

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ Mental Health
☐ Substance Abuse
☐

DPH SECTION: SFGH

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-35228

PROGRAM / INITIATIVE TITLE: **Workers Compensation Clinic Closure**

GENERAL FUND: **(\$833,258)**

TARGETED CLIENTS: Employees of the City and County of San Francisco

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Workers' Compensation Clinic at SFGH is designated by the Department of Human Resources Workers' Compensation Division as a medical provider for CCSF employees who are obtaining medical care under Workers' Compensation Insurance. The clinic provides treatment to CCSF employees who sustain work-related illness or injury. It is proposed to discontinue the Workers' Compensation Clinic as a designated treatment provider.

JUSTIFICATION: (required by the Mayor's Office)

The State of California sets the reimbursement fee schedule for services rendered under workers' compensation insurance. The rate of reimbursement is not sufficient to meet expenses. With the onset of Workers' Compensation Reform, which went into effect January 1, 2005, it is estimated that the deficit will increase. At the inception of the program it was anticipated that the clinic would generate revenue to cover expenses and increase referrals to specialty providers and ancillary services at SFGH. Due to the structure of the designated medical specialty referral panel and the required authorization and utilization review procedures, this has not been the case. There are other medical providers in the City of San Francisco who would be able to provide the required medical care to CCSF employees.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The clinic provides medical care and case management services to approximately 10,500 CCSF employees per year who are obtaining medical care under workers' compensation insurance. The SFGH clinic is not the only medical provider designated by the CCSF Workers' Compensation Division to provide injury and illness treatment. There are other medical providers in San Francisco who would be able to assume this care. In addition, employees may pre-designate their personal health care provider to render care if they sustain a work-related illness or injury.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Closure will reduce expenses by \$1,311,678 and revenue by \$478,420 with a net General Fund savings of \$833,258 in FY 07/08; ongoing net GF savings will be \$999,910.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Reduction of 7.05 FTEs in FY 2007-08. There are vacancies in the affected job classes within the DPH that could absorb the majority of displaced employees.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Worker's Compensation Clinic Closure

Sources:	FY 2007-08 (10 Months)	Ongoing
65307 Other Patient Revenue (Worker's Comp)	\$ (478,420)	\$ (574,104)
Subtotal Sources	\$ (478,420)	\$ (574,104)
Uses:		
Salaries and Fringes	\$ (714,119)	\$ (856,943)
Operating Expenses	(597,559)	(717,071)
Subtotal Uses	(1,311,678)	(1,574,014)
Net General Fund Subsidy Required (Uses less Sources)	\$ (833,258)	\$ (999,910)
Total FTE's	(7.05)	(8.46)

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>	<u>(10 months)</u>
2320	Registered Nurse	(1.67)	(186,378)
P-103	Per Diem Nurse	(0.55)	(76,727)
2312	LVN	(1.67)	(106,414)
2105	Pt Svcs Finance Tech	(2.33)	(121,587)
1404	Clerk	(0.83)	(37,871)
			(528,977)
	Fringes @ 35%		(185,142)
		(7.05)	\$ (714,119)

Operating Expenses

<u>Index Code</u>	<u>Character/Subobject Code</u>	
HGH3OCL40011	021/02700 Professional Services	(1,828)
HGH3OCL40011	021/02786 UCSF Contract (MAP physician & supplies)	(554,389)
HGH3OCL40011	040/04461 Pharmaceuticals	(24,848)
HGH3OCL40011	040/04000 Medical & Other Supplies	(16,493)
		\$ (597,559)

Facilities Maintenance, and Equipment (List by each items by count and amount)
None

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- | | |
|--|---|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: SFGH/CHN – Pharmaceutical Services

PROGRAM CONTACT NAME/PHONE: Sharon Kotabe/206-2325

PROGRAM / INITIATIVE TITLE: **Prescription Co-Payment For All Except Those on General Assistance**

GENERAL FUND: **(\$1,357,699)**

TARGETED CLIENTS: CHN clients using the SFGH outpatient or network pharmacies and not receiving General Assistance

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Expand the co-payment requirement in the SFGH Outpatient Pharmacy and contracted network pharmacies to include all clients except those on general assistance and clients who are homeless. Drugs excluded from the new co-payment policy will be insulin, anti-psychotics, and antibiotics for acute infections. This policy change will result in increased revenue and decreased net expense.

JUSTIFICATION: (required by the Mayor's Office)

SFGH will recoup some of its outpatient prescription costs through increased revenue and decreased expense.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

There may be some reduction in volume due to this new policy.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Additional net revenue from patient co-pay of \$541,389. Reduction in professional services provided through contract with PCN/NMHC by \$382,347 and pharmaceutical savings of \$690,908. Increase in labor expenses by \$106,944 for the 1.67 FTEs Cashier positions. One time expense for facilities renovation of \$150,000 in FY 07-08. Net general fund savings is \$1,357,699 for 10 months, and ongoing savings of \$1,809,239.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase of 1.67 FTEs Cashiers in FY 07/08, and 2.00 FTEs total ongoing.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Prescription Co-Payment For All Except Those on General Assistance

		FY 2007-08 (10 months)	Ongoing
Sources:			
	Patient Co-Payment Revenue	\$ 660,000	\$ 792,000
	Loss From Volume Decrease	\$ (118,611)	(142,333)
Subtotal Sources		541,389	649,667
Uses:			
	Salaries and Fringes	106,944	128,333
	Operating Expenses	(1,073,255)	(1,287,905)
	Facilities costs	150,000	-
Subtotal Uses		(816,310)	(1,159,572)
Net General Fund Subsidy Required (Uses less Sources)		\$ (1,357,699)	\$ (1,809,239)
Total FTE's		1.67	2.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(10 Months)
4320	Cashier I	1.67	\$ 79,218
			79,218
	Fringe (35%)		27,726
			106,944
			\$ 106,944
Operating Expenses			
Index Code	Character/Subobject Code		
HGH1HUN40061	021/02700 Professional Svcs (PCN ctx)		(382,347)
HGH1HUN40061	040/Pharmaceutical Supplies		(690,908)
			\$ (1,073,255)

Facilities Maintenance, and Equipment (List by each items by count and amount)

Rennovate space to accommodate additional cashier \$150,000

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DPH SECTION: Community Behavioral Health Services – Substance Abuse

PROGRAM CONTACT NAME/PHONE: Alice Gleghorn, 255-3722

PROGRAM / INITIATIVE TITLE: **Methadone Maintenance Provided Through a Mobile Van Offset by Reduction of Adult Residential and Outpatient Slots**

GENERAL FUND: <\$1,306,411> **Reduction to the General Fund**

TARGETED CLIENTS: Adult Opiate Abusers

PROGRAM DESCRIPTION:

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Department seeks to put a third mobile Methadone van in service to dose and counsel 150 to 180 opiate-addicted individuals annually. Funding will underwrite van staffing the operational costs. To offset the cost of the third van and to generate General Fund savings without reducing overall service capacity to opiate-addicted individuals, the Department proposes reducing adult residential and outpatient slots as noted below.

