(Leave blank)

2008-2009 Program Change Request

8	
DEPARTMENT NAME: San Francisco General Hospital Laguna Honda Hospital Primary Care Jail Health Health At Home	Public Health CBHS - Mental Health CBHS - Substance Abuse
DPH SECTION: HUH PROGRAM CONTACT NAME/PHONE: Marc Tr PROGRAM / INITIATIVE TITLE: Annualization Park Outreach Program and 150 Otis Street Tra GENERAL FUND: \$1,000,000	of the Stabilization Rooms for the Golden Gate
TARGETED CLIENTS: Chronically Homeless Ind	ividuals
PROGRAM DESCRIPTION: (Description of P (If proposing reductions to Contractors, provide nan Funding is requested for stabilization rooms as f one-time departmental funding and will be disco	ne of contractor, program and amount) follows. These beds were funded in FY07/08 with
Golden Gate Park Outreach Program	

In FY07/08, DPH was involved in placing homeless individuals living in Golden Gate Park into housing. One hundred and fifteen (115) slots of stabilization housing in Single Room Occupancy (SRO) hotels were obtained for these placements. These slots are located throughout the City and are used for short-term housing ranging from one week to three months.

150 Otis

HSA originally used 150 Otis Street as a temporary shelter. In mid-FY07/08, the facility was closed and 59 stabilization rooms were identified and purchased to replace units lost from the closure. These stabilization rooms are used to temporarily house homeless people living on the streets and in parks. Persons housed in stabilization rooms receive intensive case management through SFHOT or another assigned intensive case management team. The main goal of stabilization housing is to provide immediate access off the street, time limited recuperative care, and placement into a longer-term treatment or housing option.

JUSTIFICATION: (required by the Mayor's Office)

Funding this initiative would retain these transitional housing slots. These rooms are an important resource to house homeless individuals living in Golden Gate Park; maintaining the rooms would also support SFHOT's effort to house people immediately off the streets. Outreach is measurably more successful when the team has a housing resource to offer homeless clients. This temporary housing is the portal in longer-term options.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the proposal is not approved, the Department will lose 174 existing stabilization housing units.

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

Total expenses for general fund will increase by \$1,293,780 however a workorder with Human Services Agency is requested in the amount of \$293,780.

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

N/A

INITIATIVE TITLE: Annualization of Stabilization Rooms Funding for the Golden Gate Park Outreach Program and 150 Otis Street Transition

Sources:	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses: Professional Services Workorder	\$ 1,293,780 (293,780)	1,293,780 (293,780)
Subtotal Uses	1,000,000	1,000,000
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,000,000	\$ 1,000,000
Total FTE's		

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

Class Title

		0.00	-
	Fringe (32%)	<u></u>	
Index Code		\$	-
Operating Expenses			
Index Code	Character/Subobject Code		
HCHSHHOUSGGF	021/02700	\$	1,293,780
HCHSHHOUSGGF	081 Workorder with Human Services Agency		(293,780)

FTE's

Initiative Number	HSF
(Leave blank)	

San Francisco General Hospital	Public Health
Laguna Honda Hospital	CBHS - Mental Health
Primary Care	☐ CBHS - Substance Abuse
Jail Health	☑ Administration
Health At Home	

DPH SECTION: Administration

PROGRAM CONTACT NAME/PHONE: Tangerine Brigham, 554-2779

PROGRAM / INITIATIVE TITLE: Healthy San Francisco

GENERAL FUND: (\$3,619,201)

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Healthy San Francisco Program will improve care to uninsured adult residents through a coordinated delivery system comprised of public and non-profit safety net providers. HSF has streamlined eligibility and enrollment processes, improved access to customer service, improved access to care and enhanced provider opportunities to monitor quality and health outcomes.

JUSTIFICATION: (required by the Mayor's Office)

The budget consist of program administration, eligibility and enrollment, program evaluation, information systems, Primary Care services, services at San Francisco General Hospital, Behavioral Health services, services of non-profit providers and expenses of the San Francisco Health Plan. Increases in expenditures are due to annualizing 2007-08 costs during the 9 month start-up year. Because 2008-09 will see an increase in HSF enrollment, expenses are higher in the categories of eligibility and enrollment, the third-party administrative contract with the San Francisco Health Plan and non-profit provider payments. Expenditures also increase to include funding for the HSF evaluation and continued operation of the medical specialty e-referral system. The revenue budget increases to reflect a full year of Health Care Coverage Initiative funding and improved participant fee funding reflecting increased enrollment.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

During 2008-09, it is estimated that July 2008 enrollment will include 30,000 participants increasing to 60,000 by June 2009.

