

James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

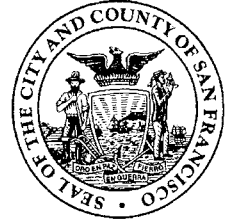
Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, December 16, 2008

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

President Illig called the meeting to order at 4:04 PM

Present:

President James M. Illig  
Vice President Sonia Melara  
Commissioner Edward A. Chow M.D.  
Commissioner Margine Sako  
Commissioner David J. Sanchez, Ph.D.  
Commissioner Steven Tierney, Ed.D.

Absent:

Commissioner Catherine M. Waters, R.N., Ph.D.

#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 2, 2008

Action Taken: The Commission (Illig, Chow, Sako, Sanchez, Tierney) voted to approve the minutes of the meeting of December 2, 2008 without modification.

#### 3) DIRECTOR'S REPORT

##### **DPH Items at the Board of Supervisors**

During the week of December 15, the Land Use & Economic Development Committee meets on Monday, the Government Audit & Oversight Committee and the full Board meet on Tuesday, the

Budget & Finance Committee and a special Joint Public Safety Committee & Police Commission meet on Wednesday, and the City Operations & Neighborhood Services Committee meets on Thursday. The Rules Committee and the City & School District Select Committee are cancelled this week. The report detailed the ordinances, resolutions, and hearings that are pending.

### **Mid-Year Reductions**

On December 9, the Mayor released the Mid-year reduction plan for the City. The plan closes a \$118.29M projected deficit for the current year. Health Department reductions of \$36.44M are included in that plan. The DPH listing includes:

- A DPH balancing plan to address a \$21.84M projected current year deficit, and
- Mid-Year reductions of \$14.60M to address the \$90M City-wide deficit.

The Mayor did not accept \$3.44M of reductions submitted by the department. This will be reviewed in further detail as a separate agenda item.

### **Mayor's Budget Instructions**

The Mayor's Budget Office issued budget instructions for the 2009-10 year. After taking the annualization of mid-year cuts into account, The City is projecting a \$460M shortfall. Departments are asked to propose a base budget with a 12.5% reduction in general fund and submit an additional 12.5% contingency reduction. The combined 25% reduction would produce approximately \$300M in General Fund savings, which is short of the projected \$460M shortfall. The Mayor's budget office hopes to address this remaining shortfall with a combination of department consolidations, labor concessions, reduced capital expenditures and transfers from the rainy day reserve.

The Health Department's reduction target is \$50.08M base and \$50.08M contingency. This is in addition to the annualized impact of our Mid-Year cuts. Department budget submissions are due to the Controller on Friday February 20.

### **Tobacco Ban Wins Latest Round in U.S. District Court**

In another small but important public health victory, Judge Claudia Wilken of the U.S. District Court ruled that San Francisco's ban on tobacco sales in drugstores does not violate a tobacco company's constitutional right to advertise its products. The December 5<sup>th</sup> decision allows the current ordinance, prohibiting the sale of cigarettes and other tobacco products at the city's nearly 60 drugstores to remain in place. Philip Morris attempted to halt the enforcement of the ordinance by claiming that the City is violating freedom of speech by interfering with its ability to communicate with its customers. Judge Wilken's ruling said, ".....there is nothing inherently expressive about selling tobacco products in pharmacies." Because San Francisco is the first city to place a ban on selling tobacco products in pharmacies, the court dispute has drawn nationwide attention. Philip Morris has said it will appeal. We remain committed to defending this ordinance and believe it serves in the best public health interest of the City.

### **SFGH Wins \$4 Million Grant**

In September 2008, The Moore Foundation awarded SFGH a \$4,035,764.00 grant for the development of a transitional care program. The transitional care program targets the hospitalized population age 65 and over with strategies to reduce readmissions, improve health outcomes and decrease associated cost. The grant application and research project oversight are lead by Sue Currin and Jeff Critchfield, MD, Chief of Staff.

Numerous strategies and care models will be incorporated into the patient plan of care including discharge planning, patient and family education, home visits by home health workers, and follow-up phone communication. The various modalities and combined strategies will be evaluated to determine the most effective plan of care in reducing readmission and improving outcomes.

### **San Francisco Board Adopts Air Pollution Hotspot Rules for Residential Development**

In November 2008, the San Francisco Board of Supervisors adopted a new law imposing regulations to prevent health impacts from air pollution hotspots created by busy roadways. The rules require developers to screen all residential projects for proximity to traffic and calculate the concentration of particulate matter (PM 2.5) from nearby traffic sources. If levels of traffic-attributable particulate matter at a project site exceed a health based action level, developers are required to incorporate ventilation systems to remove pollutants from outdoor air. San Francisco is the first city in the country to take such action to protect residential development from the harmful effects of air pollution from traffic.

To learn more about San Francisco's air pollution hotspot rules go to:

<http://www.sfdph.org/dph/EH/Air/default.asp>.

