



Mitchell H. Katz, MD
Director of Health

MEMORANDUM

DATE: March 14, 2003

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

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

RE: Contingency Cuts to the FY 2003-2004 DPH Budget

Introduction

On February 5th and February 18th, the Health Department brought forth our base budget for fiscal year 2003-2004. It was the most painful base budget we have brought to the Health Commission in a decade.

The Budget absorbed 20 million dollars in unavoidable inflationary increases while reducing our general fund by 18 million dollars. To do this we:

- Reprogrammed the Mental Health Rehabilitation Facility
- Eliminated vital outreach and referral services
- Discontinued multiple substance abuse outpatient programs (while maintaining detoxification, methadone, and residential services)
- Discontinued several mental health day treatment programs
- Reduced hospital interpretation services
- Eliminated adult dental services
- Eliminated LHH laundry

as well as eliminating many other vital services.

These reductions were hard for the Department to propose, painful for the members of the public, our organized labor partners, and our community partners to hear, and agonizing for the Health Commission to deliberate on.

In your resolution approving submission of the budget, you noted that you were opposed to these service cuts and urged the Mayor and the Board of Supervisors to consider alternatives to cutting these vital safety net services.

Unfortunately, since our submission of the base budget, the City's financial position has not improved.

As shown on Attachment 1, the City is now estimating its shortfall for the FY 03-04 year at \$314 million. To put this in perspective, of the City's \$5.1 billion dollar budget, \$3.9 billion of the budget is not discretionary because it is grant or revenue dollars for a specific purpose or because of voter approved initiatives that protect baseline funding of certain departments (e.g., Children's fund, minimum number of police officers, park and recreational baseline). The result is that only \$1.2 billion of the City's budget is discretionary, thereby requiring that the City must cut one out of every four discretionary dollars (25%) to meet the current shortfall. As our Department receives \$270 million dollars of general fund, a reduction of 25% of our discretionary funding would be \$67.5 million dollars.

After factoring in all departments base budget cuts including ours and all other departments (whether they have revealed these cuts publicly or not), fee increases and other additional revenue proposals that are under consideration, the City has a remaining shortfall of \$143 million. This shortfall assumes some improvements in the Governor's current proposals. If the state budget improves or worsens, this number may change.

Aware of how devastating additional cuts, on top of the base budget cuts would be for the Health Department and other City Departments, the Mayor convened labor leaders on March 11th, 2003. I and several other Department Heads were asked to present the contingencies we would be forced to propose if other solutions were not found. The Mayor's Budget Office then proposed several issues that could close the City's budget gap. All these proposals would require unions to accept the conditions as part of the collective bargaining negotiations that are occurring this Spring. Of the proposals raised, the one that would go the furthest to decrease the size of the budget gap would be for all City employees to pay their own contribution to the City's retirement system. Currently, the City pays the employee's contribution (7.5% of salary). This was agreed to some years ago when the City no longer had to pay its own share due to the increases in the retirement endowment that occurred with the stock market growth in the 90's. Within the next year the City will need to start paying its share of the retirement. If City workers would pay their own share, or consider similar proposals then this funding would be partially closed.

The Mayor's Office has also been in discussions with leaders of the business community on how they may help to close the remaining gap. It should be noted however that by State law almost all tax increases must be approved by two-thirds of the voters. This could occur at soonest in November 2004 and whether in these difficult inflationary times such a ballot measure would succeed is unknown. It is the profound hope of the Health Department that the contingencies detailed below are never required of the Department.

Process for Preparing the Contingencies

Preparing a contingency plan has been extremely difficult for a number of reasons. First, the size of the reductions that the Department will be required to take has changed four times; in each case the new reduction was larger than the previous occasion. We are currently being asked to produce a contingency cut of \$40 million dollars or 15% of our general fund. This is in addition to the base cut of \$18 million dollars that we have already forwarded to the Mayor's Office. The most recent increase in the size of the contingency was given to us only two weeks ago. This has meant that the amount of time we have had to develop these scenarios has been short.

However, the major problem is that unlike the base budget reductions, which were guided by the Strategic Plan, it is impossible to develop a list of further reductions without cutting programs integral to our strategic direction. In particular, the cuts detailed today make substantial reductions to community care and to prevention, two key areas of emphasis in our Strategic Plan. Unfortunately, we used all the available opportunities to increase revenues, decrease administrative expenses, and redesign programs in the base budget. This contingency is more focused on what are the implementable cuts available if we are forced to make them.

Although the cuts detailed in this document are substantial they only add up to a general fund savings of \$16 million dollars. One reason is that with these cuts we lose \$5 million dollars of revenues (from primary care and mental health).

We will be preparing additional contingencies of up to another \$24 million dollars for the Health Commission to review in the coming weeks. So that the Health Commission is prepared for where the additional cuts might have to come from, as well as for the Commission to better understand what was not placed on the contingency list, we show the areas of the Health Department where there are remaining general fund dollars after the contingencies have been taken on Page 11 of this document.

Characterizing the impact of these contingencies

One of the strengths of the Health Commission has been its insistence on data. In the case of budget reductions, this has required that the Department provide detailed information on the services being cut and the likely implications of the cuts. In the case of many of the contingencies listed below, we are not able to fully characterize the impact of the cuts. The reason is that these are unprecedented decreases in services and it is unclear what the final impact would be of a dismantling of the public health system of this magnitude. Certainly our clients will suffer. Certainly our facilities will be more crowded and we will have less to offer. Similar budget reductions in our sister departments including the Department of Human Services, Department of Children, Youth and Their Families, the Department of Aging and Adult Services will magnify the misery caused by these cuts.

Presentation

As with our presentation of the base budget, we are presenting the contingencies three ways; each presentation provides more detail. In the text that follows below, the proposed cuts are explained on a policy level. Following the narrative presentation, each cut is shown on an Excel spreadsheet with detail on the size of the expenditure cut, the loss of revenue, the general fund loss, and the number of full-time-equivalent (FTEs) positions lost if the reduction occurs. Finally, following the Excel spreadsheet there is a narrative describing each of the cuts in greater detail.

Budget Contingencies

1. Consolidation of our Community Primary Care Clinics

In the base budget we attempted to preserve our community-based primary care clinics. The Department has 8 community-based primary care clinics that are fully owned and operated by DPH. They are:

Castro-Mission Health Center
Chinatown Health Center
Maxine Hall Health Center
Ocean Park Health Center
Potrero Hill Health Center
Silver Avenue Health Center
Southeast Health Center
Tom Waddell Health Center

These clinics are the backbone of our community focus. They provide culturally-competent, linguistically-appropriate, geographically accessible services. Each one has a unique history, a unique patient population, and a reason for being kept open.

Unfortunately, maintaining these 8 clinics requires a substantial amount of general fund. Of the \$24.2 million dollars that it costs to run these centers, we receive only \$6.6 million dollars in revenue (27.5%). The major reasons we receive a relatively low proportion of revenue is that only 45% of our patients at the community primary care centers had a form of insurance. In addition, we receive a lower rate of reimbursement from Medicaid for our primary care community clinics than we do for the hospital-based clinics. The rate we receive from the State is also less than that received by non-profit non-governmental primary care clinics (e.g., Mission Neighborhood Health Center, Northeast Medical Services).

If we are forced to take contingency cuts we will have to reduce our general fund expenditures. The simplest way to do this would be to close several of the centers. However, we did not choose this strategy for several reasons. First, since each clinic cares for a unique population, to cut that clinic would send the wrong message to the clinic population. Cutting the clinic would imply that we did not care about them. Second, completely eliminating clinics would make our services inaccessible for people without cars who have difficulty using MUNI. Third, and perhaps most importantly, once closed, the clinic would likely be lost forever. If we can maintain all of our sites, we believe we will have the opportunity to fully staff them in the future when the economy improves.

Therefore, we propose creation of 4 primary care teams that will staff our 8 primary care clinics. Each clinic will be staffed part-time (two to three days) by the full team.

The teams would be fully supported medical teams, bi-lingual and bi-cultural. We will aim for the teams to allocate 3 exam rooms to one provider with a full contingent of support staff to maintain maximal patient flow.

The four proposed pairings are:

Potrero Hill Health Center and Maxine Hall Health Center
Southeast Health Center and Silver Avenue Family Health Center
Ocean Park Health Center and Chinatown Public Health Center
Castro-Mission Health Center and Tom Waddell Health Center and Homeless Programs

One benefit of the teams is that it will allow us to better allocate our staffing between our health centers, such that if one health center in a pair does not have a social worker, but the other one does, than patients at both centers will have access to social work services.