JUSTIFICATION: (required by the Mayor's Office)

In FY 2006-07, the Board of Supervisors approved the purchase of a mobile Methadone van. Prior to this acquisition, SFGH's Opiate Treatment Outpatient Programs had two such vans, one as operational to dispense Methadone, and the other as backup in case of breakdown or periodic maintenance. The newly acquired van will operate five days per week, providing dosing (daily during the week and take-home on the week-end) and counseling. This is a critical service given the immense demand for services from adult opiate abusers and given the very limited number of dispensing licenses and facilities available in the City. To fund the van's operation and to generate General Fund savings, the Department proposes reducing funding for 60 adult residential treatment beds and adult outpatient services to 90 unduplicated clients. Perinatal and medical detoxification residential services will not be impacted by this proposed reduction, nor will outpatient services for youth, Asian Pacific Islanders, women with children, families, mono-lingual persons, the hearing impaired or LGBT populations.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Operation of the third van will create an additional 150 to 180 service slots, providing for 54,750 doses and 10,000 ten-minute counseling sessions. The 60 slot residential reduction is equivalent to 21,900 bed days (units of service) and the 90 UCD slot outpatient reduction is equivalent to 1,710 units of service.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Net decrease to the General Fund will be \$1,306,411.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

1.1 FTE 2320, Registered Nurse, and a 1.0FTE 2586, Health Worker II (12 months). The balance of the staff will be UCSF under the Affiliation Agreement. The residential and outpatient reductions would have no impact on the Department's work force.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Methadone Maintenance Provided Through a Mobile Van

	FY 2007-08	Ongoing
Sources:		
Drug Medi-Cal	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 167,662	\$ 167,662
027 Medical Services Contracts	(1,474,073)	(1,474,073)
	-	-
Subtotal Uses	(1,306,411)	(1,306,411)
Net General Fund Subsidy Required (Uses less Sources)	\$ (1,306,411)	\$ (1,306,411)
Total FTE's	1.58	2.1

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's		
2320	Registered Nurse	0.83	\$	86,617
2586	Health Worker II	0.75		37,577
				-
				124,194
	Fringe (35%)	1.58		43,468
			\$	167,662

Operating Expenses

Index Code	Character/Subobject Code		
HMHSCCRES227	027 Medical Services Contracts	-	\$ (1,474,073)

Facilities Maintenance, and Equipment (List by each items by count and amount)

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☐

DPH SECTION: San Francisco General Hospital and Community Behavioral Health Services

PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-6761/Bob Cabaj 255-3447

PROGRAM / INITIATIVE TITLE: **Reduce Inpatient Psych ADC by 14 and PES Intake and add Community Urgent Care and Acute Diversion Unit**

GENERAL FUND: (\$ 133,653)

TARGETED CLIENTS: Psychiatric Patients

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Department, through a non-profit agency, Progress Foundation, is proposing to implement a combination Community Urgent Care and 14 bed Acute Diversion Unit (ADU) as an alternative to, and diversion from San Francisco General Hospital's (SFGH) Psychiatric Emergency Services (PES). This will help the Department to achieve its goal of serving clients within community based settings, and at the lowest level of care needed. Additionally, this will result in overall cost savings. Since a significant number of clients treated in PES are then referred into SFGH's psychiatric inpatient units, the proposed initiative would decrease PES usage, as well as psychiatric inpatient usage because clients seen in the Community Urgent Care would be referred, if needed, to a bed in the new ADU, or to a bed in one of the other three existing ADUs instead of the psychiatric inpatient units.

The Community Urgent Care will operate 16 hours per 24 hr. period, seven days per week receiving clients who have 5150 status. Clients requiring additional intensive stabilization services will be referred to the co-located Acute Diversion Unit. The hospital PES will continue to see the following types of patients in PES:

- Children
- Forensics
- Walk ins
- Other hospital ED transfers to SFGH
- 5150 patients needing to be medically cleared by the SFGH Emergency Department
- Any patients needing to be admitted to SFGH
- Other patients requiring seclusion and restraint
- Patients requiring service during the 8 hr. period that the Community Urgent Care is closed.

As a result of the proposed initiative, SFGH will be able to reduce the number of patients seen in SFGH's PES and also reduce the inpatient psychiatry average daily census by 14 patients. These savings would be redirected to fund the cost of the Community Urgent Care and ADU.

JUSTIFICATION: (required by the Mayor's Office)

The proposal will provide savings, and at the same time provide community based care to mentally ill clients. The Department strives to treat clients in the lowest level of care as is needed and within the community. The proposed initiative to decrease the census at SFGH's PES and psychiatric inpatient units will result in costs saving, as the cost per unit of service in the hospital is greater than in the proposed alternatives.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Approximately 30% of the patients seen in the hospital PES and 14 inpatient psychiatric patients per day will now be seen in a community setting. The Community Urgent Care expects to see up to eight clients during any one time. The Acute Diversion Unit will provide up to 14 beds.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

It is expected that the Community Urgent Care and ADU will be ready for operations January 1, 2008. Revenues are expected to decrease by \$88,717 in the first year and \$177,414 ongoing. Operating expenses are expected to decrease by \$222,370 in the first year and \$444,740 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Reducing 14.90 FTEs in the first year and 29.80 FTEs ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Reduce Inpatient Psych ADC by 14 and PES Intake

