

2010-2011 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: Housing and Urban Health

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

PROGRAM / INITIATIVE TITLE: **Staff Conversion at Sobering Center**

GENERAL FUND: **(\$0) Budget Neutral**

TARGETED CLIENTS: Homeless People with Chronic Alcoholism

PROGRAM DESCRIPTION: (Description of Program Change)

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

Sobering Center is located at 1171 Mission Street and provides medically enhanced stabilization and recuperation services to severely intoxicated homeless persons. Admissions to the sobering center are primarily through paramedic drop-off. In addition to immediate stabilization services, the goal of the Sobering Center is to provide a gateway into a system of care designed to improve overall health and residential stability for this vulnerable population.

JUSTIFICATION: (required by the Mayor's Office)

In order to provide greater depth of service and improve client outcomes, the Sobering Center is proposing to shift its current staffing model that utilizes primarily Licensed Vocational Nurses to a combination of Registered Nurses (RN) and Medical Evaluation Assistants. With the greater clinical expertise afforded by RN staff, Sobering Center will more effectively coordinate with post-sobering services including medical and social detox, residential treatment services, and housing resources.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No impact on the number of clients served and units of service provided.

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

No additional cost to general fund.

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

There will be a decrease of 5.88 FTEs for LVNs (2312) and an increase of 2.80 FTEs for Registered Nurses (2320) and 2.00 FTEs for Medical Evaluations Assistant (2430).

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Staff Conversion at Sobering Center

	FY 2010-11	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Benefits	\$ 95,618	\$ 95,618
Operating Expenses	\$ (95,618)	\$ (95,618)
Subtotal Uses	-	-
Net General Fund Subsidy Required (Savings)/Costs (Uses less Sources)	\$ -	\$ -
Total FTE's	(1.08)	(1.08)

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

Class	Title	FTE's	PP1
2312	Licensed Vocational Nurse	(5.88)	\$ (391,528)
2320	Registered Nurse	2.80	\$ 367,800
2430	Medical Evaluations Assistant	2.00	\$ 110,589
		(1.08)	\$ 86,861
	Fringe		\$ 8,757
			\$ 95,618

Operating Expenses

Index Code	Character/Subobject Code	
HCHAPMEDRESP	021 / 02700	(\$29,742)
HCHSHHOUSGGF	021 / 02700	(\$65,876)
		(\$95,618)

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

6-72

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☐

DPH SECTION: Community Behavioral Health Services – Mental Health

PROGRAM CONTACT NAME/PHONE: Michelle Ruggels/255-3404

PROGRAM / INITIATIVE TITLE: **Increased Funding for HIV Testing and Prevention in Substance Abuse Treatment Programs**

GENERAL FUND: **No General Fund; requesting \$225,000 Federal Allocation Increase**

TARGETED CLIENTS: Individuals At-Risk of or having HIV AIDS

PROGRAM DESCRIPTION:

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

This initiative increases existing funding for HIV testing and early intervention services which will be fully funded by Federal dollars subvended to the State of California via the Department's Net Negotiated Agreement with the State Alcohol and Drug Program. These funds may only be used to provide HIV testing and early intervention to substance abuse treatment clients. Service are provided through contracts with agencies with existing DPH substance abuse treatment contracts..

JUSTIFICATION: (required by the Mayor's Office)

There is no impact to the General Fund since the Federal participation will be 100%.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative will improve quality of treatment and services but will have no impact on number of clients in treatment

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

Increase in State Alcohol funds of \$225,000 and increase in 027 Professional Services Contracts of \$225,000.

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

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Increased Funding for HIV Testing and Prevention in Substance Abuse Treatment Programs

	FY 2010-2011	Ongoing
Sources:		
State Alcohol Funds	\$ 225,000	\$ -
Subtotal Sources	225,000	
Uses:		
Salaries and Fringes	\$ -	\$ -
027 Professional Services Contracts	225,000	-
Subtotal Uses	225,000	-
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	0.0	0.0

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

Class Title FTE's

Fringe (37.1%)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code
HMHSCCRES227 027

- \$ 225,000

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

674

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DPH SECTION: Community Behavioral Health Services

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

PROGRAM / INITIATIVE TITLE: **Annualization of EPSDT Revenue for Joint Violence Prevention Program**

GENERAL FUND: 0

TARGETED CLIENTS: Children/Youth (Birth – 21), Medi-Cal recipients

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative annualizes the services funded in FY09-10 as part of the Joint Violence Prevention Program, in the amount of \$180,000 using Early Prevention, Screening, Diagnosis and Treatment (EPSDT) Medi-Cal from the state.

In FY09-10, CBHS partnered with the Department of Child Youth and Family (DCYF), and Juvenile Probation to implement the Joint Violence Prevention Program. The goal of the program is to disrupt repetitive cycles of juvenile delinquency, reduce recidivism, hold youth accountable for their behavior, and provide juvenile offenders with the best possible care and guidance, consistent with their best interest, and the safety and protection of the public. The program centers on community involvement and the coordinated delivery of treatment and community services. Therefore, to implement the program, CBHS contracted with six community-based agencies (CBOs) to provide Intensive Home-Based Supervision (IHBS) and Clinical Case Management (CCM) services for youth. IHBS/CCM is a neighborhood based multi-service intervention and treatment program for high risk, repeat offenders who have been returned to their homes and communities on probation.

The six contracted agencies are as follows:

1. Special Services for Groups (SSG/OTTP)
2. Bayview Hunters Point Foundation (BVHP)
3. YMCA – Urban Services
4. Instituto Familiar de la Raza (IFR)
5. Community Youth Center (CYC)
6. Center on Juvenile and Criminal Justice (CJCJ)

JUSTIFICATION: (required by the Mayor's Office)

This will continue to make available these services which are increasing access to mental health treatment for high risk children and families who are Medi-Cal recipients. Additionally, these funds are 95% reimbursed through State and Federal funding.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is estimated that 200 youth and families experiencing violence are receiving services annually through this program.

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

Expenditures and Revenues will increase by \$180,000. The revenue increase is compromised of \$90,000 in Short-Doyle medi-cal (Federal), \$81,000 in State EPSDT general fund match, and \$9,000 is the required 5% local match to EPSDT which will be coming from a work order from the Department of Children, Youth and their Families.

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

There is no impact on department's workforce.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Annualization of EPSDT Revenue for Joint Violence Prevention Project

	FY 2010-11	Ongoing
Sources:		
45416 Short Doyle MediCal - FFP	90,000	90,000
45412 EPSDT State Match	81,000	76,875
Work Order (used as Local Matching Funds)	9,000	13,125
Subtotal Sources	180,000	180,000
Uses:		
001/013 Salaries and Fringes		
027 Professional Services	\$ 180,000	\$ 180,000
Subtotal Uses	180,000	180,000
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's		

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

Class FTE's

		-
		-
Fringe (37.1%)	0.00	-
subtotal:		\$ -
Operating Expenses		
Character/Subobject Code		
027 HMHMCHPRPJWO		9,000
027 HMHMCP751594	\$	171,000
subtotal:	\$	180,000
Facilities Maintenance, and Equipment (List by each items by count and amount)		
Total:	\$	180,000

Note: \$9,000 in work order to fund local county match to EPSDT

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☒ Administration

DPH SECTION: **Administration**PROGRAM CONTACT NAME/PHONE: **Tangerine Brigham, 554-2779**PROGRAM / INITIATIVE TITLE: **Healthy San Francisco**GENERAL FUND: **\$0**

TARGETED CLIENTS: Uninsured adult residents participating in the Healthy San Francisco health care access program.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Healthy San Francisco Program (HSF) improves care to uninsured adult residents through a coordinated delivery system comprised of public, non-profit and private providers. HSF has streamlined eligibility and enrollment processes, improved access to care and customer service, and enhanced provider opportunities to monitor quality and health outcomes. The HSF budget initiatives for 2010-11 include: (1) enhancing Community Oriented Primary Care [COPC] primary care provider efficiency and productivity through expansion of Medical Evaluation Assistants and one eligibility worker (2) expanding and continuing the HSF provider network to include non-Department providers and (3) ensuring sufficient surgical and specialty care for HSF participants on the San Francisco General Hospital and Trauma Center (SFGH) campus.

