

2005-2006 Program Change Request
CONTINGENCY

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services (CBHS)
PROGRAM CONTACT NAME/PHONE: Bob Cabaj, 255-3401
PROGRAM / INITIATIVE TITLE: **UC Crisis Resolution Team (CRT)**
GENERAL FUND: (\$236,222)

TARGETED CLIENTS: Client referred from SFGH for case management prior to discharge

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Crisis Resolution Team is a short-term extended brokerage case management program based at Psychiatric Emergency Services (PES) in San Francisco General Hospital (SFGH). The goal of the program is to link clients referred from PES and SFGH inpatient units with up to 60 days of case management to ensure a successful linkage to a community based placement. The CRT program has two components: (1) a component funded by the City (SFGH), and (2) a contract for CRT services funded by CBHS. The proposal would eliminate the CRT contract with CBHS.

JUSTIFICATION: (required by the Mayor's Office)

While this program is a valuable component in creating successful transitions out of SFGH and into the community, due to the budget shortfall the Department has selected this program for the following reasons: (1) Some capacity will be retained within the City component of the service, and (2) With the development and enhancement of the Community Programs Placement Unit, which also links people coming out of SFGH to services, and the Citywide Case Management Outpatient linkage services, the Department believes that other staff could absorb some of the UC CRT services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

On average, CRT serves approximately 37 clients per month and delivers an average of 300 units of service per month to these clients, including case management, crisis intervention, medication support and mental health services. Assuming that the Placement Team and UC Citywide Case Management, as well as the City component of CRT are able to absorb the loss of this program, the impact will be reduced, although not eliminated

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

Total Reduction: \$318,722 in Medical Services contracts – 027 (HMHMC730515) of which \$ 82,500 is the loss in revenue for a net general fund savings of \$ 236,222.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST
CONTINGENCY**

INITIATIVE TITLE: UC Crisis Resolution Team

		FY 2005-06	Ongoing
Sources:			
		\$ (82,500)	\$ (82,500)
Subtotal Sources		(82,500)	(82,500)
Uses:			
	Salaries and Fringes	\$ -	\$ -
027	Professional Services	(318,722)	(318,722)
		-	-
Subtotal Uses		(318,722)	(318,722)
Net General Fund Subsidy Required (Uses less Sources)		\$ (236,222)	\$ (236,222)
Total FTE's		0.0	0.0

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

Class	Title	FTE's	
			-
			-
			-
			\$ -
	Fringe (26.5%)		-
			\$ -
Operating Expenses			
Index Code	Character/Subobject Code		
HMHMCC730515		-	\$ (318,722)

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

**2005-2006 Program Change Request
Contingency**

DEPARTMENT NAME:

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

- Public Health
 Mental Health
 Substance Abuse

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528

PROGRAM / INITIATIVE TITLE: **Close Outpatient Dialysis**

GENERAL FUND: (\$406,732)

TARGETED CLIENTS: SFGH renal dialysis outpatients

PROGRAM DESCRIPTION: (Description of Program Change)

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

Prior to FY03/04, this program/service was licensed to and operated by UCSF, but operating losses caused them to close the program. Given the importance of the service to SFGH inpatients and the growing dialysis outpatient population, SFGH decided to continue the full service under the SFGH license and with general fund subsidy support. Now, with general fund reductions necessary, SFGH proposes to discontinue outpatient dialysis services, while retaining only inpatient dialysis services. Outpatients would be referred to other providers. The capacity of outside providers to absorb our outpatient population will require further analysis.

JUSTIFICATION: (required by the Mayor's Office)

Outpatient dialysis has operated at a loss both under the UCSF license and now under the SFGH license, so it must be subsidized by the City's general fund, which must be significantly reduced. It would be both clinically and financially impractical to discontinue inpatient dialysis services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Clients requiring these outpatient services would be referred to other providers. The SFGH outpatient dialysis service currently has 82 clients served in the dialysis center and 30 home patients. The majority of these clients are covered either by Medicare or Medi-Cal.

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

Salaries, benefits, and some non-labor expenses are funded through the UCSF contract. Pharmaceuticals and most medical supplies, equipment, lab, blood products are purchased by SFGH. If implemented, non-labor expenses will be reduced by \$3,193,559, which will be offset by a revenue loss of \$2,786,827. The resulting general fund savings in FY05/06 will be \$406,732.

