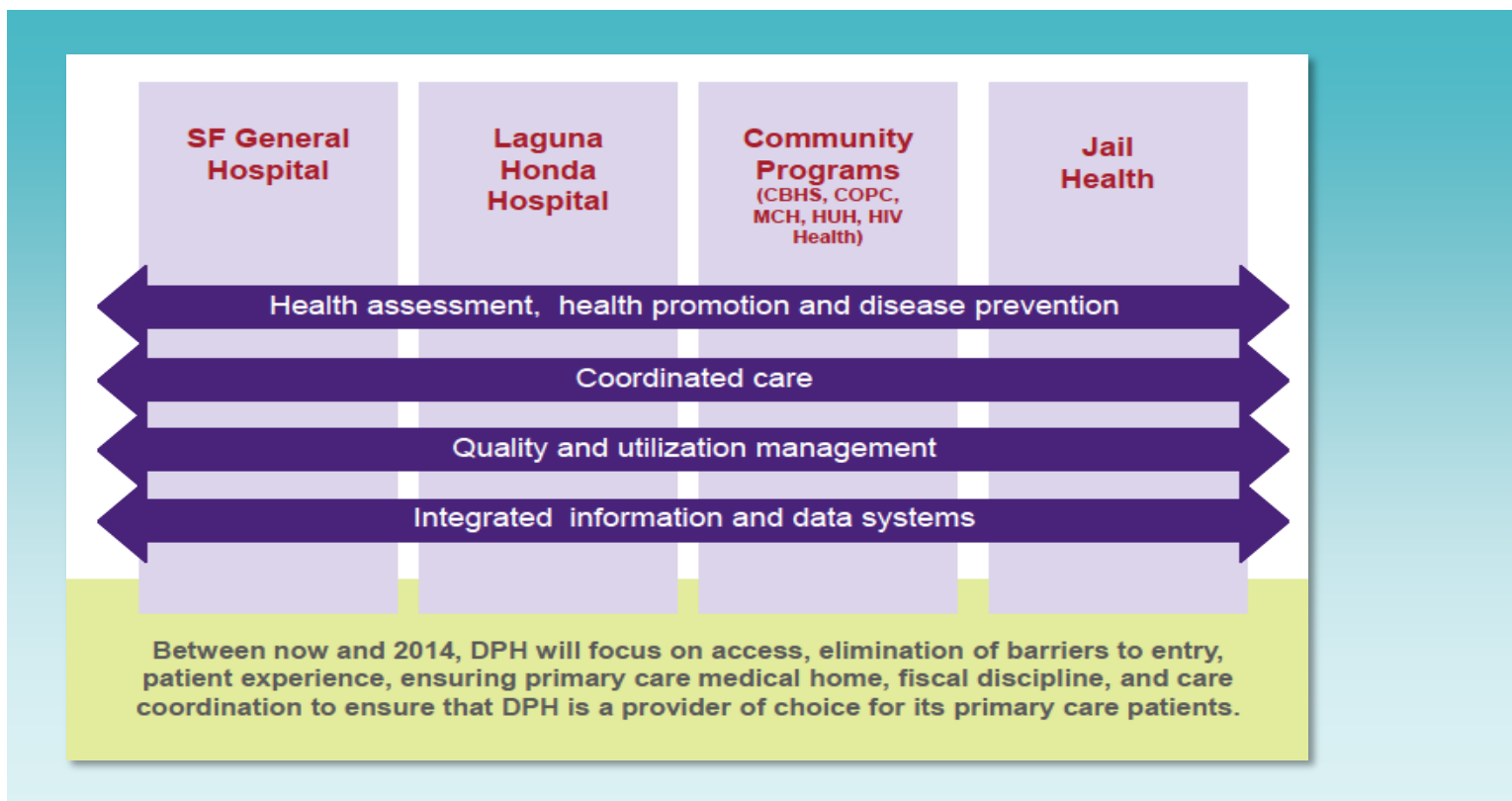
accountable to provide coordinated health services to the diverse and vulnerable individuals it serves and to improve the health of their communities.

DPH's six "integrated goals" are:

- Provide medical homes responsible for coordinating preventive, primary, and specialty care.
- Reduce misuse, over-use, and under-use of services.
- Enhance information technology to improve quality of care and decision making.
- Manage resources responsibly for the maximum benefit of clients.
- Ensure service excellence.
- Increase the number of insured patients served.



Community partners participating in an IDS planning group.



## IDS RECOMMENDATIONS & COMMUNITY INPUT

The IDS planning process resulted in the San Francisco Health Commission's approval of over 40 recommendations designed to strengthen DPH's delivery system. Taken as a whole, the recommendations weave together program activities that occur in DPH's four organizational divisions as illustrated in the graphic above.

The recommendations, which will be implemented over a two-year period, reflect an inclusive planning process that involved over 100 staff and community partners participating in IDS

planning groups and more than 400 individuals attending the staff and community stakeholder meetings. Staff and community input was incorporated into the final IDS recommendations, which focus on the following key areas for improvement:

- Quality and Utilization Management
- Case Management
- Clinical Leadership
- Health Promotion/Disease Prevention
- Information Technology and Informatics
- Innovations in Healthcare

# PUBLIC HEALTH ACCREDITATION

## ROAD MAP TO BECOMING A HIGH-PERFORMING, LEARNING ORGANIZATION

The San Francisco Department of Public Health is busy preparing to apply for national public health department accreditation ("Accreditation") from the Public Health Accreditation Board (PHAB). The PHAB is a national, nonprofit organization dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. Accreditation is supported and promoted by national public health associations (e.g., National Association of County and City Health Officials, Association of State Health Officials), agencies (e.g., Centers for Disease Control and Prevention), and academic institutions (e.g., Association of Schools of Public Health).

The primary purpose of Accreditation is to create high performing public health departments. Accreditation consists of adopting a set of quality standards, measuring performance against those standards, and recognizing health departments that meet those standards.

Through Accreditation, DPH aims to improve its performance and quality of practice, improve accountability to stakeholders, and improve management and leadership across the department. The foundation of Accreditation is the development of a performance management system and a continuous quality improvement program (PMS/CQI) to improve the community-centered delivery of public health essential services (see Figure).

To apply, DPH will submit three prerequisite documents: Community Health Assessment (CHA); Community Health Improvement Plan (CHIP), and Departmental Strategic Plan. DPH has completed the CHA and the CHIP. The CHA is a comprehensive assessment of health status



*The ten essential public health services.*

outcomes and health determinants, including social determinants of health, stratified by sex, age, and neighborhood. The CHIP is a citywide, community-driven plan to improve health by focusing on the highest priorities:

- Ensure safe and healthy living environments
- Increase healthy eating and physical activity
- Increase access to high quality health care and services

Next, DPH's departmental strategic plan will address departmental priorities, including the department's role and accountability in implementing the CHIP.

In summary, for Accreditation DPH will be evaluated for implementing standards-based performance and quality improvement systems for the following twelve domains:

- Conduct and disseminate assessments on population health status

- Investigate health problems and environmental health hazards
- Inform and educate about public health issues and functions
- Engage the community to identify and address health problems
- Develop public health policies and plans
- Enforce public health laws
- Promote strategies to improve access to health care services

- Maintain capacity to engage the public health governing entity
- Ensure competent workforce and professional growth
- Ensure continuous improvement of processes, programs, and interventions
- Contribute to and apply the evidence base of public health
- Maintain administrative and management capacity

## 5-YEAR BUDGET SUBCOMMITTEE

Over the next several years, DPH will address several strategic initiatives that compel long-term budget planning. For example, DPH will need to:

- Prepare for and implement federal Health Care Reform;
- Implement provisions of the Medi-Cal 1115 Hospital Financing Waiver, including the Delivery System Reform Incentive Pool and the Low Income Health Program;
- Implement electronic health records and a local health information exchange;
- Rebuild and open a new seismically-safe San Francisco General Hospital; and
- Address the structural integration of DPH's health care delivery services in order to achieve the above initiatives.

These initiatives come at a time of continuing cuts to State funding, pressures to reduce federal spending, and requirements to reduce dependence on local General Fund.

In 2009, San Francisco voters passed Proposition A, which amended the City Charter to require a citywide Five-Year Financial Plan and moves the City from annual to two-year budgeting. In response, in July 2011, the Health Commission established a Five-Year Budget Task Force to help the Health Commission and DPH make budget decisions that align with clearly articulated priorities and goals. As part of that work, in October 2011, the Task Force

recommended and the Health Commission approved the creation of the Five-Year Budget Subcommittee of the Health Commission's Finance and Planning Committee. The Commission also established three five-year budget priorities for the Department:

- 1. Integrated Delivery System**
- 2. Public Health Accreditation**
- 3. Financial and Operational Efficiency**

Over the last year, the Subcommittee:

- Discussed the strategic initiatives facing the Department over the next five years;
- Examined the mandates imposed upon the Department by the State and federal government;
- Reviewed the literature for evidence-based models of budget decision-making; and
- Developed standardized criteria for an evaluation tool that will help DPH make future budget decisions.

DPH looked to published literature on budget decision-making to develop a standard set of 14 criteria in four domains that represent the Health Commission's values and policy priorities for budget decision-making. DPH staff led the Health Commission and DPH executive management through a series of exercises that resulted in the weighting of the budget criteria to reflect their relative importance.

The Five-year Budget Criteria will be one component of the Department's budget decision-making process. The criteria will not be used as a sole decision-making tool, but rather will be one element of the decision-making process, designed to evaluate budget initiatives that highlight key issues important in decision-making, evaluate the strengths and weaknesses of potential initiatives, provoke thought and discussion to improve and refine initiatives, and increase transparency for the public about the elements of evaluation.

DPH is operationalizing the weighted budget criteria by creating a tool to apply them to large budget initiatives. It is important to note that the criteria were not designed to evaluate individual contracts or specific services; thus the tool will help evaluate large initiatives and broad service categories and will be used as part of an iterative process to describe, evaluate, and refine budget initiatives.

Directors and managers will use the tool to guide development of new budget initiatives. Perhaps as important as the guidance the budget criteria will provide is the discussion it will provoke. As staff work to develop budget priorities for their program, section, or division, the tool stimulates thought and encourages discussion. The tool helps staff focus on the specific merits and weaknesses of any proposed initiative, (e.g., how many people are benefiting, does it meet a specific need, does it address a key priority of the Health Commission, how does it affect service utilization elsewhere in the system).

Prioritized proposals will be reviewed by DPH executive management. This process will afford executive staff an in-depth understanding of the programs and priorities of divisions other than their own, to have an informed and in-depth dialogue on disparate initiatives using standardized criteria, and may reveal opportunities for further alignment and integration across divisions.



# FISCAL YEAR 11/12 ACHIEVEMENTS BY DPH DIVISION



*Turning over the first spades of earth for the new Laguna Honda orchard. From left to right: Hospital Executive Administrator Mivic Hirose, San Francisco Health Commission President Sonia Melara, hospital gardeners Noah Santiago and John Alexander, Dreyer's Fruit Bars executive Marina Encinias, Friends of Laguna Honda past president Joe Lerer and current president Bruce Nelson, Fruit Tree Planting Foundation arborist Rico Montenegro, Laguna Honda benefactors Stephen Sutro and John Payne, and Laguna Honda Residents' Council president David Ratliff.*

## LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER



### RESIDENT-CENTERED CARE

Since 2009, Laguna Honda Hospital (LHH) has undergone enormous transformation. One of the largest public skilled nursing facilities in the nation, Laguna Honda moved into a cutting-edge new building designed to promote independence and resident-centered care in December 2010. The new hospital provided the optimal physical infrastructure to support the kind of innovative organizational changes that will help prepare Laguna Honda to not only meet the challenges for healthcare reform, but also to be in the forefront of the culture-change movement in skilled nursing and long-term care.

In collaboration with the Controllers' Office, the Mayor and leaders from across DPH used Prop C funding to hire consultants to assist with the transition. Lumetra Healthcare Solutions and B & F Consulting, considered national experts in nursing home reform, were retained to work with Laguna Honda for 18 months. The project concluded in FY 11-12.

The most significant change produced by the project was the house-wide adoption of consistent assignments of caregivers to residents. Consistent assignment is a national best practice

that fosters meaningful and more effective relationships between residents and staff, making it easier for staff to anticipate resident need and note changes in behavior.

Other changes included use of the Laguna Honda spa rooms for pain management, counseling to reduce clinic no-shows, reduced pressure ulcers through early identification of risk factors, and reduced avoidable decline through individualized restorative interventions.

### **LAGUNA HONDA CONTINUES FOCUS ON COMMUNITY INTEGRATION**

During FY 11-12, Laguna Honda continued its collaboration with community-based service agencies to ensure appropriate levels of care for rehabilitated residents who no longer require the intensive skilled nursing care provided at the hospital.

From 2005 to 2012, 1,500 residents were discharged with 72 percent moving to independent living. Building on this success, the hospital discharged 187 additional residents to the community in FY 11-12. The hospital also established a special neighborhood-based program that focuses on discharge: clinicians collaborate to plan the discharge, and patients/residents develop skills for community living. Residents regularly participate in intensive occupational and vocational rehabilitation, behavioral counseling, and peer mentorship provided by In-Home Support Services.

### **LAGUNA HONDA DECREASES CARBON FOOTPRINT**

California's first LEED-certified hospital, Laguna Honda continued to emphasize sustainability during the fiscal year. An initiative to increase composting and recycling, led by the hospital's Environmental Services Department, reduced the hospital's waste stream. Environmental Services staff also joined with linen vendors, Campus Laundry and Standard Textile, in an informational campaign on the proper use of bed linens to ensure that residents receive the full benefit of the hospital's specialized mattresses and to reduce water use. The two initiatives also trimmed \$500,000 from hospital operating costs for the fiscal year.

### **COMMUNITY SUPPORT BOOSTS GREENING OF LAGUNA HONDA HOSPITAL**

Thanks to online voters, who turned out in droves, Laguna Honda was the recipient of a 50-fruit tree orchard from Dreyer's Fruit Bars and the Fruit Tree Planting Foundation. Dreyer's *Communities Take Root* program awards entire orchards to organizations and communities nationwide every year. Laguna Honda community supporters cast 34,592 votes. The new trees, selected to thrive in the various micro-climates on the hospital's 62 acre campus, include varieties of apple, persimmon, guava, fig, lemon, orange, lime and kumquat. The first fruit will be harvested in three years.

# SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER



## SFGH REBUILD CELEBRATES MILESTONE

The final steel beam of the new acute care facility at SFGH, featuring hundreds of signatures from SFGH staff and community, was hoisted atop the steel frame during the *Topping Out Ceremony* in June 2012. Bringing the new hospital one step closer to its completion in 2015, this milestone in the rebuild process was marked by Mayor Edwin M. Lee, city officials, and neighbors.

Speakers at the event included Mayor Edwin M. Lee; Barbara Garcia, Director of Department of Public Health; Sue Currin, San Francisco General Hospital CEO; Dr. Sue Carlisle, Associate Dean, University of California San Francisco; Judy Guggenheimer, San Francisco General Hospital Foundation; Mohammed Nuru, Director of Department of Public Works; and Jes Pedersen, Executive Vice President, Webcor Builders. Also present were members of the Health Commission, neighbors, community leaders, patients and hospital staff.

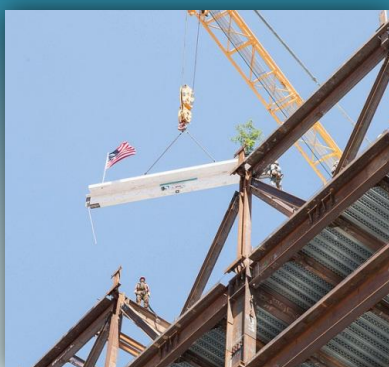
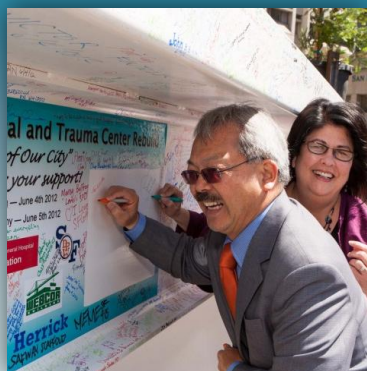
As the biggest public works project in the city, SFGH is truly the "Heart of Our City." Over the next few years, as the new hospital is constructed, the entire health department will build a seamless health care system to deliver high-quality, coordinated, patient-centered care into the future.

