



Mitchell H. Katz, MD
Director of Health

MEMORANDUM

DATE: February 14, 2003

TO: President Edward A. Chow, MD
and Members of the Health Commission

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

RE: **Health Department Budget for FY 03-04**

Attached please find a revised Department of Public Health FY 03-04 Budget and a resolution for your consideration.

The Department listened carefully to the requests for additional information from the members of the Health Commission as well as the concerns by both Commission members and members of the public about the severity of the budget cuts in our February 5th, 2003 Health Commission meeting.

In the 10 days we have had since our last hearing, we have done our best to compile the data requested by the Commission. We have also been able, in a few cases, to work with our community partners to fashion better solutions than the one's we had proposed at our last meeting.

Unfortunately, the vast majority of reductions have remained in the budget because we simply have no alternative way to reach our budget reduction targets.

Revisions to the prior Health Commission submission of the FY 03-04 budget are explained below. They are also shaded on the spreadsheet and those write-ups that have been revised are attached.

1. **Revisions to unavoidable increases in costs/regulatory requirements**

Lowered estimate of increased security needs by 18K	\$393,856
Increase in City Attorney Costs	\$90,000
IS needs for SB 1875 decreased by 100K	\$189,814

2. Further reductions of Administrative Staff

In an effort to meet our budgetary targets without cutting vital services, we have eliminated an additional 1 position for an additional general fund savings of \$80,603.

3. Additional Information about the Mental Health Rehabilitation Facility

The MHRF has a licensed capacity and an operating capacity of 147 beds, it is budgeted for 140 beds.

Current census is 139.

Demographics

<u>Age</u>		<u>Gender</u>		<u>Ethnicity</u>	
Age (mean)	43	Female	51%	White	37%
Age range	18-70	Male	49%	Black	31%
≤ age 21	4			Asian	24%
≥ age 65	9			Hispanic	7%
				Other	1%

Transition Data

Review of current census of 139 residents

Residents referred, accepted and waiting for beds	17
<i>Residents left to be discharged</i>	122
Likely to be discharged within 90 days	47
<i>Estimate of patients left in MHRF after 90 days</i>	75
Potential discharges of the remaining 75 residents	
<i>Level of care to be referred to:</i>	
▪ Locked IMD	14
▪ Medical SNF	4
▪ Family or other community based options	20
▪ Residential Care (able to stay @ MHRF)	32
▪ Residential Treatment	5
Total	75

As a residential care facility, the new MHRF would be dedicated to providing long term supportive housing to persons in San Francisco with chronic mental illness.

Our experience at the Broderick, a 30 bed residential care facility, is that by creating a supportive community environment we are able to provide a successful rehabilitative setting for persons who previously required institutionalization. This is consistent with the Supreme Court Olmstead decision, which stipulates that persons with disabilities should be cared for in the least restrictive environment. Because the new MHRF will not be a locked facility, those current residents who do not need a locked facility will be granted a less restrictive placement that is more appropriate for their needs.

The 15 bed adolescent program will continue as a distinct part-skilled nursing facility. The county currently receives reimbursement for adolescent services.

Because the current MHRF program is staffed primarily with licensed professionals (RNs, MDs) and the new staffing will be primarily non-licensed staff, the change in programming will result in a \$7.5 million reduction in expenses and a \$630,000 increase in revenues. Because the MHRF is considered a IMD from the point of view of the State of California, we receive no Medicaid revenue for adult clients.

Under our new model, the MHRF will care for the same number of clients. While we will need to place persons (who are currently in the MHRF or who will need the MHRF in coming months) in non-county locked facilities, there are other clients who are currently at non-county residential facilities, who will be able to move in to the MHRF.

4. Additional information about Translation Services

In our initial budget submission, we proposed a decrease of \$475,000 by decreasing the number of professional interpreters at SFGH. The motivation of this cut was to identify those few reductions of service at the hospital that are possible without losing revenue. Commissioners are aware that the bulk of our proposed cuts have not been in the hospital but rather in mental health and substance abuse services.

In understanding the consequences of this cut, it is important to view it in terms of our entire budget for providing professional translation and bilingual staff.

DPH SFGH Professional Interpreter Services and Bilingual Employees
Costs of Providing Bilingual/Interpretation Services

	<u>Cost</u>	<u>Comment</u>
Professional On-Site Interpreters		
Salaries & Fringe for 15 FTE, FY 01-02	\$952,945	\$18.72 to \$22.72 per hour, \$0.46 per minute
On-Call Language Bank Interpreters (FY 01-02)		
100 people from CCSF and the community,	\$215,232	\$10 flat fee for telephonic; on-site guaranteed \$40 (2 hrs), \$20 per encounter afterwards. About 40% are from the community.
Sign Interpreters - contract		
Bay Area Communication Access (BACA) (FY 01-02)	\$28,692	\$55 to \$75 per hour
Telephonic Services - contract		
Pacific Interpreters (Estimated for CY 02 - from DTIS)	\$8,504	Cheaper than language line, pay as needed. \$1.95 per minute
Language Line (Estimated for CY 02)	\$769	Available via City contract; \$50/mos., \$2.50-\$4.50 per minute

**Bilingual Pay Premium at SFGH
(CY 02)**

361 employees, includes non-permanent	\$320,032	\$40-60 per pay period for varying hours (see bilingual pay premium section)
Bilingual Pay Premium (CY 02) at other DPH sites.	\$552,752	
TOTAL	\$2,078,926	

Looking more specifically at SFGH, the current staff interpreter schedule

Current Staff Professional Interpreter Schedule:

Shifts	Languages Covered by Interpreters	No. of Interpreters Covering
Day Shift M-F 8 a.m. to 5:30 p.m.	Spanish, Cantonese, Vietnamese, Mandarin, Thai, Cambodian. Laotian, Tagalog, and Russian covered up to 4:30 p.m.	4-5 Spanish interpreters (1 is vacant) 4-5 multi-lingual Asian interpreters (1 is vacant) 0.5 Tagalog Interpreter 1 Russian Interpreter (also translates Spanish)
Evening Shift M-F 5:30 p.m. to 12 a.m.	Spanish, Cantonese, Vietnamese, Mandarin	1 Spanish, 1 multi-lingual Asian
Weekends Day and Evening Shift 8:30 a.m. to 12 a.m.	Spanish, Cantonese, Vietnamese, Mandarin	1 Spanish, 1 multi-lingual Asian for each shift

Professional Interpreter Services Provided:

- **On-Site Professional Interpreters and Volunteers**
 - Interpret in Cantonese, Mandarin, Vietnamese, Thai, Laotian, Cambodian, Tagalog, Spanish, and Russian. Provides the majority of language services.
 - On-site 8:00 a.m. and 12 midnight seven days per week (see interpreter schedule)
 - Between 12 midnight and 8 a.m., requests for language assistance that cannot be met by bilingual employees must be directed to the telephone operator who can access services from our on-call staff or through telephonic services

- **On-Call Language Bank Interpreters** with language capabilities in 35 languages.
 - Available over the phone and in person.
 - Includes CCSF employees and people from the community (40 out of 100 people are members of the community).
 - Used daily because current staffing of professional interpreters are unable to meet the current need within a 30 min. standard. Wait time can be up to two hours for a staff interpreter, especially for outpatient clinics, if staff are currently involved in stat calls from ED, labor and delivery, or interpreting during diagnostic procedures to patients.

- **Telephonic Services: Pacific Interpreters & Language Line** with language capabilities in approximately 100 languages. Price varies between \$1.95/minute to 4.50/minute. Pacific Interpreters is less expensive than the Language Line, so it is used as the primary service.
- **Sign Interpreters through Bay Area Communication Access (BACA) an outside agency in San Francisco.** Services include oral interpreting, relay interpreting, and tactile interpreting for blind/deaf patients. Price varies from \$55 to \$75/ hour.

Requests for Interpretation Services - 2002

<i>SAN FRANCISCO GENERAL HOSPITAL INTERPRETER SERVICES STATISTICS 2002</i>			
<i>LANGUAGE</i>	<i>Total requests</i>	<i>Percent *Top 5</i>	<i>Reported By Gloria Garcia Orme, RN, MS Director, Patient Relations SFGH, Room 2A26, 206-8536</i>
ALBANIAN	12	0.02%	<i>Data collected from Interpreter Services database</i>
ARABIC	550	1.1%	
BOSNIAN (serb-cro)	262	0.52%	
BURMESE	45	0.09%	
CAMBODIAN	430	0.86%	
CANTONESE	18094	*36.17%	
CHOU CHOU	72	0.14%	
ERITHREA	3	0.01%	
ETHIOPIAN	15	0.03%	
FARSI	14	0.03%	
FRENCH	16	0.03%	
GERMAN	3	0.01%	
GREEK	5	0.01%	
HINDI	250	0.50%	
HUNGARIAN	1	0.00%	
INDONESIAN	4	0.01%	
ITALIAN	14	0.03%	
JAPANESE	33	0.07%	
KOREAN	475	0.95%	
LAOTIAN	86	0.17%	
MANDARIN	1639	*3.28%	
MIEN	3	0.01%	
MONGOLIAN	22	0.04%	
PERSIAN	18	0.04%	
POLISH	3	0.01%	
PORTUGUESE	23	0.05%	
PUNJABI	7	0.01%	
RUMANIAN	17	0.03%	
RUSSIAN	2590	*5.18%	
SAMOAN	6	0.01%	
SIGN	320	0.64%	
SPANISH	22147	*44.27%	
TAGALOG	445	0.89%	
THAI	94	0.19%	

In person interpretations were provided by SFGH interpreters, on-call interpreters, volunteers, and Sign interpreters from BACA. Telephonic interpretations were provided by SFGH interpreters, on-call interpreters, volunteers, Pacific Interpreters & Language Line.