	Operating Budget	Actual FTEs	Exam Rooms	Patient Mix
Potrero Hill Health Center	\$1.6 M	18.26; MDs 2 FTE; NPs 0.4 FTE	6	20% European American, 36% African American, 34% Latino, 8% API, 2% unknown
Maxine Hall Health Center	\$2.0 M	19.3; MDs 1.78 FTE; NPs 0.0 FTE	9 (through renovation)	24% European American, 42% African American, 12% Latinos, 12% Philipino/API, Others 10%
Southeast Health Center	\$2.5 M	29.5; MDs 2.58 FTE; NPs 1.48 FTE	10	7% European American, 71% African American, 9% Latino, 9% API, 3% Others
Silver Avenue Family Health Center	\$3.1 M	31.52; MDs 2.5 FTE; NPs 1.0 FTE	5	5% European American, 21% African American, 41% Latino, 25% API, 8% Other
Ocean Park Health Center	\$2.5 M	25.5; MDs 1.8 FTE; NPs 0.9 FTE	8	31% European American, 6% African American, 6% Latino, 51% API, 7 Other and 20% Russian Speaking, 15 % English speaking, 5% Korean speaking
Chinatown Public Health Center	\$3.3 M	35.24; MDs 2.5 FTE; NPs .55 FTE	7	7% European American, 2% African American, 6% Latino, 83% API (mostly Chinese of these predominantly Cantonese speaking), 3% Other
Castro-Mission Health Center	\$3.8 M	37.48; MDs 4.5 FTE; NPs 0.0 FTE	10	27% European American, 7% African American, 54% Latino, 6% API, 7% and 50% Latino Spanish Speaking, 45% LGBTQ youth and adults
Tom Waddell Health Center and Homeless Programs	\$5.4 M	55.10; MDs 4.43 FTE; NPs 5.07	3 (renovation taking place)	43% European American, 34% African American, 16 % Latino, 1% Native American, 4% API, 3% Other

	Revenues	Most common diagnoses	Primary neighborhoods served	Top 5 zip codes served	Specialty services
Potrero Hill Health Center	\$609,000	Hypertension, hyperlipidemia, joint pain, diabetes	Potrero Hill	94110, 94107, 94124, 19112, 94103	Adult dental, podiatry,
Maxine Hall Health Center	\$412,000	Hypertension, depression, vaginitis, diabetes	Western Addition	94115, 94117, 94102, 94109, 94103	PHNs, mental health (provided by UCSF/SFGH Psychosocial Medicine), adolescents, collocation with Westside Methadone Treatment Program
Southeast Health Center	\$1,132,000	Hypertension, diabetes, joint pain, substance abuse	Bayview Hunters Point and Visitacion Valley	94124, 94134, 94112, 94110, 94107	Early Intervention Program for HIV patients, adult dental, Samoan PHN
Silver Avenue Family Health Center	\$490,000	Hypertension, diabetes, joint pain, hyperlipidemia	Excelsior Districts (near OMI)	94134, 94112, 94124, 94110, 04103	PHNs, Ob/Gyn, copolscopy, children dental
Ocean Park Health Center	\$485,000	Hypertension, hyperlipidemia, joint pain, diabetes	Sunset/Richmond Districts	94122, 94116, 94121, 94112, 94132	PHNs, mental health (provided by Sunset Mental Health)
Chinatown Public Health Center	\$701,000	Hypertension, hyperlipidemia, TB, diabetes	Chinatown/North Beach Districts	94133, 94112, 94109, 94108, 94134	PHNs, cancer support, mental health, children dental
Castro-Mission Health Center	\$778,000	Hypertension, HIV, diabetes, depression	Castro/Mission Districts	94110, 94112, 94114, 94103, 94102	HIV, PHNs, mental health (in its budget), acupuncture (Ryan White)
Tom Waddell Health Center and Homeless Programs	\$2,288,000	Cellulitis, hypertension, depression, HIV	Tenderloin/SOMA districts	94102, 94103, 94124, 94109, 94110	Homeless programs (20 off-sites including shelters and SROs), HIV, HIV dental

Currently, of the 8 health centers paired above, Maxine Hall Health Center is undergoing extensive capital improvements, which will increase the number of exam rooms to 9 and create a patient learning conference room. Tom Waddell Health Center is also being renovated to create a dental clinic in the 2nd floor and increase the space for eligibility and urgent care. Silver Avenue Family Health Center is next in line, again to increase the number of exam rooms to 10, create a patient learning conference room, and install an elevator, which will allow patient access to the 2nd floor. Castro-Mission is scheduled for ADA renovations in FY 03-04. The UCC will be expanding its hours in the next fiscal year in order to meet the expected increase in the number of patients diverted from the ED.

Taking 10 exam rooms as the standard for each of the 8 health centers each medical/operations team would consist, as an average, of:

Medical Personnel

- 3 Primary Care Providers: 1 or 2 MDs and 1 or 2 NPs qualified to be Medicare providers
- 1 Charge Nurse
- 2 RNs (and 1 phone advice nurse if no centralized line is obtained)
- 3 MEAs (vitals, phlebotomy, medical supply ordering, EKGs, etc.)
- 4-6 HWIII/II (d/c appts, setting up exam rooms, appointment making, medical records support)
- 1 or 2 Medical Social Workers
- 1 Outreach worker
- 2 Medical Records Clerks (one a supervising technician)
- 4 Institutional Police Officers
- 1 Security Guard

4 public health nurses will be part of each team

Operations Personnel

- 3 Registration (2903s) 1 Eligibility (2908) /Appointment Clerks
- 3 Clerical Staff (reception, materials and supply ordering, Point of Service entry of encounters, office work, answering telephones)

Administration: Oversight over the operations and services of 2 sites

- 1 Health Center Director
- 1 Medical Director
- 1 Nurse Manager
- 1 Operations Manager (more than a Principal Clerk)

The mental health, substance abuse and other specialty services' staff would be allocated based on specific need-based criteria. Dental services are in the process of consolidating services to one location or two, depending on whether children and adults continue to be served.

Pediatric, including youth, services, a specialty practice, are currently being provided through 4 satellite clinics of 4 health centers (CMHC, CPHC, SAFHC, and OPHC), through children's and family practice clinics (CMHC, MHHHC, SAFHC, CPHC, PHHC, SEHC), at SPY, and CHPY clinics. Many of these patients also receive care at SFGH's Children's Health Center.

Assuming that 50% of the current staff of these 8 affected health centers will be retained in this new configuration and 50% of the positions eliminated in order to achieve General Fund savings, then approximately 50% of the patient visits at these 8 health centers will be "lost," as follows (numbers include visits to all professionals, not just primary care providers):

PRIMARY CARE RECONFIGURATION FY 03-04						
Estimate number of visits/patients lost to primary care if 8 health centers were to be reduced by 50%						
	Reconfigured Primary Care FY 03-04				Change FY 01-02 to FY 03-04	
	Actual Number of Visits	Percent (%) of Total	Projected Visits	Percent (%) of Total	Projected Visits	Percent (%) Change
8 affected CPC HCs	190,333	54.9%	95,167	37.9%	-95,166	-50%
Other CPC HCs	31,570	9.1%	31,570	12.5%	0	0%
SFGH PCCs	124,649	36.0%	124,649	49.6%	0	0%
TOTAL	346,552	100.0%	251,386	100.0%	-95,166	-50%

The 8 affected CPC Health Centers provided 190,333 patient visits in FY 01-02. If half these visits are not provided, this translates into 95,166 "lost" visits, which in turn translates into 18,697 patients (at 5.09 average visits per patient per year for FY 01-02) who will not be provided primary care services. About 27.5% of all primary care visits would be "lost" through the proposed reconfiguration.

With the decrease in availability of primary care appointments, those patients who stay in our system will wait longer for appointments. It is likely that some of our patients will go to other providers. Both Mission Neighborhood Health Center and Northeast Medical Center have capacity to absorb some of our patients because of recent expansions and because of the more favorable Medicaid rate that they receive. However, they and the other available community health centers certainly will not be able to absorb all our indigent clients. Some patients will be able to receive care at SFGH urgent care where we have expanded our hours in the base budget due to the more favorable reimbursement rate for hospital based urgent care. Sadly some clients will go without care.

The consolidation of these 8 primary care clinics results in a decrease of 128.83 civil service positions. It saves 8.6 million dollars of general fund with a loss of 3.3 million in revenue.

2. **Mental Health Cuts**

Mental Health Day Treatment

In the base budget we cut several day treatment programs while maintaining our outpatient visits and residential placements. In this contingency we cut almost all of the remaining day treatment. In doing so, we acknowledge that while day treatment is a very worthwhile modality, it is possible to run a county mental health system without day treatment.