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

No decrease in CCSF FTE's, as all staffing is provided under the UCSF contract.

**ATTACHMENT B
SUMMARY OF PROGRAM COST
CONTINGENCY
INITIATIVE TITLE: Close Outpatient Dialysis**

	FY 2005-06	Ongoing
Sources:		
65201 Medicare Net Revenue Loss	\$ (1,709,153)	\$ (1,709,153)
65202 Medi-cal Net Revenue Loss	(1,077,674)	(1,077,674)
Subtotal Sources	\$ (2,786,827)	\$ (2,786,827)
Uses:		
Salaries and Fringes	\$ -	\$ -
Operating Expenses	\$ (3,193,559)	\$ (3,193,559)
Fac Maint & Equipment	\$ -	\$ -
Subtotal Uses	\$ (3,193,559)	\$ (3,193,559)
Net General Fund Subsidy Required (Uses less Sources)	\$ (406,732)	\$ (406,732)
Total FTE's	0.0	0.0

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

Class	Title	FTE's
	None	-
		-
		-
	Fringe (25%)	-
		-
		-
		-

Operating Expenses (List by Character)

02786	UCSF Contract for Dialysis	\$ (2,267,581)
02786	UCSF Contract for Dialysis (I/P and Jail Only)	\$ 697,000
04499	Medical Supplies	\$ (798,674)
04441	Blood Products, Lab Supplies	\$ (111,682)
04461	Pharmaceuticals	\$ (695,495)
04451	Minor Medical Equipment	\$ (17,126)
		\$ (3,193,559)

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

None

2005-2006 Program Change Request
CONTINGECY

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 |
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| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Community Behavioral Health Services – Substance Abuse

PROGRAM CONTACT NAME/PHONE: James Stillwell – 255-3717

PROGRAM / INITIATIVE TITLE: **Reduction of Outpatient Substance Abuse Services for Special Populations**

GENERAL FUND: (\$3,044,028)

TARGETED CLIENTS: Youth, Family, Women, Women with Children, Seniors, and Monolingual Speakers

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Department proposes reducing General Fund expenditures for outpatient substance abuse services for special populations by \$3,044,028. The proposed reductions by modality are Non-Residential Outpatient, Family/Youth Day Treatment and Intensive Outpatient for Special Populations. Special Populations consist of Youth, Family, Women, Women with Children, Seniors, and Monolingual Speakers. These reductions would become effective September 1, 2005. The annual net General Fund savings would be \$3,652,834.

JUSTIFICATION: (required by the Mayor's Office)

To determine which modalities would be reduced, the Department identified the prevalence of drug/alcohol usage, identified the highest-risk populations to whom services should continue to be provided, identified the most effective modalities to reduce relapse/recidivism, compared cost-per-unit among modalities, and reviewed the Treatment on Demand Planning Council priorities and substance abuse treatment outcomes literature.

This modality is impacted because many of the programs are stand-alone programs that are neither a step down or up to residential treatment or detox services. An overriding goal for CBHS is to preserve Methadone, detox and residential services and services that link to them, as opposed to those that do not. Additionally, the RFP process will provide an opportunity to encourage treatment agencies to offer more dually diagnosed enhanced outpatient treatment services, which is consistent with CBHS' behavioral health integration planning.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is anticipated that this reduction will result in the loss of 185 static slots on an annual basis. The exact impact of reduction of non-residential special populations treatment services will be determined at the completion of the RFP process. There are no proposed changes to the following modalities: Shelter Case Management, Drug Court, Prevention, Medical Detox, Methadone Detox, Transportation, and Access services.

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

The redistribution of funding for these substance abuse modalities will result in a net reduction to the Medical Services 027 line of \$3,044,028 to meet the Department's deficit reduction target, including a reduction of \$18,000 in revenues.