TOISANESE	58	0.12%
URDO	20	0.04%
VIETNAMESE	2541	*5.08%
TOTAL	50025	100.00%
Language Line	6	0.0%
Pacific Interpreters	351	0.006%

Total provided In Person	42002	83.96%
Total provided Telephonically	5623	11.64%
Total unable to meet	2400	4.80%
Total	50025	100.00%

Types of Interpretation	Number per month
Ancillary Services	357
Emergency Units	628
Inpatient Units	868
Outpatient clinics	2316
Total	4169

SFGH Bilingual Pay Premiums to Staff

Number receiving bilingual premiums, includes non-permanent staff at SFGH (CY 2002)	361																				
Total Cost (CY 2002)	\$320,032																				
Language distribution (permanent staff only, as of 1/17/03 pay period)	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Cambodian</td><td style="text-align: right;">4</td></tr> <tr><td>Cantonese</td><td style="text-align: right;">71</td></tr> <tr><td>Mandarin</td><td style="text-align: right;">17</td></tr> <tr><td>French</td><td style="text-align: right;">1</td></tr> <tr><td>Hindi</td><td style="text-align: right;">1</td></tr> <tr><td>Japanese</td><td style="text-align: right;">1</td></tr> <tr><td>Russian</td><td style="text-align: right;">7</td></tr> <tr><td>Spanish</td><td style="text-align: right;">179</td></tr> <tr><td>Tagalog</td><td style="text-align: right;">24</td></tr> <tr><td>Vietnamese</td><td style="text-align: right;">4</td></tr> </table>	Cambodian	4	Cantonese	71	Mandarin	17	French	1	Hindi	1	Japanese	1	Russian	7	Spanish	179	Tagalog	24	Vietnamese	4
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Japanese	1																				
Russian	7																				
Spanish	179																				
Tagalog	24																				
Vietnamese	4																				
<u>Determination of payment:</u>																					
Miscellaneous MOU's (SEIU local 250, 535, 790)	<ol style="list-style-type: none"> 1) Staff who 'routinely and consistently' provide less than 40 hours per pay period of non-English services →\$40 per pay period 2) 40 hours or more per pay pd →\$60 per pay period 																				
Nursing: SEIU Local 790	Minimum of 5 hours per week →\$25 per week (or \$50 per pay period)																				
International Federation of Professional and Technical Engineers: Local 21	<ol style="list-style-type: none"> 1) Greater than 10 and less than 40 hours per pay period of non-English services →\$40 per pay period 2) 40 hours or more per pay pd. →\$60 per pay period 																				

4A. Revised recommendation for professional translation at SFGH.

We have decreased the size of our reduction of FTE's from 7.5 to 6.0. This reduces professional general fund savings from \$474,671 to \$377,554. The schedule for professional translation at SFGH incorporating this change is shown below.

Proposed Staff Professional Interpreter Schedule After Reduction:

Shifts	Languages Covered by Interpreters	No. of Interpreters Covering
Day Shift M-F 8 a.m. to 5:30 p.m.	Language coverage changes: - No Laotian or Thai - Tagalog covered only up to 12:30 p.m.	Reduced to 2 Spanish interpreters Reduced to 2 multi-lingual Asian interpreters 0.5 Tagalog Interpreter 1 Russian Interpreter
Afternoon/Eve Shift M-F 1:30 p.m. to 10 p.m.	Spanish, Cantonese, Vietnamese, Mandarin	1 Spanish, 1 multi-lingual Asian (no change)
10 p.m. to 12 a.m.	None	None
Weekends Day and Evening Shift Reduced to 9 a.m. to 9 p.m.	Spanish, Cantonese	1 Spanish, 1 Cantonese (0.6 FTE each) for a 12 hr. shift

Commissioners will note that all shifts at the hospital will be covered 7 days a week except nights. The volume of requests for Spanish or Cantonese, Vietnamese, Mandarin is a 4-5 calls per night. At this volume, we will be able to accommodate these requests through the use of our bilingual staff.

With the Commissioner's support, we propose opening negotiations with our Union partners to change the way we compensate miscellaneous SEIU 250, 535 and 790 for translation. Under the current MOU with SEIU 250, 535, and 790 (which expires on June 30th, 2003) we currently pay \$40 per pay period for bilingual employees (we pay \$60 per pay period if they translate more than 20 hours per week) without any minimum in the number of hours spent translating. Our other labor contracts (SEIU Nursing 790 and Local 21) both have a minimum number of hours.

We also currently provide bilingual pay premium to our translators. This does not seem consistent with the idea of bilingual pay since we are specifically paying these staff to translate. We are also interested in creating a minimum competency requirement in medical translation in order for a non-clerk employee to receive the language bilingual premium. (For eligibility clerks and unit clerks their ability to speak another language is very useful to us whether or not they have the ability to do medical translation). Other staff who are required to interpret in clinical situations should have competency in medical interpretation which is different from being bilingual. We believe that these changes will produce a savings equal to the amount required to maintain the additional 1.5 of professional translators. If the amount saved by this change is more than \$87,117, we will reinstitute additional professional language translators (i.e., reduce layoffs). I want to emphasize, however, that these changes require the cooperation of the Unions and our staff in order to institute.

5. Mental Health Day Programs

In the previously submitted budget proposal, we included a reduction of \$375,142 to the day treatment program of Family Service Agency (FSA).

I am happy to report that FSA has produced a creative program modification model that replaces the day treatment with a combination of intensive case management and group services. Their program modification produces an equal size cut to what we had proposed in the base budget. In order to make this model work, however, we will not propose cutting any deeper into their day treatment program in the contingency budget. We are grateful to FSA for stepping up to the plate to develop this excellent alternative.

One of the other proposed day program cuts was eliminating Day Treatment at Baker Places Robertson Place. The Executive Director of Baker testified that he thought he would have to close Robertson House entirely if we did not maintain the Day Program. However, in working with Baker Places they have been able to effect a equal dollar cut without reducing any residential beds by decreasing their day program at a different location (Westside Lodge). The decrease in day program at Westside Lodge will not jeopardize the residential care at this site. Although as with our other reductions, it is a loss of service.

As requested, the characteristics of the clients provided service at the Mental Health Programs is shown below.

Ethnicity				
Program	Neighborhood	Supe District	African American	Chinese
Baker Westside Lodge*	Hayes Valley	6	59 (22%)	38 (14%)
BV Thunderseed	Mission/Potrero Hill	10	14 (35%)	0 (0%)
Conard Jackson Res Tx**	Western Addition	2	13 (14%)	19 (20%)
FSA Geri	Tenderloin	6	11 (19%)	2 (4%)
RAMS DT	Richmond	1	0 (0%)	0 (0%)
Total			97	59

Age				
Program	Neighborhood	Supe District	21 and Under	22 to 65
Baker Westside Lodge	Hayes Valley	6	15 (6%)	248 (94%)
BV Thunderseed	Mission/Potrero Hill	10	0 (0%)	40 (100%)
Conard Jackson RT**	Western Addition	2	2 (2%)	94 (98%)
FSA Geri	Tenderloin	6	0(0%)	15 (26%)
RAMS DT	Richmond	1	0 (0%)	23 (85%)
Total			17	420

Gender				
Program	Neighborhood	Supe District	Female	Male
Baker Westside Lodge	Hayes Valley	6	102 (39%)	161 (61%)
BV Thunderseed	Mission/Potrero Hill	10	8 (20%)	32 (80%)
Conard Jackson RT**	Western Addition	2	40 (42%)	56 (58%)
FSA Geri	Tenderloin	6	38 (68%)	19 (33%)
RAMS DT	Richmond	1	4 (15%)	23 (85%)
Total			192	291

6. Additional Program Eliminations

As the Commission will remember, our budget proposal was about \$500,000 short of the target when we presented it to you on February 5th, 2003. In order to make up for this difference we have included in this budget presentation the following additional cuts in our patient substance abuse services. These cuts follow the same policy considerations as our previous substance abuse cuts: That is, that we will preserve all residential treatment, methadone maintenance, and acute detox capabilities. To do this we will have to let go of other services that are very useful, but not as useful in our opinion.

	General Fund Reduction
Reduction to New Leaf Outpatient Program	\$103,152
Elimination of New Leaf Acupuncture	\$24,539
Elimination of Bayview Hunter's Point Acupuncture	\$148,876
Reduction to Asian American Recovery Services – Drug Court Treatment Center	\$100,000
Total	\$376,567

7. Patient Referral at San Francisco General Hospital

We considered the possibility of having a health worker staff a patient information desk in the outpatient lobby of SFGH. Our concern with such a model is that it would put the staff member in a very difficult position whereby she/he would be asked to make medical/nursing decisions (i.e. "Do you think I should wait for my primary care appointment or should I go to urgent care today?"). With our expansion of urgent care in this year's budget, we think it is a better use of money to have the health worker actually be at urgent care as part of our integrated staff.

8. Hope Team Consolidation

Presently the Hope outreach team provides a variety of case management and outreach services to several locations in the City and County. Over the last two years we have been engaging all of the outreach teams in the Department to ensure better communication and coordinated case management. The merger of the HOPE team with the existing MOST team in Behavioral Health, which provides similar activities, will ensure that these types of services are more integrated, and targeted.

This consolidation will result in the reduction of three existing employees from the HOPE Team, and will change the focus of the Team. However, specific key functions, including the work provided for the Day Labor program will be continued under the integrated team. Under the supervision of the MOST team, the reconfigured Team will provide targeted case management for those being discharged from the hospital, as opposed to a focus on outreach activities.

9. Elimination of Adult Dental Services

In FY 01-02, adult dental services provided 3,552 adult visits for 1,420 unduplicated clients based on an average of 2.5 visits per patient per year. Some of these patients we serve have DentiCal.

In terms of the loss of State DentiCal benefits, for the year 200 (the most recent we have) there were 26,000 San Francisco residents aged 18 and over who received DentiCal benefits. Therefore, this is the number who would lose their dental benefits should the state remove this MediCal/DentiCal option.