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

The Department estimates that expenditure increases will be fully offset by increases in revenue. From 2007-08, revenue is expected to increase \$11,481,237 and expenditures are expected to increase by \$12,116,938 for a net shortfall of \$635,700. However, included in increased expenditures is \$4,254,902 related to annualizing salaries and fringe benefits. Those costs are already included in the Department's base budget, which was fully updated to annualize all partial year positions and fund MOU increases. Therefore, while the over-all increases in HSF revenues and expenses are revenue neutral, the budget initiative for HSF reflects a \$3,619,201 net contribution to General Fund to offset those expenses that were built into our base.

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

This initiative includes 3 new positions on an annual basis to support point of service co-pay efforts in Primary Care Clinics

INITIATIVE TITLE: Healthy San Francisco

]	FY 2008-09	Ongoing
Sources:	•			
	HCCI Services		5,987,631	5,987,63
	HCCI Administration		(2,045,000)	750,000
	Participant Fees Employer Based		3,850,000	3,850,000
	Participant Fees Non-Employer Based		3,210,000	3,210,000
	Point of Service Fees		123,641	123,641
	Medicare, Medi-Cal & Other		354,965	354,965
Subtotal S	ources		11,481,237	14,276,237
Uses:				
	Salaries and Fringes	\$	4,568,201	\$ 4,668,201
	UC		1,534,507	\$ 450,947
	Materials and Supplies		469,374	\$ 2,513,413
	Other Contracts	\$	6,108,466	\$ 6,108,466
	Pharmacy	\$	(563,610)	\$ 638,410
	Subtotal	\$	12,116,938	\$ 14,379,437
	Annualization of Salary and Fringes in Base	\$	(4,254,902)	\$ -
Subtotal U	ses		7,862,036	14,379,437
Net Gener	al Fund Subsidy Required			
(Uses less	Sources)	\$	(3,619,201)	\$ 103,200
Total FTE	''s		2.25	3.00

Initiative Number	F12
(Leave blank)	

DEPARTMENT NAME: San Francisco General Hospital Laguna Honda Hospital Primary Care Jail Health Health Health Health
DPH SECTION: HEALTH AT HOME PROGRAM CONTACT NAME/PHONE: Kathy Eng/206-6941 PROGRAM / INITIATIVE TITLE: Reduction of Health At Home Program GENERAL FUND: (\$1,205,115)
TARGETED CLIENTS: Homebound Clients requiring Acute, Skilled Services by the DPH licensed home health agency
PROGRAM DESCRIPTION: (Description of Program Change) (If proposing reductions to Contractors, provide name of contractor, program and amount)
Reduction of 30% of the budget of HAH license home health agency, decreasing nursing management, RN field staff, nurse practitioner, home health aides, physical therapist, occupational therapist, medical social worker and other administrative support necessary to provide services to clients needing acute, skilled clinical services in the home. 0.20 FTE Senior Physician Specialist remains with the program, but will be covered under the UC contract.
JUSTIFICATION: (required by the Mayor's Office)
Cuts are due to the City budget deficit.
IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED
4,855 home visits will be eliminated to 256 unduplicated clients
EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)
Labor and non-labor expenses total \$1,640,919 and Revenue Loss totals \$435,804. Total General Fund Savings = \$1,205,115.
IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)
Decreasing by 12.16 FTEs in FY 08/09 and 13.13 FTEs ongoing.

