SF Examiner 18 Feb 87 p. A-1

City seeking 35% increase in AIDS fund

Even that called too little to meet needs of ever-growing caseload

By Joan Smith
OF THE EXAMINER STAFF

San Francisco public health officials are asking for a 35 percent increase in the AIDS budget next year, but they say even that won't be enough to keep up with an exploding caseload.

Within five years, the monthly average of 33 AIDS patients at San Francisco General Hospital will jump to nearly 200, which would overwhelm the 550-bed facility, officials said.

"They're not even asking for what it would take to meet the need," said Dr. Philip Randolph Lee, president of the city Health Commission, which considered the Public Health Department's $11 million budget proposal Tuesday.

"The Shanti Project, for instance, needs an additional $400,000 to fully serve the increased number of patients they are expecting," Lee said. "But the department considers it realistic to ask for only $30,000."

The Shanti Project is a privately operated program that contracts with the Health Department to care for AIDS victims and their families.

Officials and AIDS experts told the commission Tuesday that by 1992, 20,000 San Francisco residents would have contracted AIDS and 15,000 would have died of the disease. Statewide, the disease will take the lives of 50,000 people by 1992, at which time the cost of medical care for AIDS victims will reach $2.5 billion.

Public health officials told the commission they wanted The City

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HEALTH

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to kick in an additional $3.3 million to fight AIDS during the 1987-88 fiscal year. Of that, about $1.7 million would go to Health Department projects, including research, education, mental health and other support services.

Another $1.2 million would go for the increased patient load at San Francisco General Hospital. The rest would be used for outpatient and other services, according to Jeff Amory, director of the AIDS office at the Health Department.

"I think the really telling budget item was the $450,000 allocation for the drug AZT," Lee said. "The drug (which is known to boost survival and improve symptoms of patients who already have AIDS) costs an estimated $1,000 to administer to one person for one day. If we had the 500 AIDS patients we're expected to have in San Francisco by 1992, we'd use it all up the first day."

Much of next year's proposed budget increase would be spent on treating intravenous drug users, Amory said. Funding for "substance-abuse" programs would more than double from $706,000 to $1.6 million.

"One project is an education program to get people into detox or methadone maintenance," Lee said. "People might be critical of methadone because you're just substituting one addiction for another, but our goal is to get people off the needle.

"The virus is now moving more rapidly in the intravenous drug-using community than it is in the gay community. So we want to get them off the needle or at least to get the educational message across that they shouldn't be sharing needles and should, at least, be using things like bleach (to sterilize them)."

But both Lee and Amory said city services soon would be overwhelmed if the state and federal governments didn't start kicking in more money for local AIDS treatment programs.

Because of a new state formula for allocating AIDS money, San Francisco will lose $745,652 in state funding this year.

Lee said the state had cut money for AIDS information and education by 42 percent.

"Over and above that, they've completely withdrawn any support for AIDS-specific substance-abuse services in San Francisco," Lee said.

Those services consisted of a drug-education program aimed at intravenous drug users, Lee said.

"The governor says he's increasing funding, but the state has changed its priorities," he said.

The Public Health Department is asking The City for about $600,000 to continue this particular program.

"I think the major need that we just don't have enough money to take care of is education and intervention around substance abuse," Amory said.

"I think the best way of putting it is that this is a huge unknown," he continued. "On the East Coast, in New York and New Jersey, more than half of the new cases each month are among people with a history of IV-drug use and needle sharing."

Amory said he thought Commissioner John Blumlein best summarized the problem.

"He said the supply of dollars is not unlimited and we need to face the reality that The City and County of San Francisco can't accommodate all the needs that are emerging with this epidemic," Amory said.

The Health Commission will hold a special meeting at 2 p.m. March 10 to vote on the AIDS budget. The budget then goes to the mayor and the Board of Supervisors for approval.

City departments seek $90 million more in next year's budget

By Andrew Ross
OF THE EXAMINER STAFF

City departments have asked Mayor Feinstein to boost their spending next year by $90 million, responding in part to the growing AIDS epidemic, an influx of welfare recipients and the need to expand other city services.

But the mayor, whose office Monday predicted a citywide budget deficit of up to $4 million by the close of the fiscal year June 30, has warned she will hold the line on spending in 1987-88. The City's current annual budget calls for $1.8 billion in spending.