### **Pedestrian Injury Forecasting Tool Published Online November 2008**

SFDPH's research modeling environmental impacts on vehicle-pedestrian injury collisions has been published online by the peer-reviewed journal *Accident Analysis & Prevention*. The research and the publication are products of the Bureau of Environmental Health's Urban Health and Place Team. The model suggests that environmental conditions, including traffic volume, street type, land use, and population characteristics, explain approximately 72% of the variation in vehicle-pedestrian injury collisions among San Francisco census tracts. SFDPH has applied the pedestrian injury forecasting model to evaluate industrial and residential rezoning proposals with the aim of affecting improvements in the pedestrian environment. The research can be found at:

<http://tinyurl.com/pedinjury>.

### **Childhood Lead Prevention Program Awarded Grant from Public Health Trust**

The *Get the Lead Out Coalition*, of which the San Francisco Childhood Lead Prevention Program is a member, was recently awarded a grant from the Public Health Trust. The portion of the grant coming to the Lead Prevention Program is giving us the opportunity to work with our community partner, *La Raza Centro Legal*, to contact retailers in the Mission and Excelsior Districts to increase awareness about lead in Mexican candy and chili powders. Retailers are learning the health risks of consuming lead tainted candy and are encouraged to stop selling lead tainted candy, choose certified distributors and keep current with recalls.

Focusing on the Mission District is crucial—a 2004 survey showed that over 75% of Latino children under the age of 7 may be exposed to dangerous amounts of lead by consuming Mexican candy and chili powders. High levels of lead in children are known to cause irreversible learning and behavioral problems.

### **Drawn Together Featured in *San Francisco Medicine***

*Drawn Together*, a collaborative art project involving Laguna Honda residents, was featured in December's issue of "San Francisco Medicine," the journal of the San Francisco Medical Society.

Over the course of 12 weeks, San Francisco artist Helena Keffe led printmaking and drawing workshops for Laguna Honda residents. The artwork was arranged into patterns with the help of a

textile designer, and the patterns were printed onto fabric and made into medical scrubs for use at Laguna Honda. Proceeds from the sale of the scrubs are being donated to Laguna Honda and the Laguna Honda Volunteers, Inc.

Drawn Together is a collaborative effort by Keffe and the Laguna Honda Activity Therapy Department. The project was made possible by a grant from the Creative Work Fund through support from the Walter and Elise Haas Fund, the William and Flora Hewlett Foundation, and the James Irvine Foundation.



**Artist Helena Keffe and husband modeling medical scrubs designed by Laguna Honda residents**

### ***Infect Me Not Campaign***

Since its launch this fall, the *Infect Me Not* campaign has reached thousands of San Franciscans through collaborations with city agencies, nonprofits, business leaders, and other interested people. Over 30,000 copies of the "Germs" brochure have been distributed, thousands of public transportation users have seen healthy habit advertisements, and many have laughed through the funny 30 second video-clips that remind us what not to do. We are keeping the momentum up by launching a web-based campaign this month. To see the messages, find materials, and watch the videos go to: [www.InfectMeNot.org](http://www.InfectMeNot.org).

All of the materials developed for the *Infect Me Not* campaign are available for free to city agencies and the public. For materials, contact [Olivia.Bruch@sfdph.org](mailto:Olivia.Bruch@sfdph.org).

### **STD Update**

To date, in 2008, early syphilis cases in San Francisco continue to increase. Forty-six (46) new early syphilis cases were reported in November, increasing the total number of reported cases in 2008 to 501, a 57% increase compared to the same period last year. At this rate, cases might surpass the last peak observed in 2004 and reach levels not seen in San Francisco since 1990.

The STD Section continues to meet with community-based organizations and medical providers to increase awareness and ensure prompt diagnosis and treatment. Several screening events will also happen in the Tenderloin and at sites that serve the homeless. In addition, the Section is collaborating with the SF Dental Society and UCSF Department of Dentistry to increase dentists' awareness of syphilis, including clinical signs and where to refer patients.

### **Shape UP SF**

Shape UP SF will be presented as a model program at the national *Pioneering Healthier Communities* conference in Washington DC, organized by the YMCA USA and the Centers for

Disease Control and Prevention. Shape Up will highlight the work of the Physical Activity Council including Sunday Streets and the Southeast Food Access Working Group. All associated funding for this conference, including travel and accommodations, is being paid for by YMCA USA.

**Mental Health Board to Hold Public Hearing**

The Mental Health Service Board has announced that the Community Behavior Health Services will present the Mental Health Services Act, Prevention Early Intervention Plan and Assignment Funds for public comment on Wednesday, December 17, 6:30-8:30, 202 Grove St., Room 300. This is the last opportunity to give input on this plan. The plan can be viewed online at <http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/mnu30-daynotice.asp>. Questions can be directed at 255-3474.

**Gail Cobe to Serve on Alzheimer Advisory Committee**

Mayor Newsom has appointed Laguna Honda clinical nurse specialist Gail Cobe to a citywide panel of Alzheimer's and Dementia experts charged with developing a 12-year plan to address the increasing demand for services. The panel will present recommendations to the Mayor in April.

