

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

Item	Div	Description	FTE's	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment
<b>COST INCREASES DUE TO INFLATION / UTILIZATION / ANNUALIZATION</b>							
A1	DPH	DPH Salary MOU / Labor Cost increase		15,988,820		15,988,820	Labor cost increases
A2	GH	SFGH underfunded Nurse Registry contract		512,000		512,000	Large increase in contracted rates due to market.
A3	JH	Jail Health underfunded salaries and fringe		565,700		565,700	Mandatory Fringe Benefits are underbudgeted and P103 budget does not reflect MOU required staffing needs.
A4	DPH	DPH Increased Pharmaceutical Costs	4.50	1,798,563	573,000	1,225,563	Increased Pharmaceutical Expenses for SFGH, LHH, Jail Health and Community Programs
A5	DPH	DPH Increased Security		412,324		412,324	Cost of needed service level above current baseline at SFGH and LHH.
A6	DPH	Program Annualizations in Housing		438,738		438,738	Annualization of the Star and Camelot Hotel Supportive Housing Programs Master Lease agreements.
A7	MH	Annualization of Therapeutic Behavioral Services for Children		250,000	237,500	12,500	DPH is currently providing these services. This increase represents an annualization of the program that began mid-year and allows us to continue to draw down State dollars. A small GF match of \$12,500 is required.
A8	GH	SFGH Dialysis		3,244,384	2,786,826	457,558	UCSF has reported operating losses and was in the process of closing the program. Allowing the program to close would increase uncertified days. Continuing the services and licensing to SFGH would facilitate patient discharge to this outpatient program.
A9	MH	Mental Health Napa State Hospital		300,000	0	300,000	300K increase in FY02-03 funded via reallocation. Anticipate equal increase in FY03-04.
<b>Subtotal - Cost Increases</b>			<b>4.50</b>	<b>23,510,529</b>	<b>3,597,326</b>	<b>19,913,203</b>	
<b>COST INCREASES DUE TO REGULATORY ENVIRONMENT</b>							
B1	GH	SFGH Nursing Ratio Title 22 Mandatory Staffing (01/01/04)	10.50	966,250	0	966,250	AB394 effective January 2004 mandates minimum nurse-to-patient staffing ratios for acute care hospitals. SFGH is in compliance with the ratios in all areas except the Emergency Department and Acute Psychiatry.
B2	DPH	DPH IS Services	0.75	288,215		288,215	To comply with SB 1875: Computerized Provider Order Entry.
<b>Subtotal - Cost Increases</b>			<b>11.25</b>	<b>1,254,465</b>	<b>0</b>	<b>1,254,465</b>	

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

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D2		Development of Sobering Center		400,000	175,000	225,000	DPH has committed to enhance medical services at McMillan Drop-In where inebriates can be placed instead of being taken to the hospital. These general funds are being matched by private hospitals. An increase of \$175,000 in revenues is expected as the payor mix will improve as more inebriated patients are diverted from SFGH.
D3	PH	Increase Supportive Housing*		3,000,000	3,000,000	0	A Notice of Funding Available (NOFA) was released by the Interagency Council for the Homeless which for the first time ever coordinates funding from three Federal Agencies ( Housing and Urban Development, Health and Human Services, and the Veteran's Administration) to address the housing and support service needs of chronic homeless people. The Department's Housing and Urban Health Program will be submitting a \$3.5 Million grant application (maximum allowable) to increase permanent housing for chronically homeless high utilizers of the public health system.
D4	MH	Mental Health Private Fee for Service Hospitals		(200,000)	(100,000)	(100,000)	Reduction of 4% of Fee for Service Hospital Budget. Reduction in services to 23 unduplicated clients and 308 units of service. Reduction is \$100k in General Fund and \$100k in Short Doyle MediCal match.
<b>Subtotal- Community Expansion</b>			<b>(180.20)</b>	<b>(4,310,425)</b>	<b>3,705,174</b>	<b>(8,015,599)</b>	
<b>FOCUS RESOURCES TO THOSE MOST IN NEED</b>							
<b>Increased Revenues</b>							
E1	GH	San Francisco General Hospital		0	8,394,944	(8,394,944)	Adjustments to baseline revenues based on current census and reimbursement rates as well as recognition of new and/or changes in on-going revenue programs.
E2	GH	SFGH Financial Services Revenue Enhancement	2.00	226,483	1,000,000	(773,518)	Establishment of a Revenue Enhancement Team consisting of two (2) auditors with experience in HealthCare revenue cycle management to review, revise and implement changes to the charge capture protocols in revenue producing departments.
E3	LH	Laguna Honda Hospital		0	1,872,560	(1,872,560)	Increase in Medi-Cal SNF per diem rate.
E4	MH	Mental Health		(15,196)	359,807	(375,003)	Adjustments to baseline revenues.
E5	PH	Public Health		108,102	527,082	(418,980)	Environmental Health \$234,500, Disease Control \$75,000; Adult Immunization Clinic \$88,102; Maternal and Child Health \$100,000. EMSA \$29,500.
<b>Subtotal- Increased Revenues</b>			<b>2.00</b>	<b>319,389</b>	<b>12,154,393</b>	<b>(11,835,005)</b>	