That means next year's budget requests will have to be trimmed by $90 million — with or without increased funding for AIDS programs and other services, the mayor said.

In a single-page letter to the Board of Supervisors, the mayor said some of the expected increases may prove unnecessary. But she added, "I felt you should at least be aware of the intense competition for scarce resources so that you can rationally consider policy decision which may further affect our expenditure levels."

Board President Nancy Walker, who Monday sponsored a potentially costly measure that liberalizes The City's eligibility requirements for welfare, said she took the mayor's budget warning seriously.

"It means we got trouble," she said.

But Walker predicted that The City would find a way to balance next year's budget without cutting services.

Bob Gamble, budget analyst for the mayor, said it's too early to say where the budget cuts would be made. But he acknowledged that one option to help alleviate the money shortage would be to revive The City's 5 percent residential utilities tax on gas, water, electric and phone bills.

Restoring the tax, at a cost of about $57 a year to the average utility user, could generate an estimated $10 million a year in revenues.

Supervisors passed the tax 16 years ago, but have regularly exempted residential utility users except for 1985-86 when The City was faced with a $76 million budget deficit.

Last November, city officials predicted a possible budget deficit of $18 million to $25 million next year, with a $10 million deficit by the close of the fiscal year June 30. But Gamble said that figure has been revised to about "$3 million or $4 million" — a figure he considers small relative to the $1.8 billion budget.

Gamble said San Francisco's projected revenues for next year "are in good shape. ... If we can hold appropriations (expenditures) at about the current year's level, then we should be at roughly a break-even situation."

But the mayor's office acknowledged that The City is facing serious demands for some budget increases. Among them:

- The Department of Health is seeking a $14 million budget increase, including $6 million for AIDS-related programs, ranging from hospital care to educational services.

The department has received about $2.8 million in outside funding for AIDS programs, but that leaves another $3.2 million to be picked up from The City's general fund, said Larry Meredith, deputy director of operations for the Health Department. The department's overall budget request is for $347 million.

- The Department of Social Services is pressing for an immediate $5.7 million supplemental appropriation to cope with an increased demand for welfare assistance, according to Judy Schutzman, the department's director of administrative services. A similar increase will likely be needed next year, she said.

In addition, the department has increased its overall budget request for welfare recipients and the homeless from about $26.5 million this year to $28.5 million in fiscal 1987-88.

- The Police Department is requesting a $4.9 million increase in its operating budget for new equipment, including replacing and expanding its aging fleet of squad cars and motorcycles. The mayor cut those items out of this year's budget.

The Police Department, whose overall budget request of $192.5 million is 2.5 percent above current spending, has not requested an increase in its 2,500-member work force.

Other areas of the budget expected to swell next year include the Registrar of Voters, which is bracing for the mayoral election, and the Municipal Railway, which is predicting a steep increase in workers compensation benefits.

The mayor's office will spend the next three months honing The City's new budget, which must be submitted to the Board of Supervisors by June 1 for formal adoption.

SF Chronicle 11 March 87 p. 2.

Increase in S.F. AIDS Funds Asked

By Edward W. Lempinen

The San Francisco Health Commission unanimously asked Mayor Feinstein yesterday for a 25 percent increase in funds to fight the AIDS epidemic next year.

Before the vote, commissioners conceded that the request for $3.3 million more than the budget proposed by the mayor is probably doomed because of the city's lean finances.

With the number of AIDS deaths in San Francisco expected to double in the next 18 months, Feinstein has offered a 1.7 percent increase for AIDS education and treatment programs for the year starting July 1.

That proposal would add $219,683 to the $12.9 million in city funds budgeted this year for AIDS education, prevention and treatment.

Yesterday's discussion was marked by pessimism. Frustration and flashes of anger were obvious in hospital workers, the audience and commissioners themselves.

"I've never been more discouraged than this," said John S. Erlich, chairman of the Community Public Health Advisory Board. "Here we're sitting, talking compromise. We could be saving thousands of lives.

"Damn it, we're falling behind," he said.

"We certainly share your frustration," replied Commissioner James M. Foster. "But what you've heard today is nothing compared to what's in the works."

Foster insisted that money is available, but that President Reagan and Governor Deukmejian "won't spend it."

He accused Marin County of sending 85 percent of its AIDS patients to San Francisco for treatment while spending "not one dollar" on its own AIDS programs.