JUSTIFICATION

Over 20% of HSF participants are new to the health care delivery system. Both Department and non-Department HSF providers work to ensure access to care by efficiently utilizing clinical resources and maximizing provider productivity.

The first budget initiative seeks to accomplish this by adding critical Medical Evaluation Assistant (MEA) clinical support staff to COPC clinics within the Department as well as one 2903 Eligibility Worker. To date, COPC provides services to almost 5,000 new HSF participants. Currently, COPC is budgeted at 1.0 FTE clinical support staff per primary care provider, which is less than recommended. The addition of eight (8) new MEA positions will bring this staffing ratio up to 1.4 FTE. It would greatly enhance COPC's ability to absorb new patients while improving care, efficiency of clinic flow, productivity and quality measures. With this enhancement, a 15%-20% increase in provider productivity is anticipated.

The second budget initiative seeks to ensure adequate access to care by continuing the Department's current efforts to expand the HSF provider network to include additional non-profit and private providers. The increased funding will result in serving approximately 5,300 new HSF participants through non-Department providers.

The third budget initiative seeks to address sufficient surgical and specialty care access for HSF participants referred to SFGH. In total, approximately 11,500 HSF participants are new. Many of these

individuals have been referred to SFGH to receive needed care. This initiative addresses the increased demand for services that has resulted of serving additional HSF participants.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

During 2010-11, it is estimated that the Healthy San Francisco program will approximately 55,000 uninsured adults by June 2011.

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

The initiatives in this 2011-11 Healthy San Francisco budget request are budget neutral. The Department estimates that expenditure increases will be fully offset by increases in revenue. Revenue is expected to increase \$2,217,673 and expenditures are expected to increase by \$2,217,673. Included in increased expenditures is a reallocation of 2009-10 one-time capital project funding in the amount of \$1,616,033 to 2010-11 to cover anticipated expenditure increases.

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

This initiative includes ten new positions (eight 2430 Medical Evaluation Assistants, one 2903 Eligibility Worker and one 2930 Psychiatric Social Worker) at 9.20 FTEs. The initiative also eliminates six positions (2323 Clinical Nurse Specialist, one 2586 Health Worker II, one 2324 Nursing Director and one 2323 Clinical Nurse Specialist) at 3.66 FTEs. Net position increase is 5.44 FTE.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Healthy San Francisco

		FY 2010-1011	Ongoing
Sources:			
65952	Participant Fees - Non-Employer Based	\$ 2,105,000	\$ 2,105,000
65918	Point of Service Fees	\$ 112,673	\$ 112,673
Subtotal Sources		\$ 2,217,673	\$ 2,217,673
Uses:			
	Salaries and Fringes	\$ 56,398	\$ (38,466)
	Non Personnel Services	\$ 3,777,307	\$ 3,879,137
	One Time Capital Project for PHHC (Base Adjustment)	(1,616,033)	(1,616,033)
Subtotal Uses		\$ 2,217,673	\$ 2,224,638
Net General Fund Subsidy Required (Savings)/Costs (Uses less Sources)		\$ (0)	\$ 6,965
Total FTE's		5.54	7.69

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

Class	Title	FTE's	
2430	Medical Evaluation Assistant (PP7)	8.00	440,661
2903	Eligibility Worker (PP7)	0.77	45,433
2323	Clinical Nurse Specialist (PP5)	(2.21)	(386,160)
2930	Psych Social Worker (PP5)	0.43	35,015
2586	Health Worker II (PP5)	(0.85)	(45,965)
2324	Nursing Director (PP1)	(0.30)	(57,611)
2323	Clinical Nurse Specialist (PP1)	(0.30)	(52,420)
		5.54	(21,046)
	Fringes (@ 51.81% for new 2430 & 32.54% for others)		77,444
			56,398

Operating Expenses

Index Code		
HGH1HUN40061	021/02789 Other Medical Services (SF Health Plan & Private Providers)	1,899,665
HGH1HUN40061	021/02700 Professional Services (UC Main Affiliation)	678,515
HGH1HUN40061	021/02786 Professional Services (UC Main Affiliation)	931,575
HGH3FFC40011	021/02786 Professional Services (UC Main Affiliation @ 9 months)	267,552
		3,777,307

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

6.80

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DPH SECTION: SFGH

PROGRAM CONTACT NAME/PHONE: Sharon Kotabe/206-2325

PROGRAM / INITIATIVE TITLE: SFGH Pharmacy staffing to meet regulatory requirements

GENERAL FUND: \$572,068

TARGETED CLIENTS: All patients seen in the Emergency Department and all admitted to SFGH

PROGRAM DESCRIPTION: (Description of Program Change)

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

Surveys by licensing, regulatory and accrediting bodies (e.g. California Department of Health Services [DHS], Centers for Medicare/Medicaid Services [CMS], the Joint Commission [JC] on Accreditation of Healthcare Organizations) continue to focus on medication use and pharmacy services. This has led to several deficiency citations in recent surveys by these agencies at SFGH. The Pharmacy department cannot comply with the plans of corrections for the deficiencies or address additional and more stringent medication use and pharmacy services requirements of regulatory bodies with current staffing.

This initiative adds 5 FTEs to SFGH Pharmacy staffing to comply with plans of correction for deficiencies and continue to provide services. The additional FTEs are needed for pharmacist review of all emergency department orders prior to drug administration 24-hours per day/7 days per week (3 FTE), and preparation of all IV and sterile products including for the neonatal nursery and intensive care units 16 hours per day/7 days per week (2 FTE.)

JUSTIFICATION: (required by the Mayor's Office)

Recent deficiencies cited by regulatory bodies that required plans of correction were for lack of pharmacist review of orders from the emergency department prior to drug administration, and IV solutions and sterile products prepared by non-pharmacy staff for high risk patient populations. Non-compliance may compromise patient safety and puts SFGH at risk of losing Medicare/Medicaid funds.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Number of clients served and units of service provided will not substantially change, but these measures will ensure quality services and patient safety.

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

Hospital revenue will be negatively impacted if Medicare and Medicaid funding is lost. Approval of additional staffing will increase labor expense for the department by \$572,068.

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

The following additional staffing is required to bring all of the cited deficiencies into compliance with regulatory requirements:

- 3 FTE (class 2450/pharmacist) – to review all emergency department orders prior to drug administration, 24 hours per day, 7 days per week
- 2 FTE (class 2409/pharmacy technician) – to enhance current IV preparation staff to prepare all IV and sterile products for the neonatal nursery and intensive care units, 16 hours per day, 7 days per week

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH Pharmacy Staffing to meet regulatory requirements

	FY 2010-11	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 572,068	\$ 742,945
Subtotal Uses	572,068	742,945
Net General Fund Subsidy Required (savings)/costs (Uses less Sources)	\$ 572,068	\$ 742,945
Total FTE's	3.85	5.00

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

Class	Title	FTE's	Pay Period 7
2450	Pharmacist	2.31	\$ 305,498
2409	Pharmacy Technician	1.54	111,766
		3.85	417,263
	Fringe (37.1 %)		154,805
			\$ 572,068

Operating Expenses

Index Code Character/Subobject Code

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

Initiative Number D2
(Leave blank)

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☐ Health At Home

DPH SECTION: All

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

PROGRAM / INITIATIVE TITLE: **DPH Enterprise Regulatory Compliant Medical Image System**

GENERAL FUND: \$0

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative will fund an upgrade to the current hardware and software of the SFGH Picture Archive Communications System (PACS) so that DPH will have a medical-legal/regulatory compliant medical imaging system for all clinical operations within DPH. The current system does not meet all regulatory requirements.

JUSTIFICATION: (required by the Mayor's Office)

The PACS Medical Imaging System was installed in 2004 for Radiology department images at SFGH. Since then, the regulatory requirements for capturing and storing all types of medical images, which are required to be a part of the official patient medical record, has extended to include departments such as Dermatology, Ophthalmology and Cardiology. The current PACS system is not able to handle the increased requirements for these additional images. This new system will facilitate clinician access to medical images for operational purposes as well as audits and regulatory reviews.