## SFGH RECEIVES COUNTRY'S FIRST TRAUMATIC BRAIN INJURY PROGRAM CERTIFICATION

SFGH became the first acute hospital in the country to gain certification from the Joint Commission for Traumatic Brain Injury (TBI). The certification recognizes SFGH's clinical excellence and research leadership in the field of caring for brain injured patients. SFGH's program will now serve as a model for other hospitals that seek the new Joint Commission certification.

SFGH is internationally recognized for its expertise in TBI and spinal cord injury. Each year, SFGH neurotrauma specialists see more than 1,200 patients with traumatic brain and spinal cord injuries and perform nearly 300 neurosurgical operations. With an average daily census of 30 patients, the neurosurgical service at SFGH also actively manages the critical care of these patients and provides advanced neurotrauma care, including brain tissue oxygen monitoring, cerebral blood flow monitoring, jugular venous saturation monitoring, and continuous electroencephalography (EEG).

*From left to right: Mayor Edwin M. Lee partakes in the celebration and signs his autograph on the final steel beam; the final beam being hoisted into place; community members and staff autograph the final steel beam.*



## SFGH & TRAUMA CENTER RELEASES 'IT GETS BETTER' VIDEO

San Francisco General Hospital and Trauma Center (SFGH) created a video with inspiring messages of support to lesbian, gay, bisexual and transgender (LGBT) youth who may be struggling with rejection, bullying, or even thoughts of suicide. The video is part of the national *It Gets Better Project* (<http://www.itgetsbetter.org/>) that began in 2010 in response to several teen suicides related to bullying.

Initiated by Kathryn Fowler, nurse manager in the SFGH emergency room, thousands of videos from celebrities, politicians, organizations and others are seeking to help LGBT youth see the potential to have happy, successful lives despite the problems they may face today

*"It was important to send a message that San Francisco General is a safe place where LGBT people will receive quality health care with compassion and respect."*

*– Kathryn Fowler  
Nurse Manager, Emergency Room*

SFGH is the first hospital in the Bay Area to participate with its own video, which features stories from five staff members who once struggled with coming out to family, bullying, thoughts of suicide, and failed attempts at conversion therapy. Dozens more staff members joined in a chorus of supportive messages that working through life's challenges pays off.

SFGH was recently recognized for its LGBT-supportive policies by the Human Rights Campaign's 2012 Health Care Equality Index. (<http://www.hrc.org/hei/>). Patients and employees are protected from discrimination, same-sex couples and parents have equal visitation rights, and staff are trained on LGBT patient-centered care.

## SFGH FOUNDATION AWARDED AVON FOUNDATION GRANT

The SFGH Foundation (SFGHF) was awarded a \$750,000 grant by the Avon Foundation as part of the closing ceremony of San Francisco's 10th Annual Avon Walk for Breast Cancer in July 2012. During the ceremony, Dr. Marc Hurlbert, Executive Director of the Avon Foundation Breast Cancer Crusade, announced that 10 local organizations were being awarded grants totaling more than \$2.8 million to ensure that the money raised would begin to benefit the community immediately.

Accepting the grant was Dr. Judith A. Luce, Director of Oncology Services at SFGH, and an integral force behind securing support for SFGH from the Avon Foundation. In the last 20 years, Dr. Luce has developed several clinical programs in oncology at SFGH that have become models for improving hospital treatment and service for underserved populations throughout the country.

The grant will help fund a number of vital breast cancer programs and services at SFGH, including the Avon Comprehensive Breast Care Program, the Avon-SFGH mobile mammography program, and bi-lingual and culturally sensitive patient navigators reaching the African-American, Latina and Chinese communities. In addition, funds support high-risk genetic screening in underserved populations and research into the genetic causes of breast cancer. These community and hospital-based programs provide breast imaging, evaluation, and treatment as well as genetic counseling and testing that are paired with culturally-sensitive research, education, navigation, and support to promote breast cancer control for underserved women in San Francisco.

**Since 2004, SFGH's Avon Comprehensive Breast Center has performed almost 65,000 mammograms and more than 6,400 breast health procedures.**



## JAIL HEALTH SERVICES



### SAN FRANCISCO SHERIFF'S DEPARTMENT ESTABLISHES COVER PROJECT

Veterans represent a rapidly growing segment of the jail and prison population. A 2000 Bureau of Justice Statistics report found that 81 percent of all justice-involved veterans had a substance abuse problem prior to incarceration; 35 percent were identified as suffering from alcohol dependency; 23 percent were homeless at some point in the prior year; and 25 percent were identified as mentally ill.

In response, the SFSD applied for and was awarded a mental health and criminal justice collaboration grant through the Bureau of Justice Assistance in October 2011 which enabled SFSD to establish the *Community of Veterans Engaged in Restoration* (COVER) program at County Jail #5. COVER's mission is to provide evidence-based mental health and substance abuse treatment and comprehensive reentry support and planning to veterans incarcerated in the San Francisco County Jail with the goals of reducing recidivism and improving public health and safety outcomes. The grant allowed for the hiring of one Jail Psychiatric Services therapist to provide expanded mental health, substance abuse and co-occurring disorder treatment, and comprehensive reentry planning services to incarcerated Veterans as part of the COVER program.

In the first six months of operation, 96 veterans were assessed for mental health and substance abuse treatment and 68 received on-going individual and/or group therapy. Additionally, 96 Veterans received reentry planning services including linkage to the Department of Veterans Affairs, case management services, housing and/or residential treatment. Thus far, 82 Veterans have successfully completed the program.

### INTEGRATED EARLY TESTING PROGRAM

In response to the National HIV/AIDS Strategy released in July 2010, which states that "approximately 21 percent of people with HIV in the United States do not know their HIV status," Jail Health Services piloted an integrated early testing program in January 2012. The aim of this pilot program is to test prisoner/patients within the first 72 hours of incarceration. This is accomplished by offering testing services at the intake facility (County Jail #1) and at the female and male intake housing units at County Jail #2.

Prisoner/patients are offered hepatitis, HIV, and STD testing simultaneously, eliminating the need for three separate encounters to obtain these services. Using the HIV testing opt-out model recommended by the Centers for Disease Control and Prevention, Forensic AIDS Program health workers, collaborating with STD Division staff and County Jail nurses, provide testing to any prisoner/patient who is interested in knowing his/her HIV, hepatitis and/or STD status. The goal is to provide patients with information on their status – prior to release – and to provide linkages for follow-up care if warranted. Those who remain in custody are provided with education, treatment, and vaccinations.

**The integrated testing approach has resulted in more than double the number of HIV tests performed in the jails compared to prior years despite an overall reduction in the prisoner population when this program began.**



## JAIL PSYCH CRISIS INTERVENTION TRAINING

In response to the growing number of chronically mentally ill individuals being housed in jail, Jail Psych Services developed an intensive *Crisis Intervention Training* with the Sheriff's Department that is designed to improve the quality of services provided to the mentally ill. The three-day training course combines two days of classroom

instruction on how to approach individuals with complex presentations while ensuring the safety of clients and staff. On the third day of training, deputies directly observe some of the resources available to patients in crisis such as DORE Urgent Care Clinic, Psychiatric Emergency Services, and SFGH Ward 7L. Since November 2011, Jail Psych Services has trained 60 deputies.

## COMMUNITY HEALTH PROGRAMS



### ADVANCE RECOVERY PRACTICES IN COMMUNITY BEHAVIORAL HEALTH SERVICES

With increased fiscal challenges and new populations requiring services, Community Behavioral Health Services (CBHS) has seen an increase in the demand for services. To meet this demand and to help ensure service excellence and the appropriate use of clinical services, CBHS is focusing on advancing Recovery Practices in its system of care. Recovery Practices use a strength-based approach to assist clients in improving their health, having meaningful lives, and healthy community relationships.

To accomplish this, CBHS held several staff trainings on the Wellness and Recovery model of care. In addition, CBHS participated in a 12-month learning collaborative which will be completed in February 2013. Tasked with answering questions like, "How can we help our clients achieve higher stages of recovery, increase their independence from the mental health system, and develop more meaningful,

self-directed lives in their community?" and "How can we appropriately step clients down from an intense level of care, to less intensive services?", CBHS began to apply Continuous Quality Improvement (CQI) principles utilizing rapid tests of change to help achieve objectives.

Halfway through the 12-month learning collaborative, significant changes can be observed; clinic practice now includes conducting a multi-dimensional strength assessment with all new clients; clients are connecting to community resources such as churches, volunteer opportunities, and classes; and clients that once received high-cost, intensive case management services are being safely transitioned to lower levels of care.

During this next fiscal year, CBHS plans to spread these newly acquired practices and skills to additional CHBS clinics with the goal of improving clients' recovery and improving operational efficiency.

## ENHANCING PRIMARY CARE EXPERIENCE FOR PATIENTS & STAFF

Community Oriented Primary Care (COPC) has focused on improving clinic function, productivity and service excellence. During the 11/12 fiscal year, COPC achieved several milestones:

- A fully centralized New Patient Appointment Unit (NPAU) to improve access to primary care.
- A newly implemented nurse-based Complex Care Case Management program at three COPC clinics. The program's goal is to maximize independent functioning in the community, maximize health outcomes, and reduce unnecessary use of urgent and in-patient medical care. Dubbed "The year of the team", COPC held numerous in-service and CQI activities to enhance the primary care experience for both patients and staff. COPC took a leadership role in the Quality Culture Series Academy (QCS) for leadership development to implement and sustain organizational change and create maximal efficiency and productivity. COPC is currently working on numerous additional activities including an operational metrics dashboard and the development of clinical guidelines and standing orders.
- DPH began implementing CareLinkSF (eClinicalWorks), a new electronic health record system, to improve and advance patient care throughout its ambulatory care settings in COPCS and SFGH, including primary and specialty care health centers. Instead of creating a paper file of patient information, providers and staff are able to do the following: document and access secure medical information thoroughly online, send prescriptions to the pharmacy electronically, review test results quickly, and

provide patients a summary at the end of each visit that includes a list of medications, assessments, referrals, test orders, and health education materials. By the end of 2014, all ambulatory clinics will be connected to the new electronic health record system.

## SAN FRANCISCO BIH PROGRAM ADDRESSES HEALTH DISPARITIES

The San Francisco Black Infant Health (BIH) Program is in the third year of implementing a new, promising practice program model that uses group intervention. BIH is a leader among state programs in developing and implementing the new model. BIH focuses on the following factors that contribute to poor maternal health and poor birth outcomes for African Americans: Social isolation, limited access to services, racial inequities, economic hardship, and disempowered communities.

The goal of BIH is to improve African American infant and maternal health in San Francisco and decrease Black/White health disparities and social inequities. During 2011-12, BIH provided services to 80 women. About 25% of the women completed 7 of 10 prenatal classes, and another 25% completed 7 of 10 postpartum classes. These women are setting off on the path of motherhood with important new knowledge, skills, friendships, and connections to supportive services.



*The HIV Research Section represents DPH at the San Francisco Pride Parade on June 24<sup>th</sup>, 2012.*

## POPULATION HEALTH & PREVENTION

### HIV PREVENTION LAUNCHES NEW PROGRAMS TO ADDRESS NATIONAL HIV/AIDS STRATEGY

To address the National HIV/AIDS Strategy, the HIV Prevention Section (HPS) funded new programs in the community to meet the goals and objectives established by the HIV Prevention Planning Council (HPPC). These programs represent a new “system of prevention,” collaborating across agencies to reach San Francisco communities with cutting-edge and creative programs. Starting in September 2011, HPS funded new programs in the following categories:

- Community-Based HIV Testing
- Health Education/Risk Reduction (HERR) to Address Drivers among Males Who Have Sex with Males (MSM), with a Focus on Gay Males
- Prevention with Positives (PWP)
- Special Projects to Address HIV-Related Health Disparities Among African American MSM, with a Focus on Gay Males
- Special Projects to Address HIV-Related Health Disparities Among Latino Males Who Have Sex with Males (MSM), with a Focus on Gay Males
- Special Projects to Address HIV-Related Health Disparities Among Males Who Have Sex with Males (MSM), with a Focus on Gay Males
- Special Projects to Address HIV-Related Health Disparities Among Transfemales Who Have Sex with Males (TFSM)
- Citywide Syringe Program: Access, Disposal, Program Coordination, and Bulk Purchasing



*A volunteer distributes information on HIV testing programs.*

## THE FUTURE OF HIV CLINICAL & PREVENTION RESEARCH

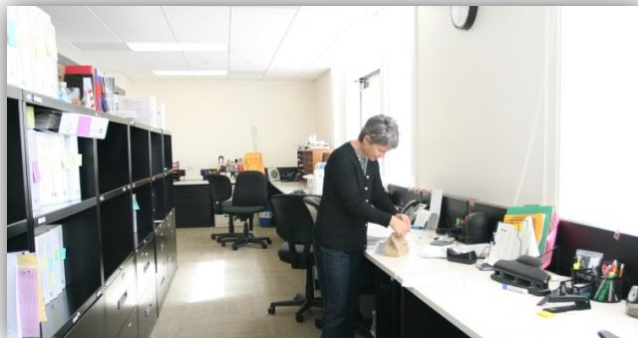
Bridge HIV ([www.bridgehiv.org](http://www.bridgehiv.org)) is a recognized leader in HIV prevention research working to discover effective HIV prevention strategies that will reduce the impact of HIV/AIDS globally. Led by Director Susan Buchbinder, M.D., Bridge HIV has been working to find new and innovative ways to fight HIV/AIDS since the beginning of the epidemic. Bridge HIV, formerly the HIV Research Section of the DPH, began in the early 1980s with a study on gay men who had previously volunteered for a Hepatitis B study. With the study participants' permission, Bridge HIV analyzed their blood samples to look for the presence of HIV antibodies. In some of these men, the tests revealed a history of HIV infection dating back as early as 1978. The results became a world-renowned source for understanding HIV infection and disease.

Still operating under the umbrella of the San Francisco Department of Public Health and associated with UCSF, Bridge HIV today conducts innovative research that is guiding global approaches in HIV prevention, such as HIV vaccines. By collaborating with other researchers and communities throughout the world, Bridge HIV's scientific breakthroughs will be used to help the people most affected by the epidemic.

Volunteering with Bridge HIV gives participants the opportunity to join a global network of volunteers who are influencing the development and efficacy of HIV prevention strategies. By combining a heritage of innovative prevention trials with a local and global network of motivated volunteers and peers, Bridge HIV strives to bring about global change in the field of HIV/AIDS research.

Current Bridge HIV studies include research on HIV vaccines, other innovative biomedical prevention strategies such as PrEP, and combination HIV prevention. Bridge HIV's research studies have been funded by NIH, CDC, and industry sponsors, and Bridge HIV is an active member of several global HIV prevention networks, including the HIV Vaccine Trials Network (HVTN), HIV Prevention Trials Network (HPTN), and the Microbicides Trials Network (MTN). Bridge HIV has also pioneered the development of novel training methods to engage young and early career investigators in HIV prevention science.

*From left to right: Bridge HIV staff hard at work; Sally Grant, Research Clinician in the laboratory. (Photos courtesy of Alice Heimsoth)*





A summary of current and planned studies is below:

- **HIV Vaccines:** Bridge HIV conducts a range of studies evaluating the safety and/or effectiveness of different vaccine strategies. In addition to testing the safety and tolerability of different vaccine products, these studies also evaluate the immune responses generated by these vaccines, and in some trials, whether the vaccine can protect uninfected persons from HIV infection. Bridge HIV has been involved in HIV vaccine research since the early 1990s with thousands of people from the San Francisco Bay Area participating in these studies.
- **Pre-exposure prophylaxis (PrEP):** In addition to the PrEP demonstration project, Bridge HIV is conducting several PrEP studies to evaluate the safety and tolerability of new oral PrEP drugs (e.g. maraviroc, a newer HIV medication currently approved for treatment) as well as different PrEP formulations (including a rectal microbicide/gel that can be applied topically). Bridge HIV is also conducting the EPIC (Enhancing PrEP in Community Settings) study to develop and test innovative strategies to improve adherence to PrEP, including the use of mobile phone technologies and novel counseling strategies.
- **PUMA:** The Prevention Umbrella for Transwomen and MSM in the Americas (PUMA) is a research project studying whether packaging HIV prevention strategies together might make them more effective at keeping MSM and transwomen free from HIV. The hope for PUMA is to encourage an active and healthy sex life while helping participants reduce their risk for HIV. The PUMA package may include Sex Pro (an on-line questionnaire that will help MSM and transwomen measure their risk for getting HIV), PrEP enhanced with strategies to improve medication adherence and reduce risk behaviors, couples counseling, and home HIV testing, along with

the distribution of condoms, regular STI testing/treatment, and referrals/linkages to prevention services.