"I think Marin County ought to be horsewhipped for their response to the epidemic," he snapped.

No cure is known for the disease, which has killed 1,773 and stricken 2,963 in the city. The death toll could reach 20,000 by 1991, experts fear.

A report prepared by the Department of Public Health staff to support the budget request called AIDS "the most serious health crisis ever faced" by San Francisco. It recommends increased spending for public AIDS education, aimed especially at minorities.

Feinstein's budget recommends a slight cut in funds for AIDS education. AIDS programs for intravenous drug use would be slashed from $126,000 to $39,000. Her plan would give a bit more money for acute medical care and a bit less for some other medical care.

The health department's proposal seeks more money for every kind of AIDS research, treatment and education. Substance-abuse programs would get $630,000. Clinical screening and acute medical care would get $1.5 million more than Feinstein requested.

Dr. Richard Sanchez of the Health Commission warned that the health department must be poised to cut if the request is not approved.

In other action yesterday, the commission voted unanimously for a plan to make doctors in training at San Francisco General Hospital employees of the University of California. For the past 30 years, they have been on the county payroll even though they are being trained under auspices of the university.

SF EXAM. ne 3/11/87 PB-3

35% rise in AIDS funds sought by health panel

By Andrew Ross
OF THE EXAMINER STAFF

AIDS funding in San Francisco would increase 35 percent next year under a tentative budget package adopted Tuesday by the San Francisco Health Commission.

But the $24.8 million for patients with acquired immune deficiency syndrome and for education about AIDS offered little comfort to those worried about the explosion in caseloads.

"We're talking about (budget) compromises, and we've got the worst epidemic in history," John Ehrlich, president of The City's community public health advisory board, told the commissioners. "We're falling behind."

He urged the board to spend more on AIDS education, calling it a relatively cheap investment, compared with the average $100,000 cost of treating a dying AIDS patient.

But Commissioner James Foster said "education is too late" for the thousands of San Franciscans who have already tested positive for the AIDS antibody. By 1992, he said, 20,000 people in San Francisco will have contracted the disease; all but 5,000 will be dead.

Of the proposed $24.8 million in AIDS funding next year, The City's share would be $16.2 million. The balance would come from state and federal grants. Last year, the total for AIDS spending was $17.3 million, and San Francisco's portion was $12.9 million.

And of the additional $3.3 million being asked for city AIDS funding next year, nearly $400,000 would be spent on education — programs ranging from counseling for school dropouts to training for doctors and other health providers.

Another $1.2 million would go for eight new beds at San Francisco General Hospital. The hospital now treats 33 AIDS patients a month, but its caseload is expected to rise to 200 a month within five years.

The remaining budget increase would be used for AIDS research, psychiatric care, outpatient treatment and other support services.

A $104,000 allocation, for example, would be used to reach out to intravenous drug users. Another $230,000 would go for detoxifying alcoholics and drug abusers who have AIDS.

Saying it was "unrealistic" to expect the mayor and Board of Supervisors to grant the entire $3.3 million budget request because of The City's fiscal constraints, commissioners told their staff members to return in April with programs ranked by priority.

Altogether, city departments have asked Mayor Feinstein to boost their spending next year by $90 million over the current $1.8 billion budget. But the mayor, whose budget recommendations will be submitted to the Board of Supervisors by June 1, has said she will hold the line on spending next year.

In an unrelated matter, the Health Commission on Tuesday approved a plan to take 203 S.F. General interns and residents off the county payroll and make them University of California employees.

The City had been paying the doctors' annual $6.5 million in salaries directly. Under the proposed new agreement, on which the Board of Supervisors will vote, The City will pay UC directly for hospital services.

AIDS Resource Program

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The AIDS Resource Program is a program of information, education and training, technical assistance, and policy research and analysis linking communities nationwide in the fight against AIDS.
Supported by a grant from The Robert Wood Johnson Foundation.

S.F. proposes $450,000 for AZT treatment

Health chief expects federal aid to help pay for poor, uninsured

By Jayne Garrison SF EXAMINER
OF THE EXAMINER STAFF 5/28/87

Mayor Feinstein's proposed new budget sets aside $450,000 to pay for the experimental and costly AIDS drug AZT — enough to treat 50 patients for one year.

