

MESSAGE FROM THE DIRECTOR OF HEALTH ON FY 2010-11 BUDGET

Introduction

In response to the City-wide budget deficit, the Health Department was asked to bring a plan to reduce its use of General Fund by a total of \$137 million dollars, comprised of:

- A 20% Base budget reduction of \$68 million,
- A 10% Contingency reduction of \$34 million, and
- An additional reduction of \$35 million requested on March 29 to address a continuing deficit.

This represents a 40% decrease to the \$344 million General Fund appropriation for the current budget year.

We have been able to meet the \$68 million base and \$34 million contingency combined targets of \$102 million. We have not been able to fully meet the additional \$35 million target. Our total General Fund reduction stands at \$105 million.

A significant component of this reduction relies on one-time revenues. Additional federal stimulus funding and proceeds of a recently approved hospital “fee” provide \$70 million in one time revenues. There are \$13 million in increased revenues that are continuing. The budget identifies \$8 million in unavoidable inflationary and regulatory costs and emerging needs. Finally, we are proposing an additional \$27 million in cost reductions. We have tried to minimize the impact on services to the most vulnerable and respond to the Health Commission’s primary directive to preserve a sustainable system of care to those most in need.

Budget Principles

At its December 1 meeting, the Health Commission approved the following over-riding principle to guide the Department’s budget process:

PROTECTING A SUSTAINABLE SYSTEM OF CARE DURING ONGOING FISCAL CRISIS

...the Commission directs Dr. Katz and his staff to propose a sustainable system of care that meets our financial obligations and reflects the Health Commission and DPH priorities to those most in need in San Francisco.

In addition, the Health Commission has previously approved the following principles to guide development of the budget for the Department:

Revenue

1. The Department shall develop a budget to include revenue increases to the maximum extent possible.

2. The Department shall ensure that fee-based programs will have fees set to recover costs.

Populations

3. In proposing cuts the Department will minimize the impact on vulnerable populations. We define vulnerable populations as low income persons. Given that almost all patients of the Department fall into this group, in prioritizing services for low income persons, we further prioritized services for persons fulfilling the following characteristics:

Lowest Income

Prioritize services for the very poor over services for the poor.

More Severe Illness

Prioritize services for those with serious illness over those with moderate illness.

Health Disparities

Prioritize services addressing populations with known disparities over programs serving the general population.

Non-English Speakers

Prioritize services for those whose first language is not English.

Homeless

Prioritize services for the homeless over the housed.

4. Given that most clients we serve fit at least one of these diagnoses, clients fitting multiple categories would be judged to be more vulnerable than other persons.

Services

5. The Commission and the Department have as a priority to develop and enhance relationships with partners who constitute our system of care for all San Franciscans.
6. The Department will move aggressively to develop measures and outcomes for all programs that it operates and funds.
7. The Department will identify to the Health Commission those programs that are financially self-sustaining and the services will be exempt from cuts (e.g., immunization clinic, outpatient dialysis), although cost reductions within them can be considered.
8. The Department and Health Commission will identify those services of the highest priority where no cuts will be recommended and those services of moderate priority where some cuts can be recommended.
9. The Department will continue to fulfill its legally mandated functions, although we may recommend cuts to fulfill this mandate at lower expenses.
10. The Department, when making service cuts, will try to mitigate them by substituting a less expensive level of service for the same population.
11. The Department will include funding to address increases in the cost of doing business for our community partners, and increases in salaries of Department

employees mandated by labor agreements, even if that funding necessitates a reduction in services to finance the increased cost.

12. The Department will not propose budget reductions that would jeopardize licensure and accreditation of our hospitals.
13. Reductions will be guided by the revised DPH Strategic Plan that now incorporates the four priority Community Benefit Partnership goals into the plan.
14. Any reduction in the General Fund will be presented in the context of other revenues, including grants, for the identified services.
15. Staff will present tiers of reductions to address a range of possible cuts that may be required by the Mayor.

Following is a discussion of the components of our General Fund reduction plan. Each item below is referenced to further documentation in the accompanying exhibits.

Revenue Increases

Increased revenue provides funding to absorb structural, regulatory and inflationary costs and contributes funding to offset other budget issues. Consistent with the first budget principle which states: *The Department shall develop a budget to include revenue increases to the maximum extent possible*; we have carefully evaluated all opportunities to increase revenues.

As we discussed our last presentation, we are in an unusual position this year relative to forecasting revenues for the budget year. While we can make some estimates of baseline increases, major funding streams are undefined at this time.

Medi-Cal 1115 Waiver

The Medi-Cal Waiver provides \$150M in hospital funding and up to \$25M in funding for Healthy San Francisco. It expires on September 1, 2010. At this time it we are not able to predict whether the new Medi-Cal Waiver will be larger or smaller. In the absence of better information, we are therefore projecting no growth in these revenues.

Hospital Fee

The State has submitted a plan amendment to the Center for Medicare and Medicaid Services (CMS) for a hospital “fee” that would be used to increase Medi-Cal payments and would be matched with federal matching payments at an enhanced FMAP rate of 61.59%. Assuming the plan amendment is approved and depending upon the effective date, we may see a significant increase in funding for the current and budget year. The “fee” is set to expire on December 31, 2010, but could be extended until June 30, 2011 if enhanced FMAP is also extended as discussed below. While CMS has not yet formally approved the plan, unofficial indications are positive and approval is expected. We are therefore including \$40 million for the period October 1 2009 – December 31, 2010 plus an additional \$16 million tied to the extension of FMAP discussed below.

Extension of FMAP

The Senate and House each approved legislation to extend enhanced FMAP at the current 61.59% level for an additional six months through June 30, 2011. The baseline budget includes this revenue through December 31, and we are projecting an additional \$14 million in FMAP through June 30 plus \$16 million in Hospital Fees that should be available if FMAP is extended.

While we have included additional revenues in our budget from each of the three sources above, should any of these not materialize, or should the final amounts be materially less than budgeted, the Department could be required to make additional cuts to bring the budget into balance.

Following are the revenue increases identified at this time.

Baseline Revenue – SFGH (A1)	\$10,375,425
Baseline Revenue – LHH (A2)	5,295,355
Primary Care Outpatient Revenue - LHH (A3)	42,213
Acute medical revenue – LHH (A4)	949,493
Hospital Fee - SFGH (A5)	40,000,000
Extension of FMAP & Hospital Fee to June 30 (A6)	29,979,110
Medi-Cal Revenue at the Community Justice Center –SA (A7)	200,000
Collection fee for delinquent payments – GH (A8)	<u>100,000</u>
Total Revenues	\$ 86,941,595

Inflationary Increases

For the 2010-11 fiscal year, we are anticipating the expected increase in costs of pharmaceuticals and rents and leases. We also need to adjust the UCSF contract to fund increased defined benefit pension costs.

Following are the initiatives identified at this time.

Pharmacy Inflation – Dept Wide (B1)	\$1,138,608
Direct Access to Housing Master Lease and operating costs – DAH (B2)	345,953

UCSF Defined Benefit Retirement Plan Contribution – SFGH (B3)	<u>\$2,592,296</u>
Total Inflationary	\$4,076,857

Revenue Neutral Programs

One fortuitous aspect of our ability to generate revenue is that in a few cases we are able to create new services, which in total are funded entirely through revenues linked to the services.

Following are the initiatives identified at this time.

	Expenditure	Revenue	General Fund
Primary Care Expansion and Medicare Professional Fee Billing– SFGH (C1)	\$1,819,448	\$1,846,093	(\$26,645)
Emergency Medicine Residency Program - SFGH (C2)	251,443	251,443	0
Emergency Department Information System – SFGH (C3)	853,955	853,955	0
Intern Resident Common Payroll – SFGH (C4)	0	0	0
Expansion of Children’s Health Center – SFGH (C5)	92,580	92,580	0
Pharmacy Business Manager - SFGH (C6)	174,311	174,311	0
Environmental Health Services Fees EH (C7)	(212,558)	(212,558)	0
Automated Point of Sale Device Inspection – EH (C8)	437,777	437,777	0
Mental Health Services Act (MHSA) Expansion– CBHS (C9)	2,223,300	2,223,300	0
EPSDT Expansion to comply with SB785 – CBHS (C10)	400,000	400,000	0
Drug Medi-Cal – CBHS (C11)	600,000	600,000	0

Short Doyle Medi-Cal increase to contractors – CBHS (C12)	350,000	350,000	0
Backfill AIM Higher Grant with ESPDT – CBHS (C13)	0	0	0
Expand SB163 wraparound services for Youth Residential – CBHS (C14)	490,388	490,388	0
Family Mosaic Project – CBHS (C15)	(110,925)	(110,925)	0
Sobering Center Staffing Conversion – HUH, PC (C16)	0	0	0
Increased Funding for HIV Testing and Prevention in Substance Abuse TX programs - HIV (C17)	225,000	225,000	0
Annualization Joint Violence Prevention RFP Leveraging EPSDT – MH (C18)	180,000	180,000	0
Healthy San Francisco Expansion – HSF (C19)	<u>2,217,673</u>	<u>2,17,673.</u>	<u>0</u>
Total Revenue Neutral	\$9,992,392	10,019,037	(\$26,645)

Regulatory

The Healthcare industry is among the most heavily regulated sectors of the economy. Federal, and State agencies, and licensing agencies such as JCAHO increasingly require our institutions and other public health services to incur additional costs. These costs include increased levels of clinical staff, management oversight and increased cost of monitoring and reporting on compliance. Following are the items requiring additional funding:

Pharmacy Staffing – SFGH (D1)	\$572,068
DPH Enterprise Regulatory Compliant Medical Image System– SFGH (D2)	0
Nurse Advise Line – PC (D3)	1,126,531
Food and Nutrition Management Services – GH (D4)	<u>(3,490)</u>
Total Regulatory	1,695,109

Emerging Needs

Certain new spending requirements require additional positions and spending authority. These differ from many of our structural needs in that specific funding and or position authority is needed to incur these necessary and unavoidable expenses. Following are the items we are bringing forward.

LHH New Building Needs– LHH (E1)	\$1,591,329
Ambulatory Electronic Medical Record – SFGH and Primary Care (E2)	<u>850,000</u>
Total Emerging Needs	\$2,441,329

Reductions

Reductions to spending comprise \$26.3 million or 25% of the total \$105 million reduction to General Fund.

Approximately 37 % of the items on the reductions list are not service reductions. Included among these are:

- \$4.4 million to outsource security services,
- \$1.6 million to cohort sub-acute inpatients in psychiatry,
- \$0.2 million to consolidate Microbiology services,
- \$1.8 million to reorganize Community Behavioral Health Services
- \$1.1 million in MIS contract savings, and
- \$0.6 million in reductions to standby pay,

These initiatives meet the 16th budget principle

The Department will continue to fulfill its legally mandated functions, although we may recommend cuts to fulfill this mandate at lower expenses.

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

- Disease control and health promotion,
- Emergency services,
- Providing a primary care home to the uninsured and underinsured with integrated behavioral health, and
- Supportive housing.

We have reduced Behavioral Health service contracts \$12.6 million. These reductions were informed by a lengthy RFP process to identify the most efficient models for delivery of services. The process was guided by the 10th budget principle:

The Department, when making service cuts, will try to mitigate them by substituting a less expensive level of service for the same population.

It is noteworthy that these reductions represent 6% of the \$200 million in total contracted Behavioral Health services. Behavioral Health represents the largest segment of discretionary spending in the Department. As noted in the Controller's March 2009 Budget Improvement Project Report:

"San Francisco provides a broader array of non-hospital services than other surveyed counties" "San Francisco spends dramatically more per capita on substance abuse, mental health, maternal child health and HIV/AIDS services than our surveyed peers."

The remaining service reductions are comprised of items that have been previously approved by the Health Commission and Mayor's Office but were restored by the Board of Supervisors in the Board phase of the budget process. We believe that continued funding for these items should be re-evaluated in these difficult financial times.

Following are the reduction initiatives that are proposed:

Outsource Security Services – DPH (F1)	\$4,371,739
Cohorting Acute Psych – GH (F2)	1,607,566
Trauma Recovery Center (TRC) Closure – GH (F3)	953,712
Reprogram mobile assistance patrol transportation – CBHS (F4)	300,000
HIV Health Services - benefit counseling and advocacy – HIV (F5)	230,133
HIV Prevention - outreach and testing contract reductions – HIV(F6)	214,192
Prioritize Mental Health Services to Persons with Serious Mental Illness –MH (F7)	734,241
10% Reduction to HIV/AIDS Housing Subsidies – HUH (F8)	559,360
Eliminate funding for SRO housing collaboratives - HUH (F9)	736,000
Transfer of HIV Viral Load Testing to SFGH PH/GH (F10)	209,276
MIS Contract Savings – DPH (F11)	1,066,536
30% Reduction in Standby Pay – DPH (F12)	1,000,000
Reduction to Community Behavioral Health Services – CBHS (F13)	12,552,260

Community Behavioral Health and Primary Care Civil Service Reorganization – CBHS (F14)	1,722,429
Ark House – HUH (F15)	<u>434,738</u>
Total Reductions	\$ 26,692,182

Summary

The table below summarizes the composition of our budget proposal.