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

All positions funded by the General Fund are staffed by community-based organizations. Therefore, there would be no impact on the Department's workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Reduction of Funding for Outpatient Substance Abuse Treatment for Special Populations

	FY 2005-06	Ongoing
Sources:		
Medi-Cal Revenue	\$ - (18,000)	\$ - (18,000)
Subtotal Sources	(18,000)	(18,000)
Uses:		
001 Permanent Salaries	\$ 3,062,028	\$ 3,674,434
Operating Expense	-	-
Subtotal Uses	3,062,028	3,674,434
Net General Fund Subsidy Required (Uses less Sources)	\$ 3,044,028	\$ 3,652,834
Total FTE's	0.00	0.00

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

Class	Title	FTE's
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Operating Expenses

Index Code	Character/Subobject Code		
02789	Reduction in Professional Services	3,044,028	3,652,834

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

**2005-2006 Program Change Request
CONTINGENCY**

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services – Substance Abuse

PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3717

PROGRAM / INITIATIVE TITLE: **Rebid Adult Outpatient Substance Abuse Services**

GENERAL FUND: (\$1,000,000)

TARGETED CLIENTS: Adult Substance Abusers

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Department proposes reducing General Fund expenditures for day treatment and outpatient substance abuse treatment services by \$1,000,000. This reduction would become effective September 1, 2005. The annual net General Fund savings would be \$1,200,000.

To achieve these General Fund savings, the Department will issue a Request for Proposals (RFP) to reconfigure a portion of the service system to maximize efficiency at the lower funding level. Additionally, the RFP will provide an opportunity to support a move towards service integration, a major Department initiative, by supporting agencies that are able to provide enhanced services for persons with co-occurring disorders. Treatment modalities that will not be put out for bid and are not currently targeted for reductions include 24 Hour Drop-In services, Outreach/Early Intervention, Day Treatment for Youth, Shelter Case Management, Medical Detoxification, Methadone Maintenance and Methadone Detoxification, Access Facilitation and Transportation.

JUSTIFICATION: (required by the Mayor's Office)

To determine which modalities would be reduced, the Department identified the prevalence of drug/alcohol usage, identified the highest-risk populations to whom services should continue to be provided, identified the most effective modalities to reduce relapse/recidivism, compared cost-per-unit among modalities, and reviewed the Treatment on Demand Planning Council priorities and substance abuse treatment outcomes literature.

The justification for the reduction in the proposed modalities is as follows:

- (1) Day Treatment This modality has a higher cost per unit than other modalities, and a service reduction would impact the fewest number of people.
- (2) Outpatient This Outpatient modality is impacted because it is one of the largest, and because many of the programs are stand-alone programs that are neither a step down or up to residential treatment or detox services. An overriding goal for CBHS is to preserve Methadone, detox and residential services and services that link to them, as opposed to those that do not. Additionally, the RFP process will provide an opportunity to encourage treatment agencies to offer more

dually diagnosed enhanced outpatient treatment services, which is consistent with CBHS' behavioral health integration planning. Finally, while all outpatient services will be put out to bid, the existing level of outpatient services to special populations (Women, Children/Youth, Mono-Lingual Speakers, Seniors and Hearing Impaired) will be preserved.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The proposed reduction of Outpatient treatment services will result in the elimination of 57 static slots. Outpatient services to high-risk and vulnerable populations will be preserved. There are no changes to the following modalities: Shelter Case Management, Drug Court, Prevention, Medical Detox, Methadone Detox, Transportation, and Access services.

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

The redistribution of funding for these substance abuse modalities will result in a net reduction to the Medical Services 027 line of \$1,000,000 to meet the Department's deficit reduction target, including a reduction of \$79,000 in revenues.

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

All positions funded by the General Fund are staffed by community-based organizations. Therefore, there would be no impact on the Department's workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Rebid Adult Substance Abuse Outpatient Services

	FY 2005-06	Ongoing
Sources:		
Medi-Cal Revenue	\$ - (79,000)	\$ - (79,000)
Subtotal Sources	(79,000)	(79,000)
Uses:		
001 Permanent Salaries		
Operating Expense	\$ (1,079,000)	\$ (1,279,000)
Subtotal Uses	(1,079,000)	(1,279,000)
Net General Fund Subsidy Required (Uses less Sources)	\$ (1,000,000)	\$ (1,200,000)
Total FTE's	0.00	0.00

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

Class	Title	FTE's
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Operating Expenses

Index Code	Character/Subobject Code		
02789	Reduction in Professional Services	(1,000,000)	(1,200,000)

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

2005-2006 Program Change Request
CONTINGENCY

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)

PROGRAM CONTACT NAME/PHONE: Bob Cabaj, 255-3401

PROGRAM / INITIATIVE TITLE: Residential Treatment Conversion to Supportive Housing Units

GENERAL FUND: (\$959,658)

TARGETED CLIENTS: Residential Treatment Clients

PROGRAM DESCRIPTION: (Description of Program Change)

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

Community Behavioral Health Services (CBHS) provides a continuum of services to treat mentally ill individuals. The services range from the most intensive and most expensive acute inpatient beds, to Napa State Hospital to Long Term Care beds, to acute diversion units, to residential treatment to day treatment to the least expensive outpatient and vocational/outreach/peer support/self-help programs.

