

2008-2009 Program Change Request

DEPARTMENT NAME:

- | | |
|---|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input checked="" 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: Community Behavioral Health Services (CBHS) -- Mental Health

PROGRAM CONTACT NAME/PHONE: Alicia Boccellari, Ph.D., (415) 206-5070

PROGRAM / INITIATIVE TITLE: **Trauma Recovery Center**

GENERAL FUND: **\$1,542,060**

TARGETED CLIENTS: Victims of interpersonal violence (i.e., sexual assaults, domestic violence, victims of shootings, stabbings, and family members of homicide victims)

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Trauma Recovery Center (TRC) is an award-winning nationally recognized program that provides assertive outreach, clinical case management and trauma-focused mental health services to victims of interpersonal violence (victims of sexual assaults, domestic violence, gunshots, stabbings, and family members of homicide victims). Program evaluation data demonstrates that this program is both clinically and cost effective. Mental health services that are provided to victims of interpersonal violence include: crisis debriefing, crisis intervention, individual and group and family therapy, medication management and substance abuse interventions. Case management services include outreach in the community, home visits, help in finding safe housing, help returning people to work, help with financial entitlements (GA, SSI, MediCal), linkages to medical care and legal advocacy with the police and district attorney's office. Over the last several years, the TRC has become a nationally recognized program and has achieved impressive outcomes for the patients it serves.

Initially, the TRC was funded as a demonstration project by the State of California Victim Compensation Program (VCP). In 2006, based on data that demonstrates that TRC is both clinically and cost effective, the VCP recommended to the State Legislature that TRC receive permanent funding, and AB50 (authored by Assembly member Leno) was put forth to give TRC one additional year of funding for Fiscal Year 06-07. Because of the uncertainty of continued state funding at that time, the Mayor's Office and the Board of Supervisors approved 9 months of funding for TRC (October 06-June 07, for a total of \$1,045,000, to be annualized at the cost of \$1,542,060, should permanent state funding not be approved).

Ultimately, State funding was provided for FY06-07, but FY 07-08 funding was vetoed by the governor. Carry Forward funding from 06-07 is now being used to provide one-time funding in FY07-08 for the period of October, 2007-June, 2008. If approved, this proposal would continue funding of this program in FY08-09 at an annualized cost of \$1,542,060. These funds are for direct services only (no funding for research or other services), and are provided through a contract between UC and Community Behavioral Health Services (CBHS).

JUSTIFICATION: (required by the Mayor's Office)

Continuation of this funding will support the ongoing success of this program, which plays a unique roll in San Francisco:

- assertive outreach has increased identification and treatment of more than 800 victims on an annual basis
- increased the rate by which sexual assault victims receive mental health follow-up (increased from

6% to 71%)

- increased return to employment by 56% of victims served by TRC compared to those not receiving TRC services
- reduction of homelessness by 41% compared to victims who did not have TRC services
- increased cooperation with police has led to a 69% increase in police reports filed

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Approximately 850 unduplicated victims of interpersonal violence are seen on an annual basis, averaging about 19,459 units. A unit of service is an hour of mental health; case management; outreach; consultation; evaluation services; education, training and prevention services to members of the community.

The TRC also provides more than 60 in-services a year on the identification and treatment of Post Traumatic Stress Disorder to health care providers, community based agencies and law enforcement. TRC is also involved in preventive work in the area of the prevention of sexual assaults in San Francisco.

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

An annualized cost of \$1,542,060 is requested for FY 2008-09.

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

No. These are Professional Services.

2008-2009 Program Change Request

DEPARTMENT NAME:

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|---|---|
| <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.; (415) 206-3387

PROGRAM / INITIATIVE TITLE: **2008 CDC Grant (HCPD17) Cuts: Preservation of TB Control Screening and Prevention Activities and Outreach Services for TB Contacts and High-Risk Populations (homeless, IDUs, HIV and foreign-born) in San Francisco**

GENERAL FUND: \$179,455

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, and TB training and education to citizens and providers of San Francisco. The TB Clinic, located on the SFGH campus, currently serves 3,000 unduplicated patients annually, with a total of over 50,000 patient encounters.