Revenue Increases	\$ 86,941,595
Inflationary	(4,076,857)
Revenue Neutral	26,645
Regulatory	(1,695,109)
Emerging Needs	(2,441,329)
Reductions	<u>26,692,182</u>
Grand Total	105,447,127
General Fund Base Reduction Target	<u>137,812,079</u>
Difference	\$32,364,952

Should it become necessary to make additional cuts during the Mayor's phase of the budget to reach the full targeted reduction, and/or should it be necessary reduce revenue projections from the Hospital Fee, FMAP or the Medi-Cal Waiver, we may need to identify additional reductions in spending to achieve a balanced budget. We will work with the Health Commission and Mayor's Budget Office through the month of May to deliver a final budget that enables the City to achieve an overall balanced budget.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH FY 2010-11 PROPOSED BUDGET - MAY 4, 2010						
Division	Item	Description	2010-11 FTE Change	2010-11 Expend Incr/(Decr)	2010-11 Revenues Incr/(Decr)	2010-11 Net GF Cost/(Savings)
REVENUE						
GH	A1	SFGH Baseline Revenue	-	28,749,000	39,124,425	(10,375,425)
LHH	A2	LHH Baseline Revenue	-	-	5,295,355	(5,295,355)
LHH	A3	LHH Primary Care Outpatient Revenue	2.00	168,387	210,600	(42,213)
LHH	A4	LHH Acute Medical Revenue	7.00	810,873	1,760,366	(949,493)
GH	A5 - New	AB 1383 Hospital Fee	-	-	40,000,000	(40,000,000)
Dept. Wide	A6 - New	Extension of FMAP and AB1383 Hospital Fee Revenues	-	-	29,979,110	(29,979,110)
SA	A7 - New	Medi-Cal Revenue at the Community Justice Center (CJC)	-	-	200,000	(200,000)
GH	A8 - New	Additional \$11 fee for delinquent payments	-	-	100,000	(100,000)
TOTAL REVENUE				9.00	29,728,261	(86,941,595)
INFLATIONARY						
DPH	B1	Pharmaceutical Inflation (JHS & SFGH, LHH & MH)	-	1,138,608	-	1,138,608
HUH	B2	Annual Direct Access to Housing (DAH) Master Lease and Local Operating Subsidy Program (LOSP) Increases	-	345,953	-	345,953
GH	B3	UCSF Defined Benefit Retirement Plan Contribution	-	2,592,296	-	2,592,296
TOTAL INFLATIONARY				-	4,076,857	4,076,857
TOTAL INFLATIONARY & REVENUE				9.00	116,669,856	(82,864,738)
REVENUE NEUTRAL				-	-	-

Comment

Revenue increases based on revenue build up net Commercial, Medicare and Medi-Cal and Safety Net Care Pool which requires a county match. Assumed increase of 9.5% for Medi-Cal Skilled Nursing Facility (SNF) rate with one time revenues of \$4 million expected for settlement.

This program will refer monthly exams that have been conducted in the residential unit in an inpatient setting to a new Outpatient Primary Care Clinic on the Laguna Honda Campus. Providing these services in the outpatient clinic will allow us to charge for both the medical exam and the exam room.

Appropriate utilization of the Acute Medical Unit at LHH is desirable for high quality patient care so that patients who would benefit from that level of care receive it. In addition this change will result at a higher reimbursement rate as occupancy of an acute care bed will qualify for a higher reimbursement rate. Appropriate utilization also creates staffing efficiencies so that SNF-unit nurses are not unnecessarily performing acute-level functions, and to maximize the higher nursing ratio in the acute unit. Additional positions will be needed to staff the increased census in this unit, but would still generate a net increase in revenue.

AB 1383 allows the Department of Health Care Services to seek federal approval from CMS for this hospital fee proposal. Although approval has not been obtained from CMS yet, we are including expected funding at this point in the budget process. Effective period of the fee is October 2009 through January 2011, with a possible extension described below.

Pending federal approval, the increase in the Federal Medical Allowance Percentage will be extended for an additional six months from January 2011 through June 2011 for an additional \$13.98M in revenue, as well as a corresponding extension of the Hospital Fee described above for an additional \$16 M in revenue.

As the CJC has been funded with a federal grant for the last three years, it has been ineligible to draw down additional federal revenues (Medi-Cal). The grant will be fully expended in FY 09-10 and the CJC expects to be a Medi-Cal eligible site in FY 10-11 and estimates that roughly 30% of its clients is Medi-Cal eligible. An additional \$11 fee will be assessed on delinquent payments recovered by the Treasurer Tax Collector on full pay clients.

The FY10-11 inflation rate for pharmaceuticals is estimated at 3%. Although the industry wide projected rate of 5% is projected, since DPH uses federal programs and substitution of generic equivalents for patented agents as they become available, a lower inflation rate is used. LHH \$161,699, SFGH \$605,985, JHS \$89,924, and MH \$281,000.

The Direct Access to Housing Program (DAH) currently has 23 (DAH) sites totaling approximately 1,000 units of supportive housing. The master lease sites incur annual increases required by the lease agreements and non-profit owned sites receive operating subsidies through the LOSP that also have built-in increases.

This initiative will increase the UCSF Affiliation Agreement by \$2.6 M for the required contributions to the UCSF Retirement Plan (UCRP). This is the same shortfall that the City faces with retirement contributions for its own employees. If this increase is not funded, UC will need to identify services to reduce so they can cover this cost.

Division	Item	Description	2010-11 FTE Change	2010-11 Expend Incr/(Decr)	2010-11 Revenues Incr/(Decr)	2010-11 Net GF Cost/(Savings)	Ongoing / One Time	Comment
GH	C1	SFGH Primary Care Expansion and Medicare Professional Fee Billing	10.09	1,819,448	1,846,093	(26,645)	Ongoing	Expand Family Health Center clinic hours and implementation of Medicare Professional Fee Billing: Following CMS guidelines, the hospital is able to bill for Medicare professional fees when attending physicians directly provide a service, and residents can provide billable services for lower level evaluation and management services for certain qualifying primary care clinics in the absence of a physician. In addition, the Family Health Center will expand services by adding three clinic sessions per week (Friday pm and Saturday am and pm).
GH	C2 Revised	Emergency Medicine Residency Program - Yr 3 of 4	-	251,443	251,443	-	Ongoing	This request will support year three of a four year Emergency Medicine Residency Program approved by the ACGME. The first year of the Program started in July 1, 2008, and the request for the first year was ongoing funding for 6 R1's (Resident year 1) and 6 R2's for Year 2, then Year 3 (FY 10-11) will request ongoing funding for 6 R3's and subsequent year for 6 R4's. Eventually in FY 11-12 there will be 24 residents training in the program. This program will greatly improve recruitment and retention of attending physicians and improve on the wait times.
GH	C3	Emergency Department Information Systems	-	853,955	853,955	-	Ongoing	The Emergency Dept is in the process of selecting and installing an Emergency Department Information System (EDIS) to track services and supplies used in the ED. This system will enhance the quality of patient care, enhance risk management and quality assurance and improve charge capture and increase revenues for the hospital. This request will provide the ongoing annual maintenance and one time costs necessary to develop and install the system. Interns and residents currently working at SFGH receive a bi-weekly City paycheck for time worked at SFGH and a monthly UCSF paycheck for time worked at all other clinical training sites. This results in delayed payments, confusing payroll statements, difficult for the interns and residents managing different payroll deductions and general inequities based on location. In the City's labor negotiations with the Coalition of Interns and Residents (CIR-SEIU) the parties agreed to pursue a single payer option that will be managed by UCSF in the Spring of 2010. This request will transfer the payment of interns and residents salaries from the city payroll system to a pay system managed by UCSF.
GH	C4	Intern and Resident Common Payroll	(216.00)	-	-	-	Ongoing	The volume of patients in the Children's Health Center has increased by an estimated 10% over the past year, resulting in an increase of 80-90 pediatric visits per week. This proposal requests to add a half-time UCSF physician to support in professional services for the SFGH Children's Health Center.
GH	C5	Increased Capacity for Children's Health Center	-	92,580	92,580	-	Ongoing	A recent internal review has indicated that SFGH was not properly billing for pharmaceuticals dispensed in certain outpatient departments. The solution is not a quick, easy fix, but takes dedicated pharmacy resources to resolve. This cost neutral proposal will add a 2453 Pharmacy Business Manager position who will maximize pharmacy revenues, ensure compliant billing and improve efficiencies throughout the hospital.
GH	C6	SFGH Pharmacy Business Manager	0.77	174,311	174,311	-	Ongoing	Current estimated annual revenue and costs adjustments to reflect changes in program costs, fees and program inventory. FY 10-11 reductions also include a reduction in fees for massage parlors as the state is taking over the licensing responsibilities, reducing inspection costs and revenue adjustments.
EHS	C7	Environmental Health Services Fees	-	(212,558)	(212,558)	-	Ongoing	The State of California Business and Professions Code was amended to include a new requirement to review automated point of sale devices (scanners). To enforce this new regulation, Environmental Health Services will need to add three positions will be covered by inspection fees. Per the City Charter, we are allowed to adjust to our fees and costs so recovery does not exceed 100%.
EHS	C8	Automated Point of Sale Device Inspection	2.31	437,777	437,777	-	Ongoing	An increase of \$2.2 million is expected from the State in FY 10-11. The Department proposes to use these funds to augment four components of MHSA: the Innovation, Information Technology, Community Services and Support, and Prevention and Early Intervention components of the Act.
MH	C9	Mental Health Services Act (MHSA) Expansion	9.78	2,223,300	2,223,300	-	Ongoing	

6.71

Division	Item	Description	2010-11 FTE Change	2010-11 Expend Incr/(Decr)	2010-11 Revenues Incr/(Decr)	2010-11 Net CF Cost/(Savings)	Ongoing / One Time	Comment
MH	C10	EPSTD Revenue Maximization to Comply with State Senate Bill (SB) 785 for Timely Access to Mental Health for Foster Care Youth	-	400,000	400,000		Ongoing	SB 785 reduces the administrative barriers to providing to foster care youth and other eligible children who are placed outside of San Francisco, but remain San Francisco's responsibility. This bill also outlines specific guidelines and requirements for these services including decreased wait times for service. The increase in service requests will be offset by EPSDT revenues and a 5% local match provided by the Human Services Agency.
SA	C11	Contractor Drug Medi-Cal Increase	-	600,000	600,000		Ongoing	DPH is responsible for the billing and payment of Drug Medi-Cal to all agencies. Two programs, the UCSF/SFGH Methadone Vans and Fort Help expect to increase their billing for Drug Medi-Cal. All of these costs will be covered by Drug Medi-Cal revenues.
MH	C12 - Revised	Contractor Short Doyle Medi-Cal Increase	-	350,000	350,000		Ongoing	As the county health department we are responsible the authorization and payment of Short-Doyle Medi-Cal for all agencies in San Francisco. Based upon projections provided by contractors, will increase our revenues and pass them through to the contractors.
MH	C13	Backfilling Assess Youth, Identify Needs, Integrate Information and Matching to Services (AIM)	-	-	-		Ongoing	Through a US Department of Justice grant, DPH has been working in partnership with Juvenile Probation on the AIM Higher program to meet the needs of youth detained at Juvenile Hall. This grant of \$89,414 will expire by can be backfilled 95% with EPSDT and 5% local match.
MH	C14	Expansion of SB163 Wraparound Services and Increasing Outpatient Capacity for Youth Residential Programs	1.88	490,388	490,388		Ongoing	The purpose of this proposal is to request EPSDT Medi-Cal funding to expand treatment services to youth by (1) expanding the existing SB163 initiative providing wraparound services for youth, and by (2) adding outpatient treatment capacity in youth residential treatment programs. A 5% match will be provided by HSA.
MH	C15	Family Mosaic Project	-	(110,925)	(110,925)		Ongoing	The Family Mosaic Project is projecting a 5 person reduction in enrollment. The Department proposes to reduce the expenditure and corresponding amount. 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.
PC/PH-HUH	C16 - New	Sobering Center Staffing Conversion	(1.08)	-	-		Ongoing	A new federal grant will increase existing funding 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.
HIV	C17 - New	Increased Funding for HIV Testing and Prevention In Substance Abuse Treatment Programs	-	225,000	225,000		Ongoing	This initiative annualizes the value of an 09-10 Joint RFP with Juvenile Probation and DCYF, which is supported by EPSDT revenues and workorders from other City departments.
MH	C18 - New	Annualization Joint Violence Prevention RFP Leveraging EPSDT	-	180,000	180,000		Ongoing	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. A corresponding increase in the Employer Spending Requirement revenues will full these new expenditures.
HSF	C19 - New	Healthy San Francisco Expansion	5.47	2,217,673	2,217,673		Ongoing	
		TOTAL REVENUE NEUTRAL	(186.78)	9,992,392	10,019,037	(26,645)		
		CUMULATIVE TOTAL	(196.91)	43,797,510	126,688,893	(82,891,383)		
GH	D1	SFGH Pharmacy Staffing to Meet Regulatory Requirements	3.85	572,068	-	572,068	Ongoing	The SFGH pharmacy department was recently cited for deficiencies in pharmacist review of medication use and pharmacy services by the various State and Federal licensing, regulatory and accreditation governing bodies. To comply with the plans of corrections five additional pharmacy staff are needed to address the deficiencies and to continue to provide services at 24-hours per day, 7 days per week. Non-compliance will put SFGH at risk of losing Medicare/Medicaid funds.