In addition, DPH was the recipient of State of California Prop 1D funds in the amount of \$5 million to implement a Telemedicine Program for the urban underserved residents of San Francisco over the next three years. Without an upgrade to the current PACS system, DPH will not be able to capture and store the medical images from the Telemedicine Program. Once this system is complete, it will benefit all DPH patients accessing telemedicine – Primary Care, SFGH, LHH, Behavioral and Jail Health patients

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Revenue will be increased by \$382,080 and operating expenses are expected to increase by \$382,080 annually.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: DPH Enterprise Regulatory Compliant Medical Image System

	FY 2010-11	Ongoing/Annualized
Sources:		
Medicare O/P Revenue	\$ 191,040	\$ 191,040
Medi-Cal O/P Revenue	\$ 191,040	191,040
Subtotal Sources	382,080	382,080
Uses:		
Salaries and Fringes	\$ -	\$ -
Operating Expense	382,080	382,080
	-	-
Subtotal Uses	382,080	382,080
Net General Fund Subsidy Required (savings)/costs (Uses less Sources)	\$ -	\$ -
Total FTE's	0.00	0.00

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

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

Fringe (37.1 %)

-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/03100 Equipment Lease Upgrade/&Extension	\$ 382,080

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

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DPH SECTION: **Administration**PROGRAM CONTACT NAME/PHONE: **Tangerine Brigham, 554-2779**PROGRAM / INITIATIVE TITLE: **Nurse Advice Line**GENERAL FUND: **\$1,169,643**

TARGETED CLIENTS: Patients with a Department primary care medical home.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Implementation of a Nurse Advice Line for patients with a Department primary care medical home. This includes patients enrolled in Medi-Cal, Medicare, Healthy Families, Healthy Kids, Healthy Workers, Healthy San Francisco, Sliding Scale Program or Self-Pay Program. The goals of the DPH phone nurse advice/triage line are to: (1) help reduce wait time for primary care appointments, (2) help triage patients to the appropriate level of care, (3) help mitigate the need for patients to visit the urgent care or emergency department at SFGH during non-clinic hours, (4) help expand access to services during non-clinic hours and (5) complement the New Patient Appointment Unit serving as a natural and seamless extension of the Unit.

JUSTIFICATION

In January 2010, the California Department of Managed Health Care (DMHC) issued regulations requiring all health plans to implement "timely access" standards for non-emergency health care services for all insured patients, including Medi-Cal and Medicare recipients. The regulations require health plans to: (1) meet certain access standards, (2) arrange for nurse triage/screening services by telephone, (3) develop quality assurance processes through documenting network capacity, conducting annual enrollee surveys and annual provider surveys and (4) file annual compliance reports. A health plan can take on the responsibility or delegate to the medical group(s) they contract with.

Beginning in February 2010, the Nurse Advice Line will be piloted within the Department using four existing Registered Nurses. This proposal expands the program to additional primary care medical homes and to specialty services at San Francisco General Hospital for service from 8 am to 11 pm. In evenings we will continue to have two physicians on call. These regulatory provisions impact the Department because the Nurse Advice Line will provide services to insured patients. Through a variety of system improvements, including Healthy San Francisco, the Department has streamlined eligibility and enrollment processes, improved access to customer service, improved access to care and enhanced provider opportunities to monitor quality and health outcomes. Implementation of the Nurse Advice Line will enable the Department to better meet the access standards promulgated by the State.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

During 2010-11, it is estimated that the Nurse Advice Line will be available to serve all individuals with

Department primary care medical homes which is estimated at 61,000 – 65,000 patients.

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

The 2011-11 expenditure budget is \$1,169,643. Nurse advice line services are not billable under third-party revenue sources. Provision of nurse advice line services are an unfunded State mandate. As a result, the Department will be unable to offset any of the increased expenditures with increased revenue.

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

This initiative will add seven positions (six 2320 Registered Nurses and one 2585 Health Worker 1) in 2010-11 at 6.04 FTEs.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Nurse Advice Line

Sources:	Revenue	FY 2010-2011	Ongoing
Subtotal Sources		0	0
Uses:			
	Salaries and Fringe	1,066,531	\$ 1,222,170
	Operating Expenses	60,000	60,000
	Capital Improvement Project	0	0
Subtotal Uses		1,126,531	1,282,170
Net General Fund Subsidy Required (Uses less Sources)		1,126,531	1,282,170
Total FTE's		6.04	7.00

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

Class	Title	FTE's	
2320	Registered Nurse	4.00	507,936
2320	Registered Nurse	1.27	161,270
2585	Health Worker I	0.77	37,377
		<u>6.04</u>	<u>706,583</u>
	Fringe (32%)		226,107
P103	Nurse Registry		133,841
		<u>6.04</u>	<u>1,066,531</u>

Operating Expenses (List by Index Code and Character)

HCHACCESITGF	040/04900 Material and Supplies	10,000
HCHACCESITGF	021/02700 Professional Services (McKesson - HSF IT)	50,000
		<u>60,000</u>

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

0

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DPH SECTION: SFGH

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

PROGRAM / INITIATIVE TITLE: **Food and Nutrition Management Services**

GENERAL FUND: (\$3,430)

TARGETED CLIENTS: Patients and Staff at SFGH

PROGRAM DESCRIPTION: (Description of Program Change)

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

SFGH recently entered into a long term agreement with Sodexo America (Sodexo) to provide experienced leadership in the Food and Nutrition Services department. Sodexo will provide up to 4 senior level staff to manage food service operations at SFGH, inclusive of a General Manager, Assistant Manager, Executive Chef and Training Manager (time limited position).

JUSTIFICATION: (required by the Mayor's Office)

In October 2009, the results of a regulatory survey by the California Department of Public Health found the SFGH Food Service Department to be non-compliant with the standards mandated by the Federal Centers for Medicare & Medicaid Services (CMS). A subsequent January 2010 re-survey found continued non-compliance by the SFGH Food Service Department, that unless remedied, will result in the decertification of SFGH by the Medicare and Medicaid programs. Decertification will prohibit SFGH from receiving reimbursement from the Medicare and Medi-Cal programs.

The primary objectives of the long term agreement will be to: 1) provide experienced leadership in the Food and Nutrition dept., 2) train the supervisors and employees how to maintain compliance with regulatory agency requirements and safe food handling best practices, 3) enhance the retail cafeteria and patient food and nutrition services programs to include nutritional information and wellness programs, 4) increase patient and employee satisfaction scores, 5) establish financial stewardship by reducing costs and increasing efficiencies. By offering a variety of healthy food options, accepting credit card purchases and new business from patrons of the nearby café which will be closing, Sodexo estimates that the increase in cafeteria sales volume, along with an estimated 20% increase in prices, will be able to cover the management labor and fees under this agreement.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Revenues are expected to increase \$886,607 in the first year and \$886,607 ongoing. Expenses are estimated to increase by \$883,117 that includes one time cafeteria renovation and opening expenses in the first year and \$791,337 ongoing. Net general fund savings will be \$3,430 for the first year and \$95,270 ongoing.

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

None.

6-88

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Food and Nutrition Management Services

		FY 2010-11	Ongoing/Annualized
Sources:			
75302	Cafeteria Sales Revenue	\$ 886,607	\$ 886,607
Subtotal Sources		886,607	886,607
Uses:			
	Operating Expenses	\$ 833,177	\$ 791,337
	Capital Project	50,000	-
Subtotal Uses		883,177	791,337
Net General Fund Subsidy Required (Uses less Sources)		\$ (3,430)	\$ (95,270)
Total FTE's		0.00	0.00

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

Class Title FTE's

Fringe (37.1 %)

-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code	
HGHIHUN40061	040/04000 Materials & Supplies	\$ (264,204)
HGHIHUN40061	021/02799 Other Professional Services (Sodexo)	1,055,541
HGHIHUN40061	021/02799 Other Professional Services for opening expenses (one time)	41,840

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

Cafeteria Renovation (one time) 50,000

2010-2011 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 and Rehabilitation Center (LHH)

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

PROGRAM / INITIATIVE TITLE: Laguna Honda New Facility Operating Expenses

GENERAL FUND: \$1,591,329

TARGETED CLIENTS: All Laguna Honda 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. This initiative will address on the new facility and infrastructure changes, the support needed for new technologies on Information Systems, as well as the transition from a centralized tray-line service to a decentralized meal program (social dining) for Nutrition Services operation.