Therefore, we propose cutting the following day treatment programs:

	Expenditure	Revenues	General Fund
Baker Places -Robertson House Day Treatment	(248,956)	(128,422)	(120,534)
Bayview Hunter's Point -Clubhouse Day Treatment	(762,983)	(368,711)	(394,272)
Progress Foundation-Rypins/Carroll House Seniors Day Treatment.	(781,087)	(394,711)	(386,376)
Baker Places -Westside Lodge Day Treatment	(1,970,276)	(470,276)	(1,500,000)
Chinatown Northbeach Mental Health Clinic - Day Treatment	(64,924)	0	(64,924)
Total	(3,828,226)	(1,362,120)	(2,466,106)

To attempt to mitigate the impact we will convert 3.8 existing staff associated with Chinatown North Beach Mental Health Center to perform intensive case management.

Residential Care and Day Treatment

Baker places currently runs a 36 bed combined residential and day treatment program called Westside Lodge. This transitional residential program has been particularly helpful to us in discharging patients from SFGH. Because this program is larger than 16 beds, there is no state reimbursement for the program. On the other hand, simply reducing the number of beds to 16 is also problematic because the building where the program is lodged is big and carries a large rent.

Baker Places has developed an extremely creative proposal that will enable them to move around their existing programs and thereby produce a 16 bed residential program with day treatment. This new program will provide a substantial general fund savings of 1.5 million dollars. To mitigate the loss of the 20 beds, we have allocated an additional \$300,000 to residential care for the mentally ill.

Closure of the OMI Family Center with relocation of psychiatrists

The OMI Family Center currently serves 602 clients. We are proposing eliminating the center so as to avoid the costs of operating it (rent, facilities management). We will transfer the psychiatrists to primary care centers so that clients have access to them for psychiatric assessment and medication management. We hope that collocation of the psychiatrists with the primary care staff will help to bring about greater integration between physical health and behavioral health. Clients who need ongoing therapy in addition to psychiatric care will be referred to other existing mental health clinics. Closure of this clinic will result in a loss of \$290,909 in revenue and produce a general fund savings of \$873,976.

3. Substance Treatment Cuts

In the base budget we made substantial reductions to our outpatient treatment programs while maintaining our detoxification, methadone maintenance and residential substance treatment. In the contingency program we eliminate 8 additional outpatient programs:

	Expenditure	Revenues	General Fund
Outpatient Treatment- Asian American Recovery Services: Lee Woodward Counseling Center	(274,827)		(274,827)
Outpatient Treatment- Haight Ashbury Free Clinics Inc: Glide African American Extended Family Outpatient	(367,177)		(367,177)
Case Management and Ancillary Services- Episcopal Community Services: Next Door	(73,786)		(73,786)
Case Management and Ancillary Services- St Vincent de Paul: Multi-Service Center South	(84,989)		(84,989)
Secondary Prevention- North of Market Senior Services: Drop-In Sobriety Center	(88,219)		(88,219)
Secondary Prevention- North of Market Senior Services: Women's Outreach Program	(81,013)		(81,013)
Intensive Outpatient Treatment- Potrero Hill Neighborhood House: ZAP Program	(244,711)		(244,711)
Outpatient Aftercare Treatment- Walden House: Sister Continuing Care	(53,876)		(53,876)
Reallocation to Methadone Treatment	200,000		200,000
Total	(1,068,598)		(1,068,598)

To mitigate the impact of these cuts we propose increasing the availability of methadone maintenance at a cost of \$200,000 to the General Fund. This reduces the size of the general fund contingency for substance about to \$1,068,598.

4. Community-Health Promotion and Prevention

One of the key issues in our Strategic Plan was promoting primary prevention. To that aim the Department recently funded two very worthwhile programs:

African American Health Initiative (AACHI)
Health Education Resource Center (HERC)

These programs were designed to attempt to narrow the health disparities in the African American Community and to address environment justice issues that have affected residents of the Bay View Hunter's Point Neighborhood. If we are forced to go forward with these contingencies these programs would have to be scaled back. We would also eliminate the NICOS antigambling initiative despite the fact that a survey of Chinese Americans in San Francisco cited gambling as the single greatest issue facing their community. Finally, as part of our prevention cuts, we would also cut an additional 2 administrative positions from this unit.

The general fund savings from reducing these prevention services is \$598,869.

5. HIV Prevention

We are proposing making \$1,000,000 prevention cut to HIV prevention services. We have not detailed the specific contracts because we feel that the best way to implement such a cut is to perform a reverse RFP. The AIDS Office will create a community evaluation process whereby all HIV prevention providers (those funded by general fund, CDC, and State) will submit information about the success of their programs. A community panel will rate the programs (just as they would if they were rating proposed new programs under an RFP) based on their success in having an impact on persons at risk for HIV-infection. Those programs felt to be the least successful will have their funding reduced or eliminated. The evaluation process, which we sometimes refer to as a reverse-RFP, will take into account the need to reach all the diverse populations of San Francisco.

6. HIV Health Services

We made no cuts in HIV Health Services in the baseline budget, in part, because recent decreases in Ryan White Care funding have already shrunk the continuum of HIV services. In this contingency we propose eliminating two HIV Health Service Contracts:

Work re-entry and employment	\$140,000
Technical support to minority integrated services contractors	\$150,000

The work re-entry contract was a success, especially in enabling HIV-infected persons who had dramatic responses to new triple combination therapy to return to work. At this point in the epidemic, we no longer have as large a group of very ill persons being restored to health. This is because we now focus more on keeping people healthy with the triple combination therapies.

These services are still useful in offering vocational opportunities for HIV-infected persons, but these services are a lower priority for the Department than physical and behavioral health services.

We believe that the support provided to minority-based contractors has been helpful in strengthening organizational development for these agencies. However, we believe that the AIDS Office staff, who are very experienced in working with minority-based contractors will be able to provide these services.

We have also eliminated 7.5 administrative positions from the AIDS Office including 3, which are currently vacant.

7. Employee Assistance Program

We are proposing a decrease of \$125,000 to the Employee Assistance Programs that are offered to City employees. This will increase wait periods for appointments and reduce the number of sessions per issue that an employee presents with for assistance.

8. Administrative Position Cuts

In the base budget, we took a \$5 million dollar cut in administrative expenses. In the above contingencies we have taken additional administrative cuts within the programs that we have cut. For example, 2 administrative positions were cut from prevention and 7.5 from the AIDS Office. Our primary care consolidation eliminates half of the administrative positions. We estimate, however, that if the contingency cuts happen we will need fewer administrators in accounting, personnel, contracts administration, and program evaluation because there will be fewer contracts and employees. We estimate that we could take an additional \$375,000 in cuts. It should be noted that we could not take these administrative cuts if the program cuts did not also occur.

9. Health at Home Cuts

We have deliberately grown Health at Home in the belief that it is a more cost-effective and less restrictive method of caring for patients who might otherwise need hospitalization. If we take the \$367,260 reduction of general fund to this program we will prioritize those patients where failure to provide health at home services would be the most likely to result in hospitalization.

Looking Ahead to the Possibility of Additional Contingencies

As explained in the introduction, the size of the DPH contingency could be significantly more than \$16 million and as high as \$40 million. In preparation for receiving additional contingency cuts, the table below shows where else we have general fund. In some cases, we could implement additional general fund cuts beyond the one’s proposed here, but the effect would likely be even more devastating. In other cases, we believe that general funds are not implementable either because the general fund cannot be extracted or because of legal/regulatory mandates.

What is left to cut that could be implemented

<u>Program</u>	<u>Slots</u>	<u>Expense</u>	<u>Revenue</u>	<u>GF</u>	<u>Program Impact.</u>
Supportive Housing	1889	16,532,426	8,439,102	8,093,324	Would increase homelessness and would likely increase admin and decertified days at SFGH
Residential Substance Abuse	511	14,278,820	1,074,420	13,204,400	Would increase homelessness and would likely increase admin and decertified days at SFGH
Residential Mental Health	119	5,455,655	1,820,466	3,635,189	Would increase homelessness and would likely increase admin and decertified days at SFGH
MH Residential Care and IMD Beds	843	11,967,484		11,967,484	Would increase homelessness and would likely increase admin and decertified days at SFGH

HIV Prevention	2,583,151		2,583,151	May result in an increase in HIV infections.
HIV Health Services	955,870		955,870	Would create service gaps for persons with HIV/AIDS.
Non HIV Prevention	1,181,681		1,181,681	Would likely result in increased illness.
Maternal and Child Health	8,950,929	6,583,749	2,367,180	Would create service gaps to disabled and at risk children
Health at Home	4,144,684	1,055,648	3,089,036	Would increase admin and uncertified days at SFGH
Remaining GF for MH, SA, Housing, HIV	<u>21,000,000</u>		<u>21,000,000</u>	Would create service gaps in vital areas and would likely increase admin and uncertified days at SFGH.
Subtotal Available	87,050,700	18,973,385	68,077,315	

What is not available to be cut given existing constraints

Implications

GF Support to SFGH	73,678,988	Cannot close hospital without violating State Welfare and Institution Code 17000; not enough GF to contract out indigent care
GF Support to LHH	33,486,722	Nowhere to send 1000 patients. Closing portions of LHH does not provide significant savings as fixed costs are spread over a smaller number of patients.
GF Support to Jail Health	24,157,767	Legal requirement
GF Support to Primary Care	14,996,959	Have already reduced Community Based Primary Care by 50%. Further reductions would risk violation of State Welfare and Institution Code 17000
GF Children's Baseline	27,391,444	City Administrative Code
GF EMSA	390,394	Regulatory function
GF Disease Control	2,381,561	Regulatory function
GF Environmental Health	2,658,863	Regulatory function
GF Occupational Safety & Health	367,449	Regulatory function
GF Administration & IS	<u>7,263,257</u>	Have already made substantial reductions to administration. If further contingency program reductions are made, additional administrative costs could be reduced.
Subtotal Not Available	186,773,404	
Total GF after Contingency	<u>254,850,719</u>	

The Role of the Health Commission

No one expects that the Health Commission would support the reduction contingencies detailed in this document. In fact, the Mayor told a large group of labor leaders last week after hearing a draft of our budget contingencies that he did not support these reductions. However, he went on to say that the Charter required him to submit a balanced budget by June 1, 2003 and he intended to fulfill that mandate.