In 2007, there were 143 active cases reported, which is a 19% increase from 2006. San Francisco continues to have the highest TB case rates of any urban area in the U.S. (16.9 per 100,000) compared to a U.S. rate of 4.6 per 100,000) and multi-year TB outbreaks among our homeless living in shelters and hotels. 2006 and 2007 represent watershed years, with the uncovering of multiple Tenderloin/SOMA SRO hotel outbreaks, including a deadly drug-resistant strain and multiple cases linked to a busy AIDS daycare facility. New outbreaks in the Mission district have involved difficult-to-reach Latino laborers. The TB reservoir in San Francisco's large foreign-born and homeless populations continues to thrive despite the program's aggressive targeted testing and preventive measures. The closing of our community sites in recent years due to budget cuts further jeopardizes the progress we've made.

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 made 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—more than half of our positions—and programs targeting the highest risk populations in the jail, Chinatown, the Tenderloin and SOMA have been shut down. Since 2003, there has been a reduction of \$1,169,225 federal grant funding which is nearly the amount we are currently awarded. The Tuberculosis Outreach and Prevention Services (TOPS) satellite clinic was moved to the SFGH campus in December 2006 to help consolidate resources and preserve staff positions.

The CDC notified SFDPH TB Control in mid-2007 that there would be a \$145,497 cut as of 1/1/08 to our cooperative agreement funding, which we have received annually for over 16 years. This is an 8.5% loss of funds in a single year. Also, CDC has advised SFDPH TB Control to plan for a 20% cut over the next four years. In addition, the California Department of Public Health (CDPH) informed SFDPH TB Control that there would be a 2% cut of state funds for FY 2008–09. While we have reorganized,

downsized and streamlined our activities over the past five years to minimize the impact on patient services, continuing cuts will necessitate further staff reductions and unavoidably affect the quality of patient services that have been our standard. We have seen a significant reduction in preventive treatment completion rates of high-risk individuals corresponding to reduction of our health worker staffing (see attached document). With reduced staffing, we have no surge capacity to deal with the episodic TB outbreaks that are occurring in the city. Contact follow-up has been marginalized and evaluation rates have suffered significantly.

For FY 2008-09, to offset the immediate federal cuts, \$179,455 is requested from the General Fund to support the following positions: 0.5 FTE, 2591, Health Program Coordinator II; a 1.0 FTE, 2587, Health Worker III; and a 0.5 FTE, 2808, Sr. Disease Control Investigator.

- The Health Program Coordinator II position supports the screening, targeted testing, outreach activities and health worker supervision.
- The Health Worker and Disease Control Investigator positions provide contact investigation and outreach services for TB contacts and high-risk populations (homeless, IDU, HIV and foreign-born).

In addition, the transfer of these positions to the General Fund would allow new reimbursement opportunities from the Medi-Cal Administrative Activities (MAA) program. Over the past nine years, the TB Section has created an efficient billing system and successfully worked to maximize reimbursement from MAA surveys completed annually by staff funded by the General Funds. We have consistently met our annual reimbursement goals.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

In FY 06-07 6,195 unduplicated patients were served, with a total of over 50,000 patient encounters.

EXPENSE AND REVENUE IMPACT

\$179,455 for salaries and fringes

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

2.0 existing FTEs (0.5 FTE, 2591, Health Program Coordinator II; a 1.0 FTE, 2587, Health Worker III; and a 0.5 FTE, 2808, Sr. Disease Control Investigator) would be moved from grants to General Fund. No new positions will be added.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: 2008 CDC Grant (HCPD17) Cuts: Preservation of TB Control Screening and Prevention Activities and Outreach Services for TB Contacts and High-Risk Populations (homeless, IDUs, HIV and foreign-born) in San Francisco

	FY 2008-09	Ongoing
Sources:		\$ -
Subtotal Sources	-	-
Uses:		
Salary and Fringes	\$ 179,455	\$ 179,455
Subtotal Uses	179,455	179,455
Net General Fund Subsidy Required (Uses less Sources)	\$ 179,455	\$ 179,455
Total FTE's	0.00	0.00

