



**Healthcare for the Homeless
Service Area Competition 2022
Sub-Recipient Information Collection**

SFDPH Submission

NEED

This year the needs assessment includes a new section on how the COVID -19 public health emergency impacted the needs of your target population. Please describe the two or three top additional needs of your patients related to COVID 19.

- Our patients have needed, and fortunately have had, access to COVID-19 vaccinations and boosters to prevent or reduce severity of COVID infection.
- Patients in greater risk categories for COVID complications (advanced age, immunosuppressive medical conditions or medications, or other health conditions that add to risk) have also needed and received COVID therapeutics prescribed and administered quickly upon diagnosis.
- Patients have consistently needed and been provided access to PCR COVID testing services and at home test kits to detect new infections as early as possible.
- After hours care has been especially important during this period to assist patients in timely access to doctors. SFDPH Primary Care has consistently increased staffing when needed during the pandemic by adding a designated COVID-19 on call physician to answer questions about symptoms of concern and related matters. In addition, a field care site with expanded patient hours was added to decompress the hospital in case of a potential major surge in cases requiring in-patient care.

RESPONSE

- 1) Describe how you provide access to all required and any proposed additional services (consistent with Form 5A: Services Provided), including how you will address health care access and utilization barriers (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment) and other factors that impact health status (e.g., language barriers, food insecurity, housing insecurity, financial strain, lack of transportation, neighborhood and the built environment, environmental issues/changes, intimate partner violence, human trafficking).

Note: Because SFCCC is requesting HCH funding, you must provide substance use disorder services (documented on Form 5A: Services Provided) to this population directly (Column I) and/or through contractual agreement (Column II).

- SFDPH provides access to all required and included additional services directly. We also provide additional services through Column II services with Walgreen's to expand pharmacy access, with (currently) Samuel Merritt University to build additional podiatry capacity to serve patients living in shelters, and Curry Senior Center to deliver Substance Use Treatment services.
- SFDPH has been able to provide a high percentage of our health education and access materials written at a 5th grade reading level and translated into six (6) local threshold languages. SFDPH has internal translation services and contracts with AT&T Language Line for additional coverage when patients requiring services in a language other than English volume demand is too great for our multilingual staff to handle is and/or when our staff are not fluent in the patient's preferred language. Many SFDPH medical

staff are fluent in one or more of the preferred language(s) to the populations frequently served at their specific site including but not limited to Spanish, Cantonese, Mandarin, Tagalog and Russian.

2) Describe how your proposed service delivery sites on Form 5B: Service Sites assure the availability and accessibility of services (consistent with Form 5A: Services Provided) within the proposed service area, relative to where the target population lives and works (e.g., areas immediately accessible to public housing for health centers targeting residents of public housing). Specifically address:

a) Access barriers (e.g., distance or travel time for patients, physical geographic barriers, residential patterns, economic and social groupings).

- San Francisco is a geographically compact region, measuring 7 miles by 7 miles consisting of multiple neighborhoods as well as a business center in the northern part of the City. In response to the City's layout, SFDPH Primary Care delivers services in multiple locations, with 14 full-service primary care sites as well as additional urgent care, shelter-based, and school-based sites. The City has a fairly comprehensive public transit system with both the local Muni within the City and Bay Area Rapid Transit (BART) which serves both the wider Bay Area region and the City as well. Taxi vouchers and Muni tokens (buses) are provided to patients who need assistance with transportation to/from their primary and/or specialty care appointments. The Zuckerberg San Francisco General Hospital campus where most specialty care services, ED and urgent care, deliveries, and inpatient admissions are located is a relatively central location in the City that is well-served by bus routes and within walking distance of a BART station.
- Over many years SFDPH has worked to create a network of service sites that is accessible to many neighborhoods in the City. Service sites are more richly concentrated in areas where greater numbers of residents are experiencing homelessness.

b) How the following service delivery site factors facilitate access: total number and type (e.g., fixed, mobile, school-based), hours of operation, and overall location (e.g., proximity to public housing).

Note: Ensure information aligns with Form 5B: Service Sites.