INITIATIVE TITLE: Reduction of HAH Home Health Program

Sources:	Loss of revenue from positions	FY 2007-2008 (2.5 months)	FY 2008-2009	Ongoing
	Medicare (HCHAPHOMEHGF)		(435,804)	(494,726)
Subtotal Sources			(435,804)	\$ (494,726)
Uses:				
	Salaries and Fringe	(201,094)	(1,594,252)	\$ (1,705,252)
	Operating Expenses		(46,667)	(56,000)
Subtotal Uses		(201,094)	(1,640,919)	\$ (1,761,252)
Net General Fund Su	bsidy Required			
(Uses less Sources)		(201,094)	(1,205,115)	(1,266,526)
Total FTE's		(1.38)	(12.16)	(13.13)
New Positions (List po	ositions by Class, Title and FTE)			
Class	Title		FTE's	
2320	Registered Nurse		(1.87)	(225,690)
2320	Registered Nurse (12 months)		(1.80)	(217,242)
2322	Nurse Manager (12 months)		(0.70)	(117,008)
2583	Home Health Aide		(0.85)	(33,551)
2583 2548	Home Health Aide (12 months)		(1.00)	(39,472)
2556	Occupational Therapist Physical Therapist		(0.68)	(70,424)
2232	Sr. Physician Specialist (12 months)		(0.43)	(44,015)
2328	Nurse Practitioner (12 months)		(0.20) (0.80)	(35,727) (126,347)
2589	Health Program Coordinator I (12 months)		(1.63)	(120,016)
P103	Per Diem Nursing (12 months)		(0.50)	(75,438)
2920	Medical Social Worker		(0.43)	(34,200)
1636	HC Biller II		(0.43)	(26,154)
1404	Clerk		(0.43)	(19,841)
1426	Sr. Clerk Typist		(0.43)	(22,640)
	Fringe (32%)		•	(1,207,767) (386,485)
		-	(12.16)	(1,594,252)
Operating Expenses (I	List by Character)			
HCHAPHOMEHGF	02100 Travel			(8,333)
HCHAPHOMEHGF	04000 Materials & Supplies			(17,500)
HCHAPHOMEHGF	02800 Profession Services			(20,833)

Initiative Number	F16_
(Leave blank)	

Laguna Honda Hospital Primary Care	Public Health CBHS - Mental Health CBHS - Substance Abuse Department Wide
DPH SECTION: Department wide PROGRAM CONTACT NAME/PHONE: Pamela Levin 5 PROGRAM / INITIATIVE TITLE: Administrative and C GENERAL FUND: (\$1,388,426)	
TARGETED CLIENTS:	
PROGRAM DESCRIPTION: (Description of Program Ch (If proposing reductions to Contractors, provide name of contractors)	0 /
Based on a review of the department's administration and o proposed to be deleted.	
JUSTIFICATION: (required by the Mayor's Office)	
Per direction of the Mayor's Budget Office, the department operations and has determined positions can be deleted with services.	
IMPACT ON NUMBER OF CLIENTS SERVED AND	UNITS OF SERVICE PROVIDED
No impact	
EXPENSE AND REVENUE IMPACT (Reductions/Real doc)	llocations-complete supporting budget
A reduction in salaries and fringes of \$1,388,426	
IMPACT ON DEPARTMENT'S WORKFORCE (increase of A reduction of 11.40 FTEs	r decrease of FTE's)

INITIATIVE TITLE: Administrative and Operating Reductions

		F	Y 2008-09		Ongoing
Sources:		\$	-	\$	-
Subtotal Sou	urces	·	-		-
Uses:					
	Salaries and Fringes	\$	(1,388,426)	\$	(1,388,426)
			- -		-
Subtotal Use	es		(1,388,426)		(1,388,426)
Net Genera	l Fund Subsidy Required				
(Uses less S	ources)	\$	(1,388,426)	\$	(1,388,426)
Total FTE's	3		(11.40)		(11.40)
New Positio	ons (List positions by Class, Title and FTE)			. 111	
Class	Title	FTE's			
	Various		(11.40)	\$	(1,051,838)
					_
	Fringe (32 %)				(1,051,838) (336,588)
Onovotina E	Tymonoo			\$	(1,388,426)
Operating E Index Code	Character/Subobject Code				
	ommusion buddojour codo		_	\$	_

Initiative Number	F32
(Leave blank)	