	FY 2007-08 (6 Months)	Ongoing
Sources:		
Medicare Inpatient Net Revenues	\$ (407,194)	\$ (814,388)
Commercial Inpatient Net Revenues	(66,384)	(132,769)
Medi-Cal Short Doyle Revenues (SFGH)	(492,961)	(985,923)
Medi-Cal Short Doyle Revenues (CBHS)	865,823	1,731,646
Patient Fees (CBHS)*	12,000	24,000
Subtotal Sources	\$ (88,717)	\$ (177,434)
Uses:		
Salaries and Fringes	\$ (2,081,196)	\$ (4,162,393)
Professional Services	1,897,922	3,795,845
Materials & Supplies	(39,096)	(78,192)
Subtotal Uses	\$ (222,370)	\$ (444,740)
Net General Fund Subsidy Required (Uses less Sources)	\$ (133,653)	\$ (267,307)
Total FTE's	(14.90)	(29.80)

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(6 Months)
1424	Clerk Typist	(0.25)	(11,860)
1428	Unit Clerk	(1.00)	(55,258)
2305	Psychiatric Technician	(2.75)	(176,099)
2312	Licensed Vocational Nurse	(1.00)	(63,721)
2320	Registered Nurse	(6.50)	(725,426)
2323	Clinical Nurse Specialist	(0.90)	(134,081)
2930	Medical Evaluation Assistant	(0.50)	(39,295)
P103	Per Diem Nurses	(2.00)	(280,005)
OVERM	Overtime		(40,068)
HOLIM	Holiday Pay		(15,816)
		(14.90)	(1,541,627)
	Fringe (35%)		(539,569)
			(2,081,196)

Operating Expenses

Index Code	Character/Subobject Code	
HGH1PFI40041	021/02700 Professional Services (UCSF Affiliation Agreement)	(214,991)
HMHMCC730515	021/02700 Professional Services (Urgent Care/ADU)	2,112,913
HGH1PFI40041	040/04000 Materials and Supplies	(39,096)

Facilities Maintenance, and Equipment (List by each items by count and amount)

* Patient Fees will be collected by the contractor

Initiative Number F5
(Leave blank)

2007-2008 Baseline Program Reductions

DEPARTMENT NAME:

- | | |
|---|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Health At Home | |

DPH SECTION: Health at Home

PROGRAM CONTACT NAME/PHONE: Kathy Eng / 415-452-2138

PROGRAM / INITIATIVE TITLE: **At Home Public Health Nurses**

GENERAL FUND: (\$669,346)

TARGETED CLIENTS: Families, children, and adults with chronic disease who are served by public health nurses

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Reduction of 5.27 FTEs Public Health Nurses positions working in chronic care program

JUSTIFICATION: (required by the Mayor's Office)

The proposed initiative was funded through an allocation from the Board of Supervisors. As a result, continuing this initiative is at the discretion of the Mayor and the Board of Supervisors.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

2,024 visits to 253 patients.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Labor cost of \$793,706 and \$124,360 in revenues. Net reduction in General Fund of \$669,346 in FY 2007-08 and ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Reduction of 5.27 FTEs in FY 2007-08 and ongoing.

ATTACHMENT B
SUMMARY OF PROGRAM COST
CONTINGENCY
INITIATIVE TITLE: At Home Public Health Nurses

		FY 2007-08 (12 months)	Ongoing
Sources:			
	TCM	\$ (124,360)	(124,360)
Subtotal Sources		(124,360)	(124,360)
Uses:			
	Salaries and Fringe	(793,706)	(793,706)
Subtotal Uses		(793,706)	(793,706)
Net General Fund Subsidy Required (Uses less Sources)		(669,346)	(669,346)
Total FTE's		(5.27)	(5.27)

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(12 months)
2830	Public Health Nurse	(5.27)	(588,151)
			(588,151)
	Fringe (35%)		(205,555)
		(5.27)	(793,706)

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

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☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
X Department Wide

DPH SECTION: Department wide

PROGRAM CONTACT NAME/PHONE: Pamela Levin 554-2605

PROGRAM / INITIATIVE TITLE: **Removal of FY 2005-06 and FY 2006-07 BOS Add backs and Move to Enhancement Category**

GENERAL FUND: (\$2,928,323)

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In FY 05-06 and FY 06-07, the Board of Supervisor's added \$10.9 million and \$9.7 million, respectively, to the DPH budget. The majority of these add backs funded continuing services such as housing and dialysis services, cost increases to community based organizations, maintenance of effort to fund AIDS services cut from federal grants.

We have identified the following listing of items, totaling \$2.93 million, that could be considered for continued funding in relation to other funding needs of the Department. Although the funding is proposed for reduction, we have also included the items in the listing of funding requests in excess of the base budget, should the City identify additional savings that can be redirected to other uses. This listing includes all add-backs except those associated with:

- CBO increases for the cost of doing business
- Items that are itemized separately in our 2007-08 reduction listing (Worker's Compensation Clinic, Prescription co-payment, Chronic Care Public Health nurses)
- Dialysis restorations which now operate at breakeven
- Substance Abuse restorations because services were re-bid and new contracts were awarded
- AIDS maintenance of effort support to replace cuts in Ryan White Funding
- Add-backs associated with housing
- Add-backs related to position restorations

Trauma Center Wrap Around Services (H1)	\$100,000
HIV/AIDS Housing LGBTQ Youth (H2)	75,000
HIV/AIDS Services for African American Men (H3)	275,000
Alternative Medicine for Persons with HIV (H4)	108,000
STD Prevention in Castro (H5)	132,000
Needle Exchange Services in Haight Ashbury (H6)	125,000
AIDS-Intensive Case Mgmt for Methamphetamine Users (H7)	250,000
Safehouse for Juveniles (H8)	300,000
Outreach and Job Placement (H9)	80,000
Women's Health Services (H10)	200,000
Senior Health Project (H11)	40,000
Dimension's Clinic (H12)	55,892
Drug Overdose Prevention in SRO and Shelters (H13)	75,000
Methamphetamine Treatment (H14)	200,000
Outpatient Substance Abuse for Women (H15)	70,000
Substance Abuse Enhancement for Gay Men and HIV (H16)	50,000
Sheriff's "Roads to Recovery" and Post-Release Education Program" (H17)	133,000
MCH Public Health Nurses (H18)	394,431
Bedbug Abatement (H19)	63,000
Asthma Task Force (H20)	102,000
SRO Collaborative (H21)	100,000
Total	<u>\$2,928,323</u>

JUSTIFICATION: (required by the Mayor's Office)

Since the allocation was added by the BOS, continuing the services is at the discretion of the Mayor and Board of Supervisors.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

TBD

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Reduction of \$2,928,323 in the General Fund requirements.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Reduction of 3.64 FTEs