- SFDPH's 2020 Zip Code Analysis demonstrated that all sites are in the 10 most common zip codes among our Health Care for the Homeless patient population. Further, 18 (more than half of) sites are in the two zip codes with the highest number of HCH patients (94102 and 94110).
- The quantity of sites needed within the top two zip codes is the result of the need to deliver services in multiple formats (primary care, urgent care, school-based, and shelter-based) as well as in some cases targeted to specific age, gender, or language preference populations. One site also focuses on street-based services for those patients who need medical and wrap around care services to come to them.
- Except for the school-based, shelter-based, and urgent care sites most health centers operate on an 8:00 a.m. - 5:00 p.m. Monday through Friday schedule. Urgent care sites have extended hours on weekday evenings and provide service on weekends. Several health centers have additional hours that serve specific populations, and several close for 1-4 hours each week for internal staff meetings.

3) Describe how you educate patients on affordable insurance options, including how you inform them of third-party coverage options (e.g., determine their eligibility for federal, state, and local programs that provide support for medical and enabling services; information to support patients' informed decision making, including potential out-of-pocket costs), and provide enrollment assistance.

- SFDPH has two specific job classes (2903 and 2908) that provide eligibility services at all of our primary sites. These eligibility workers meet with patients to help them enroll in Medicaid (Medi-Cal in California), Medicare, and other insurance and medical cost coverage programs for which they may be

eligible.

- Multiple eligibility staff at key sites are also certified ADAP (AIDS Drug Assistance Program) Enrollment workers for uninsured or underinsured HIV+ patients.
- Similarly, there are some non-insurance California-based programs that fund access to women's and youth health services.
- There is also a local non-insurance program called Healthy San Francisco that provides benefits similar to insurance within a network of providers based in San Francisco that enrollment workers consider when traditional insurance is not available to clients.

4) Describe your communication tools and protocols, referral processes, and electronic exchange of patient health records that facilitate continuity of care, including:

a) Hospital admitting privileges.

- The San Francisco Department of Public Health has two public hospitals in addition to the Primary Care services mainly described under this grant. All our patients have access to these hospitals.
- Zuckerberg San Francisco General Hospital (ZSFG) is a Trauma 1 facility that has an Emergency Department, Obstetric Care, Specialty Care, and general hospital services.
- Laguna Honda Hospital and Rehabilitation Center (LHH) provides skilled nursing and rehabilitation care to up to 780 patients.
- Many SFDPH Primary Care physicians have direct admitting privileges to the ZSFG hospital.
- The ZSFG Medical Staff Office manages Credentialing and Privileging for all of the Primary Care sites
- ZSFG, LHH, and SFDPH Primary Care all chart into a common Electronic Health Record system, Epic, which ensures a high level of care continuity and timely communication among sites..

b) Receipt, follow-up, and recording of medical information from referral sources.

- The large majority of referrals are internal direct Epic referrals for specialty services or other services.
- In rare external referral cases, secure fax and/or Epic CareLink for which many local FQHCs and other frequent care partners have limited privileges for read and referral access are done. Epic "CareEverywhere" further integrates medical records with a wider network of providers as data-sharing rules allow.

c) Follow-up for patients who are hospitalized or visit a hospital's emergency department

- As our hospital, including the main Emergency Room, is part of the same medical record system Epic, the records are available to the primary care teams directly.
- Primary Care has a systemwide quality improvement project on 7-day post-discharge visits with the primary care provider. Primary care teams utilize special reports in Epic to ensure the care team receives the relevant information to conduct timely follow up.
- Through Epic, hospital providers and discharge planners can also send a message directly to a patient's primary care provider. These inboxes are monitored by multiple primary care clinic team members to ensure timely follow-up in the event that a provider is out of the office.

5) Describe how you determined the number of:

a) Unduplicated HCH patients that you project to serve in calendar year 2024

- SFDPH's 2021 Uniform Data Systems (UDS) reporting reflected 7,020 patients.