Even though the Department and Commission would naturally oppose health cuts of this magnitude, and even though such cuts may occur despite our opposition, if there are no alternative methods found to close the budget gap, the Health Commission's role in deliberating over these reductions is still extremely important for several reasons.

First, the Commission provides an opportunity for the public to be fully briefed about the implications of these reductions on the health of San Francisco. We cannot expect people to automatically assume that financial cuts would translate so directly to greater human misery if we do not make the impact of these cuts on San Francisco transparent.

Second, the Commission format allows for testimony on the implications of this budget, and allows the Commission to ask informed questions and make thoughtful assessments on behalf of the residents of San Francisco.

Third, although the Department has done our best to identify the least painful alternatives from a list of painful alternatives, new creative ideas may come from the Commission or from the public on how to better mitigate the harm that such a large reduction of funding would cause to the residents of San Francisco.

Fourth, the Commission and the Department can be helpful in advocating to the business community, organized labor, and the populace about the need for preventing these cuts.

Department of Public Health
 Summary of FY 03-04
 Contingency General Fund Reduction

Item No.	Description	Priority	FTE's	Contract or Civil Service	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
	Primary Care							
PC1	Consolidation of Primary Care Clinics		(128.83)	Civil	(11,938,666)	(3,312,656)	(8,626,010)	Reduce days of operation and total FTEs at eight (8) primary care clinics by approximately 50%. Remaining staff will comprise 4 teams that will alternate between the 8 clinics. There will be four (4) Public Health Nurses per Team. This will have effect of reducing visits by approximately 63,000 (from a total of 147,000) and revenues by approximately 50%.
	Subtotal - Primary Care		(128.83)		(11,938,666)	(3,312,656)	(8,626,010)	
	Mental Health							
MH1	Baker Places -Robertson House Day Treatment			Contract	(248,956)	(128,422)	(120,534)	Elimination of Robertson Day Treatment program will result in a loss of services to 71 unduplicated clients.
MH2	Bayview Hunter's Point -Clubhouse Day Treatment			Contract	(762,983)	(368,711)	(394,272)	Reduction of services at the Bayview Clubhouse Day Treatment will result in the loss of services to 46 unduplicated clients and the delivery of 6,157 fewer units of service.
MH3	Progress Foundation-Rypins/Carroll House Seniors Day Treatment.			Contract	(781,087)	(394,711)	(386,376)	Reduction of services at the Rypins/Carroll Senior Day Treatment will result in the loss of services to 58 unduplicated clients and the delivery of 4,645 fewer units of service. The corresponding two six-bed day treatment programs will be converted to supported housing programs.
MH4	Baker Places -Westside Lodge Day Treatment			Contract	(1,970,276)	(470,276)	(1,500,000)	The 36 bed combined residential and day treatment program will be converted to a 16 bed residential and day treatment program serving clients from SFGH.
MH5	Chinatown Northbeach Mental Health Clinic -Day Treatment		(1.00)	Civil	(64,924)	0	(64,924)	The proposed reduction is to eliminate 1.0 FTE and convert remaining 3.8 FTE to intensive case management. This cut will result in loss of services to 16 unduplicated clients.
MH6	Reallocations			Contract	300,000	0	300,000	Reallocation of funding to purchase 12 IMD beds and two intensive case managers to mitigate the impact of the reductions. Short Doyle MediCal match to fund two intensive case managers.

Department of Public Health
 Summary of FY 03-04
 Contingency General Fund Reduction

Item No.	Description	Priority	FTE's	Contract or Civil Service	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
MH7	OMI Family Center		(12.00)	Civil	(1,164,885)	(290,909)	(873,976)	Elimination of OMI Family Center will result in a loss of services to 602 clients. There will be 12 FTE loss of civil services staff positions. The psychiatrists will be relocated to Primary Care Centers where they will provide psychiatric assessment and medication management.
Subtotal - Mental Health			(13.00)		(4,693,111)	(1,653,029)	(3,040,082)	
Substance Abuse								
SA1	Outpatient Treatment- Asian American Recovery Services: Lee Woodward Counseling Center			Contract	(274,827)		(274,827)	Closure of this program for women will result in loss of 1,850 units of service to 50 unduplicated clients.
SA2	Outpatient Treatment- Haight Ashbury Free Clinics Inc: Glide African American Extended Family Outpatient			Contract	(367,177)		(367,177)	Elimination of this program will result in loss of 2,028 units of service to 678 unduplicated clients.
SA3	Case Management and Ancillary Services- Episcopal Community Services: Next Door			Contract	(73,786)		(73,786)	Elimination of this service providing referrals and wrap around services to shelter clients will result in loss of 2,700 units of service to 720 unduplicated clients.
SA4	Case Management and Ancillary Services- St Vincent de Paul: Multi-Service Center South			Contract	(84,989)		(84,989)	Elimination of this service providing referrals and wrap around services to shelter clients will result in loss of 2,951 units of service to 1,540 unduplicated clients.
SA5	Secondary Prevention- North of Market Senior Services: Drop-In Sobriety Center			Contract	(88,219)		(88,219)	Elimination of this service will result in loss of 12,474 drop-in visits by 200 unduplicated clients.
SA6	Secondary Prevention- North of Market Senior Services: Women's Outreach Program			Contract	(81,013)		(81,013)	Elimination of this service will result in loss of 3000 contacts with 75 unduplicated woman clients.
SA7	Intensive Outpatient Treatment- Potrero Hill Neighborhood House: ZAP Program			Contract	(244,711)		(244,711)	Closure of this program for youth and young adults will result in loss of 3,193 units of service to 106 unduplicated clients.
SA8	Outpatient Aftercare Treatment- Walden House: Sister Continuing Care			Contract	(53,876)		(53,876)	Elimination of this women's program will result in loss of 785 units of service to 38 unduplicated clients.

Department of Public Health
Summary of FY 03-04
Contingency General Fund Reduction

Item No.	Description	Priority	FTE's	Contract or Civil Service	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
SA9	Reallocation to Methadone Treatment			Contract	200,000		200,000	Reallocation from above cuts to increase methadone treatment by 13,797 days of treatment to an estimated 42 clients
	Subtotal - Substance Abuse		0.00		(1,068,598)	0	(1,068,598)	
	Community Health Promotion and Prevention							
PH1	Reduction of African American Health Initiative, (AACHI), Health Education Resource Center (HERC), NICOS anti-gambling initiative, and Prevention Admin.		(2.00)	Both	(598,869)		(598,869)	The service reductions will limit project priorities. Additionally 2.0 administrative positions will be reduced from prevention.
	AIDS Office							
PH2	HIV Prevention			Contract	(1,000,000)		(1,000,000)	Reduction of contractual services as appropriate within all targeted behavioral risk populations.
PH3	HIV Health Services			Contract	(290,000)		(290,000)	Reduction of (1) \$140k for work re-entry employment programs, and (2) \$150k for technical support to minority integrated services contractors.
PH4	Administrative Positions		(7.50)	Civil	(569,225)		(569,225)	Reduction of 7.5 positions, (3 currently vacant) from AIDS office
	Public Health Administration							
PH5	Employee Assistance Program		(2.00)		(180,000)	(55,000)	(125,000)	Reduction of City wide Employee Assitance Program. Will increase wait period for appoitments and reduce the number of sessions per issue that an employee presents with for assistance.
PH6	Administrative Positions		(5.00)		(375,000)		(375,000)	Position deletions related to processing, monitoring, and paying for invoices for contracts that have been eliminated in the contingency plan. This item would only be available to the extent that the contract reductions in the contingency plan are implemented.
	Health at Home							
HH1	Administrative and Service reductions		(5.80)		(367,260)		(367,260)	Reduce capacity of Health at Home services and prioritize those patients that would otherwise require hospital care.
	Subtotal - Public Health		(22.30)		(3,380,354)	(55,000)	(3,325,354)	
	Total - Department-Wide		(164.13)		(21,080,729)	(5,020,685)	(16,060,044)	

**Department of Public Health
2003-2004 Contingency Program Reduction**

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 checked="" 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: Community Primary Care Services / Community Programs

PROGRAM CONTACT NAME/PHONE: **Patricia Pérez-Arce, 2789 25th Street 2nd floor, SF CA 94110**

PROGRAM / INITIATIVE TITLE: Reduction of Clinic Hours of service

AMOUNT: \$8,626,010

PROGRAM DESCRIPTION: (Description of Program Change)

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

The proposal is to reduce days of operation and total FTEs at eight (8) primary care clinics by approximately 50%. The remaining staff will comprise 4 teams that will alternate between the 8 clinics. This will have effect of reducing total visits and revenues by approximately 50%.