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<b>Administration and Operations Reductions</b>							
1	GH	SFGH Administrative and Support Services Position Deletions	(15.25)	(958,084)		(958,084)	Deletion of 15.25 FTE administrative and support positions in Medical Staff Services, Finance, Patient Finance, Quality Management, Health Information Services and Nursing Administration.
2	PH	Public Health Administration Deletions	(9.00)	(1,089,387)		(1,089,387)	Deletion of 9 administrative and support positions in Public Health Administration.
3	GH	Office of Managed Care	(14.25)	(1,989,848)	(1,130,000)	(859,848)	The SFHP has undelegated the Department and will perform MediCal managed care accounting and administrative functions in house.
4	GH	SFGH Energy Conservation Measures	1.50	(200,388)		(200,388)	Increased staffing plan to execute energy savings measures. Increases expense by adding 1.5 FTE Stationary Engineers (114,362) less savings in utility costs of \$315,000.
5	GH	SFGH Omnicell Savings		(101,000)	425,000	(526,000)	Operationalize 10 new Omnicell units to manage inventory. The Omnicell is a materials management inventory control system that enhances charge capture and reduces inventory loss.
6	PH	PH Operating Expense Reductions		(80,365)		(80,365)	Operating expense reductions in Environmental Health and Health Promotion and Prevention
7	GH	SFGH Pagers and Cell Phones		(34,000)		(34,000)	Reduce pagers and cell phones
8	LH	Eliminate LHH Laundry	(48.50)	(1,285,181)		(1,285,181)	Contract out laundry production functions that cannot be sustained at the LHH campus due to rebuild.
9	MH	Reduction to Behavioral Health Advisory Boards		(35,894)	0	(35,894)	Consolidate staffing for Behavioral Health advisory boards
<b>Subtotal Admin &amp; Operations</b>			<b>(85.50)</b>	<b>(5,774,147)</b>	<b>(705,000)</b>	<b>(5,069,147)</b>	
<b>Referral Services Reductions</b>							
1	GH	SFGH Patient Referral	(4.60)	(408,287)		(408,287)	Patients currently utilizing the SFGH Patient Referral services for information on campus activities, directions, clinic services and making appointments will be directed to SFGH O/P Clinics to make appointments and obtain advice.
2	PC	Eliminate Central City Hospitality House Contract		(567,618)		(567,618)	Central City Hospitality House contract to provide drop in services for homeless clients. Approximately 8,000 persons are served annually, receiving 59,000 total hours of outreach services.