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Removal of FY 2005-06 and FY 2006-07 BOS Addbacks and Move to New Funding

	FY 2007-08	Ongoing
Sources:		
TCM	\$ (98,608)	\$ (98,608)
Subtotal Sources	(98,608)	(98,608)
Uses:		
Salaries and Fringes	\$ (544,510)	\$ (544,510)
Contractual	(2,482,421)	(2,482,421)
Subtotal Uses	(3,026,931)	(3,026,931)
Net General Fund Subsidy Required (Uses less Sources)	\$ (2,928,323)	\$ (2,928,323)
Total FTE's	(3.64)	(3.64)

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(12 months)
2230	Physician Specialist	(0.07)	(11,390)
2328	Nurse Pratictioner	(0.07)	(10,222)
2320	Registered Nurses	(0.07)	(7,812)
2586	Health Worker II	(0.08)	(4,141)
2903	Eligibility Worker	(0.08)	(4,533)
2830	Public Health Nurse	(3.27)	(364,944)

Fringe (35%)	\$ (403,042)
	(141,468)
	(3.64)
	(544,510)

Operating Expenses

Index Code Character/Subobject Code

- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

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DPH SECTION: Public Health Laboratory

PROGRAM CONTACT NAME/PHONE: Sally Liska, PH Lab Director; 554-2800

PROGRAM / INITIATIVE TITLE: **Funding Chief Microbiologist Position at the Public Health Lab**

GENERAL FUND: **\$28,241**

TARGETED CLIENTS: Bioterrorism Response unit, Communicable Disease Control Program, STD Control and TB Control programs

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In April 2005, a Chief Microbiologist was hired with federal UASI funds to provide laboratory support for San Francisco's BT response program. In 18 months, this position established PCR rapid response laboratory service to detect Select Agents and worked with the First Responder team to implement a program to test environmental samples, such as powders for Anthrax, and other Select Agents. Concurrently, the Chief Microbiologist established test procedures for Norovirus and Influenza to assist the Communicable Disease unit in outbreak investigations. The Chief Microbiologist also responded to the request of STD Control to investigate a PCR method to test syphilis and gonorrhea specimens for antimicrobial resistance. Funding for this position ends June 30, 2007. The department has been notified that we will receive a local assistance grant from the California DHS/ Office of Workforce Development that will provide \$109,000 to fund personnel costs.

JUSTIFICATION: (required by the Mayor's Office)

Funding from the General Fund is requested for the Chief Microbiologist position at the PH Lab in order to: 1) Allow DPH to provide accurate and timely identification of communicable disease agents at group facilities; 2) Provide support to the SF First Responders for detecting Select Agents, such as anthrax, in suspicious samples; 3) Assist STD and TB Control programs in monitoring drug resistance in disease agents; and 4) Improve the testing capabilities at the DPH Laboratory.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$28,241 for salaries and fringes

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Addition of 1.00 2466 Chief Microbiologist position that expires in June 2007

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Backfill for loss of grant funding for Public Health Lab

	FY 2007-08	Ongoing
Sources:		
Grant funding	\$ 109,000	\$ -
Subtotal Sources	109,000	-
Uses:		
Salaries and Fringes	\$ 137,241	\$ 182,988
	-	-
	-	-
Subtotal Uses	137,241	182,988
Net General Fund Subsidy Required (Uses less Sources)	\$ 28,241	\$ 182,988
Total FTE's	1.00	1.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's		
2466	Chief Microbiologist	1.00	\$	101,660
				-
				101,660
	Fringe (35%)			35,581
			\$	137,241

Operating Expenses

Index Code	Character/Subobject Code		
		-	\$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
- ☐ Laguna Honda Hospital
- ☐ Primary Care
- ☐ Jail Health
- ☐ Health At Home

- ☒ Public Health
- ☐ CBHS - Mental Health
- ☐ CBHS - Substance Abuse
- ☐

DPH SECTION: Office of Policy and Planning

PROGRAM CONTACT NAME/PHONE: Anne Kronenberg, 554-2898

PROGRAM / INITIATIVE TITLE: **DPH Disaster Preparedness Planning**

GENERAL FUND: **\$49,140**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Office of Policy and Planning (OPP) is responsible for the overall coordination and planning for disaster preparedness for the Department of Public Health. Since February 2005, OPP had several positions funded with federal UASI funds, including a 2820 Senior Health Program Planner who has been responsible for disaster preparedness activities including planning, training, grant management, liaison to Department of Emergency Management and coordination of all DPH disaster preparedness planning. UASI funding for the position ends in June 2007 however additional grant funding has been identified for July 2007 to December 2007.

JUSTIFICATION: (required by the Mayor's Office)

Department of Public Health is responsible for the coordination of the medical and health response in the event that any disaster should befall CCSF, whether a natural disaster such as an earthquake or infectious disease outbreak or a human made disaster such as an act of terrorism. DPH has been dependent on grant funding to staff preparedness planning positions and to pay for equipment and supplies needed for emergency response. In addition, in order to continue to qualify for federal funding, the Department must maintain compliance with the National Incident Management System (NIMS). NIMS training is required of all jurisdictions receiving federal preparedness funding and most DPH employees are required to be NIMS "compliant". Since DPH has over 6000 employees the training coordination that the 2820 position performs is crucial to develop and maintain the training program not only for compliance but also for skills capabilities.

In addition this position is responsible for the Department Operations Center that is the DPH Command Center in an emergency. The 2820 position is needed to coordinate staffing, training, maintenance and upgrade of the DOC. In addition, the 2820 will continue to be the lead planner for writing plans and reports related to disasters, including the Emergency Operations Plan and the Isolation and Quarantine plan. Finally, the 2820 will continue to liaison with other City departments the Department of Emergency Management, SFFD, SFPD and the Human Services Agency. Inter-Departmental coordination is critical for Disaster Preparedness in San Francisco, as all the Departments will need to work together and share resources, expertise and personnel for a large-scale event.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$49,140 for salaries and fringes

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Addition of 1.0 FTE 2820 (Position is existing but position authority ends June 2007.)