DEPARTMENT NAME: San Francisco General Hospital Laguna Honda Hospital Primary Care Jail Health Health At Home	Public Health CBHS - Mental Health CBHS - Substance Abuse X Department Wide
DPH SECTION: Department Wide PROGRAM CONTACT NAME/PHONE: Pamela Le PROGRAM / INITIATIVE TITLE: Reduction of Vac GENERAL FUND: (\$1,941,685)	
TARGETED CLIENTS:	
PROGRAM DESCRIPTION: (Description of Progra (If proposing reductions to Contractors, provide name of contractors) Early in FY 2007-08, the department submitted 203 refor approval. When the deficit was initially identified deleted the requisitions. The department was able to reby case basis.	ontractor, program and amount) quisitions to the Mayor's Budget Office for FY 2008-09 the Mayor's Budget Office
At the beginning of the fiscal year, the Mayor's Office remain from the 203 deleted by the Mayor's Budget O July of this 2007.	<u> </u>
JUSTIFICATION: (required by the Mayor's Office)	
Of the 203 deleted by the Mayor's Budget Office, 21.5 before July. Since the salary savings target includes a porder to not double count the savings.	
IMPACT ON NUMBER OF CLIENTS SERVED A	AND UNITS OF SERVICE PROVIDED
No impact	AND CIVITS OF SERVICE INC VIDED
F	
EXPENSE AND REVENUE IMPACT (Reductions doc)	/Reallocations-complete supporting budget
A reduction in salaries and fringes of \$2,120,546 offse net of \$1,941,685.	t by a \$178,861 reduction in attrition for a
IMPACT ON DEPARTMENT'S WORKFORCE (in A reduction of 21.56 FTEs	ncrease or decrease of FTE's)

INITIATIVE TITLE: Reduction of Vacant Positions

S	F	Y 2008-09	Ongoing
Sources:	\$	-	\$ -
Subtotal Sources		-	-
Uses: Salaries and Fringes	\$	(1,941,685) - -	\$ (1,941,685) - -
Subtotal Uses		(1,941,685)	(1,941,685)
Net General Fund Subsidy Required (Uses less Sources)	\$	(1,941,685)	\$ (1,941,685)
Total FTE's		(21.56)	(21.56)
New Positions (List positions by Class, Title and FTE) Class Title	FTE's		
		-21.56	(1,466,005)
Fringe			(1,466,005) (475,680)
			\$ (1,941,685)

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

Operating Expenses

Index Code Character/Subobject Code

Initiative Number	<u>F14</u>
(Leave blank)	

DEPARTMENT NAME: San Francisco General Hospital Laguna Honda Hospital Primary Care Jail Health Health At Home	 ✓ Public Health-Housing and Urban Health ✓ CBHS - Mental Health ✓ CBHS - Substance Abuse
DPH SECTION: Community Programs PROGRAM CONTACT NAME/PHONE: Michelle R PROGRAM / INITIATIVE TITLE: Four Percent Ov. Programs Contractors and Civil Service Clinics (eq Fund dollars)	erall Reduction In Funding for Community

GENERAL FUND: \$10,567,432

TARGETED CLIENTS: Uninsured mentally ill clients

PROGRAM DESCRIPTION: (Description of Program Change)

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

The proposed reduction would reduce total funding for Community Programs contractors and Community Behavioral Health Services (CBHS) civil service clinics by approximately four percent. Specifically, the reduction would apply to civil service clinics operated by Community Behavioral Health Services (CBHS), and contractors from each division of Community Programs, with the following exceptions: (1) Community Health Promotion and Prevention and HIV Prevention, which are excluded because the Dept. has prioritized the preservation of its minimal funding for primary prevention services, (2) HIV Health Services because it is subject to a different reduction proposal, and (3) Maternal Child and Adolescent Health because they have no contractual services funded with General Fund monies. (Included sections are CBHS, Housing and Urban Health, and Primary Care). Additionally, funding for housing subsidies, such as rent subsidies is excluded from this reduction across all of Community Programs, as are General Fund dollars used to match or draw down other revenues, thereby preserving matched services at full funding. To the remaining General Fund dollars, a reduction of 18 percent was implemented. As a result, some agencies which have no other revenues, or who do not provide housing subsidies, will receive the full impact of the 18 percent reduction, but the average overall reduction to an agency is approximately four percent. Since the methodology for determining the reduction amount differs between civil service and contract agencies, more detail is provided below.

Contract Programs:

To determine the reduction, a General Fund baseline was established for all of the following sections: CBHS, Housing and Urban Health, and Primary Care. As noted above, the General Fund baseline did not include funding for housing subsidies, nor did it include any General Fund monies used for matching purposes. The total reduction, with these exclusions, is equal to \$10,099,965. To achieve these savings, the Department will work with its contractors to determine the most suitable plan to minimize the reduction in unduplicated clients served, but at the same time keep their administrative infrastructures intact. It will be recommended that all contractors apply an appropriate salary savings percentage to their personnel budget to reflect the fact that during the Fiscal Year not all positions are filled, thereby generating savings. If applied, this would minimize the reduction in services.

