

MESSAGE FROM THE DIRECTOR OF HEALTH ON FY 2009-10 BUDGET

Introduction

We are bringing our second budget presentation to the Health Commission. In the two weeks since our last presentation, Congress has passed the Economic Stimulus Bill. The Bill includes provisions for a temporary increase in the Federal Medical Assistance Percentage (FMAP) that is projected to increase revenue to the Health Department \$12.1 million for the current year and \$14.9 million for the budget year. This additional revenue is a primary component contributing to a \$60.7 million overall reduction in general fund. This exceeds the base budget reduction target of \$50.08 million required for submission to the Mayor's Budget Office on February 20 and contributes \$10.6 million towards the \$50.08 million contingency plan.

Following is an overview of changes to initiatives presented at the last meeting and new items developed during the previous two weeks. We are attaching exhibits providing additional information on each item listed below.

Increased Revenues

We have increased revenues \$32 million. This includes a \$27 million increase to the federal match of local expenditures for services to Medi-Cal patients. This is included in both the House and Senate versions of the Economic Stimulus Bill and effective retroactive to October 1 2008. The initiative includes \$12.1 million in current year and \$14.9 million in budget year revenues. The current year revenue increase reduces our 2008-09 use of general fund and is one-time in nature. The increase expires on December 31, 2011.

We are also including \$4.9 million in FMAP that is part of a new State Plan Amendment to allow Counties to draw down federal matching for the unreimbursed costs of services to Managed Medi-Cal patients. The state is targeting an effective date of October 1, 2008 with funding occurring after approval by CMS. This also includes revenue for both the current year (\$2.1 million) and budget year (\$2.8 million).

We are also including several fee-based items for Environmental Health and a downward adjustment to Short Doyle / MediCal revenues to reflect recent actual experience

Total Revenue Increases - February 3	\$24,097,366
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New Initiatives:

FMAP for Managed Medi-Cal - SFGH (A6)	4,900,000
Temporary increases to Federal Medical Assistance Program (FMAP) – Department Wide	27,000,000

(A7)

Baseline Revenue - MH (A8)	(3,500,000)
Patch Revenue from Acute Care Hospitals – LHH (A9)	507,602
Rehabilitation Services Revenue Enhancement – LHH (A10)	244,465
Acute Rehabilitation Services Revenue Enhancement – LHH (A11)	213,154
Environmental Health Revenue changes – EHS (A12)	796,705
Environmental Health Fee Increase due to program Costs – EHS (A13)	699,638
Vector Control Increase and Program Change – EHS (A15)	<u>915,792</u>
Total Revenues	\$55,874,452

Inflationary Increases

We have included an inflationary increase for rent increases to properties occupied by the Health Department. A second item has been deleted and replaced with a new initiative (G3) that includes the inflationary item and a request for new funding.

Total Inflationary Increases – February 3	\$3,171,945
Deletion of MIS Systems Inflationary Costs	(169,177)
Rent Increases – Dept - Wide (B6)	<u>361,706</u>
Total Inflationary	\$3,364,474

Revenue Neutral Programs

We have included one additional item reducing administrative costs of the California Healthcare for Indigents Program (CHIP) in response to State funding cuts.

	Expenditure	Revenue	General Fund
Total Revenue Neutral – February 3	\$1,673,554	\$1,673,554	\$0
California Healthcare for Indigents Program (CHIP) Reduction	(160,843)	(160,843)	0
Total Revenue Neutral	\$1,512,711	\$1,512,711	\$0

Regulatory – No change from last meeting **\$143,000**

Structural Budget Issues

Three initiatives presented at the February 3 meeting have been revised downwards for a \$4 million reduction in requested funding.

Structural Initiatives – February 3	\$18,332,096
Salary Structural Fix – SFGH (E1)	(2,032,973)
Buprenorphine pharmacy costs – CBHS (E4)	(105,000)
Community Placement Program Shortfall – CBHS (E5)	<u>(1,753,800)</u>
Total Structural	\$14,440,323

Reductions in Spending That We Do Not Recommend

The Health Commission has frequently asked how certain reductions were selected and what other items were evaluated and considered as the Department developed its list of reductions. Recognizing that more than 60% the expenses of the Department and 49% of general fund are invested in our two hospitals, we have worked hard to identify opportunities to identify reduction initiatives at the hospitals. Several initiatives to reduce hospital general fund are included in our Mid-year and budget year reductions. Several others were evaluated and not taken. Following is a list of items we evaluated for potential reductions at the hospitals which did not result in general fund reductions.

San Francisco General Hospital

Close the Pediatric Clinic – revenue loss exceeded expense reduction

Reduce hours of service and volume in medical clinics

- 25% reduction in Cardiac Clinic– revenue loss exceeded expense reduction

- 50% reduction in Rheumatology Clinic – revenue loss exceeded expense reduction
- 50% reduction in Endocrine Clinic – revenue loss exceeded expense reduction

Reduce hours of service and volume in surgical specialties

- 25% reduction in Neurology – revenue loss exceeded expense reduction
- 12.5% reduction in Optometry – revenue loss exceeded expense reduction
- 25% reduction in Plastic Surgery – revenue loss exceeded expense reduction
- 12.5% reduction in Orthopedics – revenue loss exceeded expense reduction
- 12.5% reduction in General Surgery – revenue loss exceeded expense reduction
- 16.7% reduction in ENT – revenue loss exceeded expense reduction

Laguna Honda Hospital

- Close a 30 bed unit and reduce census 28 patients (3.6% of budgeted volume). The \$4.1 million revenue loss exceeded the savings in nurse staffing cost and a 3.6% reduction in clinical and non-clinical support services.
- Reduce the number of hours of nursing cost per day (HPPD) – LHH is budgeted at 3.7 HPPD but actual staffing is at 3.99 HPPD. If LHH staffing were reduced to budget, expenses would decline \$4.2M, however, this would not produce budget savings as the budget is already reflective of the reduction. The minimum State staffing ratio is 3.2 HPPD. If it were possible to further reduce staffing to this level, an additional \$5M in savings could be realized, however, the minimum State staffing ratio is not seen as clinically safe or adequate to care for the residents of LHH. CMS actually recommends a staffing ration of 4.1, which is higher than the current staffing levels and would increase our actual cost by an additional \$1.6M. After evaluating these options, we believe it may be possible to achieve the 3.7 HPPD staffing level which will reduce costs but will not generate budget savings.

Following are the reduction initiatives that are proposed:

Total Reductions – February 3	\$18,669,669
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Revisions

Behavioral Health Contractor Reductions – CBHS (F15)	524,557
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Nursing Skill Mix Changes – LHH (F17)	17,433
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New Initiatives

Cancer Health Education Reduction – SFGH (F18)	98,806
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Special Programs for Youth at the Juvenile Justice Center (Youth Guidance Center) – PC (F19)	746,016
Reduce 100 Stabilization Beds as new supportive housing is added – HUH (F20)	750,000
Contingency Savings from LHH Rebuild Project – (F21)	9,000,000
HIV Prevention - HIV (F22)	289,040
Civil Service Reductions in Health Promotion (F23)	155,778
Additional GF Positions Backfilled by MHSA	<u>1,571,273</u>
Total Reductions	\$31,822,572

New Initiatives

Increased Operating Costs for New Facility – LHH (G1)	1,969,069
New Supportive Housing at 149 Mason Street – HUH (G2)	268,799
DPH Information Technology Operating Expenses Increase - Dept wide (G3)	777,583
Electronic Ambulatory Medical Record Project – Dept wide (G4)	<u>6,000,000</u>
Total New Initiatives	9,015,451

Summary

The table below summarizes the progress we have made thus far.

Revenue Increases	\$55,874,452
Revenue Neutral	<u>0</u>
Total Revenue	55,874,452

Regulatory	(143,000)
Inflationary	(3,364,474)
Structural	(14,440,323)
Reductions	31,822,572
New Initiatives	<u>(9,015,451)</u>
Grand Total Revenue, Revenue Neutral, Regulatory, Inflationary, Structural, Reductions and New Initiatives	\$60,733,776
General Fund Base Reduction Target	<u>50,080,000</u>
Difference to be applied to Contingency Plan	<u>\$10,653,776</u>

Conclusion

A draft resolution approving the Base Budget submission is included for your consideration and approval. We are continuing to work on additional initiatives toward the remaining Contingency Reductions.

DEPARTMENT OF PUBLIC HEALTH

FY 2009-10 BASE BUDGET

Item	Div *	Description	09-10 FTE Change	Position Change (Annual Number)	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Health Commission Principle
REVENUE									
A1	GH	Base Revenue				15,968,905	(15,968,905)	Revenue increases based on revenue build up net Commercial, Medicare and Medi-Cal and SNCP.	
A2	LHH	Base Revenue				6,176,276	(6,176,276)	Revenue increases based on revenue build up.	
A3	AIRC	Adult Immunization and Travel Clinic Fee Revenue				(196,399)	196,399	Projected decrease in revenues due to declining number of travelers.	
A4	GH	Revenue from Supply Implants and Emergency Department	1.54	2.00	155,416	804,000	(648,584)	This proposal is to increase net patient revenue by better charge capture and reporting of supply implants used throughout SFGH and better charge capture of procedures performed in the Emergency Department. One additional FTE will be required to meet the documentation requirements for billing the implants. Another additional FTE will be required to code the procedures performed in the ED.	
A5	GH	SFGH Liens Recovery from Municipal Transportation Authority				1,500,000	(1,500,000)	Reimbursement from SFMTA for the waiver of medical charges incurred by persons injured by MTA operations. A new workorder agreement has been made based on historical data.	
A6 - New	SFGH and PC	Amendment to FFP for Managed Medi-Cal			3,300,000	8,200,000	(4,900,000)	Based on a program in place in LA County, other Counties are finalizing contracts with the State and their local initiatives (for SF, the San Francisco Health Authority) to secure federal matching revenues (FMAP) for managed Medi-Cal expenditures funded with intergovernmental transfers. A state plan amendment is expected to be approved soon with an effective date of October 1 2008.	
A7 - New	Dept. Wide	Temporary increases to Federal Medical Assistance Percentage (FMAP)				27,000,000	(27,000,000)	The proposed Federal stimulus package include increases to the Federal match for FMAP.	
A8 - New	CBHS	Base Revenue				(3,500,000)	3,500,000	Baseline adjustments to Short-Doyne Medi-Cal revenues based on current year projections.	
A9 - New	LHH	Medi-Care Patch Revenue from Acute Care Hospitals				507,602	(507,602)	Laguna Honda Hospital will charge other acute care Hospitals and insurance carriers for patients they refer to LHH without Medi-Cal 90 coverage, for the first 3 months.	
A10 - New	LHH	Rehabilitation Services Revenue Enhancement	6.04	14.50	705,051	949,518	(244,465)	The new LHH will have 19 additional rehabilitation beds (currently there are 26). This will increase the demand for rehabilitation services which can be reimbursed by Medi-Cal.	
A11 - New	LHH	Acute Rehabilitation Services Revenue Enhancement	2.50	6.00	348,377	561,531	(213,154)	The new LHH will have 9 additional rehabilitation beds (currently there are 6), where the patients will require 18 hours of therapy in a seven day period. This will increase the demand for rehabilitation services which can be reimbursed by Medi-Cal.	
A12 - New	EHS	Environmental Health Baseline Revenue				796,705	(796,705)	Projected revenue increase related to changes in inventory, state and federal reimbursement etc.	
A13 - New	EHS	Environmental Health Fee Increases to Cover Program Costs	1.54	2.00	343,006	1,042,374	(699,368)	Fee increases to ensure that Environmental Health Programs expenses are covered by related fees or fines. Salary increases have already be accounted for in the base budget, but rent and revenue increases have not been included. In addition, there are two ordinances passed in the last year that will require two new positions.	

Item	Div	Description	09-10 FTE Change	Position Change (Annual Number)	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Health Commission Principle
A14 - New	EHS	Vector Control Increase and Program Change	3.85	5.00	474,920	1,390,712	(915,792)	Fee for vector control program is increasing so that program costs are 100% recovered by fees not requiring additional support from the General Fund. Four inspectors were not included in last year's budget to perform the inspections. This role is currently being covered by temporary positions, but permanent positions need to be added. An additional accountant is also needed for this program.	
		TOTAL REVENUE	15.47	29.50	5,326,770	61,201,222	(55,874,452)		
INFLATIONARY									
B1	Dept Wide	Pharmaceutical Inflation			1,526,764	-	1,526,764	The FY 2009-10 inflation rate for pharmaceuticals is estimated at 4%. Although the industry wide projected rate of 7% is projected, since DPH uses federal programs and substitution of generic equivalents for patented agents as they become available, a lower inflation rate is used. LHH \$206k, GH \$885k, JHS \$111k, and MH \$323k. No change in revenue.	
B2	LHH	Laundry contract increases			523,778	-	523,778	Laundry cleaning rates are increasing. Moved to new initiatives	
B3									
B4	GH	UCSF Non-Faculty Staff COLA			702,154		702,154	This request is to add funding to the UCSF Affiliation Agreement for amounts contractually obligated to the UCSF staff based on anticipated increases in the MOUs. This amount does not include any increases in physician compensation.	
B5	HUH	Direct Access to Housing (DAH) Master Lease and operating costs			250,072		250,072	Increased annual lease payments, utilities, maintenance and repair for the six DAH master lease buildings	
B6 - New	Dept. Wide	Rent Increases			361,706		361,706	Rent increases resulting from lease negotiations for programs located in non-City owned space.	
		TOTAL INFLATIONARY	-	-	3,364,474	-	3,364,474		
		TOTAL INFLATIONARY & REVENUE	15.47	29.50	8,691,244	61,201,222	(52,509,978)		
REVENUE NEUTRAL									
C1	GH	ED Residency Program - Yr 2	6.00	6.00	297,575	297,575	-	This request will support Year 2 of a four year Emergency Medicine Residency Program recently approved by the ACGME. The first year of the Program started in July 1, 2008, and the request for the first year was ongoing funding for 6 R1's (Resident year 1). Year 2 (FY 09-10) will request ongoing funding for 6 R2's, then subsequent years will request funding for 6 R3's and 6 R4's. Eventually in FY 11-12 there will be 24 residents training in the program. This program will greatly improve recruitment and retention of attending physicians and improve on the long wait times	
C2	JH	ADAP Adjustment - Jail Health			175,979	175,979	-	Based on FY 07-08 actual and FY 08-09 projection, reimbursement from State AIDS Drug Assistance Program (ADAP) for pharmaceutical supplies will increase by \$175,979 for the HIV patients in jail. Inflationary costs are not included in this initiative.	