JUSTIFICATION: (required by the Mayor's Office)

Laguna Honda Hospital (LHH) will be moving from 1920s era building to a new State of the art, 550,000 sq. ft. hospital. This change is not just a physical one, but one that affects all aspects of their operations and will require additional resources to maintain.

Information Systems - \$949,485

In the new facility nurses, physicians and other clinical staff will transition to a system based on paper files to a completely computerized system for the provision of patient care and safety. The current building did not have a sufficient electrical system to support adequate computer systems in every ward. Now wired and wireless equipment will be in constant use and the systems need to be carefully maintained, monitored and kept operational 24x7. The information system operation must increase its staffing, maintenance contracts and licensing agreements to support the new technology which will be used for patient care.

Facilities Maintenance - \$298,688

Not only is there an increase in square footage, there is an increased complexity of modern operational systems such as Security, Fire, HVAC, elevators, and Multiple Asset databases which did not exist before. These systems will all require special maintenance contract services. In addition, the facilities maintenance group will need to continue to maintain the existing buildings, some of which will be converted to administrative offices, and grounds.

Food Service - \$343,156

Central to the new model of care for LHH, Nutrition Services operation will transition from a medical model meal program where the resident's food is assembled and served on trays in one centralized area to a social model meal program where food and beverages will be served in thirteen smaller, decentralized galleys located throughout the new LHH. This transition from a centralized to a decentralized meal operation requires additional food service staffing. Timely meal service is a critical element of the care provided at Laguna Hospital and is important to the health and welfare of the residents.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

All 780 residents at Laguna Honda Hospital, all their visitors, and 1300+ staff.

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

The expense increase of \$1,591,329 in Fiscal Year 2010-2011 is due to transitioning into a brand new facility. Most of maintenance service contracts will start immediately once we move in or by October 2010 the latest. The expense increase will be annualized to \$2,680,598 in subsequent fiscal years.

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

Increase of 6.8 FTEs for Fiscal Year 2010-2011 annualizing to 15.0 FTEs in subsequent fiscal years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Laguna Honda New Facility Operating Expenses

	FY 2010-11	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 590,876	\$ 1,346,660
Operating Expenses	\$ 1,000,453	1,333,938
	-	-
Subtotal Uses	1,591,329	2,680,598
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 1,591,329	\$ 2,680,598
Total FTE's	6.8	15.0

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

Class	Title	FTE's	
1022	IS Administrator II (Apr-2011)	0.81	\$ 65,519
1041	IS Engineer Assistant (Jan-2011)	0.50	50,034
1044	IS Engineer Principal (Jan-2011)	0.50	71,149
2604	Food Service Workers (Jan-2011)	5.00	215,740
			402,441
	Fringe (46.8%)		188,434
			\$ 590,876

Operating Expenses

Index Code	Character/Subobject Code		
HLH448688	021 / 02761 / Consulting	(eff. Oct-2010)	\$ 206,250
HLH448688	021 / 02911 / Equipment & SW Maintenance	(eff. Oct-2010)	258,000
HLH448688	040 / 04921 / M&S	(eff. Oct-2010)	201,000
HLH448688	081 / 081CI (Opt-e-man)	(eff. Oct-2010)	22,500
HLH448688	081 / 081ET (additional data plans)	(eff. Oct-2010)	3,216
HLH448688	081 / 081ET (additional switch lines)	(eff. Oct-2010)	10,800
HLH449470	021 / 02899 Other Bldg Maint Svcs	BMS (Oct-2010)	54,188
HLH449470	021 / 02899 Other Bldg Maint Svcs	HVAC (Oct-2010)	101,250
HLH449470	021 / 02941 Medical Equip Maint	Beds (Oct-2010)	143,250
			\$ 1,000,453

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

2010-2011 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: Community Health Network and Community Health Services

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

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

GENERAL FUND: **\$850,000 for 2010-11**

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

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative pertains to the acquisition and implementation of an Electronic Medical Record (EMR) at Hospital and Community based Primary Care and specialty clinics through a contract to be awarded to *eClinicalWorks*. The EMR system will provide a cohesive information systems infrastructure for Ambulatory patient care services including Clinical Documentation; Progress Notes; Electronic Medication Ordering (e Prescribing) and integration with other Key departmental clinical and financial systems. The initiative anticipates project cost estimated at \$4.7 million for one-time expenses required to bring the system to full production status in all appropriate areas by 2012/13 and \$660,000 in annual support fees thereafter. Estimated project costs include required system and network computer hardware as well as software license fees and vendor professional services required to assist Department Information Technology staff in the initial implementation work effort and transition to on-going support of the system.

JUSTIFICATION: (required by the Mayor's Office)

The Director of Health and Clinical Leadership team of the Department has identified several key benefits associated with Electronic Medical Records relating to clinical patient care services, regulatory compliance and positive fiscal impacts. As a supporting technology to the successful Healthy San Francisco program, an EMR will provide a seamless method to gather and share patient care data among members of a diverse clinical treatment team. The ability to access a cohesive medical record in different locations will augment the core planning activities of the clinical treatment team, and enhance patient care services at the point of treatment. The ability to check and order medications on-line (e Prescribing) is anticipated to reduce medication order and administration errors, and to provide a comprehensive listing of medications for both hospital and community based services. Integration with key departmental registration, eligibility and billing systems will provide clinical data and reporting capabilities to support reimbursement activities and patient care planning and decision support.

Finally, implementation of electronic health records in the clinics and hospital that achieve "meaningful use" as defined by the Center for Medicare and Medicaid Services will qualify our hospital and clinics to receive \$6 - 7 million in incentive payments funded by ARRA HITECH funds and enable the department to recover much of the cost of implementation. After 2015, not only will hospitals without meaningful use will not qualify for incentive payments, they will be subject to a penalty for noncompliance.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

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

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

The initiative anticipates One-Time expenses of approximately \$4.7 million (\$850,000 for 2010-11), to bring the system to full production status by 2012-13 and \$660,000 in annual licensing and support fees thereafter. The department anticipates future revenues of \$6-7 million in Medicare and Medi-Cal incentive payments beginning in 2012-13 which will offset significant implementation costs.

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

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

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Year 1 of Electronic Medical Records

	FY 2010-11	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Professional Services (02700)	\$ 850,000	\$ 850,000
Subtotal Uses	850,000	850,000
Net General Fund Subsidy Required (savings)/costs (Uses less Sources)	\$ 850,000	\$ 850,000
Total FTE's		

New Positions (List positions by Class, Title and FTE)
Fringe (37.1 %)

Operating Expenses

Index Code	Character/Subobject Code		
	Professional Services (02700)	850,000	850,000

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

2010-2011 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, Laguna Honda Hospital, Primary Care, Central Admin
PROGRAM CONTACT NAME/PHONE: Gregg Sass 554-2610
PROGRAM / INITIATIVE TITLE: **Outsource Security Services at SFGH, LHH, Primary Care and 101 Grove**
GENERAL FUND: **(\$4,371,739)**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

Eliminate Sheriff work order and replace with a contract for private security services at San Francisco General Hospital, Laguna Honda Hospital, PC Health Centers and 101 Grove.

JUSTIFICATION: (required by the Mayor's Office)

Costs of the work order for security services with the Sheriff are increasing largely due to staffing shortages that must be backfilled with overtime. In response to impending citywide budget deficits, DPH and the SFSD are exploring alternative options to providing security for DPH facilities (SFGH, Laguna Honda, and COPC clinics). Replacement of the work order with a contract for private security will save \$5,246,089 annually in general fund at DPH.

Given the severe budget deficit the department faces, this is an initiative that will allow it to maintain critical health care services and security needs while reducing costs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Effective September 1, 2010, decrease operating expenses by \$4,371,739 in FY09-10 and \$5,246,089 ongoing. There is no anticipated impact on revenue. In addition, this initiative will reduce overtime cost in the jails as they re-deploy staff formerly assigned to SFGH to other posts and reduce general fund costs in the jails. These savings would be realized by the Sheriff's department.