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

Class	Title	Existing FTEs	
2591	Health Program Coordinator II	0.50	41,481
2587	Health Worker III	1.00	57,812
2808	Sr. Disease Control Investigator	0.50	36,658
Total Cost		135,951	135,951
Fringe (32%)		43,504	43,504
		<u>\$ 179,455</u>	<u>\$ 179,455</u>

2008-2009 Program Change Request**DEPARTMENT NAME:**

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| <input type="checkbox"/> Health At Home | |

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: **\$22,013**

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 initially developed as a collaborative research intervention project between the STD Program and the UCSF and successfully increased knowledge about STD/HIV and increased STD testing among youth living in the high STD morbidity neighborhoods. 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. An article entitled, "Youth United Through Health Education: Community-Level, Peer-Led Outreach to increase Awareness and Improve Non invasive Sexually transmitted Infection Screening in Urban African American Youth" was published in the Journal of Adolescent Health,40(2007)499-505.

The YUTHE Program provides STD outreach, education and screening to African American youth in San Francisco. In FY 2006-07, the two part-time YUTHE staff performed 40 workshops reaching 327 African American youth and distributed over 19,000 condoms and lubricant packets to African American youth and young adults. Based on the Program's stellar reputation in the community, for the first time ever, the SFUSD invited the STD Section to provide STD screening for students attending the two high schools located in the Bay View Hunters Point neighborhood, Philip Burton and Thurgood Marshall High Schools. During this week-long event, more than 860 students participated in educational sessions; 679 sexually active students were screened and 7 new, asymptomatic chlamydia infections were identified, for a positivity rate of 1%. As a result of the success of this event, the STD Section was recently performed STD screening and education at Downtown High School.

JUSTIFICATION: (required by the Mayor's Office)

Over the past 12 years, the STD Section 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 absorbed by the STD Grant.

Coinciding with decreased YUTHE staff and 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 was \$96,390 (\$49,625 in research grant funds and \$46,765 in STD Grant funds) and covered a 0.50 supervisor who is a civil service employee and two half-time contractual peer outreach worker positions (down from four part-time positions funded in the previous fiscal year.)

Six (6) months of funding is request for the two currently funded peer educator positions whose funding will expire on 12/31/08. The STD Grant will continue to fund the 0.50 YUTHE Program Supervisor (a currently filled civil service position).

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Nearly 3,500 at risk African American youth

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

An additional \$22,013 is requested in the contractual line item of the STD General Fund

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Chlamydia Eradication

		FY 2008-09	Ongoing
Sources:			
	STD General Fund		
Subtotal Sources		-	-
Uses:			
	Salaries and Fringes	\$ -	\$ -
	Professional Services	22,013	44,026
		-	-
Subtotal Uses		22,013	44,026
Net General Fund Subsidy Required (Uses less Sources)		\$ 22,013	\$ 44,026
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	\$22,013	\$ 44,026

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

2008-2009 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services – Substance Abuse
PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3717
PROGRAM / INITIATIVE TITLE: **Medically Managed Residential Detoxification Beds**
GENERAL FUND: **\$162,284**

TARGETED CLIENTS: Adult Substance Abusers in Need of Medical Detoxification

PROGRAM DESCRIPTION: (Description of Program Change)

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

Baker Places, a non-profit treatment provider contracting with the Department of Public Health (DPH), operates the Joe Healy Medical Detoxification Project, which is a medically managed, 28 bed residential detoxification, treatment and educational program with a 21-day length of stay. Of the program's total budget, \$162,284 was funded by a Federal McKinney Vento Homeless Assistance grant (provided to DPH via a work order from the Human Services Agency). This funding will end effective June 30, 2008, so this request is to backfill the funding loss.

JUSTIFICATION: (required by the Mayor's Office)

The Project reduces the volume and impact of substance abuse and related homelessness and street deaths in San Francisco. Social model (non-medical) detox units are not highly utilized by homeless individuals with high levels of long-term addiction due to the extreme discomfort of non-medicated detox, thereby resulting in a high rate of hospitalizations among this population. In addition, social model detox units are not able to address the needs around psychiatric medication that many homeless clients require. The project has also proven to be a cost effective alternative to serving the same individuals at SFGH because the cost per day is only 30 percent of the cost of acute hospitalization.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

By not backfilling the grant loss, there will be a reduction of 1.35 beds and an equivalent loss of services to nineteen unduplicated clients, an equivalent of 394 bed days (units) annually.