Item	Div	Description	09-10 FTE Change	Position Change (Annual Number)	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Health Commission Principle
E6	MH	Salary Structural Fix			935,000		935,000	This is a request to correct a structural problem in Mental Health salaries that has existed for two fiscal years. This will increase the budget for salaries to restore a portion of the \$2.6 million cut in salaries in FY 07-08 and FY 08-09.	
		TOTAL STRUCTURAL	5.81	7.75	14,545,323	105,000	14,440,323		
		TOTAL STRUCTURAL, REGULATORY, REVENUE NEUTRAL, REDUCTIONS	27.28	43.25	24,892,278	62,818,933	(37,928,655)		
F1 - MY	Dept. Wide	Security Outsource							
		08-09 Mid-Year Reduction, but not implemented.							
F2 - MY	GH	Conversion of Acute Psych Unit to a Non-Acute unit	(6.20)		(1,310,496)		(1,310,496)	By reducing the level of care for these patients, the mandatory nursing ratios would no longer apply. We would need to obtain non-acute waiver for these beds. Details of obtaining the waiver and requirements are pending and would require state approval.	Mandated service can be provided at a lower expense, but would not be implemented if it jeopardized the licensing.
F3	GH	Reduction to UCSF Affiliation Agreement			(1,542,678)		(1,542,678)	This initiative will reduce the UCSF Affiliation Agreement by \$4,205,765 in FY 09-10. \$2,663,087 of this amount is reduced in the FY 09-10 base budget as part of the FY 08-09 mid year cuts. The reduction of \$4,205,765 does not include the portion of UC costs that are found in other budget reduction initiatives, such as the Medicine High User Program. This amount, plus the amounts in other budget reduction initiatives, will bring the total reduction to the 5% target. This reduction will be achieved primarily by eliminating positions in several departments and not filling vacant positions in the clinical laboratories and several sub-specialty areas.	Department will identify efficiencies in the management and administration of its programs to focus funding on direct services.
F4 - MY	HAH	Health at Home		(7.23)	(1,074,629)	(103,777)	(970,852)	30% Reduction of the HAH licensed home health agency budget, decreasing nursing management, RN field and non-field staff, Public Health nurse, nurse practitioner, home health aide and other administrative support necessary to provide services to clients needing acute, skilled clinical services in the home. Assumes a July 1, 2009 start date.	These services can be readily increased when additional resources become available.
F5	Disease Control	Consolidations in disease control program	(7.00)	(7.00)	(700,000)		(700,000)	Both the Tuberculosis Control Program and the STD Control will be scaled back and reconfigured separately.	Continue to Continue to provide legally mandated services at a lower expense.
F6	HIV	Health Services Reduction	(0.50)	(1.00)	(370,780)		(370,780)	Eliminates \$200,000 contract for program design evaluation, \$110,943 contract for outpatient mental health and position reductions.	The department will focus on core health services.
F7	JH	Jail Health Services Reduction	(1.00)	(1.00)	(168,350)		(168,350)	Eliminate 1.00 FTE vacant RN position that was funded to staff additional Pods at County Jail #5.	Reduction in operating costs.
F8	HUH	Leverage Short-Doyle Medi-Cal at 3 Supportive Housing Sites			(357,260)		(357,260)	The service model at the Empress, the Camelot and Star Hotels will be redesigned to an outpatient services model which will make services reimbursable by Medi-Cal.	Department will leverage other revenues when possible.
F9	HUH	10% Reduction in HIV/AIDS Housing Subsidy Funding			(559,360)		(559,360)	This initiative will offset the General Fund costs of housing either through increasing the rent contribution to the tenant.	Department will maximize revenues.
F10 - MY	CBHS - MH	Prioritize Mental Health Services to persons with serious mental illness		(7.32)	(989,452)		(989,452)	This proposal would limit mental health services to mentally ill clients with Medi-Cal coverage as per State agreement to operate. This would require a legislative change to the existing ordinance. Figures assume an October 1, 2009 start date.	Prioritizes services to the most severely ill.

Item	Div	Description	09-10 FTE Change	Position Change (Annual Number)	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Health Commission Principle
F11	CBHS	Additional reductions to CBHS Civil Service Staff	(12.24)	(12.24)	(1,332,309)		(1,332,309)	Effective: May 1, 2009. This second mid-year reduction to civil service clinics will refocus services to clinical case management and medication management for clients to prevent use of higher levels of care.	These services can be easily increased when additional resources become available and services to the most seriously ill will be prioritized.
F12	CBHS	Administrative Position Reductions	(4.38)	(4.38)	(1,699,421)		(1,699,421)	Effective May 1, 2009. Administrative positions will be eliminated or reassigned to produce General Fund Savings	Department will identify efficiencies in the management and administration of its programs to focus funding on direct services.
F13	CBHS	Community Programs Business Office Formation	(4.00)	(4.00)	(546,673)		(546,673)	Effective May 1, 2009. Contracting in Community Programs will be consolidated into one location and operations will be streamlined to achieve efficiencies.	Department will identify efficiencies in the management and administration of its programs to focus funding on direct services.
F14	MH	Redirection of Behavioral Health Services			(1,039,533)		(1,039,533)	Community Health Program contracts will be redirected to provide services for the Mental Health Services Act.	Department will leverage other revenues when possible.
F15 - Revised	CBHS	Behavioral Health Contractor Reductions			(5,589,823)	(917,309)	(4,672,514)	Reduction in funding for 19 CBHS contractors. The department will work with each contractor to manage these losses effectively.	The department will focus on core health services.
F16	LHH	Nursing Administrative Position Changes			(52,355)		(52,355)	Position conversion that will enable the hospital to provide services without compromising care.	Substitution of less expensive service.
F17 - Revised	LHH	Nursing Skill Mix Changes	26.00	32.50	(188,496)		(188,496)	Beginning on May 1, this initiative will use Home Health Aides to provide non-personal care to support residents care and allow care staff to provide direct care services. This initiative will also change RN to LVN in areas where use of LVN meets staffing regulatory requirements without compromising standard of care.	Substitution of less expensive service.
F18 - New	GH	Cancer Health Education Reduction	(0.85)	(1.00)	(98,806)		(98,806)	The Department is pursuing grant funding for this position and anticipates this position can be moved to grant funding in the fall.	Department will maximize revenues.
F19 - New	PC	Reorganization of Special Programs for Youth at the Juvenile Justice Center (Youth Guidance Center)	(4.10)	(4.10)	(746,016)		(746,016)	Effective: July 1, 2009. Reorganization of Special Programs for Youth (SPY) at the Juvenile Justice Center (Youth Guidance Center) to improve service delivery and integration of behavioral health services and primary care.	Department will identify efficiencies in the management and administration of its programs to focus funding on direct
F20 - New	HUH	Reduction of 100 Stabilization Beds as new supportive housing is added			(750,000)		(750,000)	Over the last five years, the Stabilization Housing program expanded from 50 units to over 300 units and from an annual budget of \$450,000 to over \$2.3 million. The Department will phase out 100 these units out gradually and SFHOT will work with clients to secure alternative placements.	These services can be readily increased when additional resources become available.
F21 - New	LHH	Contingency Savings from LHH Rebuild Project			(9,000,000)		(9,000,000)	Full amount budgeted for contingency for cost overruns is not needed after initial claims have been settled.	Department will fulfill its legally mandated services, but at a lower cost.
F22 - New	HIV	HIV Prevention Reduction	(2.30)	(2.30)	(289,040)		(289,040)	Effective May 1: One position will be eliminated in administration. Effective July 1: Two grant funded positions will be eliminated and funds will be used.	Department will identify efficiencies in the management and administration of its programs to focus funding on direct services.
F23 - New	Health Promotion	Civil Service Reductions in Health Promotion	(0.80)	(0.80)	(155,778)		(155,778)	Reduction of clinical pharmacist who focuses on health education does not provide direct health services.	The department will focus on core health services.

2009-2010 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: SFGH

PROGRAM CONTACT NAME/PHONE: Gregg Sass

PROGRAM / INITIATIVE TITLE: Managed Medi-Cal FMAP

GENERAL FUND: \$4,900,000

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

Based on a program in place in LA County, other Counties are finalizing contracts with the State and their local initiatives (for SF, the San Francisco Health Authority) to secure federal matching revenues (FMAP) for managed Medi-Cal expenditures funded with intergovernmental transfers. A state plan amendment is expected to be approved soon with an effective date of October 1 2008. Local expenditures of \$3.3 million would be matched with a 60% FMAP to generate revenues of \$8.2 million, for a net increase of \$4.9 million for the 21 months 10-1-08 to 6-30-0-10. The increased FMAP reflects the temporary increase included in the Economic Stimulus legislation.

JUSTIFICATION: (required by the Mayor's Office)

This program would enable CCSF to draw down federal matching funding based on the excess unreimbursed cost of serving Medi-Cal managed care beneficiaries.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Increased intergovernmental transfer expense of \$3.3 million. Increased revenues for Medi-Cal Managed Care of \$8.2 million.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Managed Medi-Cal FMAP

	FY 2008-09	FY 2009-10	Ongoing/Annualized
Sources:			
	\$ 3,500,000	\$ 4,700,000	\$ 4,700,000
Subtotal Sources	3,500,000	4,700,000	4,700,000
Uses:			
Salaries and Fringes	\$ -	\$ -	\$ -
Intergovernment Transfer	1,400,000	1,900,000	1,900,000
Subtotal Uses	1,400,000	1,900,000	1,900,000
Net General Fund Subsidy Required (Uses less Sources)	\$ (2,100,000)	\$ (2,800,000)	\$ (2,800,000)
Total FTE's	0.0	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

- \$ -

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

Initiative Number A7

(Leave blank)

2009-2010 Program Change Request

DEPARTMENT NAME:

☒ San Francisco General Hospital

☒ Laguna Honda Hospital

☐ Primary Care

☐ Jail Health

☐ Public Health

☒ CBHS - Mental Health

☐ CBHS - Substance Abuse

☒ Health At Home

DPH SECTION: Department Wide

PROGRAM CONTACT NAME/PHONE: **Gregg Sass**

PROGRAM / INITIATIVE TITLE: **Projected impact of increase to FMAP**

GENERAL FUND: **\$27,000,000**

TARGETED CLIENTS: NA

PROGRAM DESCRIPTION: (Description of Program Change)

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

The House and Senate versions of the Federal Stimulus Package include a temporary increase to FMAP which is the amount of Federal matching revenue that the federal government pays to State Medicaid plans (Medi-Cal in California). The stimulus package will increase FMAP from the current 50% match to a minimum of 60%, for a 20% increase compared to the previous year. The effective date of the increase will be October 1 2008 and will continue until December of 2010.

JUSTIFICATION: (required by the Mayor's Office)

The Health Department will benefit from increases in FMAP that are matched with local funding. We are not estimating increases in FMAP that are matched with State funding because we expect that the State will reduce the State contribution to offset the additional federal funds and the benefit will not flow to CCSF. However, for locally matched FFP, we expect the funding will benefit CCSF.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Revenues at SFGH, LHH, HAH and MH will increase \$12.1 million for 08/09, and 14.9 million for 09/10 for a total of \$27M for the 21 month period through June 30, 2010. The \$12.1 million for 08/09 is one-time revenue.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Projected impact of increase to FMAP

	FY 2008-09	FY 2009-10	Ongoing/Annualized
Sources:			
	\$ 12,100,000	\$ 14,900,000	\$ 7,450,000
Subtotal Sources	12,100,000	14,900,000	7,450,000
Uses:			
Salaries and Fringes	\$ -	\$ -	\$ -
	-	-	-
	-	-	-
Subtotal Uses	-	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (12,100,000)	\$ (14,900,000)	\$ (7,450,000)
Total FTE's	0.0	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

- \$ -

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

Initiative Number F8

(Leave blank)

2009-2010 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☒ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

DPH SECTION: CBHS – Mental Health

PROGRAM CONTACT NAME/PHONE: **Anne Okubo**

PROGRAM / INITIATIVE TITLE: **Mental Health Base Revenue Reduction**

GENERAL FUND: **(\$3,500,000)**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

Short Doyle Medi-Cal Revenue has been less than budget for the past two years. The budget is overstated and the shortfall is expected to continue.

JUSTIFICATION: (required by the Mayor's Office)

The budget should reflect expected outcomes.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Revenue from Short Doyle Medi-Cal is expected to be \$3.5 million less than amount in the Base Budget.

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

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Base Revenue Community Behavioral Health

	FY 2009-10	Ongoing
Sources:		
HMHM048041 45416 Short-Doyle Medi-Cal	(3,500,000)	\$ - \$ (3,500,000)
Subtotal Sources	(3,500,000)	(3,500,000)
Uses:		
027 Salaries and Fringes	\$ -	\$ -
Professional Services	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ 3,500,000	\$ 3,500,000
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

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

2009-2010 Program Change Request

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: Laguna Honda Hospital (LHH)

PROGRAM CONTACT NAME/PHONE: **John Kanaley 759-2363**

PROGRAM / INITIATIVE TITLE: **Medicare Patch Revenue from Acute Care Hospitals**

GENERAL FUND: **(\$507,602)**

TARGETED CLIENTS: Patients referred from other acute care hospitals

PROGRAM DESCRIPTION: (Description of Program Change)

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

Additional revenue for patients referred to us from other acute care hospitals.