**HOME:** Home is evaluating how home-based HIV self-testing can be used to reach young men of color to increase testing rates and linkage to prevention and treatment services. This study is taking place in Oakland and San Francisco. In its initial stages, the HOME team is surveying providers of treatment and prevention services and both HIV-infected and –uninfected men in building a comprehensive support package to be integrated with home self-testing.

## NATIONAL BLACK AWARENESS DAY

HPS held its annual *National Black HIV Awareness Day Event* on February 7th, 2012. The event began at the Black Coalition on AIDS (BCA), where key speakers and community members talked about the impact of HIV in the Black community. A candlelight vigil and march followed in the Bayview neighborhood where participants marched from BCA to the Bayview Opera House. Once there, members from key community-based organizations spoke about the HIV/AIDS services available in the community. In addition, HIV and STD screening and testing were available at this event.

## DPH LAUNCHES MAI-TCE GRANT

In 2011/2012, DPH launched the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority AIDS Initiative – Targeted Capacity Expansion (MAI-TCE) grant. This is a three-year grant to provide integrated substance use, mental health, and HIV services in support of the National HIV/AIDS Strategy goals. MAI-TCE is jointly managed and implemented by HPS, Community Programs (which includes the community-oriented primary care and behavioral health sections), HIV Health Services, and STD Prevention and Control. MAI-TCE will support



behavioral health specialists at select HIV Centers of Excellence, at City Clinic, and at the Transitions Clinic at Southeast Health Center (a clinic for individuals recently released from prison). They will work toward the goals of reducing HIV transmission and improving health.

In general, medical providers and specialists will engage with clients, focusing them on short-term change goals, such as HIV medication treatment adherence and substance use issues. Additional MAI-TCE funds will support substance use treatment staff at Transitions Clinic as well as services at University of California, San Francisco's Alliance Health Project to address binge drinking and its health effects among HIV-positive and HIV-negative men who have sex with men.

### **HIV CONTINUOUS QUALITY IMPROVEMENT (CQI) INTEGRATES HIV PREVENTION EFFORTS**

In 2011, the HPS and Community Oriented Primary Care worked with the HIV Quality Improvement Committee to look at ways of integrating HIV prevention efforts across DPH medical and community settings.

Improved integration will help DPH reach the National Strategy goals of: (1) reducing new HIV infections, (2) improving access to care and health outcomes for people living with HIV, and (3) reducing HIV-related disparities. In 2011, the HIV Quality Improvement Committee developed the following approach to reaching these goals:

- Implement HIV screening as a continuous quality improvement measure alongside other routinely monitored health screens;
- Promote HIV screening (at least one lifetime HIV test) for all primary care patients; and
- Support an integrated citywide system for linking newly HIV-positive patients to medical care within 3 months of diagnosis

as well as assist HIV positive patients who are without medical care to find primary care providers.

### **STD PREVENTION & CONTROL IMPLEMENTS NEW HOME TESTING STUDY**

The San Francisco STD Prevention and Control Services Section, in collaboration with researchers at RTI International, implemented a new standard and model for STD testing and treatment to decrease barriers to STD screening and empower women to maintain their sexual health.

The "*I Know SF Bay*" Study will target those neighborhoods with the highest gonorrhea and Chlamydia rates in the City. It will enable women to order a home testing kit from the website [www.iknowsfbay.org](http://www.iknowsfbay.org) and have the kit shipped directly to their home. Women will then test themselves at home, send the swabs in a pre-paid envelope to a testing lab, and, within a week, be notified of their test results by either text message or e-mail.

If treatment is needed, study participants can get an e-prescription or go to City Clinic, San Francisco's only municipal STD Clinic. Patients who are positive will also receive online education about STD prevention; those who test negative may view educational modules.

# FISCAL YEAR 11/12 BY THE NUMBERS

## PATIENT INTERACTIONS & DEMOGRAPHICS



DPH provides a wide array of services across its continuum of care. DPH's direct service providers consist of San Francisco General Hospital (SFGH), which includes the Behavioral Health Center (BHC), Laguna Honda Hospital (LHH), Community-Oriented Primary Care (COPC), 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.

The following table summarizes data from SFGH, LHH, and COPC. Please note that Women's Health Center activities are counted under Specialty Care.

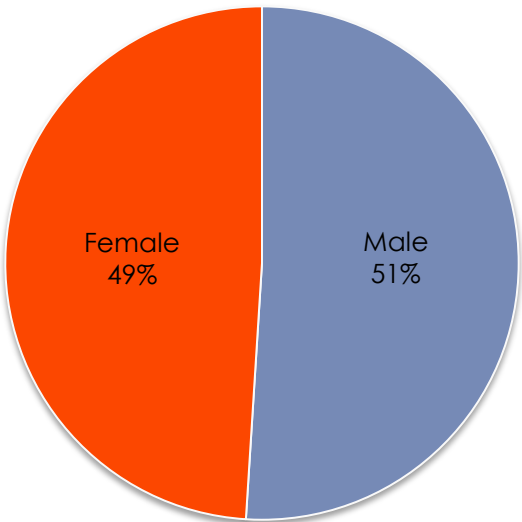
Encounter Type	Number/Percentage of Encounters
Primary Care	333,145
Specialty Care	229,258
Dental Care	12,944
Urgent Care	24,270
Emergency Encounters	61,073
Medical Encounters	55,154
Percent Admitted	18%
Psychiatric Encounters	5,919
Percent Admitted	24%
Encounters Requiring Trauma Center Services Activations	2,869
Diagnostic and Ancillary	136,942
Acute Inpatient	104,429
Actual Days at SFGH	102,474
Actual Days at LHH	1,955
Home Health Care Visits	19,890
Skilled Nursing Care	320,500
Actual Days at SFGH	9,241
Actual Days at BHC	36,249
Actual Days at LHH	275,010

# SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER (SFGH)

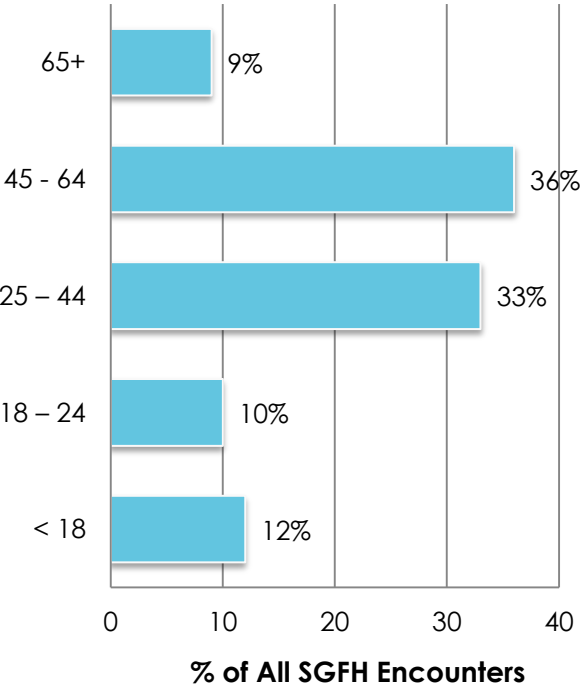
San Francisco General Hospital and Trauma Center (SFGH) is a licensed acute care hospital owned and operated by the City and County of San Francisco – and the only Level 1 Trauma Center serving San Francisco and northern San Mateo counties. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health, and rehabilitation services for adults and children and is the only hospital that provides 24-hour psychiatric emergency services. In addition, SFGH is home to the San Francisco Behavioral Health Center (BHC). BHC serves a sub-acute psychiatric population with a rehabilitation focus that promotes improved independence and enables residents to achieve their highest level of functioning.

SFGH cared for 107,698 persons in Fiscal Year 11/12, an increase of 4,896 patients since Fiscal Year 10/11. The demographics of SFGH's Fiscal Year 11/12 patient population appear in the charts below.

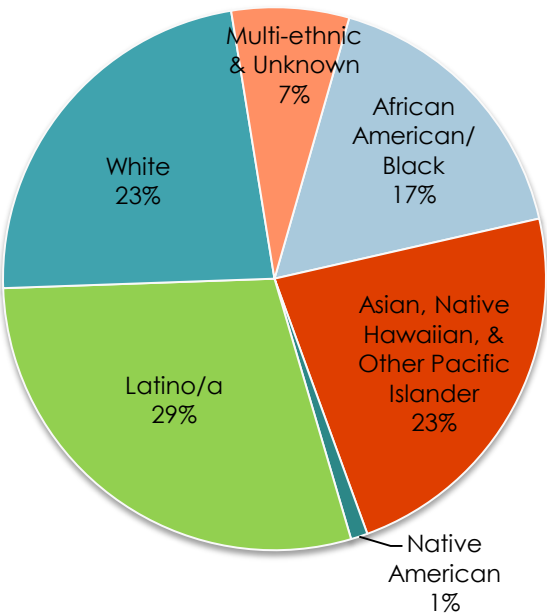
**SFGH Patients by Gender**  
(n=107,698)



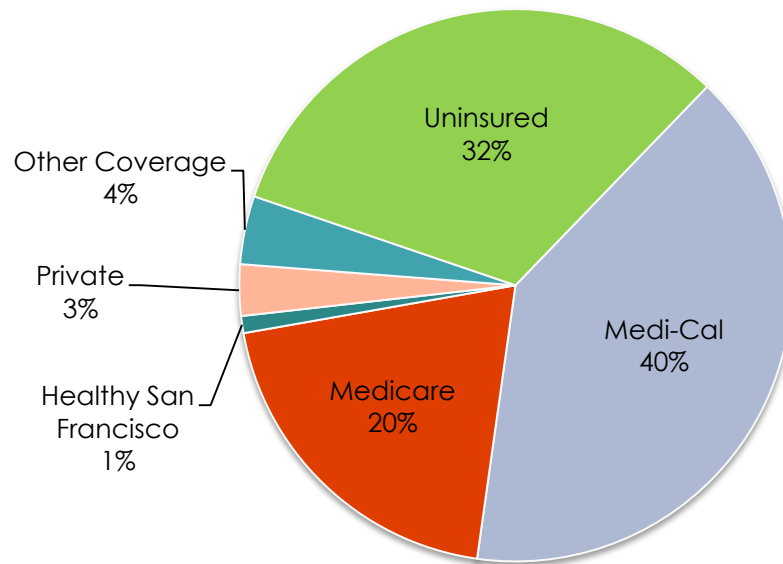
**SFGH Encounters by Age**  
(n=107,698)



**SFGH Encounters by Race/Ethnicity**  
(n=107,698)

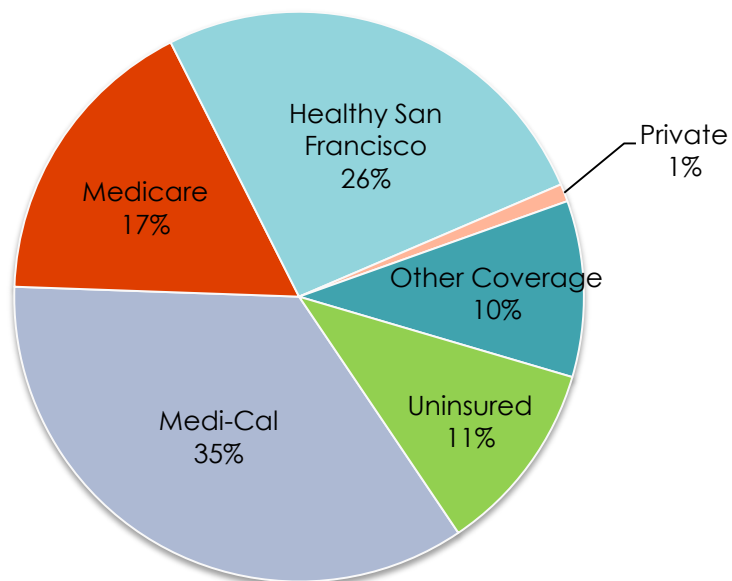


## SFGH Inpatient Days by Payor Source



A patient's payor source may change throughout the year. As such, these charts represent all SFGH Fiscal Year 11/12 activities by payor source. Please note that "inpatient" refers to inpatient days, whereas "outpatient" refers to outpatient encounters – not patients.

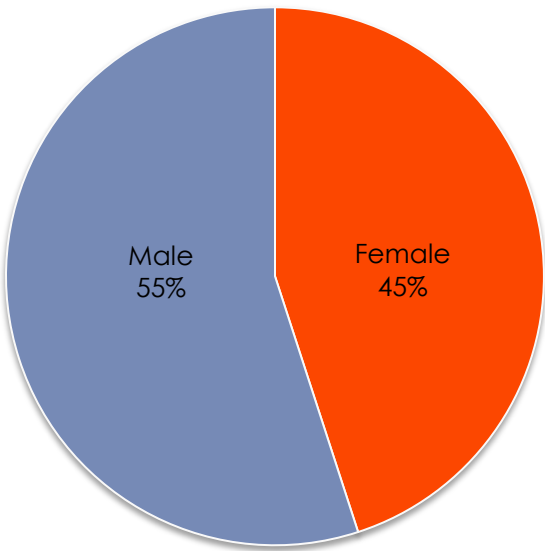
## SFGH Outpatient Encounters by Payor Source



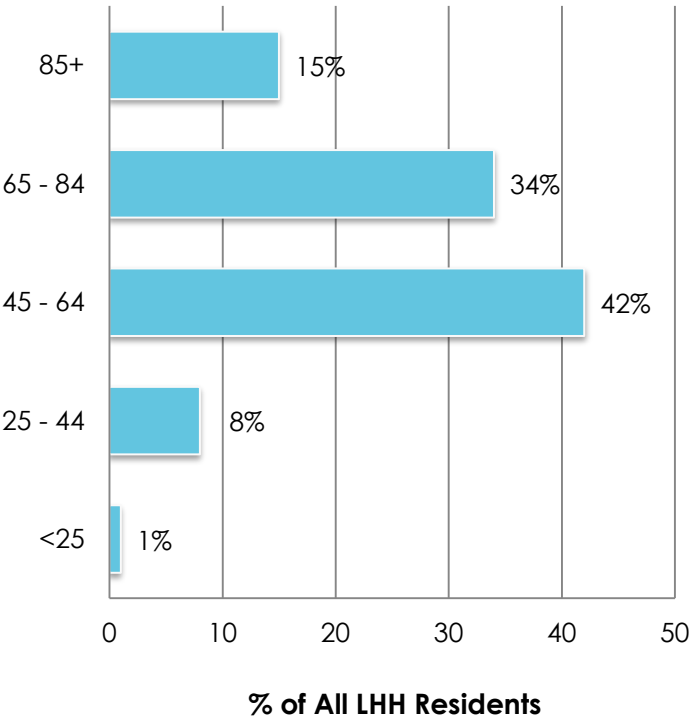
**LAGUNA HONDA HOSPITAL  
& REHABILITATION CENTER**

Laguna Honda Hospital and Rehabilitation Center (LHH) is a therapeutic community providing skilled nursing, acute care, and rehabilitation services to seniors and adults with disabilities. Since transitioning to a new state-of-the-art facility in Fiscal Year 10/11, LHH has served 1,257 residents, the demographics of which appear in the following figures.