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

This would increase the General Fund 02700 line by \$162,284.

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

There is no impact on the Department's workforce.

2008-2009 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services – Substance Abuse
PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3717
PROGRAM / INITIATIVE TITLE: **CBHS Grant Research and Evaluation Division**
GENERAL FUND: **\$195,246**

TARGETED CLIENTS: Not Applicable

PROGRAM DESCRIPTION: (Description of Program Change)

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

Three SAMHSA grants (Target Capacity Expansion – Methamphetamine, Women’s Integrated Skills and Health Project, and Transgender Health and Resource Initiative for Vital Employment) will expire in September 2008. This will leave 2.23 FTE unfunded in FY08-09. The positions are: .95FTE Health Worker II, .53 FTE Health Worker I, and .75 FTE Epidemiologist.

JUSTIFICATION: (required by the Mayor’s Office)

The expiring grants will create a significant void in data collection and analysis of waiting list data for all substance abuse contractors; outcomes for all populations including homeless clients’ knowledge, needs and satisfaction with the City’s Behavioral Health Services; the integrity of CBHS’ billing information; and, CBHS service/slot capacity by modality and client demographics which provides crucial information concerning populations targeted by current services. The staff funded by these grants also respond to data requests from the Mayor’s Office and the Board of Supervisors, and provide data to outside researchers (e.g., SFGH, National Institute of Health, UCSF as required by the Government Performance Results Act) regarding substance use, and prepares Accept and Expend requests to the Health Commission and Board of Supervisors.

GRED staff provide critical support to the OBOT program which treats heroin addicts at their primary care treatment sites rather than at more expensive narcotics treatment program sites. The OBOT program is highly regulated and requires GRED staff’s support of special websites, paperwork, identification cards, and coordination of OBOT physicians and counselors. Finally, GRED staff conducts interviews and chart abstractions on opiate-dependent HIV patients that supports SFGH physicians in dealing with this population.

Internal use of data has impacted CBHS’ funding allocation decisions to several populations and has improved outcomes. These include shifting service to women with children from residential to intensive outpatient treatment; significantly increasing methamphetamine services for Latina clients and identifying the Matrix model as an effective treatment protocol, and providing residential services to homeless or marginally housed transgender clients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The exact impact of clients served is not known, however as noted above, the research derived through these grants provides a basis for resource allocation to various treatment modalities based upon outcomes

for specific client populations impacted by substance abuse.

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

This would increase the General Fund 001 line by \$147,914 and the 013 line by 47,332.

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

This would move grant funded positions into the General Fund. No additional staff is requested.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: CBHS Grant Research and Evaluation Division

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 195,246	\$ 260,328
Professional Services	-	-
Subtotal Uses	195,246	260,328
Net General Fund Subsidy Required (Uses less Sources)	\$ 195,246	\$ 260,328
Total FTE's	0.0	0.0

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

Class	Title	Existing FTE's	
2586	Health Worker II	0.95	\$ 62,984
2585	Health Worker I	0.53	30,076
2803	Epidemiologist I	0.75	54,854
			147,914
	Fringe (32 %)		47,332
			\$ 195,246

Operating Expenses

Index Code Character/Subobject Code

-

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

2008-2009 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input checked="" type="checkbox"/> Public Health |
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| <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: Environmental Health/ Children's Environmental Health Promotion (CEHP)
PROGRAM CONTACT NAME/PHONE: Karen Cohn, 554-8930 x11
PROGRAM / INITIATIVE TITLE: **Backfill for loss of CDPH grant funding for CEHP Childhood Lead Prevention Program**
GENERAL FUND: **\$262,241**

TARGETED CLIENTS: Children exposed to lead hazards and at risk of lead poisoning, who would benefit from DPH lead hazard code enforcement authority and surveillance activities

PROGRAM DESCRIPTION: (Description of Program Change)

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

Article 26 of the San Francisco Health codes mandates a comprehensive environmental lead hazard investigation and enforcement program, as well as lead poisoning case management. In addition, local Health Code Article 11 authorizes DPH to investigate any potential lead hazard to young children, defined as a lead hazard nuisance in the code. SFDPH Environmental Health (CEHP) has been contracted since 1992 by CDPH to identify and case manage lead-poisoned children, as well as to initiate primary prevention strategies. CDPH funding for County-level Childhood Lead Poisoning Prevention programs has been gradually shrinking, disallowing operating expenses and insufficiently covering labor cost increases with each contract cycle.