**Sister Miriam Retires from LHH**

Longtime Laguna Honda pastoral care provider Sister Miriam Walsh retired this month after more than 40 years at Laguna Honda. She was honored at a special farewell party on December 3. We wish Sister Miriam well in her retirement and thank her for her many years of providing spiritual care to hundreds of Laguna Honda residents and their families.

**COMMUNITY HEALTH NETWORK  
 SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER  
 DECEMBER 2008  
 Health Commission - Director of Health Report  
 (12/08/08 MEC)**

	12/08	07/08 to 06/09
<b>New Appointments</b>	22	173
Reinstatements	0	1
<b>Reappointments</b>	44	281
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	17	118
Disciplinary Actions	0	0
<b>Restriction/Limitation-Privileges</b>	0	0
<b>Deceased</b>	0	0
<b>Changes in Privileges</b>		
Additions	1	38
Voluntary Relinquishments	0	25
Proctorship Completed	42	130
Proctorship Extension	0	0

<b>Current Statistics – as of 10/21/08</b>	
Active Staff	509
Courtesy Staff	562
Affiliate Professionals (non-physicians)	245
<b>TOTAL MEMBERS</b>	<b>1,316</b>

<b>Applications In Process</b>	<b>15</b>
<b>Applications Withdrawn Month of August 2008</b>	<b>0</b>
<b>SFGH Reappointments in Process 01/2009 to 04/2009</b>	<b>162</b>

Comments:

- Dr. Katz thanked his staff for their assistance while he was on service at SFGH during the first part of December.
- Commissioner Chow requested clarification regarding the sale of bonds for SFGH. Dr. Katz stated that the project is funded and that the division of bonds sales is to allow flexibility for the terms of issuance.
- Commissioner Illig asked for clarification regarding the approval of two contracts for a total of \$100 million for mental health services in locked facilities. Dr. Katz clarified that this is a 5 year contract that includes locked beds in Napa and other similar facilities. Gregg Sass, CFO, added that the contract went to the BOS due to the size.
- Commissioner Illig asked what the San Francisco Community Health Authority was. Dr. Katz stated that this is the same as the Board for the San Francisco Health Plan and that Commissioner Waters and Dr. Katz serve on this board.

4) **UPDATE ON MID-YEAR BUDGET REDUCTIONS AND FY 2009-10 MAYOR'S BUDGET INSTRUCTIONS**

Gregg Sass presented an update on the mid-year budget reductions and the FY 2009-10 Mayor's budget instructions. Please see attached for the Memo regarding Budget Cuts.

Commissioner Comments

- Commissioner Sako asked what the amount of raises staff would be receiving in 2010. Mr. Sass responded that the increase in operational costs for the City and County were 230.8 million, most of which he estimated were increase in wage costs.
- Commissioner Sako asked the for the 2010 budget calendar. Mr. Sass gave an overview of these dates, including the June 1<sup>st</sup> deadline for the Mayor to present the budget to the BOS. Mr. Sass added that these dates often change.
- Commissioner Tierney thanked Dr. Katz and his staff for ensuring that the HIV cuts had less impact than they might have.
- Commissioner Illig stated that the January 6<sup>th</sup>, 2009 meeting would be Bielson hearings, and encouraged the public to stay in contact with policy makers regarding the budget.
- Commissioner Waters comment for the record:

I think it is a fata morgana to believe the budget cuts will not have a negative impact on the health of vulnerable San Franciscans. I recognize these are the worst of economic times, and ideology is not a prudent course of action at this moment. There is a difference between intelligence and wisdom. I believe, however, these could be the best of times, as the Department of Public Health becomes dense, compact, and inchoate, to evaluate the utilization and effectiveness of current and erstwhile services.

I certainly do not feel qualified to micromanage the Department of Public Health, and I want to give my full support of the budget decisions, which I hope have been made in a discriminate and participatory manner. We cannot continue to hold the belief that the Department can expect to eliminate health disparities through higher budgets, to do everything and buy everything with limited resources. This is the time to set priorities and consider inescapable tradeoffs and opportunity costs with creative and innovative memes. It would be irresponsible and shortsighted not to think about and prepare for the future, which by definition is unknown. I believe this is an appropriate time to rethink how the Department does business—moving from a model of quantity of services to quality of care and value of services, with more focus on outcomes.

The sui generis of participatory decision-making, whether the process is scientific or heuristic, is even when individuals succumb to bias or partiality, others can correct them using a framework of decision-making that everyone broadly agrees on. Admittedly, this can sometimes be a slow process, especially if the process is conducted democratically and diplomatically. We don't always have to agree, but we should engage to find common ground with the Department's partners. Arguing over ideas is different from suppressing, changing, or ignoring opinions. For these activities debase the enterprise of innovation, threaten the credibility of exchange of ideas, and lead to blind steering. Democracy is fragile.

Once again, we are being asked to give an unconditional imprimatur to reduce and eliminate services that we know through science and experience will be harmful to the most vulnerable residents of San Francisco. Vulnerability increases as unemployment concomitant with uninsured status increases. We are expected to approve these cuts without appearing kvetchy. This is not an ad hominem statement about the Department of Public Health, whose mandatory and necessary budget decisions are being imputed, understandably, by the public. It is a statement about the reality of the times and one view about how to proceed forward in an already outstanding organization with outstanding, hardworking, committed individuals who are trying to find solutions to this economic situation. We all know of someone who has been affected by this recession.