- This figure, and the number of HCH-eligible clients seen at other local sites, is a bit lower than we anticipate in the 2024 calendar year.
- In San Francisco roughly 2,000 people experiencing homelessness were housed in Shelter In Place (SIP) hotels in order to live in a safer environment during the COVID-19 pandemic.
- During 2021, medical services, including primary care provider house calls at the Shelter In Place hotels were arranged as part of the SFDPH and City and County of San Francisco COVID-19 response effort to keep people healthy and connected to health care.
 - This meant some HCH patients did not travel to their normal primary care providers, or urgent care providers, as they could receive services on site.
- While we are working to ensure that housing, temporary or permanent, will remain accessible to people who had moved to the SIP hotels, medical care will transition back to traditional sites which we anticipate will increase the number of people seen in our SFDPH program.
- Approximately 8,000 HCH-eligible patients are anticipated to be seen at SFDPH FQHC sites in 2024.

Include how these projections took into consideration recent or potential changes in the local health care landscape and resulting impacts to patient health (e.g., aftereffects of the COVID-19 public health emergency, potential changes in insurance coverage), organizational structure, and/or workforce.

* Please submit a copy of your current Sliding Fee Discount Program Policy and Procedure and Schedule with documentation of Board of Directors review and approval

COLLABORATION

- 1) Describe efforts to collaborate with other providers or programs in the service area, including local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center, to support:
 - a) Continuity of care across community providers.
 - SFDPH Primary Care is embedded in a local health department that also has two major hospitals, a specialty behavioral health section, a community health equity and prevention section, a whole person integrated care program which includes a street medicine component, a maternal child and adolescent health section, and many other divisions and sections.
 - Many of these units, sections, programs, and branches work very closely with and contract with a broad spectrum of community providers to customize services and to best serve clients.
 - b) Access to other health or community services that impact the patient population.
 - SFDPH Primary Care patients have access to services at a wide variety of Community Based Organizations (CBOs).
 - One example of this is a case management collaboration between the San Francisco Community Health Center, a Community Based Organization (CBO) and Federally Qualified Health Center (FQHC) Lookalike and a medical provider team from one of our SFDPH Primary Care sites, Tom Waddell Urban Health Clinic to create a one-stop shop model with medical services provided on site. This collaboration results in a warm and welcoming environment created by SFCHC case management staff combined with both structured appointments and drop-in medical care hours from their SFDPH providers. Both SFCHC case managers and the Tom Waddell provider teams are especially culturally competent with populations including people experiencing homelessness and transgender women.

c) A reduction in the use of hospital emergency departments for non-urgent health care.

- Having a model that is primarily oriented toward maintaining people in primary care and managing chronic conditions people may face reduces the incidence of medical emergencies and the use of the hospital emergency department.
- In addition, SFDPH has multiple urgent care sites, including on the hospital campus, that have expanded hours in case patients prefer to receive care at an urgent care location than at the ED.

2) Describe efforts to coordinate and integrate your activities with other federally-funded entities, as well as state and local health services delivery projects and programs serving similar patient populations in the service area. At a minimum, this includes establishing and maintaining relationships with other health centers (including look-alikes) in the service area.

- SFDPH's Health Care for the Homeless Program Director also works in the SFDPH Ryan White HIV Health Services program and attends the HIV Community Planning Council. Health Care for the Homeless and Ryan White grant services are planned in conjunction to create many opportunities for people to receive care in environments they are most comfortable, and to reduce duplication of efforts.
- SFDPH Primary Care is a sub-recipient in the San Francisco Community Clinic Consortium's Health Care for the Homeless grant, which serves as a connecting point between SFDPH and many of the major local FQHCs that serve our collective population of people experiencing homelessness in San Francisco. Having one entity/grantee coordinate the HCH services across local sites allows the network of sites to act comprehensively and further reduce potential duplication of available services.
- SFDPH also works closely with local CBOs and FQHCs to coordinate services and to meet unmet needs as they are identified. Many local CBOs advocate successfully for new program funding to address emerging needs and then collaborate with SFDPH (and other City Departments) to create programs that address these needs.

3) Describe your efforts to collaborate and ensure that health center services are coordinated with, and complement services provided by each of the following entities in the area (if not present in the proposed service area, state this):

a) Social service agencies that address social determinants of health (e.g., language barriers, food insecurity, housing insecurity, financial strain, lack of transportation, neighborhood and the built environment, environmental issues/changes, intimate partner violence, human trafficking).