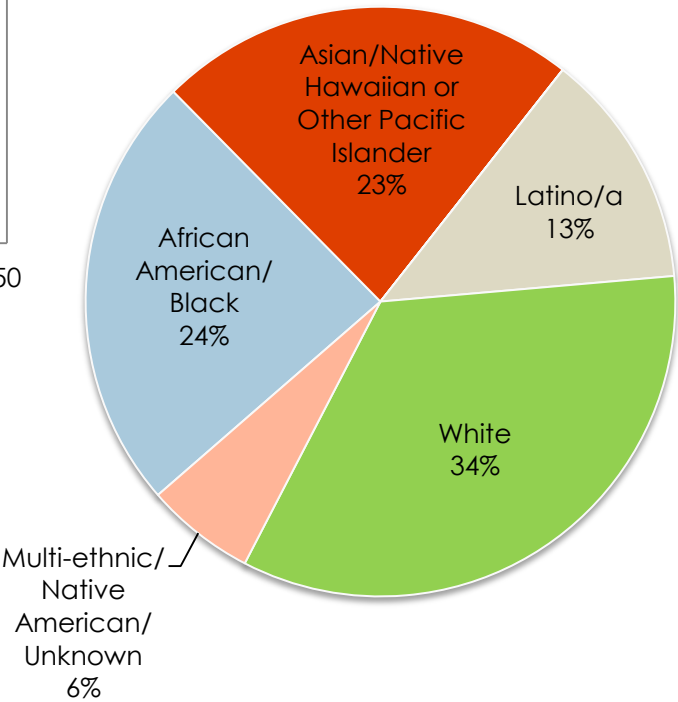
**LHH Residents by Gender  
(n=1,257)**



**LHH Residents by Age (n=1,257)**



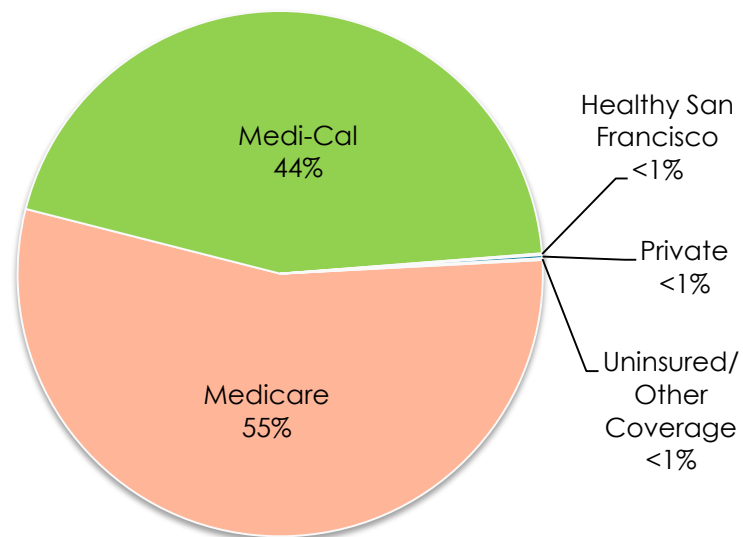
**LHH Residents by Race/Ethnicity  
(n=1,257)**



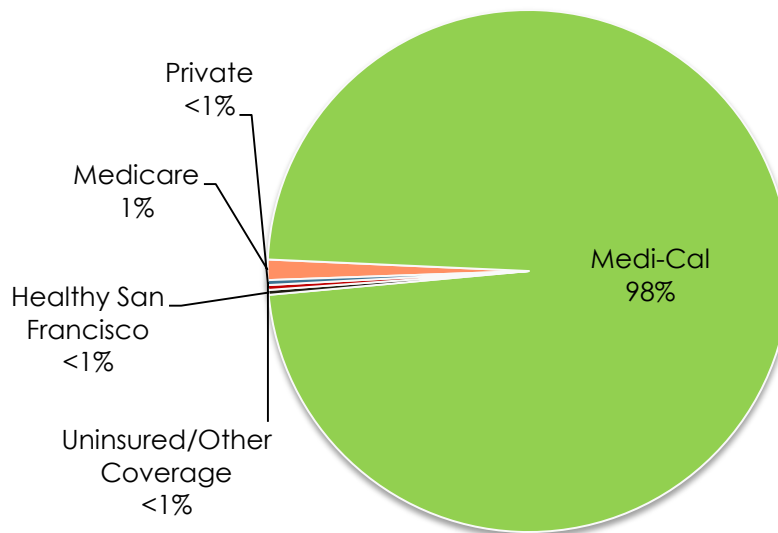


As illustrated in the figure below, Medi-Cal is the primary payor source for long-term inpatient care services, having covered approximately 98 percent of LHH residents' care during Fiscal Year 11/12, while Medicare and private insurance covered the large portion of the remaining 2 percent. These payments primarily reimbursed acute care and rehabilitative service costs. A combined total of less than 1 percent of inpatient days relied on other payor sources.

### LHH Outpatient Encounters by Payor Source (n=5,790)



### LHH Inpatient Days by Payor Source (n=276,965)



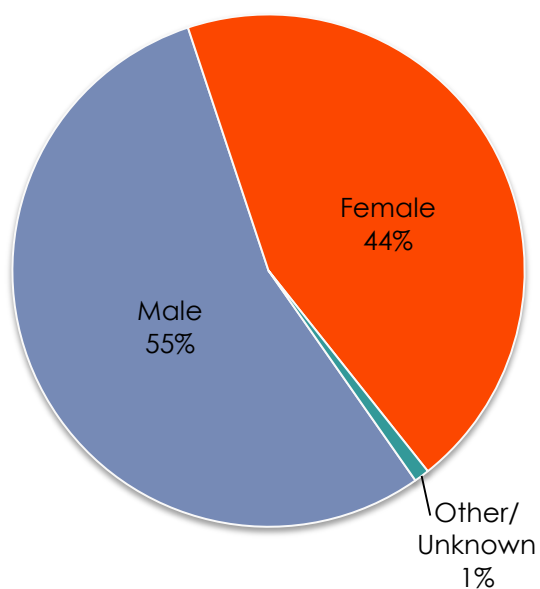
## COMMUNITY BEHAVIORAL HEALTH SERVICES

Community Behavioral Health Services (CBHS) strives to provide a system of care that is welcoming, culturally and linguistically competent, gender responsive, and integrated. Subscribing to a policy that “any door is the right door,” CBHS provides a medical home and timely access to treatment for individuals and families with behavioral health issues, allowing clients to maximize

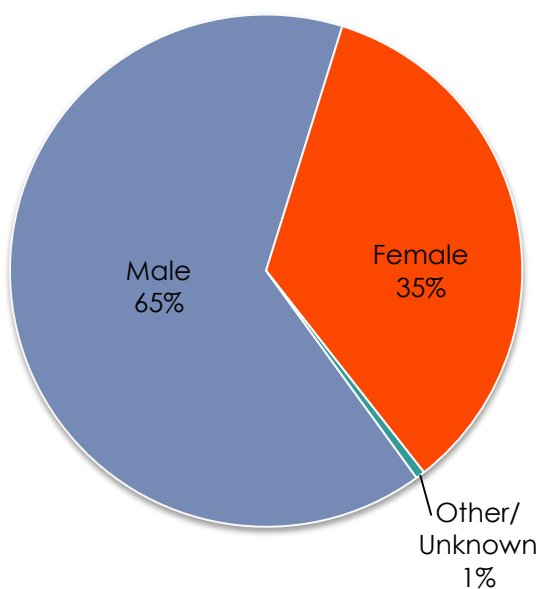
opportunities for recovery and healthy, meaningful lives in the community.

The charts present CBHS-client demographics split by (a) clients seen in adult vs. child/youth programs and (b) clients in mental health vs. substance abuse programs. Please note that many patients may overlap between CBHS mental health and substance abuse programs.

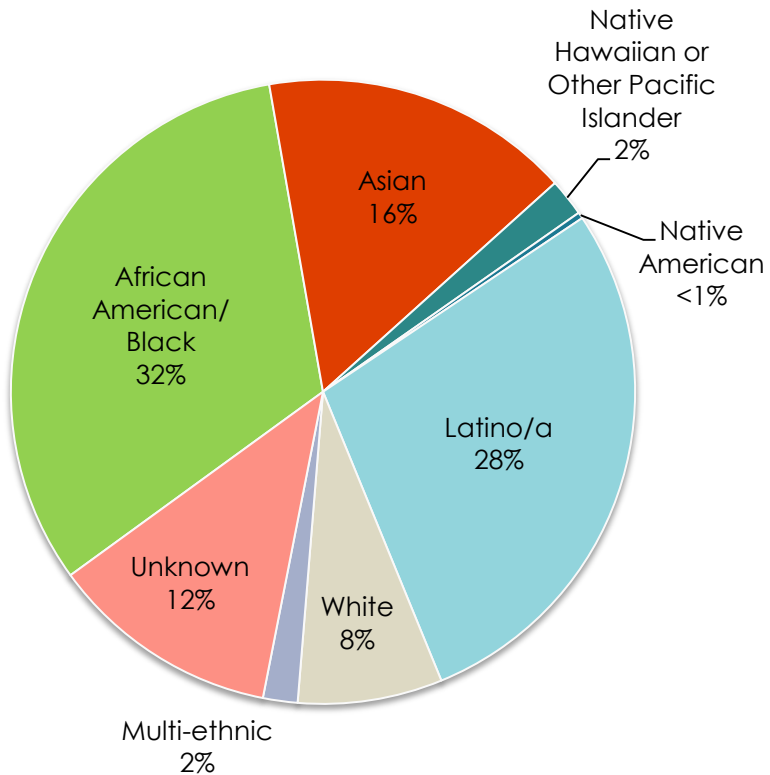
**All Mental Health Clients  
by Gender (n=25,352)**



**All Substance Abuse Clients  
by Gender (n=7,697)**

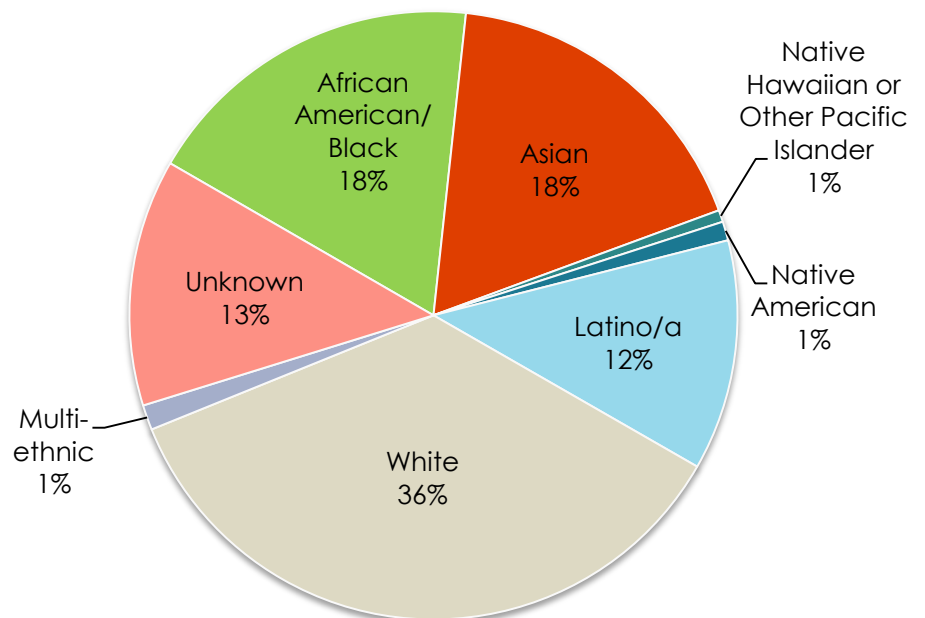


### Mental Health Clients by Race/Ethnicity, Children (n=4,634)

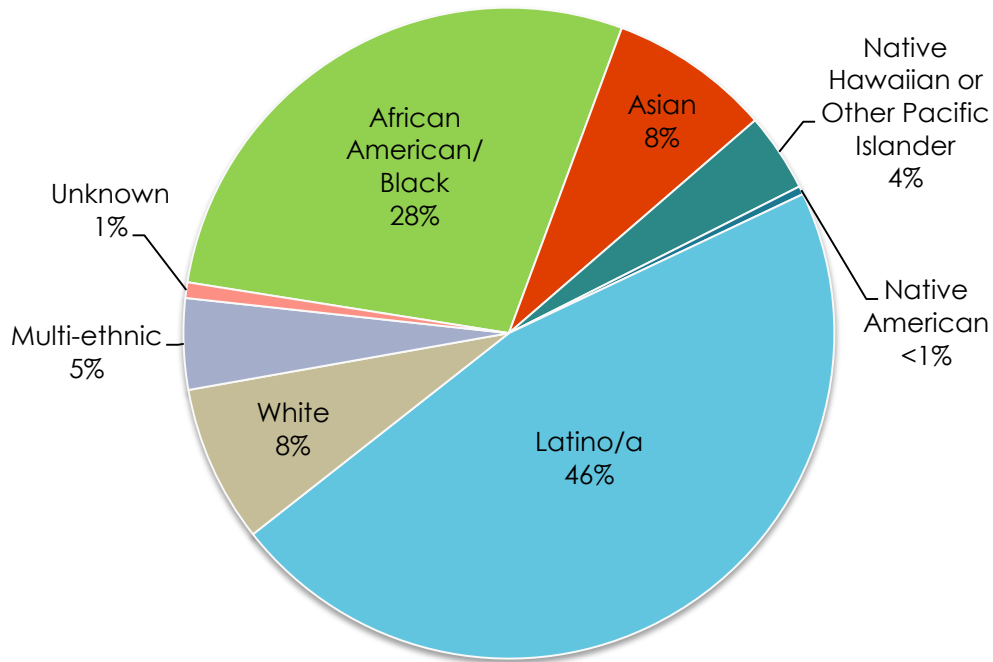


The following charts describe CBHS child/adult mental health and substance abuse clients by race/ethnicity. Please note that the data do not reflect unduplicated client counts; any client indicating more than one race/ethnicity is represented in multiple race/ethnicity categories.

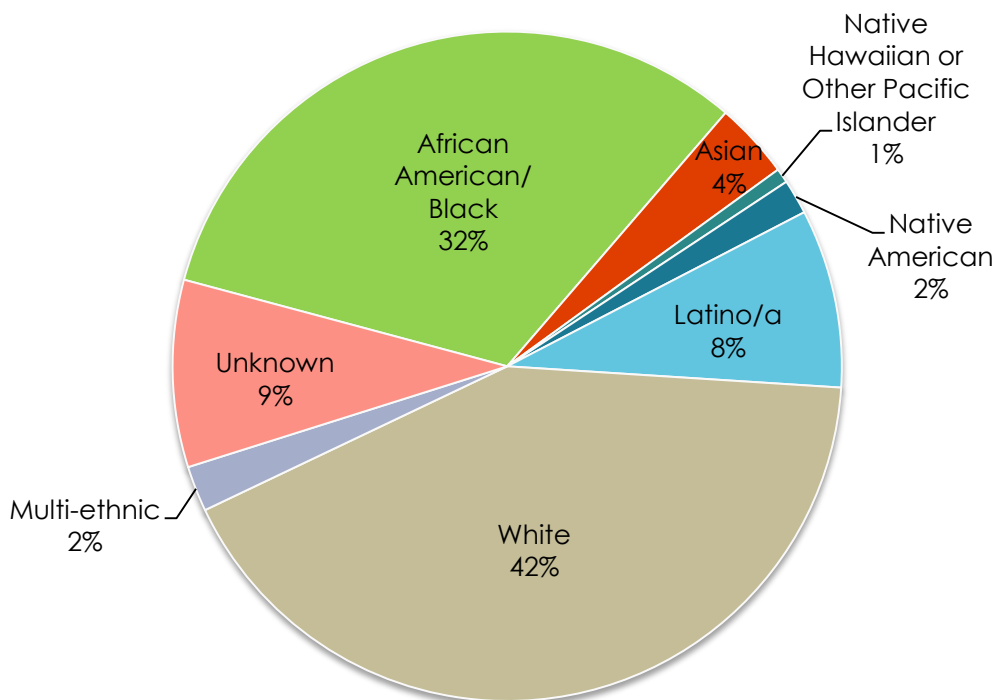
### Mental Health Clients by Race/Ethnicity, Adults (n=20,718)



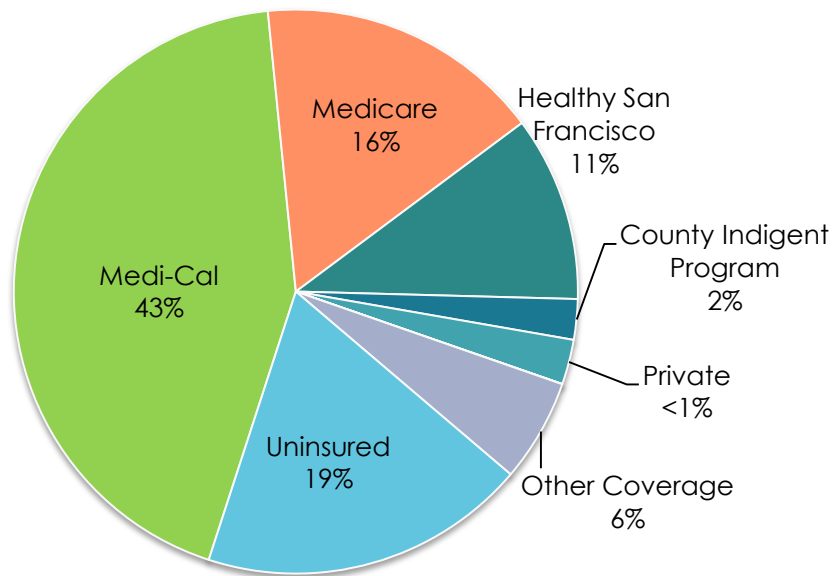
**Substance Abuse Clients by Race/Ethnicity,  
Children (n=559)**



**Substance Abuse Clients by Race/Ethnicity,  
Adults (n=7,138)**

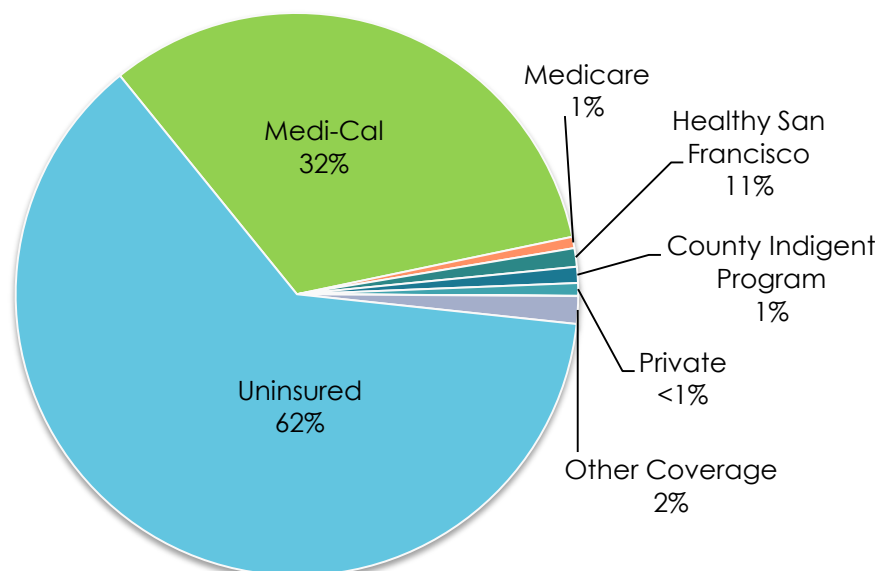


### CBHS Mental Health Clients by Primary Payor Source (n=25,352)



The charts depict all CBHS mental health clients by *primary* payor source. Sixty-three percent (63%) of CBHS mental health clients rely on Medi-Cal coverage to some extent, regardless of whether it is the client's primary payor source. Please also note that, while not represented in the charts, the San Francisco Behavioral Health Plan was the primary payor source for three mental health clients and one substance abuse client.