JUSTIFICATION: (required by the Mayor's Office)

This initiative assumes that Laguna Honda Hospital will start charging other acute care hospitals in the city and insurance carriers for the patients they refer to us without Medicare 90-day coverage. For the first 90 days, we will charge the referring hospital the difference between the Medi-Cal SNF rate (per diem plus DP/NF reimbursement) and Medicare rate that otherwise LHH could have claimed. This revenue patch will help increase LHHs revenue by more than \$500K per year at an average of 45 referrals per year.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Estimated approximately 45 patients are referred to LHH by other acute care hospitals.

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

Revenues will increase by \$507,602 in FY09-10 and ongoing.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH Medicare Acute Patch Revenue

	FY 2009-10	Ongoing/Annualized
Sources:		
Revenue	\$ 507,602	\$ 507,602
Subtotal Sources	507,602	507,602
Uses:		
Salaries and Fringes	\$ -	\$ -
Materials & Supplies	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (507,602)	\$ (507,602)
Total FTE's	0.00	0.00

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

Class	Title	FTE's	
			\$ -
			-
	Fringe (32 %)		-
			\$ -

Operating Expenses

Index Code	Character/Subobject Code	
		\$ -

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

2009-2010 Program Change Request**DEPARTMENT NAME:**

- | | |
|---|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input checked="" 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: Laguna Honda Hospital and Rehabilitation Center (LHH)

PROGRAM CONTACT NAME/PHONE: Lisa Pascual, MD, 759-2355 and John Kanaley 759-2367

PROGRAM / INITIATIVE TITLE: **Rehabilitation Services Revenue Enhancement (effective Feb 1, 2010)**GENERAL FUND: **(\$244,465)****TARGETED CLIENTS:** Laguna Honda Hospital and Rehabilitation Center Residents.**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Many patients admitted to Laguna Honda Hospital and Rehabilitation Center (LHH) from acute hospitals require rehabilitation services (Physical Therapy [PT], Occupational Therapy [OT] and/or Speech Therapy [ST]). Patients who would benefit from a comprehensive rehabilitation program are admitted to the Community Reintegration Program (CRP), which provides either Acute Rehabilitation services or Skilled Nursing Rehabilitation (SNF Rehab) services. Recent settlement agreements against CCSF, including the *Chambers* and *U.S. Department of Justice* lawsuits, have created new regulatory mandates to enhance and expand LHH's community reintegration programming.

Acute Rehabilitation programs require that a minimum level of therapy services be delivered each day to the patient. Currently, as Acute Rehabilitation admissions increase, the number of available treatment slots available to SNF Rehab patients and long-term care patients decrease significantly; there is currently a shortage of therapy staff to meet demand for treatment slots.

Several key program changes will be occurring with the move to the replacement facility: the number of both Acute Rehabilitation beds and SNF Rehab beds will be increasing (approximately three-fold and two-fold, respectively), and additional much anticipated and needed programming in the new pool and fitness areas will need to be developed and staffed appropriately for therapeutic use.

Assuming that the FY '09 - '10 Program Change Request for the Acute Rehabilitation Unit is fully funded, and current available requisitions are cleared for hire, there will be additional rehabilitation staffing needs (Physical Therapy, Occupational Therapy and Speech Therapy) to meet the current and anticipated treatment demand due to the increase in SNF Rehab beds (from 26 to 45 beds). Further, with the ability to now provide skilled and restorative treatments in the pool and fitness center, an increased level of staffing will be needed to provide therapeutic interventions in a safe, supervised environment.

JUSTIFICATION: (required by the Mayor's Office)

The number of treatment slots/day needed to serve 45 SNF Rehabilitation beds is the following: 45 PT, 45 OT and 22 ST. The approximate demand (treatments/day) for rehabilitation services to the long term care population (adjusting for a decrease in beds to approximately 700) is the following: 21 PT, 21 OT and 5 ST. Given this, the number of treatment slots needed to meet the population's needs compared to the number of treatment slots available (given a community standard of 7 treatments/day) reveals the following approximate daily shortfall of treatment slots: 36.6 PT, 25.5 OT and 12.9 ST. This translates into a staffing shortage of approximately 5 PTs, 3.5 OTs and 2 STs. These staffing shortage numbers do not include or account for the anticipated increase in treatment demand (in PT and OT) that will occur with the opportunity to utilize the pool and fitness center.

To potentially fund this increase in staff, it is crucial to take into consideration skilled nursing patients who were admitted to LHH from acute hospitalizations with Medicare Part A coverage. Often, these patients require more intensive nursing and rehabilitation interventions. Because of the complexity of care, Medicare Part A patients may qualify for higher Resource Utilization Groups (RUG) which are associated with higher levels of reimbursement. Key to qualifying for the higher RUG levels (and, thus, higher reimbursement) is the provision of extensive rehabilitation services. In order to provide these extensive services, staff must be available. The additional revenue generated by higher RUG reimbursements may help offset the cost of additional staff that can both serve current needs, as well as to augment programming needs in the pool and fitness areas in the new replacement facility.

In FY '07-'08, the net revenue generated from Medicare Part A admissions was approximately \$2,257,509. On just three of the units within LHH (units reflecting direct admissions to SNF Rehab and Positive Care), there were at least 17 patients receiving rehabilitation services in the high rehabilitation RUG categories, with potential reimbursement rates that range from \$532.64 to \$821.25 per day, matching and often surpassing the average daily cost of care. Of note, other institutions have designated hospital beds solely to accommodate Medicare Part A covered patients because of the higher, enhanced reimbursement rates. Maximizing revenue from this reimbursement source can help fund existing needs and vital new programming in the replacement facility.

By nearly doubling the number of SNF rehabilitation beds, this will allow increased admission of Medicare-covered patients that will result in the generation of additional revenue above the baseline Medicare revenue generated by the current 26 SNF rehabilitation beds. Further, with additional staff further rehabilitation treatments may be rendered, which would increase RUG reimbursement rates.

For FY '09-'10, staff must be hired and trained to: 1) Assist in meeting current therapy needs, and 2) Begin program development and implementation of programs to cover the therapeutic needs in the pool and fitness gym area for both skilled therapy and restorative care activities. The request for increased staffing is below what the long-term care population's projected staffing need is, adjusted to account for the overall decline in admissions due to downsizing to 780 beds. However, it is anticipated that in future fiscal years, with resumption of admissions that are anticipated to increase the volume of short-term rehabilitation stays, that additional staffing coverage will be needed.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Assuming full funding of the Acute Rehabilitation Unit Program Request, this particular program request will augment current staffing to provide additional treatment slots to accommodate 45 SNF Rehab beds, approximately 40-50 long term care patients who may require rehabilitation therapies at any given time, and a yet-unknown increase in the volume of short-term stay patients in the community reintegration cohort. This proposal will also provide additional staffing to accommodate approximately 18 skilled treatments per day, and restorative care activities in the pool and fitness areas.

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

This initiative will add \$705,051 in salary and fringe benefit expenditures to General Fund obligations during FY2009-2010, and \$1,692,123 in ongoing fiscal years. The salary and fringe benefit increase will be offset by \$949,516 in revenue in FY2009-2010, and \$2,278,838 in revenue in ongoing fiscal years. The revenue increase not only offsets the cost of additional staffing but also reduces the general fund subsidy by \$244,465 in the first fiscal year, \$586,716 in subsequent years...

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

Increase of 6.04 FTE's for Fiscal Year 2009-2010, which annualizes to 14.5 FTE's in subsequent fiscal years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Rehabilitation Services Revenue Enhancement (effective Feb 1, 2010)

	FY 2009-10	Ongoing/Annualized
Sources:		
Revenue - SNF Rehab from increased bed capacity	\$ 949,516	\$ 2,278,838
Subtotal Sources	\$ 949,516	\$ 2,278,838
Uses:		
Salaries and Fringes	\$ 705,051	\$ 1,692,123
Subtotal Uses	\$ 705,051	\$ 1,692,123
Net General Fund Subsidy Required (Uses less Sources)	\$ (244,465)	\$ (586,716)
Total FTE's	6.04	14.50

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

Class	Title	FTE's	
2558	Sr. Physical Therapist	0.4	\$ 49,411
2556	Physical Therapist	0.4	43,723
2548	Occupational Therapist	0.6	65,585
2542	Speech Pathologist	0.4	45,912
2555	Physical Therapy Assistant	0.4	35,035
2554	Therapy Aides	0.8	56,485
2320	Registered Nurse	1.0	132,852
2302	Nursing Assistant	1.0	64,675
2585	Health Worker I	0.8	40,452
			<hr/>
			534,130
	Fringe (32 %)		<hr/>
			170,921
			<hr/>
			\$ 705,051

Operating Expenses

Index Code Character/Subobject Code

\$ -

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

2009-2010 Program Change Request

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: Laguna Honda Hospital and Rehabilitation Center (LHH)

PROGRAM CONTACT NAME/PHONE: Lisa Pascual MD, 759-3564 and John Kanaley 759-2367

PROGRAM / INITIATIVE TITLE: **Enhanced Revenues through the Acute Rehabilitation Unit**
(effective Feb 1, 2010)

GENERAL FUND: (\$213,154)

TARGETED CLIENTS: Patients admitted to LHH's acute rehabilitation unit.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Any patient over the age of 16 who requires hospital-level intensive rehabilitation involving an interdisciplinary team approach to achieve maximal functional independence may be eligible for acute-level rehabilitation services. Acute rehabilitation patients receive eighteen (18) hours of therapy in a seven-day period, including psychological or psychiatric therapy, social work services, and at least two of the following therapies: physical therapy, occupational therapy, and/or speech therapy. Patients admitted to the Acute Rehabilitation Unit must have a reasonable plan for discharge into the community at the time of admission.

Acute rehabilitation programs are geared to transition patients faster and more effectively back to the community than in skilled nursing programs due to the intensive nature of the acute rehabilitation program, and extensive patient and family training/education. Community reintegration is a core program in LHH's Rehabilitation Unit. Enhanced community reintegration has been cited as a regulatory mandate and as a solution to recent lawsuits against CCSF. Despite the settlement agreement with the U.S. Department of Justice to expand rehabilitation programming at LHH, CCSF has not approved additional human resource staffing in the Rehabilitation Services Department to date.

JUSTIFICATION: (required by the Mayor's Office)

The LHH Acute Rehabilitation Unit is expanding from 6 to 15 beds in the LHH replacement facility now under construction. The reimbursement for patients who qualify for this level of care is significantly higher than that of a skilled nursing unit because of the acuity level of these patients. Based on revenues generated in FY '07-'08, the average daily rate of reimbursement was approximately \$3,000/day, with the majority of this revenue from Medi-Cal (vs. \$455/day for skilled nursing level of rehabilitation, which is less intensive than acute rehabilitation). Even with the high cost of providing care, the Acute Rehabilitation Unit was able to generate a net income in the past years. In addition, we stand to gain even more attractive reimbursement rates from patients with Medicare, and potentially from payor sources willing to negotiate rates. Historically, because of the attractive reimbursement rates for these patients, other facilities have had a competitive advantage in attracting patients to their own acute rehabilitation units, in large part due to LHH's aging physical plant. Upon opening of the replacement hospital, we anticipate attracting significantly more acute rehabilitation clients. For patients coming from San Francisco General Hospital and Trauma Center (SFGHTC), this is particularly advantageous in that it facilitates continuity of care.

Staffing is crucial to the success of an acute rehabilitation program, which requires that a minimum of eighteen hours per week of therapy be delivered to patients by skilled clinicians on the therapy team and

monitored by a physician expert in the field of rehabilitation (a physiatrist). LHH's current therapy staffing levels can only accommodate up to two (2) acute rehabilitation patients at any given time, after which the number of available treatment slots per day for skilled nursing rehabilitation (45 beds) and long-term care (700 beds) therapies are effectively eliminated, resulting in treatment delays, thereby raising other regulatory compliance issues. Given that the Rehabilitation Unit in the replacement facility will be tripling acute rehabilitation bed capacity and doubling licensed skilled nursing rehabilitation capacity, this Program Change Request anticipates that current staffing levels will be inadequate to cover therapy needs for both Acute Rehabilitation, skilled nursing rehabilitation, and long term care. An increase in staff dedicated to the acute rehabilitation expansion is needed.

Community standards for staffing acute rehabilitation beds are 4:1 (4 patients to each therapist). Currently, the average daily census for Acute Rehabilitation is 1.57. It is anticipated that with the replacement hospital, LHH will be able to attract additional patients; a realistic goal for the first year of operation would be to achieve an average daily census of 4.0, taking into consideration a move in date of Spring of 2010 (see the following assumptions). Assuming that we can fill 4 out of the 15 acute beds in the replacement facility on a consistent basis, this translates into needing an additional 1.5 FTE physical therapist and an additional 1.5 FTE occupational therapist. As noted in the program description above, acute rehabilitation consists of intensive therapy services with the rehabilitation plan coordinated by a Physical Medicine and Rehabilitation specialist (a physiatrist). The additional increase in patient volume also requires the addition of a 1.0 FTE Physiatrist (2232 Senior Physician Specialist). Other associated staffing requirements to support the increased daily census would be a combined total of 5.0 FTEs from Nursing, IS, and Patient Accounting departments.

In FY '07-'08, SFGHTC discharged approximately 148 patients to acute rehabilitation facilities other than LHHRC. Approximately 110 of the 148 patients met eligibility requirements for admission to LHHRC's Acute Rehabilitation Unit, which translates into an average of 9 patients per month. Expanding LHH's Acute Rehabilitation Unit capacity represents an excellent opportunity for capturing this clientele, and the increased resulting revenue justifies our projections.

Additionally, revenue generated from this program change request can also offset the cost of additional rehabilitation staff necessary for LHH's Billing to serve the skilled nursing rehabilitation and long term care population. Given current staffing, treatment slot availability has been limited, which has hindered timely initiation of therapies.