- Some of our sites that serve a high proportion of families have Women, Infant, and Children (WIC) co-located services available.
- A sister program in SFDPH, Food Pharmacy, in collaboration with SFDPH Primary Care, offers a program where fresh vegetables, other healthy foods, and nutrition and cooking instruction are provided at select sites.
- Behavioral health services, care coordination, and case management services are often integrated into SFDPH's primary care sites. These services include connecting patients to SNAP for food, housing support, as well as therapy and other resources related to both intimate partner violence and human trafficking.

b) Local hospitals, including critical access hospitals.

- Zuckerberg San Francisco is a large public hospital that is run by the same City department and is under

the same larger section titled the San Francisco Health Network (SFHN). This is the primary hospital and specialty care provider for our patients.

c) Rural health clinics.

- N/A, as there are no rural parts of our service area.

d) State and local health departments.

- SFDPH Primary Care is part of the San Francisco Department of Public Health, which is part of the City and County of San Francisco (only combined City & County in California).
- There are many projects where the State health department and SFDPH collaborate, including on Medi-Cal (Medicaid) Waiver programs such as the recent Dental Transformation Initiative and on-going quality of care metric innovation programs including CalAIM.

e) Home visiting programs.

- Tom Waddell Urgent Care houses a Street Medicine team that does outreach and home visits for people experiencing homelessness.
- There is also a SFDPH program that is outside of Primary Care but that collaborates and accepts referrals called “Health at Home” where medical providers provide care in people’s homes.
- The shelter-based sites are meant to serve people where they are living at present to reduce the barriers to accessing care as well.

f) State and local tuberculosis programs.

- San Francisco TB Clinic is located on the Zuckerberg San Francisco Hospital campus and is available to patients.

g) Clinics supported by the Indian Health Service.

- SFDPH works with Native American Health Center’s San Francisco location on a regular basis. The Ryan White program (separate from our HCH-funded services, but available to HCH patients who are living with HIV) funds specialty dental services at Native American Health Center as well.

h) Community-based organizations (e.g., organizations funded under the Ryan White HIV/AIDS Program, Aging and Disability Resource Centers).

- Several of our SFDPH HCH scope sites are also Ryan White sites.
- Notably, the Ward 86 / Positive Health Program outpatient site that is part of our HCH scope is a world leader in HIV care.
- Tom Waddell Urban Health Clinic, Castro Mission Health Center, and Southeast Health Center are also important sites providing excellent HIV care to large numbers of patients eligible for both the HCH Program and Ryan White program.
- Outside of the HCH program, SFDPH HIV Health Services contracts with Mission Neighborhood Health Center for Ryan White outpatient/ambulatory care site services for patients who may not feel comfortable attending a government-run health center and/or are monolingual Spanish speakers. SFDPH has bilingual English/Spanish language capacity as well and also serves a large number of monolingual clients.
- SFDPH’s newly formed Health Care for the Homeless Co-Applicant Board currently has one common member with the SF HIV Community Planning Council that prioritizes the Ryan White Part A funds.

EVALUATIVE MEASURES

- 1) Describe how the health center's Quality Improvement/Quality Assurance (QI/QA) program addresses:
 - a) Adherence to current clinical guidelines and standards of care in the provision of services.
 - SFPDH Primary Care maintains an intranet site with Treatment and Referral Guidelines that is accessible to all providers and keeps a CME presentation schedule posted.
 - Many disciplines have chart review monthly, annually, or as part of re-credentialing.
 - Training is provided on an on-going basis.
 - b) Proactive identification and analysis of patient safety issues and adverse events, including metrics, transparent information sharing, and action plans for improvement, as necessary.
 - There is an unusual occurrence reporting policy, form, and committee to review and recommend follow up action as well as a real time web based unusual occurrence incident reporting system.
 - c) Assessment of patient satisfaction.
 - Our sites participate in CG-CAPHS rolling surveys (monthly) administered by a third-party vendor with dashboard reports made available to review the results and update services as indicated.
 - SFCCC also requires an HCH-population specific survey to be administered to be able to assess and compare HCH patient satisfaction.
 - d) Use of patient records data to inform modifications to the provision of services.
 - The Electronic Health Record System, Epic, that our department shifted to in August 2019 has many mechanisms for end users and supervisors to run real time reports including SlicerDicer, HealthyPlanet, as well as the capability to pull customized reports. This has allowed us to be incredibly responsive to quick changes in light of COVID (i.e. pulling outreach lists of patients living with HIV, or diabetes, at the beginning of the pandemic to ensure people had active prescriptions for their medications in case they did not feel comfortable leaving their homes during the initial phases of the epidemic).
 - There is also a Metrics and Data Integration section of the IS department that helps pull more complex and detailed data reports when needed including the integration of "legacy" data from our former Electronic Health Record system with Epic data.
 - There is a very active Quality Improvement system with weekly data reports going out to Primary Care Management Teams for the priority metrics.
 - e) Oversight of and decision-making regarding the provision of services by key management staff and the governing board.
 - In 2021 and 2022, the San Francisco Health Commission and the Department of Public Health acted to create the San Francisco Health Care for the Homeless Co-Applicant Board (HCH CAB).
 - In May and June 2022 feedback was sought from the HCH CAB as a result of their interest and concern about how the HIV Viral Load Suppression rate among people experiencing homelessness may have been affected by COVID-19. Information on equity gaps between people with housing and those facing housing instability was shared and discussed. The HCH CAB gave many actionable recommendations that SFPDH is working now to operationalize.