### CBHS Substance Abuse Clients by Primary Payor Source (n=7,697)





CBHS relies on a network of civil service and contracted providers to offer high-quality services to CBHS mental health and substance abuse clients. The tables below indicate the number of CBHS mental health and substance abuse clients served by contractors vs. civil service providers in Fiscal Year 11/12.

CBHS Mental Health Clients Served, FY 11/12		
PROVIDER	DUPLICATED CLIENT COUNT <sup>1</sup>	UNDUPLICATED CLIENT COUNT
Contract Providers	29,692	18,305
Civil Service Providers (Incl. SFGH)	13,560	11,843
Total Unduplicated Clients	43,252	25,352

CBHS Substance Abuse Clients Served, FY 11/12	
PROVIDER	UNDUPLICATED CLIENT COUNT
Contract Providers	7,697
Civil Service Providers <sup>2</sup>	NA
Total Unduplicated Clients	7,697

<sup>1</sup> Clients may be seen by multiple contract agencies and by both contract and civil service providers. The duplicated client count gives a sense of client activity whereas the unduplicated count indicates the number of unique clients seen by contract and civil service providers. Please note, however, that duplication still exists between contract vs. civil service counts.

<sup>2</sup> There are no civil service substance abuse programs in CBHS.

## COMMUNITY-ORIENTED PRIMARY CARE

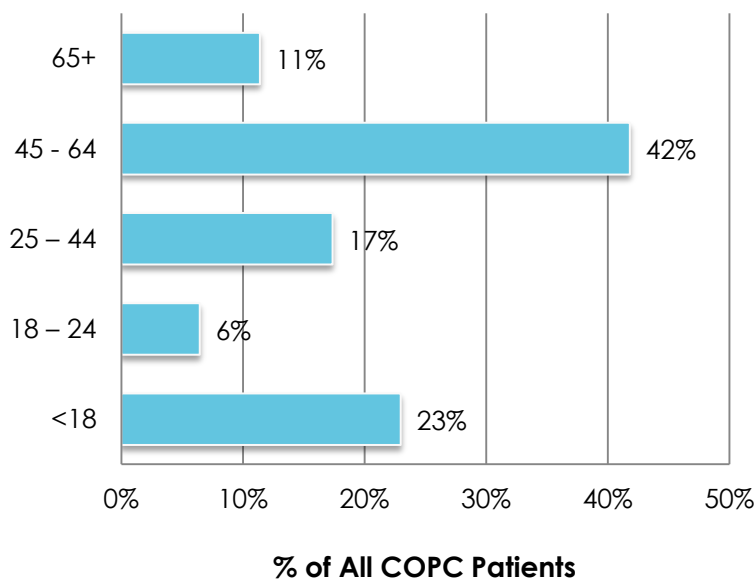
The Community-Oriented Primary Care (COPC) Section integrates primary care, community medicine, and public health to better the health outcomes of those it serves. COPC features:

- Primary Care: COPC health centers provide medical care that is comprehensive, continuous, accessible, organized, coordinated, and accountable.
- Defined Populations: Each COPC health center has a target population defined by geography, age, gender, sexual orientation, family, and/or cultural community.
- Use of Epidemiological Methods: COPC uses epidemiological methods to assess the health needs of each target community.
- Targeted Programs: COPC programs are designed to meet the health needs of the target community.
- Community Involvement: COPC relies on community involvement to develop and implement health programs.

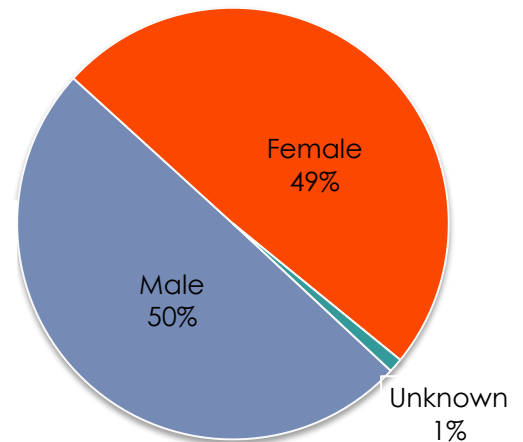
COPC providers and staff are committed to defining health broadly (e.g., physical, mental, social, and spiritual) and to providing a range of services to meet the needs of the target community. COPC also strives to train the future health care workforce with an eye toward community-oriented primary care, offering training opportunities to interns and residents, medical and nursing students, and a variety of other health professionals.

The following charts illustrate the demographics of the COPC patient population served during Fiscal year 11/12.

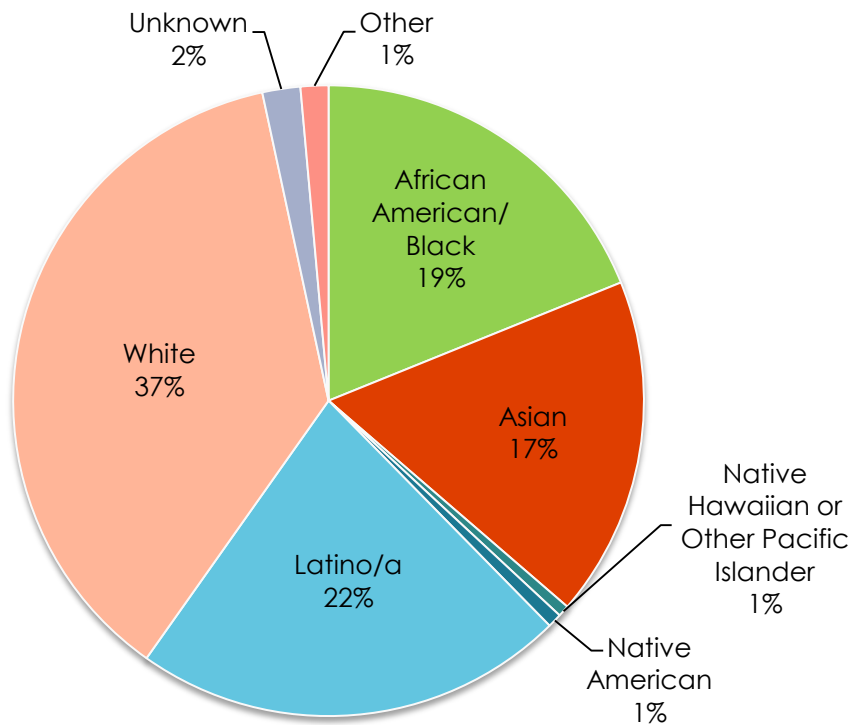
**COPC Patients by Age (n=141,200)**



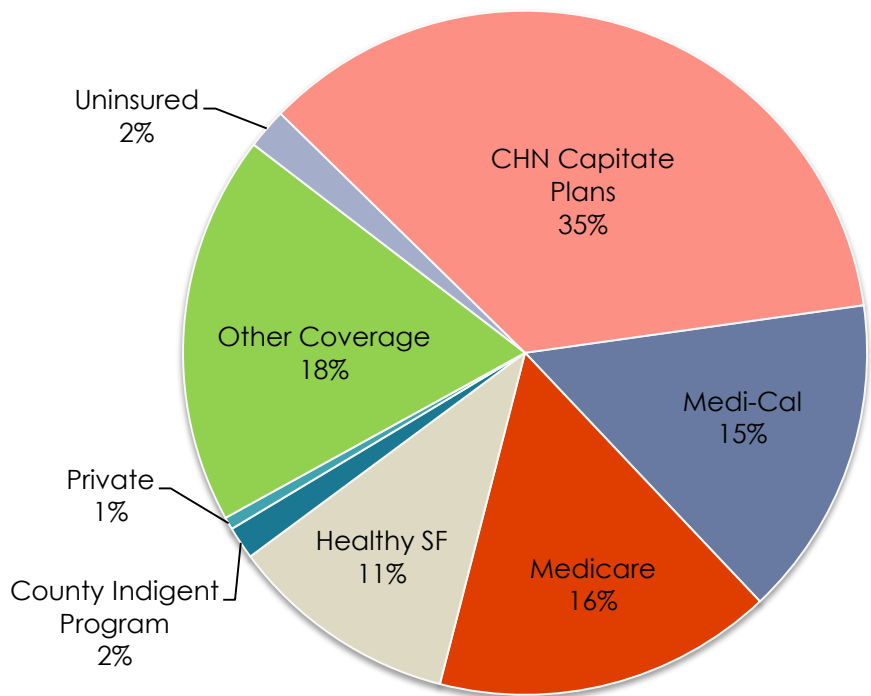
**COPC Patients by Gender (n=141,321)**



**COPC Patients by Race/Ethnicity (n=141,449)**



**COPC Patients by Payor Source (n=141,543)**



## HIV PREVENTION

For more than 20 years, DPH's HIV Prevention Section has partnered with community members and local organizations to design and deliver effective HIV prevention services. Services include HIV prevention and support groups, HIV prevention services for HIV+ people (Prevention with Positives), HIV testing, substance use treatment and support (e.g., syringe access and disposal programs), and support for people letting their partners know that they may have been exposed to HIV.

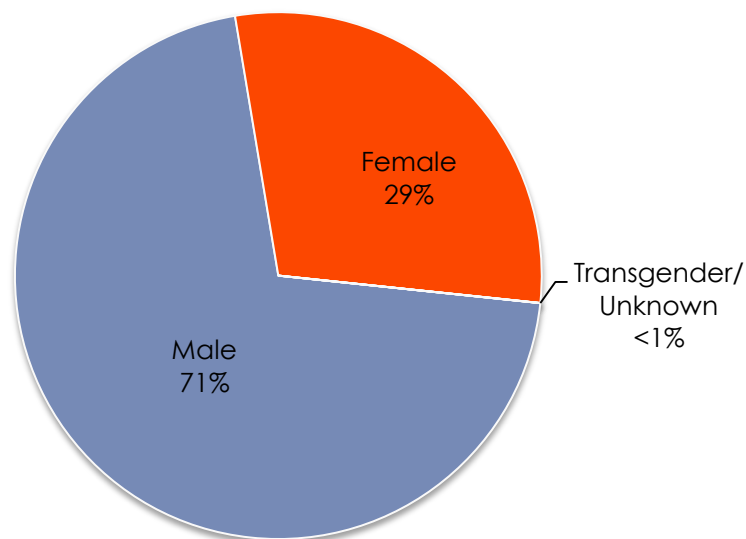
Through the provision of such services, HIV Prevention hopes to reduce the rate of new HIV infections by 50 percent by 2017. Specifically, HIV Prevention hopes to:

- Reduce new HIV infections among men who have sex with men (MSM) by 50 percent,
- Reduce new HIV infections among transgender persons by 50 percent,
- Eliminate new infections among injection drug users (IDU), and
- Eliminate perinatal (mother-to-child) infections.

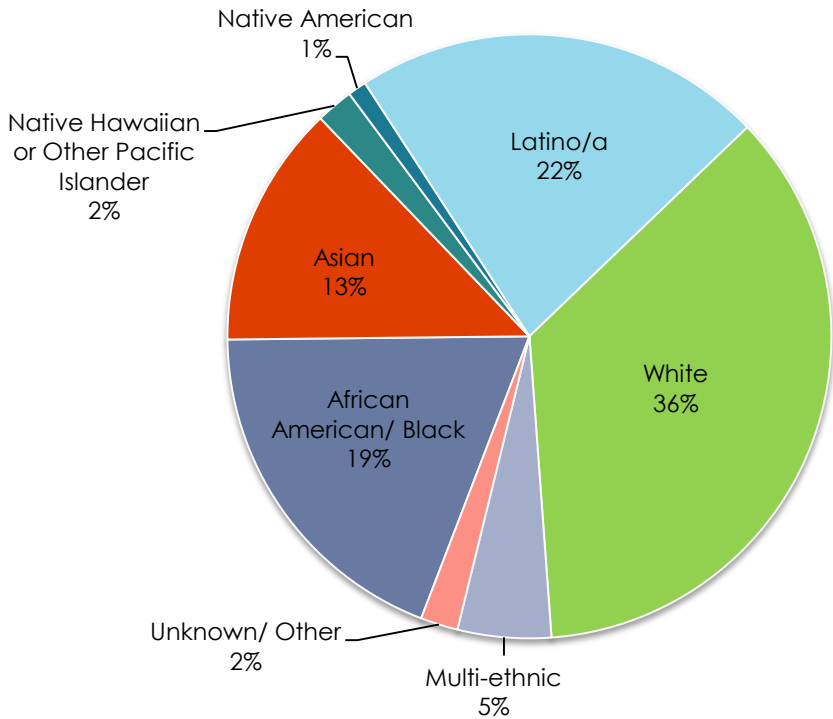
All services provided by HIV Prevention are funded by the Centers for Disease Control and Prevention, the California State Office of AIDS, and the San Francisco General Fund.

The following charts illustrate the demographics of the COPC patient population served during Fiscal Year 11/12. Please note that these charts aggregate data for HIV tests provided in medical settings as well as at community-based settings.