10. Safety Net

For our presentation of the FY 03-04 Base Budget there was much discussion of the term safety net. It is therefore appropriate to conclude this presentation on what exactly the safety net is.

The health care safety net is the default system of care for low-income, uninsured and vulnerable populations. Safety net providers deliver health care to low-income individuals with limited or no health insurance as well as many Medicaid beneficiaries and people who need special services. The term “safety net” is used because for these individuals, safety net providers are the providers of last resort (an invisible net of protection) when their income, lack of health coverage or other social and economic vulnerabilities limit their ability to access mainstream medical care.

Safety net providers are not necessarily distinguished from other providers by ownership – some are publicly owned and operated by local or state governments and some are non-profits, and some are individuals. Rather, they are distinguished by their commitment to provide access to care for people with limited or no access to health care due to their financial or insurance status or health condition.

The Institute of Medicine’s 2000 report, *America’s Health Care Safety Net: Intact But Endangered*, defines “core safety net providers” as having two distinguishing characteristics:

- 1) By legal mandate or explicitly adopted mission, they maintain an “open door,” offering patients access to services regardless of their ability to pay; and
- 2) A substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients.

Core safety net providers typically include public hospitals, community health centers, and local health departments, as well as special service providers such as HIV/AIDS and school-based clinics. In some communities, teaching and community hospitals, private physicians, and ambulatory care sites also fill the role of core safety net providers.

While it is clear who the safety net serves and that the services of a safety net are provided without consideration of a patient’s ability to pay, there is no generally accepted standard of what services constitute a “safety net”. In general, DPH has used as our standard, providing the same range of services for indigent persons as for persons who receive Medical (Medicaid). Two examples of this are that we maintain essentially the same formulary as Medical and we expanded mental health services for indigents when Medical expanded their continuum (i.e. the Health Commission’s Policy Adoption of and equal access for mental health services). On the negative side, we are proposing eliminating adult dental services because the State is proposing eliminating adult dental services for Medicaid recipients. If the state does not adopt this cut, we too would restore adult dental as part of our commitment to maintain an equal standard of health services for indigents.

RESOLUTION OF THE HEALTH COMMISSION APPROVING THE DEPARTMENT OF HEALTH'S BASE BUDGET FOR FY 03-04, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO DEVELOP STRATEGIES FOR AVOIDING SERIOUS CUTS TO THE COUNTY'S HEALTH SAFETY NET SERVICES.

Whereas, the City and County of San Francisco is facing a \$350 million dollar shortfall for FY 02-03 and the Mayor's Budget office has required that each Department absorb their own increases in costs and further decrease their utilization of general fund by 6% for the base budget and develop a contingency plan that will decrease the utilization of their general fund by an additional 10%; and

Whereas, the consequence of these instructions is that DPH must absorb \$20 million dollars in unavoidable increases, and decrease our general fund usage by \$18 million in the base budget and \$27 million in the contingency budget; and

Whereas, these are the largest single year general fund cuts that DPH has ever had to make and that there is no way to make cuts this size without eliminating vitally useful services; and

Whereas, the Department has been creative in increasing revenues by 12 million dollars and developing 5 million dollars of administrative and operations reductions, including the elimination of the Office of Managed Care and the Laguna Honda Hospital laundry in order to limit the impact of service cuts; and

Whereas, the Department projects it can generate an additional 2 million dollars of surplus revenue in the current FY 02-03 budget by freezing all non-critical positions and requests that the surplus be applied to balance next year's budget; and

Whereas, despite the size of the fiscal shortfall, the Department has preserved all prevention and promotion activities, all Children's programs, and all residential mental health and substance abuse programs; and

Whereas, the Department has allocated new resources to support the sobering center, increased syphilis prevention and control activities, supportive housing, and the expansion of the Healthy Kids program; and

Whereas, the Department used the principles recommended by the Strategic Plan for planning in times of fiscal constraints to construct the least harmful budget cuts possible; and

Whereas, the Department has recommended reprogramming of the Mental Health Rehabilitation Facility to become a residential care facility so as to decrease expenses and increase revenue without decreasing the number of clients served; and

Whereas the Department was forced to cut important referral/education services, outpatient and drop-in substance abuse services, change eligibility requirements for outpatient medications, reduce hospital based translation services, reduce adult dental services, eliminate contracts for

emotional and practical peer support, and make other service cuts in order to meet the budgetary targets; and

Whereas, the base budget does not contain a cost of living adjustment (COLA) to contractors or to the University of California for providing health services which will result in the reduction of services to the Department's clients and patients; and

Whereas, the Health Commission remains opposed to service cuts which reduce safety net services; and be it

Resolved, that the Health Commission approves submission of the Department of Health's base budget for fiscal year 2003-2004 to the Mayor's Office; and be it

Further Resolved, that the Health Commission strongly urges the Mayor and the Board of Supervisors to identify new revenues, fees or taxes that could close the City's budget shortfall without reducing vitally needed safety net services; and be it

Further Resolved, that if the City cannot identify enough new revenue to prevent reductions, the Health Commission strongly urges the Mayor and the Board of Supervisors to preferentially protect human services over other services funded by the City and County; and be it

Further Resolved, that although the Health Commission is aware that the contingency plan will by necessity create even larger gaps in the safety net, the Commission nonetheless believes that it is its responsibility to review such a plan prior to submission to the Mayor's Budget Office, and directs the Department to submit such a plan at the March 4th, 2003 Health Commission meeting.

**Department of Public Health
Summary of FY 03-04 Base Budget**

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
COST INCREASES DUE TO INFLATION / UTILIZATION / ANNUALIZATION							
A1	DPH	DPH Salary MOU / Labor Cost increase		15,988,820		15,988,820	Labor cost increases
A2	GH	SFGH underfunded Nurse Registry contract		512,000		512,000	Large increase in contracted rates due to market.
A3	JH	Jail Health underfunded salaries and fringe		565,700		565,700	Mandatory Fringe Benefits are underbudgeted and P103 budget does not reflect MOU required staffing needs.
A4	DPH	DPH Increased Pharmaceutical Costs	4.50	1,798,563	573,000	1,225,563	Increased Pharmaceutical Expenses for SFGH, LHH, Jail Health and Community Programs
A5	DPH	DPH Increased Security		393,856		393,856	Cost of needed service level above current baseline at SFGH and LHH
A6	DPH	Program Annualizations in Housing		443,625		443,625	Annualization of the Star and Camelot Hotel Supportive Housing Programs Master Lease agreements.
A7	MH	Annualization of Therapeutic Behavioral Services for Children		250,000	237,500	12,500	DPH is currently providing these services. This increase represents an annualization of the program that began mid-year and allows us to continue to draw down State dollars. A small GF match of \$12,500 is required.
A8	GH	SFGH Dialysis		3,244,384	2,786,826	457,558	UCSF has reported operating losses and was in the process of closing the program. Allowing the program to close would increase uncertified days. Continuing the services and licensing to SFGH would facilitate patient discharge to this outpatient program.
A9	MH	Mental Health Napa State Hospital		300,000	0	300,000	300K increase in FY02-03 funded via reallocation. Anticipate equal increase in FY03-04.
A10	MH	City Attorney Services		90,000		90,000	Increase in City Attorney workload for services required related to represent clients in court related matters.
		Subtotal - Cost Increases	4.50	23,586,948	3,597,326	19,989,622	
COST INCREASES DUE TO REGULATORY ENVIRONMENT							
B1	GH	SFGH Nursing Ratio Title 22 Mandatory Staffing (01/01/04)	10.50	966,250	0	966,250	AB394 effective January 2004 mandates minimum nurse-to-patient staffing ratios for acute care hospitals. SFGH is in compliance with the ratios in all areas except the Emergency Department and Acute Psychiatry.
B2	DPH	DPH IS Services	0.75	189,814		189,814	To comply with SB 1875 Computerized Provider Order Entry
		Subtotal - Cost Increases	11.25	1,156,064	0	1,156,064	

6.100

**Department of Public Health
Summary of FY 03-04 Base Budget**

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
C1	GH	REVENUE NEUTRAL PROGRAMS SFGH Expansion of Adult Urgent Care Center	6.20	495,785	501,494	(5,709)	Expand the Urgent Care Center by 30 hours per week for 8,439 additional visits. Expanding the UCC hours would add sufficient capacity to accommodate more patients referred by the ED and would allow for better linkage to needed primary care and psychosocial services.
C2	GH	SFGH Expansion of Workers Comp Clinic		100,000	130,528	(30,528)	Expand rehabilitation services for 30 additional City and County Worker's Compensation patients annually who presently are referred to other facilities in San Francisco.
C3	GH	SFGH Orthopedic and Neurosurgery Staffing		500,000	500,000	0	Funding for the Division of Orthopedic Surgery and Neurosurgery to bring practitioner salaries to market. The additional surgeons will generate increased income due to the ability to manage more cases.
C4	MH	Mental Health Children's Services	3.00	163,647	163,647	0	Reprogramming of CMHS vacant positions to preserve lost Children's System of Care funding for the Juvenile Justice Population.
C5	MH	Adolescent and Youth Mental Health Pilot Project.		200,000	200,000	0	Pilot Program with DCYF to fund up to five community based programs to provide mental health services to youth and adolescents whom would benefit from early intervention. It is expected that the providers would be non-traditional mental health treatment providers to ensure that clients served would not be existing clients.
C6	SA	Substance Abuse		213,700	213,700	0	Adjustments to baseline revenues including program increases to maximize reimbursements.
		Subtotal - Revenue Neutral Programs	9.20	1,673,132	1,709,369	(36,237)	
D1	GH	EXPAND COMMUNITY BASED ALTERNATIVES Mental Health Rehabilitation Facility Reprogramming (MHRF)	(180.20)	(7,510,425)	630,174	(8,140,599)	The Mental Health Rehabilitation Facility will be converted from a city operated sub-acute psychiatric skilled nursing facility to a licensed residential care community based supportive housing program with intensive case management. Those patients requiring locked facilities will be moved using existing contacts and allocated dollars.