Timing for hiring of the additional staff can *not* be delayed. With the opening of the Rehabilitation Unit anticipated in spring of 2010, even now, if the census on Acute Rehabilitation is more than two patients, the number of available therapy slots significantly decreases for the rest of the hospital. We must have staff trained and available to handle the current needs and anticipated upsurge in acute rehabilitation admissions once in the replacement facility. Since hiring staff can take several months, this means that the hiring and staffing process must begin no later than October 2009.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

By expanding the average daily census from 1.5 to 4.0, the estimated number of new clients served is 53 per year (increasing from 32 served on the Acute Rehabilitation Unit in FY 07-08 to a total of 85 in FY 09-10).

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

This initiative adds \$342,657 in salary and fringe benefit and \$5,721 in materials and supplies expenditures to General Fund obligations during Fiscal Year 2009-2010, which annualizes to \$836,106 in ongoing fiscal years. The increased revenue for an average daily census of 4.0 will be \$561,531 in FY09-10, which annualizes to \$1,347,674 in subsequent years.

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

Increase of 2.5 FTE's for Fiscal Year 2009-2010, which annualizes to 6.0 FTE's in subsequent fiscal years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Acute Rehabilitation Revenue Enhancement (effective Feb 1, 2010)

	FY 2009-10	Ongoing/Annualized
Sources:		
Anticipated Acute Rehabilitation Net Revenue	\$ 561,531	\$ 1,347,674
Subtotal Sources	\$ 561,531	\$ 1,347,674
Uses:		
Salaries and Fringes	\$ 342,657	\$ 822,376
Materials & Supplies	\$ 5,721	\$ 13,730
Subtotal Uses	\$ 348,377	\$ 836,106
Net General Fund Subsidy Required (Uses less Sources)	\$ (213,154)	\$ (511,569)
Total FTE's	2.50	6.0

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

Class	Title	FTE's	
2556	Physical Therapist	0.63	\$ 65,585
2548	Occupational Therapist	0.63	65,585
2232	Senior Physician Specailist (Physiatry Specialty)	0.42	76,288
2302	Nursing Assistant	0.42	25,870
1636	Health Care Billing Clerk II	0.42	26,260
			<hr/>
			259,588
	Fringe (32 %)		83,068
			<hr/>
			\$ 342,657

Operating Expenses

Index Code	Character/Subobject Code	
HLH448779	044 / 04499 Supplies	\$ 5,721

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

Initiative Number A12

(Leave blank)

2009-2010 Program Change Request**DEPARTMENT NAME:**

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☒ Public Health
☐ Mental Health
☐ Substance Abuse
☐

DPH SECTION: ENVIRONMENTAL HEALTH

PROGRAM CONTACT NAME/PHONE: RAJIV BHATIA 415-252-3931

PROGRAM / INITIATIVE TITLE: ENVIRONMENTAL HEALTH BASELINE REVENUE

GENERAL FUND AMOUNT: (\$796,705)

TARGETED CLIENTS: PERMITTED SAN FRANCISCO BUSINESSES

PROGRAM DESCRIPTION: (Description of Program Change)

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

The San Francisco Department of Public Health's Environmental Health Section strives to promote health and quality of life in San Francisco by ensuring healthy living and working conditions in the City and County of San Francisco

The change in the revenues is based on a change in inventory and new fees in the following programs

Index Code	Description	Amount
HCHPBBSCLSGF	Base Reuse - Bayview Hunters Point	\$ 75,708
HCHPBFOOD-GF	Consumer Safety	\$ 28,536
HCHPBHAZMTGF	Hazardous Materials Unified Program Agency	\$ 187,079
HCHPBHAZWTGF	Site Assessment and Mitigation Program	\$ 14,438
HCHPBINSPECT	Agriculture, Weights and Measures	\$ 299,073
HCHPBMASSAGF	Massage Program	\$ (210,378)
HCHPBMEDCNGF	Medical Cannabis	\$ (39,203)
HCHPBMENULBGF	Menu Labeling	\$ 106,750
HCHBPUBSVGF	Code Enforcement	\$ 19,427
HCHPBTATTOO	Consumer Safety - Tattoo	\$ 73,908
HCHPBTOBACCO	Consumer Safety - Tobacco	\$ 226,373
HCHPBVECTRGF	Vector Control & Healthy Housing	\$ (636)
HCHPBWATERGF	Water Quality	\$ 45,630
HCHPBADMINGF	Administration	\$ (30,000)
		\$ 796,705

JUSTIFICATION: (required by the Mayor's Office)

Changes in fees due to increase due to new fee, change in inventory, fees added that were not accounted for last year, recalculation of revenue and state reimbursement and change in index codes. Decreases to fewer applications for medical cannabis dispensaries, and change index codes.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Increase in revenue by \$796,705.

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

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Environmental Health Section Fee Increase
Environmental Health Section

	FY 2009-10	Ongoing
Sources:		
HCHPBBSCLSGF - New Subobject	\$ 75,708	
HCHPBFOOD-GF - Multiple Subobjects	\$ 28,536	
HCHPBHAZMTGF - Multiple Subobjects	\$ 187,079	
HCHPBHAZWTGF - 63526, New	\$ 14,438	
HCHPBINSPECT - Multiple Subobjects	\$ 299,073	
HCHPBMASAGF - 20120, 63540	\$ (210,378)	
HCHPBMEDCNGF - 20150, 20151	\$ (39,203)	
HCHPBMENULBGF - New Subobject	\$ 106,750	
HCHPBPUBSVGF - 63539, 63541	\$ 19,427	
HCHPB TATTOO - 20120, 63599	\$ 73,908	
HCHPBTOBACCO - 20120, 63540	\$ 226,373	
HCHPBVECTRGF - 63571, 63572	\$ (636)	
HCHPBWATERGF - Multiple Subobjects	\$ 45,630	
HCHPBADMINGF - Misc	\$ (30,000)	
Subtotal Sources	(796,705)	
Net General Fund Subsidy Required (Uses less Sources)	\$ (796,705)	

Revenue			
Index Code	Character/Subobject Code		
HCHPBBSCLSGF	New	\$	75,708
HCHPBFOOD-GF	20110	\$	(59,898)
HCHPBFOOD-GF	20120	\$	63,962
HCHPBFOOD-GF	20130	\$	24,443
HCHPBFOOD-GF	63503	\$	245
HCHPBFOOD-GF	63540	\$	-
HCHPBFOOD-GF	63541	\$	(39)
HCHPBFOOD-GF	63599	\$	(177)
HCHPBHAZMTGF	63520	\$	208,357
HCHPBHAZMTGF	63525	\$	89,850
HCHPBHAZMTGF	63542	\$	(920)
HCHPBHAZMTGF	63550	\$	(117,230)
HCHPBHAZMTGF	New	\$	7,021
HCHPBHAZWTGF	63526	\$	(42,342)
HCHPBHAZWTGF	New	\$	56,780
HCHPBINSPECT	47011	\$	237,307
HCHPBINSPECT	60681	\$	(2,415)
HCHPBINSPECT	48999	\$	64,181
HCHPBMASAGF	20120	\$	18,269
HCHPBMASAGF	63540	\$	60,330
HCHPBMEDCNGF	20150	\$	(39,203)
HCHPBMEDCNGF	20151	\$	-
HCHPBMENULBGF	New	\$	106,750
HCHPBPUBSVGF	63539	\$	(4,000)
HCHPBPUBSVGF	63541	\$	23,427
HCHPB TATTOO	20120	\$	1,192
HCHPB TATTOO	63599	\$	8,232
HCHPBTOBACCO	20120	\$	1,882
HCHPBTOBACCO	63540	\$	-
HCHPBVECTRGF	63571	\$	(636)
HCHPBVECTRGF	63572	\$	-
HCHPBWATERGF	20110	\$	2,980
HCHPBWATERGF	63540	\$	15,300
HCHPBWATERGF	63599	\$	27,350
HCHPBADMINGF	Misc	\$	(30,000)

Total \$ 796,705

\$ (796,705)

Operating Expenses

Index Code Character/Subobject Code

*Operating Expenses incurred in base budget

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

2009-2010 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☒ Public Health
☐ Mental Health
☐ Substance Abuse
☐

DPH SECTION: ENVIRONMENTAL HEALTH

PROGRAM CONTACT NAME/PHONE: RAJIV BHATIA / 415-252-3931

PROGRAM / INITIATIVE TITLE: ENVIRONMENTAL HEALTH FEE INCREASES/ RENT

GENERAL FUND AMOUNT: (\$699,368)

TARGETED CLIENTS: PERMITTED SAN FRANCISCO BUSINESSES

PROGRAM DESCRIPTION: (Description of Program Change)

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

Fee increases in multiple environmental health programs are necessary to cover cost related to increases in rent and salaries. Program fees will be increased a total of \$1,042,374 as followed;

Program Description	Index Code	Amount
Consumer Safety - Food	HCHPBFOOD-GF	\$552,691
Hazardous Materials Unified Program Agency	HCHPBHAZMTGF	\$235,234
Site Assessment and Mitigation Program	HCHPBHAZWTGF	\$26,374
Massage Program	HCHPBMASSAGF	\$85,619
Medical Cannabis	HCHPBMEDCNGF	\$48,406
Menu Labeling	HCHPBMENULBGF	\$21,724
Consumer Safety - Tattoo	HCHPBTATTOO	\$4,108
Consumer Safety - Tobacco	HCHPBTOBACCO	\$10,373
Water Quality	HCHPBWATERGF	\$57,846
		\$1,042,374

Salary increases are increases that have been already incurred by the department's base budget, with the exception of the two positions 1-0992 and 1-2589 totaling \$222,642. These new positions are necessary to carry out the functions of two new ordinances - BTRC 35F and HC 468 - 468.8. Furthermore, the rent and parking for these programs is expected to increase \$120,364

JUSTIFICATION: (required by the Mayor's Office)

Increases in program fees are necessary because program fees are designed to pay for 100% of program-related costs. Salary increases are mandated by MOU between the city and workers' unions. The lease at Fox Plaza (1390 Market Street) increased to a renegotiation of the lease terms according to fair market rates. The Real Estate division looked for new rental space, but Fox Plaza was the most economical.

The 2589 is regulatory position deemed necessary with the passage of menu labeling regulation and the 0922 is regulatory position deemed necessary with the passage of Air Quality Ordinance in December 2008.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Increase in Program revenue \$994,276. Increase expenditures – rent/parking \$120,364.30 and \$222,642 in Salary increases for the two new positions. Cost of Living Adjustments to salaries are already in the base budget.

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

Increase 2 FTE

ATTACHMENT B
SUMMARY OF PROGRAM COST
DEPARTMENT: SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH: ENVIRONMENTAL HEALTH
INITIATIVE TITLE: Environmental Health - Rent Increase HCHPBADMINGF

		FY 2009-10	Ongoing/Annualized
Sources:	HCHPBFOOD-GF - Multiple Subobjects	(\$552,691)	(\$552,691)
	HCHPBHAZMTGF - Multiple Subobjects	(\$235,234)	(\$235,234)
	HCHPBMASSAGF - 20120, 63540	(\$85,619)	(\$85,619)
	HCHPBMEDCNGF - 20150; 20151	(\$48,406)	(\$48,406)
	HCHPBTATTOO - 20120, 63599	(\$4,108)	(\$4,108)
	HCHPBTOBACCO - 20120, 63540	(\$10,373)	(\$10,373)
	HCHPBWATERGF - Multiple Subobjects	(\$57,845)	(\$57,845)
	HCHPBHAZWTGF - Multiple Subobjects	(\$26,374)	(\$26,374)
	HCHPBMENULBGF - Multiple Subobjects	(\$21,724)	(\$21,724)
Subtotal Sources		(1,042,373)	(1,042,373)
Uses:	Operating Expenses:		
	Rent/Parking Increase for 1390 Market Street (Fox Plaza)	\$ 120,364	\$ 120,364
	Salaries and Fringes	\$ 222,641	\$ 222,641
Subtotal Uses		\$ 343,005	343,005
Net General Fund Subsidy Required (Uses less Sources)		\$ (699,368)	\$ (699,368)

Revenue

Index Code	Character/Subobject Code	
HCHPBFOOD-GF	20110	\$ 17,704
HCHPBFOOD-GF	20120	\$ 430,385
HCHPBFOOD-GF	20130	\$ 56,823
HCHPBFOOD-GF	63503	\$ 13,063
HCHPBFOOD-GF	63540	\$ 22,923
HCHPBFOOD-GF	63541	\$ 11,312
HCHPBFOOD-GF	63599	\$ 481
HCHPBHAZMTGF	63520	\$ 208,116
HCHPBHAZMTGF	63525	\$ 17,748
HCHPBHAZMTGF	63542	\$ 461
HCHPBHAZMTGF	63550	\$ 8,407
HCHPBHAZMTGF	New	\$ 503
HCHPBMASSAGF	20120	\$ 18,791
HCHPBMASSAGF	63540	\$ 66,828
HCHPBMEDCNGF	20150	\$ 33,810
HCHPBMEDCNGF	20151	\$ 14,596
HCHPBTATTOO	20120	\$ 66
HCHPBTATTOO	63599	\$ 4,041
HCHPBTOBACCO	20120	\$ 294
HCHPBTOBACCO	63540	\$ 10,079
HCHPBWATERGF	20110	\$ 8,397
HCHPBWATERGF	63540	\$ 16,290
HCHPBWATERGF	63599	\$ 33,159
Total		\$ (994,276)

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

Class	Title	FTE's	
0922	Manager I	1.00	\$ 108,888
2589	Health Program Coordinator I	0.80	\$ 59,779
	Fringe (32 %)		53,974
			\$ 222,641

Operating Expenses

Index Code	Character/Subobject Code	
03000	RENTS/LEASES-BLDG	\$ 120,364
		\$ 120,364

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

\$ 120,364

2009-2010 Program Change Request**DEPARTMENT NAME:**

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

DPH SECTION: Environmental Health

PROGRAM CONTACT NAME/PHONE: **Rajiv Bhatia 252-3931/**

PROGRAM / INITIATIVE TITLE: Vector Control and Healthy Housing

GENERAL FUND: \$ (915,792)

TARGETED CLIENTS: San Francisco residents in apartments and hotels

PROGRAM DESCRIPTION: (Description of Program Change)

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

The San Francisco Department of Public Health Healthy Homes and Vector Control Program aims for a coordinated and comprehensive approach to preventing diseases and injuries resulting from hazardous and substandard conditions within the home. Through inspection services, SFDPH staff helps residents identify and improve unhealthy conditions using both existing and new City laws. Beginning in calendar year of 2009, staff will be regularly inspecting and enforcing the following regulations for multi-unit apartment buildings and hotels:

- Animal and insect disease vectors and habitats
- Regular Inspections of Tourist and Single Room Occupancy Hotels
- Vector control prevention regulations in multi-family apartment buildings
- Health code regulations for sanitation and habitability rules in multi-family apartment buildings
- Health code regulations for sanitation and habitability in hotels
- Police Code rules for noise prevention in multi-family apartment buildings
- Health code regulations for lead hazard prevention in multi-family apartment buildings
- Health code regulations for asbestos exposure prevention in multi-family apartment buildings

New positions are needed for this program which would increase salaries by \$474,920 Furthermore, fee increased are necessary to cover cost of the entire program by \$1,390,712.