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Disaster Preparedness Planning

	FY 2007-08	Ongoing
Sources:		
	\$ 49,140	\$ -
Subtotal Sources	49,140	-
Uses:		
Salaries and Fringes	\$ 98,280	\$ 98,280
	-	-
	-	-
Subtotal Uses	98,280	98,280
Net General Fund Subsidy Required (Uses less Sources)	\$ 49,140	\$ 98,280
Total FTE's	1.0	1.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2820	Senior Health Program Planner - Existing Position through June 2007	1.00	72,800
			-
			72,800
	Fringe (35%)		25,480
			\$ 98,280

Operating Expenses

Index Code	Character/Subobject Code	
		- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
- ☐ Laguna Honda Hospital
- ☐ Primary Care
- ☐ Jail Health
- ☐ Health At Home

- ☒ Public Health
- ☐ CBHS - Mental Health
- ☐ CBHS - Substance Abuse
- ☐

DPH SECTION: DPH Disaster Logistics/Emergency Medical Services Agency
PROGRAM CONTACT NAME/PHONE: John Brown EMS Agency Medical Director/355-2607
PROGRAM / INITIATIVE TITLE: **Logistics Unit to Maintain Disaster Equipment**
GENERAL FUND: **\$95,455**

TARGETED CLIENTS: DPH Disaster Response Sections (EMS Agency, DPH Clinics, SF General Hospital) and Community Hospitals and Skilled Nursing Facilities Disaster Preparedness

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Since 2004, DPH has received and distributed hundreds of pieces of emergency/disaster equipment, including surge tents, decontamination tents, generators, satellite phones and personal protective equipment, to dozens of sites and organizations, including DPH locations, ambulances, hospitals, clinics and other locations. To comply with US DHS grant requirements, and to assure the functionality of this equipment during disasters, this equipment must be tracked by controlling agency and location, and must receive recurring testing, maintenance, and repair, based on yet-to-be-developed standard protocols.

JUSTIFICATION: (required by the Mayor's Office)

The EMS Agency requests a dedicated logistics-experienced 1824 and a 2533 EMS Specialist, to perform the equipment maintenance, testing, repair, and inventory functions. The two positions and the pharmacy tech (requested separately) will constitute a three-person logistics unit.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)
\$95,455 for salaries and fringes.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

0.75 FTEs 2533 EMS Agency Specialist

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Logistics Unit to Maintain Disaster Equipment

	FY 2007-08	Ongoing
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 95,455	\$ 127,274
Subtotal Uses	\$ 95,455	\$ - 127,274
Net General Fund Subsidy Required (Uses less Sources)	\$ 95,455	\$ 127,274
Total FTE's	0.75	1.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2533	EMS Agency Specialist	0.75	\$ 70,707
			-
	Fringe (35.0%)		24,748
			\$ 95,455
Operating Expenses			
Index Code	Character/Subobject Code		
		-	\$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☒ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐

DPH SECTION: CBHS Mental Health

PROGRAM CONTACT NAME/PHONE: Michelle Ruggels/255-3404

PROGRAM / INITIATIVE TITLE: **Replacement of Federal SAMHSA Funding for Central Access San Francisco Homeless Outreach Team, and Community Programs Placement Unit**

GENERAL FUND: **\$384,525**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Substance Abuse and Mental Health Services Administration (SAMHSA) funding is Federal revenue passed through the State via the California Department of Mental Health, and has no match requirement and is not allocated through a competitive process. SAMHSA funds can be used for mental health services other than inpatient services, capital expenditures, major medical equipment purchases, or as a non-federal match for other Federal funding. The grant is currently funding dual diagnosis services (San Francisco Homeless Outreach Team, SFHOT), services to support consumers/peers, the Central Access Team, and staff for the Community Programs Placement Unit.

The issue related to this grant is that while the cost of positions increases each year due to increases in labor, retirement and health costs, the grant funding allocation remains flat. As a result, the grant is no longer fully funding the positions, and due to recent more significant civil service cost increases, neither the grant nor the General Fund (through salary savings) is able to absorb the costs. Approval of the proposed initiative would address this shortfall. This situation has been exacerbated by the fact that in prior years, due to City General Fund shortfalls, vacant General Fund positions were deleted and the positions were recreated within the grant as a cost savings measure. As a revenue enhancement mechanism, positions that could draw down MediCal funding were switched off the grant with positions that didn't provide MediCal reimbursable services. The proposed positions represent critical infrastructure positions that CBHS holds as a top priority for funding consideration. The details are described as follows:

Central Access Team \$232,376

The Central Access Team is a State mandated service that was created in April, 1998 when the County implemented the San Francisco Mental Health Plan as a result of the transfer of responsibility from the State to the County for private outpatient and inpatient services provided to mentally ill clients with MediCal. The function of the Team is to authorize and refer clients to services. This interaction occurs over the telephone, but beginning in FY 2007-08 the staff will conduct face-to-face interviews, and will serve as a critical entry point for referrals from the Health Access Program (HAP) of clients needing behavioral health care. When face-to-face,

assessments begin, some of the time will become MediCal reimbursable. Therefore, to address the grant shortfall, a total of 2.2 FTE (four .5 FTE 2930/31 Psychiatric Social Workers and .2 FTE 2932 Senior Psychiatric Social Worker, representing a portion of four FT positions) are proposed to be funded in the General Fund for a total cost of \$232,376. This leaves approximately half of each position still funded by the grant to ensure coverage for services provided to uninsured clients. Of the amount in the General Fund, \$116,188 would be funded with Short Doyle MediCal revenues, leaving a request for \$116,188 in General Fund.

San Francisco Homeless Outreach Team (SFHOT) \$106,550

The SFHOT was created in April, 2004 as a result of a Mayoral initiative to address the homeless crisis in San Francisco. To accomplish this, the Department submitted a successful proposal to reprogram existing SAMHSA funding. SFHOT is an outreach team that works throughout the City to connect with homeless individuals with the goal of linking them to services, such as housing and treatment. SFHOT also receives referrals from the community, the Police Department, and Emergency Medical Services.

The goal is that once these needs are addressed and the individuals are stabilized, there will be a decline in the homeless population. While SFHOT works throughout the year, it is also an integral component for the Mayor's San Francisco Project Homeless Connect (PHC) initiative which occurs every other month by providing ongoing case management to PHC attendees who would benefit from linkages to services, and/or housing. As above, however, the funding for this program exceeds the grant allocation by \$106,550. To address this problem, a total of .8 FTE (three .2FTE 2930 Psychiatric Social Workers and a .2 2232 Senior Physician Specialist) would be moved into the General Fund. Up to now, this program has not generated MediCal. However, an analysis of the approximately 500 clients served in FY05-06 indicates that approximately 20 percent of the clients have MediCal. As such, 20 percent of each of four positions on the grant would be moved to the General Fund, and with the exception of the SFHOT Director who doesn't carry the same caseload, half of the cost of these positions, or \$32,126 would be funded with Short Doyle MediCal, leaving a request of \$74,423 in General Fund.