6.12

Division	Item	Description	2010-11 FTE Change	2010-11 Expend Incr/(Decr)	2010-11 Revenues Incr/(Decr)	2010-11 Net GF Cost/(Savings)	Ongoing / One Time	Comment
GH	D2	DPH Enterprise Regulatory Compliant Medical Image System	-	382,080	382,080		Ongoing	The PACS Medical Imaging System was installed in 2004 for Radiology dept images at SFGH. This initiative will fund an upgrade to the current hardware and software of the PACS system so that the current system will comply with the California State Prop 1D regulatory requirements for Telemedicine Program. DPH will have a medical-legal/regulatory compliant medical imaging system that will support primary care, SFGH, LHH, Behavioral and Jail Health clinical operations.
PC	D3	Nurse Advice Line	6.04	1,126,531		1,126,531	Ongoing	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, including a provision for nurse triage/screening services by telephone. 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. Full compliance with the regulations is required by January 2011.
GH	D4 - NEW	Food and Nutrition Management Services		886,607		(3,490)	Ongoing	In October 2009, California Dept of Public Health regulatory survey results found the SFGH Food Service Department to be non-compliant with the Federal Centers for Medicare and Medicaid Services (CMS) standards. A subsequent January 2010 re-survey found continued non-compliance by the department, that unless remedied, will result in the decertification and reimbursement for the SFGH Medicare and Medicaid services. Sodexo America recently entered an agreement with SFGH to provide experienced leadership in the food and nutrition management services. It will assist the department to meet compliance with the Federal and California State food safety requirements and standards. This cost neutral initiative will support four senior level staff who will provide staff training, management in food service operation, financial stewardship, as well as enhancement in food nutrition and wellness programs at SFGH.
	TOTAL REGULATORY CUMULATIVE TOTAL		9.89 (167.89)	2,963,796 1,288,687.00 127,957,580	1,595,109 (81,196,274)			
	EMERGING NEEDS							
LHH	E1	LHH New Building Needs	6.80	1,591,329		1,591,329	Ongoing	Laguna Honda 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 support facilities maintenance, information systems and food service. Information Systems - \$943,786 in the new facility nurses, physicians and other clinical staff will rely on computers in the provision of patient care and safety, where they used to rely on paper files and tracking. Wired and wireless equipment will be in constant use and the systems need to be carefully maintained, monitored and kept operational 24x7. Facilities Maintenance - \$318,188. 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 and require maintenance contract services. Food Service - \$343,156. Central to the new model of care for LHH, Nutrition Services operation will transition from a medical meal program where the resident's food is assembled and served on trays.
Dept. Wide	E2	Electronic Medical Records (EMR)	-	850,000		850,000	Ongoing	First year costs of a three year project to create an EMR system that will provide a cohesive information infrastructure for ambulatory patient care services. In addition to creating efficiencies in how clinical divisions operate, the implementation of "meaningful use" of EMRs by 2015 will qualify the department to receive \$6-7 million in incentive payments beginning in FY 12-13, funding by ARRA HITECH funds and enable the department to recoup much of the cost of implementation. After 2015, not only will hospitals that do not achieve "meaningful use" not qualify for incentive payments, they will also be subject to a revenue reduction (ie a penalty) for noncompliance, until a system is in place.
	TOTAL EMERGING NEEDS CUMULATIVE TOTAL		6.80 (161.09)	2,441,329 49,202,635	127,957,580	2,441,329 (78,754,945)		

6.13

Division / Item	Description	2010-11 FTE Change	2010-11 Expend Incr/(Decr)	2010-11 Revenues Incr/(Decr)	2010-11 Net GF Cost/(Savings)	Ongoing / One Time	Comment
REDUCTIONS							
DPH	F1 - NEW Outsource Security Services At All DPH Locations	-	(4,371,739)	-	(4,371,739)	Ongoing	Effective 9/1/10: Security at all DPH locations will be provided through contract staff instead of Sheriff Deputies. In addition to savings shown here, there will be additional savings at the Sheriff department as deputies are reassigned to the jails and overtime costs are reduced. Any position reductions would occur at the Sheriff's Department. A 10 Month reduction in a workorder to the Sheriff of \$7,253,525 would be offset an estimated contract cost increase of \$2,881,786 for security.
GH	F2 - NEW Cohorting Acute Psychiatric Patients	(14.20)	(1,607,566)	-	(1,607,566)	Ongoing	Effective 7/1/2010: Following a successful initiative in 09-10, staffing in the Psychiatric Unit at SFGH will be adjusted to cohort (group) non acute psychiatric patients together.
GH	F3 - NEW Trauma Recovery Center (TRC) Closure	-	(953,712)	-	(953,712)	Ongoing	Effective 9/1/10: The Trauma Recovery Center will be closed and services formerly provided by the Center will be backfilled with existing Community Behavioral Health Services.
CBHS	F4 - NEW Reprogramming mobile assistance patrol transportation program.	-	(300,000)	-	(300,000)	Ongoing	Effective 8/1/10: 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.
HIV	F5 - NEW HIV Benefit Counseling and Advocacy	-	(230,133)	-	(230,133)	Ongoing	Effective 7/1/10: Reduction to benefits counseling contract and not direct health services. There are more in-depth services remain available within the HIV service provision system where clients can be referred.
HIV	F6 - NEW HIV Prevention Program Reductions	-	(214,192)	-	(214,192)	Ongoing	Effective 7/1/10: Two programs will be reduced in HIV Prevention: 1. UCSF Women's Specialty Clinic provides prevention with positives (PWP) to HIV positive women which serves a lower risk population. Services provided under UCSF's transsexuals program will be preserved. 2. UCSF AIDS Health Project provides training that is duplicative of a State Office of AIDS initiative.
MH	F7 - NEW Prioritize Mental Health Services to Persons with Serious Mental Illness	(6.47)	(734,241)	-	(734,241)	Ongoing	Effective 9/1/10: This proposal would limit ongoing mental health services for indigent clients to only those clients who have a serious mental illness. Acute services would remain available for all clients, as needed. This would require a legislative change to the existing ordinance.
HUH	F8 - NEW 10% Reduction to HIV/AIDS Housing Subsidies	-	(559,360)	-	(559,360)	Ongoing	DPH currently spends \$5,593,603 on housing subsidies for People Living with HIV/AIDS for a total of 641 subsidy units. These subsidies were historically funded by a combination of federal CARE dollars and General Fund, until a few years ago when HRSA policy changes prohibited the funding of housing subsidies with CARE funds and 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.
HUH	F9 - NEW Eliminate funding for SRO housing collaboratives	-	(736,000)	-	(736,000)	Ongoing	The SRO Collaboratives provide referrals for legal services and other social services based on a resident's need. While these outreach services are helpful, DPH is prioritizing core health services. \$364,000 will still be maintained by the Department of Building Inspection.
PH	F10 - NEW Consolidation of HIV Viral Load Testing to SFGH	(2.00)	(209,276)	-	(209,276)	Ongoing	HIV Viral Load Testing services provided by the Public Health Lab was consolidated to SFGH in April 2010. This will result in a reduction of two microbiology positions in the Public Health Lab.

6-14

Division	Item	Description	2010-11 FTE Change	2010-11 Expend Incr/(Decr)	2010-11 Revenues Incr/(Decr)	2010-11 Net GF Cost/(Savings)	Ongoing / One Time	Comment
Dept. Wide	F11 - NEW	Siemens Contract Savings	-	(1,066,536)	-	(1,066,536)	Ongoing	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 \$1,066,566 annually in the Department's Information Technology Base Budget for the next seven years.
Dept. Wide	F12 - NEW	Reduction in Standby Pay	-	(1,000,000)	-	(1,000,000)	Ongoing	Pending a department wide review of 247 on-call needs, staffing will be more efficiently assigned to achieve savings.
CBHS	F13 - NEW	Reduction to Community Behavioral Health Services	-	(15,552,260)	(3,000,000)	(12,552,260)	Ongoing	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. Services funding by General Fund will be reduced by \$12,552,261 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. The Department determined the proposed 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.
CBHS/PC	F14 - NEW	Community Behavioral Health and Primary Care Civil Service Reorganization	(10.77)	(1,722,429)	-	(1,722,429)	Ongoing	In order to meet the demands for both PC and BH services, these two modalities will be integrated to more effectively and efficiently provide services. Effective July 1, 2010, 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. The Controller's Office report issued on April 23, 2010 supporting DPH's decision and therefore the Department is moving forward with the elimination of funding to Ark House effective June 30, 2010. All youth will be transitioned into other housing before the program closes.
HUH	F15 - NEW	Closure of Ark House	-	(434,738)	-	(434,738)	Ongoing	
	TOTAL REDUCTIONS		(33.44)	(29,692,182)	(3,000,000)	(26,692,182)		
	TOTAL ALL PROPOSED INITIATIVES		(194.53)	19,510,453	124,957,580	(105,447,127)		
				102,812,079 + 35,000,000 =		137,812,079		DPH Total Target
						(32,364,952)		Amount Over/(Under) Target
JHS	G1	Outsource Jail Health	(96.56)	(16,928,647)	(1,024,127)	(15,902,520)	Ongoing	Effective 11/1/10, The Sheriff's Department proposes to contract Jail Health services to an outside vendor. Current mental health and hospital services at the jail will not be affected and will remain as part of the budget. Note that while department savings are shown here, a contract increase will be loaded in the Sheriff's department to offset savings. This reduction also includes a reduction of \$916,916 in ADAP (AIDS Drug Assistance Program) revenue from the State. The State has proposed this reduction to county jails and it is expected to pass effective July 1 and will occur regardless of this initiative.
HAH	G2	Reduction to HAH Workorder	(3.00)	(475,892)	(475,892)		Ongoing	H.S.A. will be eliminating its workorder for services from Health at Home. This may result in the elimination of 4 positions, effective July 1, 2010. This change will not affect the GF subfund.
HUH	G3	Continuing Support for New Units of ScatterSite and Pipeline Supportive Housing	-	1,753,375	750,000	1,003,375	Ongoing	This initiative supports two continuing housing programs at DPH - ScatterSite housing which is a part of the Chambers Case settlement, continue to house costs for 70 existing class members who will be placed in community based housing by the end of FY 09-10 along with an additional 85 class members who will be placed during FY 10-11 for a total of 155 clients. In addition, 183 new units of Supportive Housing which has been developed over the last few years (in the "pipeline") will come online in FY 10-11. A portion of the costs for Pipeline Housing will be offset by a federal grant of \$750,000.
	TOTAL OTHER CHANGES		(99.56)	(15,649,164)	(750,019)	(14,899,145)		

6.15

Division	Item	Description	2010-11 FTE Change	2010-11 Expend Incr/(Decr)	2010-11 Revenues Incr/(Decr)	2010-11 Net GF Cost/(Savings)	Ongoing / One Time	Comment
EXPIRED GRANTS								
EHS	H1	Worker Health & Safety in Chinatown Restaurants			(7,580)			
EHS	H2	Chinatown Restaurant Worker Health Project			(16,044)			
HIV	H3	Slate prevention & Education			(2,211,046)			
HIV	H4	HIV Testing			(844,081)			
HIV	H5	Care Title II			(1,552,385)			
HIV	H6	Early Intervention Program			(1,321,125)			
HIV	H7	Changing HIV Transmission Behavior in HIV + Men			(60,012)			
HIV	H8	Serosorting Among Men at Risk for HIV			(452,174)			
HIV	H9	Mirtazapine Study			(63,210)			
HIV	H10	China MSM: Technical Assistance Project			(164,344)			
STD	H11	Bay Area HIV/AIDS Research			(92,534)			
PH	H12	Statewide Immunization Information System			(59,094)			
PH	H13	HIV Viral Load Testing			(850,000)			
PH	H14	Shape Up BVHP			(75,000)			
PH	H15	SF DUI Prevention Education			(281,007)			
PH	H16	SF Pedestrian Safety Project			(287,789)			
HUH	H17	Support Housing - Chronical Homeless Offin			(934,116)			
HUH	H18	Direct Access of Housing Program			(1,436,459)			
HUH	H19	Direct Access Housing Homeless veterans			(1,800,000)			
MH	H20	Mylan Project			(200,704)			
TOTAL EXPIRED GRANTS					(12,688,704)			
NEW GRANTS								
PH		Hospital Preparedness Program - H1N1			70,990			
HIV		Medical Monitoring Project (MMP)			401,770			
HIV		Prevention Umbrella for MSM in the Americas (PUMA)			117,856			
HIV		HIV Testing & Counseling in STD Clinics			60,365			
HIV		Viral Load Study			15,055			
HIV		eLearning Modules to Support HIV Research			35,125			
HIV		GDC Kenya - Monitoring and Evaluation (M&E)			58,605			
HIV		HIV Prevention Program			512,960			
HIV		HIV Care Program - Single Allocation Model (SAM)			3,533,612			
HIV		Ghana MARPS Size Estimation			14,232			
HIV		Pangaea Global AIDS Foundation			49,339			
STD		HPV Epidemiology & Response to Screening			12,760			
PH		CDC Pher H1N1			660,876			
PH		CDC Pher H1N1 Phase 3			1,328,495			
HUH		Direct Access to Housing Supportive Service			476,000			
HUH		DAH For Homeless Vets			750,000			
PH		Safe Routes to School			278,632			
MH		Integrated Services for Mentally Ill			624,750			
MH		Integrated Services			580,090			
MH		Urban Trails San Francisco			1,500,000			
SA		Southeast Health Opportunities Project (SHOP)			450,000			
TOTAL NEW GRANTS					11,531,112			

6.16

Initiative Number A1
(Leave blank)

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: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599
PROGRAM / INITIATIVE TITLE: SFGH Baseline Revenue
GENERAL FUND: \$10,375,425

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

The baseline revenue for SFGH will increase by \$10,375,425 next year and ongoing.

