



Gavin Newsom  
Mayor

Mitchell H. Katz, MD  
Director of Health

*MEMORANDUM*

**DATE:** May 19, 2009

**TO:** President Jim Illig and  
Honorable Members of the Health Commission

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

**FROM:** Gregg Sass  
Chief Financial Officer

**RE:** 2009-10 budget presentation

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The accompanying report addresses the Department's plan to meet the \$140 million General Fund reduction target set by the Mayor's Budget office, consisting of the Base Budget target of \$50 million, the Contingency Budget target of \$50 million, and the additional \$40 million target requested in late April needed to bring the City's budget into balance.

The material in you package does not address the new target discussed below.

On May 14, members of SEIU 1021 rejected a Tentative Agreement to amend their MOU with the City and accept reductions in compensation that were negotiated with union leadership. This unexpected development has increased the City's projected deficit and will require additional reductions in General Fund. The Health Department has been requested to find additional General Fund savings of \$23 million to help address the gap. We are currently working on a response to that request. We will provide the Health Commission with an update on our progress at the May 19 scheduled meeting.

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

### **Introduction**

With our fourth presentation to the Health Commission we are bringing a budget that meets the General Fund base and contingency budget reduction target of \$100,160,000 plus the additional target of \$40,000,000 set earlier this month. As you will see, the Department is relying on a significant increase in revenues totaling \$107 million, \$50 million of which is attributable to an increase in the Federal Medical Assistance Percentage (FMAP) included in the Economic Recovery Act. The budget also includes \$49 million in reductions to spending.

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 made a number of significant changes to our revenue budget and have increased revenues \$51 million from \$56 million to \$107 million.

- \$23 million increase to the federal match of local expenditures for services to Medi-Cal patients and attributable to additional FMAP for Medi-Cal inpatient services at San Francisco General Hospital provided under the Medi-Cal Waiver. We had not included this in our second budget presentation pending confirmation that Medi-Cal funding under the Waiver would be eligible for the increase. We have now confirmed that it is included. In total, we are projecting \$50 million in FMAP which includes \$22 million in the current year and \$28 million in the budget year. Current year revenue reduces our 2008-09 use of general fund and is one-time in nature. The increase in FMAP expires on December 31, 2011.
- \$12.5 million in Mental Health reimbursements from the Short-Doyle Medi-Cal program. This is a result of a State Plan Amendment that is in process to allow Counties to draw down federal matching funding for costs exceeding the State's payment rates for outpatient services. Based on an expected effective date of January 1, 2009, this includes \$4.1 million in the current year and \$8.4 million in the budget year.
- \$4.0 million in additional revenue at Laguna Honda Hospital for the current year based on the anticipation of a favorable court ruling on the 10% Medi-Cal rate cut, based upon a stay order issued on April 9.
- \$6.3 million from resolution of a reimbursement issue related to FQHC Medicare Medi-Cal crossover billings. This is a one time release of prior year reserves.

- \$1.4 million 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. In our previous presentation we included \$4.9M from the San Francisco Health Plan and are increasing this \$1.4M to also include our Blue Cross Managed Medi-Cal plan. The state is targeting an effective date of October 1, 2008 with funding occurring after approval by CMS. This includes revenue for both the current year (\$2.5 million) and budget year (\$3.8 million).
- \$600,000 in Ryan White funding that can fund programs backfilled with General Fund in prior years. Ryan White funding for 2009/10 increased \$2.5 million. Most of the increase will be needed to fund the contracts for the final few months of the 2008/09 grant year and all of the 2009/10 grant year and replace a CMS earmark that was not renewed.
- \$1.3 million in additional baseline revenue at SFGH based on updated projections.
- \$1.5 million in additional capitation revenue from the Healthy Workers program from enrollment increases.
- Several other smaller items totaling \$1.1 million

Total Revenue Increases - April 17	\$55,874,452
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New Initiatives:

Baseline Revenue – SFGH (A1)	1,294,000
SFGH Liens Recovery from Municipal Transportation Authority (A5)	100,000
Temporary increases to Federal Medical Assistance Program (FMAP) – Department Wide (A7)	22,843,000
Rehabilitation Services Revenue Enhancement (A10)	8,951
UCSF Infant, Child and Adolescent Psychiatry EPSDT Initiative (A15)	326,131
Reversal of 10% Medi-Cal cut to Hospital based skilled nursing rates (A16)	4,000,000
Healthy Families Capitation Increase (A17)	375,000

Short Doyle SPA – increase in Federal match of county costs (A18)	12,500,000
FMAP for Blue Cross Managed Medi-Cal - SFGH (A19)	1,400,000
Healthy Worker Capitation Increase (A20)	1,500,000
Trauma Recovery Center (A21)	80,000
Billing for MD Consultations (A22)	250,000
Increase in Ryan White Stop Loss Funding (A23)	600,000
Liquidation of FQHC reserves (A24)	<u>6,300,000</u>
Total Revenues	\$107,451,534

### **Inflationary**

The non faculty COLA at UC has been deleted. UC will reprogram their current year contract funding to cover this expense.

Inflationary – April 17	\$3,664,474
UCSF non-faculty COLA (B4)	<u>(702,154)</u>
Total Inflationary	\$2,662,320

### **Structural Budget Issues**

We have reduced our projected shortfall for Community Placements \$2 million. We are committed to finding solutions to the growing cost of community placements, and are pursuing opportunities to reduce the volume and cost of placements into long term care.

Structural Initiatives – April 17	\$14,440,323
Community Placement Program Shortfall – CBHS (E5)	<u>(2,000,000)</u>
Total Structural	\$12,440,323

## Reductions

We have revised three of the reduction initiatives presented in April and have added nine additional initiatives. Reductions to spending comprise \$49.4 million or 35% of the total \$140 million reduction to General Fund.

Approximately half of the items on the reductions list are not service reductions. Included among these are:

- \$5.85 million in grant and project close-outs,
- \$9.0 million in construction cost reductions for the Laguna Honda rebuild,
- \$2.7 million to outsource security services,
- \$1.4 million to cohort sub-acute inpatients in psychiatry, and
- \$4.0 million (approximately) in administrative cuts and reprogramming of services to either reduce expenses or leverage additional revenue.

We have followed the budget principles set by the Health Commission and managed to avoid reductions to our core services which include:

- Disease control and health promotion,
- emergency services,
- providing a primary care home to the uninsured and underinsured with integrated behavioral health, and
- hospitalization.

We have also worked to strike a balance between reductions to contracted services and city staffed programs.

Reductions of \$15 million to Behavioral Health service contracts comprise the largest component of service reductions. It is noteworthy that these reductions represent 7.5% of the \$200 million in total contracted services in Behavioral Health. Based on comparative data compiled by the Controller in their March 16, 2009 presentation on their Budget Improvement Project, San Francisco spends three times more per-capita on Behavioral Health than other surveyed counties.

Following are the new and revised reduction initiatives that are proposed:

Total Reductions – April 17	\$31,485,096
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## Revisions

Prioritize Mental Health Services to persons with serious mental illness (F10)	(282,100)
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Additional reductions to CBHS Civil Service Staff (F11)	(660,634)
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Behavioral Health Contractor Reductions (F15)	2,155,442
<u>New Initiatives</u>	
Transfer of the Emergency Services Agency (F25)	90,279
RFP Reduction CBHS (F26)	7,000,000
HIV Benefit Counseling and Advocacy (HIV Health Services) (F27)	230,133
HIV Outreach Contract Reductions (F28)	356,811
Drug Court Assessment, Referral and Client Representation at Drug Court (F29)	125,000
Vocational Services (F30)	1,000,000
Position Reductions - both filled and vacant (F31)	2,033,845
Prior Year Grant and Project Close Outs (F32)	5,850,000
Relocation of Southeast Mission Geriatric Older Adult Behavioral Health Clinic (F33)	<u>36,646</u>
Total Reductions	\$49,420,517

### **New Initiatives**

We have revised these initiatives downward to correct an error in the computation of increased cost of the new facility at Laguna Honda and to eliminate the request for General Fund for the Electronic Ambulatory Medical Record for which Stimulus funding will be applied for.

Total Initiatives – April 17	\$9,015,451
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### Revisions

Increased Operating Costs for New Facility – LHH (G1)	(1,421,019)
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Electronic Ambulatory Medical Record Project – Dept wide (G4)	<u>(6,000,000)</u>
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Total New Initiatives	\$1,594,432
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## Summary

The table below summarizes the composition of our budget proposal.

Revenue Increases	\$107,451,534
Regulatory	(143,000)
Inflationary	(2,662,320)
Structural	(12,440,323)
Reductions	49,420,517
New Initiatives	<u>(1,594,432)</u>
Grand Total Revenue, Regulatory, Inflationary, Structural, Reductions and New Initiatives	\$140,031,976
General Fund Base Reduction Target	<u>140,180,000</u>
Difference	<u>(\$148,024)</u>

## Conclusion

The Department's budget package has been reviewed and tentatively approved by the Mayor's Budget Office. The full budget is due to be released to the Board of Supervisors on June 1. We are hopeful that additional reductions to our General Fund can be avoided, however there are many unresolved issues such as the Special Election on May 19, continuing negotiations with labor and budget work at the State level to address a continuing deficit, all of which could negatively impact the City's budget.

A draft resolution approving the Department's budget submission will be provided for your consideration and approval.

DEPARTMENT OF PUBLIC HEALTH

FY 2008-10 BASE BUDGET

Item	Div	Description	08-10 FTE Change	Position Change (Annual Number)	08-09 Expend Incr/(Decr)	08-09 Revenues Incr/(Decr)	09-10 Expend Incr/(Decr)	09-10 Revenues Incr/(Decr)	Total GF Savings	Variance Cost/(Savings) from last meeting	Comment	Health Commission Principle
REVENUE												
A1 - Revised	GH	Base Revenue						17,282,904	(17,282,904)	(1,283,999)	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	ATTC	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 - Revised	GH	SFGH Liens Recovery from Municipal Transportation Authority						1,600,000	(1,600,000)	(100,000)	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	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 - Revised	Dept. Wide	Temporary Increases to Federal Medical Assistance Percentage (FMAP)						49,843,000	(49,843,000)	(22,843,000)	The proposed Federal stimulus package include increases to the Federal match for FMAP. This funding will expire in December 2011.	
A8	CBHS	Base Revenue						(3,500,000)	3,500,000		Baseline adjustments to Short-Doyle Medi-Cal revenues based on current year projections.	
A9	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-Care 90 coverage, for the first 3 months.	
A10 - Revised	LHH	Rehabilitation Services Revenue Enhancement	6.04	14.50			698,099	949,516	(253,417)	(8,952)	The new LHH will have 19 additional rehabilitation beds (currently there are 20). This will increase the demand for rehabilitation services which can be reimbursed by Medi-Cal.	
A11	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	EHS	Environmental Health Baseline Revenue						796,705	(796,705)		Projected revenue increase related to changes in inventory, state and federal reimbursement etc.	
A13	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 been 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.	