Community Programs Placement Unit (\$193,913)

The Placement Unit performs the critical function of moving clients from higher to lower levels of care, e.g. from SFGH and PES to less expensive community based alternatives, such as residential treatment or supportive housing. Without the work of this Unit, the flow of clients out of SFGH would be impeded, and the revenue reimbursement would decline sharply, as clients staying longer than the acute stage (i.e. there waiting for placement) have a considerably lower reimbursement. As above, the grant funding which has historically funded some of the positions within the Community Programs Placement Unit is no longer able to support the same level of positions, so the proposed request would also address this structural shortfall by funding 1.75FTE for a total annual cost of \$193,913. Specifically, the proposed request would fund 1.0 2320 Registered Nurse and .75 FTE 2587 Health Worker III. This FTE represents partial FTE of three employees, with the balance of their positions remaining on the grant.

JUSTIFICATION: (required by the Mayor's Office)

The proposed plan to address the SAMHSA grant shortfall is being split between the programs, based on the ability of programs to generate MediCal. The Central Access Team is a State mandated service, required as part of the San Francisco Mental Health Plan. Additionally, the Central Access Team is a critical component in the implementation of the proposed Citywide Health Access Program (HAP), as it will be responsible for authorizations and referrals of all individuals referred to CBHS to receive behavioral health care services.

The SFHOT is the City's primary outreach team and is critical in its function of linking homeless individuals to services and/or housing. SFHOT is also an integral component of Project Homeless Connect which has become an important vehicle to serve homeless individuals in a comprehensive manner.

The Community Programs Placement Unit is critical to the placement of clients. The proposed cost to address this shortfall is much less than the cost would be of lost revenues should these positions not be funded. These staff are responsible for conducting utilization review on the clients, finding placements, and authorizing these placements. Without the critical role played by these three people, the ability to move clients out of SFGH inpatient units will decline.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The Central Access Team provides authorizations for all clients seen in the San Francisco Health Plan's Private Provider Network. There were 4,009 clients in FY05-06. Additionally, Central Access provides initial authorizations and referrals for new clients to organizational providers (civil service and non-profit clinics). With the implementation of HAP, and the existing volume, Central Access will not be able to absorb the loss of the equivalent of 2.2 FTE (out of five). As such, there will be longer wait times for referrals, as well as appointments, which will result in compliance issues with the State, an increase in grievances, and unsuccessful linkages to services. The SFHOT Team linked 500 clients to services, and/or housing in FY05-06. There would be an impact on the number of clients served if four staff had their hours reduced from full-time to four days per week. The Community Placement Unit is responsible for a significant portion of placements for individuals not having a home to return to when leaving SFGH.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increase in expenditures of \$532,840, offset by an increase of \$148,315 in Short Doyle MediCal revenues, for a total General Fund request of \$384,525.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

If not approved, the workforce would be reduced by 3.0 FTE, including 2.6 FTE 2930/31 Psychiatric Social Workers, .2FTE 2932 Senior Psychiatric Social Worker, .2 FTE 2232 Senior Physician Specialist, .75FTE 2587 Health Worker and 1.0 FTE 2320 Registered Nurse.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Replacement of Federal SAMHSA Funding for Central Access and Homeless Outreach Team

	FY 2007-08	Ongoing
Sources:		
MediCal Revenues	\$ 148,315	\$ -
Subtotal Sources	148,315	-
Uses:		
Salaries and Fringes	\$ 532,840	\$ -
	-	-
	-	-
Subtotal Uses	532,840	-
Net General Fund Subsidy Required (Uses less Sources)	\$ 384,525	\$ -
Total FTE's	0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2931	Marriage, Family and Child Counselor	0.20	15,584
2931	Marriage, Family and Child Counselor	0.20	15,584
2232	Sr. Physician Specialist	0.20	32,172
2930	Psychiatric Social Worker	0.20	15,584
2931	Marriage, Family and Child Counselor	0.50	38,961
2932	Sr. Psychiatric Social Worker	0.20	16,286
2931	Marriage, Family and Child Counselor	0.50	38,961
2930	Psychiatric Social Worker	0.50	38,961
2931	Marriage, Family and Child Counselor	0.50	38,961
2587	Health Worker III	0.75	42,140
2320	Registered Nurse	1.00	111,176
		4.75	404,372
	Fringe (35%)		128,468
			<u>\$ 532,840</u>

Operating Expenses

Index Code Character/Subobject Code

- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☒ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐

DPH SECTION: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Marc H. Trotz, 554-2565

PROGRAM / INITIATIVE TITLE: **Annualize Formerly Grant-Funded HUH Clinical Positions**

GENERAL FUND: **\$159,442**

TARGETED CLIENTS: Chronically Homeless People

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Funding is requested to annualize HUH Clinical positions who were partially funding by grants in FY2006-07 but the grant portion was not automatically annualized in BPREP during the budget process for FY2007-08.

JUSTIFICATION: (required by the Mayor's Office)

Housing and Urban Health requested grant-funded HUH Clinical personnel during the FY 2006-07 budget process to be backfilled by General Fund since the grants were expiring. The request was approved. However, some of the personnel did not shift from grant funding at the beginning of the fiscal year since the grants operate on different funding cycles. These affected personnel were coded as partially general fund in FY2006-07 and should have been automatically annualized in the next budget process but since they came off of grants, they were not automatically annualized. As a result of this proposed correction, these positions will be completely funded in the General Fund.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The Housing and Urban Health clinicians log approximately 900 client encounters each month.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Total personnel expenses for FY 2007-08 will increase by \$159,442.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increase of 0.96 FTEs.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Annualize Formerly Grant-Funded HUH Clinic Positions

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 159,442	\$ 159,442
	-	-
	-	-
Subtotal Uses	159,442	159,442
Net General Fund Subsidy Required (Uses less Sources)	\$ 159,442	\$ 159,442
Total FTE's	0.96	0.96

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2232	Sr. Physician Specialist	0.12	\$ 20,440
2218	Physician Assistant	0.25	\$ 39,497
2320	Registered Nurse	0.17	\$ 19,061
2328	Nurse Practitioner	0.17	\$ 24,941
2587	Health Worker III	0.25	\$ 14,166
		<u>0.96</u>	<u>118,105</u>
	Fringe (35%)		41,337
Index Code	HCHAPURBNCLN		\$ 159,442

Operating Expenses

Index Code Character/Subobject Code

- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input checked="" type="checkbox"/> Public Health, TB Control Section |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Tuberculosis Control

PROGRAM CONTACT NAME/PHONE: L. Masae Kawamura, M.D.