During this difficult budget period, CBHS has had to evaluate its continuum of care to determine which reductions would impact the least number of people, and would maximize the remaining dollars to see the greatest number of people. The most expensive and intensive services are acute inpatient beds, followed by Napa State Hospital beds, followed by Long Term Care beds. Neither the acute inpatient beds (private fee-for-service hospitals) or Napa can be reduced further than proposed already to achieve cost savings, and the Long Term Care budget is already in deficit, so reductions would not contribute to General Fund savings. The next most expensive treatment modalities that serve the fewest number of clients are residential treatment and day treatment. Residential Treatment is a valuable treatment modality in the system of care for mentally ill and dually disordered individuals, and is often the reason that clients are able to move from higher to lower levels of care, which is a goal of mental health service delivery. Day Treatment services are an intensive and very structured form of treatment.

CBHS funds a total of 143 Residential Treatment slots, of which 78 of the slots also receive day treatment services as a component of the residential treatment program. The only remaining day treatment programs for adults and older adults are linked to residential day treatment programs, and a dual diagnosis program funded using substance abuse General Fund and Short Doyle MediCal. The rest of the stand-alone programs have been reduced in prior year budget reductions. These residential and day treatment services are provided by the following three non-profit agencies: Baker Places, Conard House and Progress Foundation. The residential treatment programs, many of which have a specific focus, serve a variety of mentally ill individuals, with a treatment episode ranging from 2 months to 4 months.

Since residential treatment is one of the most expensive forms of treatment, especially when day treatment is included, and because fewer individuals are served as part of the regular programming, CBHS is proposing to reprogram funding from residential and day treatment programs to supportive housing. This would preserve some level of services, and additionally would preserve housing slots. The average monthly cost of residential treatment ranges from \$3,500 to \$8,000 with day treatment, and the average monthly cost of supportive

housing ranges from \$1,000 to \$1,500. The primary goal of supportive housing is to promote residential stability for a population that has a history of chronic homelessness coupled with high rates of mental illness and substance abuse. Support services are provided on a voluntary basis with the emphasis placed on creative and persistent tenant engagement, community building, improved health, and greater financial stability.

To realize its target in the FY05-06 Contingency, CBHS must reduce a net total amount of \$959,658 in General Fund through this initiative. The Department will offer agencies the opportunity to convert their facilities to supportive housing facilities. If they choose not to, these funds will be used to create additional supportive housing units. The two residential programs that are not being considered for reduction are Progress Foundation's Clay Street (due to its emphasis on taking clients out of IMDs) and Ashbury House which serves families.

CBHS Residential Programs (not including Progress Clay Street and Ashbury House)

JUSTIFICATION: (required by the Mayor's Office)

The conversion of residential treatment programs to supported housing programs will enable the Department to continue to provide housing and some level of treatment to the residents. Residential treatment programs serve fewer clients at a higher cost, and because the alternative would be a reduction in outpatient services, which serve far more clients at a given time, this proposal was selected. The reduction of day treatment is a continuation of the Department's FY03-04 baseline strategy due to the high cost per unit and lower number of clients served in this modality. While supportive housing does offer a range of services and activities during the day for clients to participate in, the lack of structure may be destabilizing to some clients and result in relapse. Additionally, once the slots are converted to supportive housing units, which are permanent housing, there will be fewer clients seen due to less turnover in permanent housing.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The proposal would convert approximately 38 residential treatment slots to 38 supportive housing slots. Therefore, there would be no reduction in slots. However, since a residential treatment episode is approximately two to four months, there would be a reduction in the number of clients served.