- There will be additional input from the SF HCH Co-Applicant Board in 2022, and in future years, on the full HCH QI/QA program.

2) Describe how your electronic health record (EHR) system will:

a) Protect the confidentiality of patient information and safeguard it, consistent with federal and state requirements.

- Our EHR EPIC is certified by the office of the National Coordinator for Health IT (ONC) Health IT Certification Program and is HIPAA compliant.

b) Facilitate performance monitoring and improvement of patient outcomes.

- SFDPH has set up multiple Quality Improvement dashboards including for Health Care for the Homeless UDS quality metrics.
- There are many special reports set up to facilitate quality improvement work, including one that we use actively built in the Healthy Planet module for HIV Outreach.

c) Track social risk factors that impact patient and population health.

- There is a Social Determinants of Health section on the main page of each patient's record in the EHR that has picture icons that are brighter if they apply to an individual patient.
- Housing data is also collected in a structured data element by registration and eligibility workers. This data field is included in all of Primary Care's standard QI reports so equity can be measured and outreach can be focused on those facing housing stability by sorting the lists.
- Race, ethnicity, preferred language, gender orientation, and sexual identity are all collected as potential social risk factors that also may need to be addressed to identify and mitigate health equity disparities.

3) Describe how you will focus efforts to improve clinical quality and/or health outcomes, and reduce health disparities within your patient population, including within the following specified areas:

a) Hypertension (e.g., controlling high blood pressure)

- Black/African American hypertension equity has been a Quality Improvement priority for several years.

b) Diabetes (e.g., hemoglobin A1c (HbA1c) poor control (>9%))

- On 6/30/22 SFDPH completed an installation of diabetic retinopathy teleretinal cameras for seven (7) additional sites to increase our diabetic retinopathy screening rates. One additional camera will be installed in the fall of 2022. This will reduce the need for patients to make a second visit (possibly to a different site) to complete their annual diabetic retinopathy screening.

c) Mental health (e.g., screening for depression and follow-up plan, depression remission at 12 months).

- Behavioral Health Vital Signs screening is one of our Primary Care Priority Metrics that is tracked by each clinic and reported on weekly basis as part of our "PC Weekly Population Health Report" designed to emulate a report card with green/yellow/red color coding for performance that week on each of the included metrics.

d) Substance use disorder (e.g., access to medication-assisted treatment (MAT)).

- Behavioral Health Vital Signs screening also screens for substance use issues and there is very wide screening for smoking and available smoking cessation counseling.
 - Sixty-eight (68) of our medical providers have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medication-assisted treatment (MAT).
- e) Improving maternal and child health (e.g., early entry into prenatal care, low birth weight, childhood immunization status).
- Pediatric Timely immunization up to age six (6) is one of the Primary Care Priority Metrics that is included on the “PC Weekly Population Health Report” mentioned above.
 - Postpartum Care is also one of our Primary Care Priority Metrics that is included on the “PC Weekly Population Health Report.”
- f) Ending the HIV epidemic (e.g., HIV screening, HIV linkage to care, pre-exposure prophylaxis (PrEP)).
- SFDPH Primary Care has comprehensive opt-out HIV screening at many clinic sites.
 - Locally the goal is to start patients on HIV medication on the same day as the diagnosis and within a week if same day start is not possible.
 - HIV PreExposure Prophylaxis (PrEP) is frequently provided to people at risk of HIV and there is a PrEP Coordination program housed at Ward 86 / Positive Health Program that ensures there is follow-up in order to keep people with PrEP prescriptions connected to care and navigating insurance issues as they arise. This PrEP Coordination program serves patients from all Primary Care sites with panel management functions conducted remotely to minimize patients having to come in for multiple appointments.