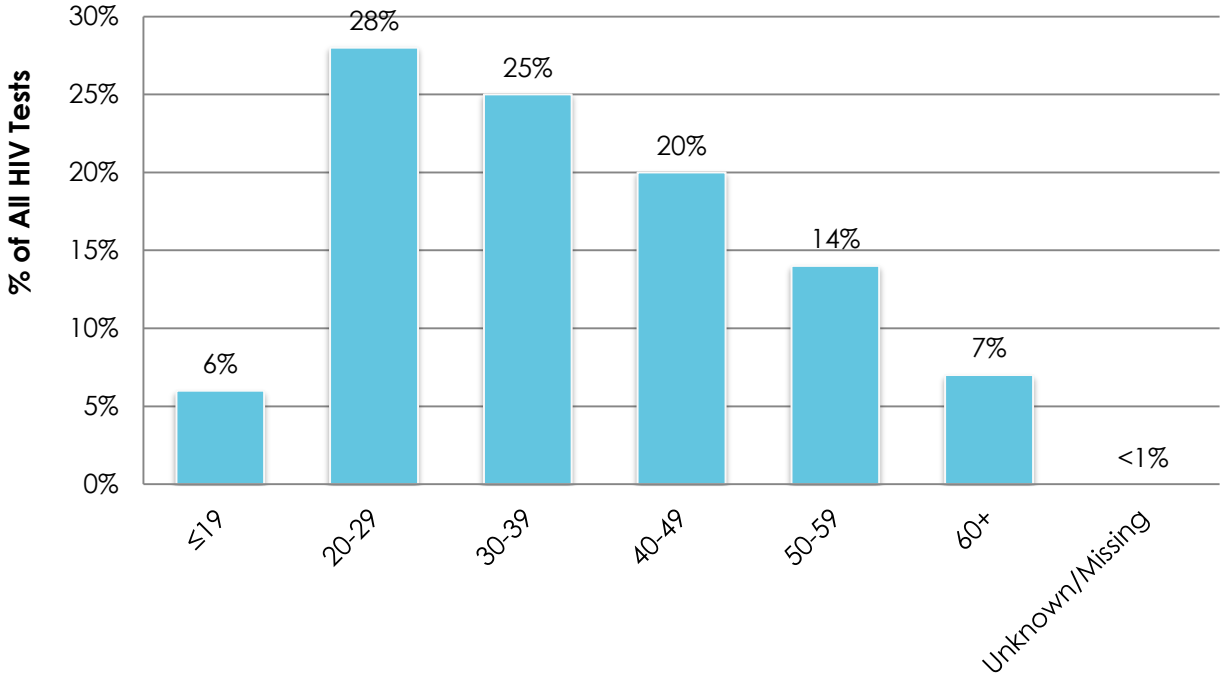
**HIV Tests by Gender (n=48,968)**



# HIV Tests by Race/Ethnicity (n=48,968)

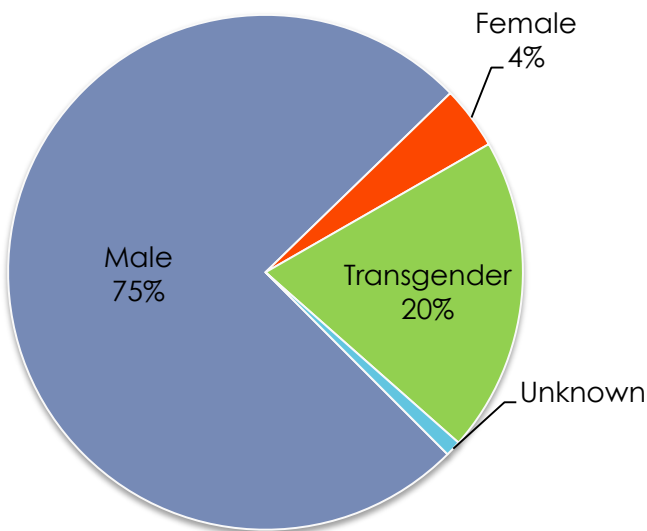


# HIV Tests by Age (n=48,968)



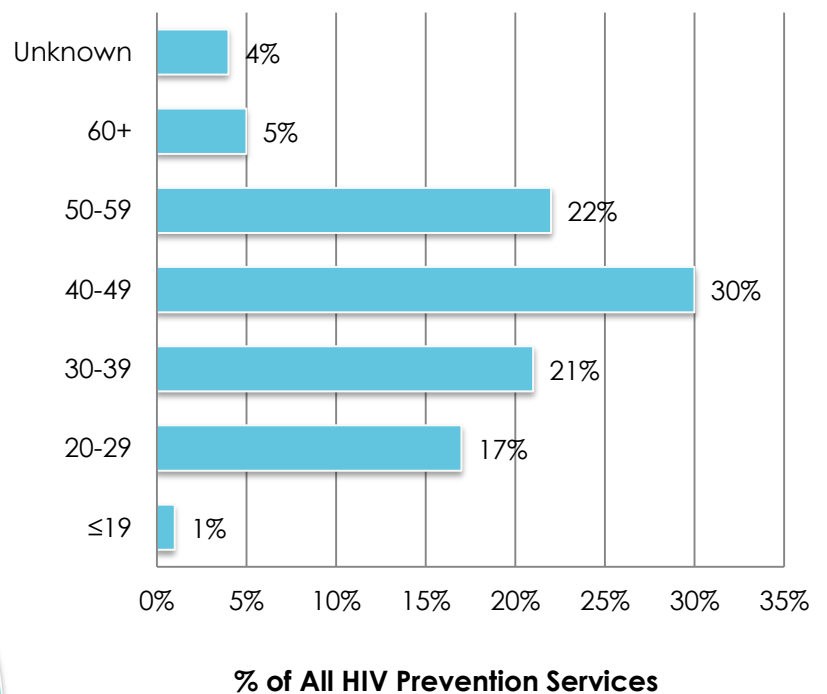


**Other HIV Prevention Services  
by Gender (n=33,102)**

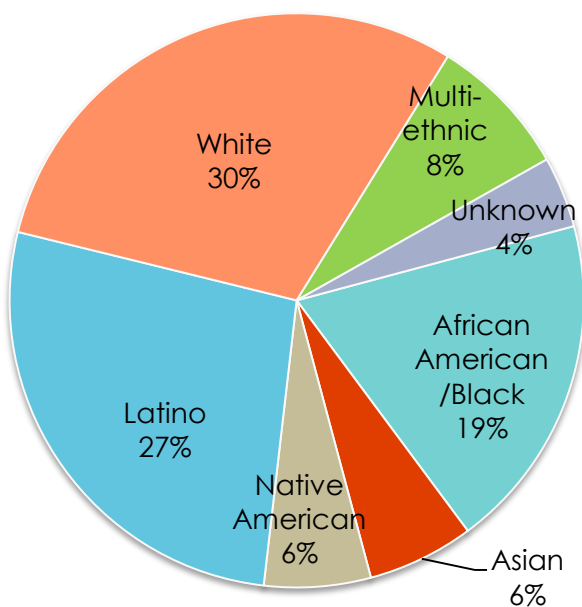


In addition to testing, the HIV Prevention Section provides other services such as HIV prevention counseling, substance abuse treatment, and support. The charts below present client demographic data by non-HIV testing service contacts.

**Other HIV Prevention Services by Age  
(n=33,102)**



**Other HIV Prevention Services  
by Race/Ethnicity (n=33,102)**

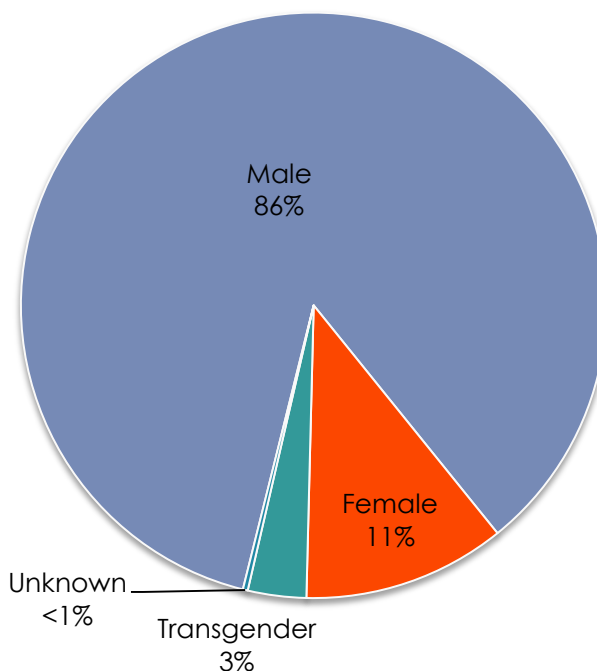


HIV Health Services strives to provide the highest quality, accessible, and culturally-competent care for people with HIV/AIDS. To achieve this goal, HIV Health Services works in partnership with constituents – including people living with HIV/AIDS, service providers, other DPH divisions, community planning groups, funders, and members of the broader community – to:

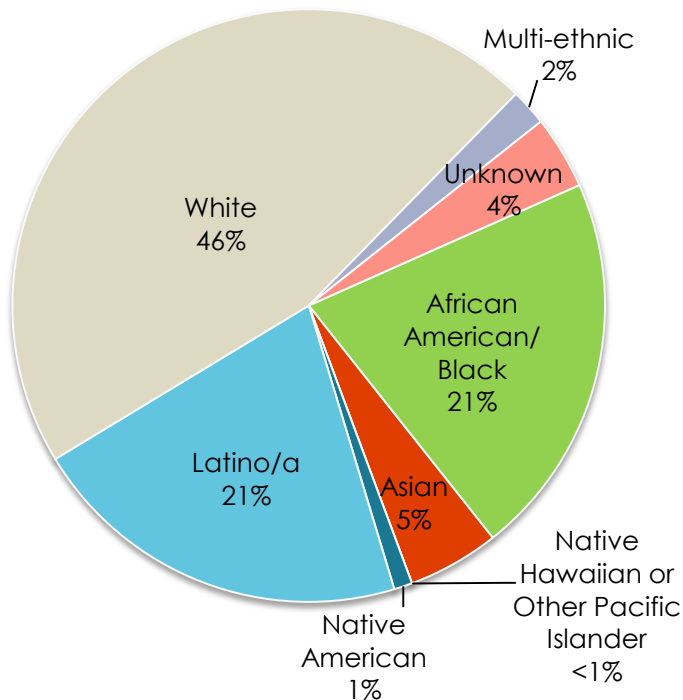
- Ensure access to care and eliminate disparities in care,
- Increase service integration, and
- Bring newly diagnosed people into care and help all clients maintain their HIV care.

In Fiscal Year 11/12, HIV Health Services provided care to 7,840 unduplicated clients. The following figures show the demographics of all HIV Health Services clients served during Fiscal Year 11/12.

### HIV Health Services Clients by Gender (n=7,847)

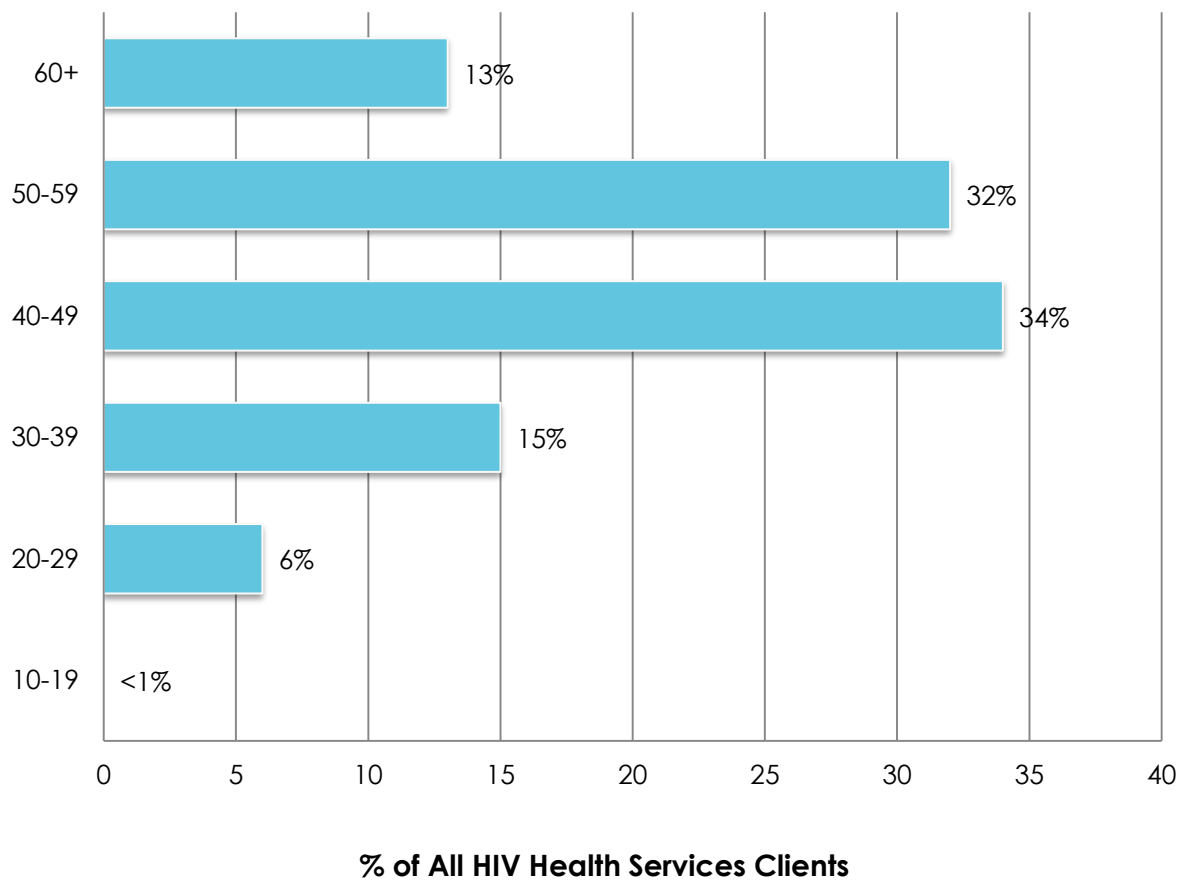


### HIV Health Services Clients by Race/Ethnicity (n=7,840)<sup>3</sup>



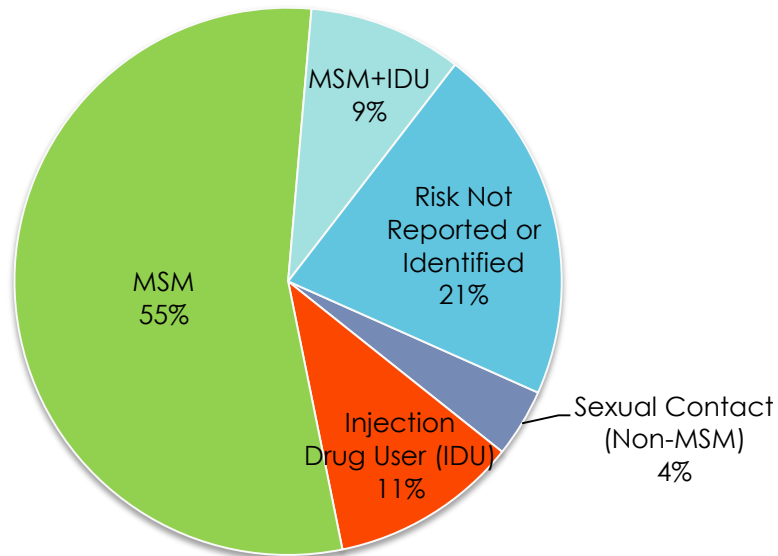
The chart below depicts the age distribution of HIV Health Services clients, 79 percent of whom are age 40 or older. Please also note that, while registering less than one percent of the HIV Health Services client population, HIV Health Services provided care to 7 persons under the age of 10.

### HIV Health Services Clients by Age (n=7,840)<sup>3</sup>

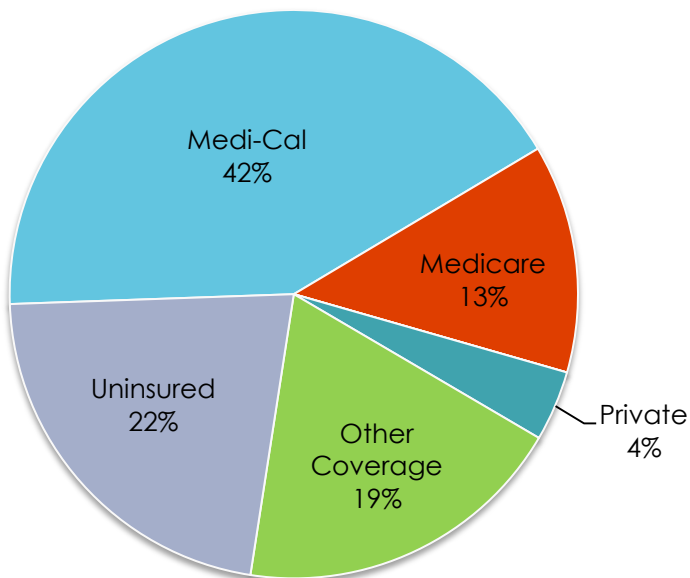


<sup>3</sup>There are 7 clients under the age of 10, which are not represented in the categories listed.

### HIV Health Services Clients by Exposure Risk (n=7,840)<sup>3</sup>



### HIV Health Services Clients by Payor Source (n=5,914)



Note: Healthy San Francisco is not captured separately, and is included as "Uninsured." Thus, the exact number of Healthy San Francisco clients is unknown. Additionally, there are 1,987, unduplicated clients with "Unknown" payor source. Please note that clients may be counted in more than one category during the reporting period.