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

None at DPH, but staffing changes may occur at the Sheriff's Department.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Outsource DPH Security Services (September 1, 2010)

	FY 2010-11	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Work Orders with Sheriff Dept	\$ (7,253,525)	\$ (8,704,230)
Professional Services	\$ 2,881,786	3,458,141
Subtotal Uses	(4,371,739)	(5,246,089)
Net General Fund Subsidy Required (Uses less Sources)	\$ (4,371,739)	\$ (5,246,089)
Total FTE's	0.00	0.00

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

Class Title FTE's

Fringe (32%)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code

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

2010-2011 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General- Inpatient Psychiatry
PROGRAM CONTACT NAME/PHONE: Sharon Wicher, 206-3670
PROGRAM / INITIATIVE TITLE: **Non Acute Psychiatric Inpatients Cohorting**
GENERAL FUND: **(\$1,607,566)**

TARGETED CLIENTS: Non Acute Psychiatric Inpatients

PROGRAM DESCRIPTION: (Description of Program Change)

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

A 21 bed acute psychiatric unit would be reconfigured to an 18 bed unit for non-acute patients waiting for placement at a lower level of care in a non-acute setting. Patients would be evaluated using Medi-Cal guidelines and classified as non-acute by the SFGH Psychiatry Utilization Review Department. The unit can be flexed up to 21 beds on a limited basis when a Charge Nurse is present and discharges are planned to occur during the shift. Additionally, the remaining Acute Psychiatric Inpatient unit licensed skill mix will be enhanced from 60% RN (Registered Nurse) to 80% RN.

JUSTIFICATION: (required by the Mayor's Office)

Currently more than 50% of the psychiatric inpatients are non-acute. Title 22 State regulations require hospitals to staff acute psychiatric beds at a nurse to patient ratio of 1 to 6. Savings are realized by reduction of beds and by reducing the Hours Per Patient Day (HPPD) from an Acute level to non acute while still maintaining a 1:6 nurse to patient ratio. Because this proposal still maintains the nurse to patient ratio of 1:6, a waiver from the state is not required to implement.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No impact to patients. There will be 3 less budgeted IP Psychiatric beds.

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

General fund savings will be \$1,607,566.

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

There will be an annualized reduction of 14.2 FTE's

ATTACHMENT B

SUMMARY OF PROGRAM COST

FY 2009-10 Mid Year Reduction

INITIATIVE TITLE: Non Acute Psychiatric Inpatients (effective July 1, 2010)

	FY 2010-11	FY 2011-12
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ (1,607,566)	\$ (1,607,566)
Subtotal Uses	(1,607,566)	(1,607,566)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (1,607,566)	\$ (1,607,566)
Total FTE's	(14.20)	(14.20)

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

<u>Class</u>	<u>Title</u>	<u>FTE's</u>	<u>PP1</u>
2320	Registered Nurse	(2.50)	\$ (328,392)
2312	Licensed Vocational Nurse	(5.90)	\$ (392,857)
2305	Licensed Psychiatric Technician	(5.80)	\$ (388,873)
		(14.20)	(1,109,103)
	Fringe (44.9% based on actual in BPMS)		(498,463)
			\$ (1,607,566)

Operating Expenses

Index Code Character/Subobject Code

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

2010-2011 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-3517

PROGRAM / INITIATIVE TITLE: **UC Regents Trauma Recovery Center**

GENERAL FUND: **(\$953,712)**

TARGETED CLIENTS: Adult victims of interpersonal violence

PROGRAM DESCRIPTION: (Description of Program Change)

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

Closure of the UC Regents Trauma Recovery Center (TRC) effective September 1, 2010 will result in a savings of \$953,712 representing 10 months of General Fund program costs.

JUSTIFICATION: (required by the Mayor's Office)

General Fund has been used to support UC Regents Trauma Recovery Center for the last 3 years after the State cut the funding for the program. TRC provides outreach, case management and trauma-focused mental health services to victims of interpersonal violence (18 years of age and above), including to victims of sexual assaults, domestic violence, gunshots, stabbings, and their family members. In addition, TRC provides education, training, and consultation services to community-based organizations, on topics related to TRC services, inter-personal violence, personal safety, and trauma.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

About 650 unduplicated clients seen annually will be affected. TRC treatment is time-limited with goal of return to normal functioning. Any clients with more serious and persisting adjustment disorders, meeting criteria for serious mental illness, will be referred to other CBHS behavioral health programs for continuation of needed treatment, and will be prioritized according to acuity. The CBHS civil-service Crisis Response Team also attends to victims of gun violence and their families, and clients from TRC needing further continued treatment and case management from such trauma will be referred to this team.

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

Reducing professional services by \$953,712 in FY 10/11 and by \$1,144,454 in FY 11/12.

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

No impact.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: UC Regents Trauma Recovery Center

	FY 2010-11	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ -	\$ -
Operating Expenses	(953,712)	(1,144,454)
Subtotal Uses	(953,712)	(1,144,454)
Net General Fund Subsidy Required (Uses less Sources)	\$ (953,712)	\$ (1,144,454)
Total FTE's	0.00	0.00

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

Class Title FTE's

Fringe (37.1 %)

-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02700 Professional Services (UC @ 10 months)	(953,712)

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

2010-2011 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: **Reprogramming CATS MAP Van Transportation**

GENERAL FUND: **\$300,000 FY 10_11 General Fund Savings**

TARGETED CLIENTS: Adults Abusing Alcohol and Drugs

PROGRAM DESCRIPTION: (Description of Program Change)

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

Community Awareness and Treatment Services operates a fleet of Mobile Assistance Patrol vans to provide assessment of persons at risk on the street, and provide transportation to stabilization or shelter referral to those persons. MAP also provides safe transport to individuals within the detoxification and shelter system to essential services. MAP Outreach Counselor Drivers contact these individuals by patrolling the city streets, and responding to dispatched calls from the general public, Emergency Services, public and private agencies, and clients requesting service.

JUSTIFICATION: (required by the Mayor's Office)

To help address the City's severe budget crisis, transportation services provided to shelter clients will now only be available in the evening, and day transportation services will focus on moving clients between emergency departments and community medical respite and community crisis stabilization programs. This reduction equates to a 39 percent of the current General Fund allocation of \$781,466.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative will result in a reduction of transportation services to 854 clients and an equivalent loss of 10,676 units of service.

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

There will be a General Fund Savings of \$300,000 in FY10_11.

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

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

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: CATS MAP Reprogramming

	FY 2010-11	Ongoing
Sources:		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ -	\$ -
027 Professional Services	(300,000)	(300,000)
Subtotal Uses	(300,000)	(300,000)
Net General Fund Subsidy Required (Uses less Sources)	\$ (300,000)	\$ (300,000)
Total FTE's	0.0	0.0

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

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

Fringe (32%)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code

HMHSCCRES227 02700 Professional Services

(300,000)

(300,000)

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

2010-2011 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 10-11 **\$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 a reduction in funding in the Referral for Health Care/ Supportive Services category to begin July 1, 2010 for savings of \$230,133. The San Francisco AIDS Foundation Client Advocacy and Financial Benefits Counseling program provides 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.

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.

JUSTIFICATION: (required by the Mayor's Office)

While these orientation and referral services are helpful, in the context of the current budget deficit, this reduction is necessary and similar more in-depth services remain available within the HIV service provision system.

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: HIV benefit counseling and advocacy

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

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

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

Operating Expenses

Index Code	Character/Subobject Code		
HCHPDHIVSVGF	027 Professional Services	(230,133)	(230,133)
		(230,133)	(230,133)

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

2010-2011 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: AIDS Office - HIV Prevention

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

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

GENERAL FUND: FY 10-11 Reduction **\$214,192**

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 \$214,192 will be reduced from the HIV Prevention Section by reducing two contracts currently on grant funding to allow General Fund contracts to be moved onto grant-funding.

1. UCSF Women's Specialty Clinic: The Sexual Health and Empowerment Program (+SHE)- \$75,312
2. UCSF AIDS Health Project: Training for CTL Counselors - \$138,880

JUSTIFICATION: (required by the Mayor's Office)

1. UCSF Women's Specialty Clinic provides prevention with positives (PWP) to HIV positive women. Funding for reaching women is reduced as data show that women are less likely to transmit HIV to others; therefore the service that this program provides is a lower priority than other programs.