JUSTIFICATION: (required by the Mayor's Office)

Net patient revenues for the five months ended November 30, 2009 were analyzed and annualized and compare to the budget. The impact of a 10% price increase next July and impact of not being able to balance bill patients for certain insurance plans was also factored into the projections. The current Medi-cal/uninsured hospital waiver expires in August 2010, and although a new waiver has not been negotiated, it seems likely that there will be more use of intergovernmental transfers to draw down funding. At this time negotiations are not far enough along to determine whether there will be a net change in funding under the new waiver.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Revenues will increase by a total of \$10,375,425. Patient revenues account for \$6,535,665 and a net increase of safety net care pool revenues (SNCP) will increase by \$3,839,760 next year and ongoing, by increasing our intergovernmental transfer to the federal government by an additional \$28,749,000 and our SNCP revenues will increase by \$32,588,760.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH Baseline Revenue

		FY 2010-11	Ongoing/Annualized
Sources:			
	Net Patient Revenues	\$ 6,535,665	\$ 6,535,665
	Safety Net Care Pool	32,588,760	32,588,760
Subtotal Sources		39,124,425	39,124,425
Uses:			
	Salaries and Fringes	\$ -	\$ -
	Operating Transfer Out (IGT)	28,749,000	28,749,000
		-	-
Subtotal Uses		28,749,000	28,749,000
Net General Fund Subsidy Required (Uses less Sources)		\$ (10,375,425)	\$ (10,375,425)
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

HGHC855A931G 091/0931G OTO to 1G-General Fund

\$ 28,749,000

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: Laguna Honda Hospital and Rehabilitation Center (LHH)
PROGRAM CONTACT NAME/PHONE: Tess Navarro / 759-3371
PROGRAM / INITIATIVE TITLE: Laguna Honda Baseline Revenue
GENERAL FUND: (\$5,295,355)

TARGETED CLIENTS: All Laguna Honda Residents

PROGRAM DESCRIPTION: (Description of Program Change)

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

Laguna Honda Hospital's baseline revenues will be increased by \$5,295,355 this year and \$1,295,355 ongoing.

JUSTIFICATION: (required by the Mayor's Office)

This initiative assumes that the hospital will operate with the new configuration of 6 acute medical and 15 acute rehab beds, 720 SNF, and 39 SNF Rehab beds in the new hospital.

The current Medi-Cal SNF per diem is \$351.26 effective August 1, 2008. There was no rate increases in 2009-2010 fiscal year. Therefore, we are assuming a 9.5% increase to the current rate effective August 1, 2010, which is twice of an average yearly increase to compensate the rate freeze in FY09-10. We are not incorporating any other possible reductions to this rate because of any State budget decreases.

This baseline revenue also includes a one-time \$4,000,000 revenue expected from California State DHCS due to the pending legal settlement from previous year's litigation involving Medi-Cal's 10% and 5% reductions in reimbursement rates in FY08-09.

This initiative excludes the revenue associated with the two other revenue initiatives from Acute Medical and Primary Care Clinic.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Revenue will increase by \$5,295,355 this year, of which \$4,000,000 is one-time and \$1,295,355 ongoing.

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

None.

INITIATIVE TITLE: Laguna Honda Baseline Revenue

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

Operating Expenses

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: **Laguna Honda Hospital and Rehabilitation Center (LHH)**PROGRAM CONTACT NAME/PHONE: **Debbie Tam / 759-2371**PROGRAM / INITIATIVE TITLE: **Laguna Honda Primary Care Clinic**GENERAL FUND: **(\$42,213)**TARGETED CLIENTS: **Laguna Honda SNF residents****PROGRAM DESCRIPTION: (Description of Program Change)**

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

Laguna Honda will expand its pilot of its Primary Care Clinic. The expansion would include providing Primary Care Clinic Services for all Skilled Nursing Resident's at Laguna Honda Hospital and operate at the current existing outpatient clinic. The services would include the monthly and annual resident exam by the primary MD. The exams would be conducted in the clinic exam rooms. Scheduling of the exams would be done by each unit's ward clerk or designee.

JUSTIFICATION: (required by the Mayor's Office)

This program will enhance the current revenue produced by these monthly exams that are conducted in the unit with the resident being charged as an inpatient. Providing these services in the outpatient clinic will allow us to charge for both the medical exam and the exam room.

This change will further support Laguna Honda's goal to maximize independence and integrate residents into a larger community. By taking away the focus of care at the bed side, it fully integrates care throughout the campus and expands a residents experience beyond their room.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This proposal will affect all LHH Skilled Nursing residents. We are estimating that we will perform 2,340 medical exams in the clinic per year. This breaks down to 45 per week or 9 per day.

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

This initiative adds \$168,387 in salary and fringe expenses during Fiscal Year 2010-2011 and subsequent years. This initiative will also generate additional \$210,600 in outpatient revenue.

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

Increase of 2.0 FTE's for Fiscal Year 2010-2011 and in subsequent fiscal years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Laguna Honda Primary Care Clinic

	FY 2010-11	Ongoing/Annualized
Sources:		
	\$ 210,600	\$ 210,600
Subtotal Sources	210,600	210,600
Uses:		
Salaries and Fringes	\$ 168,387	\$ 168,387
	-	-
	-	-
Subtotal Uses	168,387	168,387
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (42,213)	\$ (42,213)
Total FTE's	2.00	2.00

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

Class	Title	FTE's	
2430	Medical Evaluation Assistant	2.00	\$ 110,592
			-
			-
			110,592
	Fringe (52.3%)		57,795
			\$ 168,387

Operating Expenses

Index Code Character/Subobject Code

\$ -

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

Initiative Number A4
(Leave blank)

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: **Steven Thompson M.D. / 759-4539**

PROGRAM / INITIATIVE TITLE: **Laguna Honda Acute Medical Revenue Enhancement**

GENERAL FUND: **(\$949,493)**

TARGETED CLIENTS: Patients admitted to Laguna Honda's acute medical units.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Laguna Honda will begin to appropriately utilize its Acute Medical Unit and increase its average daily census to 5 patients per day. Average past census for the Acute Medical Unit has been around 1.5-2.0 patients/day. Some SNF-level patients have been receiving medical treatments for illnesses that would qualify for transfer to the Acute Medical Unit.

Through this initiative, the average census would increase to an average of 5 patients a day. Any Laguna Honda patient is eligible for transfer to the Acute Medical Unit for illnesses that meet criteria for acute hospitalization. Patients who have chosen hospice care or palliative care would not be eligible for transfer to the Acute Medical Unit. Patients requiring ICU-level care or other complex care not available at Laguna Honda also would not be eligible for transfer to the Acute Medical Unit.

JUSTIFICATION: (required by the Mayor's Office)

Appropriate utilization of the Acute Medical Unit is desirable for high quality patient care so that patients who would benefit from that level of care receive it. Appropriate utilization also creates staffing efficiencies so that SNF-unit nurses are not unnecessarily performing acute-level functions, and potentially underutilized acute-unit nurses are working at the targeted patient/nurse ratio. The reimbursement differential between acute-level beds and SNF-level beds increases revenues with an increased Acute Medical Unit average census. Revenue from professional fees for physician services would also increase with a higher Acute Medical Unit average census. Other billable services include Respiratory Therapy and Radiology services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative will impact all 700+ skilled nursing patients at LHH. The change will support the hospital's goals of having a healing environment and resident success in the LHH community.

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

This initiative adds \$784,873 in salary and fringe benefit expenditures and \$26,000 in materials and supplies during Fiscal Year 2010-2011 and subsequent fiscal years. The increased revenue for an average daily census of 5 will be \$1,760,366 in FY10-11 and subsequent years.

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

Increased census in the Acute unit will require an additional 7.0 FTEs annually to meet staffing requirements.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Laguna Honda Acute Medical Revenue Enhancement

	FY 2010-11	Ongoing/Annualized
Sources:		
Anticipated Acute Medical Net Revenue	\$ 1,760,366	\$ 1,760,366
Subtotal Sources	\$ 1,760,366	\$ 1,760,366
Uses:		
Salaries and Fringes	\$ 784,873	\$ 784,873
Materials & Supplies	\$ 26,000	\$ 26,000
Subtotal Uses	\$ 810,873	\$ 810,873
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (949,493)	\$ (949,493)
Total FTE's	7.00	7.00

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

Class	Title	FTE's	
2536	Respiratory Care Practitioner	1.50	\$ 101,822
2232	Senior Physician Specialist	0.50	90,483
2588	Health Worker IV	0.50	34,600
2450	Pharmacist	0.50	66,379
1428	Unit Clerk	1.00	57,757
2390	Central Processing and Distribution	0.50	32,322
2320	Registered Nurse (trainer)	0.50	65,676
2303	Patient Care Assistant	2.00	98,364
			<u>547,402</u>
	Fringe (43.2 %)		<u>237,471</u>
			\$ 784,873

Operating Expenses

Index Code	Character/Subobject Code	
HLH448746	040 / 04499 Other Hosp, Clinics & Lab Supplies	\$ 4,800
HLH448803	040 / 04461 Pharmaceutical	20,000
HLH448845	040 / 04481 Radiology Supplies	<u>1,200</u>
		\$ 26,000

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: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599
PROGRAM / INITIATIVE TITLE: **AB 1383 Hospital Fee Funding**
GENERAL FUND: **\$(40,000,000)**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

We are including a one-time increase in funding of \$40 million related to passage of the Hospital Fee Bill, known as AB 1383. AB 1383 allows the Department of Health Care Services to seek federal approval from CMS to draw down federal matching money for Medi-Cal services funded by a hospital fee. Although approval has not yet been obtained from CMS, the outlook is positive and we are including expected funding in budgeted revenues.

For purposes of the budget projection we are assuming an effective date of October 1, 2009. The program will end in December 2010, coinciding with the expiration of the Federal Medical Assistance Percentage (FMAP). If legislation to extend FMAP an additional six months is approved, there is a mechanism to also extend the Fee for the additional six months. The additional revenue from an extension of the Fee is further addressed in initiative A6.

JUSTIFICATION: (required by the Mayor's Office)

AB 1383 allows for a fee to be paid by hospitals, and in return, hospitals receive supplemental Medi-cal Psych, Medi-cal Managed Care and Medi-cal Fee-for-service payments. Since Public Hospitals are reimbursed for Medi-cal Fee-for-service through Certified Public Expenditures, SFGH will not be required to pay a fee, and will receive direct grants comprised solely of this fee money. The California Association of Public Hospitals CAPH provided estimates of the additional reimbursement, and we have included 15-month of their annual estimate that covers October 1, 2009 through December 31, 2010.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

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

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

Revenues are expected to increase by \$24 million in FY 09-10 (which will be booked as part of the City's starting fund balance) and \$16 million FY 10-11 for a total increase of \$40 Million. This is one-time funding that will not continue in future years.

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

None.