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Item	Div	Description	09-10 FTE Change (Annual Number)	Position Change (Annual Number)	08-09 Expend Incr/(Decr)	08-09 Revenues Incr/(Decr)	09-10 Expend Incr/(Decr)	09-10 Revenues Incr/(Decr)	Total GF Savings	Variance Cost/(Savings) from last meeting	Comment	Health Commission Principle
A14	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.	
A15 - New	MH	UCSF Infant, Child and Adolescent Psychiatry Early Periodic and Diagnostic Screening and Testing (EPSDT) Initiative						328,131	(328,131)	(328,131)	This initiative will redirect this UCSF program will provide mental health treatment to youth have experienced trauma and will draw down EPSDT funding.	
A16 - New	LHH	Reversal of 10% Medi-Cal cut to Hospital based skilled nursing				4,000,000			(4,000,000)	(4,000,000)	Final court decision still pending. One time revenue for 08-09.	
A17 - New		Healthy Families Capitation Increase						375,000	(375,000)	(375,000)	Services to Healthy Family enrollees at our FQHC clinics will be eligible for full FQHC PPS payments and the Department will recover additional reimbursement based on the difference between capitation revenues from the SFHP and FQHC prospective rates.	
A18 - New		Short Doyle SPA - Increase in Federal match of county costs				\$ 4,200,000		8,300,000	(12,500,000)	(12,500,000)	The State Department of Health Care Services is developing and implementing a State Plan Amendment to allow public entities to draw down federal financial participation (FFP) for the difference between the State schedule of maximum allowances and cost of outpatient mental health services provided under the Short-Doyle / Medi-Cal program.	
A19 - New		Medi-Cal Managed Care IGT for Blue Cross			\$ 350,000	\$ 838,000	476,000	1,288,000	(1,400,000)	(1,400,000)	Based on a program in place in LA County, other Counties are finalizing contracts with the State and their local initiatives (for SF, Blue Cross) 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.	
A20 - New		Healthy Worker Premiums					1,500,000	3,000,000	(1,500,000)	(1,500,000)	Continued growth in enrollment based on current trends will result in an increase in capitation payments of \$3M annually offset by a \$1.5M increase in the workload to DHS. There is also an increase in the worker payroll deduction for health benefits from \$3 to \$10 per month.	
A21 - New		Trauma Recovery Center						80,000	(80,000)	(80,000)	To maximize the revenue generation capacity of the UC Trauma Recovery Center (TRC), and to address the City's budget deficit, an amount of \$80k in General Fund monies will be removed from the UC Trauma Recovery Center. These funds will be replaced with \$50k in Short Doyle Medi-Cal and \$30k in State Victim Witness Compensation reimbursement.	
A22 - New		Billing for Physician Consultations						250,000	(250,000)	(250,000)	Currently, Community Behavioral Health Services provides 2.5 FTE psychiatrists to consult with physicians in the Department's Community Oriented Primary Care clinics regarding behavioral health and related medication needs for specific patients. This initiative would maximize the revenue generation capacity of these services by claiming Short Doyle Medical reimbursement.	
A23 - New		Increase in Ryan White Stop Loss Funding						600,000	(600,000)	(600,000)	We are expecting an increase of \$2.5 million in Ryan White Care funding. A portion of this will need to backfill other grant losses, but \$600k will be available to fund services were previously funded by Ryan White dollars, but backfilled by the General fund.	

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Item	Div	Description	09-10 FTE Change	Position Change (Annual Number)	08-09 Expend Incr/(Decr)	08-09 Revenues Incr/(Decr)	09-10 Expend Incr/(Decr)	09-10 Revenues Incr/(Decr)	Total GF Savings	Variance Cost/(Savings) from last meeting	Comment	Health Commission Principle
A24 - New		Release of One-Time Reserves for FOHC Billings				6,300,000			(6,300,000)	(6,300,000)	One time release of reserves in FY 08-09 related to billing crossover.	
TOTAL REVENUE INFLATIONARY			15.47	29.50	350,000	15,438,000	7,293,818	99,657,352	(107,451,534)	(51,577,082)		
B1	Dept Wide	Pharmaceutical Inflation					1,528,764	-	1,528,764	-	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 \$208k, 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	GH	UCSF Non-Faculty Staff COLA				-	-	-	-	(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 of \$702,000 does not include any increases in physician compensation. UC will reprogram existing expenses in their budget to cover this increase without additional general fund.	
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	Dept. Wide	Rent Increases Per Lease Agreements and Delays in moves					361,706		361,706	-	Rent increases resulting from lease negotiations for programs located in non-City owned space.	
TOTAL INFLATIONARY			-	-			2,662,320	-	2,662,320	(702,154)		
TOTAL INFLATIONARY & REVENUE			15.47	29.50			9,956,138	99,657,352	(104,789,214)	(52,279,238)		
REVENUE NEUTRAL												
C1	GH	ED Residency Program - Yr 2	6.00	6.00			297,576	297,576	-		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.	

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Item	Div	Description	09-10 FTE Change	Position Change (Annual Number)	08-09 Expend Incr/(Decr)	08-09 Revenues Incr/(Decr)	09-10 Expend Incr/(Decr)	09-10 Revenues Incr/(Decr)	Total GF Savings	Variance Cost/(Savings) from last meeting	Comment	Health Commission Principle
C3	CBHS	Therapeutic Foster Care					1,140,000	1,140,000			The department will leverage Early Prevention, Screening, Diagnosis and Treatment (EPSDT) funding to provide treatment services under Therapeutic Foster Care Program for children/youth placed in Foster Family Agencies (FFA) homes. In partnership with SF-DHSA-Families & Children's Services, one to two mental health Medi-Cal providers with experience of working with children/youth in FFA homes, will be recruited to provide a range of in-home therapeutic services, both in SF counties and in the neighboring Bay Area counties, for San Francisco children/youth in foster care.	
C4	CBHS	California Healthcare for Indigents Program (CHIP) Reduction					(160,843)	(160,843)			As the State has eliminated Prop 99 CHIP Funding, program administration will be moved to Prop 99 EMSA funds.	
C5 - New	CBHS	EPSDT Revenue Maximization for Joint Violence Prevention Program					750,000	750,000			Working with other City departments, the purpose of this EPSDT Revenue Maximization Initiative is to request Early Prevention, Screening, Diagnosis and Treatment (EPSDT) funding to provide services for Medi-Cal recipients between the age of birth and 21, who present with problems that can be ameliorated through mental health treatment.	
C6 - New	MH	Settlement Implementation Plan for Therapeutic Behavioral Services					380,000	380,000			Mandated service by State Department of Mental Health, as part of settlement agreement with the federal court on the Emily Q. v. Bonta case	
TOTAL REVENUE NEUTRAL			6.00	6.00			2,562,711	2,562,711				
TOTAL REVENUE NEUTRAL, INFLATIONARY & REVE			21.47	35.50			12,538,849	102,240,063	(104,789,214)	(52,279,236)		
REGULATORY												
D1	GH	Infection Control					143,000		143,000		This initiative will add a new hospital infection Surveillance Worker, as well as materials and supplies expenses to the Infection Control team to conduct hospital wide surveillance for healthcare-associated infection particularly MRSA, to develop and implement infection prevention program, and to coordinate the review of all infection root cause analysis as mandated by the State Senate Bills 158 and 1058, effective January 1, 2009. The new Infection Control regulatory mandate will impact additional 4,000 MRSA screening from 5 categories of patients admitted to the hospital.	
TOTAL REGULATORY			-	-			143,000		143,000			
TOTAL REGULATORY, REVENUE NEUTRAL, INFLATIONARY & REVE			21.47	35.50			12,681,849	102,240,063	(104,646,214)	(52,279,236)		
STRUCTURAL												
E1	GH	Salary Structural Fix					2,998,563		2,998,563		This request increases funding for temp, holiday and as needed Nursing Care Assistants used as sitters for patient safety.	
E2	LHH	Salary Structural Fix	5.81	7.75			2,174,262		2,174,262		Step Adjustment assumptions do not reflect average seniority of LHH and have not taken into account many MOU provisions. Holiday Overtime budget has not been increased in order to keep pace with substantial salary increases. Additional funding is required in order to allow LHH to operate at budgeted FTE levels.	
E3	LHH	Pharmaceuticals Structural Fix					900,000		900,000		While the census at LHH is decreasing, the remaining residents have more acute and complex medical issues that require more medication. The revenue related to these pharmaceuticals is already included in the baseline revenue.	

Item	Div	Description	09-10 FTE Change	Position Change (Annual Number)	08-09 Expend Incr/(Decr)	08-09 Revenues Incr/(Decr)	09-10 Expend Incr/(Decr)	09-10 Revenues Incr/(Decr)	Total GF Savings	Variance Cost/(Savings) from last meeting	Comment	Health Commission Principle
E4	CBHS	Buprenorphine pharmacy costs					502,500	105,000	397,500		Federal and corporate funding for Buprenorphine costs, an effective, alternative treatment for opioid addiction are no longer available as the generic version of this drug becomes available.	
E5 - Revised	CBHS	Community Placement Program Shortfall					5,034,998		5,034,998	(2,000,000)	This program, responsible for authorizing, referring and placing all clients at SFGH Psychiatric Emergency Services and Laguna Honda Hospital into alternative placements into alternative care.	
E6	MH	Salary Structural Fix					835,000		835,000		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			12,545,323	105,000	12,440,323	(2,000,000)		
TOTAL STRUCTURAL, REGULATORY, REVENUE NET REDUCTIONS			27.28	43.25			25,227,172	102,345,063	(92,205,891)	(54,279,236)		
MY = Item originally proposed as an 08-09 Mid-Year Reduction, but not implemented.												
F1 - MY	Dept. Wide	Security Outsource					(2,711,130)		(2,711,130)		All security services at DPH hospitals and clinics will be outsourced. Additional savings would also be achieved by the Sheriff as deputies are redeployed to the jails. Layoff may occur in Sheriff's Department. Figures assume an September start date.	Substitution of less expensive service.
F2 - MY	GH	Conversion of Acute Psych Unit to a Non-Acute unit	(11.00)	(11.00)			(1,423,077)		(1,423,077)		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. \$2,683,087 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. \$35,00 of this reduction is one-time in nature.	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	(0.97)	(6.57)	\$	(83,329)	(739,174)		(832,503)		Both the Tuberculosis Control Program and the STD Control will be scaled back and reconfigured separately.	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 #6.	Reduction in operating costs.