State funded resources for this program have been significantly reduced for FY 08-09, affecting staffing of SFDPH Childhood Lead Prevention Program.

JUSTIFICATION: (required by the Mayor's Office)

This request is for General Fund to backfill 3.0 FTE, specifically a 1.0 FTE (2802) Epidemiologist I position, and 2.0 FTE (6108) Environmental Health Technician I.

The Environmental Health Technician positions are critical for responding to lead hazard nuisance complaints from the public, as well as detected blood lead in children that does not require state-defined case management response. Therefore we can use of local code enforcement authority to eliminate those hazards and continued lead exposure to children, before they meet case management definitions. These two technicians provided over 250 home investigations last year, the vast majority revealing lead hazards that we ordered eliminated by our Notice to Abate. The Mayor's Office of Housing Lead Hazard Remediation HUD grant program often provided free lead hazard remediation to these sites.

The Epidemiologist position is required to fulfill the contractual scope of work with the State focused on decreasing exposure of children to lead and incidence of child blood lead levels.

Those duties specify that program data will be maintained according to CLPPB security and confidentiality standards to be used effectively for surveillance, identification of lead-exposed children, management of cases, epidemiology, evaluation and program planning.

The Epidemiologist I provides critical support for 1) managing the data integrity of State-required RASSCLE surveillance system, which tracks all blood lead testing, home investigations and nursing case management services, 2) the identification of lead-exposed children, 3) ensures that the nurse and environmental investigator case management of lead-poisoned children meets the State-defined standards of care, 4) performs critical data analysis which allows for program performance to be measured and 5) provides policy makers and agency partners with graphic indications of needs and resources utilized throughout the city to prevent lead poisoning

As of FY 06-07, a grant-funded 0.5 FTE (2819) Spanish-language Asst. Health Educator position was lost and rent contribution was reduced to a token \$3,718. In FY 08-09 grant cycle, as stated above, an additional 3.0 FTE will be lost, and there will be no rent contribution available from the grant.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

For the 2.0 FTE (6108), over 250 clients/year receive home assessments for lead hazards by these technicians;

For the 1.0 FTE (2802), over 4100 blood lead tests a year are managed and analyzed in our surveillance system.

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

Description	Class	FTE	Salary
Environmental Health Technician I	6108	2	\$125,248.00
Epidemiologist I	2802	1	\$73,419.30
MFB			\$63,573.54
			\$262,240.84

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

No net increase in positions. Existing grant-funded 1.0 FTE (2802) and 2.0 FTE (6108) would be changed to 1.0 FTE (2802) and 2.0 (6108) General Fund.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Backfill for loss of CDPH grant funding for Childhood Lead Prevention Program

	FY 2007-08	Ongoing
Sources:		
Subtotal Sources	\$ -	\$ -
Uses: Salaries and Fringes	\$ 262,241	\$ 262,241
	\$ -	\$ -
Subtotal Uses	\$ -	\$ -
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	0.00	\$ -

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

Class	Title	FTE's	Existing FTEs	
	2802 Epidemiologist I	1.00		\$ 73,419
	6108 Environmental Health Technician I (2)	2.00		\$ 125,248
				\$ 198,667
		MFB	32%	\$ 63,574
				\$ 262,241

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| <input type="checkbox"/> Health At Home | |

DPH SECTION: Housing and Urban Health

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

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

GENERAL FUND: **\$161,753**

TARGETED CLIENTS: Chronically Homeless People

PROGRAM DESCRIPTION: (Description of Program Change)

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

To annualize HUH Clinical positions who moved off of grants in FY2006-07 but were automatically annualized in the FY07/08 base budget.

These affected personnel provide medical services to all Direct Access to Housing (DAH) residents and other supportive housing residents.