Civil Service:

To calculate the savings generated by this reduction, the total number of uninsured clients was determined (because since matching funds were excluded from the impact of this reduction, so were the clients with insurance, e.g. MediCal eligible clients), less the clients counted in the proposal entitled

"Limiting Services for Uninsured Clients to the Seriously Mentally Ill" to not duplicate the count of uninsured clients impacted. The number of uninsured clients subject to this proposal was determined, and then this total number was divided by 60. The assumption is that there are 60 clients per 1.0 FTE caseload. This calculation translated to a reduction of 4.4FTE (5.23 FTE annualized) and savings equal to \$467,467. This reduction specifically applies to CBHS civil service clinics.

JUSTIFICATION: (required by the Mayor's Office)

Due to the need for severe budget cuts, an across-the-board reduction is being applied. This reduction methodology will shrink, but not eliminate service modalities, thus preserving a system of care, which could more easily be built back should future funding become available.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The number of clients impacted by this initiative is not known at this time due to the following reasons: (1) most clients receive a wide array of services delivered by multiple CP sections and in multiple agencies, e.g. mental health, substance abuse and primary care services thus it is difficult to determine an unduplicated client count, (2) agencies will not allocate 100 percent of the reduction to direct services, instead some portion will translate to a reduction in administrative services, thereby preserving client services and reducing the impact to clients, and (3) the modalities that will be impacted by this reduction has not been prioritized by the Health Commission.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc) Decrease of \$10,099,965 in expenditures.

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

With a caseload of 60 each, this results in a reduction of 4.4 FTE (annualized to 5.23) to a combination of 2930 Psychiatric Social Workers/2931 MFTs.

Modality		unding - net of ther reduction initiatives		Unmatched eneral Fund \$	Unmatched General Fund %
CBHS	•	44,000,500	•	0.007.700	40.040/
Ancilliary (Vocational, Transitional, Emerg.Hotels, Transp., Drug Testing & SSI)* - CBHS	\$	14,900,520	\$	2,807,768	18.84%
Children Wrap Around Services - CBHS		4,031,247		4,000	0.10%
Comm. Outreach, Prom. And Prev.* - CBHS		14,817,484		4,380,637	29.56%
Day Services - Socialization - CBHS		2,358,098		746,409	31.65%
Day Services-Children Day Treatment, Res Day Treatment - CBHS		8,270,784		1,794,662	21.70%
Day Services-Day Treatment Adults - CBHS		3,276,189		94,506	2.88%
Emergency/Crisis Services* - CBHS		1,506,204		· <u>-</u>	0.00%
Inpatient* (Private Hospitals) - CBHS		3,830,570		-	0.00%
Long Term Care:IMD/Napa State Hospital - CBHS		23,976,073		-	0.00%
Private Provider Network (Manged Care)- Outpatient Services - CBHS		4,876,008		-	0.00%
Outpatient/Case Management* - CBHS		66,972,938		18,086,033	27.00%
Pharmacy/Pharmaceuticals* - CBHS		5,067,026		-	0.00%
Residential Care Homes - CBHS		4,892,276		-	0.00%
Residential Treatment (includes ADU and Supp. Housing) - CBHS		27,986,840		16,668,209	59.56%
Residential Social and Medical Detox - CBHS		4,287,251		784,949	18.31%
Residential Overnight/Partial Day - CBHS		1,280,595		1,173,942	91.67%
Methadone/Narcotic Replacement/Detox - CBHS		13,235,442	_	4,528,013	<u>34.21</u> %
Subtotal	\$	205,565,545	\$	51,069,129	24.84%
Primary Care					
Ancilliary (Translation, Shelter, Emerg.Hotels, Transportation)	\$	357,907	\$	311,231	86.96%
Outpatient Primary Care Services Acute /Emergency Services		1,291,308 20,000		1,292,680 20,000	100.11% 100.00%
Subtotal HUH	\$	1,669,215	\$	1,623,911	97.29%
Transitional Housing		1,436,329		606,902	42%
Residential Treatment		1,087,243		902,262	83%
Residential Care Facility		2,124,051		1,266	0%
Subsidies - Rent/Operating		6,028,344		-	0%
Support Services in Supportive Housing		3,837,583		518,514	14%
Property Management in Supportive Housing		3,318,357		-	0%
Emergency / Stabilization Hotels		2,267,735		-	0%
Outreach / Case Management		1,036,574		170,649	16%
Masterlease		466,953		-	0%
3rd Party Money Management		281,206		-	0%
Adult Day Health		254,921		254,921	100%
Primary Care		87,622		87,622	100%
Food Service		6,147		6,147	<u>100%</u>
	<u>\$</u>	22,233,065	\$	2,548,283	<u>11.46</u> %
Total (CBHS+Prim. Care+ HUH)	<u>\$</u>	229,467,825	<u>\$</u>	55,241,323	<u>24.07</u> %
Reduction to contractor's unmatched General Fun-	d			(10,099,965)	
As % of GF		18%		, -,,,	
As % of Total Funding		4%			
, o or room a minime		470			