Item	Div	Description	09-10 FTE Change	Position Change (Annual Number)	08-09 Expend Incr/(Decr)	08-09 Revenues Incr/(Decr)	09-10 Expend Incr/(Decr)	09-10 Revenues Incr/(Decr)	Total GF Savings	Variance Cost/(Savings) from last meeting	Comment	Health Commission Principle
F8	HUH	Leverage Short-Doye Medi-Cal at 3 Supportive Housing Sites					(380,264)		(380,264)		In an effort to reduce General Fund expense, support services that have been provided by Baker Places in three DAH buildings will be replaced by existing DPH clinicians who will be able to bill Medi-Cal for services provided.	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/ Revised	CBHS - MH	Prioritize Mental Health Services to persons with serious mental illness	(6.00)	(7.20)			(707,352)		(707,352)	282,100	This proposal would limit ongoing mental health services for indigent clients to only those clients who have a serious mental illness. Acute services would remain available for all clients, as needed. This revision delays the start-date of implementation to October 1, 2009. This would require a legislative change to the existing ordinance.	Prioritizes services to the most severely ill.
F11 - Revised	CBHS	Additional reductions to CBHS Civil Service Staff	(12.24)	(12.24)	(138,721)	(21,642)	(984,449)	(129,863)	(671,675)	680,634	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 readily increased when additional resources become available and services to the most seriously ill will be prioritized.
F12	CBHS	Administrative Position Reductions	(4.36)	(4.36)	(225,836)		(1,473,565)		(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)	(72,648)		(474,025)		(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			\$ (115,645)		(923,888)		(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					(6,151,588)	(403,829)	(5,747,759)	(2,155,442)	Reduction in funding for 18 CBHS contractors. The department will work with each contractor to manage these losses effectively.	The department will focus on core health services.
F16	L-HH	Nursing Administrative Position Changes					(35,759)	-	(35,759)		Position conversion that will enable the hospital to provide services without compromising care.	Substitution of less expensive service.
F17	L-HH	Nursing Skill Mix Changes	25.63	32.00	(9,962)		(178,534)	-	(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	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	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 services.
F20	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 SFHQT will work with clients to secure alternative placements.	These services can be readily increased when additional resources become available.

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Item	Div	Description	09-10 FTE Change	Position Change (Annual Number)	08-09 Expend Incr/(Decr)	08-09 Revenues Incr/(Decr)	09-10 Expend Incr/(Decr)	09-10 Revenues Incr/(Decr)	Total GF Savings	Variance Cost/(Savings) from last meeting	Comment	Health Commission Principle
F21	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	HIV	HIV Prevention Reduction	(2.30)	(2.30)	\$ (11,040)		(278,009)		(289,049)		- 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	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.
F24	CBHS	Additional GF Positions Transferred to Cover MHSA Activities					(2,082,493)		(2,082,493)		- CBHS proposes to have 11.75 positions currently funded by General Fund transferred to MHSA funds to cover MHSA activities	Department will maximize revenues.
F25 - New	HIV	Transfer of the Emergency Services Agency		(2.00)			(90,279)		(90,279)	(90,279)	The transition of the Emergency Medical Services Agency (EMS Agency) from the Department of Public Health (DPH) to the Department of Emergency Management (DEM) will consolidate planning and oversight of City emergency services into one City department. Two positions will be eliminated and savings will be shared by the departments.	Department will identify efficiencies in the management and administration of its programs to focus funding on direct services.
F26 - New	Central Admin	RFP Reduction					(7,000,000)		(7,000,000)	(7,000,000)	This reduction to would be effective January 1, 2010, when the department reissues a request for proposal for contracted services. An annualized reduction of \$14 million represents less than 10 percent overall reduction in total CBHS contractual services funding, or a 20% overall reduction to unmatched General Fund. The revenue impact is to be determined.	These services can be readily increased when additional resources become available.
F27 - New	HIV	HIV Benefit Counseling and Advocacy (HIV Health Services)					(230,133)		(230,133)	(230,133)	Benefits counseling and not direct health services.	The department will focus on core health services.
F28 - New	HIV	HIV Outreach Contract Reductions					(356,811)		(356,811)	(356,811)	Contract reductions for HIV outreach for after school funding programs, non-core HIV testing and counselor training.	The department will focus on core health services.
F29 - New	SA	Drug Court Assessment, Referral and Client Representation at Drug Court					(125,000)		(125,000)	(125,000)	Reducing drug court services by \$125k from \$1,244,912 to \$1,119,912, or 10%. This will reduce the number of case managers from eight to six.	The department will focus on core health services.
F30 - New		Vocational Services					(1,000,000)		(1,000,000)	(1,000,000)	Department will offset these reductions through other funding sources, where possible.	Department will maximize revenues.
F31 - New		Position Reductions - both filled and vacant	(20.00)	(21.00)			(2,033,845)		(2,033,845)	(2,033,845)	21 Positions, both vacant and filled have been identified for elimination to achieve savings.	Department will focus on core health services.
F32 - New		Prior Year Grant and Project Close Outs			(5,100,000)		(750,000)		(5,850,000)	(5,850,000)	Health Young Adults and One Time Grants Project close out.	Department will maximize revenues.
F33 - New		Relocation of Southeast Mission Geriatric Older Adult Behavioral Health Clinic					(36,846)		(36,846)	(36,846)	Relocation of Southeast Mission Geriatric Older Adult Behavioral Health Clinic from 3801 Mission to OMI Adult Behavioral Health clinic at 1780 Ocean to address infrastructure deficiencies, and coverage needs of the older adult system of care.	Department will identify efficiencies in the management and administration of its programs to focus funding on direct services.
TOTAL REDUCTIONS			(42.50)	(53.82)			(44,312,437)	(637,459)	(49,420,517)	(17,935,421)		
TOTAL REDUCTIONS, STRUCTURAL, REVENUES			(15.22)	(10.57)			(19,085,265)	101,707,604	(141,626,408)	(72,214,657)		
NEW INITIATIVES												
G1 - Revised	LHH	Increased Operating Costs for New Facility					548,050		548,050	(1,421,019)	The new Laguna Honda Facility will be operational in the Spring of 2010. This state of the art facility will require additional operating expense changes in	
G2	HUJH	New Supportive Housing at 149 Mason Street					288,799		288,799		Maintenance Contracts. Additional funding needed for first year start up costs, operations and on-site supportive services for 50 new units of housing for the chronically homeless, set to open in January 2010.	

Item	Div	Description	08-10 FTE Change	Position Change (Annual Number)	08-09 Expend Incr/(Decr)	08-09 Revenues Incr/(Decr)	09-10 Expend Incr/(Decr)	09-10 Revenues Incr/(Decr)	Total GF Savings	Variance Cost/(Savings) from last meeting	Comment	Health Commission Principle
G3	Dept. Wide	DPH Information Technology Operating Expenses Increase	2.50	6.00			777,583	6,000,000	777,583	(6,000,000)	Additional funding needed to address expanded IT service needs in DPH	
G4 - Revised	Dept. Wide	Electronic Ambulatory Medical Record Project									Revenue section to fund this important 1 time project cost that is needed for improved clinical access to DPH and consortium clinic providers who provide medical homes for clients.	
TOTAL NEW INITIATIVES			2.50	6.00			7,584,432	6,000,000	4,584,432	(7,421,019)		
TOTAL ALL INITIATIVES			(12.72)	(4.57)			(11,480,833)	107,707,804	(140,031,876)	(79,635,676)		
EXPIRED GRANTS												
H1	JH	Loss of Grant Funds for Forensic AIDS Project	2.00	2.00			(148,422)	(148,422)	-			
H2		Jornaleiros Unidos Con El Pueblo					(235,545)	(235,545)	-			
H3		Club Drugs & HIV Risk Behavior In High Risk Men					(184,509)	(184,509)	-			
H4		Reducing Sexual Risk for HIV Transmission					(58,693)	(58,693)	-			
H5		Preexposure & Prophylaxis Among MSM					(76,941)	(76,941)	-			
H6		Morbidity & Risk Behavior					(442,404)	(442,404)	-			
H7		HIV Prevention Trials Protocol 039					(66,033)	(66,033)	-			
H8		Rapid Test Algorithm-Linkage to Risk Reduction Project					(242,550)	(242,550)	-			
H9		Pre-exposure Prophylaxis (PREP) Study					(48,444)	(48,444)	-			
H10		STD Surveillance Network					(212,232)	(212,232)	-			
H11		Pandemic Influenza Planning & Outreach					(93,824)	(93,824)	-			
H12		Pandemic Influenza Planning & Outreach					(216,013)	(216,013)	-			
H13		Public Health Lab Director Training Program					(100,000)	(100,000)	-			
H14		SHSP State Homeland Security					(85,048)	(85,048)	-			
H15		Let's Be Healthy Project					(75,000)	(75,000)	-			
H16		National Violent Injury Reporting System					(34,265)	(34,265)	-			
H17		Safe Route to School					(15,000)	(15,000)	-			
H18		Mental Health AIDS Grant-Catholic Charities					(281,205)	(281,205)	-			
H19		MH HIV-Continuum					(164,000)	(164,000)	-			
H20		SSI for Chronically Homeless					(100,000)	(100,000)	-			
H21		Dependency Drug Court					(97,660)	(97,660)	-			
H22		Integrating Buprenorphine into the SFGH AIDS Program					(287,177)	(287,177)	-			
H23		Target Capacity Expansion for Methamphetamine Ttx					(70,725)	(70,725)	-			
H24		SAGE Health Education & Prevention Svcs					(27,697)	(27,697)	-			
H25		TOTAL EXPIRED GRANTS	2.00	2.00			(3,401,187)	(3,401,187)	-			

Initiative Number A1  
(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: San Francisco General Hospital  
PROGRAM CONTACT NAME/PHONE: **Valerie Inouye 206-3599**  
PROGRAM / INITIATIVE TITLE: **Baseline Revenue**  
GENERAL FUND: **(\$17,262,905)**

TARGETED CLIENTS: N/A

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

San Francisco General Hospital's baseline revenues will be increased by \$17,262,905 this year and ongoing.

**JUSTIFICATION: (required by the Mayor's Office)**

The second quarter net patient revenues for FY 08-09 have been reviewed, and if annualized, will result in annual net patient revenues being greater than the budgeted net patient revenues. We looked at FY 07-08 actual net patient revenues, and when it is compared to the FY 08-09 budgeted net patient revenues, the variance is approximately the same. This increase also incorporates an across the board 10% price increase July 1, 2009 and increased reimbursement due to better charge capture of Pharmacy items and trauma charges.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

None

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

Revenues will increase by \$17,262,905 this year and ongoing.