Four new positions were suppose to be allocated for this program in the FY-08-09, but were not properly placed in the budget. The request for four new 6108 is a structural fix as temporary workers are already filling these positions. The 6108 position conducts investigations and responds to complaints involving vector related and other general unsanitary conditions. Furthermore, a need for a 1630 is necessary to performs routine bookkeeping and financial record-keeping operations for this program. Tasks will include to sending out invoices, account receivables/payables, maintenance of databases and payment records and serve as a liaison to the public to answer questions about invoices.

JUSTIFICATION: (required by the Mayor's Office)

Pursuit to HC 11; 609 -609.2 – Vector Control and Healthy Housing ordinance four 6108 are needed to achieve this regulatory requirement. This change request is a structural fix from FY08-09, one new 1630 for clerical support and fee increases of \$1,390,712 to cover the cost of the programs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Increase in expenses \$ 474,920 and increase in revenue \$1,390,712

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

Increase 5 FTE (4-6108 and 1 -1630)

2009-2010 Program Change Request

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: Laguna Honda Hospital (LHH)

PROGRAM CONTACT NAME/PHONE: Jenny Louie 554-2610

PROGRAM / INITIATIVE TITLE: **CBHS Program Rental Increases**

GENERAL FUND: \$361,706

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

CBHS and STD Control leases 25 sites for the provision of behavioral health services. Due to (1) annual Consumer Price Index adjustments, (2) rent increases due to clinic relocations required to address various issues, and (3) renegotiation of existing expiring leases (some of which had not been increased in years). Some rent increases can be offset by increases in Mental Health Services Act reimbursement, current staff will be reprogrammed to support those services.

JUSTIFICATION: (required by the Mayor's Office)

These are unavoidable rent increases.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Increase in base rental costs will increase of \$361,706 per year net of revenue.

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

No change.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: CBHS Rent Increases

		FY 2009-10	Ongoing
Sources:			
MHSA	MHSA Staff & Staff converting to MHSA functions	\$ 90,624	\$ 90,624
Subtotal Sources		90,624	90,624
Uses:			
	Rent Increases		
	1305-1309 Evan	\$ 17,043	17,043
	2712 Mission	\$ 62,295	62,295
	3801 3rd St 2nd Floor	\$ 125,958	125,958
	729 Filbert	\$ 14,665	14,665
	25 Van Ness	\$ 41,127	41,127
	1060 Howard Street, 3rd Floor	\$ 3,300	3,300
	1700 Jackson/4527 Mission 6 months only	\$ 140,798	140,798
	1362 Mission	\$ 47,144	47,144
Subtotal Uses		452,330	452,330
Net General Fund Subsidy Required (Uses less Sources)		\$ 361,706	\$ 361,706
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
HMHMCC730515	030 Rent

- \$ 347,673

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

Initiative Number C4

(Leave blank)

2009-2010 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

DPH SECTION: PH ADMINISTRATION

PROGRAM CONTACT NAME/PHONE: **Jeffrey Leong 255-3692**

PROGRAM / INITIATIVE TITLE: **CHIP TOBACCO TAX**

GENERAL FUND: **Projected General Fund Savings of this Program Change will reduce DPH's general fund subsidy of the Prop 99 Tobacco Tax program administration by the AB 75 Project that serves hospital and emergency room physician providers. There is an annual savings of \$160,843 of general fund revenue.**

TARGETED CLIENTS: All hospitals and emergency room physicians who participate in the CHIP Hospital and Physician Program, and who submit claims for uncompensated medical care provided to indigent San Francisco patients. There is not a direct impact upon patients in San Francisco, as program administration will continue to be provided.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Decrease in the level of general fund support for CHIP Hospital and Physician Program administration due to the State's elimination of Prop 99 CHIP funding for the State's CHIP program as of FY 08-09. The Prop 99 CHIP program administration will now be funded by other sources.

JUSTIFICATION: (required by the Mayor's Office)

With the State's CHIP reduction, local administration is reduced also. A basic level of program administration will be supported by the continuing Prop 99 EMSA funds. A portion of these funds shall be used to support the AmeriChoice fiscal intermediary contract and 0.25 FTE of an 1824 Prin. Admin. Analyst, who will oversee continuing program administration.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

There is not a direct impact upon patients in San Francisco, as program administration will continue to be provided. The impact upon program administration will be to reduce the resources available for program review and compliance activities.

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

This change will reduce local general fund by shifting \$160,843 of general fund revenue to other sources of funding.

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

None.

6.37

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: CHIP TOBACCO TAX FY 09-10

	FY 2009-10	Ongoing/Annualized
Sources:		
CHIP Tobacco Tax	\$ (160,843)	\$ (160,843)
Subtotal Sources	(160,843)	(160,843)
Uses:		
Salaries and Fringes	\$ (160,843)	\$ (160,843)
Professional Services	-	-
Subtotal Uses	(160,843)	(160,843)
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	0.0	0.0

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

Class	Title	FTE's	
1426	Senior Clerk Typist	0.75	\$ (41,088)
1654	Principal Accountant	0.25	(23,079)
1824	Principal Administrative Analyst	1.00	(111,134)
2588	Health Worker IV	0.25	(17,435)
9993M	Attrition Savings and Step Adjustments	0.02	(1,683)
			72,568
		2.27	(121,851)

Fringe (32 %)

(38,992)
\$ (160,843)

Operating Expenses

Index Code Character/Subobject Code
HCHCHIPADMIN

- \$ -

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

2009-2010 Program Change Request**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: SFGH Finance

PROGRAM CONTACT NAME/PHONE: Valerie Inouye / 206-3599

PROGRAM / INITIATIVE TITLE: **Structural Salary Fix SFGH**GENERAL FUND: **\$2,998,563**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

Increase salaries to account for unbudgeted Temp Salaries and under budgeted Holiday and Premium pay.
Due to the difficult budget year, this is only a partial request to fully fund salaries and wages at the hospital.

JUSTIFICATION: (required by the Mayor's Office)Increase temporary (as needed) salaries

JCAHO and CMS regulations require reduction in the use of physical restraints. To effectively provide patient safety for falls prevention, suicide prevention, therapeutic medical tubing, AWOL risk, etc., close observation by nursing personnel is necessary. At SFGH, supplemental staff to provide for the close observation safety needs of the patients has been provided through the use of Temp/As-Needed Nursing Care Assistants. To date, these supplemental staff have not been included in the budget. This program change will adjust the budget to include the funding for supplemental patient safety staff. To provide coverage of 6 patient safety coaches per each 12 hours shift, the budget needs to fund 26.5 FTEs of as-needed Nursing Care Assistants (2430)

Holiday Pay and Premium Pay

Holiday Pay and Premium pay do not get standardized rate increases in the City's budget system and are budgeted as flat dollars. As employee rates increase due to collective bargaining and step increases, costs for holiday and premium also increase. In the current fiscal year it is projected that the hospital will exceed its Holiday and Premium budgets by \$1.2M and \$3.1M respectively.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Salaries and fringe benefits will increase by \$2,998,563 the first year and thereafter.

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

Increasing by 26.5 FTEs in the first year and ongoing. (26.5 FTE's are Temp/as-needed)

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Structural Salary Fix SFGH

	FY 2009-10	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringe	\$ 2,998,563	\$ 2,998,563
Subtotal Uses	2,998,563	2,998,563
Net General Fund Subsidy Required (Uses less Sources)	\$ 2,998,563	\$ 2,998,563
Total FTE's	0.00	0.00

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

Class	Title	FTE's	
TEMPM	As-needed MEA's (2430 - Patient Safety)	26.50	1,333,904
HOLIM	Holiday Pay		1,216,000
PREMM	Premium Pay		230,405
			2,780,309
	Fringes (7.85%)		218,254
			<u>\$ 2,998,563</u>

Operating Expenses

Index Code Character/Subobject Code

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

2009-2010 Program Change Request**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: Community Behavioral Health Services (CBHS)-Mental Health

PROGRAM CONTACT NAME/PHONE: Jim Stillwell 255-3717

PROGRAM / INITIATIVE TITLE: **Buprenorphine Backfill**GENERAL FUND: **\$397,500**

TARGETED CLIENTS: Clients treated for opioid addiction with Buprenorphine

PROGRAM DESCRIPTION: (Description of Program Change)

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

Primary care and mental health physicians prescribe buprenorphine for opioid addiction. For the last six years the cost of the medication has been covered first by a federal grant and more recently by the manufacturer, Reckitt Benckiser, to support ongoing evaluation of the program. As of October, 2009, buprenorphine will become a generic drug and Reckitt will no longer be able to supply buprenorphine free of charge. Currently the Department has 200 buprenorphine slots at seven primary care sites, two mental health sites and two CBO treatment sites.

JUSTIFICATION: (required by the Mayor's Office)

The Department has used Buprenorphine successfully for the last 6 years as an alternative to methadone for the treatment of opioid addictions. buprenorphine has the following advantages over methadone: lower risk of overdose; lower risk of diversion to the street; fewer side effect, such as drowsiness; an alternative for individuals who do not benefit from methadone. Unlike methadone treatment, which must occur in a specialized clinic, buprenorphine is prescribed by primary care & mental health physicians as part of integrated patient care.

Amount for FY 09-10: 200 clients x 7.5 months = \$502,500. \$4.70/tab x 2.5tab/day x 90% compliance = \$322/month/client x 4% drug inflationary increase = \$335/month/client. \$335/month/client x 200 clients = \$67,000/month. For one year, 200 clients drug cost = \$804,000 **Pharmacy Medi-Cal (TAR) \$105,000 revenue**

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)**

Increase General Fund expenditures by \$397,500 to HMHMCC730515, Increase Medi-Cal revenue and expense by \$105,000.

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

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Buprenorphine Cost

	FY 2009-10	Ongoing/Annualized
Sources:		
HMHM048041 65102 Medi-Cal	\$ 105,000	\$ 105,000
Subtotal Sources	105,000	105,000
Uses:		
Salaries and Fringes	\$ -	\$ -
Materials & Supplies	\$ 502,500	\$ 502,500
	-	-
	-	-
Subtotal Uses	502,500	502,500
Net General Fund Subsidy Required (Uses less Sources)	\$ 397,500	\$ 397,500
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
 HMHMCC730515 CH40/04000 Materials & Supplies

\$ 502,500

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

2009-2010 Program Change Request**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: Community Behavioral Health Services (CBHS)-Mental Health

PROGRAM CONTACT NAME/PHONE: Jim Stillwell 255-3717

PROGRAM / INITIATIVE TITLE: **Community Programs Placement Unit Shortfall**

GENERAL FUND: **\$7,034,998**

TARGETED CLIENTS: Clients being discharged from San Francisco General Hospital (SFGH) and Laguna Honda Hospital (LHH) requiring bed placements.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Department's Community Programs Placement Unit is responsible for authorizing and referring all clients at (a) SFGH, including those in Psychiatric Emergency Services (PES), and on the psychiatric or medical units and from (b) Laguna Honda Hospital (LHH) into alternative placements upon readiness for discharge. This function is critical to identify and place clients at appropriate levels of care and reduce the number of admin days, which are reimbursed at a significantly lower level than acute days. As a result of the continuing high level of need for placements, and utilization of high level, expensive placements, the Department is currently projecting a funding shortfall in the following settings: (1) long-term-locked psychiatric beds (otherwise referred to as Institutions for Mental Disease (IMD) beds), Mental Health Rehabilitation Center (MHRC) beds and psychiatric Skilled Nursing Facility (SNF) beds, (\$327,340, and (2) Residential Care Facility beds, \$6,574,998) and (3) Acute care \$460,000 for a total shortfall of \$7,034,998.

To minimize the need for the more expensive long-term care beds, the Department will utilize the community urgent care center, the acute diversion unit (which would decrease the number of clients going to the SFGH Inpatient units, thereby reducing the number of clients being placed into IMD beds) and new housing slots. Finally, the Department restructured its various outreach and intensive case management services to be more efficient and to reduce hospital utilization of the highest cost system users and implemented a pilot to identify individuals who will receive wrap-around services and faster access to care.

Long-Term Locked Psychiatric Beds

Long Term Care beds are used primarily for mentally ill clients with severe mental illness who are not stable enough to live in a community based setting. These beds are also used for clients who do not have a mental illness by strict definition, but instead have an organic disorder, such as dementia and serious medical issues, that result in behavioral issues that are better managed in locked or delayed egress settings equipped to manage behavioral problems.