JUSTIFICATION: (required by the Mayor's Office)

This reduction eliminates \$8.626M in General Fund without closing any of our community clinics, thus continuing to provide reduced service at all locations. This enables the department to increase staffing and hours of operation at such time as funding becomes available.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Total Community Primary Care encounters will decline 95,167 (from a total volume of 190,333 annually). Taking the average of 5 visits per patient within primary care, 18,697 patients may not receive treatment within the CPC health centers. These patients may be served through the SFGH health centers and the San Francisco Community Clinic Consortium clinics.

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

Revenues will decline \$3.313M, and Expenses will decline \$11.938M for net General Fund savings of \$8.626M.

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

Total FTEs will decline 128.83

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Primary Care Clinic Hours reduction

	FY 2003-04	Ongoing
Sources:		
Patient Service Revenues	\$ (2,705,437)	\$ (2,705,437)
TCM Revenues	(607,219)	(607,219)
Subtotal Sources	(3,312,656)	(3,312,656)
Uses:		
Salary	\$ (9,458,540)	\$ (9,458,540)
Fringe Benefits	\$ (2,184,911)	(2,184,911)
Operating Expenses	\$ (295,215)	(295,215)
Subtotal Uses	(11,938,666)	(11,938,666)
Net General Fund Subsidy Required (Uses less Sources)	\$ (8,626,010)	\$ (8,626,010)
Total FTE's	-128.83	-128.83

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

Class	Title	FTE's	
STEPM	Step Adjustment Misc		(199,608)
1408	Principal Clerk	3.92	224,471
1424	Clerk Typist	2.95	128,056
1426	Senior Clerk	2.50	119,212
2112	Medical Records Technician	5.17	286,066
2110	Medical Records Clerk	0.10	4,933
2230	Physician Specialist	11.09	1,389,866
2232	Sr. Physician Specialist	4.37	606,463
2244	Health Center Director	2.92	263,726
2302	Certified Nursing Asst	1.00	54,262
2312	Licensed Vocational Nurse	2.27	132,360
2430	Medical Eval Assistant	3.84	186,023
2585	Health Worker I	2.00	87,384
2586	Health Worker II	5.80	272,066
2587	Health Worker III	5.61	291,378
2736	Porter	4.42	193,250

2819	Asst Health Educator	1.00	62,214
2846	Nutritionist	0.85	61,217
2903	Eligibility Worker	15.05	781,682
2908	Hospital Eligibility Worker	2.02	120,259
2920	Medical Social Worker	3.27	235,387
2930	Psychiatric Social Worker	0.50	35,992
9924	Public Health Aide	1.00	29,441
9991M	Attrition	0.00	19,473
9993M	Attrition	(7.61)	(520,900)
STEPN	Step adjustment Nurses	0.00	11,878
2320	Registered Nurse	15.87	1,220,890
2322	Head Nurse	2.92	291,131
2328	Nurse Practitioner	3.82	384,122
2830	Public Health Nurse	29.50	2,401,891
9991N	Attrition	0.00	13,150
9993N	Attrition	(4.46)	(372,900)
TEMPM	Temp Salaries	4.08	255,230
TEMPN	Temp Salaries Nurses	3.09	240,326
PREMM	Premium Pay	0.00	145,288
HOLIM	Holiday Pay	0.00	2,861
	Total	128.83	9,458,540

**DEPARTMENT OF PUBLIC HEALTH
2003-2004 Contingency Program Reduction**

- | | |
|---|---|
| <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: Robertson House Day Treatment

REDUCTION AMOUNT: \$120,534 (General Fund)
128,422 (Short Doyle MediCal)
\$248,956

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reductions will be made at the following site:
Baker Robertson Day Treatment/921 Lincoln Way/SF/94122
Amount: \$248,956
This is a combined 12 bed residential and day treatment program with a focus on providing integrated services to individuals with multiple diagnoses (HIV, Substance Abuse and Mental Disorder), and is a primary receiver of referrals directly from the criminal justice system. The proposal is to eliminate the day treatment program, and preserve the residential treatment program.

JUSTIFICATION:

Day treatment services are more expensive than outpatient services due to the level of intensity for each service unit, and serve fewer clients than other treatment modalities. Therefore, this reduction would impact fewer clients. It is expected that these clients will be transitioned to other less-costly outpatient programs, or to intensive case management slots, where available and as needed.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of the Robertson Day Treatment program will result in the loss of services for 71 unduplicated clients and the delivery of 3,003 fewer units of service. Without the day treatment structure, some clients will fail in the residential treatment program and will return to jail or acute services; without this resource, treatment options for clients with criminal records would be significantly reduced. The day treatment portion of the program provides the structure that enables the staff to manage the clients, some of whom have significant behavioral issues.

EXPENSE AND REVENUE IMPACT

Reduction to Medical Services 027 by \$248,956 and reduction of \$128,422 in Short Doyle MediCal.

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

None

**DEPARTMENT OF PUBLIC HEALTH
2003-2004 Contingency Program Reduction**

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|---|---|
| <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:

Bayview Hunter's Point Foundation
1325 A Evans Street
San Francisco, CA 94124

Contact: Karen Patterson Matthew, Executive Director

PROGRAM: Bayview Clubhouse Day Treatment

REDUCTION AMOUNT: \$394,272 (General Fund)

368,711 (Short Doyle MediCal)
\$762,983

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reductions will be made at the following site:

Bayview Clubhouse Day Treatment Program
259 Hyde St.
San Francisco, CA 94103

Amount: \$762,983

This is a community day treatment program located in the center of the Tenderloin, where a large concentration of high-risk mentally disordered residents reside. In FY 01-02, the program served 46 clients, of whom 31 were White, 5 Latino and 3 African American. Of the clients served, 22% resided in residential care (Board & Care) facilities, and the remainder lived independently.

JUSTIFICATION:

Day treatment services are more expensive than outpatient services due to the level of intensity for each service unit, and serve fewer clients than other treatment modalities. Therefore, this reduction would impact fewer clients. It is expected that these clients will be transitioned to other less-costly outpatient programs, to less intensive peer support services, or to intensive case management slots, where available and as needed.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Reduction of services at the Bayview Clubhouse Day Treatment Program will result in the loss of services for 46 unduplicated clients and the delivery of 6,157 fewer units of service.

Without this program, adult clients residing in the Tenderloin would not have structured day services available, or the opportunity for work focused assistance. Closure would also create a problem for residential care home facilities that provide care and supervision, but do not have the staff capacity to provide programming for residents during the day, and have been depending on CMHS day treatment programs to meet this need. The lack of structure may result in the destabilization of the clients and result in higher inpatient usage.

EXPENSE AND REVENUE IMPACT

Reduction to Medical Services 027 by the total amount of \$762,983, of which \$368,711 is Short Doyle MediCal.

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

None

**DEPARTMENT OF PUBLIC HEALTH
2003-2004 Contingency Program Reduction**

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|---|---|
| <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:

Progress Foundation Administration
368 Fell St., San Francisco, CA 94102
Contact: Steven Fields, Executive Director
PROGRAM: Rypins/Carroll House Seniors Day Treatment.

REDUCTION AMOUNT: \$386,376 (General Fund)
\$394,711 (Short Doyle MediCal)
\$781,087

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reductions will be made at the following site:
Rypins and Carrol House- Seniors/1405 Guerrero Street/San Francisco, CA 94110

The Rypins/ Carroll House Day Treatment program provides day treatment to geriatric clients residing in the six-bed Rypins and six-bed Carroll Houses transitional residential treatment programs, as well as geriatric clients from the general community. Many of the clients come directly from inpatient and long term care settings. These sites represent the only residential treatment facilities for seniors, and the day treatment is part of a very limited continuum of care for this population. The day treatment cost center complements the core residential treatment staff as a result of the revenue generated by the program. As such, it is not possible to extract the day treatment staffing from the basic staffing necessary to provide required levels for licensing and certification and retain the residential treatment programs. Therefore, an alternative proposal is to eliminate the day treatment program and create two supported housing sites out of the existing residential treatment sites. This will enable the beds to be retained. However, it is unlikely that the same clients would remain in the program because the level of services and structure is not likely to be sufficient for the type of clients currently accepted into the programs.