Remaining funding for the program will be allocated to UCSF's remaining program which does outreach for transfemales.

2. UCSF AIDS Health Project provides training 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 test counselors.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This proposal will result in the reduction of PWP services by 606 contacts with clients and 2,456 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)

(\$214,192) 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

	FY 2010-11	On-Going
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		\$ -
Salaries and Fringes		
027 Professional Services	\$ (214,192)	\$ (214,192)
	-	\$ -
Subtotal Uses	\$ (214,192)	\$ (214,192)
Net General Fund Subsidy Required (Uses less Sources)	\$ (214,192)	\$ (214,192)
Total FTE's	0.0	0.0

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

Class	Title	FTE's	\$
			-
	Fringe (32%)	-	-
		\$ -	\$ -
Operating Expenses			
HCHPDAIDPRGF	027 Professional Services	\$ (214,192)	\$ (214,192)
		\$ (214,192)	\$ (214,192)

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

2010-2011 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: **\$734,240 Reduction FY10_11; \$858,439 Reduction FY11_12**

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, 2010**, 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 \$734,240 in FY10_11 and \$858,439 annualized thereafter are derived from the savings in civil service.

JUSTIFICATION: (required by the Mayor's Office)

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 \$734,240 in FY10_11 and \$858,439 in FY11_12.

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

Reduction of 6.47 FTEs 2930/2931 Psychiatric Social Workers/Marriage & Family Therapists in FY10_11 and 7.56 FTE thereafter.

ATTACHMENT B
SUMMARY OF PROGRAM COST

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

Sources:	FY 2010-11	Ongoing (12 months)
General Fund		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ (734,241)	\$ (858,439)
027 Professional Services		
Subtotal Uses	(734,241)	(858,439)
Net General Fund Subsidy Required (Uses less Sources)	\$ (734,241)	\$ (858,439)
Total FTE's	(6.47)	(7.56)

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

Class	Title	FY10-11 FTE	FY11-12 Savings	Index Code
2930/2931	Psychiatric Social Worker/Marriage & Family Therapi	(5.47)	(452,840)	HMHMCC730515
		(1.00)	(82,711)	HMHMHOMEELSGF
		(6.47)	(535,551)	
	Fringe (37.1%)		(198,690)	
	subtotal:	(6.47)	\$ (734,241)	

Operating Expenses

Index Code	Character/Subobject Code		
HMHMCC730515	001/013	(5.47)	\$ (620,844)
HMHMHOMEELSGF		(1.00)	\$ (113,397)
		(6.47)	\$ (734,241)

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

2010-2011 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: **Housing and Urban Health**

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

PROGRAM / INITIATIVE TITLE: **10% Reduction to HIV/AIDS Housing Subsidy Funding**

GENERAL FUND: Reduction of \$559,360

TARGETED CLIENTS: Low-income people living with HIV/AIDS; including young adults

PROGRAM DESCRIPTION: (Description of Program Change)

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

DPH currently spends \$5,593,603 on housing subsidies for People Living with HIV/AIDS for a total of 641 subsidy units. These subsidies are administered by the San Francisco AIDS Foundation, Catholic Charities CYO, Baker Places and Larkin Street Youth Services. All agencies provide subsidies to individuals living in market rate apartments (SRO, studios and one bedroom units); however, Baker Places and Larkin Street Youth Services' programs also subsidize persons living in shared apartments rented by the agencies and are often referred to as coops. The programs vary in the amount of services they provide to the clients.

JUSTIFICATION: (required by the Mayor's Office)

The HIV/AIDS housing subsidies were historically funded by a combination of federal CARE dollars and General Fund. Changes in HRSA policy several years ago prohibited the funding of housing subsidies with CARE funds and therefore all HIV/AIDS housing subsidies were shifted to the General Fund. Given the current financial crisis, the General Fund funding is being reduced through a combination of attrition and/or modest increases of the tenants rent contribution. The overall program is preserved with minimal impact on services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No existing tenants will lose their housing as a result of this cut.

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

General Fund will be reduced by \$559,360 in FY 10/11.

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

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: 10% Reduction to HIV/AIDS Housing Subsidy

	FY 2010-11	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Contractual Services	\$ (559,360)	\$ (559,360)
Subtotal Uses	(559,360)	(559,360)
Net General Fund Subsidy Required (Uses less Sources)	\$ (559,360)	\$ (559,360)
Total FTE's		

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

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

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

Operating Expenses

Index Code	Character/Subobject Code		
HCHSHHOUSGGF	021/02700	\$ (559,360)	\$ (559,360)

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

6-112

2010-2011 Program Change Request (Mid-Year)**DEPARTMENT NAME:**

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

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

DPH SECTION: HUH

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

PROGRAM / INITIATIVE TITLE: **Reduction of Funding for the SRO Collaboratives**

GENERAL FUND: (\$736,000)

TARGETED CLIENTS: Low-income SRO tenants.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Single Room Occupancy (SRO) Collaboratives provide outreach and education regarding fire prevention, community stabilization and health and well being to tenants in private SRO buildings in Chinatown/North Beach, Central City and Mission districts. The SRO Collaboratives provide referrals for legal services and other social services based on a resident's need. The primary target audience for this program is very low-income SRO tenants, including families with children. *

The Department currently contracts with the following agencies to provide the SRO Collaborative services: Chinatown Community Development Center (CCDC), Dolores Street Community Services (DSCC) and the Tenderloin Housing Clinic (THC).

JUSTIFICATION: (required by the Mayor's Office)

To address the deficit, the Department of Public Health has prioritized eliminating non-core health services. A portion of the funding for these services comes from the Department of Building Inspections (\$364,000 out of a total of \$1,100,00). If DBI continues to fund the SRO Collaboratives, the services will continue at a reduced funding level.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If this proposal is approved, 44,590 Units of Services (UOS) and 1,729 Unduplicated Clients (UDC) will not receive SRO Collaborative services annually.

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

General fund will be reduced by \$736,000 in FY10/11.

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

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Reduction of Funding for the SRO Collaboratives

	FY 2009-10	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Contractual Services	\$ (736,000)	\$ (736,000)
Subtotal Uses	(736,000)	(736,000)
Net General Fund Subsidy Required (Uses less Sources)	\$ (736,000)	\$ (736,000)
Total FTE's		

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

Class Title FTE's

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

Operating Expenses

Index Code	Character/Subobject Code		
HCHSHHOUSGGF	021/02700	\$ (736,000)	\$ (736,000)

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

2010-2011 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION:

PROGRAM CONTACT NAME/PHONE:

PROGRAM / INITIATIVE TITLE: **Consolidation of HIV Viral Load Testing to SFGH**

GENERAL FUND: (\$209,276)

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

In April 2010, responsibility for HIV Viral Load testing at the Public Health Lab at 101 Grove was consolidated to the clinical lab San Francisco General Hospital (SFGH). The Public Health lab had conducted about 500 tests a month, primarily for residents in the Positive Care Ward 86 at SFGH. The equipment at SFGH's clinical lab has the capacity to take on the additional tests without the need for additional staff or equipment and will allow the public health lab to reduce two positions which are now vacant.

JUSTIFICATION: (required by the Mayor's Office)

Consolidation of testing at SFGH will be more efficient given most of the specimens are coming from San Francisco General.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

\$209,276 of salary and fringe benefits will be reduced.