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G3	PC	Reduce and Consolidate Outreach Services to Homeless	(3.00)	(244,884)		(244,884)	Consolidate HOPE (medical outreach) and MOST (mental health case management and mental health services) programs and reduce 2.0 2920 Medical Social Workers and 1.0 2587 HWill as a result.
G4	MH	Progress Foundation Outreach Services		(393,701)	(10,000)	(383,701)	Program reductions to Progress Foundation outreach services to the homeless by (\$393,701) for services to 300 unduplicated clients and 6,124 UOS.
G5	MH	Instituto Familiar De La Raza Outreach Services		(21,437)		(21,437)	Program Reductions to outreach services to the homeless provided by Instituto Familiar De La Raza \$21,437 for 180 unduplicated clientcontacts and 340 units of service.
G6	AIDS	San Francisco AIDS Foundation HIV/AIDS Hotline Services		(138,172)		(138,172)	Reduce San Francisco AIDS Foundation / Hotline - 24,000 calls per year for residents of the San Francisco and 54 evaluation hours.
G7	HUH	Tenderloin Housing Clinic - Tenderloin SRO Collaborative		(59,310)	0	(59,310)	Program provides education and advocacy services to residents & owners of SROs. These funds have been prioritized and redirected to fund increased costs and annualization of programs that provided supportive housing.
G8	HUH	Chinatown Community Development Corp SRO Families Colaborative		(50,000)		(50,000)	FY02-03 addback for a project that provided informational outreach and referral services, peer outreach training and advocacy for families in SRO's. These funds have been prioritized and redirected to fund increased costs and annualization of programs that provide supportive housing.
G9	SA	Substance Abuse Pretrial Referral Unit		(68,601)		(68,601)	To preserve direct treatment capacity these screening, assessment and placement services have been eliminated.
G10	SA	Elimination of SFGH Inpatient Substance Abuse Treatment referral Team		(73,125)		(73,125)	Elimination of SFGH Inpatient Substance Abuse referral services. Referrals to substance abuse programs will be made by social workers.
		<b>Subtotal - Referral Services</b>	<b>(7.60)</b>	<b>(2,025,135)</b>	<b>(10,000)</b>	<b>(2,015,135)</b>	
		<b>STRENGTHEN AND PROMOTE PREVENTION</b>					
H1	GH	Healthy Kids - Enrollment growth		117,185	0	117,185	HealthyKids enrollment growth. Total projected growth = \$977,185. The Children and Families Commission has agreed to provide funding of \$860,000 to the SFHP for Children 0-5 with Prop 10 dollars. DPH currently funds \$3,900,000 in FY 02-03 which has been maintained for FY 03-04.
H2	PH	Increase funding in STD's for Syphillis control		150,000		150,000	Match to CDC grant increase in Disease Control/STD's for syphilis surveillance and prevention.

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		<b>Subtotal - Prevention</b>	0.00	267,185	0	267,185	
		<b>ELIMINATE / REDUCE OR REPROGRAM SERVICES</b>					
		<u>Substance Abuse</u>					
J1	SA	Discontinue Westside Youth Awareness Substance Abuse Outpatient Program		(341,761)		(341,761)	Individual and Group counseling to youth has experienced chronic underutilization and the Department and contractor agree that the program design is not efficient and should be discontinued. Resources for 2,137 UOS to 31 UDC will be reallocated to clients in the substance abuse continuum to support methadone services.
12	SA	Reduce New Leaf Substance Abuse Program		(122,194)		(122,194)	Due to underutilization the Department proposes to reduce funding by \$122,194 for this program and reallocate to fund medical detoxification and methadone services. Reduction will result in loss of outpatient services to 27 unduplicated clients for 890 UOS.
13	SA	Reduce YMCA Urban Services Huckleberry Youth Program		(36,525)		(36,525)	The reduction of these early intervention services are a result of the prioritization of direct services over outreach. Elimination of this program that provides early intervention and referral services to 700 unduplicated clients will allow the funds to be reallocated to fund detoxification and methadone treatment services.
4	SA	Reduce Potrero Hill Neighborhood House.		(44,987)		(44,987)	Program has been underutilized, therefore funding has been reallocated to fund detoxification and methadone treatment services. No impact to clients since the reduction to program is equal to the underutilization.
5	SA	Eliminate Asian American Recovery Services COPASSA		(162,833)		(162,833)	Elimination of this program prioritizes direct treatment services over outreach and referral. Asian American Recovery Services provides 8,200 Units of Service of outreach education, intervention counseling, prevention and referral.
3	SA	Eliminate Haight Ashbury Free Clinics, Inc. OSHUN		(790,744)		(790,744)	Elimination of substance abuse outpatient services to 160 unduplicated clients and reduction of prevention services to 1,950 unduplicated clients. The program design of this program has not obtained the desired outcomes as set forth in the RFP.
7	SA	Eliminate Haight Ashbury Free Clinics, Inc. Mothers Ahead Program		(332,863)		(332,863)	Elimination of this program that has been significantly underutilized for three successive years. The Moving Addicted Mothers Ahead program provides outpatient treatment and referral to 72 unduplicated clients.