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

The overall impact would be a net reduction of \$ 959,658 in General Fund. However, the total contractual reduction will be approximately \$1,476,886 with a \$517,228 loss in MediCal revenue.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST
CONTINGENCY**

INITIATIVE TITLE: Conversion of Residential Treatment Programs to Supportive Housing

		FY 2005-06	Ongoing
Sources:			
	MediCal Revenue	\$ (517,228)	\$ (517,228)
Subtotal Sources		(517,228)	(517,228)
Uses:			
	Salaries and Fringes	-	-
027	Professional Services	(1,476,886)	(1,476,886)
Subtotal Uses		(1,476,886)	(1,476,886)
Net General Fund Subsidy Required (Uses less Sources)		(959,658)	(959,658)
Total FTE's		-	-

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

Class Title FTE's

Fringe (26.5%)

-
-
-
-

Operating Expenses

Index Code Character/Subobject Code
HMHMCC730515-027
02789- Reallocation

12 months(06-07)

(2,160,886) (2,160,886)
684,000 684,000
(1,476,886) (1,476,886)

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

**2005-2006 Baseline Program Reductions
Contingency**

DEPARTMENT NAME:

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

DPH SECTION: Health at Home

PROGRAM CONTACT NAME/PHONE: Kathy Eng / 415-452-2138

PROGRAM / INITIATIVE TITLE: **Deletion of PHN Chronic Care Services and Skilled Home Care Services**

GENERAL FUND: (\$1,862,931)

TARGETED CLIENTS: Families, children, and adults with chronic disease who are served by public health nurses and homebound clients receiving skilled home health services

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reduce General Fund by deleting 12.00 FTEs Public Health Nurses, 1.00 Health Care Billing Clerk I and 0.80 FTE Nurse Manager positions working in chronic care program and deleting of 1.00 FTE Home Health Aides, 1.00 FTE Medical Social Worker and 10.70FTEs RN providing skilled home health care.

JUSTIFICATION: (required by the Mayor's Office)

Reductions to service staff will reduce General fund reliance by \$1,862,931. DPH has re-prioritized case management and skilled nursing services provided to clients in their homes

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Deletion of staffing in Chronic Care Program will result in the loss of 3,060 visits per year to 1,080 clients. Deletion of Registered Nurses in the home health agency will result in a decrease of 9,706 visits to 336 clients per year.

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

Reduction in labor cost of \$2,844,630 and non-labor cost of \$53,500; and decrease in revenue of \$1,035,199.

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

Decrease of 26.49 FTEs in FY 05/06.

**ATTACHMENT B
SUMMARY OF PROGRAM COST
CONTINGENCY**

INITIATIVE TITLE: Deletion of PHN Chronic Care Service and Skilled Home Care Services

		FY 2005-06	Ongoing
Sources:			
	Loss of TCM revenue from PHN positions	\$ (407,000)	(407,000)
	Loss of Patient revenue from RN positions	\$ (688,199)	(688,199)
	Improved baseline revenue generation	\$ 60,000	60,000
Subtotal Sources		(1,035,199)	(1,035,199)
Uses:			
	Salaries and Fringe	(2,844,630)	(2,844,630)
	Operating Expenses	(53,500)	(53,500)
	Facilities and Equipment	-	-
Subtotal Uses		(2,898,130)	(2,898,130)
Net General Fund Subsidy Required (Uses less Sources)		(1,862,931)	(1,862,931)
Total FTE's		(26.49)	(26.49)

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

Class	Title	FTE's	
1635	Hlth Care Billing Clerk I	(1.00)	(49,747)
2830	Public Health Nurse	(12.00)	(1,086,996)
2320	Registered Nurse	(10.70)	(969,707)
2920	Medical Social Worker	(1.00)	(72,844)
2583	Home Health Aides	(1.00)	(35,789)
2322	Nurse Manager	(0.80)	(93,125)
9993N	Salary Savings		59,488
			(2,248,719)
	Fringe (26.5%)		(595,911)
		(26.49)	(2,844,630)
Operating Expenses			
Index Code	Character/Subobject Code		
HCHAPHOMEGF	021/02700 Professional Services		(53,500)

Facilities Maintenance, and Equipment (List by each items by count and amount)
None

2005-2006 Program Change Request
CONTINGENCY

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: AIDS OFFICE

PROGRAM CONTACT NAME/PHONE: James Loyce, Jr. 554-6461/Brenda Walker 554-9495

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

GENERAL FUND: (\$1,400,000)

TARGETED CLIENTS: HIV/AIDS Clients within various behavioral risk populations

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reduce contractual services within various HIV Prevention Services to various behavioral risk populations. Contractors will be identified after the RFP process.