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

A reduction of 1.0 Microbiologist and 1.0 Bacteria Lab Assistant.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Consolidation of HIV Viral Load Testing to SFGH

	FY 2010-11	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ (209,276)	\$ (209,276)
	-	-
	-	-
Subtotal Uses	(209,276)	(209,276)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (209,276)	\$ (209,276)
Total FTE's	(2.0)	(2.0)

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

Class	Title	FTE's	PPI	
	Microbiologist	(1.00)	\$	(88,296) (public health lab)
	Bacteriological Laboratory Assistant	(1.00)		(57,972) (public health lab)
				-
				(146,268)
	Fringe (38% and 50%)			(63,008)
			\$	(209,276)

Operating Expenses

Index Code Character/Subobject Code

- \$ -

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

2010-2011 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 Health Network**

PROGRAM CONTACT NAME/PHONE: **Gregg Sass (554-2610), David Counter (255-3575)**

PROGRAM / INITIATIVE TITLE: **MIS Contract Savings FY 2010 through FY 2016**

GENERAL FUND: **(\$1,066,566)**

TARGETED CLIENTS: San Francisco General Hospital, Laguna Honda Hospital and Primary Care Clinics

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative will allow for the approval of a re-negotiated multi-year Master Agreement (FY 2010 through FY 2016) with Siemens Medical Systems at a reduced annual rate resulting in a savings of approximately \$1,066,566 annually in the Department's Information Technology Base Budget for the next seven years. The re-negotiated contract with Siemens Medical Systems will also enable the Department to exchange previously licensed software products relating to Siemens SOARIAN, a clinical and financial application for hospitals, that we no longer expect to implement, for software licenses and implementation services for clinical and financial tracking applications relating to Siemens INVISION.

These Siemens INVISION software products will be immediately applicable to the goal of attaining *Meaningful Use* of Electronic Medical Records (described in initiative E2) at San Francisco General Hospital in the 2011-2015 timeframe and will greatly enhance the ability of the Hospital to qualify for approximately \$6-\$7 Million in incentive payments to be made available through the Federal ARRA, HITECH grant program. It is anticipated that Hospital ARRA incentive payments will be made available in early 2012. Conversely, should we fail to achieve *meaningful use* by 2015, we face financial penalties that would reduce funding to the Department.

JUSTIFICATION: (required by the Mayor's Office)

The Director of Health and Clinical Leadership team of the Department have identified several key benefits associated with Electronic Medical Records (EMR) relating to clinical patient care services, regulatory compliance and positive fiscal impacts.

Also, this initiative allows us to make significant progress on Electronic Medical Record and maintain our IT services AND decrease costs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

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

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

This initiative anticipates an annual Base Budget savings of \$1,000,000 due to a re-negotiated monthly rate for information technology software products and services provided by Siemens Medical Systems.

Current Annual Payment FY 10-11	\$5,034,102
<u>Revised Annual Payment FY 10-11</u>	<u>\$3,967,568</u>
Total Annual Savings	\$1,066,536

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

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

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Seimens Contract Savings

	FY 2010-11	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Professional Services (02700)	\$ (1,066,566)	\$ (1,066,566)
Subtotal Uses	(1,066,566)	(1,066,566)
Net General Fund Subsidy Required (savings)/costs (Uses less Sources)	\$ (1,066,566)	\$ (1,066,566)
Total FTE's		

New Positions (List positions by Class, Title and FTE)
 Fringe (37.1 %)

Operating Expenses

Index Code	Character/Subobject Code		
	Professional Services (02700)	(1,066,566)	850,000

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

2010-2011 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:

PROGRAM CONTACT NAME/PHONE:

PROGRAM / INITIATIVE TITLE: **Reduction in Standby Pay**

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

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

The department is currently reviewing standby pay practices in all division. Following this review, DPH will consolidate functions which require staff members to be on standby or on call duty to more efficiently staff on call needs.

JUSTIFICATION: (required by the Mayor's Office)

Given the extreme deficit that the City faces, the consolidation of standby functions will maintain health services while reducing cost.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None.

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

Reduction of premium pay and fringe by \$1,000,000.

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

No positions will be eliminated as part of this initiative.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Standby Pay Reduction

	FY 2010-11	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Premium Pay	\$ (1,000,000)	\$ (1,000,000)
	-	-
Subtotal Uses	(1,000,000)	(1,000,000)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (1,000,000)	\$ (1,000,000)
Total FTE's	0.0	0.0

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

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

-	-
-	-
\$	-

Operating Expenses

Index Code	Character/Subobject Code
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-	\$	-
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Facilities Maintenance, and Equipment (List by each items by count and amount)

2010-2011 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: Reduction to Community Behavioral Health Services

GENERAL FUND: **FY 10_11 (\$12,552,261)** **FY 11_12 (\$12,552,261)**

TARGETED CLIENTS: Adult and Children Having Mental Health and Substance Abuse Illness

PROGRAM DESCRIPTION: (Description of Program Change)

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

On July 31, 2009, the Department of Public Health (DPH), Community Behavioral Health Services (CBHS), issued an RFP covering community based mental health and substance abuse treatment services totaling \$118,632,344. Excluded services included Methadone Maintenance, Fiscal Intermediary/Administrative Service Organizations, Inpatient, Long Term Care, Pharmacy, Rep. Payee, Residential Care Homes, School-Based Special Education, Technical Assistance, Client Transportation, and Children's Wrap-Around Services. Since the RFP was issued, the City has faced an extreme deficit. Consequently, General Fund support for programs will be reduced by \$12,652,261 in FY10_11. Community Behavioral Health Services estimates a range of additional reductions from \$3 million to \$6 million due to a loss of Short Doyle Medi-Cal revenue associated with the reductions. This revenue was leveraged by General Funds, thus these revenues and expenditures will not be available after the General Fund matching dollars are reduced.

The Department implemented reductions by reviewing the RFP results and establishing a principle to maintain a continuum of care for all populations, with special emphasis on maintaining this continuum for non-English speakers and other high-risk populations and neighborhoods. While reductions were taken in all modalities, all successful applicants will be funded.

This \$12,652,261 initiative will result in reduced General Fund support to the following modalities: Outpatient - \$4,222,679; Residential - \$5,757,042; Vocational - \$298,648; Case Management/Drop-in/Outreach - \$1,143,749; Children Youth and Family Day Treatment, \$513,974; School-Based Special Education, \$486,026 and, Methadone Maintenance - \$130,143. While not included in the RFP, the above-noted reduction in Methadone Maintenance total funding constitutes a three percent reduction to Methadone Maintenance services supported by General Fund. Community Behavioral Health Services will be working with the affected agencies to identify which of their programs will be impacted by the funding reductions. Therefore, the full impact of the proposed reductions will not be known until CBHS has had an opportunity to meet with each agency.

JUSTIFICATION: (required by the Mayor's Office)

The above-noted reduction initiative is proposed to help the City address its severe budget shortfall.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

04/30/10 11:07 AM

6.122

The impact on the number of clients served and the related units of service is not known at this time since this will have to be determined via contract negotiations with each affected contractor. It is noted that the number of residential beds eliminated in this initiative will be offset by 183 beds in Housing and Urban Health's Pipeline Housing and an additional 70 supportive housing beds secured through the CBHS RFP.

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

General Fund savings of \$12,552,26.

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: Reduction to Community Behavioral Health Services

	FY 2010-2011	On-Going
Sources:		
Short-Doyle Medi-Cal Revenue S/O: 454016	\$ (3,000,000)	\$ (3,000,000)
Subtotal Sources	(3,000,000)	(3,000,000)
Uses:		
		\$ -
Salaries and Fringes		
027 Professional Services	(15,552,260)	\$ (15,552,260)
	-	\$ -
Subtotal Uses	(15,552,260)	\$ (15,552,260)
Net General Fund Subsidy Required (Uses less Sources)	\$ (12,552,260)	\$ (12,552,260)
Total FTE's	0.0	0.0

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

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

Operating Expenses

Index Code	Character/Subobject Code	
HMHMCC730515	027 Professional Services	(10,829,540)
HMHMCP751594	027 Professional Services	(1,000,000)
HMHSCCRES227	027 Professional Services	(3,722,720)
Total		<u>(15,552,260)</u>

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

6.124

2010-2011 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 Oriented Primary Care (COPC) and Community Behavioral Health Services (CBHS)

PROGRAM CONTACT NAME/PHONE: **Barbara Garcia/255-3525**

PROGRAM / INITIATIVE TITLE: Primary Care and Behavioral Health Integration Project

GENERAL FUND: **FY 10_11 \$1,722,429 reduction**

TARGETED CLIENTS: Primary Care Clients Requiring Behavioral Health Interventions

PROGRAM DESCRIPTION: (Description of Program Change)

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

In FY 10-11 to effectively integrate primary care and behavior health services, improve clinical outcomes, and address the City's budget deficit at the same time, the DPH Community Programs Division is proposing a new integration model of care. The new "Primary Care and Behavior Health Care Integration" model will achieve approximately \$ 1.7 million dollars in savings. These savings will be achieved through the integration and reorganization of administrative and management functions and the elimination of vacant positions for additional savings to meet the Department's budget target. This staffing change will be achieved through a combination of reassignments, training of existing staff, and substituting existing vacant positions into appropriate classifications.