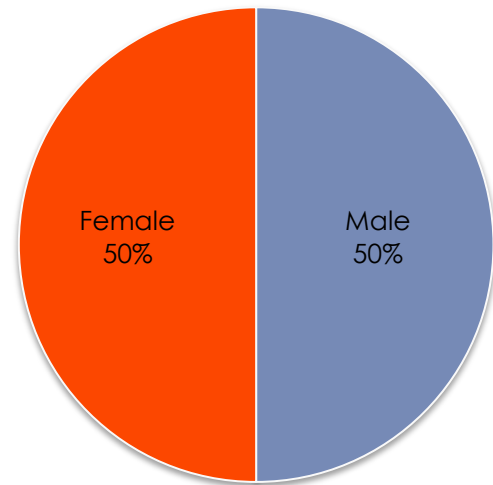
## HEALTHY SAN FRANCISCO (Healthy SF)

Healthy SF is an innovative DPH program designed to make health care services accessible and affordable to uninsured San Franciscans. Healthy San Francisco is not insurance, but a reinvention of the San Francisco health care safety net that enables and encourages residents to access primary and preventive care. It provides a medical home and primary care physician to each program participant, allowing a greater focus on preventive care, and also provides access to specialty care, urgent and emergency care, laboratory services, inpatient hospitalization, radiology, and pharmaceuticals.

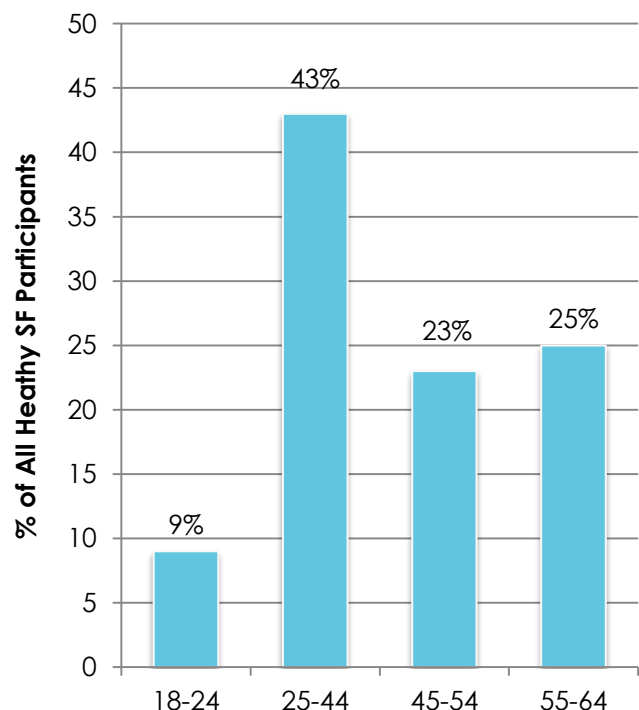
By the end of Fiscal Year 11/12, 46,822 San Francisco residents were enrolled in the Healthy San Francisco program. In Fiscal Year 11/12, enrollment decreased by 10,000. These participants were disenrolled from Healthy San Francisco and enrolled into a new statewide health care program designed to prepare uninsured residents for the implementation of the Affordable Care Act. This program is known as [San Francisco Provides Access to Healthcare \(SF PATH\)](#).

The impact of disenrolling these participants from Healthy San Francisco can be seen in the reduction in total participants and in changes in the demographics of the participant population. Demographic information for Healthy San Francisco enrollees appears at left and below. For more detailed information on Healthy San Francisco, please visit the [program's website](#) or review [Healthy San Francisco's Annual Report for Fiscal Year 11/12](#).

**Healthy SF Participants by Gender  
(n=46,822)**

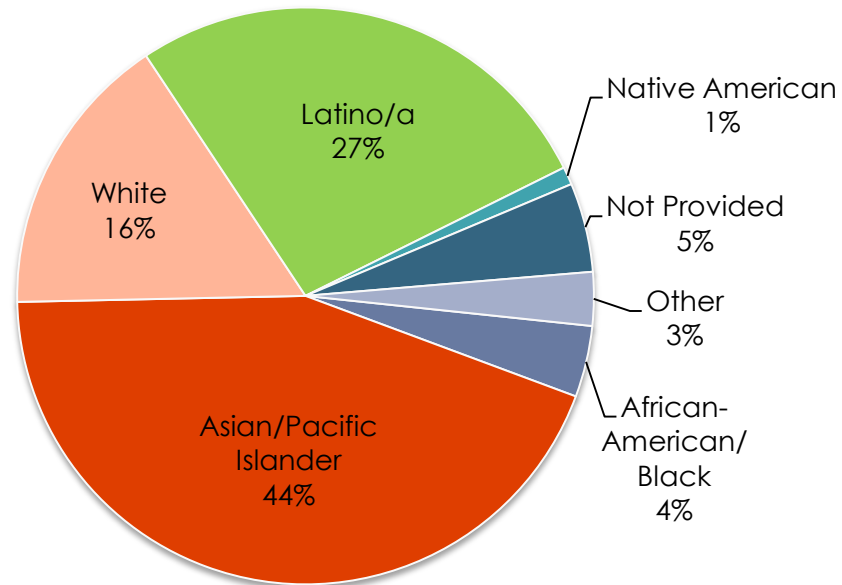


**Healthy SF Participants by Age  
(n=46,822)**

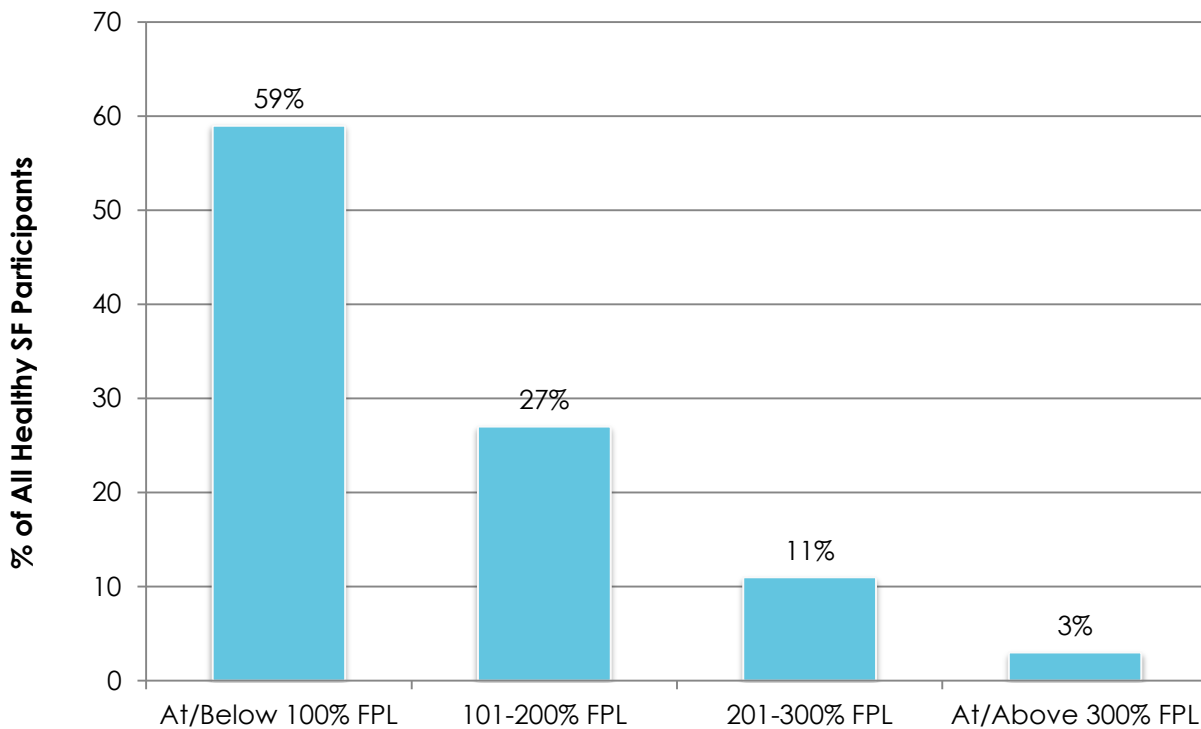




### Healthy SF Participants by Race/Ethnicity (n=46,822)



### Healthy SF Participants by Income (n=46,822)

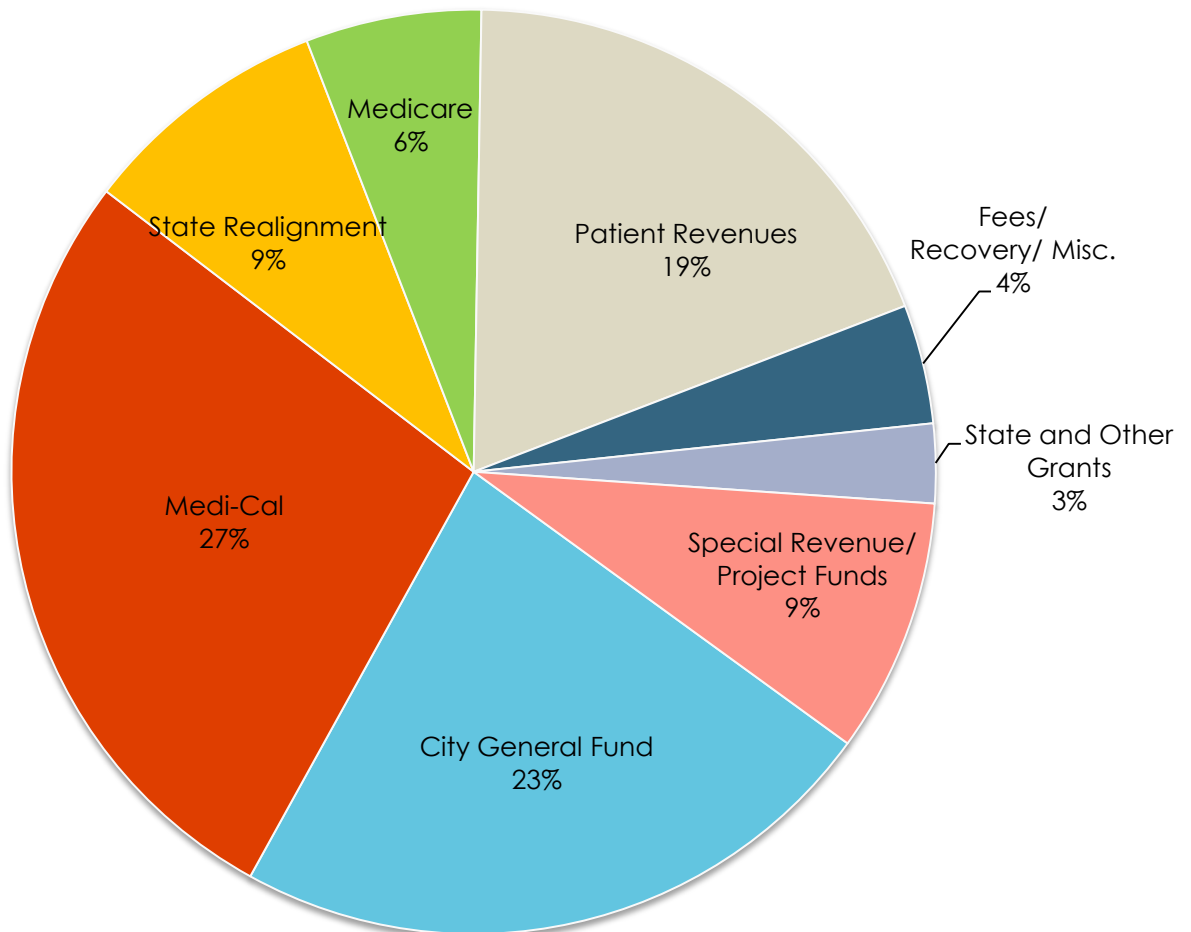


## DPH BUDGET, FY 11/12

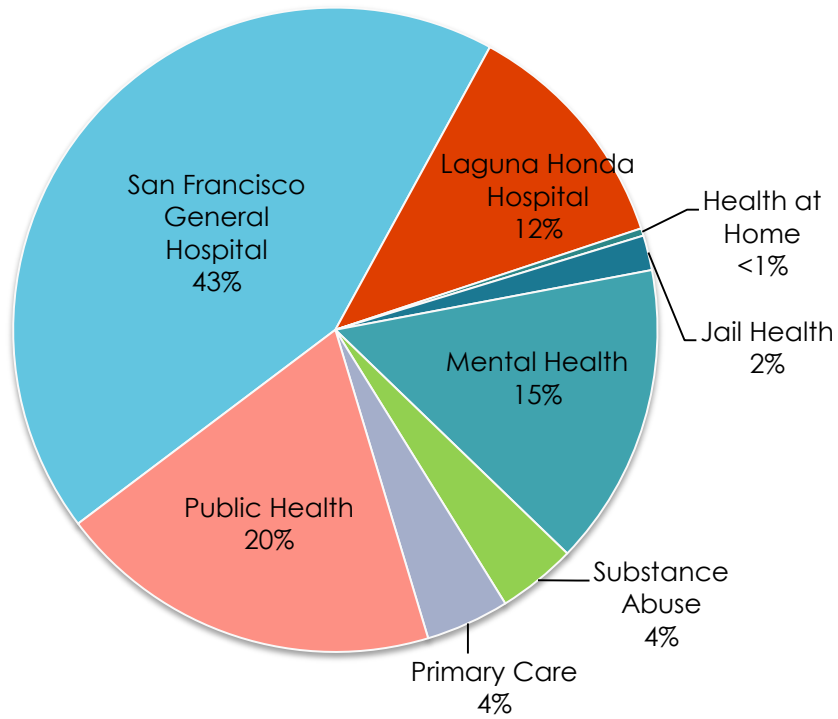
In Fiscal Year 11/12, DPH's budget was \$1,577,277,867. The City and County contributed \$363,248,532 in General Fund dollars to DPH, an increase of \$108,222,781 from Fiscal Year 10/11's allocation of \$255,025,751. This overall increase resulted from a combination of revenue increases and the need to compensate for:

- Primarily, the \$72 million loss of one-time AB 188 Medi-Cal Quality Assurance fees.
- A \$18.5M loss of one-time revenue from the Mental Health State Plan Amendment that was budgeted for FY 10/11.
- \$30 million in salary and fringe increases for existing staff and other inflationary costs.