JUSTIFICATION: (required by the Mayor's Office)

Housing and Urban Health requested grant-funded HUH Clinical personnel during the FY2006-07 budget process to be backfilled by general fund since the grants were expiring. The request was approved. However, these affected personnel were only partially funded by the General Fund in FY06/07 due to the different cycles of the grants where they were previously budgeted. The positions were not completely annualized in FY 2007-08 budget. These positions are currently filled and they are causing a deficit in Housing and Urban Health's General Fund personnel budget.

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 2008-09 will increase by \$161,753.

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

Increase of 0.96 FTEs.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: To Annualize Formerly Grant-Funded HUH Clinical Positions

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 161,753	\$ 161,753
	-	-
Subtotal Uses	161,753	161,753
Net General Fund Subsidy Required (Uses less Sources)	\$ 161,753	\$ 161,753
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	\$	21,435
2218	Physician Assistant	0.25	\$	39,228
2320	Registered Nurse	0.17	\$	20,517
2328	Nurse Practitioner	0.17	\$	26,848
2587	Health Worker III	0.25	\$	14,512
		0.96		122,540
	Fringe (32%)			39,213
Index Code	HCHAPURBNCLN		\$	161,753

Operating Expenses

Index Code	Character/Subobject Code	-	\$	-
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Facilities Maintenance, and Equipment (List by each items by count and amount)

2008-2009 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input checked="" 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: EMS Agency

PROGRAM CONTACT NAME/PHONE: Michael Petrie, 355-2609

PROGRAM / INITIATIVE TITLE: **Hospital/EMS Diversion Monitoring/Alerting System (EMResource)**

GENERAL FUND: \$29,762

TARGETED CLIENTS: All San Francisco hospitals and ambulance service providers, Department of Emergency Management, Division of Emergency Communications, SFFD, and DPH personnel in EOC and DOC.

PROGRAM DESCRIPTION: (Description of Program Change)

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

EMResource is the computerized internet-based communication system used by the all Hospitals, the City Dispatch Center (Division of Emergency Communications), all ambulance providers, SFFD, and the EMS Agency to allow hospitals to signal their ambulance-diversion status, and for emergency polling and data communications during multi-casualty incidents.

JUSTIFICATION: (required by the Mayor's Office)

Continued use of EMResource will allow the San Francisco EMS System (hospitals, SFFD, ambulance providers, EMS Agency and DPH) to send and receive patient volume, capacity and other information critical to hospital and EMS System operation. This information allows:

- 1) Hospitals to indicate their ability to receive ambulance patients during routine day to day operations, allowing ambulances to transport patients to the most appropriate emergency departments.
- 2) The Division of Emergency Communications to identify the number of available Emergency Department beds during multi-casualty incidents, assuring that ambulances transport patients to hospitals able to provide emergency care.
- 3) The City EOC, Health DOC, the EMS Agency, and others to identify available hospital and ambulance resources during mass-casualty incidents, which facilitates prioritization of resources and distribution of patients from multiple incidents.
- 4) DPH to comply with federal HAVeBED Standards—as a condition of receiving FY 07-08 Hospital Preparedness Grant Program Funds, agencies are required to track hospital bed capacity and report that information to the federal government. DPH is required to meet this requirement.
- 5) The EMS Agency to collect diversion data, which is an important performance benchmark of the EMS System.

EMResource was implemented in 2005 using UASI funding. The 3-year funding for this program expires November 30, 2008. There is no funding in the EMS Agency budget to continue this program.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The San Francisco EMS System responds to over 80,000 requests for service annually. During day to day and disaster operation each patient in the EMS system and patients at hospitals will be better served because ambulance patients will be transported to the hospital best able to provide patient care.

Additionally, during disasters, this system is critical to medical command, control, coordination and communications. Hospital and EMS stakeholder organizations strongly support the continued use of this system, because it is necessary to continue hospital diversion, in which ambulances are diverted away from hospitals that are impacted due to high volumes.