JUSTIFICATION:

Converting the existing residential treatment programs to supported housing programs will retain the same number of bed slots, and will also preserve a level of funding for geriatric clients. The reduction of day treatment is a continuation of the Department's baseline strategy due to the high cost per unit and lower number of clients served in this modality.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Reduction of the day treatment program will result in the loss of services for 58 unduplicated clients and the delivery of 4,645 fewer units of service. The closure will create a problem for residential care home facilities that provide care and supervision to their residents, but do not have the staff capacity to provide programming during the day, and have been depending on programs, such as Rypins/Carroll to meet this need. The lack of structure may result in the destabilization of the clients and result in higher inpatient usage.

EXPENSE AND REVENUE IMPACT

Reduction to Medical Services 027 by the total amount of \$781,087/reduction of \$394,711 in SD MediCal revenues.

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

None

**DEPARTMENT OF PUBLIC HEALTH
2003-2004 Contingency Program Reduction**

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|---|---|
| <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: Westside Lodge Day Treatment

REDUCTION AMOUNT: \$1,500,000 (General Fund)

470,276 (Short Doyle MediCal)

\$1,970,276

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reductions will be made at the following site:
Westside Lodge Day Treatment Program/120 Page Street/San Francisco, CA 94102

Westside Lodge is a 36 bed transitional residential program providing both residential treatment and day treatment. The program accepts clients directly discharged from acute and long term care facilities, as well as clients living in the community. In FY 01-02, of the 265 clients served, 42% resided in residential care (Board & Care) homes, 22% lived independently and 3% lived with their families. Of the total clients, 108 were White, 59 African American, 19 Latino, 37 Chinese, and 5 Vietnamese.

Since the residential program is more than 16 beds, it is not MediCal reimbursable; the day treatment revenues support the operating costs, and without day treatment the residential program could not be maintained. As a result, Baker Places is proposing to convert the Westside Lodge program to a 16 bed residential treatment program and maintain a day treatment component that serves only the clients in the residential treatment program.

JUSTIFICATION:

By creating a 16 bed program, the program will be MediCal reimbursable, which will offset the overall cost. The proposal will still retain 16 residential treatment beds in the system, and be retaining day treatment, it will continue to be able to accept the most difficult clients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Reduction of funding will result in the loss of 20 residential treatment beds, and 20 day treatment slots, or services to approximately 150 unduplicated clients. The reduction of the day treatment program is going to create a problem for residential care home facilities which provide care and supervision, but do not have the staff capacity to provide programming for residents during the day, and which have been depending on CMHS day treatment programs to meet this need. As noted, 42% of clients live in residential care homes. Additionally, it is likely to become more difficult to discharge clients from SFGH Inpatient units due to a lack of available placements.

EXPENSE AND REVENUE IMPACT

Reduction to Medical Services 027 by the total amount of \$1,970,276 of which \$470,276 is Short Doyle MediCal.

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

None

**DEPARTMENT OF PUBLIC HEALTH
2003-2004 Contingency Program Reduction**

- | | |
|---|---|
| <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:
Chinatown/North Beach Mental Health Civil Service Clinic
729 Filbert St./ San Francisco, CA 94133

PROGRAM: Chinatown/North Beach Day Treatment Program

REDUCTION AMOUNT: \$64,924 (General Fund)

PROGRAM DESCRIPTION: (Description of Program Change)

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

This is a city operated, mono-lingual-serving day treatment program located in the Chinatown/North Beach area of the City. In FY 01-02, this program served 79 unduplicated clients, of which 53 were Chinese, 10 White, and 5 Vietnamese. Of these clients, 51% resided with their families, 20% lived alone, and 9% lived in residential care (Board & Care) homes. This program achieves efficiencies by being housed with the CTNB Outpatient Clinic, and the day treatment staff work in more than the day treatment modality.

The total day treatment budget is \$365,032, of which \$112,032 is General Fund. The proposed reduction would decrease the General Fund subsidy to this program by 58%, from \$112,032 to \$47,108. The expectation is that the remaining staff would continue to generate the same level of MediCal. The proposed reduction is to eliminate a 1.0 FTE, and convert the remaining 3.8 FTE from day treatment services to intensive case management.

JUSTIFICATION:

Day treatment services are being eliminated because they are more expensive than outpatient services due to the level of intensity for each service unit, and serve fewer clients than other treatment modalities. Therefore, this reduction would impact fewer clients. It is expected that these clients will be transitioned to other less-costly outpatient programs, or to intensive case management slots that are being created to offset the system-wide treatment reductions.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Reduction of services will result in the loss of day treatment services for approximately 79 unduplicated clients. It is assumed that most of the remaining day treatment clients will receive intensive case management or outpatient services, which will be a less intensive level of service, but will enable the client to stay connected to the system of care.

The elimination of the day treatment program will create a problem for residential care home facilities which provide care and supervision, but do not have the staff capacity to provide programming for residents during the day, and which have been depending on CMHS day treatment programs to meet this need. The same problem potentially exists for family members of clients living at home, and approximately 51% of the clients reside at home. Without day treatment, clients who remain stable due the structure provided in day treatment may destabilize and return to acute care.

EXPENSE AND REVENUE IMPACT

Reduction to 001 Personnel in the amount of \$51,939; 013-\$12,985

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

Reduction of 1.0 2587 Health Worker III

**DEPARTMENT OF PUBLIC HEALTH
2003-2004 Contingency Program Reduction**

- | | |
|---|---|
| <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:

PROGRAM: Funding Reallocations to Mitigate Impact of Reductions
REALLOCATION AMOUNT: \$300,000

PROGRAM DESCRIPTION: (Description of Program Change)

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

Funding in the amount of \$300,000 would be reallocated to fund various levels of residential care, based on the mental health needs and behavioral issues of mentally ill clients served by the San Francisco Mental Health Plan.

JUSTIFICATION:

Due to the reduction of day treatment services and the corresponding reduction of some residential treatment slots, it is expected that some clients will require higher levels of care than they currently receive to stabilize. This funding will be used to purchase the appropriate bed type.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This depends on the type of bed purchased.

EXPENSE AND REVENUE IMPACT

Increase to Medical Services 027 by the total amount of \$300,000.

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

None

**DEPARTMENT OF PUBLIC HEALTH
2003-2004 Contingency Program Reduction**

- | | |
|---|---|
| <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: OMI Family Center Mental Health Outpatient Civil Service Clinic

PROVIDER NAME, CONTACT & ADDRESS:

OMI Family Center/1760 Ocean/ San Francisco, CA 94112
Contact: Bob Cabaj, Director of Behavioral Health Services

PROGRAM: OMI Family Center Outpatient services

REDUCTION AMOUNT: \$ 873,976 (General Fund)
\$ 290,909 (Short Doyle MediCal)
\$ 1,164,885

PROGRAM DESCRIPTION: (Description of Program Change)

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

OMI Family Center is a mental health outpatient clinic, located in the Oceanview-Merced-Ingleside area of the City (District 7, but on border of District 11). In FY01-02 this program served 602 unduplicated clients, of which 223 were African American, 199 White, 48 Other Asian /Pacific Islander, 42 Latino, 18 Chinese, 6 Russian and 66 unknown. Of the total clients, 73 percent were over 21 years of age, and 27 percent were under.

The proposed initiative would close the OMI Family Clinic, and lay off 12 employees. The psychiatrist positions (2.8FTE) would be reassigned to alternative locations because it is critical that the system retain capacity to prescribe and monitor the medications used by the clients.

JUSTIFICATION:

Of the nine adult/older adult civil service clinics, OMI is ranked sixth in terms of total number of clients served. Of the three clinics serving fewer clients, two of the clinics are focused on geriatric clients, and one is focused on Gay/Lesbian/Transgender clients. There are limited alternatives for reassigning the clients in these clinics. The client's at OMI represents a range of ethnicities, which will facilitate the reassignment of the clients to alternative sites. (One problem may be the reassignment of the children/youth served in this clinic because there are not nearby alternative sites).

OMI is also ranked sixth in terms of total Short Doyle MediCal revenue, with the same clinics as above generating less revenues. The result is that the General Fund support for each FTE at OMI is higher than in other clinics, so the General Fund savings from the closure of this clinic is greater.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of the OMI Family Center will result in the loss of some services for 602 unduplicated clients. However, psychiatric assessment and medication management services will be maintained. Should they desire, clients will be relocated to other clinics. Some who are relocated to clinics that are less geographically accessible may not seek services, which could result in hospitalizations.