To ensure that individuals in Primary Care have access to behavioral health services, e.g. mental health and substance abuse services on-site in the patient's own primary care clinic, Community Programs will be implementing a new Behavior Health model into the Primary Care Civil Services clinics. This integration is considered a best practice and is supported by multiple evaluations in a variety of cities (in settings similar to DPH). This model has shown improved clinical outcomes, improvement in primary care provider and patient satisfaction with behavioral health services, and a more effective use of critical health care dollars when these services are located on-site. To this end, as of January 2010, DPH began the planning and implementation of this new service delivery model in the Department's primary care clinics. The training and implementation phase will continue through FY 2012.

At the core of this model, there will be a new provider - the "Behaviorist"- in the Primary Care clinics. The role of the Behaviorist will be to relieve the time-consuming burden of addressing behavioral health problems on the Primary Care team (thus creating more time for the Primary Care team, e.g. physician providers to see more clients and at the same time addressing the patient's behavioral health needs more effectively) by providing brief interventions and consultation, as well as longer-term interventions when necessary to improve the patient's health outcomes when sustained behavior therapy is necessary. Examples of brief interventions may include: enhancing motivation to change high risk behaviors, changing lifestyle behaviors to prevent illness or improve disease management, learning ways to improve pain management, addressing medication adherence, improving parenting skills, addressing child behavior problems, establishing stable housing, promoting stability and a higher quality of life for patients with serious mental illnesses, and assisting with the problems of obesity, smoking, alcohol and drug use.

The Behaviorist function will be developed primarily from the reassignments and training of existing

clinical positions, including vacancies, both in the Medical Social Worker and the Psychiatric Social Worker classifications. In FY10-11, approximately 12-18 of these positions will be transferred in stages from within the existing Community Behavioral Health Services (CBHS) clinics to the Primary Care clinics. These positions will be reorganized with the existing Medical Social Workers to ensure that both Behavior Health and other Social Work needs of patients are identified and met. The transfer of CBHS positions over the next fiscal year will allow for the transfer and the continuation of follow up and care management for clients in both systems

Additionally, the model requires a Behaviorist Assistant, created primarily through substitutions of existing vacancies to 2587 Health Worker III positions in FY10-11. The Health Workers will work as a member of a primary care team providing services to patients in medical clinics consistent with the Primary Care Behavioral Health Program. Services include working with the Primary Care Provider (PCP), Behaviorist and Medical Social Workers to assist patients with environmental concerns (i.e., food, shelter, clothing, benefits), support delivery of services that are culturally and linguistically competent, assist in completion of routine screening and outcome measures, manage Behaviorist patient flow, and support Behavioral Health services.

JUSTIFICATION: (required by the Mayor's Office)

In FY 10-11 to improve the integration of primary care and behavior health services, improve clinical outcomes, and address the City's budget deficit at the same time, the DPH Community Programs Division is proposing a new integration model of care. This model has shown improved clinical outcomes, improvement in primary care provider and patient satisfaction with behavioral health services, increased number of patient visits, and a better value for the health care dollar when these services are located on- site.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is expected that due to the efficiencies of having both the Behaviorist and Assistant Behaviorist functions, that providers will be able to increase the overall number of visits currently provided. Once the model is fully operational, it is expected that the Primary Care system will increase patient visits by approximately 32,000 per year.

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

This proposal will result in General Fund salary savings equal to \$1,722,429.

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

The savings in this initiative were achieved through 7.5 FTE substitutions, primarily reducing management staff and increasing front line staff, to create the most appropriate classifications for this program model, and the elimination of 10.40 FTE. See attached Exhibit B for details.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Primary Care and Behavioral Health Integration

Sources:	FY 2010-2011	Ongoing
		\$ -
Subtotal Sources	-	
Uses:		
001/013 Salaries and Fringes	(1,722,429)	(1,722,429)
027 Professional Services	0	0
Subtotal Uses	(1,722,429)	(1,722,429)
Net General Fund Subsidy Required (Uses less Sources)	(1,722,429)	(1,722,429)
Total FTE's	(10.40)	(10.40)

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

Class	FTE's
2587 Health Worker III	(0.75) (41,253)
2586 Health Worker II	0.75 40,422
2922 Sr. Medical Social Worker	(0.50) (42,738)
2574 Clinical Psychologist	0.50 47,317
2588 Health Worker IV	(1.00) (68,937)
2586 Health Worker II	1.00 53,896
2930 Psychiatric Social Worker	(1.25) (102,200)
2586 Health Worker II	1.25 67,370

6.123

1802	Research Assistant	(1.00)	(63,442)
2586	Health Worker II	1.00	53,896
2323	Clinical Nurse Specialist	(1.00)	(174,733)
2930	Psychiatric Social Worker	(1.00)	(81,760)
2320	Registered Nurse	(1.00)	(130,849)
2930	Psychiatric Social Worker	(2.75)	(224,840)
2920	Medical Social Worker	(2.00)	(163,520)
2320	Registered Nurse	(1.00)	(130,849)
0931	Manager III	(1.00)	(124,157)
0923	Manager II	1.00	115,040
2323	Clinical Nurse Specialist	(1.00)	(174,733)
0931	Manager III	(1.00)	(124,157)
0923	Manager II	1.00	115,040
2593	Health Program Coordinator	(0.65)	(61,087)
0943	Manager VIII	(1.00)	(199,374)
0941	Manager VI	1.00	154,147
			(1,261,501)
	Fringe (36%)		(460,928)
		(10.40)	(1,722,429)

subtotal: (1,722,429)

Operating Expenses

Character/Subobject Code
021/02700 Professional Services
040/04000 Material & Supplies

0

subtotal: 0

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

Index code:

Total:

(1,722,429.16)

Project Code:

6.28

2010-2011 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: **Housing and Urban Health**

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

PROGRAM / INITIATIVE TITLE: **Elimination of Funding for the Ark of Refuge – Ark House Program**

GENERAL FUND: (\$434,738)

TARGETED CLIENTS: LGBTQQ young adults (ages 18 to 23) who are currently homeless or at-risk of becoming homeless

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Ark House is a transitional housing program which serves homeless young adults between the ages of 18 and 23 who identify themselves as primarily Lesbian, Gay, Bisexual, Transgender, Queer, and/or Questioning (LGBTQQ). The goal of the program is to provide a stable transitional housing environment combined with support services that promote greater self-sufficiency.

JUSTIFICATION: (required by the Mayor's Office)

The Ark House experienced an unexpected loss of site control which forced the closure of their permanent site at 1038 Howard Street on November 4, 2009. Since that time, the program has operated out of several temporary locations with a reduced census. Due to the loss of site control coupled with and DPH's required reduction in General Fund spending, Ark House was included in DPH's mid-year cut approved by the Health Commission on December 15, 2009.

Following the Health Commission meeting, mid-year cuts were heard at the Board of Supervisor's Beilenson hearing on January 26, 2010. At this meeting, the Supervisors requested that the Controller's Office perform a fiscal and organizational review of the Ark House program. This report was issued to the Supervisors on April 23, 2010.

The Controller's Office report concurred with DPH's concerns regarding the site and supported the decision to terminate the contract. Therefore the Department is moving forward with the elimination of funding to Ark House effective June 30, 2010.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

All existing clients will be transitioned to other suitable options prior to closing.

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

General Fund will be reduced by \$434,738 in FY 10/11.

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

None

6.129

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Elimination of Funding for the Ark of Refuge - Ark House Program

	FY 2010-11	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Contractual Services	\$ (434,738)	\$ (434,738)
Subtotal Uses	(434,738)	(434,738)
Net General Fund Subsidy Required (Uses less Sources)	\$ (434,738)	\$ (434,738)
Total FTE's		

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

Class Title FTE's

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

Operating Expenses

Index Code	Character/Subobject Code		
HCHSHHOUSSGGF	021/02700	\$ (434,738)	\$ (434,738)

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