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

Annualized cost of \$29,762 for three years for software licenses and unlimited user access, based on annual cost of \$0.04 per capita.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: : Hospital/EMS Diversion Monitoring/Alerting System (EMResource)

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ -	\$ -
Software License & Support (EMResource)	\$ 29,762	\$ 29,762
Subtotal Uses	\$ 29,762	\$ 29,762
Net General Fund Subsidy Required (Uses less Sources)	\$ 29,762	\$ 29,762
Total FTE's	0.0	0.0

New Positions (List p Title

FTE's

Class

None

Fringe (35.0%)

-
-
-
\$ -

Operating Expenses Character/Subobject Code

Index Code

HCHPEEMSA-GF 03596 Software License & Support (EMResource)

	\$ -	\$ -
\$	29,762	\$ 29,762

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

2008-2009 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input checked="" 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: EMS Agency

PROGRAM CONTACT NAME/PHONE: Michael Petrie, 355-2609

PROGRAM / INITIATIVE TITLE: **Local EMS Information System (LEMSIS)**

GENERAL FUND: **\$53,100**

TARGETED CLIENTS: All residents and visitors of San Francisco that may use the EMS System.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Local EMS Information System (LEMSIS) is a computer-based system which has modernized pre-hospital data collection in San Francisco and is used to support EMS system management and quality improvement activities as follows:

- Collection, aggregation and reporting of 911 EMS dispatch and operations data from the Department of Emergency Management and the San Francisco Fire Department;
- Real time web-based monitoring of 911 calls types and patterns across the city (via the First Watch application) during routine and disaster operations;
- Analysis of prehospital patient care data using quality of care indicators to determine treatment effectiveness and patient outcomes;
- Reporting to the Health Commission, DPH SFStat indicators, the California EMS Information System (CEMSIS) maintained by the State EMS Authority and the National EMS Information System (NEMSIS);
- Determining the performance improvement needs of the EMS System;
- Sharing of prehospital data in a timely manner with other DPH and CCSF programs in order to improve services that assist patients who utilize the EMS system and other programs.

JUSTIFICATION: (required by the Mayor's Office)

LEMSIS will allow the EMS Agency to comply with California Code of Regulations, Title 22, Section 100404, California Health and Safety Code Division 2.5, EMS Authority's EMS QI Guideline 164 and Code of Federal Regulations Title 45, Section 164.512. These codes and regulations state that the local EMS Agency will plan, implement and evaluate the EMS system in order to assure an organized pattern of readiness and response services. The ability to improve the SF EMS system is dependent upon LEMSIS data for measuring system and clinical performance and ultimately the quality of patient care. LEMSIS was implemented in 2005 and 2006 with approximately \$125,000 of UASI grant funding was spent to expand and maintain the LEMSIS system. There was no UASI or CCSF funding for LEMSIS in FY 2007-2008. Without funding in FY 2008-2009 the EMS Agency will not be able comply with state and federal requirements to assure satisfactory monitoring and evaluation of the quality of care in the SF EMS System. Improved evaluation and quality improvement of the EMS System should result in 1) Better patient outcomes, 2) Rapid responses by emergency providers, 3) Better linkages of prehospital data and services for patients who are assisted by other DPH and CCSF programs, and 4) Fewer risk-management issues and less litigation.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Annually, the San Francisco EMS System responds to over 80,000 requests for service.

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

Annual cost of approximately \$53,100 for software licenses, technical support and custom programming for application enhancements.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Local EMS Information System (LEMSIS)

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ -	\$ -
Software License & Support	\$ 53,100	\$ 53,100
Subtotal Uses		
Net General Fund Subsidy Required (Uses less Sources)	\$ 53,100	\$ 53,100
	0.0	0.0
Total FTE's		

New Positions (List position Title
Class
None

FTE's

Fringe (35.0%)

-
-
-
\$ -

Operating Expenses Character/Subobject Code

Index Code		\$ -
HCHPEEMSA-GF	03596 Software License & Support (Oracle)	\$ 23,000
HCHPEEMSA-GF	03596 Software License & Support (FirstWatch)	\$ 7,800
HCHPEEMSA-GF	03596 Software License & Support (Zoll Data Systems)	\$ 10,000
HCHPEEMSA-GF	???? Custom Programming (Zoll Data Systems)	\$ 10,000
HCHPEEMSA-GF	081-ET (T-1 line for E911 terminal, monthly charges)	\$ 2,300

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