JUSTIFICATION: (required by the Mayor's Office)

HIV Prevention RFP #34-2004 was issued on 11/08/2004. The purpose of the RFP is to restructure services, develop and implement re-focused HIV Prevention strategies

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

TBD

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

02789 – Medical Services Contracts

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

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST
CONTINGENCY**

INITIATIVE TITLE: Reduction to HIV Prevention Services

	FY 2005-06	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ (1,400,000)	\$ (1,400,000)
	-	-
	-	-
Subtotal Uses	(1,400,000)	(1,400,000)
Net General Fund Subsidy Required (Uses less Sources)	\$ (1,400,000)	\$ (1,400,000)
Total FTE's	0.0	0.0

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

Class	Title	FTE's		
				-
				-
	Fringe (26.5%)			-
				-
			\$	-
Operating Expenses				
02789	Reducing Medical Services Contracts		(1,400,000) \$	(1,400,000)

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

2005-2006 Program Change Request
CONTINGENCY

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services (CBHS)
 PROGRAM CONTACT NAME/PHONE: Bob Cabaj, 255-3401
 PROGRAM / INITIATIVE TITLE: **Reduction to Outpatient Mental Health Services**
 GENERAL FUND: (\$600,000)

TARGETED CLIENTS: Clients Receiving Outpatient/Case Management Services in the Community

PROGRAM DESCRIPTION: (Description of Program Change)

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

CBHS provides outpatient/case management services in neighborhoods throughout San Francisco to ensure accessibility to all residents. Outpatient/case management programs are the front door for many seeking services for the first time and offer services to those who would otherwise experience deterioration in their conditions. Outpatient services are also offered to clients leaving acute and long-term care settings to assist in community reintegration.

To achieve \$600k in General Fund savings, the reductions would be spread across approximately ten outpatient programs, with reductions ranging from \$25k to \$75k depending on the size of the contractor, as well as the level of FY04-05 mid-year reductions. Additionally, approximately 3.0 FTE psychiatric social workers would be eliminated from a combination of the nine adult civil service mental health clinics to assist in meeting the proposed outpatient reduction target. While this proposal would expand the loss of outpatient capacity that most recently was reduced due to FY04-05 mid-year reductions, neighborhoods would continue to be served and no outpatient/case management program would be closed. Services that would not be impacted include, crisis services, self-help and peer driven services, vocational services, outreach and early intervention.

JUSTIFICATION: (required by the Mayor's Office)

On a scale of most expensive to least expensive, the cost of outpatient services is below Napa State hospital costs; long-term care costs, residential treatment and day treatment costs. However, all of these services have been reduced already in either the proposed baseline or contingency. As such, the only remaining option for service reductions that could generate substantial savings would be a reduction to outpatient programs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This reduction will impact on a minimum of 600 individuals, and 12,000 units of service will not be provided. To mitigate the impact, more group treatment would be encouraged to maximize the number of clients who could be treated.

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

There will be a total expenditure reduction of \$813,179 of which \$213,179 will be a reduction in Short

Doyle MediCal, and \$600,000 will be a reduction in General Fund monies. This is an estimate because it is unknown at this time what combination of programs will be impacted

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

Reduction of 3.0 FTE 2930 Psychiatric Social Worker. (If this reduction is implemented, then an evaluation of all clinic positions may result in reductions in different classifications).

**ATTACHMENT B
SUMMARY OF PROGRAM COST
CONTINGENCY**

INITIATIVE TITLE: Reduction to Outpatient Mental Health Services

	FY 2005-06	Ongoing
Sources:		
45416 SD/ MediCal	\$ (213,179)	\$ (213,179)
Subtotal Sources	(213,179)	(213,179)
Uses:		
027 Salaries and Fringes	\$ (273,179)	\$ (273,179)
027 Professional Services	(540,000)	(540,000)
040 Material and supplies	-	-
Subtotal Uses	(813,179)	(813,179)
Net General Fund Subsidy Required (Uses less Sources)	\$ (600,000)	\$ (600,000)
Total FTE's	0.0	0.0

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

Class	Title	FTE's		<u>FY05-06</u>
2930	Psychiatric Social Worker	(3.00)	\$	(215,951)
				-
				(215,951)
	Fringe (26.5%)			(57,227)
			\$	(273,179)

Operating Expenses

Index Code	Character/Subobject Code		
HMHMCC730515-40		-	
HMHMCC730516-027		\$	(540,000)

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

**2005-2006 Program Change Request
CONTINGENCY**

DEPARTMENT NAME:

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

DPH SECTION: Community Primary Care Services / Community Programs
PROGRAM CONTACT NAME/PHONE: Barbara Garcia, 255-3525
PROGRAM / INITIATIVE TITLE: **Close Health Center & Sell Building**
AMOUNT: (\$2,000,000)

PROGRAM DESCRIPTION: (Description of Program Change)

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

The proposal is for Primary Care to close one of its nine health centers and sell the property for a one-time general fund savings in FY 05/06.