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

None



Initiative Number A5

(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: SFGH Finance

PROGRAM CONTACT NAME/PHONE: Valerie Inouye 206-3599

PROGRAM / INITIATIVE TITLE: **SFGH Liens Recovery from Municipal Transportation**

**Authority**

GENERAL FUND: **(\$1,600,000)**

TARGETED CLIENTS: N/A

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Persons injured in MUNI (MTA) accidents are routinely brought to the SFGH Trauma Center. Charges for medical services vary but are often very high. If the injury results in a lawsuit against the City, waiver of medical costs is often a component of a settlement. Liens against the victim for charges for medical services are then written off.

**JUSTIFICATION: (required by the Mayor's Office)**

MTA has agreed to establishment of a workorder to which medical costs will be charged to the extent they are a component of a legal settlement. The amount of the workorder, \$1.5 million, is based on a review of past cases and is an estimate of future medical claims. If actual charges are greater than or less than the amount of the workorder, the amount charged will be adjusted to actual.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

None

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

Workorder revenues are estimated to increase by approximately \$1,500,000 in FY 09/10.

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

None

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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: **\$49,843,000**

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 61.59%, for a 23% 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 \$21.9 million for 08/09, and 27.9 million for 09/10 for a total of \$49.8 million for the 21 month period through June 30, 2010. The \$21.9 million for 08/09 is one-time revenue.

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

None

6/17

**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: Laguna Honda Hospital and Rehabilitation Center (LHH)

PROGRAM CONTACT NAME/PHONE: Lisa Pascual, MD, 759-2355 and Mivic Hirose 759-2367

PROGRAM / INITIATIVE TITLE: **Rehabilitation Services Revenue Enhancement (effective Feb 1, 2010)**

GENERAL FUND: (\$253,417)

**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 \$696,099 in salary and fringe benefit expenditures to General Fund obligations during FY2009-2010, and \$1,670,638 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 \$253,417 in the first fiscal year, \$608,200 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.

## 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: Community Behavioral Health Services

PROGRAM CONTACT NAME/PHONE: **Sai-Ling Chan-Sew/255-3439**

PROGRAM / INITIATIVE TITLE: UCSF Infant, Child and Adolescent Psychiatry EPSDT Initiative

GENERAL FUND: **\$326,131 Reduction**

TARGETED CLIENTS: Children/Youth/Family

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

The UCSF Infant, Child and Adolescent Psychiatry program currently provides consultation and linkage services which is wholly General Fund supported. Under this initiative, the UCSF Infant, Child and Adolescent Psychiatry program is proposing to provide mental health treatment services to children and youth who have experienced psychological trauma related to child maltreatment, domestic violence, catastrophic injury, physical assault, and exposure to community violence, or debilitating chronic disease. The majority of the referral will come from the Department of Pediatrics at San Francisco General Hospital, given that the service is located on the campus of SFGH. The program will also coordinate service with SFUSD, primary care and community providers, as well as offer services through school-based services and the LINC program in the Western Addition. Services provided will include assessment, individual, group or family therapy. All services are available in Spanish and English.

This EPSDT-funded initiative will redirect the UCSF Infant, Child and Adolescent Psychiatry staff to provide treatment services to approximately 100 – 120 Medi-Cal clients. This will limit the availability of the UCSF staff in the provision of consultation and linkage services for hospital staff.

**JUSTIFICATION: (required by the Mayor's Office)**

The re-direction of clinical staff from consultation and linkage service to the provision of mental health treatment services will save the General Fund \$326,131 as a small amount of General Fund dollars can be maximized through leveraging state and federal reimbursement through EPSDT

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

Between 100 -120 Medi-Cal clients will be served, and the total number of units to be provided is projected to be 161,280 minutes.

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

This initiative will result in general fund savings in the amount of \$326,131. Revenue will increase by \$326,131 of which \$211,436 is Short-Doyle Medi-Cal, \$114,695 is State EPSDT general fund match, and \$17,165 is the required local match to EPSDT which will be reallocated from existing funds.

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

There is no impact on department's workforce.

## 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: Reversal of Medi-Cal 10% payment reduction

GENERAL FUND: \$4,000,000

TARGETED CLIENTS: NA

## PROGRAM DESCRIPTION: (Description of Program Change)

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

On Monday, April 6, 2009, the U.S. Court of Appeals for the Ninth Circuit granted an emergency request to stop rate reductions to hospitals for certain Medi-Cal services pending appeal in the district court. The stop order took effect immediately and it appears that a decision in favor of affected hospitals is likely, reversing the MediCal reductions in effect last year. The Department is therefore including this initiative restoring the revenues reduced by the MediCal reductions in anticipation of that decision.

## JUSTIFICATION: (required by the Mayor's Office)

The decision on emergency relief is a very important and positive development. In previous litigation involving Medi-Cal reimbursement rates, hospitals have been unable to establish irreparable harm because courts have largely focused on the harm to Medi-Cal beneficiaries rather than to hospitals. This substantial hurdle is overcome by the emergency panel's finding that the inability of hospitals to recover damages against CDHS, even after succeeding on the merits, establishes irreparable harm. The Ninth Circuit's emergency decision is an important precedent for any future litigation challenging Medi-Cal rate cuts in federal court.

## IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

This will increase Medi-Cal inpatient revenues at Laguna Honda Hospital by \$4M for the 2008-09 fiscal year. This is one time revenue.

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

None

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 and Primary Care

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

PROGRAM / INITIATIVE TITLE: **Healthy Families Capitation Increase**

GENERAL FUND: **\$375,000**

TARGETED CLIENTS:

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Services to Healthy Family enrollees at our FQHC clinics will be eligible for full FQHC PPS payments and the Department will recover additional reimbursement based on the difference between capitation revenues from the SFHP and FQHC prospective rates.

**JUSTIFICATION: (required by the Mayor's Office)**

The Department currently receives the additional FQHC "gap" payments for Managed MediCal Payments. This practice is now extended to Healthy Families who are also Medi-Cal eligible.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

No impact

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

\$375,000 of additional revenue. This is ongoing.

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

No impact

Initiative Number A18  
(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: **Gregg Sass**

PROGRAM / INITIATIVE TITLE: **Short-Doyle Medical payment increase**

GENERAL FUND: **\$12,500,000**

TARGETED CLIENTS:

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

The State Department of Health Care Services is developing and implementing a State Plan Amendment to allow public entities to draw down federal financial participation (FFP) for the difference between the State schedule of maximum allowances and cost of outpatient mental health services provided under the Short-Doyle / Medi-Cal program. FFP will be paid at 61.59% of the excess cost incurred by public entities. The effective date of the program is targeted for January 1 2009.

**JUSTIFICATION: (required by the Mayor's Office)**

Additional revenue from the Short-Doyle Medi-Cal program will offset \$4.2M in current year mental health costs and \$8.3M ongoing.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

No impact

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

\$4.2M in current year mental health costs and \$8.4M ongoing.

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

None

Q-23



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 – Blue Cross**

GENERAL FUND: **\$1,400,000**

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, Blue Cross) 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 would be matched with a 61.59% FMAP to generate additional net revenues of \$1 million for the 21 months 10-1-08 to 6-30-10. 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 \$0.84 million. Increased revenues for Medi-Cal Managed Care of \$2.24 M million for a net increase of \$1.4M (\$588K 2008-09 and \$812K ongoing)

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

None

824

Initiative Number A20  
(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: SFGH and Primary Care

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

PROGRAM / INITIATIVE TITLE: **Healthy Worker enrollment increase**

GENERAL FUND: **\$1,500,000**

TARGETED CLIENTS: IHSS workers enrolled in Healthy Workers

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Continued growth in enrollment based on current trends will result in an increase in capitation payments of \$3M annually offset by a \$1.5M increase in the workorder to DHS. There is also an increase in the worker payroll deduction for health benefits from \$3 to \$10 per month.

**JUSTIFICATION: (required by the Mayor's Office)**

Enrollment has been increasing at the rate of 86 members per month consistently over the last several years. This increase is expected to continue.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

None

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

\$2M increase in capitation revenues and \$1M increase in workorder expense to fund additional premiums.

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

none

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: CBHS- Mental Health

PROGRAM CONTACT NAME/PHONE: **Bob Cabaj, 255-3446**

PROGRAM / INITIATIVE TITLE: UC Trauma Recovery Center Revenue Enhancement

GENERAL FUND: **<\$80,000> General Fund Reduction**  
**\$80,000 Revenue Enhancement**

(via reimbursement from the state Victim Compensation Program (\$30k) for qualifying mental health services, and of Short Doyle Medi-Cal (\$50k) for trauma services meeting medical necessity for specialty mental health services)

TARGETED CLIENTS: Victims of violence-induced psychosocial trauma.

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

To maximize the revenue generation capacity of the UC Trauma Recovery Center (TRC), and to address the City's budget deficit, an amount of \$80k in General Fund monies will be removed from the UC Trauma Recovery Center. These funds will be replaced with \$50k in Short Doyle MediCal and \$30k in State Victim Witness Compensation reimbursement. Specifically, the California Victim Compensation Program, as well as Medi-Cal specialty mental health services, will be billed to pay for eligible mental health services provided by TRC, including assertive outreach, clinical case management and trauma-focused mental health services to acute victims of interpersonal violence.

**JUSTIFICATION: (required by the Mayor's Office)**

Based on client eligibility, claiming reimbursement from these two revenue sources should fully offset the reduction in General Fund monies resulting in no impact to the program.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

There is no impact on number of clients served and units of service provided, because the budget and size of the program will remain unchanged.

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

This initiative will result in a net expenditure reduction of \$30k (80k in General Fund offset by an increase of \$50k in Short Doyle MediCal monies). The \$30k in Victim Witness Compensation reimbursement will occur directly between the program and the State.

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

There is no impact on the Department's Workforce.

**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: **Psychiatrist Consultations in Primary Care settings**

GENERAL FUND: **\$250,000 General Fund Reduction**

**\$250,000 Short Doyle MediCal increase**

TARGETED CLIENTS: Adults with behavioral health disorders receiving services in Primary Care clinic settings.

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Currently, Community Behavioral Health Services provides 2.5 FTE psychiatrists to consult with physicians in the Department's Community Oriented Primary Care clinics regarding behavioral health and related medication needs for specific patients. These services are delivered both over the phone and on-site. At this time, the psychiatrists are not claiming reimbursement for these services. This initiative would maximize the revenue generation capacity of these services by claiming Short Doyle MediCal reimbursement.

**JUSTIFICATION: (required by the Mayor's Office)**

Implementation of this proposal will generate General Fund savings by offsetting the cost of the 2.5 FTE psychiatrist positions as the result of Short Doyle MediCal revenue generation. This revenue projection is based on the number of consultation hours provided by the estimated number of MediCal eligible clients who are estimated to meet the criteria for reimbursement for mental health specialty services.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

There will be no impact on number of clients or services provided as these are services already being provided.

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

This initiative will result in an increase in Short Doyle MediCal revenues of \$250,000, and a corresponding reduction of General Fund monies.