City officials are counting on federal aid, state Medi-Cal and private insurance to pay the cost for the remaining 1,000 to 1,200 patients with AIDS and AIDS-related complex expected to qualify for the drug in the coming year.

David Werdegar, director of San Francisco's Health Department, on Wednesday called $450,000 "an appropriate amount to get us through this initial period of uncertainty," although he acknowledged it covered but a fraction of those expected to demand the drug.

"There are so many question marks," Werdegar said. "We need a clearer view on the amount of AZT available to us without cost for research needs, the amount of federal money we may receive, and the number of patients who will qualify for AZT."

"These are imponderables," he said. "We had to make estimates and calculations (for the city budget), and we don't have all the information at hand."

AZT, called Retrovir by its manufacturer, Burroughs Wellcome Co., was licensed by the federal government earlier this year as the first widespread treatment for acquired immune deficiency syndrome. A year's supply costs about $10,000, and it is available only to people whose immune system T-cell count has fallen below 200.

A healthy person has roughly 800 to 1,200 T-cells, which are vital to the immune system. The AIDS virus kills the cells.

Werdegar and his staff are still drafting their formal policy on who may receive city-paid AZT. He said the policy will be released June 16 before the Health Commission.

But Feinstein's budget makes it clear The City hopes to buy AZT only for the medically indigent: poor people who have no health insurance and who do not qualify for Medi-Cal.

California's Medi-Cal program has agreed to buy AZT for eligible patients on its rolls. Most insurance companies have agreed to cover the costs for patients whose plans pay for prescription drugs.

But some people will slip through the cracks of health insurance, either because their policies don't cover drug expenses or because they don't have insurance. These are the people most likely to turn to The City.

Dr. George Rutherford, medical director of The City's AIDS Office, offered a "reasonable guess" that 100 people are in that uncovered category.

Because AZT can cause severe anemia, making it intolerable for some patients, not all will want the drug. Thirty-two of the 70 patients participating in AZT experiments at San Francisco General Hospital have dropped the drug because of adverse side effects.

Still, health officials and activists for AIDS care agree that in the long run $450,000 will not be enough to cover the demand for AZT.

"It's appreciated, but it's insufficient," said Harvey Mourer, secretary of the AIDS/ARC vigil, a group that has set up camp downtown in United Nations Plaza in an attempt to force more federal funding for AIDS research.

Werdegar is counting on federal money to help. Rep. Henry Waxman, D-Los Angeles, and Sen. Lowell Weicker, R-Conn., sponsored a $30 million addition to this year's supplemental appropriations bill to cover the cost of AZT for uninsured poor people. That bill has passed the Senate and is before the House of Representatives. If approved, it must be signed by President Reagan to become law.

Werdegar said he is "very optimistic" that federal help is on the way, and had assumed so when he asked Feinstein for just $450,000.

"This is a starter (budget) if you will," said Larry Meredith, the Health Department's financial chief. "We expect this to carry us until we can work with the federal government for an appropriations package. After all, AZT is just the first of many (AIDS) drugs. Some system of paying for them has to be worked out."

Bay Area Reporter
28 May 87 p.1

City Hikes Budget To $17M For AIDS

Education Efforts Expanded To Target Specific Communities

by Tim Taylor

The budget Mayor Dianne Feinstein will present to the San Francisco Board of Supervisors this week for the fiscal year starting July 1 earmarks upwards of $17.2 million for AIDS programs, an increase of $4.3 million over last year. According to city officials, the increase will permit the Department of Public Health to expand inpatient and outpatient services, as well as augment education and prevention programs.

Budget

(Continued from page 4)

One big budget winner was the Shanti Project, which will receive funds to expand independent resident programs, train and recruit new volunteers, and expand counseling and emotional support services. The city will also expand services to IV drug users, AIDS and ARC residents of city-funded hotels, and home health care and in-home hospice services. A total of 22 AIDS-related programs will be initiated or expanded.

The added funds were an unusual phenomenon this year coming from a budget-conscious administration which has been pleading poverty recently. City department heads were warned not to submit budget requests exceeding last year's funding levels.

But said Dr. David Werdegar, the city's chief health officer, "[Mayor Feinstein] gave all of our AIDS issues very good treatment and we thought we came away with a very fine AIDS budget."

Said the mayor, "San Francisco has been fighting AIDS since 1982 and our commitment to do everything possible remains firm."