^{*} Services are both for Adult and Children

INITIATIVE TITLE: Four Percent Overall Reduction In Funding for Community Programs Contractors and Civil Service Clinics (equal to 18%

reduction to unmatched General Fund dollars)

	reduction to unmatched General Fund dollar	<u>s) </u>		1	
Sources:		\$	FY 2008-09 -	\$	Ongoing -
Subtotal S	ources		-		-
Uses:					
	Salaries and Fringes	\$	(467,467)	\$	(550,642)
021	Professional Services	İ	(10,099,965)		- (10,099,965)
Subtotal U	Ises		(10,567,432)		(10,650,607)
Net Gener (Uses less	ral Fund Subsidy Required Sources)	\$	(10,567,432)	\$	(10,650,607)
			(10,307,132)	Ψ	(10,030,007)
Total FTE	E's		(4.4)		(5.23)
New Posit	ions (List positions by Class, Title and FTE)				
Class	Title	FTE's			
2930/31	Psychiatric Social Worker		(4.44)	\$	(354,142)
					(354,142)
	Fringe (32 %)				(113,325)

HMHMCC730515-001/13

Operating Expenses

Index Code Character/Subobject Code

(467,467)

Initiative Number	<u>P2</u>
(Leave blank)	

x San Francisco General Hospital Laguna Honda Hospital x Primary Care Jail Health Health At Home	Public Health CBHS - Mental Health CBHS - Substance Abuse
DPH SECTION: SFGH & PC PROGRAM CONTACT NAME/PHONE: Gregg Sass PROGRAM / INITIATIVE TITLE: Revision to sliding s GENERAL FUND: (\$210,000) TARGETED CLIENTS:	cale discounts
PROGRAM DESCRIPTION: (Description of Progra	
(If proposing reductions to Contractors, provide name of c	ontractor, program and amount)
Services at San Francisco General Hospital and at our Cordiscount to San Francisco residents with monthly income a (FPL). A copy of the current sliding scale discount schedu California counties reveals that no other county extends dilimit our sliding scale discounts to San Francisco residents federal poverty level.	at or below 500% of the federal poverty level le is attached. A survey of practices at other scounts above 300% FPLThis proposal would
HISTIFICATION (required by the Marrow's OSS)	
The Healthy San Francisco Program (HSF) is currently enincome of up to 300% FPL. HSF is also enrolling participall income levels. It is anticipated that enrollment will so participants up to 500% FPL. This program provides a velot the sliding scale program. In addition, AB774 operates of up to 350% FPL.	ants via the employer spending requirement at on become open to all DPH and SFCCC hicle for providing access and is an alternative
IMPACE ON NUMBER OF CLARKES OFFICE AND	
IMPACT ON NUMBER OF CLIENTS SERVED AND	UNITS OF SERVICE PROVIDED
Based on the number of patients currently enrolled in the s representing 1.3% of the 25,689 total sliding scale populat These patients will have the ability to enroll in HSF.	ion have incomes greater than 300% FPL.
EXPENSE AND REVENUE IMPACT (Reductions/Rea	llocations-complete supporting budget doc)
The maximum annual revenue from HSF enrollment fees from compared to \$70,000 in share of cost collections for 2006/6 participants eligibility for sliding scale discounts expire after would be \$210,000, which is 50% of the annualized impact	O7. Assuming that this change is phased in as er 6 months, the effect on revenue for 2008/09
IMPACT ON DEPARTMENT'S WORKFORCE (incre None	ase or decrease of FTE's)

Community Health Network of San Francisco SLIDING SCALE FEE SCHEDULE Department of Public Health

Effective April 1, 2007 - March 31, 2008

ind.