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

There is no impact on the Department's workforce.

827

## 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: Public Health AIDS services

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

PROGRAM / INITIATIVE TITLE: Transfer GF services to RWCA

GENERAL FUND: **\$600,000**

TARGETED CLIENTS: Clients receiving AIDS health services

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

For the 2009-10 grant year, the Ryan White CARE grant has increased 2.5M. A portion of this increase is needed to provide full funding for services through the grant year 3-1-09 to 2-28-10. Additional funding is needed to backfill a CMS earmark that was not renewed. \$600,000 remains which can fund services that have been backfilled with General Fund in previous years when the grant was reduced.

**JUSTIFICATION: (required by the Mayor's Office)**

The Department will work with the CARE counsel to identify services to fund with CARE funding.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

None

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

Reduce general fund expenses by \$600,000 that will be shifted to the Grant

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

None

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 and Primary Care Clinics  
PROGRAM CONTACT NAME/PHONE: **Gregg Sass**  
PROGRAM / INITIATIVE TITLE: **Release of reserves**  
GENERAL FUND: **\$6,300,000**

TARGETED CLIENTS: None

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

The Department has recently resolved a reimbursement issue concerning FQHC Medicare/ Medi-Cal crossover patients. This will allow the Department to close out \$6,300,000 in prior year reserves to income in the 2008-09 year end close. This is a one-time revenue recognition issue that will not affect future years

**JUSTIFICATION: (required by the Mayor's Office)**

The Department does not recognize certain revenues that are subject to audit until the audit occurs or until open issues are otherwise resolved. We have reached agreement with the state on this issue.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

None

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

\$6.3M in additional revenue for 2008-09. One time in nature.

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

None

**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: **\$5,034,998**

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, and (2) Residential Care Facility beds, and (3) Acute care

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 \$5,034,998 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 \$5,034,998 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**

		<b>FY 2009-10</b>	<b>Ongoing</b>
<b>Sources:</b>			
		\$ -	\$ -
Subtotal Sources		-	-
<b>Uses:</b>			
	Salaries and Fringes	\$ -	\$ -
027	Professional Services	5,034,998	5,034,998
		-	-
Subtotal Uses		5,034,998	5,034,998
<b>Net General Fund Subsidy Required (Uses less Sources)</b>		\$ 5,034,998	\$ 5,034,998
<b>Total FTE's</b>			

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

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

**Operating Expenses**

Index Code	Character/Subobject Code	
	HMHMLT730416- 027	- \$ 5,034,998

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

652

## 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/255-3401**PROGRAM / INITIATIVE TITLE: **Limit Service for Uninsured Non-Seriously Mentally Ill Clients**GENERAL FUND: **\$707,352 Reduction FY09\_10; \$848,856 Reduction FY10\_11**

TARGETED CLIENTS: Uninsured, adult clients (22 to 64) with a non-seriously mentally ill diagnosis

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

In 1995 the Health Commission and the Board of Supervisors accepted the responsibility from the State of California to operate the County's only health plan for specialty mental health services for Medi-Cal beneficiaries in San Francisco (San Francisco Mental Health Plan, SFMHP). In return the State began providing the county with an annual funding allocation. Since April 1998, CBHS (then Community Mental Health Services) has been responsible for authorization and payment of all specialty mental health services for Medi-Cal beneficiaries, reimbursing private providers directly. The SFMHP covers all medically necessary inpatient and outpatient specialty mental health services. When the SF Mental Health Plan started operations in April 1998, it was required to adopt the expanded State medical necessity criteria, thus expanding access beyond the original chronically mentally ill target population. As a result, members with an included DSM IV diagnosis and either a significant impairment in life functioning or a probability of significant deterioration became eligible to receive treatment. In FY98-99, the Health Commission endorsed the policy of a single standard of care for all San Franciscans, regardless of payor source, and in July 2005, the Board of Supervisors passed Ordinance 194-05 amending the Administrative Code to provide for single standard of mental health care for indigent and uninsured San Francisco residents. This meant that the same medical necessity criteria that applied to Medi-Cal beneficiaries under the State requirements also applied to uninsured clients.

Although the Department continues to support the concept of a single standard of care, during this very difficult budget period, the Department is proposing to limit services for uninsured clients between the ages of 22 to 64, to only those clients who are seriously mentally ill. The Department believes that in its role as the safety net, this is the population with the greatest need, and which if unmet, will also generate significant costs through the use of other high intensity services, such as Psychiatric Emergency Services and Inpatient services at SFGH. The uninsured individuals who would no longer receive services primarily include those with mild depression, mild anxiety and mild adjustment disorders.

This policy change, **effective September 1, 2009**, would be applied evenly across the entire SF Mental Health Plan, including civil service programs, contract agencies and Private Provider Network. However, the estimated savings of \$707,352 in FY09\_10 and \$848,102 annualized thereafter are derived from the savings in civil service.

**JUSTIFICATION: (required by the Mayor's Office)**

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Though uninsured individuals have benefited from the City's application of a single standard of care, during this very difficult budget funding should remain available to those most in need, and those are the seriously mentally ill. The proposed change in policy would make San Francisco consistent with all other California counties, none of which provide a single standard of care. The populations that will no longer be receiving services are at low-risk of needing higher levels of care, e.g. hospitalization, due to lack of treatment. (However, should they require acute services, e.g. inpatient hospitalization, these services remain available.)

#### **IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

This reduction would impact approximately 1,582 clients annually. Of the total number of 17,210 unduplicated clients ages 22-64 who received outpatient services in FY 06-07, 5,957 were uninsured. Of these, 1,582 or 26% were not seriously mentally ill.

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

General Fund reduction of \$707,352 in FY09\_10 and \$848,856 in FY10\_11.

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

Reduction of 6.00FTEs in FY09\_10 and 7.20 FTE thereafter. FTE reductions in FY09\_10 are as follows: 1.67 FTEs 2930/2931 Psychiatric Social Workers/Marriage & Family Therapists, .833 FTE 2566 Rehabilitation Counselor, .833 FTE 2932 Senior Psychiatric Social Worker, 0.42 FTE 2574 Psychologist, 1.42 FTE 2320 Registered Nurse, and .833 FTE 2587 Health Worker III.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Limit Service for Uninsured Non-Seriously Mentally Ill clients**

<b>Sources:</b>	<b>FY 2009-10</b>	<b>Ongoing (12 months)</b>
General Fund		
Subtotal Sources	-	-
<b>Uses:</b>		
Salaries and Fringes	\$ (707,352)	\$ (848,856)
027 Professional Services		
Subtotal Uses	(707,352)	(848,856)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>\$ (707,352)</b>	<b>\$ (848,856)</b>
<b>Total FTE's</b>	<b>(6.00)</b>	<b>(7.20)</b>

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

Class	Title	FY09-10 FTE	FY09-10 Savings	Index Code
2320	Registered Nurse	(0.58)	(72,615)	HMHMCC730515
2320	Registered Nurse	(0.83)	(103,736)	HMHMAB2034GF
2566	Rehabilitation Counselor	(0.83)	(60,666)	HMHMCC730515
2574	Clinical Psychologist	(0.42)	(39,735)	HMHMCC730515
2587	Health Worker III	(0.83)	(49,742)	HMHMAB2034GF
2930	Psychiatric Social Worker	(0.83)	(68,661)	HMHMCC730515
2930	Psychiatric Social Worker	(0.83)	(68,661)	HMHMAB2034GF
2932	Sr. Psychiatric Social Worker	(0.83)	(72,055)	HMHMAB2034GF
			(535,872)	
	Fringe (32%)		(171,479)	
	subtotal:	(6.00)	\$ (707,352)	

**Operating Expenses**

Index Code	Character/Subobject Code		
HMHMCC730515	001/013	(2.67)	\$ (319,015)
HMHMAB2034GF	001/013	(3.33)	\$ (388,336)
		(6.00)	\$ (707,352)

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

835

Initiative Number F11  
(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: Community Behavioral Health Services

PROGRAM CONTACT NAME/PHONE: Bob Cabaj

PROGRAM / INITIATIVE TITLE: **Further budget reductions in direct-services staffing at CBHS civil service clinics (effective May 1, 2009, and annualized into FY 09-10)**

**GENERAL FUND:**

**Total Reduction: \$117,079 mid-year; \$554,596 annualized**

Estimated Revenue Loss (\$21,642) mid-year; (\$129,853) annualized  
(many position cuts are being backfilled for Mental Health Services Act-funded clinical program use- and will also generate revenue, thereby offsetting the loss from the GF-position cuts)

**TARGETED CLIENTS:** Individuals with serious and persistent mental illness.

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Due to budget constraints, behavioral health services through CBHS civil service clinics will be further reduced a second time mid-year this FY 08-09, and the reduction annualized into FY 09-10. As with the 1<sup>st</sup> mid-year cut, the refocused services will be on primarily providing clinical case management and medication management for clients to prevent use of higher levels of care. Psychotherapy sessions will be limited to situations that are medically necessary and will be provided using evidence-based interventions; except when medical necessity indicates a greater need, no more than twenty (20) sessions will be allowed, to be consistent with services allowed under Healthy San Francisco (HSF). Clients who can be managed by primary care providers will be referred to primary care. CBHS will continue to provide consultation to primary care providers and can provide services directly if the primary care provider determines that need. These reductions and changes in services is to adjust to the reduction in the workforce across all the CBHS civil service clinics and programs.

The revenue loss will be minimized because some of these general-funded positions that are cut will be re-assigned to perform Mental Health Services Act funded-functions and services, many of which are also billable direct services. These include the reassignment of cut Child Crisis positions to instead perform MHSA-funded service functions, and the reassignment of adult-services CBHS staff to perform MHSA-funded crisis response, transition-age youth, and depression screening services. A couple of the positions are also clerical support.

**JUSTIFICATION: (required by the Mayor's Office)**

Due to the need for severe budget cuts, this mid-year and 09-10 reduction is being applied. This

854

reduction will shrink, but not eliminate the civil-service mental-health outpatient treatment modality, thus preserving a system of care, which could more easily be built back should future funding become available.

#### **IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

The amount of clients impacted by this initiative is not known at this time. The formula for estimating the number of clients not being served per FTE reduction is 60 clients annually per FTE clinician position.

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

Reduction in salary/benefit expenditures of **\$117,079 mid-year**; and **\$554,596 annualized**. Revenue loss of (\$21,642) mid-year, and (\$129,853) annualized.