In the new budget, the city is hoping to buck national trends which have reported larger numbers of AIDS cases and higher rates of HIV infection among women and minorities in other places than has occurred in San Francisco. Noting that there may still be time to prevent this aspect of the epidemic from reaching the huge dimensions experienced by New York and other East Coast urban centers, AIDS Office director Jeffrey Amory said, "There is a need to alert people to the problems facing [women and racial and ethnic minorities]. Although the numbers are small, it's the tip of the iceberg. We saw how that tip developed for gay men."

The percentage of minority cases has grown sharply, with the total number increasing eight times since 1984. Of 2,853 AIDS cases reported in the city as of last Jan. 31, 6.6 percent involved Latinos, 5.7 percent were Blacks, and 1.3 percent were Asians or Pacific Islanders. Women accounted for 1.3 percent of all cases.

Amory said the department plans education and prevention initiatives that are responsive to women's concerns, and which are culturally specific for the city's melting pot of racial and ethnic minorities. To do this, the city will increase the capacity of neighborhood health centers to accommodate more instances of AIDS and HIV infection. Education materials which previously contained generalized information will be altered to more directly target specific interest groups. And representatives of women's groups and minorities will be more involved in program development.

As an additional spending item, the city will contribute $1.2 million for building improvements in San Francisco General Hospital to expand inpatient and outpatient services. The funds will allow the hospital to add eight beds specifically set aside for people with AIDS, bringing the total number of reserved beds to 28. Improvements in AIDS-related outpatient services are also planned at Southeast Health Center, South of Market Health Center, Children's Health Center and Women's Health Center.

The total cost of capital improvements in the taxpayer-financed facility is $4.3 million with some funds coming from the hospital's budget, MediCal reimbursements, private insurance and other sources.

According to a fact sheet prepared by the mayor's budget office, last year's $13 million AIDS budget included grants to a variety of community based organizations. Shanti Project received nearly $1 million and the San Francisco AIDS Foundation was awarded nearly $800,000. Other recipients of city funds were Garden Sullivan Hospital (for non-acute care impatient services), the Haight-Ashbury Free Medical Clinic and the Community Substance Abuse Services center. Several home health care and hospice programs, substance abuse clinics and counseling services also received support. ●

SF Sentinel 29 May 87 p 3

33% Increase for AIDS Funding

by Bob Marshall

Calling AIDS "the public health tragedy of the century," Mayor Dianne Feinstein has proposed an additional $4.3 million dollars for AIDS-related services from the city's coffers. If approved by the Board of Supervisors, the mayor's appropriations for the fight against AIDS in the city's 1987-1988 budget would represent a 33% increase over this year's funding levels.

"In my early years, the priorities for budgeting were the uniform forces, both police and fire, and the MUNI [transit system]," said Feinstein at a Wednesday morning press conference. "Today, there's a host of different priorities. They are health, mainly the AIDS crisis, and social services, mainly general assistance.

"You've got to realize that we didn't before have the expectation of what AIDS was going to do," Feinstein told reporters. "There's 17 million dollars in this budget for AIDS. That wasn't a priority in 1979 and '80. I believe in '81-'82 we spent $184,000 on AIDS."

The additional money will bring city funding for AIDS-related services to $17.3 million, up from $12.9 million spent during the 1986-87 fiscal year. Additional AIDS outreach and education, especially for heterosexuals, youth, minorities and pregnant women, and expansion of support, treatment and housing services provided by the SF Department of Social Services, SF General Hospital and the Shanti Project are among the priorities listed in the 45-page summary of the mayor's $1,957,227,765 budget — the largest in city history, and Feinstein's ninth since she took office in 1978 after the assassinations of Mayor George Moscone and Supervisor Harvey Milk.

Health Commissioner Jim Foster says he is pleased with Feinstein's proposal.

"We had asked for six million in new program money, and considering the state of the city's finances, that she's come up with $4.3 million, I can't complain," said Foster. Still, he warns, the state and the federal government will have to take on a larger share of the financial burden in the future.

"Without significant federal and state help, the system that we have been so proud of is liable to collapse around our ears just because of the sheer numbers we're talking about," said Foster. "There's certainly no other place in the country that's spending the dollars that San Francisco is."