6.14

**Department of Public Health
Summary of FY 03-04 Base Budget**

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
D2	PC	Development of Sobering Center	5.90	400,000	175,000	225,000	DPH has committed to enhance medical services at McMillan Drop-in where inebriates can be placed instead of being taken to the hospital. These general funds are being matched by private hospitals. An increase of \$175,000 in revenues is expected as the payor mix will improve as more inebriated patients are diverted from SFGH.
D3	PH	Increase Supportive Housing*		3,000,000	3,000,000	0	A Notice of Funding Available (NOFA) was released by the Interagency Council for the Homeless which for the first time ever coordinates funding from three Federal Agencies (Housing and Urban Development, Health and Human Services, and the Veteran's Administration) to address the housing and support service needs of chronic homeless people. The Department's Housing and Urban Health Program will be submitting a \$3.5 Million grant application (maximum allowable) to increase permanent housing for chronically homeless high utilizers of the public health system.
D4	MH	Mental Health Private Fee for Service Hospitals		(200,000)	(100,000)	(100,000)	Reduction of 4% of Fee for Service Hospital Budget. Reduction in services to 23 unduplicated clients and 308 units of service. Reduction is \$100k in General Fund and \$100k in Short Doyle MediCal match.
		Subtotal - Community Expansion	(174.30)	(4,310,425)	3,705,174	(8,015,599)	
		FOCUS RESOURCES TO THOSE MOST IN NEED					
		Increased Revenues					
E1	GH	San Francisco General Hospital		0	8,394,944	(8,394,944)	Adjustments to baseline revenues based on current census and reimbursement rates as well as recognition of new and/or changes in on-going revenue programs.
E2	GH	SFGH Financial Services Revenue Enhancement	1.75	185,885	1,000,000	(814,115)	Establishment of a Revenue Enhancement Team consisting of two (2) auditors with experience in HealthCare revenue cycle management to review, revise and implement changes to the charge capture protocols in revenue producing departments.
E3	LH	Laguna Honda Hospital		0	1,872,560	(1,872,560)	Increase in Medi-Cal SNF per diem rate.
E4	MH	Mental Health		(15,193)	359,807	(375,000)	Adjustments to baseline revenues.
E5	PH	Public Health		108,102	526,082	(417,980)	Environmental Health \$234,480, Disease Control \$75,000; Adult Immunization Clinic \$88,102; Maternal and Child Health \$100,000. EMSA \$28,500.
		Subtotal - Increased Revenues	1.75	278,794	12,153,393	(11,874,599)	

**Department of Public Health
Summary of FY 03-04 Base Budget**

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
F1	GH	<u>Administration and Operations Reductions</u> SFGH Administrative and Support Services Position Deletions	(15.25)	(958,084)		(958,084)	Deletion of 15.25 FTE administrative and support positions in Medical Staff Services, Finance, Patient Finance, Quality Management, Health Information Services and Nursing Administration.
F2	PH	Public Health Administration Deletions	(10.00)	(1,169,990)		(1,169,990)	Deletion of 10 administrative and support positions in the Department of Public Health.
F3	GH	Office of Managed Care	(14.50)	(1,989,848)	(1,130,000)	(859,848)	The SFHP has undelegated the Department and will perform MediCal managed care accounting and administrative functions in house.
F4	GH	SFGH Energy Conservation Measures	1.50	(200,388)		(200,388)	Increased staffing plan to execute energy savings measures. Increases expense by adding 1.5 FTE Stationary Engineers (114,362) less savings in utility costs of \$315,000.
F5	GH	SFGH Omnicell Savings	(0.25)	(101,000)	425,000	(526,000)	Operationalize 10 new Omnicell units to manage inventory. The Omnicell is a materials management inventory control system that enhances charge capture and reduces inventory loss.
F6	PH	PH Operating Expense Reductions		(61,200)		(61,200)	Operating expense reductions in Environmental Health and Health Promotion and Prevention
F7	GH	SFGH Pagers and Cell Phones		(34,000)		(34,000)	Reduce pagers and cell phones
F8	LH	Eliminate LHH Laundry	(48.50)	(1,285,181)		(1,285,181)	Contract out laundry production functions that cannot be sustained at the LHH campus due to rebuild.
F9	MH	Reduction to Behavioral Health Advisory Boards		(35,894)	0	(35,894)	Consolidate staffing for Behavioral Health advisory boards
		<u>Subtotal - Admin & Operations</u>	(87.00)	(5,835,585)	(705,000)	(5,130,585)	
G1	GH	<u>Referral Services Reductions</u> SFGH Patient Referral	(4.60)	(408,287)		(408,287)	Patients currently utilizing the SFGH Patient Referral services for information on campus activities, directions, clinic services and making appointments will be directed to SFGH O/P Clinics to make appointments and obtain advice.
G2	PC	Eliminate Central City Hospitality House Contract		(567,618)		(567,618)	Central City Hospitality House contract to provide drop in services for homeless clients. Approximately 8,000 persons are served annually, receiving 59,000 total hours of outreach services.

6.16

**Department of Public Health
Summary of FY 03-04 Base Budget**

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
G3	PC	Reduce and Consolidate Outreach Services to Homeless	(3.00)	(244,884)		(244,884)	Consolidate HOPE (medical outreach) and MOST (mental health case management and mental health services) programs and reduce 2.0 2920 Medical Social Workers and 1.0 2587 HWIII as a result.
G4	MH	Progress Foundation Outreach Services		(393,701)	(10,000)	(383,701)	Program reductions to Progress Foundation outreach services to the homeless by (\$393,701) for services to 300 unduplicated clients and 6,124 UOS.
G5	MH	Instituto Familiar De La Raza Outreach Services		(21,437)		(21,437)	Program Reductions to outreach services to the homeless provided by Instituto Familiar De La Raza \$21,437 for 180 unduplicated clientcontacts and 340 units of service.
G6	AIDS	San Francisco AIDS Foundation HIV/AIDS Hotline Services		(138,172)		(138,172)	Reduce San Francisco AIDS Foundation / Hotline - 24,000 calls per year for residents of the San Francisco and 54 evaluation hours.
G7	HUH	Tenderloin Housing Clinic - Tenderloin SRO Collaborative		(59,310)	0	(59,310)	Program provides education and advocacy services to residents & owners of SROs. These funds have been prioritized and redirected to fund increased costs and annualization of programs that provided supportive housing.
G8	HUH	Chinatown Community Development Corp SRO Families Collaborative		(50,000)		(50,000)	FY02-03 addback for a project that provided informational outreach and referral services, peer outreach training and advocacy for families in SRO's. These funds have been prioritized and redirected to fund increased costs and annualization of programs that provide supportive housing.
G9	SA	Substance Abuse Pretrial Referral Unit		(68,601)		(68,601)	To preserve direct treatment capacity these screening, assessment and placement services have been eliminated.
G10	SA	Elimination of SFGH Inpatient Substance Abuse Treatment referral Team		(73,125)		(73,125)	Elimination of SFGH Inpatient Substance Abuse referral services. Referrals to substance abuse programs will be made by social workers.
G11	SA	Elimination of Asian American Recovery Services Drug Court Treatment		(100,000)		(100,000)	Elimination of the Asian American Recovery Services Drug Court Treatment Center for the provision of assessment and placement into substance abuse treatment programs. With the elimination of this referral program there would be a reduction of service to 89 unduplicated clients.
		Subtotal - Referral Services	(7.60)	(2,125,135)	(10,000)	(2,115,135)	
		STRENGTHEN AND PROMOTE PREVENTION					

6.17

**Department of Public Health
Summary of FY 03-04 Base Budget**

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
H1	GH	Healthy Kids - Enrollment growth		117,185	0	117,185	Healthy Kids enrollment growth. Total projected growth = \$977,185. The Children and Families Commission has agreed to provide funding of \$860,000 to the SFHP for Children 0-5 with Prop 10 dollars. DPH currently funds \$3,900,000 in FY 02-03 which has been maintained for FY 03-04.
H2	PH	Increase funding in STD's for Syphilis control		150,000		150,000	Match to CDC grant increase in Disease Control/STD's for syphilis surveillance and prevention.
		Subtotal - Prevention	0.00	267,185	0	267,185	
		ELIMINATE / REDUCE OR REPROGRAM SERVICES					
		Substance Abuse					
J1	SA	Discontinue Westside Youth Awareness Substance Abuse Outpatient Program		(341,761)		(341,761)	Individual and Group counseling to youth has experienced chronic underutilization and the Department and contractor agree that the program design is not efficient and should be discontinued. Resources for 2,137 UOS to 31 UDC will be reallocated to clients in the substance abuse continuum to support methadone services.
J2	SA	Reduce New Leaf Substance Abuse Program		(225,346)		(225,346)	Due to underutilization the Department proposes to reduce funding by \$225,346 for this program and reallocate to fund medical detoxification and methadone services. Reduction will result in loss of outpatient services to 27 unduplicated clients for 890 UOS.
J3	SA	Reduce YMCA Urban Services Huckleberry Youth Program		(36,525)		(36,525)	The reduction of these early intervention services are a result of the prioritization of direct services over outreach. Elimination of this program that provides early intervention and referral services to 700 unduplicated clients will allow the funds to be reallocated to fund detoxification and methadone treatment services.
J4	SA	Reduce Potrero Hill Neighborhood House.		(44,987)		(44,987)	Program has been underutilized, therefore funding has been reallocated to fund detoxification and methadone treatment services. No impact to clients since the reduction to program is equal to the underutilization.
J5	SA	Eliminate Asian American Recovery Services COPASSA		(162,833)		(162,833)	Elimination of this program prioritizes direct treatment services over outreach and referral. Asian American Recovery Services provides 8,200 Units of Service of outreach education, intervention counseling, prevention and referral.