RESOURCES/CAPABILITIES

- 2) Describe the following related to your staffing plan:
- a) How it ensures that clinical staff, contracted providers, and/or referral providers/provider organizations will carry out all required and any proposed additional services.
- The SFPDH Staffing Plan includes both HCH grant-funded positions and a full program budget for the Health Care for the Homeless program.
 - The SFDPH Staffing Plan includes physicians, dentists, nurses, dental aides, medical assistants, social workers, health workers, and administrative staff commensurate with serving 7,000-8,000 HCH-eligible patients across many sites.
- b) How the comprehensive plan addresses recruitment, development, engagement, and retention of clinically and culturally competent staff that is appropriate for the size, demographics, and health care needs of the service area/patient population.
- SFDPH Primary Care has a Civil Service hiring process with some parts of the process managed by hiring managers (e.g. job description and interviews), some by SFDPH HR (e.g. screening and on-boarding and verification that employees working in direct patient care have had medical clearance and appropriate vaccinations), and City & County HR (managing job class definitions, maintaining hiring public-facing website and incoming applications, managing civil service exams, making offers to hire, verifying education credentials, fingerprinting, and background checks). ZSFG Medical Staff Office manages

- Credentialing and Privileging and verifying education, medical licenses, and continuing education.
 - In addition, SFDPH Primary Care has begun collaborating with SFDPH HR on posting notices for key medical jobs in places more likely to be seen by a diverse pool of candidates.
 - All SFDPH interview panels are comprised with consideration to race and gender diversity and all panelists must take an anti-bias training before interviews begin.
- c) How you maintain documentation of licensure, credentialing verification, and applicable privileges for clinical staff (e.g., employees, individual contractors, volunteers)
- The ZSFG Medical Staff Office houses this documentation for all Primary Care and ZSFG Hospital staff, contractors, and volunteers. ZSFG has been Accredited by The Joint Commission, most recently on May 8, 2021, for a three year span, for the Hospital Accreditation Program.
- 4) Describe your financial accounting and internal control systems and how they will:
- a) Account for all federal award(s) in order to identify the source (receipt) and application (expenditure) of funds for federally-funded activities in whole or in part, including maintaining related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest under the federal award(s).
- City and County of San Francisco, of which SFDPH Primary Care is a part, has an Accounting Manual that addresses Federal Award Expenditures (Section 12.9.1.1) that the accounting section follows. SFDPH Accounting addresses all these elements in order to meet federal grant requirements and also local government financial reporting requirements.
- b) Assure that expenditures of the federal funds are allowable in accordance with the terms and conditions of the federal award and Federal Cost Principles (e.g., 45 CFR Part 75 Subpart E: Cost Principles).
- Only eligible types of expenses are included on the HCH federally funded grant budget and subsequently invoiced according to the approved grant budget. On the federally funded portion of the budget only three categories of expenses are included on SFDPH's budget: salary, fringe, and subcontractor.
- 5) Describe how you conduct billing and collections, including:
- a) How board-approved policies, as well as operating procedures, ensure that fees or payments will be waived or reduced based on specific circumstances due to any patient's inability to pay.
- The San Francisco Health Network that includes both SFDPH Primary Care and the ZSFG Hospital has a Sliding Fee Scale based on family size and income as a percent of the Federal Poverty Level.
 - This Sliding Fee Scale and Policy is approved by the San Francisco Health Commission.
 - There is also a Charity Care program that can be applied for if a patient is unable to pay a bill.
- b) Participating in Medicare, Medicaid, Children's Health Insurance Program (CHIP), and, as appropriate, other public or private assistance programs or health insurance, as applicable.
- SFDPH Primary Care participates in Medicare, Medicaid (Medi-Cal), CHIP, as well as Healthy San Francisco and ADAP. Enrollment workers are trained to assist with eligibility determinations and applications.