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

The decrease in workforce will be as follows:

For CBHS-Adult/Older Adult services: Total of 7.70 FTE annualized  
(2.0 FTE 2930 Psychiatric Social Worker, 1.0 FTE 2587 Health Worker III, 1.0 FTE 2574 Clinical Psychologist, 1.0 FTE 2932 Sr. Social Worker, 0.5 FTE 2591 Health Program Coordinator II, 1.0 FTE 2912 Sr. Social Worker, 1.0 FTE 1432 Transcriber Typist, and 0.2 FTE 2232 Sr. Physician Specialist)

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Additional FTE reduction in Civil Service (effective May 1, 2009)**

	<b>FY 2008-09</b>	<b>Ongoing (12 months)</b>
<b>Sources:</b>		
General Fund	(21,642)	\$ (129,853)
<b>Subtotal Sources</b>	(21,642)	(129,853)
<b>Uses:</b>		
Salaries and Fringes	\$ (138,721)	\$ (684,449)
027 Professional Services		
<b>Subtotal Uses</b>	(138,721)	(684,449)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ (117,079)	\$ (554,596)
<b>Total FTE's</b>	<b>(1.29)</b>	<b>(7.70)</b>

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

Class	Title	FTE's	
1432	Sr. Transcriber Typist	(0.17)	(9,131)
2232	Sr. Physican Specialist	(0.03)	(6,243)
2574	Clinical Psychologist	(0.08)	(7,978)
2574	Clinical Psychologist	(0.08)	(7,978)
2587	Health Worker III	(0.17)	(9,087)
2591	Health Program Coordinator II	(0.08)	(7,119)
2912	Sr. Social Worker	(0.17)	(11,745)
2930	Psychiatric Social Worker	(0.17)	(13,785)
2930	Psychiatric Social Worker	(0.17)	(13,785)
2932	Sr. Psychiatric Social Worker	(0.17)	(14,412)
			(101,263)
	Fringe (32%)		(37,458)
	<b>Subtotal:</b>	<b>(1.29)</b>	<b>(138,721)</b>

**Operating Expenses**

Index Code	Character/Subobject Code		
HMHMCC730515	001/013	(1.29)	(138,721)

**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: **\$5,747,759 General Fund Reduction****\$ 403,829 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

Asian American Recovery Services, Fiscal Intermediary, \$125,000

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

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

Baker Places Mental Health, to be determined, \$100,000

Walden House, program(s) to be determined, \$450,000

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

Community Awareness and Treatment Services, SF First Program, \$125,240

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

Westside Community Mental Health Services, Crisis, \$350,000

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

Progress Foundation Supportive Living Outpatient/Case Management, \$169,554

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

Bayview Hunters Point Foundation Jail-Based Methadone Detox, \$49,875

BAART Behavioral Health Services, Methadone Detox, \$49,875

Latino Commission, Casa Ollin, \$50,000

St. Vincent DePaul Withe Reception, \$525,009

St. Vincent DePaul-Howard Street Detoxification, \$661,196

Central City Hospitality House Tenderloin Self Help, \$593,064

Walden House Central City Homeless Outpatient Services, \$376,263



**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, Baker Places and Walden House, agencies that 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 treatment/prevention programs will absorb the above-noted \$145,000 reduction. Haight Ashbury will reallocate \$250,000 from its substance abuse programming to Haight Ashbury's Primary Care programming. There will be an additional reduction of \$125,000 to the Asian American Recovery Services Fiscal Intermediary contract which will result in 2.0 fte Case Manager position reductions at the Family Mosaic Project.

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. The Westside Crisis Clinic will operate on fewer hours during the weekends and will rely on efficiencies and salary savings to absorb a reduction of \$350,000. Additionally, 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 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 Bayview Hunters Point Foundation and BAART Behavioral Health Services methadone detox programs is being reduced 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.

Latino Commission will rely on efficiencies and salary savings to absorb the Casa Ollin residential program reduction of \$50,000, resulting in no loss of services.

Elimination of funding for the St. Vincent DePaul Withe Drop-in Center, which is not considered a core service, will commence effective August 1, 2009. Elimination of funding for the St. Vincent DePaul Howard Street Detoxification, a social model detoxification program, will commence effective August 1, 2009. The Department prioritizes medical detox over social model detox which has a lower level of clinical services. Elimination of funding for Central City Hospitality House's Tenderloin Self-Help program will commence August 1, 2009. While eliminating funding for this program, the Department will preserve funding for the agency's Sixth Street Self-Help Center. Funding for Walden House Central

City Homeless Outpatient program will be eliminated effective August 1, 2009. The Department is preserving housing for homeless clients as a more effective means of stabilizing homeless clients.

#### **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. Baker Places and Latino Commission are expected to absorb the above-noted reductions without impacting client services.

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 – 1,467; UDC lost – 312

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

Progress Foundation Supportive Living – 1,165 units of service; 17 unduplicated clients

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

Bayview Hunters Point Methadone Detox – 957 units of service; 5 unduplicated clients

BAART Behavioral Health Methadone – 6,783 units of service; 17 unduplicated clients

St. Vincent DePaul Withe Reception – 10,840 units of service; 2,851 unduplicated clients

St. Vincent DePaul Howard Street Detoxification – 12,483 units of service; 2,462 unduplicated clients

Central City Hospitality House Tenderloin Self Help – 37,500 units of service; 2,500 unduplicated clients

Walden House Central City Homeless Outpatient Services – 7,032 units of service; 187 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: (\$2,272,755)

HMHMCC751594: (\$125,000)

HMHSCCRES227: (\$3,628,593)

HMHSMOMELSGF: (\$125,240)

Transfer to Primary Care:

HCHAPTWC GF: \$250,000

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

HMHM048041: (\$403,829)

#### **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**

	<b>FY 2009-10</b>	<b>Ongoing</b>
<b>Sources:</b>		
Short Doyle Medi-Cal (HMHM048041)	(403,829)	\$ (403,829)
Subtotal Sources	(403,829)	(403,829)
<b>Uses:</b>		
Salaries and Fringes	\$ -	\$ -
027 Professional Services	(6,151,588)	(5,847,545)
	-	-
Subtotal Uses	(6,151,588)	(5,847,545)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ (5,747,759)	\$ (5,443,716)
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (32%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code

HMHMCC730515 02700 Professional Services	(2,272,755)	\$ (2,218,840)
HMHMCP751594 02700 Professional Services	(125,000)	\$ (125,000)
HMHSCCRES227 02700 Professional Services	(3,628,593)	\$ (2,986,550)
MHMSHOMELSGF 02700 Professional Services	(125,240)	\$ (125,240)
MCHAPTWC GF 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: EMS Agency

PROGRAM CONTACT NAME/PHONE: John Brown 415-355-2607

PROGRAM / INITIATIVE TITLE: Transfer of EMS Agency Administration to Dept. of Emergency Management

GENERAL FUND: Savings of \$180,558 to be shared between the two departments (\$90,279)

TARGETED CLIENTS: All residents and visitors to San Francisco that use the medical 911 system or interfacility ambulance transport system to access San Francisco hospitals. There should be a negligible impact on patients in San Francisco as the EMS Agency continues to fulfill its mandated functions, except under the oversight of a different City department.

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Program Transition

The transition of the Emergency Medical Services Agency (EMS Agency) from the Department of Public Health (DPH) to the Department of Emergency Management (DEM) will consolidate planning and oversight of City emergency services into one City department. The change will also provide management support for the EMS Agency.

Legal Authority

Under provisions of the San Francisco Administrative Code, the authority to regulate ambulance providers will continue to reside in the Department of Public Health, with oversight by the San Francisco Health Commission.

Impact upon Programs

In this transfer of the EMS Agency, its regulatory and planning functions, including certification of ambulance service providers, and inspection and review of hospital-based emergency medical systems, are moved from DPH to DEM. These functions have been funded for the most part by local general fund, which will continue to be a major source of revenues. DPH has proposed a new hospital and ambulance provider fee ordinance to more fairly distribute the costs of the ongoing regulatory effort to affected providers.

Responsibility for administration of Maddy EMS Fund dollars (SB 12 and SB 1773) shall remain with DPH, and existing programs shall continue to distribute funds directly to private hospitals and physicians, and by work order to DEM for EMS projects.

Budgetary Impact

DPH will no longer have in its budget the local general fund amounts used to support the EMS Agency, and these amounts, for the most part, will be transferred to DEM. The total amount of local general fund savings to DPH is approximately \$972,834. Personnel changes include 2.0 FTE in deleted positions, and 4.45 FTE in positions transferred to DEM. The EMS Agency Medical Director position (1.0 FTE) will remain in DPH and report directly to Mitchell Katz, M.D., Director of Health. DPH will continue to use

Maddy EMS Fund dollars to support 0.5 FTE position in its own budget, and, via work order, 1.7 FTE positions in the DEM budget. All local general fund supported operating expenditures will be transferred to DEM.

**JUSTIFICATION:** (required by the Mayor's Office)

Program Transition

This transition of the Emergency Medical Services Agency (EMS Agency) from the Department of Public Health (DPH) to the Department of Emergency Management (DEM) is necessary for the coordination and management of emergency medical services in San Francisco.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

There is no direct impact on patients in San Francisco. The EMS Agency will continue to provide regulatory oversight for emergency medical services, except under the auspices of a different City department.

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

Expense Impact

As stated above, the DPH budget will be reduced by the local general fund-supported EMS Agency personnel and operating expenses. The Maddy EMS Fund-funded services shall continue in DPH.

Revenue Impact

Local general fund revenues to support the EMS Agency will no longer reside in the DPH budget. However, the Maddy EMS Fund revenues will continue to be reflected as a DPH revenue.

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

Personnel changes include 2.0 FTE in deleted positions, and 4.45 FTE in positions transferred to DEM. The EMS Agency Medical Director position (1.0 FTE) will remain in DPH and report directly to Mitchell Katz, M.D., Director of Health. DPH will continue to use Maddy EMS Fund dollars to support 0.5 FTE position in its own budget, and, via work order, 1.7 FTE positions in the DEM budget. All local general fund supported operating expenditures will be transferred to DEM.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE:** Transfer of EMS Agency Administration to Dept. of Emergency Management

		<b>FY 2009-10</b>	<b>Ongoing</b>
<b>Sources:</b>		\$ -	\$ -
		-	-
<b>Subtotal Sources</b>		-	-
<b>Uses:</b>			
	Personnel	(136,786)	(136,786)
	Operating Expenses	(43,772)	(43,772)
<b>Subtotal Uses</b>	<b>Total Savings</b>	(180,558)	(180,558)
	DPH share of savings (credit to be shared by both Depts)	(90,279)	(90,279)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>		\$ (180,558)	\$ (180,558)
<b>Total FTE's</b>		<b>(2.0)</b>	<b>(2.0)</b>

**Deleted Positions** (List positions by Class, Title and FTE)

Class	Title	FTE's		
1022	IS Administrator II	-1.00	\$	(82,212)
1426	Sr. Clerk Typist	-1.00		(54,574)

**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: **Community Behavioral Health Services Request for Proposals and Reduction in General Fund Allocation**

GENERAL FUND: **\$7,000,000 FY 09\_10 General Fund Savings**

TARGETED CLIENTS: Adults, Older Adults, Transitional Age Youth, and Children Requiring Mental Health and Substance Abuse Treatment

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Pursuant to its review and interpretation of the City Charter, the City Attorney's office determined that most of Community Behavioral Health Services' professional services contracts are stale and must be RFP'd. The Department expects to issue the RFP in June 2009 with proposal review, contractor selection, and contractor awards to be effective January 1, 2010.