6.18

**Department of Public Health
Summary of FY 03-04 Base Budget**

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
J6	SA	Eliminate Haight Ashbury Free Clinics, Inc. OSHUN		(790,744)		(790,744)	Elimination of substance abuse outpatient services to 160 unduplicated clients and reduction of prevention services to 1,950 unduplicated clients. The program design of this program has not obtained the desired outcomes as set forth in the RFP.
J7	SA	Eliminate Haight Ashbury Free Clinics, Inc. Mothers Ahead Program		(332,836)		(332,836)	Elimination of this program that has been significantly underutilized for three successive years. The Moving Addicted Mothers Ahead program provides outpatient treatment and referral to 72 unduplicated clients.
J8	SA	Eliminate Haight Ashbury Free Clinics, Inc. Mother's Ahead Program Outreach		(70,758)		(70,758)	Elimination of the perinatal outreach component of the Moving Mother's Ahead Program due to underutilization of the direct treatment component for the last three years.
J9	SA	Eliminate Walden House Continuing Care		(285,502)		(285,502)	Elimination of continuing care and case management services to clients who have completed substance abuse treatment. This program provides services to 336 unduplicated clients.
J10	SA	Eliminate Walden House Intensive Treatment Services		(329,877)		(329,877)	Elimination of funding for a small five bed facility with a high unit cost in an agency that otherwise provides cost effective residential treatment services. This program serves 40 unduplicated clients.
J11	SA	Reduction of Sheriff's Department Substance Abuse residential services program.		(256,000)		(256,000)	Residential Services to custodials of the Sheriff's Department. Number of clients impacted not available. Some of the Sheriff Department clients are eligible for Prop 36 Services.
J12	SA	Elimination of Sheriff's Department Substance Abuse Post Education Release Program		(60,000)		(60,000)	Post Education release services are less critical than the preservation of direct treatment services. Data on services to clients not available.
J13	SA	Reduce funding to the Sheriff's Department Substance Abuse Roads to Recovery Program		(100,000)		(100,000)	Education services are less critical than the preservation of direct treatment services. Data on services to clients not available.
J13A	SA	Elimination of New Leaf Acupuncture Program		(24,593)		(24,593)	Elimination of Acupuncture services to 32 unduplicated clients for 750 Units of Service. Clients will continue to receive outpatient and counseling services.
J13B	SA	Elimination of Bayview/Hunter's Point Foundation Acupuncture Program		(148,876)		(148,876)	Elimination of Acupuncture services to 56 unduplicated clients for 2,800 units of service.
J14	SA	Redwood Center Residential beds to be paid for by DHS			275,000	(275,000)	As part of the plan to shelter all clients on county general assistance DHS will require beds for substance abuse residential placement.

6.19

**Department of Public Health
Summary of FY 03-04 Base Budget**

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
J15	SA	Reallocate funding to preserve and increase Methadone Services		272,636		272,636	Increased funding for the preservation and creation of Methadone services. This funding will preserve 78 slots and an equivalent 20,280 units of service and will create 31 new methadone slots and the equivalent of 11,315 units of service.
J16	SA	Eliminate Ozanam Medically Supported Detox		(563,722)		(563,722)	Proposed redesign of treatment model from medical detoxification to a less costly social detoxification model. Redesign of this program will not result in the loss of services to the 243 unduplicated clients for 3,655 units of service.
J17	SA	Baker Places Medically Managed Detox.		450,000		450,000	Increased funding for 143 slots and an equivalent 1,813 units of service for medically managed detox services.
		Subtotal - Substance Abuse	0.00	(3,051,724)	275,000	(3,326,724)	
		Mental Health					
K1	MH	Reduce Family Service Agency Mental Health Day Treatment Services		(339,058)	36,084	(375,142)	FSA has proposed to create an intensive case management program out of its existing day treatment and socialization programs funded by CMHS and CSAS. It is expected that the current level of clients served will be maintained with this reprogramming of services.
K2	MH	Eliminate Richmond Area Multi Service Center Mental Health Day Treatment.		(61,930)	(26,780)	(35,150)	Reduction to the Day Treatment budget for adult and older adult programs. Reduction in services to 27 unduplicated clients and 340 units of service.
K3	MH	Bayview Hunter's Point Thunderseed Program		(744,587)	(297,109)	(447,478)	Reduction of services at the Bayview Thunderseed Day Treatment Program will result in the loss of services for 40 unduplicated clients. Day Treatment services are more expensive than outpatient services and serve fewer clients than other treatment modalities. Clients will be transitioned to less costly outpatient programs or to intensive case management.
K4	MH	Reduce Westside Lodge		(220,874)		(220,874)	Reduction of services at Westside Lodge by reconfiguring existing day treatment from a full day intensive program to a full day rehabilitation program. Under this model there is an anticipated reduction of 16 clients per day.
K5	MH	Reduce Conard House Transitional Residential Treatment		(13,183)	200,000	(213,183)	Reprogramming Conard House-Jackson Res Tx. Program from a 24 bed home to a 16 bed home to enable this program to claim Medicaid to offset expenses.
K6	MH	PPN Outpatient		(200,000)		(200,000)	Reduction of 5% of Private Provider Network budget. Reduction in services to 197 unduplicated clients and 2,187 units (hours) of service. Reduction is 100% General Fund.

6.20

**Department of Public Health
Summary of FY 03-04 Base Budget**

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
K7	MH	Reallocations and increases in targeted Mental Health programs		300,000	150,000	150,000	Increased funding for intensive case management to support client transitions from long term care facilities to community placements for 80 clients.
		Subtotal - Mental Health	0.00	(1,279,632)	62,195	(1,341,827)	
		Other Eliminations / Reductions or Reprogramming					
L1	GH	Change eligibility requirements for outpatient medications to persons less than 300% of poverty.		(950,000)		(950,000)	California counties are required to provide medical services on a sliding scale basis under State Welfare and Institution Code Section 17000. However, counties are not required to provide these services to patients who are not indigent. The Department will change it's fee structure to exclude outpatient pharmacy benefits for those greater than 300% of the federal poverty level.
L2	GH	Interpreter Services and Bilingual Pay	(6.00)	(474,671)		(474,671)	Reduce interpreter services staff at SFGH. This will result in longer wait times for translation during the day and evening and with increased reliance on bilingual staff at night. A decrease in bilingual pay to refund 1.5 FTEs would require agreement with our labor partners.
L3	PC	Reduction of Dental Program	(7.00)	(666,015)	(376,289)	(289,726)	Elimination of the Adult Dental program 2.40 FTE 2210 Dentists and 4.6 FTE Dental Aides.
L4	HUH	Reduction to Ark House Contract-Ark of Refuge		(335,393)	0	(335,393)	Reduce program from 15 beds to 9 beds and provide less intensive services.
L5	AIDS	Reduction to Emotional Support		(383,179)	0	(383,179)	SF AIDS Foundation subcontract to the AIDS Health Project for Emotional & Practical Support Services to 900 unduplicated clients for 7056 hours of services and 128 evaluation hours.
L6	AIDS	Reduction to Emotional & Practical Support		(401,811)	0	(401,811)	Shanti / Peer & Practical Support Services for 600 unduplicated clients for 34,800 UOS (includes UOS by volunteers)
L7	PC	Bayview Adult Day Health Center		(55,554)		(55,554)	The GF Subsidy to the Bayview Adult Day Health Center program will be eliminated. The contract funds enhanced staffing (1 FTE) to provide services to an estimated 150 clients within the existing program.
L8	PC	Elimination of California Acupuncture Services		(40,000)		(40,000)	Prioritize Primary Care visits over complementary services: California Acupuncture Services contract to 80 clients and 300 units of service will be eliminated.
L9	GH	Taxi Vouchers		(25,000)		(25,000)	Reduction in budgeted taxi vouchers distributed to patients.

6.21

Department of Public Health
Summary of FY 03-04 Base Budget

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
L10	PC	Reduction of Support Staff at Health Centers	(6.23)	(475,376)	0	(475,376)	Reduction of support staff at Health Centers. 2.0 2908 Elig. Worker 1.0 2480 Med Eval Asst., 2.0 2587 HW/III and 1.0 2922 Sr. Med. SW
L11	HAA	Reduce Home Health Aides	(5.00)	(221,000)	(34,000)	(187,000)	Delete 3.0 vacant home health aides and layoff 2.0 home health aides.
L12	LHH	Delete Increased Nursing Model	(6.29)	(525,919)		(525,919)	Laguna Honda increased Nursing standards adback deleted.
L13	MCH	Adjust staffing levels	(1.25)	(128,308)	0	(128,308)	Delete 1.25 vacant positions that do not require a GF match.
L14	JH	Close CJ #7	(12.60)	(1,346,351)		(1,346,351)	Closing of CJ #7 Eliminates the need for 2.0 FTE LVN's and 10.6 FTE RN's. Staff will be reassigned to 6.4 existing vacancies in the Jail Health system as well as SFGH/LHH and PC.
		Subtotal - Other Eliminations	(44.37)	(6,028,577)	(410,289)	(5,618,288)	
		DPH - Department Wide		0	0	(2,000,000)	Rollover of FY 02-03 savings from hiring freeze.
Total		Department Wide	(286.57)	(4,331,045)	(20,377,168)	(18,046,123)	GF Target = (18,016,457)

2003-2004 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: SFGH Information Systems

PROGRAM CONTACT NAME/PHONE: Sharon Calcagno 206-3140

PROGRAM/INITIATIVE TITLE: Computerized Provider Order Entry (CPOE) & Other IS Projects

AMOUNT: \$189,814

TARGETED CLIENTS: SFGH patients, providers and staff

PROGRAM DESCRIPTION: (Description of Program Change)

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

CPOE is to comply with SB1875 to reduce medication errors. The CPOE system will capture inpatient medical orders electronically resulting in faster service. Year 1 of the 3-year implementation is to acquire CPOE base software, standard order sets & professional services to implement the system.