- 6) Describe how you use or plan to use telehealth to:
- a) Provide in-scope services (list all services that are, or will be provided via telehealth).
 - General Primary Care, Case Management, Health Education, Outreach, Nutrition, and Mental Health Services are all now available through telehealth as well as through in person visits.
 - Telehealth has become more important as patients were sheltering in place during the height of the pandemic and now as an on-going option for people seeking to minimize interrupting their work schedule with travel to medical appointments.
 - b) Communicate with providers and staff at other clinical locations.
 - TeleDerm is used to connect images with an off-site dermatologist from some locations.
 - Teleretinal images captured at some primary care sites are transmitted through the Electronic Health Record and viewed by optometrists and ophthalmologists based on the ZSFG hospital campus.
 - c) Receive or perform clinical consultations.
 - Clinical consultations are occasionally provided through telehealth, though referrals are more frequent since our geographic area is small and the specialty service is available within five (5) miles and for the most part much closer.
 - d) Send and receive health care information from mobile devices to remotely monitor patients.
 - SFDPH has some directly observed medication therapy though this is currently mainly in small pilot programs.
 - Sending and receiving health care information from mobile devices to remotely monitor patients is not a significant part of the care model at present.
- 7) Describe your current ability and/or plans for maintaining continuity of services and responding to urgent primary health care needs during natural or man-made disasters and public health emergencies, including:
- a) Preparation, response, and recovery plans.
 - Our system's main hospital, ZSFG Hospital, is the hub of the city's disaster response in the event of an earthquake or other major crisis.
 - There are continuity of services plans (COOPS) to keep primary care and urgent care centers open during emergencies to serve people with injuries or health concerns.
 - As City and County employees, all SFDPH employees are Disaster Services Workers (DSWs) under state law. City employees have disaster reporting phone trees and protocols to get instruction from the radio if phone systems are down and all receive basic Incident Command Structure training (about 6 hours of online training upon hiring for all employees).
 - The SFDPH also has a Public Health and Emergency Preparedness and Response team that works closely with the City's Department of Emergency Management and City leadership in times of emergency through an Incident Command System structure (ICS).
 - The ICS was well-utilized in the COVID-19 response and City workers are well-practiced in emergency response.
 - b) Backup systems to facilitate communications.

- As a local government, Disaster Service Worker reporting instructions will be broadcast on three radio stations in the event of communications being down (KCBS 740 on AM radio, KCBS 106.9 and KQED 88.5 on FM radio).
- All City workers have phone numbers, work email addresses, and personal email addresses on file with the City and are enrolled automatically in Disaster Alerts to our phones and email.
- The hospital and health centers also have downtime procedures that have detailed backup systems and paper forms for temporarily recording information for patient charts if systems are down.
- The City also has an “AlertSF Notification” system that provides 24/7 emergency information by email and to wireless devices including cell phones.

c) Patient records access.

- SFDPH patients can sign up to view their medical information through the Epic EHR Portal.
- In addition, there is a medical records department that handles release of medical records requests.

d) Integration into state and local preparedness plans.

- SFDPH Primary Care is directly part of the local preparedness plan as a County entity.
- In the current public health emergency of COVID-19 SFPDH Primary Care has worked closely with the state in distribution of vaccines, therapeutics, and tests. Generally, our Incident Command Structure has overseen this coordination with the State in significant emergencies. Specifically, our Incident Command Structure stood up a Medical Branch that included coordination with the state on multiple fronts including skilled nursing facility surveillance and response, PPE distribution, and more.
- Currently SF DPH coordinates with the State for naloxone distribution to address the drug overdose crisis and for response medication distribution for Monkey Pox.

e) Provision of status updates to HRSA-supported Primary Care Associations (PCAs).

- SFDPH Primary Care provides updates to HRSA-supported Primary Care Associations through the main HRSA grantee for this HCH project, the San Francisco Community Clinic Consortium.

8) If you do not have plans to seek Federal Tort Claims Act (FTCA) coverage (see Section VIII for details), describe plans for maintaining or obtaining private malpractice insurance.

- N/A