**JUSTIFICATION: (required by the Mayor's Office)**

Due to the City's severe budget crisis, the Department is incorporating a General Fund reduction of \$7,000,000 in this RFP. Since the resulting awards will be effective January 1, 2010, this reduction will annualize to \$14,000,000 in FY2010-2011. The amount of revenue loss is to be determined.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

The impact on the number of clients served is not known, however an annual reduction of \$19 million is equivalent to 11 percent of CBHS' matched General Fund (includes General Fund, Medi-Cal and Categorical Funding) and 19 percent of CBHS' unmatched General Fund.

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

There will be a General Fund savings of \$7,000,000 in FY09\_10 and a General Fund savings of \$14,000,000 in FY2010-2011. Revenue losses TBD.

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

There will be no impact on the Department's workforce.

DAK

**ATTACHMENT B**  
**SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Community Behavioral Health Services Request for Proposals and Reduction in General Fund Allocation**

	<b>FY 2009-10</b>	<b>Ongoing</b>
<b>Sources:</b>		
Subtotal Sources	-	-
<b>Uses:</b>		
Salaries and Fringes	\$ -	\$ -
027 Professional Services	(7,000,000)	(14,000,000)
	-	-
Subtotal Uses	(7,000,000)	(14,000,000)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>\$ (7,000,000)</b>	<b>\$ (14,000,000)</b>
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (32%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code

HMHSCCRES227 02700 Professional Services (3,500,000) \$ (7,000,000)

HMHMCC730515 02700 Professional Services (3,500,000) (7,000,000)

**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  
☒ AIDS Office Health Services Section

DPH SECTION: AIDS Office, HIV Health Services

PROGRAM CONTACT NAME/PHONE: **Michelle Long 554-9043**

PROGRAM / INITIATIVE TITLE: **HIV Benefit Counseling and Advocacy**

GENERAL FUND: FY 09-10 **\$230,133 (reduction)**

TARGETED CLIENTS: Persons with low income, who are uninsured or underinsured residents of San Francisco and are diagnosed with HIV/AIDS.

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

A total of \$230,133 will be reduced from the HIV Health Services budget through the following proposals:

1. A reduction in funding in the Referral for Health Care/ Supportive Services category to begin July 1, 2009 = \$230,133.
  - Client Advocacy and Financial Benefits Counseling including the provision of information and referral and one-to-one consultation about available services based in San Francisco and the provision of specialized assistance to clients regarding entitlement program availability and eligibility.

**JUSTIFICATION: (required by the Mayor's Office)**

This program is currently funded with CMS (Center for Medicare and Medicaid Services) funding. This reduction will allow for other General Fund (GF) programs to be moved onto the continuing CMS funding (which is also on a July through June funding cycle), so that the HHS GF budget may be reduced in the amount of \$230,133.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

This program is contracted to provide 292 clients with 3,192 units of Client Advocacy and Financial Benefits counseling hours.

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

(\$230,133) General Fund Reduction

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

None

## ATTACHMENT B

### SUMMARY OF PROGRAM COST

**INITIATIVE TITLE: AIDS Office - HIV Benefit Counseling and Advocacy**

	FY 2009-10	FY 2010-2011
<b>Sources:</b>		
	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
		\$ -
Salaries and Fringes		
027 Professional Services	230,133	\$ 230,133
	-	\$ -
Subtotal Uses	230,133	\$ 230,133
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 230,133	\$ 230,133
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class	Title	FTE's	
			\$ -
	Fringe (32%)	<u>-</u>	<u>-</u>
		\$ -	\$ -
<b>Operating Expenses</b>			
Index Code	Character/Subobject Code		
HCHPDHIVSVGF	027 Professional Services	<u>230,133</u>	<u>230,133</u>
		230,133	230,133

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

**2008-2009 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  
☒ AIDS Office HIV Prevention Section

DPH SECTION: AIDS Office - HIV Prevention

PROGRAM CONTACT NAME/PHONE: **Dr. Grant Colfax 554-9173**PROGRAM / INITIATIVE TITLE: **HIV Outreach Contract Reductions**GENERAL FUND: FY 09-10 Reduction **\$356,811**

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 \$380,144 will be reduced from the HIV Prevention budget through the following proposals:

1. The following contracts will be eliminated from General Fund:
  - Institute for Community Health Outreach- Health Education and Risk Reduction-\$38,918
  - Girls After School Academy-Health Education and Risk Reduction -\$30,222
2. Two contracts currently on grant funding will be eliminated to allow General Fund contracts to be moved onto grant-funding. The following contractors will be eliminated from grant funding for a total of \$287,671:
  - Mission Neighborhood Health Center –Counseling, Testing, Linkages - \$148,791
  - UCSF AIDS Health Project – Training for CTL Counselors - \$138,880

**JUSTIFICATION: (required by the Mayor's Office)**

1. Institute for Community Health Outreach- Health Education and Risk Reduction was eliminated due to termination of the contract by the contractor.
2. Girls After School Academy reaches populations with very low risk for HIV.
3. Mission Neighborhood Health Center has the lowest positivity rate of all funded programs providing HIV tests. In addition, the program has struggled to meet its contract obligations and received a "Needs Improvement" score at the most recent monitoring of the contract.
4. UCSF AIDS Health Project provides training for counselors that is duplicative of a State Office of AIDS initiative. Additional training can be provided by HIV Prevention grant-funded staff to meet the training needs of HIV prevention counselors.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

This proposal will result in the reduction of services to 777 counseling and testing clients representing 863 units of service, reduction of health education and risk reduction to 197 participants, representing 2,668 UOS, and reduction of training for 216 HIV testing counselors representing 1,512 units of service.

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

(\$356,811) General Fund Reduction.

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

n/a

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: AIDS Office - HIV Prevention Svs**

	<b>FY 2009-10</b>	<b>On-Going</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		\$ -
Salaries and Fringes		
027 Professional Services	\$ 356,811	\$ 356,811
	-	\$ -
Subtotal Uses	\$ 356,811	\$ 356,811
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 356,811	\$ 356,811
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

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

**Operating Expenses**

HCHPDAIDPRGF	027 Professional Services	\$ 356,811	\$ 356,811
		\$ 356,811	\$ 356,811

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

(108,51) B-52

**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  
☐ MCH

DPH SECTION: MCH (Maternal Child Health)

PROGRAM CONTACT NAME/PHONE: Bob Cabaj, 255-3447

PROGRAM / INITIATIVE TITLE: **Drug Court**

GENERAL FUND: **\$125,000 (reduction)**

**TARGETED CLIENTS: Alcohol and Drug Abusing Individuals in the Criminal Justice System**

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Asian American Recovery Services is the fiscal intermediary for the Drug Court which provides assessment, referral and client representation at the Drug Court.

**JUSTIFICATION: (required by the Mayor's Office)**

Funding for the Drug Court currently totals \$1,244,912 with approximately one-half of the funding comprised of General Fund. Therefore, the overall funding reduction for this program will be 10 percent. This reduction will result in the layoff of two of the Drug Court's eight case managers. The non-General Fund support for this program, which will remain in tact, will continue to provide for subcontracted outpatient and residential treatment services.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

The Drug Court currently serves approximately 480 clients per year. The estimated number of unduplicated clients that will not be served as a result of this initiative is approximately 120.

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

This initiative will result in a General Fund savings of \$125,000.

**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: Drug Court Reduction**

	<b>FY 2009-10</b>	<b>Ongoing</b>
<b>Sources:</b>		
Subtotal Sources	-	-
<b>Uses:</b>		
Salaries and Fringes	\$ -	\$ -
027 Professional Services	(125,000)	(125,000)
	-	-
Subtotal Uses	(125,000)	(125,000)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ (125,000)	\$ (125,000)
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (32%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code

HMHSCCRES227 (125,000) \$ (125,000)

**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: CBHS- Mental Health

PROGRAM CONTACT NAME/PHONE: **Bob Cabaj, 255-3446**PROGRAM / INITIATIVE TITLE: **CBHS Vocational Services Reductions**

GENERAL FUND: *For Fiscal Year 2009-10 (cuts effective September 1, 2009, for 10 months of year)* -  
**\$1,000,000 General Fund Reductions**  
**\$626,984 Revenue Gain via expanded DOR-collaborative vocational services** (in planned matching funds to be drawn down through an expansion of the collaborative with CA Department of Rehabilitation (DOR) toward vocational rehabilitation services for individuals with mental illness disability)

TARGETED CLIENTS: Adults with behavioral health disorders receiving vocational services

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Funding for five CBHS-funded vocational programs for individuals with disabilities resulting from behavioral health disorders will be eliminated or reduced under this FY09-10 initiative. The affected agencies/programs and the total reductions to occur in FY09-10 are as follows:

- Transitional Volunteer Program (TVP) of the Volunteer Center - \$168,079 (this cut represents the full elimination of the TVP program to take effect on September 1, 2009, reflecting this amount of savings of 10 months of program costs in FY09-10).
- Baker Places Vocational Services - \$205,378 (this cut represents the partial elimination of funding for the BP Voc Services to take effect on Sep. 1, 2009, reflecting this amount of savings of 10 mos. of program costs). This cut of \$205,378 retains an amount of \$109,791 currently used to fund client wages for consumer worker-trainees.
- Conard Supportive Employment - \$131,941 (this cut represents the partial elimination of funding of Conard Supp. Emp. Program to take effect Sep. 1, 2009, reflecting savings of 10 mos. of program costs). This reduction of \$131,941 retains an amount of \$324,000 which goes toward clients' wages in this program's budget, which will not be cut in order to continue paying for consumers working as desk clerks at Conard's supportive housing sites..
- RAMS Employee Development - \$320,534 (this cut represents the elimination of all General Fund monies in the RAMS vocational program to take effect Sep. 1, 2009, reflecting this amount of savings of 10 mos. of program costs). However, a new expansion of the RAMS vocational rehabilitation program, for an equivalent amount, is planned to be immediately funded effective Sep. 1, 2009, via a collaborative with CA Department of Rehabilitation (DOR), which will use a small portion of the county general funds saved from these vocational cuts to be redirected to draw down matching funds through DOR. Thus, there will be no reduction in this service.
- CVE Vocational Services - \$340,734 (this cut, to take effect Sep 1, 2009, represents an

annualized reduction of \$408,881 to this program's total annual budget of 1,475,205). However, a new expansion of the CVE vocational rehabilitation program, for an equivalent amount, is planned to be immediately funded effective Sep. 1, 2009, via a collaborative with CA Department of Rehabilitation (DOR), which will use a small portion of the county general funds saved from these vocational cuts to be redirected to draw down matching funds through DOR. Thus, there will be no reduction in this service.