Other projects include software from Data Systems Group (DSG) to process claims in-house instead of via HMS; an interface to INVISION for a chemotherapy system obtained from Kaiser; and one position (class 1052) to support hospital and ancillary IS systems. Costs for these projects will be partially funded by expenditure savings in the IS budget.

JUSTIFICATION:

CPOE has resulted in significant reductions in medication orders, as high as a 70% decrease for some providers. CPOE reduces duplicate orders, screens for contraindications, eliminates errors associated with handwritten prescriptions; and reduces reliance on paper prescriptions. DSG software will detect and correct errors in claims; and will reduce the number of days claims are outstanding (AR days). The chemotherapy system will enhance the quality of service. An additional IS position will enhance IS support for 24x7 services; and reduce wait time to implement IS projects.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

CPOE will result in more efficient service for patients and providers. The chemotherapy system will enhance patient care.

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

CPOE will result in long term cost savings offset by one-time start up costs. DSG will enhance revenue from claims.

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

Increase of 0.75 FTE

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH IS Projects - CPOE & Other

	FY 2003-04	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salary & Fringe Benefits	\$ 68,568	\$ -
Operating Expenses	\$ 219,648	-
Subtotal Uses	288,215	-
Net General Fund Subsidy Required (Uses less Sources)	\$ 288,215	\$ -
Total FTE's	0.75	0.75

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

Class	Title	FTE's		
1052	IS Business Analyst	0.75	\$	54,854
				-
				54,854
	Fringe (25%)			13,714
			\$	68,568

Operating Expenses (List by Character)

Operating expense	-	\$	750,000
Less expenditure savings CHN			(280,785)
Less expenditure savings PHP			(279,401)
		\$	189,814

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

2003-2004 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Mental Health Rehabilitation Facility
PROGRAM CONTACT NAME/PHONE: Gene Marie O'Connell, SFGHMC Chief Executive
Administrator/ 206-3517
PROGRAM / INITIATIVE TITLE:
AMOUNT: (\$8,140,599) Savings

TARGETED CLIENTS: 145 severely, persistently mentally ill adult clients

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Mental Health Rehabilitation Facility (MHRF) will be converted from a solely city operated sub-acute psychiatric skilled nursing facility to a licensed residential care community-based supportive housing program. The new project will provide permanent housing and intensive case management to seriously mentally ill residents in a recovery-based model. This proposed program change will:

- I. Reduce general fund subsidy from \$14.3 million to \$6.2 million .
- II. Be more consistent with current legal standards (Olmstead).
- III. Better meet the Department of Public Health's strategic goals to: a) provide the most appropriate, least restrictive level of care for the mentally ill, b) de-institutionalization of health services, c) focus on target populations most in need, d) integration with community programs, and e) re-integration model focused on supporting clients ability for re-entry to and remaining in the community.

JUSITIFICATION:

The Mental Health Rehabilitation Facility (MHRF) was opened in November 1996. Licensed as a distinct part-skilled nursing facility, the MHRF provides a 165-bed (150 adult, 15 bed adolescent) sub-acute level, locked skilled nursing psychiatric hospital that serves as a transition for clients--from institutional hospital acute care to community based treatment within the City. Much has changed since 1988, when the MHRF was first planned. The following describes these changes:

Changes in Reimbursements:

When the MHRF program was planned it was estimated that most of the costs of the program would be funded through state and federal reimbursements. Until the early 1990's psychiatric skilled nursing services (known as IMDs) were funded with State General Funds. Federal reimbursement under Medicaid was anticipated to reimburse the program costs for clients who would otherwise be hospitalized in acute institutions. Since then, the financial condition and regulations governing the reimbursement for psychiatric skilled nursing programs have changed dramatically. Subsequently, most of the costs for operating the MHRF cannot be reimbursed by state or federal funds. About \$14.3 million of the \$15.5 million of the MHRF budget is financed by County general funds.

6.25

JUSTIFICATION:

Legal Standards

In 1999, the Supreme Court issued its decision in *Olmstead v. L.C.*—a landmark disability rights case. The lawsuit, brought against the State of Georgia, questioned the state’s continued institutionalization of two disabled individuals diagnosed with mental retardation and mental illness determining that the state had violated these individual’s rights under the American’s with Disabilities Act (ADA). Physicians had concurred that the plaintiffs were ready for community-based care—however, they remained in an institutional setting because Georgia had no available community-based housing or services to accommodate them. As a result of the *Olmstead* decision, many people currently living in “more restrictive settings” such as public institutions like the MHRF, must be offered housing and community based supports that are consistent with the reintegration mandate of the ADA.

Different Models of Care:

The MHRF was built as a sub-acute locked facility that would fill the gap between patients leaving the hospital and re-integrating back into the community. However, in recent years, an important shift in thinking has been sweeping through the mental health community —“that persons *can recover* from serious mental illness, lead productive lives, and have meaningful relationships. From predominantly being locked up and coerced into treatment, consumers are now being seen as essential and active partners in guiding the course of their treatment.”¹ About 90% of the MHRFs patients have been re-integrated into the community. New models of care focus on providing support and opportunities to allow persons with psychiatric disabilities to transcend the limits imposed by mental illness and social barriers, and achieve their highest goals and aspirations. Systems of care should support de-institutionalization, independence, self-management, peer support and community integration. This new thinking supports mental health modes that provide permanent housing, vocational rehabilitative opportunities, employment assistance, education, recreation, and socialization—the kind of program being proposed-- NOT institutional care.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Currently, the MHRF serves 145 severely, persistently mentally ill adult clients. Under the new model of care proposed, approximately 42 clients annually would require a different level of care (SNF, IMD) then the proposed program.

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

	EXPENSE	REVENUE	GENERAL FUND
Current Program	\$15.5 Million	\$1.2 Million	\$14.3 Million
Changes	(\$7.5 Million)	\$.6 Million	(\$8.1 Million)
New Program	\$8.0 Million	\$1.8 Million	\$6.2 Million

Expense Impact: The current program’s total expenses are \$15.5 million. The new proposed program’s total expense is anticipated to be \$8.0 million (\$7.5 million reduction)

Revenue Impact: Current program revenues are \$1.2 million. It is anticipated that an additional \$600,000 in revenues could be captured under the new proposed program.

Total expected revenues for proposed program are \$1.8 million.

The General Fund savings for the new program are anticipated to be \$8.1 million. (\$7.5 Million in savings plus \$630,000 in increased revenues)

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

A reduction of 180.2 CCSF FTE’s.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Conversion of MHRF to a Licensed Residential Care Housing Program

	12 month FY 2003-04	Ongoing
Sources:		
Loss of current SNF-based Medi-Cal revenue	\$ (1,231,826)	\$ (1,231,826)
Medi-Cal revenue - RCF-based	800,000	800,000
SSI revenue	1,062,000	1,062,000
Subtotal Sources	\$ 630,174	630,174
Uses:		
Salaries and Fringes	\$ (11,836,020)	\$ (11,836,020)
Operating Expenses	4,325,595	4,325,595
Facilities Maint and Equipment	-	-
Subtotal Uses	(7,510,425)	(7,510,425)
Net General Fund Subsidy Required (Uses less Sources)	\$ (8,140,599)	\$ (8,140,599)
Total FTE's	(180.20)	(180.20)

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

Class	Title	FTE's	12-month expense
	Reduced CCSF Salaries (details attached)	(180.20)	\$ (9,244,002)
	Fringe Savings (28.04%)	(180.20)	(9,244,002) (2,592,018)

Operating Expenses (List by Character)

02789	Contracted direct care staffing (incl fringes)	\$ 2,929,195
various	Additional non-labor expense (various objects)	\$ 637,000
02789	Cost of patient placement in non-County facilities	\$ 759,400
		\$ 4,325,595

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

None

2003-2004 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"/> Mental Health |
| <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Community Programs

PROGRAM CONTACT NAME/PHONE: **Barbara Garcia 255-3525**

PROGRAM / INITIATIVE TITLE: McMillan Sobering Center Pilot Project

AMOUNT: \$803,789 (FY 03-04 DPH Expense=\$400,000)

TARGETED CLIENTS: Chronic Public Inebriates

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Department is proposing to implement a pilot project to create a medically supervised sobering center where an inebriated client can regain his/her sobriety over a number of hours, and will have access to medical, nursing, behavioral health and case management services to assist in both the short and long-term recovery process. Under this proposal, public inebriates who would otherwise be transported by ambulance to hospital emergency rooms throughout the City, will instead be identified and triaged by paramedics to the new sobering rooms. However, those with indications of significant withdrawal or significant acute medical illness will continue to be transported to the hospital.

The proposed McMillan Sobering Center will be operated through a partnership between the Department's Tom Waddell Primary Care clinic, and Chemical Awareness Treatment Services (CATS), a non-profit agency. The Sobering Center will be co-located at CATS' McMillan Drop-In Center. CATS and the McMillan Drop-In Center were selected as the partner agency because (1) the location is central in the City and is a block from the Tom Waddell Clinic, (2) the site is open 24 hours per day, seven days per week, (3) the program has a substance abuse focus and years of experience, and (4) the target population of the McMillan Drop-In Center is the same population as those who are expected to be seen as a result of the pilot.

JUSTIFICATION:

A key finding of the Hospital Diversion Task Force, appointed by the Board of Supervisors in the summer of 2001 is that chronic public inebriates place a considerable resource burden on the entire emergency system, within and beyond the Department. One in four ambulance transports in San Francisco is inebriate-related, and most of the inebriates have a low acuity level. As a result, the Task Force recommended the establishment of a sobering unit to reduce emergency visits and at the same time improve health outcomes for chronic public inebriates.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is estimated this pilot will reduce local hospital emergency visits by 25 to 40 daily. CATS has set aside 20 beds at the McMillan Center for this pilot project, and it is expected that between 7,500 and 10,500 individuals will be served annually.