#### Public Comment

- Alexandra Goldman here representing the SRO Collaborative. Urged the Commission to work with the BOS to mitigate the effect of budget cuts on public health programs.
- Peter Masiak here to discuss a client he works with in an SRO. He stated that the SRO Collaborative members are the only agencies that go into the SROs without specific request and have done many things to improve client situations. Urges cuts to be focused elsewhere than public health as public health services that are really needed.
- Joseles De la Cruz seconded the idea that this process is collaborative. He additionally stated that it is the job of the Health Commission to protect the budget for those who need services the most.
- Kai Zehm, Immune Enhancement Project (IEP), an agency that provides complimentary care services, stated that there are other places to get more funding and that it shouldn't be taken from the poor and dying.
- Mike Ward, here representing himself and the agency he works for. He is living with HIV and as of this month he is 12 months cancer free due to services at IEP. He stated that there have to be ways to collaborate with other agencies such as Project Open Hand and Shanti.
- Alexandra Kutik stated that the department has continuously understated the effects of the budget cuts. Stated that comments by Dr. Katz in the Chronicle make those who make public comment feel like Chicken Little. Asked the Commission to show leadership.
- Jesus Perez, organizer for SRO Collaborative, asked that the Commission not cut the SRO services.
- Matthias Mormino thanked the Commission for standing up for the Mayor's cuts and find ways to keep services for the most vulnerable populations. Stated that there are creative ways that the budget process can be solved.
- Mary Slaughter, RN with CCSF at CASARC. Ms. Slaughter stated that services at CASARC with new staff would involve intense, expensive training and that cutting 3 RN's would cost the city money and eliminated experienced interviewers.
- Malia Martin stated that she is only 10 years old and is thankful that she has parents that take care of her. Added that CASARC takes care of her friends who need the most help.



- Elaine Martin, RN at CASARC, stated that current forensic interviewers are competent and skilled, an ability that can not be gained quickly. She is opposed to the cuts at CASARC and stated that the services can not be treated the same as adult sexual assault victims.
- Carmen Hehessy, RN at CASARC, stated that child sexual abuse is a public health epidemic. This included 1 out of 4 girls and 1 out of 6 boys, many who will never tell. She read a letter from Dr. Carpenter in Contra Costa County supporting CASARC and opposing budget cuts.
- Helen Yuan, Chair for Health California Project and employee of Self-Help for the Elderly, stated that we are all here to protect the public health and opposed the deletion of the Assistant Health Educator at Chinatown Public Health Center.

5) **GENERAL PUBLIC COMMENT**

None.

6) **OTHER BUSINESS**

None.

7) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**

None.

8) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

The Commission went into closed session at 4:43 p.m. Present in closed session were Commissioner Chow, Commissioner Illig, Commissioner Sako, Commissioner Sanchez, Commissioner Tierney, Commissioner Melara, Mitchell H. Katz, M.D., Health Director and Deputy City Attorney Terence Howzell.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

Action Taken: The Commission (Chow, Illig, Sako, Sanchez, Tierney, Melara) approved the settlement of DeAngelo, et al. V. San Francisco Community Behavioral Health Services; and the matter of the audit of the City and County of San Francisco, Substance Abuse and Crime Prevention Act.

D) Reconvene in Open Session

The Commission reconvened in open session at 4:47 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose any discussions held in closed session.

9) ADJOURNMENT

The Commission adjourned at 5:02 PM.

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James M. Soos  
Acting Health Commission Executive Secretary



Gavin Newsom  
Mayor

Mitchell H. Katz, MD  
Director of Health

## MEMORANDUM

**DATE:** December 16, 2008

**TO:** President Jim Illig and  
Honorable Members of the Health Commission

**THRU:** Mitchell H. Katz, MD  
Director of Health

**FROM:** Gregg Sass  
Chief Financial Officer

**RE: Mid-Year Reductions for the Department of Health**

On December 9, the Mayor released the Mid-year reduction plan for the City. The plan closes a \$118.29M projected deficit for the current year. Health Department reductions of \$36.04M are included in that plan. The DPH reductions include:

- A DPH balancing plan to address a \$21.84M projected current year deficit, and
- Mid-Year reductions of \$14.20M to address the \$90M City-wide deficit.
- Three additional reductions totaling \$1.57M (security outsource, single standard of care, and conversion of acute psychiatry unit) that will require legislation and are in pending status.

Attached is a revised spreadsheet updating the current status of each initiative.

### DPH Balancing Plan

As discussed at previous Health Commission meetings, the Department is projecting \$24.7M in revenue shortfalls and excess expenditures. This is largely a result of the combined effect of state budget cuts to revenues, unfunded structural initiatives in the current budget, and higher than budgeted patient census at SFGH. Before we could address the General Fund mid-year reduction targets we were required to submit a balancing plan for the current year to eliminate the current year Department shortfall. We submitted a plan that addressed \$21.84M of the shortfall with a combination of additional revenues, deferred spending on initiatives, a freeze on filling vacant positions, and spending reductions to offset cuts to State matching of CCS expenditures. We also identified non-general fund sources to replace \$1M of general fund project costs. These items were included in the Mayor's reduction plan. These items are included in the attached side-by-side comparison.