Mayor Feinstein shares his view. When asked if AIDS would eventually "break the city's back" financially, she replied, "In my opinion, there's no doubt that it will, and I can't provide for that. There's no way that any mayor can provide for AIDS two years from now."

Chris Sandoval of the Shanti Project, which is slated to receive additional funding for its practical and emotional support programs, counseling at SF General Hospital, and residence programs, also expressed fear for the city's financial future in the AIDS epidemic.

"Any sort of increase we get here at Shanti will be looked on with favor, but I have a continuing concern about the large numbers of people who will be diagnosed with AIDS during the coming fiscal year," he said. "Somehow the AIDS virus doesn't respect fiscal planning."

San Francisco has paid more than its share of expenses for AIDS patients, explained Foster, because Medi-Care and Medi-Cal programs will only pay for certain medical services.

"The truth is that most AIDS patients don't need those services," said Foster. "They need attendant care, they need meals on wheels, they need psycho-social support, they need someone to come in and clean the house. So until we can convince the state and federal governments to reimburse those services, we're still going to have to subsidize them."

Sandoval says programs like the Shanti Project can save the government money while providing a better quality of life for patients.

"The economic story around AIDS has not been totally written yet, and cities around the country need to look at the Shanti model," he said. "It's not only cost-effective, but it's coming from a place of compassion and understanding. Most people [with AIDS] really want to be in their home surroundings and be supported in the quality of life they're accustomed to."

At least on the state level, Foster doubts that help will come any time soon. Governor George Deukmejian's proposed budget holds AIDS funding at last year's level of $31 million, a large portion of that held over from last year. That's less than twice the amount Feinstein wants San Francisco alone to spend, and Foster says that "it's a fifty-fifty chance" that the governor will veto an additional $46 million proposed by the Assembly Ways and Means Committee.

"The governor's response has been outrageous," said Foster. "The legislature has been willing to stand up to the problem, but the governor is not."

Other highlights of the 1987-1988 budget, Feinstein's last because the city charter prohibits her from running for a third term, include $11 million for comparable worth programs to raise the pay of female and minority city workers, cutbacks on some MUNI routes during non-peak hours when "parallel" routes are available, and an increase in the price of MUNI's "Fast Pass," from $23 per month to $25. Fees for parking and recreational facilities would also be raised.

Feinstein defended her budget against critics who say the $7.5 million in emergency reserve funds doesn't provide enough of a cushion against financial disaster.

"Could the reserves be more? Yes, they could be more," said Feinstein. "I would have to cut more from the budget, and at a time of AIDS and homelessness, and those big dollars, I did not elect to do that. I want to leave a legacy of needs being met, and money being prudently spent."

Feinstein says the Board of Supervisors could increase the reserve by cutting back in other areas of the budget, but she thinks the city's belt is as tight as it can get.

"If the board wants to cut a police [academy] class and save a million dollars, they can do it," she said. "I did not elect to do it because I want to protect the police manpower."

Feinstein added that she doubts the supervisors will cut back on AIDS funding, and, at least for the time being, her prediction seems safe. The proposed budget is now before the board's Finance Committee, comprised of Supervisors John Molinari and Harry Britt, among the board's most outspoken proponents of increased AIDS funding, and Supervisor Jim Gonzales, a former Feinstein aide. The committee has the power to cut funding in any budget area, but cannot increase appropriations. After committee approval, the budget will be considered by the entire Board of Supervisors. ■

MEMORANDUM

November 9, 1989

TO: Interested Members of the Public

FROM: David Werdegar, M.D., M.P.H. D.W.
Director of Health

SUBJECT: 1990–91 Budget Priorities

On Tuesday, November 14, the Department of Public Health will host a public meeting to discuss proposed budget priorities for 1990–91. The informal but structured format for this meeting will encourage dialogue between key department representatives and the public regarding future program plans.

The following schedule will be used for this discussion.

1:00 – 1:30 San Francisco General Hospital
1:30 – 2:00 Laguna Honda Hospital
2:00 – 3:00 Mental Health/Forensics/Substance Abuse
3:00 – 3:30 Community Public Health Services
3:30 – 4:00 AIDS
4:00 – 4:30 Environmental Health/Toxics
Emergency Medical Services
4:30 – 5:00 Administration
5:00 – 6:00 General Discussion

Location: 101 Grove St., Room 300

DEPARTMENT OF PUBLIC HEALTH
PROPOSED BUDGET PRIORITIES
1990–91

Department–wide

Successfully implement AB 75 (Proposition 99 Tobacco Tax funds)

San Francisco General Hospital

1) Assure appropriate access thereby eliminating medical/surgical diversions.