EXPENSE AND REVENUE IMPACT

Reduction to 001/013 by \$1,164,885 and reduction of \$290,909 in Short Doyle MediCal.

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

Cut will result in decrease of 12.0 FTE civil service positions

**Department of Public Health
2003-2004 Contingency Program Reduction**

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: Lee Woodward Counseling Center
AMOUNT: \$274,827

TARGETED CLIENTS: Adult Women

PROGRAM DESCRIPTION: (Description of Program Change)

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

Asian American Recovery Services (AARS), 2201 Sutter Street, SF, 94115, \$274,827. This is an outpatient program serving women and women with children. The proposed reduction represents 100 percent of the funding for this program. Women and Children's Family Services (WACFS) contracted for these services for a portion of FY01_02; AARS began operations in October 2002.

JUSTIFICATION:

The department has prioritized the preservation of residential treatment and methadone treatment above all other services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of this program will result in the loss of service to 50 unduplicated clients with an equivalent loss of 1,850 units of service.

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

Elimination of this program will result in a reduction to the Medical Services 027 line of \$274,827.

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.

**Department of Public Health
2003-2004 Contingency Program Reduction**

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: Glide African American Extended Family Outpatient

AMOUNT: \$367,177

TARGETED CLIENTS: African American adult men and women abusing cocaine and crack cocaine, and methamphetamines

PROGRAM DESCRIPTION: (Description of Program Change)

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

Haight Ashbury Free Clinics, Inc, Glide African American Extended Family Outpatient, 330 Ellis Street, SF, 94102, \$367,177. This is an outpatient program providing individual and group counseling services to principally African American individuals. Services are provided at the Glide Memorial United Methodist Church. The proposed reduction represents 100 percent of the funding for this program.

JUSTIFICATION

The department has prioritized the preservation of residential treatment and methadone treatment above all other services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of this program will result in the loss of service to 678 unduplicated clients with an equivalent loss of 2,028 units of service.

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

Elimination of this program will result in a reduction to the Medical Services 027 line of \$367,177.

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

All positions funded by the General Fund are employees of Haight Ashbury Free Clinics, Inc., a community based organization. Therefore, there would be no impact on the Department's workforce.

**Department of Public Health
2003-2004 Contingency Program Reduction**

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: Episcopal Community Next Door – Case Management and Ancillary Services

AMOUNT: \$73,786

TARGETED CLIENTS: Homeless adult men and women in early recovery or who are wait-listed for long-term residential treatment or how have been recently released from incarceration.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Episcopal Community Services of San Francisco, Community Next Door; 1001 Polk Street, SF 94109; \$73,786. This is an ancillary program providing case management services to facilitate and ensure successful entrance into long-term residential substance abuse treatment. The proposed reduction represents 100 percent of the funding for this program.

JUSTIFICATION:

The department has prioritized the preservation of residential treatment and methadone treatment above all other services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of this program will result in the loss of service to 720 unduplicated clients with an equivalent loss of 2,700 units of service.

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

Elimination of this program will result in a reduction to the Medical Services 027 line of \$73,786.

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

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

**Department of Public Health
2003-2004 Contingency Program Reduction**

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: Multi-Services Center South

AMOUNT: \$84,989

TARGETED CLIENTS: Homeless men and women in early stages of recovery waiting to enter residential substance abuse treatment.

PROGRAM DESCRIPTION: (Description of Program Change)

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

San Francisco Society of St. Vincent DePaul, Multi-Services Center South, 525 Fifth Street, 94107, \$84,989. This is an ancillary services program providing case management services to clients awaiting entry into residential treatment. Services include daily treatment groups, dually diagnosed support groups, counseling services and provision of clothing/hygiene supplies. The proposed reduction represents 100 percent of the funding for this program.

JUSTIFICATION:

The department has prioritized the preservation of residential treatment and methadone treatment above all other services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of this program will result in the loss of service to 1,540 unduplicated clients with an equivalent loss of 2,951 units of service.

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

Elimination of this program will result in a reduction to the Medical Services 027 line of \$84,989.

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

All positions funded by the General Fund are employees of San Francisco Society of St. Vincent DePaul, a community based organization. Therefore, there would be no impact on the Department's workforce.

**Department of Public Health
2003-2004 Contingency Program Reduction**

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: Drop-in Senior Sobriety Center

AMOUNT: \$88,219

TARGETED CLIENTS: Senior men and women interested in recovery or in need of a sober socializing program

PROGRAM DESCRIPTION: (Description of Program Change)

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

North of Market Senior Services, Senior Sobriety Club, 291 Eddy Street, SF 94102, \$88,219. This is a primary and secondary prevention program designed to reduce isolation of seniors living alone in residential hotels, and provide alternatives to bars as a place for socialization. The proposed reduction represents 100 percent of the funding for this program.

JUSTIFICATION:

The department has prioritized the preservation of residential treatment and methadone treatment above all other services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of this program will result in the loss of service to 200 unduplicated clients with an equivalent loss of 12,474 units of service.

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

Elimination of this program will result in a reduction to the Medical Services 027 line of \$88,219.

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

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

**Department of Public Health
2003-2004 Contingency Program Reduction**

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: Women's Outreach and Program

AMOUNT: \$81,013

TARGETED CLIENTS: Senior women with substance abuse problems living in North and South of Market

PROGRAM DESCRIPTION: (Description of Program Change)

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

North of Market Senior Services, Women's Outreach and Support, 333 Turk Street, SF, \$81,013. This is a primary and secondary prevention program providing outreach to older women with alcohol problems who reside in residential hotels and apartments. Services include individual and group contacts, and provision of recreational activities. The proposed reduction represents 100 percent of the funding for this program.

JUSTIFICATION:

The department has prioritized the preservation of residential treatment and methadone treatment above all other services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of this program will result in the loss of service to 70 unduplicated clients with an equivalent loss of 3,000 units of service.

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

Elimination of this program will result in a reduction to the Medical Services 027 line of \$81,013.

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

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

**Department of Public Health
2003-2004 Contingency Program Reduction**

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: ZAP Project
AMOUNT: \$244,711 (Reduction)

TARGETED CLIENTS: Youth, Young Adults ages 11-25

PROGRAM DESCRIPTION: (Description of Program Change)

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

Potrero Hill Neighborhood House, 953 De Haro Street, San Francisco, CA 94107, ZAP Intensive Outpatient Program, \$244,711. This is an intensive outpatient program offering individual and group counseling, recreational and therapeutic activities and substance abuse testing. The proposed reduction represents 100 percent of the funding for this program. (This is in addition to the FY03-04 baseline reduction of \$44,987 to reflect program's historic level of utilization.)

JUSTIFICATION:

The Department has prioritized preservation of residential treatment and methadone treatment above all other services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of this program will result in the loss of service to 106 unduplicated clients with an equivalent loss of 3,193 units of service.

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

Elimination of this program will result in a reduction to the Medical Services 027 line of \$244,711, which will be utilized to meet the Department's contingency budget target.

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

All persons funded by these General Fund monies are employees of Potrero Neighborhood, a private non-profit organization. There will therefore be no impact on the Department's workforce.

**Department of Public Health
2003-2004 Contingency Program Reduction**

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: Sister Continuing Care

AMOUNT: \$53,876 (Reduction)

TARGETED CLIENTS: Adult women who have completed a primary treatment episode in the SISTER incarcerated treatment program

PROGRAM DESCRIPTION: (Description of Program Change)

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

Walden House, Inc., Sister Continuing Care, 1855 Mission Street, SF, 94103, \$53,876. This is an adult outpatient program that provides individual/group/family counseling, educational/vocational services, and drug testing. The proposed reduction represents 100 percent of the funding for this program.

JUSTIFICATION:

The Department has prioritized preservation of residential treatment and methadone treatment above all other services

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of this program will result in the loss of service to 38 unduplicated clients with an equivalent loss of 785 units of service.

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

Elimination of this program will result in a reduction to the Medical Services 027 line of \$53,876.

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

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

**Department of Public Health
2003-2004 Contingency Program Reduction**

DEPARTMENT NAME:

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

DPH SECTION: Community Health Promotion and Prevention

PROGRAM CONTACT NAME/PHONE: Ginger Smyly, 581-2425

PROGRAM / INITIATIVE TITLE: Prevention Services Reduction: AACHIE, HERC, NICOS, and Health Promotion and Prevention Administration

AMOUNT: \$598,869

TARGETED CLIENTS: African Americans and other high-risk residents in the Bayview-Hunters Point neighborhood and African Americans citywide; Asian American individuals addicted to gambling, and impacted family members.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Funding in the amount of \$365,108 will be reduced from the African American Coalition for Health Improvement and Empowerment (AACHIE) and Health and Environment Resource Center (HERC) projects. Specific services include: community health education, training, leadership and health services (AACHIE), and health education services and outreach in the Bayview Hunter's Point area related to asthma, cancer and related problems (HERC). The funding is part of a Fiscal Intermediary contract, the San Francisco Study Center. The goal will be to consolidate services, where possible, and to reallocate some of the functions to other parts of the Department, as well as other agencies.