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J8	SA	Eliminate Haight Ashbury Free Clinics, Inc. Mother's Ahead Program Outreach		(70,758)		(70,758)	Elimination of the perinatal outreach component of the Moving Mother's Ahead Program due to underutilization of the direct treatment component for the last three years.
J9	SA	Eliminate Walden House Continuing Care		(285,502)		(285,502)	Elimination of continuing care and case management services to clients who have completed substance abuse treatment. This program provides services to 336 unduplicated clients.
J10	SA	Eliminate Walden House Intensive Treatment Services		(329,877)		(329,877)	Elimination of funding for a small five bed facility with a high unit cost in an agency that otherwise provides cost effective residential treatment services. This program serves 40 unduplicated clients.
J11	SA	Reduction of Sheriff's Department Substance Abuse residential services program.		(256,000)		(256,000)	Residential Services to custodials of the Sheriff's Department. Number of clients impacted not available. Some of the Sheriff Department clients are eligible for Prop 36 Services.
J12	SA	Elimination of Sheriff's Department Substance Abuse Post Education Release Program		(60,000)		(60,000)	Post Education release services are less critical than the preservation of direct treatment services. Data on services to clients not available.
J13	SA	Reduce funding to the Sheriff's Department Substance Abuse Roads to Recovery Program		(100,000)		(100,000)	Education services are less critical than the preservation of direct treatment services. Data on services to clients not available.
J14	SA	Redwood Center Residential beds to be paid for by DHS			275,000	(275,000)	As part of the plan to shelter all clients on county general assistance DHS will require beds for substance abuse residential placement.
J15	SA	Reallocate funding to preserve and increase Methadone Services		272,636		272,636	Increased funding for the preservation and creation of Methadone services. This funding will preserve 78 slots and an equivalent 20,280 units of service and will create 31 new methadone slots and the equivalent of 11,315 units of service.
J16	SA	Eliminate Ozanam Medically Supported Detox		(563,722)		(563,722)	Proposed redesign of treatment model from medical detoxification to a less costly social detoxification model. Redesign of this program will not result in the loss of services to the 243 unduplicated clients for 3,655 units of service.
J17	SA	Baker Places Medically Managed Detox.		450,000		450,000	Increased funding for 143 slots and an equivalent 1,813 units of service for medically managed detox services.
		<b>Subtotal Substance Abuse</b>	<b>0.00</b>	<b>(2,775,130)</b>	<b>275,000</b>	<b>(3,050,130)</b>	
		<b>Mental Health</b>					

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K1	MH	Reduce Family Service Agency Mental Health Day Treatment Services		(386,846)	(70,298)	(316,548)	CMHS Reduction to the Day Treatment budget for adult and older adult programs. Reduction in services to 121 unduplicated clients and 7,947 units of service. Reduction to CSAS specialized older adult recovery program. Creation of new integrated socialization program. It is expected that many of the clients from the former programs will transition into the new program.
2	MH	Eliminate Richmond Area Multi Service Center Mental Health Day Treatment.		(61,930)	(26,780)	(35,150)	Reduction to the Day Treatment budget for adult and older adult programs. Reduction in services to 27 unduplicated clients and 340 units of service.
3		Bayview Hunter's Point Thunderseed Program		(744,587)	(297,109)	(447,478)	Reduction of services at the Bayview Thunderseed Day Treatment Program will result in the loss of services for 40 unduplicated clients. Day Treatment services are more expensive than outpatient services and serve fewer clients than other treatment modalities. Clients will be transitioned to less costly outpatient programs or to intensive case management.
4	MH	Baker Places Robertson Place Day Treatment		(349,296)	(128,422)	(220,874)	Reduction of services Robertson Place Day Treatment will result in the loss of services for 71 unduplicated clients. Day Treatment services are more expensive than outpatient services and serve fewer clients than other treatment modalities. The impact of the reduction is contained to the clients enrolled in the Residential program.
5	MH	Reduce Conard House Transitional Residential Treatment		(13,183)	200,000	(213,183)	Reprogramming Conard House-Jackson Res Tx. Program from a 24 bed home to a 16 bed home to enable this program to claim MediCal to offset expenses.
6	MH	PPN Outpatient		(200,000)		(200,000)	Reduction of 5% of Private Provider Network budget. Reduction in services to 197 unduplicated clients and 2,187 units (hours) of service. Reduction is 100% General Fund.
7	MH	Reallocations and increases in targeted Mental Health programs		300,000	150,000	150,000	Increased funding for intensive case management to support client transitions from long term care facilities to community placements for 80 clients.
		<b>Subtotal - Mental Health</b>	<b>0.00</b>	<b>(1,455,842)</b>	<b>(172,609)</b>	<b>(1,283,233)</b>	
		<b>Other Eliminations / Reductions or Reprogramming</b>					