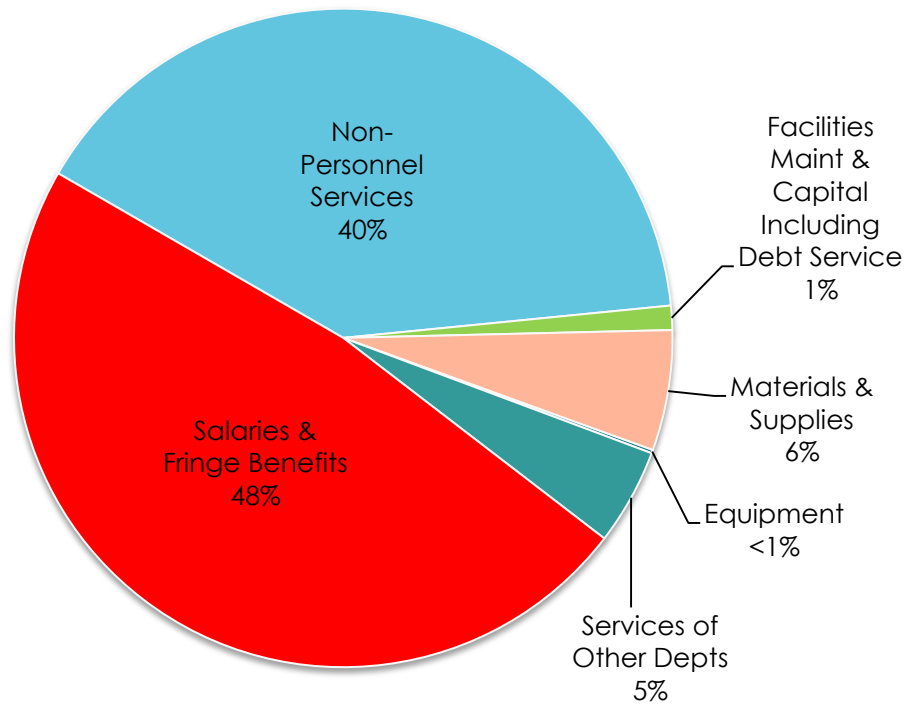
### DPH REVENUE BY SOURCE



## DPH EXPENDITURES BY PROGRAM



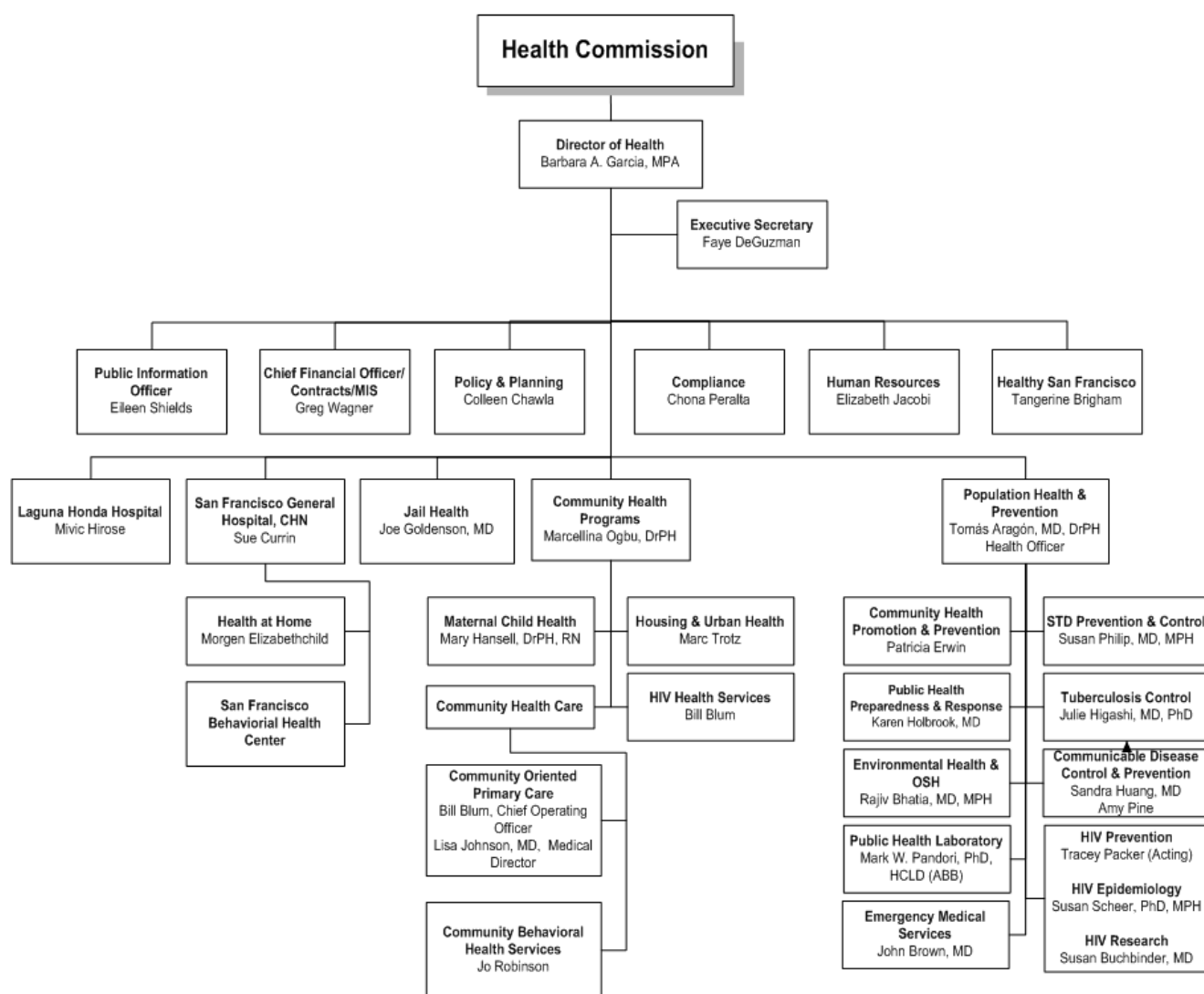
## DPH EXPENDITURES BY TYPE



# SFDPH ORGANIZATION

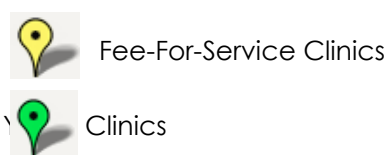
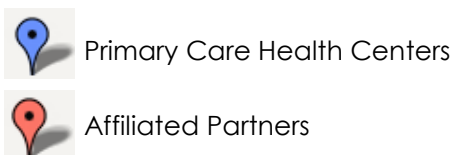
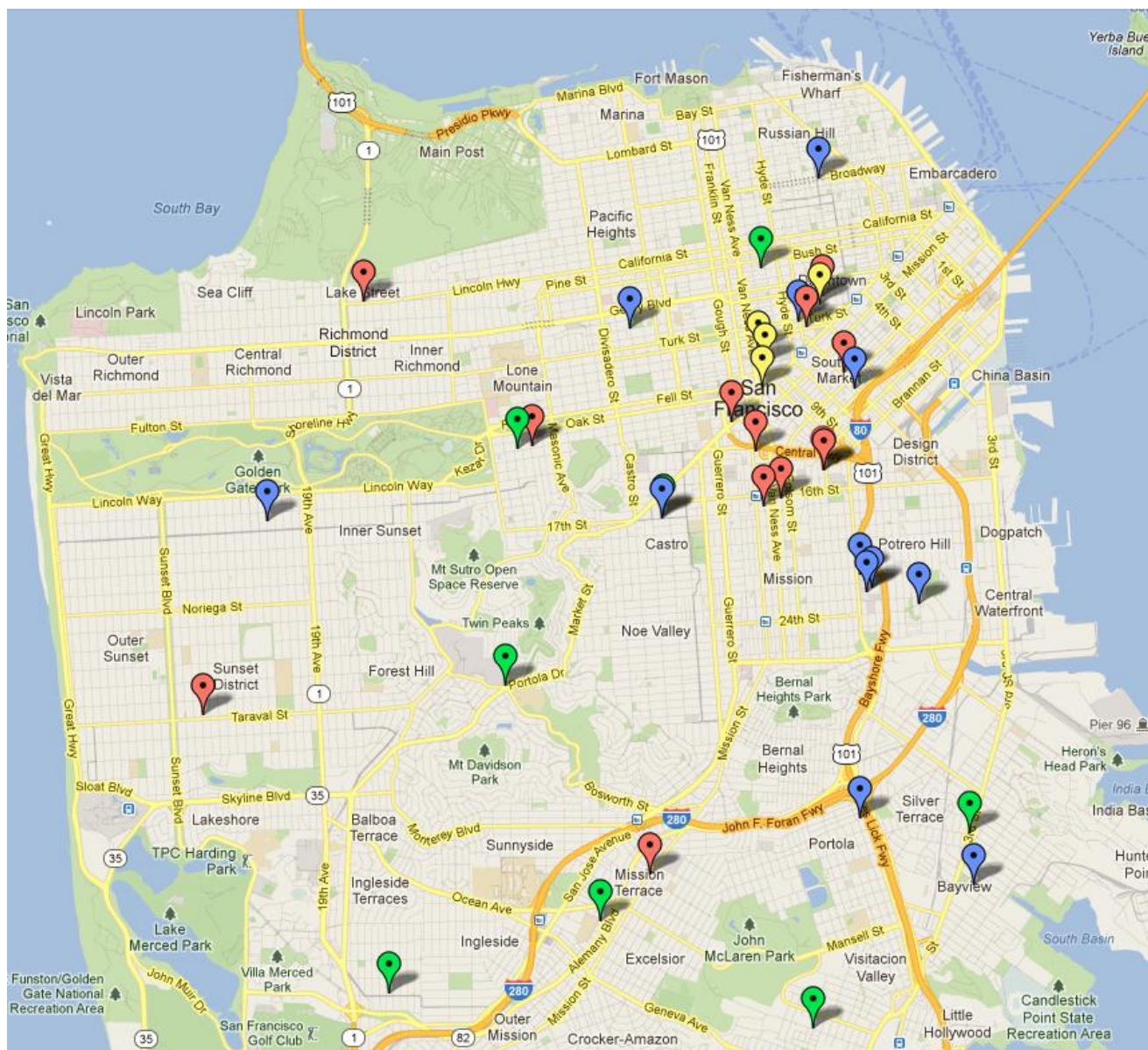
## DPH ORGANIZATIONAL CHART

DPH's dedicated staff help realize the organization's mission of protecting and promoting the health of all San Franciscans. The following organizational chart reflects DPH's key positions and current structure.



## DPH SERVICE SITES & AFFILIATED PARTNERS

DPH offers primary care and other health services at sites located throughout the City and County. The map below shows where DPH and affiliated service sites are located currently. The names of the sites and partners are provided in the list on the following page. For more specific information on DPH medical service sites and affiliated partners, please go to the DPH website ([www.sfdph.org](http://www.sfdph.org)) to learn more about our [Community Health Network](#).





## Primary Care Health Centers



Castro-Mission Health Center  
Children's Health Center at SFGH  
Chinatown Health Center  
Curry Senior Center  
Family Health Center at SFGH  
General Medical Clinic at SFGH  
Maxine Hall Health Center  
Ocean Park Health Center  
Potrero Hill Health Center  
Silver Avenue Family Health Center  
Southeast Health Center  
STD Clinic on 7th Street station (PEP)

## Affiliated Partners



Glide Health Services  
Haight Ashbury Free Clinics  
Lyon - Martin Women's Health Services  
Mission Neighborhood Health Center  
Native American Health Center  
North East Medical Services  
San Francisco Community Clinic Consortium (SFCCC)  
San Francisco Free Clinic  
South of Market Health Center  
St. Anthony Free Clinic

## Fee-for Service Clinic



Adult Immunization & Travel Clinic (AIRC)  
Breast & Cervical Cancer Services  
Community Health Programs for Youth  
Housing and Urban Health Clinic  
Tom Waddell Health Center  
Transgender Clinic  
Women's Health Center

## Youth Clinics



Balboa Teen Health Center  
Cole Street Clinic  
Hawkins Village Teen Health Center  
Hip Hop to Health Clinic  
Larkin Street Medical Clinic  
Special Programs for Youth

## DPH CONTRACTORS

DPH contractors play an important role in the organization's health care service delivery system. In Fiscal Year 11/12, DPH contracted with 157 community partners providing a wide variety of patient services. Contractors enrich the DPH continuum of care and offer an array of culturally and linguistically competent programs in the community.

- 44 McAllister Associates LP
- A Better Way
- Aguilas
- AIDS Community Research Consortium
- AIDS Emergency Fund
- AIDS Legal Referral Panel of the San Francisco Bay Area
- Alternative Family Services
- Americhoice
- APA Family Support Services
- Arcadia Staff Resources
- Asian American Recovery Services
- Asian and Pacific Islander Wellness Center
- Asthma Resource Center of San Francisco
- Bay Area Addiction Research and Treatment (BAART)
- BAART Behavioral Health Services
- BAART Community Healthcare
- Baker Places
- Bay Area Children First
- Bay Area Communication Access
- Bay Area Young Positives
- Bayview Hunters Point Foundation for Community Improvement
- Bayview Hunters Point HERC
- Black Coalition on AIDS
- Boys and Girls Clubs of San Francisco
- Brainstorm Tutoring
- Brothers Against Guns
- California Family Health Council
- California Institute of Integral Studies
- California Pacific Medical Center
- Carolyn K. Harvey
- Catholic Charities CYO
- Center for Human Development
- Center on Juvenile and Criminal Justice
- Central City Hospitality House
- Children's Council of San Francisco
- Chinatown Community Development Center
- City College of San Francisco
- Community Awareness and Treatment Services
- Community Housing Partnership
- Community Initiatives
- Community Vocational Enterprises Community Youth Center San Francisco
- Compumed
- Conard House
- Crestwood Hope Center
- Dolores Street Community Services
- Edgewood Center for Children and Families
- Eldergivers
- EMQ Familiesfirst
- 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 Community Housing
- Glide Foundation
- GP/TODCO-A (TODCO Development Co.)
- Hamilton Family Center
- Harm Reduction Coalition
- Harm Reduction Therapy Center
- Healthright 360 (formerly Haight Ashbury Free Clinics-Walden House)
- Hearing and Speech Center of Northern California
- Helios Healthcare LLC
- 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
- Internet Sexuality Information Services

- Iris Center: Women's Counseling and Recovery Services
- Japanese Community Youth Council
- Jelani House
- Jewish Family and Children's Services
- John Muir Behavioral Health Center
- Larkin Street Youth Center
- Latino Commission
- Lighthouse for the Blind and Visually Impaired
- Lincoln Child Center
- Lutheran Social Services of Northern California
- Maitri AIDS Hospice
- Mental Health Association of San Francisco
- Mental Health Management Inc. (dba Canyon Manor)
- Mercy Housing California
- Mission Council On Alcohol Abuse for the Spanish-speaking
- Mission Creek Senior Community
- Mission Neighborhood Health Center
- Mt. St. Joseph-St. Elizabeth
- National Council on Alcoholism
- Native American AIDS Project
- Native American Health Center
- NICOS Chinese Health Coalition
- North of Market Senior Services DBA Curry Senior Center
- Oakes Children's Center
- Parkview Terrace Partners LP
- PHFE Management Solutions
- Plaza Apartments Associates LP
- Positive Resource Center
- Progress Foundation
- Project Open Hand
- Providence Foundation of San Francisco
- Realizing Our Youth as Leaders
- Regents of the University of California
- Richmond Area Multi-Services
- SAGE Project
- Saint Francis Memorial Hospital
- Samuel Merritt University
- San Francisco AIDS Foundation
- San Francisco Bar Association Volunteer Legal Services Program
- San Francisco Bicycle Coalition
- 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 Housing Corporation
- San Francisco Public Health Foundation
- 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
- Special Service for Groups
- St. James Infirmary
- St. Mary Prescription Pharmacy
- St. Vincent de Paul Society of San Francisco
- Steppingstone
- Stop AIDS Project
- Swords To Plowshares
- Tenderloin Health
- Tenderloin Neighborhood Development Corp
- The San Francisco Lesbian/Gay/Bisexual/Transgender Community Center
- Thunder Road
- Tides Center
- UCSF AIDS Health Project
- UCSF Langley Porter Psychiatric Institute
- University of California Berkeley
- University of the Pacific
- ValueOptions
- Victor Treatment Centers
- Volunteer Center Serving San Francisco and San Mateo Counties
- West Bay Housing Corporation
- West Bay Pilipino Multi-Service Center
- Westcoast Children's Clinic
- Westside Community Mental Health Center
- YMCA – Bayview
- YMCA – Urban Services
- Youth And Family Services
- Youth Justice Institute
- Youth Leadership Institute
- Zylmira Ivonne Garcia

# ADDITIONAL RESOURCES

To learn more about DPH efforts to protect and promote the health of all San Franciscans, please explore the following resources:

- **DPH Webpage** ([www.sfdph.org](http://www.sfdph.org))  
*Learn more about DPH services and programs and link to additional DPH reports – including past Annual Reports.*
- **Healthy San Francisco** ([www.healthysanfrancisco.org](http://www.healthysanfrancisco.org))  
*Learn about the Healthy San Francisco program, including information on eligibility and enrollment. Readers may also link to [Healthy San Francisco's Annual Report for Fiscal Year 11/12](#).*
- **Health Matters in San Francisco/Community Vital Signs** ([www.healthmattersinsf.org](http://www.healthmattersinsf.org))  
*Community Vital Signs, hosted on the Health Matters website, is a dynamic portal to the community's priority health issues and associated community resources.*
- **San Francisco General Hospital Foundation** ([www.sfghf.net](http://www.sfghf.net))  
*Find out more about the San Francisco General Hospital (SFGH) Foundation, a not-for-profit corporation that provides fundraising support to SFGH.*
- **San Francisco General Hospital (SFGH) Annual Report** (<http://www.sfdph.org/dph/>)  
*Learn more detailed information about SFGH's services, accomplishments, and operations over the last fiscal year.*
- **Friends of Laguna Honda** ([www.friendsoflagunahonda.org](http://www.friendsoflagunahonda.org))  
*Friends of Laguna Honda, a non-profit organization founded in 1956, is 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.*
- **Laguna Honda Hospital (LHH) Annual Report** (<http://lagunahonda.org/>)  
*Learn more detailed information about LHH's services, accomplishments, and operations over the last fiscal year.*
- **San Francisco Public Health Foundation** (<http://sfphf.org>)  
*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.*



Report can be found online at:

[www.sfdph.org](http://www.sfdph.org)

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