PROGRAM / INITIATIVE TITLE: **Backfill 2007 CDC Grant Cuts TB Control and Prevention**

GENERAL FUND: **\$97,919**

TARGETED CLIENTS: All San Francisco residents at risk for TB

PROGRAM DESCRIPTION: (Description of Program Change)

The San Francisco DPH TB Control Section provides and oversees comprehensive TB services, including diagnosis, treatment, contact investigation, targeted community screening, patient outreach, surveillance, policy development, TB training and education to citizens and providers of San Francisco. San Francisco continues to have the highest TB case rates of any urban area in the U.S. (16.6/100,000 compared to a U.S. rate of 4.8/100,000) and multi-year TB outbreaks among our homeless living in shelters and hotels. 2006 represents a watershed year with the uncovering of multiple Tenderloin SRO hotel outbreaks, including a deadly multi-drug resistant strain and multiple cases linked to a busy AIDS daycare facility. The TB Clinic, located on the SFGH campus, currently serves 3,000 unduplicated patients annually, with a total of over 50,000 patient encounters.

JUSTIFICATION: (required by the Mayor's Office)

Over the past ten years, the program has undergone significant federal and state funding decreases along with annual cuts due to rising costs, salaries, congressional rescissions and CDC funding shortfalls. Use of formula funding calculations (primarily based on the number of cases) has exacerbated the cuts because of our success in decreasing our TB caseload by more than half in the past 10 years. As a result, 25 positions have been lost and programs targeting the highest risk populations in the jail, Chinatown and Tenderloin have been shut down. The Tenderloin outreach program was relocated to SFGH campus in December 2006 to help consolidate resources and preserve staff positions.

The CDC has indicated that there will be a 7% cut in 2007. The total 2007 CDC Grant award would be \$1,352,410 less 7% which would be a \$97,919 cut. General Funds are requested to backfill the cut.

For 2007-08, to offset the federal cuts, \$97,919 is requested from the General Fund to support the following existing positions: 0.5 FTE, 2591, Health Program Coordinator II; and a 0.5 FTE, 2908, Hospital Eligibility Worker.

- The Health Program Coordinator II position supports the surveillance, reporting, case management, and contact investigation and health worker supervision.
- The Hospital Eligibility Worker position provides administrative support, including data entry, patient registration and generation of revenues for the City and County through billing to third party payers for patient services provided.

Over the past nine years, TB has created an efficient billing system and successfully worked to maximize reimbursement from Medi-Cal Administrative Activities (MAA) surveys completed annually by staff

funded by the General Funds. The use of General Funds to support these positions would allow new reimbursement opportunities from the MAA Program.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

3,000 unduplicated patients annually, with a total of over 50,000 patient encounters

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$97,919 for salaries and fringes for existing positions

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

No new positions are added, 1 FTE (0.5 FTE, 2591, Health Program Coordinator II; and a 0.5 FTE, 2908, Hospital Eligibility Worker) would be moved from our CDC grant funds to the General Fund.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Backfill 2007 CDC Grant Cuts TB Control and Prevention

	FY 2007-08	Ongoing
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 97,919	\$ 97,919
	-	
Subtotal Uses		97,919
Net General Fund Subsidy Required (Uses less Sources)	\$ 97,919	\$ 97,919
Total FTE's	0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2591	Health Program Coordinator II Existing		\$ 40,313
2908	Hospital Eligibility Worker Existing		32,214
			-
			72,527
	Fringe (35%)		25,384
			\$ 97,919

Operating Expenses

Index Code	Character/Subobject Code	
		- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐

DPH SECTION: STD Prevention and Control Services

PROGRAM CONTACT NAME/PHONE: Wendy Wolf/487-5501

PROGRAM / INITIATIVE TITLE: **Chlamydia Eradication Among African American Youth (YUTHE)**

GENERAL FUND: **\$49,625**

TARGETED CLIENTS: 12 – 24 Year Old African American Youth Who Reside or Hang Out in the Bay View/Sunnyvale Neighborhoods of San Francisco

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Youth United Through Health Education (YUTHE) Project's mission is to reduce chlamydia among African American youth in San Francisco through the use of youth peer educators performing street outreach and STD/HIV education and screening. YUTHE targets youth and young adults ages 12-24 who reside in the five San Francisco neighborhoods with the highest STD rates among heterosexuals: Potrero Hill, Western Addition, Visitacion Valley, Sunnydale and Bayview Hunters Point.

YUTHE was developed as a collaborative research intervention project between the STD Program and the UCSF. The intervention successfully increased knowledge about STD/HIV and increased STD testing among youth living in the high STD morbidity neighborhoods. Due to its success, the YUTHE Project was expanded to include field-based STD screening at community-based locations, in collaboration with Providence Foundation. It has been formally evaluated and shown to be very successful in reducing rates of gonorrhea and chlamydia among African American youth in San Francisco.

JUSTIFICATION: (required by the Mayor's Office)

Over the past 11 years, the STD Program has received research funding from the State of California (7 years) and from the Centers for Disease Control (last 3 years) to fund the Chlamydia Eradication Project/YUTHE Project. In FY 2005-06, due to decreases in grant funding, two of four YUTHE Project staff were laid off and community-based screenings were discontinued. Funding was also lost for the .50 FTE YUTHE Program Supervisor and was temporarily absorbed by the annual STD Program Grant. The remaining staff was only able to perform 15 workshops reaching 805 males and females compared to the 30 workshops that reached 285 adolescents and young adults in the previous year. The number of condoms and lubricant packets distributed decreased from 15,000 given to 4,570 young adults males to 11,000 condoms given to 1,400 young adults.

Coinciding with decreased YUTHE activities, gonorrhea case rates in San Francisco significantly increased throughout 2005. An analysis of gonorrhea rates compared to YUTHE Program encounters from January 03 – January 06, showed a marked correlation between the number of YUTHE encounters and numbers of gonorrhea cases – the more YUTHE Program encounters that were conducted, the less

gonorrhea cases were reported.