2) Maintain licensure and accreditation standards.

3) Maximize revenue generation and operating efficiencies.

4) Address health and safety issues.

Laguna Honda Hospital

1) Improve the quality of care and the quality of life for residents, using professional standards set by the 1987 Omnibus Reconciliation Act law (to be implemented January 1, 1990) and regulations of the State Department of Health Services.

2) Attain optimal utilization of the new AIDS skilled nursing and expanded hospice units.

3) Complete the Facilities Master Plan for major capital improvements.

4) Explore development of a new specialized inpatient geropsychiatric skilled nursing unit.

Mental Health

1) Develop a pilot mobile crisis and treatment team project for the chronically mentally ill in order to reduce inappropriate use of emergency and acute care.

2) Implement an emergency detoxification program for persons who exhibit a combination of acute mental health/substance abuse problems.

3) Reduce the need of out of home placements for children by implementing Robert Wood Johnson projects (case management, foster care services, in–home services, services to children in Juvenile Justice and special education) and increasing minority staff recruitment.

4) Increase supportive housing services for chronically mentally ill.

5) Increase culturally appropriate services, by continuing minority study stipend program, providing COLA for contractor salaries, and developing Asian focused children's mental health program.

Substance Abuse

1) Reduce waiting lists by the assertive pursuit of Federal and State grant funds.

2) Develop Latino Substance Abuse Treatment Program which includes outpatient and residential services in the Mission community.

3) Reduce substance abuse in the community by increasing prevention activities.

Forensics

1) Implement court ordered long term plan which includes minimum staffing requirements, capital improvements in the medical treatment areas and coordination among criminal justice agencies.

2) Reduce time spend in jail by mental health and substance abuse clients by developing multi-purpose center and expanding diversion programs and alternatives to incarceration.

Community Public Health Services

1) Consolidate and expand the Primary Care Network to address primary care needs of general population, HIV-infected people, I.V. and other substance abusers, and women and children, including family planning clients and CHDP patients.

2) Achieve goals of establishing "multi-service centers" at Health Center #3 and other Health Centers in cooperations with DSS and other City agencies.

3) Increase outpatient visit capacity by approximately 15% with increased staffing, improved patient flow, and use of evening clinics.

4) Increase health services for school children in coordination with SFUSD with specific goals and priorities to be set for the coming year. Other programs for youth will be expanded based on needs, in particular services to homeless youth.

5) Expand residential services for youth using crack cocaine in coordination with Community Substance Abuse Services and other City departments.

6) Renovate and expand the Tom Waddell Clinic.

7) Increase revenue generation.

AIDS

1) Increase capacity for asymptomatic HIV care by coordinating public and private sector resources.

2) Increase capacity for long term care of persons with AIDS.

3) Increase AIDS education for highest risk groups; including intravenous drug users and their sexual partners, gay and bisexual men, and youth, with special emphasis on racial and ethnic minorities.

Emergency Medical Services

1) Increase round-the-clock ambulance services by staffing two additional ambulances.

2) Continue development of advanced field treatment protocols and enhancement of paramedic and firefighter training.

Central Office

1) Increase MIS system capabilities for consistent MIA, AB 8, and other patient care servcies accounting. Utilize MIS for ongoing strategic planning and coordination of data with other city agencies.

Toxics and Safety Services

1) Monitor workplace environments of City departments to insure employee health and safety and protect health and safety of the public and community.

2) Assist city departments to comply with Federal, State and local hazardous materials laws and regulations.

3) Implement State-County MOU for hazardous waste generator inspections.

4) Respond to environmental concerns of the community.

5) Continue implementation of City's Asbestos Management Program.

Environmental Health Services

1) Increase revenue generation capabilities.

2) Complete program development and implementation of programs which will ensure the health and safety of the community.

11/9/89
1052z

FROM

City and County of San Francisco
Department of Public Health
101 Grove Street
San Francisco, CA 94102

POLSBRIEFS
FIRST CLASS

SAN FRANCISCO
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AIDS RESEARCH PROGRAM
1326 THIRD AVE
SF CA 94143-0936