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

This pilot project is based on an eight-month period, beginning October 1, 2003-June 30, 2004. The funding will be provided from the following sources: (1) Department of Public Health - \$225,000 in GF, \$175,000 in new revenues, (2) Private Hospitals -\$292,500, and (3) private fund raising-\$111,289.

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

Increase in 6.9 FTE's See attached budget.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: McMillan Sobering Center Pilot Project

	FY 2003-04	Ongoing
Sources:		
SFGH new Revenues and GF reallocation	\$ 400,000	\$ 600,000
Subtotal Sources	400,000	600,000
Uses:		
001 Salaries	\$ 323,429	\$ 485,143
013 Fringe Benefits	76,571	114,857
Subtotal Uses	400,000	600,000
Net General Fund Subsidy Required (Uses less Sources)		\$ -
Total FTE's	4.60	6.90

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

Class	Title	FTE's (annual)	Cost (8 months)
2312	Licensed Voc Nurse (LVN)	5.0	194,532
2312	LVN Relief (no FB)	0.4	17,145
2232	Sr. Physician Specialist	0.5	46,241
2328	Nurse Practitioner	1.0	65,511
		6.9	323,429
	Fringe Benefits @ 25%		76,571
	Subtotal		400,000
			-
	Fringe (25%)		-
			\$ -

Operating Expenses (List by Character)

Note: The balance of the \$803,789 program will be funded as follows: \$ -
 (1) 292,500 from private hospital contributions, and (2) \$111,289 private fundraising.

2003-2004 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"/> Mental Health |
| <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Community Substance Abuse Services
PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3571
PROGRAM / INITIATIVE TITLE: Asian American Recovery Services – Drug Court Treatment Center
AMOUNT: \$100,000 (Reduction)

TARGETED CLIENTS: Adult defendants and convicted offenders meeting eligibility criteria established by the Court.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Asian American Recovery Services, Drug Court Treatment Center, 509 6th Street, SF, 94103, \$100,000. This is an intensive outpatient program providing assessment, placement in substance abuse programs, and intensive outpatient services for those clients unable to be placed immediately in a treatment program. The current amount of General Funds for the program is \$420,177.

JUSTIFICATION:

This is a cost-effective program with a proven record of assessing, placing and treating pre-plea defendants in the criminal justice system. The Department plans to consolidate some placement functions under an integrated Behavioral Health division which may mitigate some of this funding reduction. Additionally, significant reductions proposed in the substance abuse treatment continuum in FY03 04 to meet the Department's budget target reduce the demand for placement services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

With the elimination of this referral program, there would be a reduction of service to 89 unduplicated clients which is equivalent to 1,470 units of service. As noted above, the Department's plan to consolidate some placement functions may mitigate the loss of some of this funding reduction, there will likely be less demand for placement services, and some of the affected clients will be eligible for Proposition 36-sponsored services.

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

There will be a General Fund savings of \$100,000 in the Medical Services Contract 027 line.

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

All positions funded by the General Fund are employees of Asian American Recovery Services, a community based organization. Therefore, there would be no impact on the Department's workforce.

2003-2004 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"/> Mental Health |
| <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Community Substance Abuse Services
PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3571
PROGRAM / INITIATIVE TITLE: New Leaf Men/Women Outpatient Drug Free Substance Abuse Program
AMOUNT: \$225,346 (Reduction)

TARGETED CLIENTS: Gay, Lesbian, Bi-Sexual, Transgender Adults

PROGRAM DESCRIPTION: (Description of Program Change)

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

New Leaf Services for Our Community, New Leaf Men/Women Substance Abuse Program, 1853 Market Street, SF 94103, \$225,346. This is an intensive outpatient program providing services to Gay, Lesbian, Bi-sexual, and Transgender adults with concomitant mental health problems. The total General Fund allocation for this program is \$478,828.

JUSTIFICATION:

The Department proposes reducing this program due to underutilization in FY00_01 and FY01_02 and a high cost-per-unit of service. Substance Abuse has prioritized funding to medical detoxification and Methadone services, considered more critical to the Substance Abuse system of care, which will constitute a more cost effective utilization of City funds.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Reduction to this program will result in loss of outpatient services to 55 unduplicated clients, with an equivalent loss of 1,845 units of service based on FY00_01 and FY01_02 utilization levels. Other clients in the substance abuse continuum will benefit from reallocation of these funds.

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

There will be a reduction to General Fund Medical Services Contract line 027 of \$225,346.

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

All persons funded by these General Fund monies are employees New Leaf Services for Our Community, a private non-profit organization. There is therefore no impact on the Department's workforce.

2003-2004 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"/> Mental Health |
| <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Community Substance Abuse Services
PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3571
PROGRAM / INITIATIVE TITLE: New Leaf Acupuncture
AMOUNT: \$24,539 (Reduction)

TARGETED CLIENTS: Lesbian, Gay, Bi-sexual and Transgender adults

PROGRAM DESCRIPTION: (Description of Program Change)

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

New Leaf Acupuncture Program, 1853 Market Street, SF, 94103, \$24,539. This program provides harm reduction acupuncture services to Lesbian, Gay, Bi-sexual and Transgender adults who participate in other New Leaf substance abuse treatment programs.

JUSTIFICATION:

This is an effective harm reduction program that provides improved client outcomes because it helps clients stay remain in treatment. Unfortunately, the Department proposes eliminating this program to preserve a portion of New Leaf's intensive outpatient drug free program.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

With the elimination of this acupuncture program, there would be a reduction of service to 32 unduplicated clients which is equivalent to 750 units of service. Clients will continue to receive outpatient and counseling services provided by New Leaf.

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

There will be a General Fund savings of \$24,539 in the Medical Services Contract.

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

All positions funded by the General Fund are employees of New Leaf, a community based organization. Therefore, there would be no impact on the Department's workforce.

2003-2004 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"/> Mental Health |
| <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Community Substance Abuse Services
PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3571
PROGRAM / INITIATIVE TITLE: Bayview Hunters Point Foundation Acupuncture
AMOUNT: \$148,876 (Reduction)

TARGETED CLIENTS: Adults currently in substance abuse treatment programs.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Bayview Hunters Point Foundation, Acupuncture Program, 1625 Carroll Street, SF, 94124, \$148,876

JUSTIFICATION:

This is an effective harm reduction program that provides improved client outcomes because it helps clients stay remain in treatment. The Department proposes eliminating this program to preserve the remaining comprehensive treatment programs at Bayview Hunter Point Foundation, including Methadone Maintenance and Methadone Detoxification.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

With the elimination of this acupuncture program, there would be a reduction of service to 56 unduplicated clients which is equivalent to 2,800 units of service.

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

There will be a General Fund savings of \$148,876 in the Medical Services Contract 027 line.

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

All positions funded by the General Fund are employees of Bayview Hunters Point Foundation, a community based organization. Therefore, there would be no impact on the Department's workforce.

DEPARTMENT OF PUBLIC HEALTH
2003-2004 Program Reductions

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

DPH PROGRAM: Behavioral Health Community Mental Health Services (CMHS), Community Substance Abuse Services CSAS)

PROVIDER NAME, CONTACT & ADDRESS:

Family Service Agency (FSA)
1010 Gough Street
San Francisco, CA 94109
Contact: Michael Collins

PROGRAM: Family Service Agency Geriatric Day Treatment Services and Specialized Older Adult Recovery
REDUCTION AMOUNT: General Fund Reduction of \$375,142, offset with Short Doyle MediCal increase, for total reduction of \$339,058 to Family Service Agency.

PROGRAM DESCRIPTION: (Description of Program Change)

The Family Service Agency has proposed to create an intensive case management program out of its existing day treatment and socialization programs funded by Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) for geriatric clients. The total combined cost of the existing programs is \$1,098,486, and the proposed cost of the new program is \$759,425, for a total savings of \$339,058.

The subject client population is one of the most severely disabled and chronically mentally ill groups. They tend to be clients who are recently discharged from hospitals, IMDs and other programs, and need structure to help with stabilization. Often, these clients will decompensate if they do not receive a consistent and appropriate level of monitoring and clinical intervention. In addition to mental disabilities, these clients may also suffer from physical frailness, cognitive difficulties, and substance abuse issues, and therefore need a great deal of support in order to stay in the community.

The reconfiguration proposal will replace the existing day treatment programs with a combination of intensive case management services, monthly medication monitoring (and crisis medication when needed), weekly monitoring by a member of the treatment team, and regular access to support groups. The proposal will serve the same number of clients as the original service configuration, but with a less intensive level of services. The program will also work closely with residential care home (board and care) staff to provide the necessary oversight for the clients who live in these homes, and are at -risk for rehospitalization. This will be done with the use of peer counselors who will be deployed to offer assistance to both case managers and residential care home staff in their day-to-day interaction with these clients. The clients will be receive at a minimum a weekly check-in by one of the staff from the treatment team, and services will be provided at a variety of sites depending on a client's ability to travel.

JUSTIFICATION:

The Department has proposed the elimination of day treatment programs both in the baseline budget and in the contingency plan because day treatment services are one of the most expensive service modalities, and serve the fewest numbers of clients. The subject proposal is consistent with the Department's direction of increasing intensive case management slots, and will enable FSA to serve the same number of clients at a reduced cost.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None. It is expected that the current client level will be maintained.

EXPENSE AND REVENUE IMPACT

Total Reduction: Reduction to Medical Services 027 by the total amount of \$375,142, offset by an increase in Short Doyle MediCal of \$36,084, for a total reduction of \$339,058.