### DPH Mid-Year Reductions

The listing of mid year reductions submitted to the Mayor's Budget Office included all initiatives previously reviewed by the Health Commission plus one additional initiative that was identified after the December 2<sup>nd</sup> meeting for a total general fund reduction of \$17.43M. The Mayor approved \$14.20M of the reductions and did not accept \$3.23M as follows:

- HIV Prevention Cuts – The proposed cuts were reduced 50% from \$1.13M to \$565K.

4.1

- Health-at-Home – The proposed cut for \$405K was not accepted.
- Behavioral Health – The proposed cut for \$4.78M was reduced \$888K to \$3.89M, to lessen impact on substance abuse services.

The following three items were not included in the reduction plan. Each of them require legislative action in the form of State licensing approvals and Board of Supervisor approval and as a result will be considered at a later time in collaboration with the Board of Supervisors.

- Limit provision of MH services to the seriously mentally ill – The proposed cut for \$364K will require a charter amendment and was excluded.
- Conversion of a 21-bed Psychiatry unit to non-acute status – The initiative for \$315K will require State licensing approval and was excluded.
- Security Outsource – The initiative for \$895K will require legislative action to approve a Prop J and was excluded.

A new initiative was added, to reduce Health Educator positions by 8 for a savings of \$257K. We have included a write-up of this initiative outlining the rationale and financial impact as well as others that were revised since our last meeting.

It appears that the Department will not be required to submit additional cuts to meet the original \$26.7M target at this time, however, as the Controller continues to update financial projections, and as efforts by the State to balance the current year budget become more clear, it is possible that we will be asked to identify additional mid-year cuts.

The items on this listing that reduce services will be noticed for a Beilenson Hearing before the Health Commission on January 6.

DPH FY 2008-09 MID-YEAR REDUCTIONS - December 10, 2008

Item	Div	Description	2008-09 Net General Fund	Included in Mayor Proposal	Difference
<b>REVENUE</b>					
A1	Dept. Wide	08-09 Increased Revenue SFGH	(3,000,000)	(3,000,000)	
A2	SFGH	Increase Cafeteria Pricing	(22,500)	(22,500)	
	<b>TOTAL REVENUE</b>		<b>(3,022,500)</b>	<b>(3,022,500)</b>	
<b>BUDGET REDUCTIONS</b>					
F1	Environmental Health	Asthma Task Force	(77,000)	(77,000)	-
F2	CBHS	Behavioral Health Outpatient Reduction	(245,834)	(245,834)	-
F3	CBHS	Behavioral Health Outreach Reduction	(654,270)	(654,270)	-
F4	CBHS	Delay Bayview Health Initiative	(75,000)	(75,000)	-
F5	CBHS - MH	Restructuring Trauma Recovery Center/Rape Treatment Center and the Child and Adolescent Support and Advocacy Resource Center.	(301,657)	(301,657)	-
F6	CBHS - MH	Supplies for Shelters	(156,000)	(156,000)	-
F7	CBHS - MH	Provide Mental Health Services to persons with serious mental illness	(364,230)	-	364,230
F8	AIDS	Complimentary Therapies	(155,000)	(155,000)	-
F9	AIDS	HIV Prevention	(1,131,720)	(565,860)	565,860
F10	STD	STD Selective Testing	(72,500)	(72,500)	-
F11	HUH	Closure of housing projects in need of rehabilitation	(61,389)	(61,389)	-
F12	HUH	Elimination of funding for the Crisis Response Team/SFGH Emergency Housing Program	(151,684)	(151,684)	-
F13	HUH	SRO Collaborative	(148,828)	(148,828)	-
F14	PC	Medical Patch for Adult Day Health Center	(20,000)	(20,000)	-
F15	PC	Primary Care Reduction - Medically Indigent Adults	(141,699)	(141,699)	-
F16	PC	Primary Care Reduction	(104,759)	(104,759)	-
F17	SFGH	Conversion of One 21 Bed Acute Psych Unit to a Non-Acute unit	(315,027)	-	315,027
F18	SFGH	Convert all CNAs to Nursing Care Assistants for all units except SNF and BHC	(169,893)	(169,893)	-
F19	SFGH	Convert EKG Technician to Medical Evaluation Assistant (MEA)	(4,872)	(4,872)	-
F20	Dept. Wide	Security Outsource	(895,497)	-	895,497
F21	Dept. Wide	Management Reductions and Efficiencies.	(250,000)	(250,000)	-
F22	Dept. Wide	Elimination of vacant positions		-	-
F23	CBHS	Walden House	-	-	-
F24	LHH	Closure of Adult Day Health Center at LHH	(132,533)	(132,533)	-