INITIATIVE TITLE: AB 1383 Hospital Fee Funding

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

Fringe (37.1 %)

Index Code	Character/Subobject Code
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0001	0001
0002	0002
0003	0003
0004	0004
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0099	0099

6.25

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: Department Wide

PROGRAM CONTACT NAME/PHONE: Gregg Sass 554-2610

PROGRAM / INITIATIVE TITLE: FMAP extension and corresponding Hospital Fee extension

GENERAL FUND: \$29,979,110

TARGETED CLIENTS: NA

PROGRAM DESCRIPTION: (Description of Program Change)

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

The House and Senate have each approved a temporary increase to Federal Medical Assistance Percentage (FMAP) which is the amount of Federal matching revenue that the federal government pays to State Medicaid plans (Medi-Cal in California). Approvals are in separate versions of job bills and it will be necessary for the House and Senate to include this funding in reconciliation legislation. FMAP will continue to be paid at a higher rate (61.59% compared to the current 50% match), a 23% increase compared to prior years estimated at \$14.98 million. The effective date of the increase scheduled from October 1 2008 to December of 2010 would be extended to June 2011.

In addition, there is language in the Hospital Fee AB 1383 (described in initiative F5) which states that should FMAP be extended for six months, the Hospital Fee would also be extended for the same period of time. This would provide SFGH with an additional \$16 million in revenue.

JUSTIFICATION: (required by the Mayor's Office)

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

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

The six month extension of the FMAP and the Hospital Fee increase will result in a \$29.979 M increase in revenues at SFGH, LHH, HAH and MH.

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

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: FMAP extension and corresponding Hospital Fee extension

		FY 2010-11	FY 2011-12	Ongoing/Annualized
Sources:				
1G (s/o 44531)	CBHS	\$ 5,600,000	\$ -	\$ -
1G (s/o 44531)	HAH	\$ 12,391	\$ -	\$ -
5L (s/o 44531)	LHH	1,481,500	-	-
5H (s/o 44531)	SFGH	6,885,220	-	-
5H (s/o 66005)	SFGH AB1383 impact of FMAP extension	16,000,000	-	-
Subtotal Sources		29,979,110	-	-
Uses:				
	Salaries and Fringes	\$ -	\$ -	\$ -
	Operating Expenses	-	-	-
Subtotal Uses		-	-	-
Net General Fund Subsidy Required (Uses less Sources)		\$ (29,979,110)	\$ -	\$ -
Total FTE's		0.0	0.0	0.0

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

Class	Title	FTE's
		-
		-
	Fringe (32 %)	-
		\$ -
Operating Expenses		
Index Code	Character/Subobject Code	
HGH1HUN40061	0799 Allocated Charges - Specific Sources (SFGH)	\$ (6,885,220)
HGH1HADFARRA	0799 Allocated Charges - Specific Sources (SFGH)	6,885,220
HCHAPHOMEHGF	0799 Allocated Charges - Specific Sources (HAH)	(12,391)
HCHAPHOMEARA	0799 Allocated Charges - Specific Sources (HAH)	12,391
HLH448704	0799 Allocated Charges - Specific Sources (LHH)	(1,481,500)
HLHFMAP-ARRA	0799 Allocated Charges - Specific Sources (LHH)	1,481,500
HMFMCC730515	0799 Allocated Charges - Specific Sources (CBHS)	(5,600,000)
HMHMFMAP	0799 Allocated Charges - Specific Sources (CBHS)	5,600,000
		\$ -

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: **Medi-Cal Revenue at the Community Justice Center (CJC)**GENERAL FUND: **\$200,000**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

For the last three years CJC has been supported in whole or in part by a federal grant from the US Department of Justice. Federal law prohibits more than one federal funding source to be used to support a particular project.

As the grant will be fully expended by the end of FY 2009-10, the department will be able to draw down Medi-Cal revenues for services for the first time in FY 2010-11. DPH has submitted its application for the CJC to become a Medi-Cal eligible site and is currently under consideration by the State.

We currently estimate that 30% of the clients seen at the CJC are Medi-Cal eligible and are conservatively projecting to draw down approximately \$200,000 for their services.

JUSTIFICATION: (required by the Mayor's Office)

This will help offset general fund costs of operating the CJC General Fund by \$200,000.

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

No impact.

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

Revenue increase of \$200,000.

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

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Medi-Cal Revenue at the Community Justice Center (CJC)

	FY 2010-11	Ongoing/Annualized
Sources:		
Medi-Cal - HMHSACJC	\$ 200,000	\$ 200,000
Subtotal Sources	200,000	200,000
Uses:		
Salaries and Fringes		\$ -
	-	-
	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (200,000)	\$ (200,000)
Total FTE's		

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

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

Fringe (37.1%)

\$ -

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

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

DPH SECTION:

PROGRAM CONTACT NAME/PHONE: **Jenny Louie 554-2610**

PROGRAM / INITIATIVE TITLE: **\$11 Fee for Delinquent Payments**

GENERAL FUND: **\$100,000**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

Starting in FY 2010-11, the Treasurer Tax Collector (TTX) will begin to assess an \$11 fee for all delinquent billings it recovers. These fees, which are already legislated in the Tax code, will only be applied to full pay patients and not indigent clients who qualify for a sliding fee scale. TTX will transfer the entire fee to DPH to help offset its workorder costs for TTX to pursue delinquent bills.

JUSTIFICATION: (required by the Mayor's Office)

This modest fee placed on bills that remain uncollected for over 6 months, will help offset the additional cost of collections.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No impact on patient services. Patients who fail to pay their bills in a timely manner will be assessed an additional \$11 fee.

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

\$100,000 in revenues.

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

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: \$11 Fee for Delinquent Payments

	FY 2010-11	Ongoing/Annualized
Sources:		
78960 Bad Debt Recovery	\$ 100,000	\$ 100,000
Subtotal Sources	100,000	100,000
Uses:		
Salaries and Fringes	\$ -	\$ -
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (100,000)	\$ (100,000)
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
------------	--------------------------

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: SFGH/CHN

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

PROGRAM / INITIATIVE TITLE: Pharmaceutical Inflation – Dept. Wide

GENERAL FUND: \$1,138,608

TARGETED CLIENTS: All DPH clients who receive prescription services through SFGH pharmacy

PROGRAM DESCRIPTION: (Description of Program Change)

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

Drugs continue to be the primary treatment modality for the prevention, mitigation or cure of disease. Drug therapy cost increases have exceeded the inflationary rate for other goods and services for the past decade, and increases are projected to continue into year 2011. Projected nation-wide increases in drug expenditures are 5-6% in outpatient settings, and 4-5% in hospitals. At DPH, continued participation in drug manufacturer patient assistance programs, tight drug formulary control to foster use of lower cost agents from among similar drugs of equal effectiveness and safety, and aggressive use of lower cost generic drugs will help offset increases in expense due to increased volume (e.g. Healthy Worker and Healthy San Francisco enrollee increases), more costly agents for the treatment of diseases such as AIDS, cancer and diabetes, and new indications for previously marketed drugs that will increase prescribing (e.g. indications for bipolar disorder added for several atypical antipsychotic agents.) The net result of factors that will increase and decrease drug costs at DPH are projected to lead to an overall increase in the cost of pharmaceuticals for the department at of 3% in FY 2010-2011.

JUSTIFICATION: (required by the Mayor's Office)

Nation-wide projections for inflationary increases in drug costs for outpatient settings and hospitals are as high as 6%. At DPH, pharmaceutical expenses are projected to increase by 3% in FY 2010-2011. To continue to provide drug therapy, a 3% or \$1,138,608 increase in the pharmaceutical budget is required.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

All DPH patients who receive drug therapy are impacted. Adjusting for inflationary increases will assure continued ability to provide pharmaceuticals to this client population.

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

Increase in base pharmaceutical expense budget (material and supplies expense) of \$605,985 at SFGH, 161,699 at Laguna Honda Hospital, \$89,924 in Jail Health \$281,000 in Mental Health.

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

No impact.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Dept Wide Pharmaceutical Inflation

	FY 2010-11	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Operating Expense	\$ 1,138,608	\$ 1,138,608
Subtotal Uses	1,138,608	1,138,608
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,138,608	\$ 1,138,608
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	040/04461 Pharmaceutical Supplies	\$ 605,985
HJAILHLTH-GF	040/04461 Pharmaceutical Supplies	\$ 89,924
Mental Health	040/04461 Pharmaceutical Supplies	\$ 281,000
LHH	040/04461 Pharmaceutical Supplies	\$ 161,699

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: Annual DAH Master Lease and Local Operating Subsidy Program (LOSP) Increases

GENERAL FUND: \$345,953

TARGETED CLIENTS: Chronically Homeless People and Persons Exiting Higher Levels of Care

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Direct Access to Housing Program (DAH) currently has 23 Direct Access to Housing (DAH) sites totaling approximately 1,000 units of supportive housing. Through an integrated housing and healthcare approach, DAH provides high-quality housing for homeless persons who have been living on the streets, individuals revolving through costly emergency care settings, and Health Department clients exiting higher levels of care. The goal of DAH is to provide housing environments that promote stability, improved health and well being, and integration into the surrounding community.

JUSTIFICATION: (required by the Mayor's Office)

The master lease sites incur annual increases required by the lease agreements and non-profit owned sites receive operating subsidies through the LOSP that also have built-in increases as part of their contracts.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the proposal is not approved, the Department will not have sufficient funds to pay these leases and therefore permanent housing with existing tenants would be put in jeopardy.

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

Total rent and contractual expenses for FY 10/11 will increase by \$345,953.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Direct Access to Housing (DAH) Master Leases and LOSP Subsidy Increases

	FY 2010-11	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Contractual Services	\$ 206,546	\$ 206,546
Rent and Leases - Buildings	\$ 139,407	\$ 139,407
Subtotal Uses	345,953	345,953
Net General Fund Subsidy Required (Uses less Sources)	\$ 345,953	\$ 345,953
Total FTE's		

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

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

Fringe (32%)

0.00

Index Code

\$

Operating Expenses

Index Code	Character/Subobject Code		
HCHSHHOUSGGF	021/02700	\$ 206,546	\$ 206,546
HCHSHHOUSGGF	021/03000	\$ 139,407	\$ 139,407

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: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: UCSF Fixed Benefit Retirement Plan Contribution

GENERAL FUND: \$2,592,296

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 increase the UCSF Affiliation Agreement by \$2,592,296 for required contributions to the UCSF Retirement Plan (UCRP). This is the same type of shortfall that the City faces with negotiated defined retirement contributions for its employees.

JUSTIFICATION: (required by the Mayor's Office)

Prior to November 1990, both University contributions and member contributions to the UCRP were required. In 1990 the Regents adopted a full funding policy and suspended University contributions to the UCRP after the actuary and the auditor confirmed that the UCRP was adequately funded to provide benefits for many years into the future. The July 1, 2008 actuarial valuation documented that, on an actuarial value-of-assets basis, the funded status of UCRP has declined in each of the last eight Plan Years from 154 percent in July 2000 to 103 percent in July 2008. Further, the funded status has deteriorated significantly since July 1, 2008 due to the decline in the financial markets. To address the current and projected decline in the Plan's funded status and to maintain the long-term targeted funding level of 100 percent, the Regents have approved a plan to resume contributions. The costs of the employer and employee contributions for retirement will each increase by 4% effective April 2010. The \$2,592,296 amount represents 4% of staff and faculty compensation. Even with this increase the UCSF fringe benefit rate as a percentage of salaries is well below the City and County average rate of approximately 37%.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If these contributions are not funded, there would be a reduction in work force, with an associated reduction in services. It is not possible to determine the impact upon clients and units of service until the actual service reductions are determined through negotiations between UCSF and SFGH administration.

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

Expenses will increase by \$2,592,296 the first year and ongoing.

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

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: UCSF Retirement Plan Contribution

	FY 2010-11	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Professional Fees	\$ 2,592,296	\$ 2,592,296
Subtotal Uses	2,592,296	2,592,296
Net General Fund Subsidy Required (Uses less Sources)	\$ 2,592,296	\$ 2,592,296
Total FTE's	0.00	0.00

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

Class Title FTE's

Fringe (28 %)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code

HGH1HUN40061 021/02700 Professional Services (UCSF Affil Agr)

\$ 2,592,296

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: SFGH

PROGRAM CONTACT NAME/PHONE: Roland Pickens/206-3528 and Valerie Inouye/206-3599

PROGRAM / INITIATIVE TITLE: **SFGH Primary Care Expansion and Medicare Professional Fee Billing**

GENERAL FUND: (\$26,645)

TARGETED CLIENTS: Patients needing primary care, chronic disease management and specialty care services.

PROGRAM DESCRIPTION: (Description of Program Change)

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

In order to accommodate the unmet demand for available primary care appointments within our system of care, the SFGH Family Health Center proposes to expand clinic hours of operation to include three primary care ½ Day Sessions. Because we are currently at capacity, in terms of full use of our clinic space during regular daytime hours (8:30-5:00 M-F), and because we added four evening sessions (5-9 pm) Monday through Thursday evenings three years ago (FY 2007-2008), we propose to offer three additional clinic sessions per week on Friday evenings and Saturday morning and evenings.

In addition, the hospital will bill for Medicare professional fees in the Family Health Center, General Medicine Clinic and Positive Health Center.