The referral sources for these beds include SFGH's psychiatric and medical units, LHH, the Emergency Medical Services (EMS) High User program, and the SF Homeless Outreach Team (SFHOT). Many clients are placed following an acute inpatient episode, going directly from SFGH's psychiatric units to a locked long-term care bed. A recent focus has emphasized the placement of clients who are high users of

the City's services, including ambulance services, as well as clients identified by SFHOT in an effort to stabilize these clients prior to placement in permanent housing and to reduce high usage of more expensive PES and inpatient services.

Residential Care Facility (RCF) and Residential Care Facility Elderly (RCFE) Beds

RCF beds are located within the community, normally within a licensed private residence. These beds are considered permanent housing. Clients are provided with room and board, and in some cases additional care. Normally, clients contribute a portion of their SSI towards the cost of room and board, and the City pays an additional daily patch rate ranging from \$19 to \$160 (the majority of the beds have a \$19 patch rate). As DPH's goal is to house clients in the least restrictive level of care as possible, and preferably within a community based setting, and because these beds are one of the least expensive housing options for relatively stable clients available, the Department has tried to maximize these placements.

JUSTIFICATION: (required by the Mayor's Office)

The department projects \$7,034,998 deficit for this fiscal year. The alternative to addressing the structural deficit is to keep the clients in SFGH longer resulting in reduced reimbursement. If there is a lack of acute beds available at SFGH, then the private hospital usage is likely to increase, and will exceed its budget, as is already occurring.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Clients may not receive appropriate placements upon discharge, or discharges may be delayed.

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

Increase General Fund expenditures by \$7,034,998 to HMMHMLT730416-027

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

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Placement Shortfall - Behavioral Health

	FY 2009-10	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ -	\$ -
027 Professional Services	7,034,998	7,034,998
	-	-
Subtotal Uses	7,034,998	7,034,998
Net General Fund Subsidy Required (Uses less Sources)	\$ 7,034,998	\$ 7,034,998
Total FTE's		

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

Class	Title	FTE's	
			\$ -
			-
	Fringe (32%)		-
			\$ -

Operating Expenses

Index Code	Character/Subobject Code	
	HMHMLT730416- 027	- \$ 7,034,998

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

2009-2010 Program Change Request**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: Community Behavioral Health Services – Substance Abuse

PROGRAM CONTACT NAME/PHONE: **Bob Cabaj, 255-3447**PROGRAM / INITIATIVE TITLE: **Behavioral Health Contractor Reductions**GENERAL FUND: **\$4,672,514 General Fund Reduction****\$ 917,309 Revenue Loss**

TARGETED CLIENTS: Adults with behavioral health disorders

PROGRAM DESCRIPTION: (Description of Program Change)

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

Funding for nineteen CBHS-funded outpatient contractors will be reduced or eliminated under this FY09_10 initiative. The affected agencies/programs and the total reductions in FY09_10 are as follows:

Asian American Recovery Services, program(s) to be determined, \$250,000

Haight Ashbury Free Clinics, program(s) to be determined, \$145,000

Haight Ashbury Free Clinics, reallocation to Primary Care, \$250,000

Walden House, program(s) to be determined, \$145,000

New Leaf, program(s) to be determined, \$175,000

Caduceus, Psychiatric Services for Homeless, \$262,501

Community Awareness and Treatment Services, Redwood Center, \$500,000

Hyde Street, Community Wellness and Recovery Center, \$240,882

San Francisco AIDS Foundation, Stonewall, \$156,736

UCSF Department of Substance Abuse and Addiction Medicine (DSAAM), Stonewall, \$31,281

UCSF Department of Substance Abuse and Addiction Medicine, STOP, \$190,000

UCSF, Child and Adolescent Services, \$370,893

Westside Community Mental Health Services, Crisis, \$1,256,000

Westside Community Mental Health Methadone Detox, \$18,448

Baker Places AILP Outpatient/Case Management, \$220,336

Baker Places Grove Street Outpatient/Case Management, \$82,276

Conard House Supportive Housing Outpatient/Case Management, \$556,754

Progress Foundation Supportive Living Outpatient/Case Management, \$638,966

Bayview Hunters Point Foundation Jail-Based Methadone Detox, \$99,750

JUSTIFICATION: (required by the Mayor's Office)

The above-noted reductions are proposed to help address the City's severe budget crisis. The Department provides multi-million dollar General Fund allocations to Asian American Recovery Services and Walden House, agencies which are able to take advantage of economies of scale in implementing contract reductions. The Department will work closely with these agencies to determine which of their programs will be reduced to effectively limit the impact of the proposed reductions. The Department will work with Haight Ashbury to determine which of its substance abuse program will absorb the above-noted \$145,000 reduction. In addition to the \$145,000 reduction, Haight Ashbury in

consultation with the Department, will reallocate \$250,000 from its substance abuse programming to Haight Asbury's Primary Care programming.

The Department will work with New Leaf to modify their intake processes to ensure that they discontinue serving clients who have the ability to pay for similar services elsewhere. The specific New Leaf programs that will be affected are to be determined. The Caduceus and Hyde Street reductions stemmed from their inability to generate Short/Doyle Medi-Cal revenue. Community Awareness and Treatment Services' Redwood Center is scheduled to close effective December 2009 for renovations, and funding will not be provided during the period of renovation. The Department is eliminating funding for the San Francisco AIDS Foundation Stonewall program, the UCSF DSAAM Stonewall program and the UCSF DSAAM STOP program because these programs are not serving the most vulnerable populations. A small portion of the Westside Crisis Clinic funding will be redirected to Westside outpatient behavioral health program to retain some capacity for the role Westside plays in seeing new clients in crisis who are not open in the system. The rest of the Adult and Older-Adult Mental Health clinics will provide for urgent care services similar to that provided by Westside.

The Department determined that 49 percent of supportive housing clients receive duplicative case management services, since these services are provided at the respective supportive housing sites as well as in Mental Health clinics. The reductions to Conard House Supportive Housing, Baker Places AILP, and Progress Foundation Supportive Living programs address this duplication. Since these three agencies receive Department funding ranging from \$6 million to \$14 million, they are able to take advantage of economies of scale in implementing contract reductions and their survivability is not an issue with respect to these reductions.

Funding for the methadone detox programs is being eliminated because short term methadone detox has proven to be an ineffective treatment for opiate addiction since a revolving series of detox episodes increases incidence of overdose. State regulations normally require a client to fail at Methadone Detox before s/he may enter Methadone Maintenance. The Department has a waiver to that requirement and is now able to enter clients directly into maintenance.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The impact to clients served by Asian American Recovery Services, Haight Ashbury Free Clinics, New Leaf and Walden House will be determined following negotiations with these contractors. The impact related to the remaining contractors is as follows:

Caduceus: UOS lost – 5,600; UDC lost – 80

Community Awareness and Treatment Services: UOS lost – 6,221; UDC lost – 93

Hyde Street: UOS lost – 6,755; UDC lost – 95

San Francisco AIDS Foundation: UOS lost – 2,650; UDC lost – 80

UCSF Dept. of Substance Abuse and Addiction Medicine: UOS lost – 2,560; UDC lost – 60

Westside Community Mental Health: UOL lost – 5,265; UDC lost – 1,118

Baker Places AILP – 1,831 units of service; 26 unduplicated clients

Baker Places Grove Street – 468 units of service; 4 unduplicated clients

Conard House Supportive Living – 2,313 units of service; 126 unduplicated clients

Progress Foundation Supportive Living – 4,389 units of service; 64 unduplicated clients

Westside Methadone Detox – 1,949 units of service; 70 unduplicated clients

Bayview Hunters Point Methadone Detox – 1,914 units of service; 9 unduplicated clients

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

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

HMHMCC730515: (\$1,759,383)

HMHMCC730513: (\$1,498,332)

HMHMCP751594: (\$370,893)

HMHSCCRES227: (\$1,961,215)

Transfer to Primary Care:

HCHAPTWC GF: \$250,000

This initiative will result in the loss of revenue as follows:

HMHM048041: \$917,309

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

There is no impact on the Department's workforce.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Behavioral Health Contractor Reductions

	FY 2009-10	Ongoing
Sources:		
Short Doyle Medi-Cal (HMHM048041)	(917,309)	\$ (917,309)
Subtotal Sources	(917,309)	(917,309)
Uses:		
Salaries and Fringes	\$ -	\$ -
027 Professional Services	(5,589,823)	(5,089,823)
	-	-
Subtotal Uses	(5,589,823)	(5,089,823)
Net General Fund Subsidy Required (Uses less Sources)	\$ (4,672,514)	\$ (4,172,514)
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

HMHMCC730517	02700 Professional Services	(1,759,383)	\$	(1,759,383)
HMHMCC730515	02700 Professional Services	(1,498,332)	\$	(1,498,332)
HMHMCP751594	02700 Professional Services	(370,893)	\$	(370,893)
HMHSCCRES227	02700 Professional Services	(1,961,215)	\$	(1,461,215)
MCHAPTWCGF	02700 Professional Services	250,000	\$	250,000

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

2009-2010 Program Change Request**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: Laguna Honda Hospital and Rehabilitation Center (LHH)

PROGRAM CONTACT NAME/PHONE: **Mivic Hirose/759-2351**PROGRAM / INITIATIVE TITLE: **LHH Nursing Skill Mix Change**GENERAL FUND: **(\$9,962) in FY08-09; (\$178,534) in FY09-10 for Total Savings of \$188,496**

TARGETED CLIENTS: All 760 skilled nursing facility residents at LHH

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative recommends the following nursing skill mix changes to better suit to the operational needs and at the same time to also reduce overtime salary dollars: (all numbers below are annualized)

- 1) Convert 15 Registered Nurse positions to 17 Licensed Vocational Nurses positions, 1 Central Supply Technician, and 1 part-time Unit Clerk position.
- 2) Convert 18 Certified Nurse Assistant positions to 37 Home Health Aide positions and 10 Health Worker I positions.

JUSTIFICATION: (required by the Mayor's Office)

Use of LVN meets staffing regulatory requirements without compromising standard of care. Utilizing Home Health Aides to provide non-personal care services to support resident care will allow care staff to provide direct care to residents. Home Health Aides will support the social aspects of living at LHH while preparing for integration into the community. Home Health Aides will be primarily used to set up and take down areas for dining, replenishing supplies, and ensure living spaces (resident bedrooms are safe and free of hazards), including but not limited to bed and equipment (shower chairs, wheelchairs, gurneys, commodes, lifts, walkers) cleaning, inventory and doing residents' personal laundry. Health Worker I positions will be used to transport residents, equipment, and supplies throughout the new facility, and also provide escort and coach services for residents; currently the hospital is spending a total of 15 FTEs in OT hours for escorting or coaching (sitters). The Central Supply Tech will stock all supplies on nursing units.

Health Commission Budget Principle: Substitution of less expensive service.**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

This initiative will impact all 760 skilled nursing patients at LHH. The change in staffing will support the hospital's goal of providing a more social environment for the resident by providing social dining and support similar to in-home support services as they would receive in the community. The addition of the IS Administration II position will ensure that information technology new and current systems in the new building will be integrated, implemented and maintained.

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

This initiative will reduce salaries and fringe expenses by \$9,962 in FY08-09, \$178,534 in FY09-10, and \$228,084 in subsequent fiscal years.

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

Increase by 2.17 FTEs in FY08-09, 24.38 FTEs in FY09-10, which equates to 32.5 FTEs annually.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Nursing Skill Mix Change

Sources:	FY 2008-09	FY 2009-10	Ongoing/Annualized
	\$ -	\$ -	\$ -
Subtotal Sources	-	-	-
Uses:			
Salaries and Fringes	\$ (9,962)	\$ (178,534)	\$ (228,084)
Subtotal Uses	(9,962)	(178,534)	(228,084)
Net General Fund Subsidy Required (Uses less Sources)	\$ (9,962)	\$ (178,534)	\$ (228,084)
Total FTE's	2.17	26.00	32.50

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

Class	Title	FTE's	FTE's	FTE's
2320	Registered Nurse	(2.50)	(13.13)	(15.00)
2312	Licensed Vocational Nurse	4.33	16.00	17.00
2390	Central Supply Technician	0.33	1.00	1.00
1428	Unit Clerk	-	0.38	0.50
2302	Nursing Assistant	-	(13.50)	(18.00)
2583	Home Health Aide	-	27.75	37.00
2585	Health Worker I	-	7.50	10.00
		2.17	26.00	32.50

		Salaries and Fringes	Salaries and Fringes	Salaries and Fringes
2320	Registered Nurse	\$ (318,845)	\$ (1,673,936)	\$ (1,913,070)
2312	Licensed Vocational Nurse	289,666	1,069,536	1,136,382
2390	Central Supply Technician	21,632	64,896	64,896
1428	Unit Clerk	-	21,743	28,990
2302	Nursing Assistant	-	(838,188)	(1,117,584)
2583	Home Health Aide	-	1,121,211	1,494,948
2585	Health Worker I	-	364,065	485,420
		(7,547)	129,326	179,982
	Fringe (32 %)	(2,415)	41,384	57,594
		\$ (9,962)	\$ 170,711	\$ 237,576
OVERM	OVERTIME - MISCELLANEOUS	-	(349,245)	(465,660)
		(9,962)	(178,534)	(228,084)

Operating Expenses

Index Code Character/Subobject Code

\$ -

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

2009-2010 Program Change Request

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: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Roland Pickens 206-3528

PROGRAM / INITIATIVE TITLE: **Cancer Health Education Reduction**GENERAL FUND: **(\$98,806)****TARGETED CLIENTS:****PROGRAM DESCRIPTION: (Description of Program Change)**

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

Health Education services for cancer patients

JUSTIFICATION: (required by the Mayor's Office)

While this position provides important services, Health Education service components generate little or no revenue to cover costs. The Department is pursuing grant funding for this position and anticipates this position can be moved to grant funding in the fall. In this fiscal climate the department needs to focus its resources to maintain high quality health services for those in need.