F25	HAH	Health at Home	(404,521)	-	404,521
F26	JH	Jail Health	(23,566)	(231,566)	(208,000)
F27	SFGH	5% cut to UC Affiliation Agreement	(1,301,367)	(1,301,367)	-
F28	SFGH	Medical High User Program	(133,137)	(133,137)	-
F29	SFGH	Close the 4C Clinic on Holidays	(13,401)	(13,401)	-
F30	HUH	Termination of Contracted Case Management Services at Two Housing Sites and Replaced With MediCal Billable Staff	(272,721)	(272,721)	-
F31	CBHS	Reductions Community Behavioral Health Contracts	(4,775,988)	(3,888,248)	887,740
F32	CBHS	5% reduction in CBHS civil service clinics	(305,690)	(305,690)	-
F33	SFGH	Convert Unit Clerks to Clerks in Certain Outpatient Areas	(145,637)	(145,637)	-
F34	SFGH	Convert RN's in Certain Outpatient Clinics to LVNs and MEAs	(703,474)	(703,474)	-
F35	SFGH	Inpatient LVN Reduction	(402,406)	(402,406)	-
F36	CBHS	Clinic Co-location and Care Coordination	(35,000)	(35,000)	-
F37 NEW	Dept. Wide	Decrease Health Education	(257,869)	(257,869)	-
<b>TOTAL REDUCTIONS</b>			<b>(14,404,169)</b>	<b>(11,179,294)</b>	<b>3,224,875</b>
<b>TOTAL REDUCTIONS AND REVENUE</b>			<b>(17,426,669)</b>	<b>(14,201,794)</b>	<b>3,224,875</b>
<b>Balancing Plan to address CY projected deficit</b>					
		Additional revenue at SFGH	(9,000,000)	(9,000,000)	-
		Delay spending on initiatives	(1,740,000)	(1,740,000)	-
		Hold Vacant Positions	(8,900,000)	(8,900,000)	-
		Reduce General Fund Match - Loss of State Grant	(1,200,000)	(1,200,000)	-
		Substitute Non GF for GF emergency generator project	(1,000,000)	(1,000,000)	-
	<b>Total</b>		<b>(39,266,669)</b>	<b>(36,041,794)</b>	<b>3,224,875</b>

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 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: **Bob Cabaj, 255-3447**

PROGRAM / INITIATIVE TITLE: **Community Programs Outreach Reduction**

GENERAL FUND: **\$654,270 General Fund Reduction in FY08\_09**

**\$1,338,860 General Fund Reduction in FY09\_10**

TARGETED CLIENTS: Adults with Substance Abuse Addictions and Adults with Mental Health Disorders

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Funding for eleven Community Behavioral Health outreach programs will be eliminated under this mid-year initiative. Additionally, the General Fund supplement for nine Substance Abuse Primary Prevention programs currently funded by the Federal Substance Abuse Prevention and Treatment Block Grant will be eliminated. The affected Agencies/Programs and the General Fund savings in FY08\_09 and FY09\_10 are as follows:

Richmond Area Multi-Services, Outreach - FY08\_09: \$11,408; FY09\_10: \$24,890  
SF Study Center, Office of Self Help- FY08\_09: \$68,869 FY09\_10: \$150,260  
SF Study Center, Socialization Through Empowering Peer - FY08\_09: \$23,364 FY09\_10: \$50,975  
SF Study Center, Center for Special Problems - FY08\_09: \$10,201; FY09\_10: \$22,256  
SF Study Center, Southeast Jobs Initiative Roundtable - FY08\_09: \$8,122; FY09\_10: \$17,720  
Bayview Hunters Point Foundation, Family Center Outreach – FY08\_09: \$158,897; FY09\_10: \$346,685  
Caduceus, Outreach Services – FY08\_09: \$40,104; FY09\_10: \$87,500  
Larkin Street, Homeless Youth Outreach - FY08\_09: \$93,789; FY09\_10: \$204,631  
National Council on Alcoholism, Information Center - FY08\_09: \$52,735; FY09\_10: \$115,059  
St. James Infirmary: FY08\_09 - \$75,000; FY09\_10: \$75,000  
Japanese Community Youth Council, Asian Youth Prevention Services - FY08\_09: \$47,048; FY09\_10: \$102,651  
San Francisco Pre-Trial Prevention – Substance Abuse Referral Unit - FY08\_09: \$32,300; FY09\_10: \$70,472  
Asian American Recovery Services, COPASSA Prevention - FY08\_09: \$4,431; FY09\_10: \$9,667  
Bayview Hunters Point Foundation , Youth Prevention - FY08\_09: \$1,664; FY09\_10: \$3,631  
Center on Human Development, Youth Striving for Excellence - FY08\_09: \$2,274; FY09\_10: \$4,961  
National Council on Alcoholism, Youth Services - FY08\_09: \$1,780; FY09\_10: \$3,884  
Westside Community Mental Health, Youth Aware Prevention - FY08\_09: \$1,782; FY09\_10: \$3,887  
Youth Leadership Institute, Friday Nite Live - FY08\_09: \$4,051; FY09\_10: \$8,838  
YMCA, Urban Services Prevention - FY08\_09: \$16,451; FY09\_10: \$35,893

**JUSTIFICATION:** (required by the Mayor's Office)

The need for multiple, small outreach projects has been reduced over the past year. The creation of Healthy San Francisco has generated wide publicity and outreach, bringing new individuals into treatment and coordinating the care of many who already received some services piecemeal. Healthy San Francisco now provides a primary health care home for most indigent San Franciscans, which creates a steady stream of individuals needing specialty mental health and substance abuse treatment to community treatment providers.