Research dollars have demonstrated the value of this intervention. However due to the intervention's repeated success, it is no longer eligible for research or other types of outside funding because it is no longer considered to be an innovative or new program.

The current research funding, which funds the peer health educators, is limited and due to expire in 9/29/08 and no other funding has been identified. In FY 2006-07 the budget for the program is \$96,390 (\$49,625 in research grant funds and \$46,765 in STD Grant funds) and covers a 0.50 supervisor who is a civil service employee and two half time contractual peer outreach worker positions. However, two contractual positions are not sufficient to perform all of the outreach and community based screenings necessary to achieve the research results described above. Four contractual positions (the number hired during the original research project) are needed to achieve the results of the research previously conducted and evaluated.

In anticipation of research grant funds expiring, and in an attempt to increase the YUTHE Program's funding back to its original level, an application was made, in April 2006, for funding for the YUTHE Project under the AIDS Office Alternative Solicitation #3-2006. The Solicitation was for HIV related Health Education and Risk Reduction for Youth in San Francisco. The proposal was ranked 4th, and only the top three proposals received funding.

Contractual funding is requested to fund the two part-time youth peer educator positions that were defunded in FY 2005-06. These combined with the two currently funded peer educator positions (one year of funding left) will ensure that the Program is fully staffed in FY 07-08. In FY 08-09, funding will be required for the other two peer educators that will be defunded as of 9/29/08.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Nearly 3,500 at risk African American youth will be at greater risk for being infected with gonorrhea and/or chlamydia, which could result in another STD outbreak as well as an increase in new HIV cases being diagnosed in the City.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$49,625 in contractual funds

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Chlamydia Eradication Among African American Youth (YUTHE)

	FY 2007-08	Ongoing
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ -	\$ -
Contractual Services	49,625	49,625
	-	-
Subtotal Uses	49,625	49,625
Net General Fund Subsidy Required (Uses less Sources)	\$ 49,625	\$ 49,625
Total FTE's	0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE's

Fringe (35%)

-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code		
HCHPDSTDSVGF	02799, Professional Services	\$49,625	\$49,625

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ CBHS - Mental Health
☒ CBHS - Substance Abuse
☐

DPH SECTION: Community Behavioral Health Services – Substance Abuse

PROGRAM CONTACT NAME/PHONE: Alice Gleghorn, 255-3722

PROGRAM / INITIATIVE TITLE: **SAMHSA Haven Grant Backfill**

GENERAL FUND: **\$79,379**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION:

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The HAVEN grant, which is expiring in FY 2006-07, provides program evaluation funding for a 0.50 FTE Epidemiologist I (2802) and 0.50 FTE Health Worker I (2585).

JUSTIFICATION: (required by the Mayor's Office)

This expiring grant will create a significant void in data collection and analysis of: clients' knowledge, needs and satisfaction with the City's behavioral health services; the integrity of CBHS' billing information; CBHS service/slot capacity by modality; and, outcomes for all populations including homeless. The staff funded by this grant also provides data to outside researchers (e.g., SFGH, National Institute of Health, and UCSF) regarding substance use, and prepare Accept and Expend requests to the Health Commission and the Board of Supervisors.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$79,379 in FY 2007-08

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Add 0.50 FTE Epidemiologist I (2802) and 0.50 FTE Health Worker I (2585).

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: HAVEN Grant Loss Replacement

	FY 2007-08	Ongoing
Sources:		
General Fund	\$ 79,379	\$ 79,379
Subtotal Sources	79,379	79,379
Uses:		
Salaries and Fringes	\$ 79,379	\$ 79,379
027 Medical Services Contracts	-	-
Subtotal Uses	79,379	79,379
Net General Fund Subsidy Required (Uses less Sources)	\$ (0)	\$ -
Total FTE's	1.00	1.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's		
2802	Epidemiologist I	0.50	\$	35,854
2585	Health Worker I	0.50		22,945
				-
	Subtotal			58,799
	Fringe (35%)	1.00		20,580
			\$	79,379

Operating Expenses

Index Code	Character/Subobject Code		
HMHSCCRES227	027 Medical Services Contracts	-	\$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

174

Initiative Number G22
(Leave blank)

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ Mental Health
☐ Substance Abuse
☐

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528

PROGRAM / INITIATIVE TITLE: **MammoVan & Avon Breast Center Cancer Education – Expired Grant**

GENERAL FUND AMOUNT: **\$171,284**

TARGETED CLIENTS: Patients needing mammograms and cancer education

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In 2003 UCSF donated the Mammo Van to DPH/SFGHMC to help improve the breast cancer screening rates and timely appointment dates for underserved women. The van visits the Community Health Centers and also sees patients at various health fairs. The Avon Foundation provided gift funding to operate the Mammo Van for two years that will expire in FY 2006-07.

JUSTIFICATION: (required by the Mayor's Office)

Experience over the past two years has shown the Mammo Van to be very effective, having cut the wait for a mammogram from 6 months to 30 days or less. The AVON Foundation funding also provided for a health educator, who provides education to patients in all phases of the breast care program. The staffing to operate the van and the education program need to be continued with the general fund subsidy.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Continued operation of the Mammo Van will allow for maintaining appointment wait times at 30 days or less and for increased opportunities to increase the breast cancer screening rates for underserved women. Currently, the Mammo Van serves 1,200 to 1,500 patients annually.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increasing expenses by \$171,284 in FY 2007-08 and ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

1.00 FTE in FY 2007-08 and ongoing.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: MammoVan & Avon Breast Center Cancer Education - Expired Grant

Sources:		FY 2007-08 (12 Months)	Ongoing (12 Months)
Subtotal Sources		\$ -	\$ -
Uses:			
	Salaries and Fringes	\$ 113,034	\$ 113,034
	Operating Expenses	\$ 58,250	\$ 58,250
Subtotal Uses		\$ 171,284	\$ 171,284
Net General Fund Subsidy Required (Uses less Sources)		\$ 171,284	\$ 171,284
Total FTE's		1.00	1.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(12 Months)
2822	Health Educator	1.00	83,729
		1.00	83,729
	Fringes (35%)		29,305
			113,034

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02799 Professional Services (Shanti for a van driver)	58,250

Facilities Maintenance, and Equipment (List by each items by count and amount)