JUSTIFICATION: (required by the Mayor's Office)

The SFGH Family Health Center has accepted more new Healthy San Francisco patients than any other DPH Clinic. Even with the addition of four evening clinic sessions three years ago, the SFGH Family Health Center still has over 100 Healthy San Francisco patients on the waiting list to receive an available new patient appointment. In order to meet the needs of those patients already on the waiting list for an appointment and to decrease the wait time for the next available appointment for any newly enrolled patients, expansion to Friday evening, Saturday morning and Saturday afternoon clinics is required. In addition, there are many behavioral health patients with no medical home. This expansion will help accommodate them.

Following Centers for Medi-Care and Medi-Cal Services (CMS) guidelines, the hospital is able to bill for Medicare professional fees when the attending physicians directly provide a service, and, for certain qualifying primary care clinics, for lower level evaluation and management services, we can bill for services furnished by residents when the teaching physician is not present. Certain conditions must be met, and the Medical Directors of the Family Health, General Medicine and Positive Health Centers have determined that their clinics meet the conditions that are necessary.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Through this expansion we will be able to provide 12,504 additional patient encounters per year and be able to accommodate an additional 3,126 patients within the SFGH Family Health Center Medical Home.

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

Revenues are expected to increase \$1,846,093 in the first year and \$2,461,457 ongoing. Expenses are estimated to increase by \$1,819,448 in the first year and \$2,380,123 ongoing.

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

Increase of 10.09 FTEs in the first year and 13.10 FTEs ongoing.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: SFGH Primary Care Expansion and Medicare Professional Fee Billing

Sources:	FY 2010-1011	Ongoing
Medicare and Medi-Cal Patient Revenues	\$ 1,846,093	\$ 2,461,457
Subtotal Sources	\$1,846,093	\$2,461,457
Uses:		
Salaries and Fringes	\$1,542,881	\$2,003,742
Non Personnel Services	\$212,412	\$290,842
Materials and Supplies	\$51,557	\$68,743
Security Services	\$12,597	\$16,796
Subtotal Uses	\$1,819,448	\$2,380,123
Net General Fund Subsidy Required (savings)/Costs (Uses less Sources)	(\$26,645)	(\$81,334)
Total FTE's	10.09	13.10

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

Class	Title	FTE's	PP7
1406	Senior Clerk	0.77	\$37,571
1637	Patient Accounts Clerk	0.77	\$49,943
1662	Patient Accounts Assistant Supervisor	0.77	\$51,790
2430	Medical Exam Assistant	1.03	\$57,004
2320	Registered Nurse	0.28	\$36,272
2908	Eligibility Worker	0.37	\$24,993
2903	Registration Worker	0.37	\$21,808
1406	Senior Clerk	0.83	\$40,958
2328	Nurse Practitioner	2.86	\$500,352
2586	Health Worker II	0.92	\$49,800
2330	CRNA	1.11	\$254,879
			\$1,125,369
	Fringes (37.1%)		\$417,512
	Total	10.09	\$1,542,881

Operating Expenses

Index Code

HGH1HUN40061	021/02700 Professional Services (9 months)	80,853
HGH3FFC40011	021/02700 Professional Services (UC ctx @ 9 months)	131,559
HGH3FFC40011	040/04000 Medical Supplies (9 months)	51,557
HGH3FFC40011	021/02799 Security Services (9 months)	12,597

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: SFGH

PROGRAM CONTACT NAME/PHONE: Sue Currin/206-6761

PROGRAM / INITIATIVE TITLE: **Emergency Medicine Residency Program – Year 3 of 4**

GENERAL FUND: \$0

TARGETED CLIENTS: Patients seen in the Emergency Department

PROGRAM DESCRIPTION: (Description of Program Change)

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

This is to request funding to support year 3 of a four year Emergency Medicine Residency Program through UCSF. The program was recently approved by the Accreditation Council for Graduate Medical Education. The first year of the program started in FY 08-09. Six (6) of twelve new residents per year will be based at SFGH. Year 1 (08-09) was for ongoing funding for 6 R1's (Resident 1). Year 2 (09-10) is for ongoing funding for 6 R2's. This request for Year 3 will request ongoing funding for 6 R3's. Year 4 will request ongoing funding for 6 R4's. Eventually (2011-2012) there will be 24 residents training in Emergency Medicine at SFGH every year.

Currently there are Emergency Medicine residents rotating to SFGH from Stanford University and paid through the UCSF Affiliation Agreement. These costs will be replaced with the residents rotating from UCSF, who are considered employees of SFGH.

JUSTIFICATION: (required by the Mayor's Office)

65% of all admission at SFGH are first evaluated and treated in the Emergency Department. This program provides a source of physicians who are focused on providing quality cost-efficient emergency care to the ED, increases staffing and improves recruitment and retention of attending physicians. It improves continuity of resident physicians in the ED, improving nursing morale and providing a higher level of care. In 1994-95, outside consultants hired by DPH and UCSF (Executive Consulting Group-ECG), found resident staffing of the SFGH ED to be "less than adequate". Since then, the number of residents in the ED has declined further. The Director of Health and Hospital Administration assured UCSF of their support for this new residency program.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

SFGH has approximately 60,000 ER visits per year, more than any other ER in San Francisco. Approximately 10% of all patients presenting for evaluation leave without being seen, because the wait times are too long, due to inadequate staffing.

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

Cost neutral – increasing expenses by \$251,443 and revenue by \$251,443 the second year. Revenue will be generated because wait times will be shorter and there will be more billable visits.

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

Increase of 6.00 FTEs in FY 10/11. Eventual increase to a total of 24 FTE by FY 11/12.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Emergency Medicine Resident Program - Year 3 of 4

	FY 2010-11	Ongoing
Sources:		
Medi-Cal Outpatient Revenue	\$ 251,443	\$ 251,443
Subtotal Sources	251,443	251,443
Uses:		
Salaries and Fringes	\$ -	\$ -
UC Affiliation Agreement	251,443	251,443
Subtotal Uses	251,443	251,443
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 (17.34 %) Paid via Affiliation agreement

-
-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HAD40061	021/02700 Professional Services (UCSF - 6 FTEs Post MD III)	\$ 251,443

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: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Sharon Wicher, 206-6569

PROGRAM / INITIATIVE TITLE: **Emergency Department Information Systems**

GENERAL FUND: \$0

TARGETED CLIENTS: Patients seen in the Emergency Department

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Emergency Department is in the process of selecting and installing an Emergency Department Information System (EDIS). EDIS will digitize our encounter forms in the Emergency Department which will effectively capture all services and supplies related to treatment and allow us to maximize billings. The system will be purchased using physician's professional fee billings and the hospital has agreed to provide the ongoing annual maintenance and one-time costs necessary to install the system. A Request for Proposal has recently been completed and responses are being solicited. While the selection of a vendor has not been made, features and functionality of leading systems are very similar and can be used to estimate costs and quantify benefits.

Between now and the time a system is installed, a full-time Registered Nurse is necessary to review every patient chart to ensure all services and supplies used are captured on the encounter forms and billed accordingly. A recent review of 300 charts showed that charges for supplies, critical care time and IV hydration/pushes were missing. These missing charges represented 26% of the total charges on these accounts.

JUSTIFICATION: (required by the Mayor's Office)

An EDIS provides the following benefits:

- Enhanced quality of patient care (Automation of costly, time-consuming tasks, i.e. customizable templates make charting easier. Check boxes, drop-down menus and age/gender parameters offer efficiency. Nurses can record assessments, patient procedures, create flow sheets and document clinical pathways. Streamlined communication with admissions, care management and post-acute providers.)
- Improved processes (Simplified data entry, updates, tracking, coordination. Interfaces with lab, radiology systems).
- Improved charge capture and increased revenues (clinical documentation drives automated charge capture, consistent and compliant facility fee levels).
- Enhances risk management and quality assurance (Reminders to document important items that ensure proper care, particularly to high-risk patients, i.e. reminders for re-evaluation and vital sign range checks and reminders for open orders when discharging or admitting patients).

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

In FY 08-09, the Emergency Department had 53,227 visits, with 8,046 of these patients admitted for inpatient care.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Emergency Department Information System

	FY 2010-11	Ongoing/Annualized
Sources:		
Net Patient Revenues	\$ 853,955	\$ 853,955
Subtotal Sources	853,955	853,955
Uses:		
Salaries and Fringes	\$ 502,068	\$ -
Professional Services	150,995	150,995
Materials and Supplies	157,892	-
Work Order with DTIS	43,000	-
Subtotal Uses	853,955	150,995
Net General Fund Subsidy Required (savings)/costs (Uses less Sources)	\$ -	\$ (702,960)
Total FTE's	0.00	0.00

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

Class	Title	FTE's	
Temp M	Temporary Misc Salaries		\$ 288,000
P103	Per Diem Nurse		157,216
			-
			445,216
	Fringes (7.9% for Temp & 21.69% for P103)		56,852
			\$ 502,068

Operating Expenses

Index Code	Character/Subobject Code	
HGH5EUN40001	021/02700 Professional Services (UCSF Affil Agreement for maintenance fees)	\$ 150,995
HGH5EUN40001	040/04921 Minor Data Processing Equipment (one time)	157,892
HGH5EUN40001	081C5 Workorder with DTIS (one time)	43,000

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

Initiative Number C4
(Leave blank)

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: **San Francisco General Hospital**

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

PROGRAM / INITIATIVE TITLE: **Intern and Resident Common Payroll**

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 request will transfer the payment of the interns and residents salaries from the city payroll system to a pay system managed by UCSF and will make the salary structure comparable to the amounts paid by UCSF.

JUSTIFICATION: (required by the Mayor's Office)

Currently, interns and residents working at SFGH receive a bi-weekly City paycheck for time worked at SFGH and a monthly University paycheck for time worked at all other clinical training sites. This results in delayed payments, confusing payroll statements, difficulty for the interns and residents managing different payroll deductions and general inequities based on location. In the City's labor negotiations with the Coalition of Interns and Residents (CIR-SEIU) the parties agreed to parity with UCSF compensation effective January 1, 2011. In return for holding current compensation unchanged until then, the City and CIR-SEIU agreed to pursue a single payer option in spring of 2010. Both the CIR-SEIU and the City are in full agreement, and UCSF has agreed to serve as the single payer for Intern and Resident activity; as they do currently for eight other institutions, including VAMC and Kaiser.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No impact on either the number of clients served or units of service. This is merely an administrative change.

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

\$13,409,257 in budgeted salaries for 216 Intern and Resident positions and will be reduced and transferred to the UCSF Affiliation Agreement Budget line item.

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

None.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Intern and Resident Common Payroll

Sources:	FY 2010-11 (12 months)	Ongoing/Annualized
		\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ (13,409,257)	\$ (13,409,257)
Operating Expenses	13,409,257	13,409,257
Subtotal Uses	(0)	(0)
Net General Fund Subsidy Required (savings)/costs (Uses less Sources)	\$ (0)	\$ (0)
Total FTE's	(216.00)	(216.00)

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

Class	Title	FTE's	PP1
2273	Post MD I	(58.00)	\$ (3,080,304)
2275	Post MD II	(65.00)	(3,553,636)
2277	Post MD III	(43.00)	(2,431,429)
2279	Post MD IV	(21.00)	(1,227,584)
2281	Post MD V	(12.00)	(730,261)
2283	Post MD VI	(17.00)	(1,069,585)
	Attrition/Step Adjustment		665,104
		(216.00)	(11,427,695)
	Fringe (17.34%)		(1,981,562)
			\$ (13,409,257)

Operating Expenses

Index Code	Character/Subobject Code		
HGH1HUN40061	021/02786 Professional Services (UCSF Affiliation Agreement)	\$	537,849
HGH1HAD40061	021/02786 Professional Services (UCSF Affiliation Agreement)	\$	12,871,408

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

Initiative Number C5

(Leave blank)

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: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **Increased Capacity for Children's Health Center**

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

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

This proposal is to add 0.50 FTE physician support for the SFGH Children's Health Center.

JUSTIFICATION: (required by the Mayor's Office)

The volume of patients in the Children's Health Center has increased by approximately 10% over the past year. There has been an increase in pediatric primary care visits of 80-90 per week, or approximately 4,000 visits per year. These increases in primary care also result in an increase in urgent care visits. The number of urgent care visits is now closer to 19,200, plus 360 foster children, 800-1200 newborns and 960 patients who used to come to the urgent care clinic between 8 and 11 pm, but now come earlier because of shortened hours. In previous years, all of these patients totaled 18,000. Funding an additional 0.50 FTE physician will allow the health center to address this increase in volume, improve attending supervision by providing two attending supervisors in all urgent care clinics and reduce the urgent care wait times.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is estimated that the health center will be able to accommodate 6,500 more visits.

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

The health center will be able to generate enough revenue to cover the increase in costs. Both revenues and expenses will increase by \$92,580.