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L1	GH	Change eligibility requirements for outpatient medications to persons less than 300% of poverty.		(950,000)		(950,000)	California counties are required to provide medical services on a sliding scale basis under State Welfare and Institution Code Section 17000. However, counties are not required to provide these services to patients who are not indigent. The Department will change it's fee structure to exclude outpatient pharmacy benefits for those greater than 300% of the federal poverty level.
L2	GH	Interpreter Services	(7.50)	(474,671)		(474,671)	Reduce interpreter services staff at SFGH by 50%. Less interpreter staff would result in greater reliance on external resources such as AT&T language line and reduced number of languages for which in-house service is provided.
L3	PC	Reduction of Dental Program	(7.24)	(791,357)	(455,948)	(335,409)	Elimination of the Adult Dental program: 3.64 2210 Dentist and .5 2204 Dental Hygienist and 3.10 Dental Aides.
L4	HUH	Reduction to Ark House Contract-Ark of Refuge		(335,393)	0	(335,393)	Reduce program from 15 beds to 9 beds and provide less intensive services.
L5	AIDS	Reduction to Emotional Support		(383,179)	0	(383,179)	SF AIDS Foundation subcontract to the AIDS Health Project for Emotional & Practical Support Services to 900 unduplicated clients for 7056 hours of services and 128 evaluation hours.
L6	AIDS	Reduction to Emotional & Practical Support		(401,811)	0	(401,811)	Shanti / Peer & Practical Support Services for 600 unduplicated clients for 34,800 UOS (includes UOS by volunteers)
L7	PC	Bayview Adult Day Health Center		(55,554)		(55,554)	The GF Subsidy to the Bayview Adult Day Health Center program will be eliminated, The contract funds enhanced staffing (1 FTE) to provide services to an estimated 150 clients within the existing program.
L8	PC	Elimination of California Acupuncture Services		(40,000)		(40,000)	Prioritize Primary Care visits over complementary services: California Accupuncture Services contract to 80 clients and 300 units of service will be eliminated.
L9	GH	Taxi Vouchers		(25,000)		(25,000)	Reduction in budgeted taxi vouchers distributed to patients.
L10	PC	Reduction of Support Staff at Health Centers	(6.00)	(433,325)	0	(433,325)	Reduction of support staff at Health Centers: 2.0 2908 Elig. Worker, 1.0 2430 Med Eval Asst., 2.0 2587 HWill and 1.0 2922 Sr. Med. SW.
L11	HAH	Reduce Home Health Aides	(5.00)	(221,000)	(34,000)	(187,000)	Delete 3.0 vacant home health aides and layoff 2.0 home health aides.
L12	LHH	Delete Increased Nursing Model	(6.29)	(525,919)		(525,919)	Laguna Honda increased Nursing standards addback deleted.
L13	MCH	Adjust staffing levels		(125,000)	0	(125,000)	Increase salary savings due to many vacant positions.

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L14	JH	Close CJ #7	(12.60)	(1,346,351)		(1,346,351)	Closing of CJ #7 Eliminates the need for 2.0 FTE LVN's and 10.6 FTE RN's. Staff will be reassigned to 6.4 existing vacancies in the Jail Health system as well as SFGH/LHH and PC.
		<b>Subtotal - Other Eliminations</b>	<b>(44.63)</b>	<b>(6,108,560)</b>	<b>(489,948)</b>	<b>(5,618,612)</b>	
		<b>DPH - Department Wide</b>		<b>0</b>	<b>0</b>	<b>(2,000,000)</b>	Rollover of FY 02-03 savings from hiring freeze.
<b>Total</b>	<b>Total</b>	<b>Department Wide</b>	<b>(290.98)</b>	<b>(4,575,461)</b>	<b>20,063,705</b>	<b>(17,488,245)</b>	<b>GF Target = (17,485,847) includes \$80K reduction required for transfer to Animal Care</b>