The consolidation of the Homeless Outreach Team and the MOST Team into 'SF First' provides a single, large, coordinated outreach unit focused on engaging populations identified as the top priority by the Department.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

This initiative will result in the reduction of outreach services to 1,234 unduplicated clients with an equivalent loss of 21,167 units of service.

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

This initiative will result in General Fund savings in the Medical Services Contract line as follows:

HMHSCCRES227: FY08\_09: \$258,305; FY09\_10: \$563,574  
HMHMCC730515: FY08\_09: \$309,557; FY09\_10: \$675,396  
HMHMCP751594: FY08\_09: \$11,408; FY09\_10: \$24,890  
HCHPDAIDPRGF: FY08\_09: \$75,000; FY09\_10: \$75,000

**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:

- |   |  |
|---|--|
| <input 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 checked="" type="checkbox"/> AIDS Office HIV Prevention Section |
| <input type="checkbox"/> Health At Home                 |  |

DPH SECTION: AIDS Office - HIV Prevention

PROGRAM CONTACT NAME/PHONE: **Dr. Grant Colfax 554-9173**

PROGRAM / INITIATIVE TITLE: **HIV Prevention Programs**

GENERAL FUND: **\$565,860 (midyear reduction), \$1,131,720 (annualized)**

TARGETED CLIENTS: Residents of San Francisco who are at high risk for HIV.

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

HIV Prevention programs are guided by the priorities of the HIV Prevention Planning Council (HPPC). The HIV Prevention Section works closely with the HPPC to establish and implement programs reaching the highest risk populations. To manage the General Fund reduction, the HPS maintained the HPPC priorities to focus funding on gay men and other men who have sex with men, transgendered populations at risk, and injection drug users. Less funding is targeted to lower risk populations, such as females who sex with men and males who have sex with females. HPS proposes a cut across all programs, grant-funded and General Fund with the exception of syringe access (needle exchange) programs which will be held harmless. Programs will then largely be funded on grants to address the General Fund reduction. Syringe access programs will be maintained at current funding level because of the evidence that demonstrates the effectiveness of these programs in preventing HIV transmission among injection drug users and their partners. The low rate of HIV among heterosexual populations in San Francisco is often attributed to the early and continuous support of to syringe access programs.

The HIV Prevention Section is meeting the HPPC priorities with the following plan:

1. \$565,860 will be reduced with the following methodology:
  - Hold syringe access (needle exchange) programs harmless
  - Reduce funding allocation for behavioral risk populations 7 (females who have sex with males [FSM]) and 8 (males who have sex with females [MSF]) to the levels recommended by the HPPC
  - Achieve the remainder of the cut by reducing all other program funding by the necessary percentage.

The cuts are administered as follows:

- AGUILAS, Inc -- Health Education/Risk Reduction - \$6,901
- Ark of Refuge, Inc -- Prevention with Positives - \$3,658
- Asian and Pacific Islander Wellness Center -- Health Education/Risk Reduction - \$8,612
- Bay Area Young Positives -- Prevention with Positives - \$3,015
- Black Coalition on AIDS --Prevention with Positives/Health Education/Risk Reduction - \$6,349
- Girls After School Academy -- Health Education/Risk Reduction - \$14,889
- Glide Foundation -- Counseling, Testing, Linkages - \$19,603