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

No impact, this position, like all other physician positions at SFGH will be provide through the UC Affiliation Agreement.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Increased Capacity for Children's Health Center

	FY 2010-11	Ongoing/Annualized
Sources:		
Net Patient Revenues	\$ 92,580	\$ 92,580
Subtotal Sources	92,580	92,580
Uses:		
Salaries	\$ -	\$ -
Professional Services	92,580	92,580
Subtotal Uses	92,580	92,580
Net General Fund Subsidy Required (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
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HGH2CPE40021	021/02700 Professional Services (UCSF Affil Agr)
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\$ 92,580

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: SFGH/Pharmacy

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

PROGRAM / INITIATIVE TITLE: **Pharmacy Business Manager**

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

TARGETED CLIENTS: Inpatients and Outpatients of SFGH

PROGRAM DESCRIPTION: (Description of Program Change)

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

This proposal is to maximize pharmacy revenue, ensure compliant billing for pharmaceuticals, and gain efficiencies throughout the hospital, with the addition of a pharmacist in the role of Pharmacy Business Manager at SFGH.

JUSTIFICATION: (required by the Mayor's Office)

An internal review has indicated that SFGH was not properly billing for pharmaceuticals dispensed to certain outpatients. As a result, the hospital suspended billing for prescription drugs used in certain hospital outpatient clinic areas. Developing and implementing systems that ensure appropriate billing requires a pharmacist FTE dedicated to this activity, which the department currently does not have.

In addition, there are also other opportunities to maximize revenue for pharmaceuticals that have not yet been fully explored or investigated due to the shortage of pharmacist resources within the department. The expense of adding a pharmacist to function as a Pharmacy Business Manager is offset by Medicare revenue that will be realized from resumption of billing for pharmaceuticals used in the outpatient clinics. Additional revenue above expense is anticipated from other revenue opportunities that will be pursued and initiated by the pharmacist. Revenue maximization for pharmaceuticals requires knowledge and understanding of program specific billing requirements of the hospital's major payers, pharmaceutical terminology, applicable pharmacy law, hospital pharmacy operations and hospital information system capabilities. Collaboration between pharmacy, clinic, finance and information technology staff is necessary to develop and sustain processes that maximize revenue.

Finally, other departments can benefit by having more streamlined processes (direct interfaces) for the adjudication of pharmacy patients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No direct impact on clients served or units of service provided.

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

Revenue neutral – cost of additional FTE and systems consultation offset by increased Medicare revenue.

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

Increased by 0.77 class 2453 (Supervising Pharmacist) in the first year and 1.00 FTE ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH Pharmacy Business Manager

	FY 2010-11	Ongoing/Annualized
Sources:		
Medicare Revenue	\$ 174,311	\$ 220,404
Subtotal Sources	174,311	220,404
Uses:		
Salaries and Fringes	\$ 154,311	\$ 200,404
Operating Expense	20,000	20,000
Subtotal Uses	174,311	220,404
Net General Fund Subsidy Required (savings)/costs (Uses less Sources)	\$ 0	\$ (0)
Total FTE's	0.77	1.00

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

Class	Title	FTE's	Pay Period 7
2453	Supervising Pharmacist	0.77 \$	124,144
			-
		0.77	124,144
	Fringe (24.3%)		30,167
		\$	154,311

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02761 Systems Consultation	\$ 20,000

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

6.48

Initiative Number C7
(Leave blank)

2010-2011 Program Change Request

DEPARTMENT NAME:

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

- ☒ Public Health
☐ Mental Health
☐ Substance Abuse
☐

DPH SECTION: ENVIRONMENTAL HEALTH

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

PROGRAM / INITIATIVE TITLE: ENVIRONMENTAL HEALTH BASELINE REVENUE

GENERAL FUND AMOUNT: (\$0 - No impact.)

TARGETED CLIENTS: PERMITTED SAN FRANCISCO BUSINESSES

PROGRAM DESCRIPTION: Environmental Health

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

The San Francisco Department of Public Health's Environmental Health Section strives to promote health and quality of life in San Francisco by ensuring healthy living and working conditions in the City and County of San Francisco. Projected revenues fluctuate annually due various reasons, including change in inventory, new fees, changes in regulatory programs and fee increases. Below is a summary of each program and rationale for change in revenue. Expenditures are adjusted ensure that programs do not exceed 100% cost recovery and that there is not net impact on the General Fund.

Program	Program Title	2010-11 Change	Revenue Description & Explanation of Change
Base Reuse - Bayview Hunters Point	Base Reuse - Bayview Hunters Point	\$319,606	Increased recovery from redevelopment for staffing costs.
Consumer Safety	Consumer Safety	\$23,068	Consumer Safety now includes existing fees that previously were not included in revenue. These fees include MOBILE FOOD PREPARATION - PRIVATE PROPERTY MOBILE FOOD PREPARATION - FARMERS MARKETS PET HOSPITAL - OVERNIGHT PET SHOP - OVERNIGHT DOG KENNEL - OVERNIGHT STABLES/RIDING ACADEMY - OVERNIGHT
Hazardous Materials Unified Program Agency	Hazardous Materials Unified Program Agency	-\$386,307	Decrease in the number of regulated facilities. This reduction is presumably due to the down turn in the economy. Businesses look for ways to reduce the fees they pay to regulatory agencies. One way they can do this is to reduce their chemical inventories. Additionally, we encourage the reduction of the amount of hazardous materials stored, since, such a reduction ultimately makes the city safer. Revenues also include a 5% increase in fees for cost recovery.
Site Assessment and Mitigation Program	Site Assessment and Mitigation Program	\$0	No change

Massage Program	Massage Program	-\$215,691	As of Sept 1, 2009, State Senate Bill 731 authorizes a nonprofit Massage Therapy Organization to provide certification for Massage Practitioners and Massage Therapists in CA and prohibits Counties/Cities from enacting laws to regulate the practice of State Certificate holders. The City and County of San Francisco's revenue is reduced to reflect the elimination of massage practitioner licenses and certification fee.
Medical Cannabis	Medical Cannabis	-\$55,195	Reduction in inventory
Menu Labeling	Menu Labeling	-\$25,589	Change in fee structure.
Code Enforcement	Code Enforcement	\$1,248	No change
Consumer Safety - Tattoo	Consumer Safety - Tattoo	\$20,345	Fees increases based on fee schedule set forth last year and Article 5, Section 255 et al of the San Francisco Health Code will be amended to include Body Piercing, Tattooing and Permanent Cosmetics and will establish new health standards, new penalties and new practitioners' application process.
Consumer Safety - Tobacco	Consumer Safety - Tobacco	\$0	No change
Vector Control & Healthy Housing	Vector Control & Healthy Housing	\$105,956	Increased Fees to account for changes in inventory/cost. Fee increase for Apt program to increase \$194,646.
Water Quality	Water Quality		No change
		-\$212,558	Total Change in FY 2010-11.

JUSTIFICATION: (required by the Mayor's Office)

Changes in fees due to increase in fees, new fees, additional reimbursements not reflected in the budget and fee increases. Expenditures are adjusted ensure that programs do not exceed 100% cost recovery and that there is not net impact on the General Fund.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

\$212,558 reduction in revenue and corresponding adjustments to expenditures.

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

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Environmental Health Section Fee Increase
 Environmental Health Section

		FY 2010-11	Ongoing
Sources:	HCHPBBSCLSGF	\$ 319,606	
	HCHPBFOOD-GF	\$ 23,068	
	HCHPBHAZMTGF	\$ (386,307)	
	HCHPBHAZWTGF	\$ -	
	HCHPBMASSAGF	\$ (215,691)	
	HCHPBMEDCNGF	\$ (55,195)	
	HCHPBMENULBGF	\$ (25,589)	
	HCHBPUBSVGF	\$ 1,248	
	HCHPBTATTOO	\$ 20,345	
	HCHPBTOBACCO	\$ -	
	HCHPBVECTRGF	\$ 105,956	
	HCHPBWATERGF	\$ -	
Subtotal Sources		212,558	
Uses	HCHPBBSCLSGF	\$ (319,606)	
	HCHPBFOOD-GF	\$ (23,068)	
	HCHPBHAZMTGF	\$ 386,307	
	HCHPBHAZWTGF	\$ -	
	HCHPBMASSAGF	\$ 215,691	
	HCHPBMEDCNGF	\$ 55,195	
	HCHPBMENULBGF	\$ 25,589	
	HCHBPUBSVGF	\$ (1,248)	
	HCHPBTATTOO	\$ (20,345)	
	HCHPBTOBACCO	\$ -	
	HCHPBVECTRGF	\$ (105,956)	
	HCHPBWATERGF	\$ -	
Subtotal Uses		212,558	
Net General Fund Subsidy Required (Uses less Sources)		\$ -	

Revenue

Index Code

Character/Subobject Code

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: Environmental Health

PROGRAM CONTACT NAME/PHONE: Rajiv Bhatia 252-3931/ Cyndy Comerford 252-3989
Miguel Monroy 252-3939

PROGRAM / INITIATIVE TITLE: Automated Point of Sale Device Inspection
GENERAL FUND: \$0

TARGETED CLIENTS: San Francisco Consumers and Retail Establishments

PROGRAM DESCRIPTION and JUSTIFICATION (Description of Program Change)

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

In 2006 the State of California Business and Professions Code Section 13350 (e) became effective and authorized County Boards of Supervisors to adopt fees to carry out the provisions of AB889, Automated Point of Sale devices (scanners). This Code Section addresses cost recovery for the inspection of automated point of sale devices that are used to sell goods or services to consumers.

This new program will require an additional 3 positions. The Deputy will establish program inspections, monitor program progress, supervise Weights and Measures and Agricultural Inspectors, conduct enforcement actions, investigate consumer complaints and follow up inspections. The Weights and Measures Inspectors will conduct the inspections. The fees are expected to recover the cost of implementing this program.

B&P Code Section 133509 (e) authorizes the Board of Supervisors to set fees to recover the cost of the program. A new ordinance to set the fees for this program will be drafted and submitted to the Board for consideration. Implementation of this program is dependent on adoption of the fees.

JUSTIFICATION: (required by the Mayor's Office)

Based on a 2008 state price verification survey, California consumers were overcharged on average amount 0.4% above the sales price. The overcharge in 17 counties with point of sale inspection programs was substantially less at 0.24%. Surveys in prior years have suggested that overcharges in San Francisco are greater than statewide overcharges.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Implementation of a point of sale device inspection program may prevent or limit overcharging to consumers in San Francisco. The local retail sales volume of ~1.5 billion suggests that the aggregate preventable loss may be several million dollars. The program would benefit all residents and consumers.

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

Increase in salary and benefits expenses; as well as operating cost increases of \$ 437,777, with a corresponding revenue increase.

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

Increase of 3 positions, 1.54 Inspector of Weights and Measures and .77 Senior Inspector of Weights and Measures.

ATTACHMENT B

SUMMARY OF PROGRAM COST

DEPARTMENT: SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH: ENVIRONMENTAL HEALTH

INITIATIVE TITLE: Automated Point of Sale Device Inspection

		FY 2009-10	Ongoing/Annualized
Sources:	HCHPBINSPECT	\$ (437,777)	\$ (437,777)
Subtotal Sources		\$ (437,777)	\$ (437,777)
Uses:	Salaries and Fringes		
	HCHPBINSPECT	\$ 273,679	\$ 273,679
	*Operating Expenses	164,098	164,098
Subtotal Uses		\$ 437,777	\$ 437,777
Net General Fund Subsidy Required (Uses less Sources)		\$ 0	\$ -
Total FTE's		2.3	3.0

Revenue

Index Code	Character/Subobject Code		
HCHPBINSPECT	New	\$ (323,679)	\$ (323,679)

\$ (323,679)

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

Class	Title	FTE's		
6220	Inspector of Weights and Measures	1.54	\$	91,772
6221	Senior Inspector of Weights and Measures	0.77	\$	61,946
	Temp Salaries		\$	45,903

199,620

Fringe (37.1 %)

74,059

2.31 \$ 273,679

Operating Expenses

Index Code	Character/Subobject Code		
		\$	164,098

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 – Mental Health

PROGRAM CONTACT NAME/PHONE: **Maria Iyog-O'Malley / 415-255-3551**PROGRAM / INITIATIVE TITLE: **Mental Health Services Act FY10-11 Expansion**GENERAL FUND: **FY 10_11 \$ 0 General Fund**

TARGETED CLIENTS: Children Youth and Families, Transitional Age Youth, Adult, and Seniors.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Mental Health Services Act (MHSA) is a State voter initiative passed into law in January 2005 to expand and enhance mental health services to un-served or under-served individuals with serious mental illness or children with serious emotional disorder. MHSA levies a one percent income tax on California residents with incomes over \$1.0 million. In FY10-11, the State will allocate an additional \$2,223,300 to San Francisco over the FY09-10 baseline. MHSA is an ongoing program dependent on State revenue collections. The Department will utilize the proposed funds to augment four of the five components of MHSA: the Innovation, Information Technology, Community Services and Support, and Prevention and Early Intervention components of the Act, as outlined below:

Innovation - \$1,113,674

This component supports creative and new practices to increase access to services, to promote community collaboration and to increase the quality of mental health services outcomes. Civil service staff will administer and implement all of the proposed 13 projects included in the Innovation work plan, with professional services funding going towards the support of these projects. As an example, one project is to provide peer support, by and for individuals who suffer from hoarding and cluttering behaviors. This project entails creating a peer led hoarding and cluttering support team that would initially interact with a client when they are in time of crisis/assessment and continue this interaction through intensive case management, until the client has completed treatment and potentially becomes a peer supporter as well. In addition to civil service positions, there will be additional expenses in the form of materials and supplies (\$65,042) and contracted services with nonprofits (\$489,663).