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

None

DEPARTMENT OF PUBLIC HEALTH
2003-2004 Program Reductions

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

DPH PROGRAM: Community Mental Health Services

PROVIDER NAME, CONTACT & ADDRESS:

Baker Places
310 Townsend Street, Suite 400
San Francisco, CA 94107
Contact: Jonathan Vernick, Executive Director
PROGRAM: Baker Places-Westside Lodge Day Treatment
REDUCTION AMOUNT: \$220,874

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reductions and program reconfigurations will be made at the following site:
Westside Lodge Day Treatment Program
120 Page St.
San Francisco, CA 94102
Amount: \$220,874

JUSTIFICATION:

Westside Lodge is a residential treatment program with a corresponding intensive day treatment program that serves approximately 66 clients per day. The day treatment clients reside both in the Westside Lodge residential program, residential care homes in the community, or have been discharged directly from acute inpatient and IMD beds. Due to new State legislation that will increase the staffing requirements for intensive day treatment programs, as well as to provide a program that is more cost efficient, Baker Places has proposed to reconfigure its existing day treatment program from a full day intensive program to a full day rehabilitation program. This will enable Baker Places to reduce its staff to client ratio from one staff to eight clients to one staff to ten clients. Under this model, there is an anticipated reduction of 16 clients per day from the maximum capacity of 66 to 50. Although this is a reduction of service capacity, the proposed model will enable Baker to retain the program, which plays a crucial role in the system of care by accepting clients directly from Acute and IMD placements. It will also enable the system as a whole to maintain contact with as many clients as possible, which is the Department's goal during this difficult economic period. This proposal will not require the reduction of any of the corresponding residential beds.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Reduction of services at the Westside Lodge Day Treatment Program will result in the loss of approximately 3,898 units of service per year. The proposed reduction represents a 10 percent decrease to the Westside Lodge budget.

EXPENSE AND REVENUE IMPACT

Reduction to Medical Services 027 by the total amount of \$220,874.

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

None

2003-2004 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Christine Wachsmuth 206-6888

PROGRAM / INITIATIVE TITLE: Reduction of Interpreter Services

AMOUNT: (\$474,671)

TARGETED CLIENTS: Non-English speaking patients receiving in-patient and out-patient care at SFGH campus

PROGRAM DESCRIPTION: (Description of Program Change)

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

- Professional interpreter staff will be reduced to 9 FTE to focus coverage on languages with a high volume of requests for interpretation from in-patient and out-patient departments. Shifts for professional interpreter staff will be centered around peak request times.
- Bilingual pay premiums for staff hospital-wide will be monitored and reduced.
- Language bank services (interpreters on contract to SFGH for "as needed" language services) will not be reduced, and will continue to be used for in-person and telephonic interpretation.
- American sign language interpretation availability will be unchanged.
- Telephone language services such as the Language Line will remain unchanged.

JUSTIFICATION:

Consistent with the Mayor's instructions and our strategic plan which emphasizes service to patients over support services, we are reducing resources for this function. After the reduction we still provide more interpreters per patient than any other hospital in San Francisco.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

- Delays in patient care due to extended wait for in-person interpreters
- Need to investigate use of alternate communication methods [ie, investment in technology, communication boards, flip cards]
- Decreased patient satisfaction with SFGH care and services

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

Current labor expense of \$872,114 for interpreters will be reduced by \$387,554 and bilingual pay premiums for all hospital staff will be monitored and reduced by \$87,117.

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

Decrease of 6.0 FTE of Health Care Workers CSC #2586 will be subject to layoff or re-assignment due to bumping. 9 FTE in Interpreter Services will remain.

ATTACHMENT B

INITIATIVE TITLE: Interpreter Services Reduction

	FY 2003-04	Ongoing
Sources:		
None		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ (474,671)	\$ (474,671)
Operating Expenses		
Facilities Maint and Equipment	-	-
Subtotal Uses	(474,671)	(474,671)
Net General Fund Subsidy Required (Uses less Sources)	\$ (474,671)	\$ (474,671)
Total FTE's	(6.00)	(6.00)

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

Class	Title	FTE's	Expense
2586	Health Worker II decrease	(6.00)	\$ (310,043)
		(6.00)	(310,043)
	Fringe for Perm (25%)		(77,511)
	Monitor and Reduce Bi-Lingual Premium Pay Hospital-wide		(87,117)
			\$ (474,671)

Operating Expenses (List by Character)

None

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

None

\$ -

Initiative Number L3

(Leave blank)

DEPARTMENT OF PUBLIC HEALTH
2003-2004 Program Reductions

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

DPH PROGRAM: Community Primary Care/Community Programs
 PROVIDER NAME, CONTACT & ADDRESS: **Adult Dental Services Primary Care**, Samantha
 Stephen, Director, 30 Van Ness Ave., 2nd Floor, SF 94102
 PROGRAM: Adult Dental Services
 REDUCTION AMOUNT: \$289,815

PROGRAM DESCRIPTION: (Description of Program Change)

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

The DPH Adult Dental Services program consists of 7.00 FTE. These services are mostly provided at South East Health Center and Potrero Hill Health Center. The proposal would eliminate dental services at two health centers, and reduce staff by 2.4 dentists and 4.6 dental hygienists. The State is proposing the elimination of adult dental services as a MediCal benefit, consequently DPH would eliminate this service for adults, if the State of California's cuts are as severe as proposed. Nevertheless, the goal of the DPH is to protect children dental services, which are primarily preventive.

JUSTIFICATION:

The State has proposed reducing dental services as a MediCal benefit. While the department would like to preserve dental services as much as possible, dental services are not a core primary care function, and as a result, the Department was not able to support continuing the program at 100 percent funding at the expense of core primary care functions.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If this program were consolidated, 1,420 adults would not receive dental care. This would translate into 3,552 units of service that would not be provided. Also some dental prevention would be eliminated.

EXPENSE AND REVENUE IMPACT (supporting budget doc)

Eliminating dental services for adults would reduce the Primary Care General Fund monies by \$289,815, when taking into account generated revenues through Denti-Cal billing. Revenues from these services are not allocated to Primary Care.

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

Reduction of 7.2 FTEs: 2.4 FTE 2210 Dentist
 4.6 FTE 2202 Dental Assistants

6.38

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Primary Care Program Reduction - Dental Services

	FY 2003-04	Ongoing
Sources:		
FQHC rates \$203.73: 1847 Denti-Cal visits	\$ (376,289)	\$ -
Subtotal Sources	(376,289)	-
Uses:		
001 Salaries	\$ (532,884)	\$ -
013 Fringe Benefits	(133,221)	-
	-	-
Subtotal Uses	(666,105)	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (289,815)	\$ -
Total FTE's	-7.00	-7.00

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

Class	Title	FTE's		
2210	Dentist	-2.40	\$	(280,878)
2202	Dental Assistant	-4.60	\$	(252,006)
				-
	Subtotal			(532,884)
	Fringe (25%)			(133,221)
			\$	(666,105)

Operating Expenses (List by Character)

- \$ -

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

DEPARTMENT OF PUBLIC HEALTH
2002-2003 Program Reductions

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

DPH PROGRAM: Community Primary Care/Community Programs

PROVIDER NAME, CONTACT & ADDRESS: Patricia Pérez-Arce, Ph.D., Director

Community Primary Care
2587 – 25th St., 2nd Floor, Suite 2016
San Francisco, CA 94110

PROGRAM: Psychosocial and support services.

AMOUNT: \$475,376

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reductions to civil service behavioral health, nutrition counseling, and disease management support positions at the following clinics and cost centers: (1) Silver Avenue Health Center: .75 FTE 2846 Nutritionist (2) Southeast Health Center: .5 FTE 2574 Clinical Psychologist (3) Castro♦Mission Health Center: .2 FTE 2822, Assistant Health Educator (4), Ocean Park Health Center: 1 FTE 2903 Eligibility Worker, (5) Special Programs for Youth: 1.0 FTE 2930 Psychiatric Social Worker and 1.0 FTE Eligibility Worker, (5) Central Administration Primary Care: .78 FTE 2822 Assistant Health Educator and 1.0 FTE 2586 Health Worker

JUSTIFICATION:

All but one position, the Assistant Health Educator, are vacant positions, and therefore reducing would have the least impact on the Primary Care system although staffing levels are currently very low.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

These positions are currently vacant, consequently there is no immediate impact on clients and units of service. The only impact would be on anticipated clients who would not be served.

EXPENSE AND REVENUE IMPACT

There would be an expenditure reduction in the Primary Care budget of \$475,376.00.

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

This would amount to a total decrease of 6.23 positions within Primary Care Services.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Reduction to Primary Care Vacancies

	FY 2003-04	Ongoing
Sources:		
FQHC reimbursable services:		
Subtotal Sources	-	-
Uses:		
001 Salaries	\$ 380,301	\$ -
013 Fringe Benefits	95,075	-
	-	-
Subtotal Uses	475,376	-
Net General Fund Subsidy Required (Uses less Sources)	\$ 475,376	\$ -
Total FTE's	6.23	6.23

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

Class	Title	FTE's		
2846	Nutritionist	0.75	\$ 53,479	HCHPAPHC3-GF
2586	Health Worker II	1.00	\$ 47,450	HCHAPADMINGF
2822	Assistant Health Educator	0.52	\$ 37,079	.2 (HCHAPHC1-GF), .32 (HC
2822	Temp Salaries (Temp M) for balance of 2819	0.455	\$ 24,763	HCHAPADMINGF
2903	Eligibility Worker	2.00	\$ 103,878	1.0 HCHAPSPY-GF, 1.0 HCH
2930	Psychiatric Social Worker	1.00	\$ 71,984	
2574	Clinical Psychologist	0.50	\$ 41,669	
			\$ 380,301	
	Fringe (25%)		\$ 95,075	
	Total	6.23	\$ 475,376	

Operating Expenses (List by Character)

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