JUSTIFICATION: (required by the Mayor's Office)

To achieve its Contingency target, DPH would close a health center and sell the property.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Current clients and staff to be absorbed by remaining primary care clinics. Closure site and implementation plan to be determined.

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

One time revenue of \$2,000,000 to be realized through sale of real estate, producing one time general fund savings of the same amount in the year of sale.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST
CONTINGENCY**

INITIATIVE TITLE: Close Health Center & Sell Building

	FY 2005-06	Ongoing
Sources:		
Sale of Real Estate	\$ 2,000,000	\$ -
Subtotal Sources	2,000,000	-
Uses:		
Salaries and Fringes	\$ -	\$ -
Operating Expenses	-	-
Fac Maint & Equipment	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (2,000,000)	\$ -
Total FTE's	0.0	0.0

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

Class	Title	FTE's	
	None		-
			-
			-
	Fringe (26.5%)		\$ -
Operating Expenses			
Index Code	Character/Subobject Code		
	None		\$ -
Facilities Maintenance, and Equipment (List by each items by count and amount)			
	None		\$ -

**Department of Public Health
2005-2006 Contingency Program Reduction**

DEPARTMENT NAME:

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

DPH SECTION: Community Primary Care Services / Community Programs
PROGRAM CONTACT NAME/PHONE: Barbara Garcia, 255-3525
PROGRAM / INITIATIVE TITLE: **Reduction of Clinic Hours of service**
GENERAL FUND: (\$2,266,667)

PROGRAM DESCRIPTION: (Description of Program Change)

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

The proposal is to reduce days of operation and total FTEs at nine (9) primary care clinics by approximately 20%. This will have the effect of reducing total visits and revenues by one fifth.

JUSTIFICATION: (required by the Mayor's Office)

This reduction eliminates \$2.267M in General Fund without closing any of our community clinics, thus continuing to provide reduced service at all locations. This enables the department to increase staffing and hours of operation at such time as funding becomes available.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Total Community Primary Care encounters will decline 38,067 (from a total volume of 190,333 annually). Taking the average of 5 visits per patient within primary care, 7,613 patients may not receive treatment within the CPC health centers. These patients may be served through the SFGH health centers and the San Francisco Community Clinic Consortium clinics.

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

Revenues will decline \$1.4M, and expenses will decline \$3.667M for net General Fund savings of \$2.267M.

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

Total FTEs will decline 34.22 in FY 05/06 and 41.06 annually thereafter.

**ATTACHMENT B
SUMMARY OF PROGRAM COST
CONTINGENCY**

INITIATIVE TITLE: Primary Care Clinic Hour Reduction

	FY 2005-06 (10 Months)	Ongoing
Sources:		
Patient Service Revenues	\$ (1,400,000)	\$ (1,680,000)
Subtotal Sources	(1,400,000)	(1,680,000)
Uses:		
Salaries and Fringes	\$ (3,363,167)	\$ (4,035,800)
Operating Expenses	(303,500)	(364,200)
Fac Maint & Equipment	-	-
Subtotal Uses	(3,666,667)	(4,400,000)
Net General Fund Subsidy Required (Uses less Sources)	\$ (2,266,667)	\$ (2,720,000)
Total FTE's	(34.22)	(41.06)

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

Class	Title	FTE's (10 Months)	
	Skill mix and job classes to be determined to optimize the productivity of each site and minimize impact on primary care clients		
		(34.22)	\$ (2,644,000)
	Fringe (27.2%)		\$ (719,167)
			\$ (3,363,167)

Operating Expenses

Index Code	Character/Subobject Code	
All HC's	021 Nonpersonal Services	\$ (185,167)
All HC's	040 Materials & Supplies	\$ (112,000)
All HC's	081 Requesting Work Orders	\$ (6,333)
		\$ (303,500)

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

None