**JUSTIFICATION:** (required by the Mayor's Office)

To address the City's severe budget crisis, General Fund monies in the amount of \$1,666,667 will be eliminated from the programs, with \$166,667 being redirected to support the required match to draw down an amount of \$626,984 in Department of Rehabilitation funding. The Department of Rehabilitation will match every dollar of City funding with four dollars of their own. These funds will be used to fully backfill the reductions in two of the programs. These two programs were selected to be backfilled because these two programs already have existing contracts with the Department of Rehabilitation. Therefore, these two programs already have the appropriate staffing model and program to qualify for these funds. Additionally, these two programs serve clients from throughout the system, so clients from throughout the system, regardless of where they are receiving treatment services are eligible.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

The impact on client services is as follows:

Closure of Transitional Volunteer Program (Volunteer Center) – 300 unduplicated clients annually, 4228 units of service.

Closure of Baker Places Vocational Services – 30 unduplicated clients annually, 1,821 service hours

Closure of Conard Supportive Employment – 165 unduplicated clients annually (desk clerks trainees), 33,750 service days.

The closure of the RAMS Employee Development Program and the reduction in the CVE Vocational Services program are not expected to reduce clients served and units of service because those reductions are planned to be fully mitigated with the creation/expansion of new voc rehab programs by matching county funds through the Dept. of Rehabilitation.

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

Gross general fund savings from the above program reductions for FY 09-10 is \$1,166,667 (9/1/09 implementation date). Net general fund savings, however, is only \$1,000,000, because \$166,667 in GF will be re-directed towards the DOR vocational collaborative (which will generate \$793,651 of new DOR-collaborative voc services for the same client population – County match + DOR funding).

Annualization for the following FY 10-11 is \$1,200,000 in net GF savings, with \$200,000 in GF going towards the DOR collaborative.

**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: CBHS Vocational Services Reduction**

	<b>FY 2009-10</b>	<b>Ongoing</b>
<b>Sources:</b>		
General Fund	(1,000,000)	\$ (1,200,000)
Subtotal Sources	(1,000,000)	(1,200,000)
<b>Uses:</b>		
027 Professional Services	\$ - (1,000,000)	\$ - (1,200,000)
Subtotal Uses	(1,000,000)	(1,200,000)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ -	\$ -
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (32%)

**Operating Expenses**

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

HMHMCC730515

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 and Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: **Bob Cabaj, 255-3447**

PROGRAM / INITIATIVE TITLE: **Community Behavioral Health Services (CBHS) and Housing and Urban Health (HUH) Position Deletions and Transfers to grants.**

GENERAL FUND: **\$2,033,845 General Fund Savings**

TARGETED CLIENTS: N/A

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

CBHS proposes to discontinue General Fund support for a total of 20.67 FTE positions, of which 6.67 are administrative positions and 14 FTE are clinical/direct service positions. Of the 14 FTE clinical/direct service positions, a total of nine of these positions will be deleted in the General Fund, with the employees transferring to an Housing and Urban Health (HUH) grant. The purpose of this grant is to provide supportive services in three Direct Access to Housing (DAH) sites. The rest of the clinical/direct service positions are vacant. Of the administrative positions, two positions are filled. The filled position deletions are effective August 1. The vacant positions are effective July 1.

The position reductions are as follows:

- 0.83 1424 Clerk Typist  
0.83 1426 Sr. Clerk Typist  
2.0 1820 Jr. Administrative Analyst  
1.0 2818 Health Program Planner  
2.0 2320 Registered Nurse  
1.0 2323 Clinical Nurse Specialist  
1.0 2932 Sr. Psychiatric Social Worker  
1.0 2526 Ambulance Driver  
1.0 2586 Health Worker II  
2.0 2930/31 Psychiatric Social Worker  
7.0 2587 Health Worker III  
1.0 2803 Epidemiologist II

In addition a 2119 will be converted to a 2112 to achieve further savings.

**JUSTIFICATION: (required by the Mayor's Office)**

To help address the City's severe budget crisis, CBHS will reduce its General Fund-supported positions in two ways: 1) Deletion of General Fund-supported administrative and clinical positions that will be covered by restructuring to ensure essential duties continue; and, 2) Reduction of General Fund supported positions that will be transferred to new grant functions.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

There should be minimal client impact as the result of the deletion of the administrative vacancies. The deletion of filled clinical positions to be transferred to a grant-funded program will have some clinical impact to the degree that existing staff are unable to absorb their client load and functions.

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

General Fund Savings FY09-10 to Object 001 \$1,540,792

General Fund Savings FY09-10 to Object 013 \$493,053

Total savings of \$2,033,845.

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

If approved, there will be a reduction of 20.67 FTE in FY09-10, annualized to 21.0 FTE in FY10-11.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Positions reduction**

Sources:	FY 2009-10	Ongoing (12 months)
General Fund		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ (2,033,845)	\$ (2,138,584)
027 Professional Services		
Subtotal Uses	(2,033,845)	(2,138,584)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>\$ (2,033,845)</b>	<b>\$ (2,138,584)</b>
<b>Total FTE's</b>	<b>(20.00)</b>	<b>(21.00)</b>

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

Class	Title	FTE's
1424	Clerk Typist	(0.84)
1426	Sr. Clerk Typist	(0.83)
1820	Jr. Administrative Analyst	(1.00)
1820	Jr. Administrative Analyst	(1.00)
2320	Registered Nurse	(1.00)
2323	Clinical Nurse Specialist	(1.00)
2526	Ambulance Driver	(1.00)
2587	Health Worker III	(7.00)
2803	Epidemiologist II	(1.00)
2818	Health Program Planner	(1.00)
2930/31	Psychiatric Social Worker	(2.00)
2119	Health care analyst	(1.00)
2112	Medical Records Technican	1.00
2932	Sr. Psychiatric Social Worker	(1.00)
		(18.67)
	Fringe (32%)	
	Subtotal:	
2320	Registered Nurse	(1.00)
2586	Health Worker II	(1.00)
		(2.00)
	Fringe (32%)	
	Subtotal:	
	Total:	(20.67)

**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 and Primary Care Clinics

PROGRAM CONTACT NAME/PHONE:

PROGRAM / INITIATIVE TITLE: **Prior Year Grant and Project Close Outs**GENERAL FUND: **(\$5,850,000)**

TARGETED CLIENTS:

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

\$5,100,000 of expenditures have been put on reserve pending review of audits over the last three years. The Controller's Office has determined these reserves are no longer needed and can be released for use by the department.

In FY0809 the Department began the transition of young adults and parents from the Healthy Kids / Young Adults Program to the Healthy San Francisco Program. This program change completes that transition as of July 1, 2009 and will eliminate any remaining expenditures for this program.

**JUSTIFICATION: (required by the Mayor's Office)**

Transition of HKYA enrollees aged 20 – 25 to HSF will provide continued access of health care services at a reduced cost to the City.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

Release of reserves will have no impact on services.

There is no expected impact on availability of medical and behavioral health services except for dental and vision services that are not provided under HSF. Under HSF, care will be provided by DPH and SFCCC providers. Access to services out of network will also cease to be available.

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

\$5.1 M will be released by the Controller in 08-09 and returned to the General Fund.

Capitation revenues from HKYA have been adjusted in the base budget for FY0910. The General Fund appropriation for premiums for Young Adults will become zero in FY0910. \$750,000 of expenditure appropriation previously budgeted as premium payments and that was to be added to the SFGH operating fund to cover increased medical costs and pharmacy services for patients transitioning from Healthy Young Adults to Healthy San Francisco, has been submitted for GF savings for FY0910.

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

None

**ATTACHMENT B**  
**SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Prior Year Projects and Grant Close Outs**

		<b>FY 2009-10</b>	<b>Ongoing</b>
<b>Sources:</b>			
	08-09 Release of reserved to be moved forward in fund balance.	\$ 5,100,000	\$ -
Subtotal Sources		5,100,000	
<b>Uses:</b>			
		\$ -	\$ -
	Operating Expenses	(750,000)	(750,000)
Subtotal Uses			
<b>Net General Fund Subsidy Required (Uses less Sources)</b>		\$ (5,850,000)	\$ (750,000)
<b>Total FTE's</b>		<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (32 %)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code  
 HGHOVER18HLTH 021/02700 Professional Services

\$ (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  
☐ Health At Home

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

DPH SECTION: CBHS- Mental Health

PROGRAM CONTACT NAME/PHONE: **Bob Cabaj, 255-3447**

PROGRAM / INITIATIVE TITLE: **Southeast Mission Geriatrics Rent Savings**

GENERAL FUND: **\$36,646 General Fund Savings FY09\_10**

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)

Rental savings of \$36,646 will result from redeploying Older Adult CBHS staff located at Southeast Mission Geriatrics Clinic to other Adult Mental Health clinics.

**JUSTIFICATION: (required by the Mayor's Office)**

This redeployment will generate \$38,000 in General Fund savings. This will further result in the distribution of Older Adult clinical staff more evenly across the City which will help address the growing citywide older adult caseload.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

There will be no adverse impact on clients served.

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

General Fund Savings FY09\_10 to Object 3000 \$36,646

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

1.0 There is no impact on the Department's Workforce.

**ATTACHMENT B**  
**SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Southeast Geriatrics Rent Savings**

	<b>FY 2009-10</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Space Rental	(36,646)	\$ (36,646)
	-	-
Subtotal Uses	(36,646)	(36,646)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ (36,646)	\$ (36,646)
<b>Total FTE's</b>	<b>0.00</b>	<b>0.00</b>

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

Class Title

**Operating Expenses**

Index Code Character/Subobject Code

HMHMCC73105 - 03000

(38,000)

**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 (LHH)

PROGRAM CONTACT NAME/PHONE: Mivic Hirose / 759-2363

PROGRAM / INITIATIVE TITLE: LHH New Facility Operating Expenses

GENERAL FUND: \$548,050

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 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 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, while continuing to maintain existing buildings and grounds. Not only the increase in maintenance areas, the increased complexity of the operational systems such as Security, Fire, HVAC, elevators, and Multiple Asset data bases will all require special maintenance contract services.

**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 \$548,050 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 of new operational systems. This expense increase will be annualized to \$862,325 for the subsequent years. These associated maintenance costs are not covered by the transition budget.

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

None.

**INITIATIVE TITLE: LHH New Facility Operating Expenses**

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

## Operating Expenses

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