Health Commission Budget Principal: In difficult budget times, the department will focus on core health services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The Department is pursuing grant funding for this position. If funding cannot be secured, cancer related health education services to 1,200 patients annually will be eliminated.

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

Decreases expenses by \$98,806 in FY0910 and \$116,242 on-going.

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

Decreases FTE's by .85 (10 months) in FY0910 and 1.0 FTE on-going.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Cancer Health Education

	FY 2009-10 (10 Months)	Ongoing (12 Months)
Sources:		
Subtotal Sources	\$ -	\$ -
Uses:		
Salaries and Fringes	\$ (98,806)	\$ (116,242)
Subtotal Uses	\$ (98,806)	\$ (116,242)
Net General Fund Subsidy Required (Uses less Sources)	\$ (98,806)	\$ (116,242)
Total FTE's	(0.85)	(1.00)

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

Class	Title	FTE's	(10 Months)
2822	Health Educator	(0.85)	(74,853)
		(0.85)	(74,853)
	Fringes (32%)		(23,953)
			(98,806)

Operating Expenses

Index Code Character/Subobject Code

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

2009-2010 Program Change Request

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: Primary Care

PROGRAM CONTACT NAME/PHONE: Marcellina A. Ogbu, 255-3524

PROGRAM / INITIATIVE TITLE: **Reorganization of Special Programs for Youth (SPY)**GENERAL FUND: **(\$746,016)**

TARGETED CLIENTS: Youth at Juvenile Justice Center (also know as Youth Guidance Center)

PROGRAM DESCRIPTION: (Description of Program Change)

Special Programs for Youth (SPY) provides both Primary care and behavioral health services for youths in the SF Juvenile Justice system at YGC. In 07/08, they were 1,300 unduplicated clients and 4,300 visits to SPY.

Reorganization of SPY services will be achieved through reductions in staffing: 1FTE 2233 (Medical Director), 0.5FTE 2328 (NP), 1 FTE vacant 2574 (Clinical Psychologist), 2.0 FTE 2320 (RN)*, resulting in changes in staffing mix, integration of the on-call system and improved collaboration with the Juvenile Justice program.

Specifically, the reorganization will involve the conversion of the Medical Director's position (2233) to a 0.5 FTE 2230 Physician Specialist who will report directly to the Director of Community Oriented Primary Care (COPC). The National Commission on Correctional Health Care {NCCHC (Summer 2002)} standard for Medical provider coverage is 3.5 hours per week per 100 inmates. The average number of inmates at YGC is about 120. The current proposal will maintain 20 hours of physician coverage plus 1.5 FTE Nurse Practitioner time (60 hours). A SPY/YGC budgeted Nurse Manager position that is currently not utilized by YGC will be hired and will be responsible for daily clinical operations. There will also be better integration between Primary Care and Behavioral Health.

*This reduction still maintains Nursing hours set by collective bargaining agreement.

Health Commission Budget Principle: Department will identify efficiencies in the management and administration of its programs to focus funding on direct services.

JUSTIFICATION: (required by the Mayor's Office)

The goals of the proposed reorganization are to improve service delivery, integration of behavioral health services and Primary Care, and efficiency, while being cognizant of the need to provide high quality, safe and responsive services to youths in detention.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

There is no expected reduction in services, hence no impact on the number of clients served.

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

Will result in a general funds savings of \$746,016, No impact to revenue.

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

Decrease of 4.10FTEs

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

Initiative: Youth Guidance Center

	FY 2009-10 (12 months)	Ongoing
Sources:	-	-
	-	-
Subtotal Sources	\$ -	\$ -
Uses:		
Operating Expenses	\$ (746,016)	\$ (746,016)
Subtotal Uses	(746,016)	(746,016)
Net General Fund Subsidy Required (Uses less Sources)	\$ (746,016)	\$ (746,016)
Total FTE's	(4.10)	(4.10)

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

Class	Title	FTE's	
2233	Supervising Physician	(1.00)	(196,924)
2328	Nurse Practitioner	(0.50)	(85,132)
2574	Clinical Psychologist (vacant)	(1.00)	(95,368)
2320	Registered Nurse	(2.00)	(255,076)
2322	Head Nurse	(0.10)	(17,711)
2230	Physician Specialist	0.50	85,047
			(565,164)
	Fringe (32%)		(180,852)
		(4.10)	\$ (746,016)

Operating Expenses

Index Code Character/Subobject Code

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

2009-2010 Program Change Request

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: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: **Marc Trotz, 554-2565**

PROGRAM / INITIATIVE TITLE: 100 Unit Reduction of Stabilization Housing

GENERAL FUND: (\$750,000)

TARGETED CLIENTS: Homeless People

PROGRAM DESCRIPTION: (Description of Program Change)

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

Stabilization housing is used by the SFHOT to provide a short-term placement for homeless people they have engaged on the street. Clients stay in these privately owned SRO rooms for an average of seven months. During that period of time, SFHOT case managers work with clients to secure longer-term housing.

JUSTIFICATION: (required by the Mayor's Office)

Over the last five years, the Stabilization Housing program expanded from 50 units to over 300 units and from an annual budget of \$450,000 to over \$2.3 million. This proposal represents a scaling back of 100 stabilization units due to the budget crisis. The Department will phase these units out gradually and SFHOT will work with clients to secure alternative placements. Should funding become available for this type of housing in the future, these privately owned SRO units are readily available in the housing market.

Health Commission Budget Principle: These services can be readily increased when additional resources become available.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

100 clients at any one time

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

General fund will be reduced by \$750,000 in FY 09/10

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

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: 100 Unit Reduction of Stabilization Housing

	FY 2009-10	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Contractual Services	\$ (750,000)	\$ (750,000)
Subtotal Uses	(750,000)	(750,000)
Net General Fund Subsidy Required (Uses less Sources)	\$ (750,000)	\$ (750,000)
Total FTE's		

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

Class Title FTE's

		0.00	-
	Fringe (32%)		-
Index Code		\$	-

Operating Expenses

Index Code	Character/Subobject Code		
HCHSHHOUSGGF	021/02700	\$ (750,000)	\$ (750,000)

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

2009-2010 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

DPH SECTION: Laguna Honda Hospital

PROGRAM CONTACT NAME/PHONE: Gregg Sass

PROGRAM / INITIATIVE TITLE: Reduction in LHH Rebuild Contingency Reserve

GENERAL FUND: \$9,000,000

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

As the LHH rebuild project nears completion, we are reducing the reserve for contingencies by 50% from \$18 million to \$9 million.

JUSTIFICATION: (required by the Mayor's Office)

The rebuild budget is sufficient to complete the project such that the contingency reserve can be safely reduced.

Health Commission Budget Principle: The Department will not propose budget reductions that would jeopardize licensure and accreditation of our hospitals. The Department will continue to fulfill its legally mandated functions, although we may recommend cuts to fulfill this mandate at lower expenses.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Budgeted capital project expenses are reduced \$9 million.

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

none

INITIATIVE TITLE: Reduction in LHH Rebuild Contingency Reserve

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

Operating Expenses

HLHLZZZK931G	\$	(9,000,000)
--------------	----	-------------

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

2008-2009 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: AIDS Office - HIV Prevention

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

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

GENERAL FUND: FY 08-09 Reduction \$11,040, FY 09-10 Reduction \$278,009. Total savings: **\$289,040**

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

PROGRAM DESCRIPTION: (Description of Program Change)

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

A total of \$278,009 will be reduced from the HIV Prevention budget through the following proposals:

1. Eliminate a staff position on General Fund – \$72,039
2. The following contracts will be removed from General Funds and placed on HIV Prevention grant funds:
 - Asian and Pacific Islander Wellness Center-Health Education and Risk Reduction-\$ 205,970
3. Eliminate staff positions on grant funding - \$205,970 to accommodate GF contract.

JUSTIFICATION: (required by the Mayor's Office)

Internal staff position reductions involve data entry and administrative staff who do not provide direct services to clients.

Health Commission Budget Principle: Department will identify efficiencies in the management and administration of its programs to focus funding on direct services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

(\$278,009) General Fund Reduction.

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

Decrease of 1.0 FTE in GF and 1.3 FTE in Grants

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: AIDS Office - HIV Prevention Programs

	FY 2008-09	FY 2009-10	On-going
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Salaries and Fringes (HCHPDEPIEVGF)	\$ 11,040	\$ 72,039	\$ 72,039
027 Professional Services	\$ -	\$ 205,970	\$ 205,970
		\$ -	\$ -
Subtotal Uses	\$ 11,040	\$ 278,009	\$ 278,009
Net General Fund Subsidy Required (Uses less Sources)	\$ 11,040	\$ 278,009	\$ 278,009
Total FTE's	(0.16)	(2.30)	(2.30)

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

Class	Title	FTE's		
1FTE	Positon Elimination	\$ 8,364	\$ 54,575	\$ 54,575
		\$ -	\$ -	\$ -
			\$ 54,575	\$ 54,575
	Fringe (32%)	\$ 2,676	\$ 17,464	\$ 17,464
		\$ 11,040	\$ 72,039	\$ 72,039
Operating Expenses				
Index Code	Character/Subobject Code			
HCHPDAIDPRGF	027 Professional Services	\$ -	\$ 205,970	\$ 205,970
HCHPDEPIEVGF	001/013 Salaries & Fringes	\$ 11,040	\$ 72,039	\$ 72,039
			\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ 11,040	\$ 278,009	\$ 278,009

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

Initiative Number F23
(Leave blank)

2009-2010 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS- Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS- Substance Abuse |
| <input type="checkbox"/> Jail Health | <input 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: Health Prevention FTE Reductions in Civil Service

AMOUNT: \$155,778

TARGETED CLIENTS: Children and adults with or at-risk of chronic disease and risk of chronic disease, residents of the BV HP district. No direct services.

PROGRAM DESCRIPTION: (Description of Program Change:) A reduction of one Clinical Pharmacist (2454), amounting to .8 fte in the Health Promotion and Prevention unit. This position is not usually tasked with health education functions and activities.

JUSTIFICATION: (required by the Mayor's Office)

This position provides data, links to research and literature, and linkage to an Epidemiologist in other Sections. These are not essential to the mission of the Department as redefined during the 08-09 and 09-10 budget processes.

Health Commission Budget Principle: In difficult budget times, the department will focus on core health services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No clients served. Vital Public health data and epidemiological analysis may be reduced, but no direct services will be affected.

EXPENSE AND REVENUE IMPACT

Reduction of salary/benefits expenditures of \$155,778.

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

Reduction in .8 fte and one position.

6.62

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Health Prevention FTE Reductions in Civil Service

		FY 2009-10	Ongoing
Sources:			
	General Fund	-	-
Subtotal Sources		-	-
Uses:			
	Reduction in Salaries (001)	\$ (118,014)	\$ (118,014)
	Reduction in Fringes (013)	(37,764)	(37,764)
		-	-
Subtotal Uses		(155,778)	(155,778)
Net General Fund Subsidy Required (Uses less Sources)		\$ (155,778)	\$ (155,778)
Total FTE's		(0.8)	(0.8)

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

Budgeted Class/Actual Class	Title	FTE's	
2454/2454	Clinical Pharmacist	(0.80)	(118,014) HCHPVADMINGF
	Subtotal Salaries		(118,014)
	Fringe (32%)		(37,764)
	Total	(0.80)	(155,778)

Operating Expenses

Index Code	Character/Subobject Code	
HCHPVADMINGF	001/013	- \$ -

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

2009-2010 Program Change Request

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: Community Behavioral Health Services – Substance Abuse

PROGRAM CONTACT NAME/PHONE: **Bob Cabaj, 255-3447**PROGRAM / INITIATIVE TITLE: **CBHS Administrative Position Deletions and Substitutions**GENERAL FUND: **\$1,571,273 FY 09_10 General Fund Savings**

TARGETED CLIENTS: Adults with behavioral health disorders

PROGRAM DESCRIPTION: (Description of Program Change)

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

CBHS proposes to have 11.75 FTE positions currently funded by General Fund backfilled by Mental Health Service Act (MHSA) funds.

The following position substitutions would be effective July 1, 2009:

- 1.0 FTE Management Assistant, Class 1842
- 1.0 FTE Clinical Psychologist, Class 2574
- 1.0 Epidemiologist II, Class 2803
- 1.0 Nurse Practitioner, Class 2328
- .75 Sr. Physician Specialist, Class 2232
- 3.0 Registered Nurse, Class 2320
- 1.0 Rehabilitation Counselor, Class 2566
- 1.0 Clinical Psychologist, Class 2574
- 1.0 Marriage, Family, Child Counselor, Class 2931
- 1.0 Psychiatric Social Worker, Class 2930

JUSTIFICATION: (required by the Mayor's Office)

To help address the City's severe budget crisis, CBHS will backfill the above-noted General Fund-supported positions with MHSA funding and restructure affected staffs' responsibilities to provide MHSA sanctioned services.

Health Commission Principle: Department will maximize revenues.**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

There will be no impact on the number of clients served.