The Department's anti-gambling initiative will be eliminated (\$60,000). Specific services include: community awareness efforts around gambling addiction; hotline services for family members; and referral to/and counseling services. This initiative is operated by NICOS, a non-profit agency.

The Department will reduce two full-time civil service administrative positions for a savings of \$173,761.

JUSTIFICATION: (required by the Mayor's Office)

There are other parts of the Department that can assume some of the functions provided by AACHIE and HERC, such as home assessments for asthma triggers, Media and Public Relations, Health Fairs and events on Cancer Prevention and Screening.

While the anti-gambling services are worthwhile, other vital health services in the Asian American community have a higher priority. It is anticipated that NICOS may be able to obtain other revenues, for example, by billing Short Doyle MediCal for counseling services, where possible.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

As there is overlap between the AACHIE and HERC projects, it is difficult to estimate precisely. However, approximately 8,500 duplicated clients, receiving 5000 units of service would be reduced.

The elimination of the NICOS contract would result in the reduction of counseling services to 50 clients

EXPENSE AND REVENUE IMPACT

Reduction to 027 Professional Services Contract-\$425,108

Reduction to 001/013 Salaries and Fringe Benefits-\$173,761. There are no revenues in this project

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

2.0 FTE

Initiative Number PH2
(Leave blank)

**Department of Public Health
2003-2004 Contingency Program Reduction**

DEPARTMENT NAME:

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

DPH SECTION: **AIDS OFFICE**

PROGRAM CONTACT NAME/PHONE: **James Loyce, Jr. 554-8461/Brenda Walker 554-9495**

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

AMOUNT: **\$1,000,000**

TARGETED CLIENTS: HIV Prevention services for all targeted behavioral risk populations

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reduce contractual services in the amount of \$1,000,000 within the HIV Prevention services for all targeted behavioral risk populations such as MSM/F, TSM/F/TSF, MSM/F-IDU, FSM/F/FSF-IDU, MSF-IDU, TSMF/T/TSF-IDU, FSM//F/FSF, MSF

JUSTIFICATION:

Reduction in these services will drastically affect the spread of new HIV infections within the San Francisco area.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The reduction in contractual services will impact approximately 36,500 clients and 19,000 UOS.

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

Reduce subobject 02700 Professional services

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

N/A

Initiative Number PH3
(Leave blank)

**Department of Public Health
2003-2004 Contingency Program Reduction**

DEPARTMENT NAME:

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

DPH SECTION: **AIDS OFFICE**

PROGRAM CONTACT NAME/PHONE: **James Loyce, Jr. 554-8461/Brenda Walker 554-9495**

PROGRAM / INITIATIVE TITLE: **HIV Health Services-Work Re-entry and Employment Program**

AMOUNT: **\$140,000**

TARGETED CLIENTS: HIV/AIDS clients who are seeking to enter/re-enter the workforce. Many of these individuals will be low-income and currently living on SSI or disability benefits.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reduce contractual services for the HIV Health Services work re-entry and employment program. Reduce contract services for the Jewish Vocational & Career Counseling Services for career counseling in the amount of **\$35,000** and Positive Resource Center for employment services in the amount of **\$105,000**.

JUSTIFICATION:

Reduction in services will eliminate employment services for HIV/AIDS clients returning to work and/or seeking employment.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The reduction in contractual services will impact 300 clients and 2,432 UOS

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

Reduce subobject 02700- Professional services

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

N/A

Initiative Number P43
(Leave blank)

**Department of Public Health
2003-2004 Contingency Program Reduction**

DEPARTMENT NAME:

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

DPH SECTION: **AIDS OFFICE**

PROGRAM CONTACT NAME/PHONE: **James Loyce, Jr. 554-8461/Brenda Walker 554-9495**

PROGRAM / INITIATIVE TITLE: **HIV Health Services**

AMOUNT: **\$150,000**

TARGETED CLIENTS: HIV/AIDS Minority contractors

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reduce contractual services for technical support to minority contractors providing integrated services.

JUSTIFICATION:

Reduction in services will weaken the delicate contractual relationships that exist amongst minority contractors that provide comprehensive integrated services to HIV/AIDS Clients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The reduction in contractual services will impact approximately 7 minority contractors.

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

Reduce subobject 02700 Professional services

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

N/A

Initiative Number PH4
(Leave blank)

**Department of Public Health
2003-2004 Contingency Program Reduction**

DEPARTMENT NAME:

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

DPH SECTION: **AIDS OFFICE**

PROGRAM CONTACT NAME/PHONE: **James Loyce, Jr. 554-8461/Brenda Walker 554-9495**

PROGRAM / INITIATIVE TITLE: **AO Admin Positions**

AMOUNT: **\$569,225**

TARGETED CLIENTS: HIV Health Services Planning Councils, HIV Prevention Planning Council, and community support groups.

PROGRAM DESCRIPTION:

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

Reduce 7.5 administrative positions within the AIDS Office of which 4.5 are filled positions and 3.0 are vacant positions.

JUSTIFICATION:

Reduction due to slowdown in workload and overlap of work assignments. Work will be reassigned to existing staff performing similar and same job responsibilities.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Permanent and Temporary Salaries subject 00101

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

Decrease of 7.5 FTEs. 1.00 fte-1051 IS Business Analyst Assistant; 1.00 FTE-1426 Sr. Clerk Typist; 1.00 FTE – 2593 Program Manager; 1.00 FTE-1424 Clerk Typist; 1.00 FTE-1052 IS Business Analyst; 1.00 FTE-1450 Executive Secretary I; .50 FTE -1023 IS Administrator III; .50 FTE – 1446 Secretary II; and .50 FTE – 1446 Secretary II.

**Department of Public Health
2003-2004 Contingency Program Reduction**

DEPARTMENT NAME:

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input checked="" 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: Public Health / Employee Assistance Program
PROGRAM CONTACT NAME/PHONE: **Jean Crossman -Miranda / 554-9579**
PROGRAM / INITIATIVE TITLE Employee Assistance Program
AMOUNT: \$125,000

PROGRAM DESCRIPTION: (Description of Program Change)

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

The proposal is to reduce program to 1.0 Director and 2.0 counselors plus 1.0 Clerk.

JUSTIFICATION:

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This will increase waiting times for employees to see EAP Counselors and will may reduce the number of sessions per issue that employees present with for assistance . Program will also be unable to provide Organizational Development and Training workorder services to DPH and other Departments.

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

Salary and Fringe reductions of \$180,000. Workorder revenues in the amount of \$55,000. (Salary savings will also need to be reduced by \$20,000 so that program can be fully staffed)

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

Total FTEs will decline 2.0 (0.45 FTE is covered with workorder revenues)
1.0 FTE 2594 Counselor
1.0 FTE 2595 Sr. Employee Counselor

**Department of Public Health
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 type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Health At Home | |

DPH SECTION: CHN – Health At Home
PROGRAM CONTACT NAME/PHONE: **Kathryn Eng / 415-452-2138**
PROGRAM / INITIATIVE TITLE: Reduce General Fund for Health at Home
AMOUNT: (\$500,000)

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

Staff reductions in Health at Home and reduction of services to clients who are not homebound.

JUSTIFICATION:

Reductions to administrative costs and clinical staff will have no impact on revenue but will reduce operating expenses and General Fund \$367,260. The department will prioritize services to clients discharged from SFGH.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

372 visits to 86 clients who are not homebound.

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

Salary and benefit reduction totaling \$367,260.

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

Decrease civil service staff 5.8 FTEs.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE:

Health at Home

	FY 2003-04	Ongoing
Sources: none	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
salaries and fringes	\$ (367,260)	\$ (367,260)
operations expense	-	-
facilities maintenance and equipment	-	-
Subtotal Uses	(367,260)	(367,260)
Net General Fund Subsidy Required (Uses less Sources)	\$ (367,260)	\$ (367,260)
Total FTE's	5.80	5.80

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

Class	Title	FTE's	
1636	Billr	1.00	49,955
2589	none	0.30	18,119
1404	Clerk	1.00	41,838
2320	RN	0.80	61,011
2920	SW	0.50	35,992
2583	HHA	2.00	72,732
2232	MD	0.20	27,750
	Fringe		59,863
			<u>367,260</u>

Operating Expenses (List by Character)

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

none