- Harder & Co – Technical Assistance - \$3,514
- Institute for Community Health Outreach – Health Education/Risk Reduction - \$21,662
- Instituto Familiar de la Raza - Prevention with Positives/Health Education/Risk Reduction - \$8,705
- Instituto Familiar de la Raza - Health Education/Risk Reduction (youth) – \$20,413
- Iris Center - Health Education/Risk Reduction - \$30,947
- Larkin Street Youth Center - Health Education/Risk Reduction - \$4,318
- Larkin Street Youth Services- Counseling, Testing, Linkages - \$8,395
- Mission Neighborhood Health Center – Health Education/Risk Reduction & Counseling, Testing, Linkages - \$8,393
- Mobilization Against AIDS – Health Education/Risk Reduction - \$3,828
- Native American AIDS Project - Health Education/Risk Reduction - \$13,738
- New Leaf – Health Education/Risk Reduction - \$5,922
- PHFE – Fiscal Intermediary Svs – \$2,038
- San Francisco AIDS Foundation/Magnet/Stonewall/BBE – Health Education/Risk Reduction - \$26,964
- San Francisco LGBT Community Center – Health Education/Risk Reduction - \$3,873
- Shanti – Prevention with Positives - \$16,002
- St James Infirmary – Health Education/Risk Reduction - \$12,458
- STOP AIDS project – Prevention with Positives/ Health Education/Risk Reduction - \$27,650
- Tenderloin Health – Counseling, Testing and Linkages - \$10,235
- Tenderloin Health – Prevention with Positives - \$13,176
- Tenderloin Health – Prevention with Positives - \$12,346
- Tenderloin Health –Health Education/Risk Reduction - \$28,507
- Tenderloin Health – (HYA) Health Education/Risk Reduction - \$37,736
- UCSF AIDS Health Project – Counseling, Testing, Linkages - \$23,898
- UCSF AIDS Health Project – Health Education/Risk Reduction - \$6,104
- UCSF Women’s HIV Program – Prevention with Positives - \$20,533
- UCSF AIDS Health Project – Health Education/Risk Reduction - \$3,560
- UCSF Positive Health Practice – Prevention with Positives – \$2,600
- Walden House – Health Education/Risk Reduction & Prevention with Positives - \$9,207
- SFDPH/Community Health Prgs for Youth - Counseling, Testing, Linkages - \$4,315
- SFDPH/Forensic AIDS Project – Counseling, Testing, Linkages - \$68,805
- SFDPH/STD Prevention and Control– Counseling, Testing, Linkages - \$17,899
- SFDPH/STD Prevention and Control — Health Education/Risk Reduction - \$7,222
- SFDPH/STD Prevention and Control- Third Party Notification - \$2,550
- SFDPH/STD Prevention and Control – Prevention with Positives - \$3,286
- SFDPH/Tom Waddell Health Center – Counseling, Testing, Linkages - \$4,473
- SFDPH/Public Health Lab – Counseling, Testing, Linkages - \$7,561

**JUSTIFICATION:** (required by the Mayor’s Office)

To maintain the HIV prevention priorities of the HPPC, a reduction was made across all HIV prevention programs, with the exception of syringe access programs (needle exchange). Syringe access programs are demonstrated effective in preventing the transmission of HIV among injection drug users, a vulnerable and high risk population. Early support in San Francisco for syringe access programs has lessened the impact of HIV on injection drug users and their partners and may contribute to the low rates of HIV among heterosexual populations. Therefore these programs will be held harmless. Both grant-funded and city funded programs are cut, therefore, programs currently on General Fund will be moved to grant-funded to account for the budget reduction.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

This initiative will result in the reduction of services to 2,048 unduplicated clients with an equivalent loss of 9,981 units of services.

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

(\$565,860) General Fund Reduction, (\$1,131,720) General Fund Reduction Annualized

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

TBD

2008-2009 Program Change Request  
Mid Year Reductions

**DEPARTMENT NAME:**

- |  |   |
|--|---|
| <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 checked="" 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: San Francisco General Hospital / Community Primary Care  
PROGRAM CONTACT NAME/PHONE: Sue Currin / Michael Drennan MD  
PROGRAM / INITIATIVE TITLE: **Replace RN's in Certain Outpatient Clinics with LVNs and MEAs**  
GENERAL FUND: **(\$703,474)**

**TARGETED CLIENTS:**

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

This initiative would replace Registered Nurses (RN) with Licensed Vocational Nurses (LVN) or Medical Evaluation Assistants (MEA) in outpatient areas that do not do treatments, procedures or see urgent care patients.

**JUSTIFICATION: (required by the Mayor's Office)**

This change is supported by our budget principle that reductions will be guided by the DPH Strategic Plan goal that "services, program, and facilities are cost-effective and resources are maximized." In the outpatient areas where there are no treatments, procedures and urgent care services, it is more cost effective to use lower level LVNs and MEAs to support the clinical operations. Patient care will not be compromised.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

None

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

This would reduce salary and fringe expense by \$703,474 for FY08-09 if fully implemented by February 20, 2009. The savings would increase to \$2,448,093 for FY 09-10.

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

There would be a reduction of 7.73 RN FTE's, an increase of 0.64 LVN FTEs and an increase of 6.61 MEA FTEs in FY 08-09.

2008-2009 Program Change Request  
Mid-Year Reduction

DEPARTMENT NAME:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input checked="" type="checkbox"/> Public Health        |
| <input type="checkbox"/> Laguna Honda Hospital                     | <input checked="" type="checkbox"/> CBHS - Mental Health |
| <input checked="" 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: San Francisco General Hospital  
PROGRAM CONTACT NAME/PHONE: Jenny Louie 554-2605  
PROGRAM / INITIATIVE TITLE: **Reduce Health Education Initiatives**  
GENERAL FUND: (\$257,341)

TARGETED CLIENTS:

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Assistant Health Educators in the lead prevention section (1), women's health center (1), primary care (3), quality management (1), and health promotion (2.9) perform a variety of education tasks.

**JUSTIFICATION: (required by the Mayor's Office)**

Health education services are a lower priority than providing direct health services. Moreover, these entry level positions are non-revenue generating.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

TBD

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

Effective February 20, 2009, decrease operating expenses \$257,869, in FY08-09 and \$886,970 in FY09-10.

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

2.96 FTE 2819 Assistant Health Educators will be reduced in 08-09 for a total FTE reduction to 7.9 FTE in 09-10.