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

General Fund Savings FY09_10 to Object 001 \$1,190,358

General Fund Savings FY09_10 to Object 013 \$380,915

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

The following positions, formerly funded by General Fund, will be funded by HMHMPROP63:

1.0 FTE Management Assistant, Class 1842

1.0 FTE Clinical Psychologist, Class 2574

1.0 Epidemiologist II, Class 2803

1.0 Nurse Practitioner, Class 2328

.75 Sr. Physician Specialist, Class 2232

3.0 Registered Nurse, Class 2320

1.0 Rehabilitation Counselor, Class 2566

1.0 Clinical Psychologist, Class 2574

1.0 Marriage, Family, Child Counselor, Class 2931

1.0 Psychiatric Social Worker, Class 2930

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Additional GF Positions Backfilled by MHSA Funding

	FY2008-09	FY 2009-10	Ongoing
Sources:			
			\$ -
			\$ -
Subtotal Sources		-	-
Uses:			
Salaries and Fringes		(1,571,273)	(1,571,273)
027 Professional Services		-	-
Subtotal Uses		(1,571,273)	(1,571,273)
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ (1,571,273)	\$ (1,571,273)
Total FTE's	0.0	0.0	0.0

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

Class	Title		FTE's	
1842	Management Assistance	HMHMCC730515	(1.00)	(70,902)
2574	Clinical Psychologist	HMHMCB731943	(1.00)	(95,368)
2803	Epidemiologist II	MHMHSCCRES227	(1.00)	(96,564)
2328	Nurse Practitioner	HMHMCC730515	(1.00)	(144,352)
2320	Registered Nurse	HCHPDSTDSVGF	(2.00)	(211,952)
2320	Registered Nurse	HCHPDTBCTLGF	(1.00)	(105,976)
2566	Rehabilitation Counselor	HCHPDTSDSVGF	(1.00)	(72,800)
2232	Physician Specialist	HMHMCC730515	(0.75)	(132,288)
2574	Clinical Psychologist	HMHMCB731943	(1.00)	(95,368)
2931	Marriage, Family, Child Counslor	HMHMCB731943	(1.00)	(82,394)
2930	Psychiatric Social Worker	HMHMCP751594	(1.00)	(82,394)
				-
				(1,190,358)
	Fringe (32%)			(380,915)
				\$ (1,571,273)

Operating Expenses

Index Code Character/Subobject Code

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

2009-2010 Program Change Request

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: Laguna Honda Hospital (LHH)

PROGRAM CONTACT NAME/PHONE: John Kanaley / 759-2363

PROGRAM / INITIATIVE TITLE: LHH New Facility Structural Fix

GENERAL FUND: \$1,969,069

TARGETED CLIENTS: All LHH Residents

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative seeks funding to pay for the additional labor and operating expenses when move into the new Replacement Facility. The Operating Adjustment initiative in FY08-09 budget only addressed on the bed reduction from 935 to 780 in order to fit the capacity of the new facility. This initiative will further address on the change of facility size in square footage, additional infrastructure changes, and other related changes in operation.

JUSTIFICATION: (required by the Mayor's Office)

The Facilities group is taking over a new 550,000 sq. ft. hospital, with planted gardens, park, petting zoo, while keeping the existing buildings and grounds maintained. Not only the increase in maintenance areas, the increased complexity of the operational systems such as Security, Fire, Multiple Asset data bases, contracting out specialty services, will all require more labor to maintain them for licensing requirements. There will also be increase in cleanable square footage of resident rooms, clinic and diagnostic areas, offices and common areas that require to be cleaned and sanitized on daily basis. New cleaning standards for semi-private resident rooms and social dining areas will require additional staff to maintain Title 22 & CDC patient care standards for cleanliness and sanitation.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

All 780 residents at Laguna Honda Hospital, all their visitors, and 1200 staff.

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

The expense increase of \$1,969,069 in the fiscal year is due to transitioning into a brand new facility, operating/maintaining 2 Hospitals simultaneously during transition, and then operating/maintaining 1 Hospital with its increased costs due to the increased size and complexity. The costs associated are not covered by the transition budget.

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

This initiative adds 5.83 FTE to the LHH workforce during the first fiscal year which annualizes to 14.00 FTE in subsequent years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH New Facility Structural Fix

	FY 2009-10	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 388,431	\$ 932,234
Non-Personnel Services	463,833	702,250
Services of Other Departments	1,116,805	2,680,332
Subtotal Uses	1,969,069	4,314,816
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,969,069	\$ 4,314,816
Total FTE's	5.83	14.00

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

Class	Title	FTE's	
2740	Porter Supervisor I	0.42	25,263
2736	Porter	4.17	208,325
2585	Health Worker I	1.25	60,678
			294,266
	Fringe (32 %)		94,165
			\$ 388,431

Operating Expenses

Index Code	Character/Subobject Code		
HLH448688	021 / 02911 Equipment & SW Maintenance	MIS (eff. Oct-09)	\$ -
HLH449470	021 / 02899 Other Bldg Maint Svcs	BMS (Nov-09)	\$ 91,500
HLH449470	021 / 02899 Other Bldg Maint Svcs	Elevator (Nov-09)	66,667
HLH449470	021 / 02811 Security	Fire Security (Nov-09)	165,333
HLH449470	021 / 02941 Medical Equip Maint	Beds (Nov-09)	127,333
HLH449470	021 / 03599 Other current Expenses	Cable TV (Jan-10)	13,000
	021 Sub-Total		\$ 463,833
HLH449470	081 / 081UL GF-PUC-Light Heat & Power	per PUC's estimate (Feb-1	\$ 1,029,305
HLH449470	081 / 081UW EF-PUC-Water	40% sq ft increase (Feb-10)	20,833
HLH449470	081 / 081W1 PUC Sewer Service Charges	40% sq ft increase (Feb-10)	66,667
	081 Sub-Total		\$ 1,116,805

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

6-68

Initiative Number G2

(Leave blank)

2009-2010 Program Change Request

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: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: **Marc Trotz, 554-2565**

PROGRAM / INITIATIVE TITLE: New Permanent Supportive Housing at 149 Mason Street

GENERAL FUND: \$268,799

TARGETED CLIENTS: Chronically Homeless People

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Health Department and the Human Services Agency are partners with the Mayor's Office of Housing and the San Francisco Redevelopment Agency on many new projects that are in the affordable housing development "pipeline". One of those projects, that typically take 3-5 years to develop and open, will be ready for occupancy in January 2010. Housing and Urban Health, on behalf of DPH, has negotiated that all 56 units in this new construction project developed by Glide Economic Development Corporation (GEDC) will be housing chronically homeless people with special needs. GEDC is the development arm of Glide and the new site at 149 Mason will be next to the two other Glide housing sites, adjacent to Union Square. The Health Department will manage access into these beautiful new accessible studio units and will focus on persons who have been living on the street, revolving through high cost setting, and persons being discharged from higher levels of care. The funds included in this request will cover first year start-up costs and operating subsidies only for 56 households.

JUSTIFICATION: (required by the Mayor's Office)

This development is part of a long-range partnership between the City's housing capital agencies (MOH and SFRA) and the Health Department. Millions of local capital dollars have been invested in the acquisition and construction of this development. DPH's partnership completes the funding package and, importantly, secures access to 56 much needed units for the Health Department's most disabled and costly clients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This request will create 56 new permanent housing units for homeless adults with special needs.

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

General Fund would increase by \$268,799 in FY09/10.

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

N/A

6.69

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Mason Street Housing Funding

	FY 2009-10	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's		

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

Class	Title	FTE's
-------	-------	-------

	0.00	-
Fringe (32%)		-
Index Code	\$	-

Operating Expenses

Index Code	Character/Subobject Code	
HCHSHHOUSGGF	021/02700	\$ 268,799

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

2009-2010 Program Change Request**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: Central Administration

PROGRAM CONTACT NAME/PHONE: **David Counter (Phone # 255-3575)**PROGRAM / INITIATIVE TITLE: **DPH Information Technology Operating Expenses Increase.**GENERAL FUND: **\$777,583**

TARGETED CLIENTS: Community Health Network and Community Health Services

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative is proposed in order to address increasing technical operations support needs for Information Technology support in key areas of the Community Health Network and Community Health Services. Community Health Network is undergoing significant growth in Information Technology needs at San Francisco General Hospital, Laguna Honda Hospital and Primary Care. These needs have been addressed through a re-deployment of existing staff to prioritized areas. Demands on this existing staff complement are projected to significantly increase in FY 09-10 due to the activation of the new Laguna Honda Hospital facility and expansion of clinical, fiscal and administrative services. An increase in staffing levels (6 FTE) along with corresponding increases in Professional Services, Materials and Supplies and Maintenance are proposed to proactively address these emerging needs. Community Health Services is being impacted by State of California mandated changes in billing requirements relating to Short- Doyle Medical as well as increases in operational contract to current clinical and fiscal operations Information Technology vendors. Increases in these vendor contracts are proposed to address these operational adjustments in the amount of \$169,177.

JUSTIFICATION: (required by the Mayor's Office)

Community Health Network staffing increases (6 FTE) are proposed to support increased system and network capability demands. Laguna Honda Hospital is projected to install a significant, mission- critical data network in early FY 09-10 with a corresponding increase of 500 workstations, printers and wireless devices at the new facility. San Francisco General Hospital and Primary Care will continue to expand technical services demands in the areas of Telemedicine, Data Network Expansion, Desk-Top devices and clinical treatment services area automation. Professional services will be required to assist existing staff with the implementation of the new technology and Operating Expenses increases will be required to keep pace with the evolving technical infrastructure development. Community Health Services Information Technology vendor contractor increases are required to address service contract adjustments for continued operation of critical fiscal and clinical applications. It is anticipated that significant application programming enhancements will be required for the current Behavioral Health Billing system in order to accommodate State of CA. mandates changes to Short -Doyle Medi-Cal. The Behavioral Health Patient Billing system support the generation of over \$150,000,000 in annual patient care revenue, and must be maintained at required State and Federal Patient Accounting reimbursement and audit regulatory compliance levels.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The initiative is anticipated to impact both staff and patient providing services in the Community Health Network and Community Health Services.

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

\$337,566 staffing and \$440,017 operating budget FY 09-10, total of \$777,583 increase in General Fund support required, which annualizes to \$ 1,629,350 in subsequent years.

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

Increase of 2.50 FTEs in the first fiscal year, which annualized to 6.0 FTEs in subsequent years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: DPH information Technology Operating Expenses Increases.

		FY 2009-10	Ongoing/Annualized
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
	Salaries and Fringes	\$ 337,566	\$ 810,158
	Operating Expenses	\$ 440,017	\$ 819,192
		-	-
		-	-
Subtotal Uses		777,583	1,629,350
Net General Fund Subsidy Required (Uses less Sources)		\$ 777,583	\$ 1,629,350
Total FTE's		2.5	6.0

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

Class	Title	FTE's	
1022	IS Administrator II	1.25	\$ 102,765
1041	IS Engineer Assistant	0.42	42,261
1044	IS Engineer Principal	0.42	60,093
1054	IS Business Analyst Principal	0.42	50,613
			<u>255,732</u>
	Fringe (32 %)		81,834
			<u>\$ 337,566</u>

Operating Expenses

Index Code	Character/Subobject Code	
HLH448688	02761/Professional Services	\$ 78,333
HLH448688	02911/ Equipment & SW Maintenance	\$ 125,000
HLH448688	04921/ M& S	\$ 67,506
HMHMHMISPHGF	021/02900 Maintenance	\$ 169,177
		<u>\$ 440,016</u>

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

Initiative Number G4
(Leave blank)

2009-2010 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☒ Primary Care
☒ Jail Health
☐ Health At Home

- ☒ Public Health
☐ CBHS - Mental Health
☐ BHS - Substance Abuse
☐

DPH SECTION: Community Health Network and Community Health Services

PROGRAM CONTACT NAME/PHONE: **David Counter (Phone # 255-3575)**

PROGRAM / INITIATIVE TITLE: **Ambulatory Care Electronic Medical Record (EMR)**

GENERAL FUND: **\$6,000,000 / One Time; \$2,000,000 / On-Going**

TARGETED CLIENTS: San Francisco General Hospital and Community Primary Care Clinics

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative pertains to the acquisition and implementation of an Electronic Medical Record (EMR) at Hospital and Community based Primary Care and specialty clinics. The EMR system will provide a cohesive information systems infrastructure for Ambulatory patient care services including Clinical Documentation; Progress Notes; Electronic Medication Ordering (e Prescribing) and integration with other Key departmental clinical and financial systems. The initiative anticipates project cost estimates as \$ 6,000,000 for one-time expenses required to bring the system to full production status in all appropriate areas and \$2,000,000 in annual support fees once the system is fully implemented. Estimated project costs include required system and network computer hardware as well as software license fees and vendor professional services required to assist Department Information Technology staff in the initial implementation work effort and transition to on-going support of the system.

JUSTIFICATION: (required by the Mayor's Office)

In previous fiscal years, the Director of Health and the Integration Steering Committee have identified the project to acquire and implement an Ambulatory Electronic Medical Record as a top priority for the Information Technology team. A Request for Proposal (RFP) was published in October, 2008, and initial vendor selection activities are now underway. The Clinical Leadership team of the Department has identified several key benefits associated with Electronic Medical Records relating to clinical patient care services, regulatory compliance and positive fiscal impacts. As a supporting technology to the successful Healthy San Francisco program, an EMR will provide a seamless method to gather and share patient care data among members of a diverse clinical treatment team. The ability to access a cohesive medical record in different locations will augment the core planning activities of the clinical treatment team, and enhance patient care services at the point of treatment. The ability to check and order medications on-line (e Prescribing) is anticipated to reduce medication order and administration errors, and to provide a comprehensive listing of medications for both hospital and community based services. Integration with key departmental registration, eligibility and billing systems will provide clinical data and reporting capabilities to support reimbursement activities and patient care planning and decision support.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The initiative anticipates a positive impact on patient care services for Hospital and Community Primary Care treatment areas and specialty clinics.

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

The initiative anticipates One-Time expenses of approximately \$6,000,000 to bring the system to full production status and \$2,000,000 in annual licensing and support fees thereafter.

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

The initiative anticipates no increases or decreases in the Department's workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Ambulatory Care Electronic Medical Record (EMR).

	FY 2009-10	Ongoing/Annualized
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Operating Expenses	\$ 6,000,000	\$ 2,000,000
	-	-
	-	-
Subtotal Uses	6,000,000	2,000,000
Net General Fund Subsidy Required (Uses less Sources)	\$ 6,000,000	\$ 2,000,000
Total FTE's	0.0	0.0

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

FTE's

Operating Expenses

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