			Plan	Code								œ	, (<i>S</i>	4													
		PROFILE	%Federal	Poverty Level	<100%	110	120	140	150	160	200	240	250	280	300	320	350	360	400	440	450	500						
			8		2,881	3,169	3,457	4,033	4,321	4,609	5,762	6,914	7,202	8,066	8,643	9,219	10,083	10,371	11,523	12,676	12,964	14,404	34,570		3,900	omooni u	Share of Cost	
			7		2,591	2,850	3,109	3,627	3,886	4,145	5,182	6,218	6,477	7,254	7,773	8,291	9,068	9,327	10,363	11,400	11,659	12,954	31,090		3,750			うっきうりょ
	Y INCOME		9		2,301	2,531	2,761	3,221	3,451	3,681	4,602	5,522	5,752	6,442	6,903	7,363	8,053	8,283	9,203	10,124	10,354	11,504	27,610	30,0	3,600	ome emoon	w to determ	
3	MONTHE		5		2,011	2,212	2,413	2,815	3,016	3,217	4,022	4,826	5,027	5,630	6,033	6,435	7,038	7,239	8,043	8,848	9,049	10,054	24,130	2,	3,450	the correct	along the ro	
11 C 11 2 1 2 2	FAMILY SIZE/GROSS MONTHLY INCOME		4		1,721	1,893	2,065	2,409	2,581	2,753	3,442	4,130	4,302	4,818	5,163	5,507	6,023	6,195	6,883	7,572	7,744	8,604	20,650	000	006,6	the column to	ocated, move	
1, 5001	FAMILY 9		3		1,431	1,574	1,717	2,003	2,146	2,289	2,862	3,434	3,577	4,006	4,293	4,579	2,008	5,151	5,723	6,296	6,439	7,154	17,170	2 4 110	OCT'S	Move down	e income is la	
2000			2		1,141	1,255	1,369	1,597	1,711	1,825	2,282	2,738	2,852	3,194	3,423	3,651	3,993	4,107	4,563	5,020	5,134	5,704	13,690	0000	000,6	f the chart	figure. Once	
			1		851	936	1,021	1,191	1,276	1,361	1,702	2,042	2,127	2,382	2,553	2,723	2,978	3,063	3,403	3,744	3,829	4,254	10,210	000 6	7,000	at the top o	the higher	
	ပ	OUTPATIENT	Share of	Cost Amt.	0	10	15	20		30	35	40		45	55	55		65	85	100		200	Liquid nit			INSTRUCTION: Locate family size at the top of the chart. Move down the column to the correct income amount	falls between two amounts, use the higher figure. Once income is located, move along the row to determine Share of Cost	
	В	DENTAL	Share of Cost	COPC	0	10	15	20		30	35	40		45	45	55		65	85	100		200	Outpatient Liquid Asset Limit	*******		INSTRUCTION	falls betwee	
	A	INPATIENT/ COME & GO/SPECIAL PROCEDURES	Share of	Cost Amt.	0	150	150	150		150	200	250		300	300	350		400	450	500		550		Inpatient	Asset Limit			

Patients with Gross Income over 500% of Poverty are FULL BILL. Share of Cost is Assessed Monthly for Outpatient/Clinic visits and is assessed per visit for the Emergency Department

A Emergency Admissions, Medically Medically Medically Services
 C Outpatient Clinics, Health Centers, Emergency Room Visits, Diagnostic and Ancillary Services

INITIATIVE TITLE: Revision to sliding scale discounts

C	F	Ongoing			
Sources:	\$	210,000	\$	420,000	
Subtotal Sources		210,000		420,000	
Uses:					
Salaries and Fringes	\$	-	\$	-	
		- -		- -	
Subtotal Uses		-		~	
Net General Fund Subsidy Required					
(Uses less Sources)	\$	(210,000)	\$	(420,000)	
Total FTE's		0.0		0.0	

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

Fringe (32 %) **Operating Expenses**

Index Code Character/Subobject Code

- \$