Information Technology - \$849,006

The Act recognizes the need to modernize clinical and administrative information systems as a way to empower consumers and family members by giving them access to their health records. We will add two civil service positions to enhance existing systems. One position will be responsible for creating and providing ongoing support to further enhance the new Avatar billing system which will allow clients to view their clinical records, make appointments, and order medications on-line. Additionally, an IS Business Analyst would be hired to be responsible for the IT needs for all of the programs with a peer/consumer component, e.g. installing the Avatar "patch" at all 40 sites, and being available to answer questions. \$480,815 in materials and supplies and \$140,190 for contracted services is included in this initiative for the initial purchase of Consumer Connect, the AVATAR enhancement for electronic health records and contracting of peers/consumers for IT Vocational jobs relating to document imaging and IT/Help Desk support.

Community Services and Support - \$80,620

This component funds intensive case management and general system support to help agencies achieve the goals of the Act, and allows for the provision of administrative. To respond to the increasing tracking needs for all of the funding components, funding would be allocated to support a position in the Department's fiscal section.

Prevention and Early Intervention - \$160,000

To recognize early signs of mental health issues and to prevent them from worsening, two positions would be hired under the Prevention and Early Intervention component to continue the Early Childhood Mental health Consultation project along with \$21,591 for contracted services.

JUSTIFICATION: (required by the Mayor's Office)

Funding allocated to counties through MHSA is subject to a community planning process, as well as State approval to ensure the proposed plan meets MHSA requirements. The proposed funding items are within the scope, guidelines and planning of the various participants and approval bodies for the use of these funds. Not approving the funding would impact the ability of the Department to serve underserved current and potential clients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Client impact varies depending on the MHSA component. The primary focus for MHSA Innovation is to try out new ways to improve or change existing mental health services/approaches or apply new strategies that have proven to be successful in other fields. The projects identified are not all service-driven but will ultimately impact clients currently being served within the mental health system of care. The primary focus of the Information Technology component is to modernize and transform the county mental health information system and to empower mental health consumers in making informed decisions about their mental health care. The Early Childhood Mental Health Consultation will serve approximately 600 children and their families.

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

Expenditures increases for salaries and fringe (\$1,025,999), contracted services (\$651,444) and materials and supplies (\$545,857), totaling \$2,223,300 will be matched with a corresponding increase in revenue.

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

The following positions are requested to administer and implement various MHSA projects:

Innovation Component:

Evaluator (2803) – .19
Project Coordinators (2591) – 2.31
Psychiatric Social Worker (2930) – 1.16
Public Health Aide (9924) – 1.54
Assistant Health Educator (2819) – .77

Technological Needs Component:

IS Senior Engineer (1043) – .77
IS Business Analyst (1052) – .77

Community Services and Support:

Senior Accountant (1652) – .77

Prevention and Early Intervention:

Junior Administrative Analyst (1820) – 1.00 (To start July 1)
Health Care Analyst (2119) – .50

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Mental Health Services Act

	FY 2010-2011	Ongoing
Sources:		
45412 - Community Mental Health Services	\$ 2,223,300	
Subtotal Sources		
Uses:		
001/013 Salaries and Fringes	1,025,999	1,324,780
027 Professional Services	\$ 651,444	\$ 1,337,885
040 Material & Supplies	\$ 545,857	\$ 65,042
Subtotal Uses	2,223,300	2,727,707
Net General Fund Subsidy Required (Uses less Sources)	\$ 2,223,300	\$ 2,727,707
Total FTE's		

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

Class

FTE's

2803	Epidemiologist II	0.19	\$	18,418
2591	Health Program Coordinator II	2.31	\$	197,332
2930	Psychiatric Social Worker	1.16	\$	95,531
2819	Sr. Health Educator	0.77		58,804
9924	Public Health Aid	1.54	\$	52,212
1652	Sr. Accountant	0.77	\$	58,804
1043	IS Engineer Senior	0.77	\$	96,224
1052	IS Business Analyst	0.77	\$	70,078
1820	Jr. Administrative Analyst	1.00	\$	59,090
2119	Health Care Analyst	0.50	\$	41,864
		9.78		748,358
	Fringe (37.1%)			277,641
	subtotal:		\$	1,025,999

Operating Expenses

Character/Subobject Code

021/02700 Professional Services

651,444

040/04000 Material & Supplies

545,857

subtotal:

\$ 1,197,301

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

Index code: HMFHMPROP63

Total:

\$ 2,223,300

Project Code: PMHS62 1113

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 – Mental Health

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

PROGRAM / INITIATIVE TITLE: EPSDT Revenue Maximization to Comply with SB 785

GENERAL FUND: FY 10_11 \$0 General Fund

TARGETED CLIENTS: Foster Care Children & Youth

PROGRAM DESCRIPTION: (Description of Program Change)

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

State Senate Bill (SB) 785 eliminates a number of administrative barriers associated with providing Medi-Cal mental health services to foster care youth and other eligible children who are placed outside of San Francisco, but remain San Francisco's responsibility. The bill mandates adequate and expeditious access to mental health treatment for foster care youth and children, regardless of whether they are living outside of San Francisco, through very specific guidelines and requirements, including decreased timelines for treatment authorization, documentation and reimbursement requirements.

Currently approximately 50% of San Francisco foster care children/youth are placed outside of San Francisco county. With approximately 1,500 foster children, the total number of out-of-county foster children/youth is approximately 750. In addition, there is an unknown number of KinGap families (children who are staying with family members), and families who adopted children/youth from San Francisco, but who are residing outside of SF (also San Francisco's responsibility). As a result of the passage of SB785 and the removal of some barriers to access to care, San Francisco is already experiencing increased requests for treatment authorization. It is anticipated that the pent-up demand will increase in FY10-11. In FY10-11, the projected number of new referrals under SB785 is 160 new cases.

These increased requests will increase our expenditures to treatment providers serving these youth, but will also generate \$380,000 in EPSDT MediCal revenues. A 5%, or \$20,000 local match requirement provided by the Human Services Agency.

JUSTIFICATION: (required by the Mayor's Office)

The State Department of Mental Health added the new requirement under SB785 in the annual state contract with the San Francisco Mental Health Plan, beginning with Fiscal Year 2009-2010. Compliance with the requirement is expected of all Mental Health Plans who contract with the State to provide mental health services to MediCal beneficiaries.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is estimated there will be approximately 160 foster care children and youth in the first year who will begin receiving treatment with San Francisco responsible for reimbursing the costs. Services will include both outpatient and day treatment.

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

Revenue generated will be used to fund contracts for new or existing services, expansion of existing services, as well as to cover any administrative costs for this initiative. Revenue will increase by \$400,000 of which \$200,000 is Short-Doyle Medi-cal (Federal), \$180,000 is State EPSDT General Fund match, and \$20,000, which is the required local match to the State EPSDT will come from work order.

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

The increased workload in coordinating the implementation of this new requirement will be absorbed by existing CBHS and Foster Care Mental Health Program staff, so there will be no new positions requested.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SB 785

		FY 2010-2011 (9 months)	Ongoing
Sources:			
45416	Short Doyle MediCal	200,000	266,667
45412	EPSDT State Match	180,000	240,000
	GF as local match	20,000	26,667
Subtotal Sources		400,000	533,333
Uses:			
001/013	Salaries and Fringes		
027	Professional Services	\$ 400,000	\$ 533,333
Subtotal Uses		400,000	533,333
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	HMHMCP751594	\$	380,000
	HMHMCHCWSNWO	\$	20,000
	subtotal:	\$	400,000
Facilities Maintenance, and Equipment (List by each items by count and amount)			
	Total:	\$	400,000

Note: \$20,000 of general fund will come from H.S.A. work order (inded code: HMHMCHCWSNWO)

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 -- Mental Health

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

PROGRAM / INITIATIVE TITLE: Contractor Drug Medi-Cal

GENERAL FUND: No General Fund; requesting \$600,000 Federal and State Increased Allocation

TARGETED CLIENTS: Adult Opiate Drug Users

PROGRAM DESCRIPTION:

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

The UCSF and SFGH Department of Substance Abuse and Addiction Medicine (DSAAM) operate two Methadone vans, the services of which are now eligible for Drug Medi-Cal reimbursement. This request includes the \$300,000 projected amount of Drug Medi-Cal revenue the Vans are expected to generate in FY10-11. Additionally, Fort Help, a Methadone Maintenance contractor, expects to open a new location in San Francisco and generate approximately \$300,000 in Medi-Cal revenue in FY10-11.

JUSTIFICATION: (required by the Mayor's Office)

There is no impact to the General Fund since the Federal participation of 50% and State participation of the remaining 50% will cover all related costs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Fort Help is expected to provide services to an additional 75-80 unduplicated clients at their new location. With regard to the UCSF/SFGH DSAAM Methadone vans, this request will replace an allocation of one-time General Fund monies provided to the program in FY09-10 that will cease to exist in FY10-11. Therefore, the replacement of these funds with Drug Medi-Cal funds will allow the program to continue to support the 80 unduplicated clients served with the one-time dollars.

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

Increase in Drug Medi-Cal revenues of \$600,000 and increase in 027 Professional Services Contracts of \$600,000.

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

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Contractor Drug Medi-Cal

	FY 2010-2011	Ongoing
Sources:		
State Alcohol Funds	\$ 300,000	\$ -
Short-Doyle Medi-Cal	300,000	
Subtotal Sources	600,000	
Uses:		
Salaries and Fringes	\$ -	\$ -
027 Professional Services Contracts	600,000	-
Subtotal Uses	600,000	-
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

- \$ 600,000

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: Community Behavioral Health Services – Mental Health

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

PROGRAM / INITIATIVE TITLE: **Short Doyle MediCal Request for Contractors**GENERAL FUND: **No impact.**

TARGETED CLIENTS: Clients served by DPH –CBHS contractors

PROGRAM DESCRIPTION:

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

As the county health department we are responsible the authorization and payment of Short-Doyle Medi-Cal for all agencies in San Francisco. These increases will enable DPH contractors to address funding shortfalls or program enhancements by budgeting the revenues that they are currently generating, but are not paid for because these revenues are outside of their contract limit. The proposed funding allocation is based on projections provided by the contractors.

JUSTIFICATION: (required by the Mayor's Office)

The contractors are eligible for these revenues increases through services they are providing within their contracts and they have available unleveraged dollars to use as a county match. Budgeting the funds would allow them to benefit from the efforts that they are currently providing to address the many cost increases, such as health benefits, that are currently unfunded.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Increase of Short Doyle MediCal revenues by \$350,000.

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

None. Funding to 021 Professional Services.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Contractor SD MediCal

	FY 2010-11	Ongoing
Sources:		
HMHM048041 45416 Short Doyle MediCal	\$ 350,000	\$ 350,000
Subtotal Sources	350,000	350,000
Uses:		
Professional Services	\$ 350,000	\$ 350,000
	-	-
Subtotal Uses	350,000	350,000
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	
HMHMCC730515	CH21/02700 Professional Services	\$ 350,000

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

663

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: CBHS – Mental Health

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

PROGRAM / INITIATIVE TITLE: AIIM Higher Project (Replacement of Dept. of Justice Grant)

GENERAL FUND: None.

TARGETED CLIENTS: High risk youth with behavioral health disorder in Juvenile Justice System

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative would replace a Federal Department of Justice (DOJ) grant to maintain the San Francisco AIIM Higher Project that will expire on September 29, 2010 with 95% State Medi-Cal Early Periodic Screening and Early Treatment (EPSDT) and 5% local contribution coming from a reallocation of existing funds. This funding would continue to support a Marriage & Family Therapist to meet the needs of youth with moderate to serious risks of mental health who are in the San Francisco Juvenile Hall or at the Log Cabin Ranch (longer term residential detention facility).

The purpose of the AIIM Higher project is to (1) build a systematic screening and assessment process, 2) develop a process for consistent information gathering and sharing across juvenile justice and mental health, 3) use a structural and collaborative approach to placement and dispositional decision-making, 4) provide appropriate mental health and substance abuse services that better engage and meet needs, and 5) track whether youth are getting better or worse to reduce recidivism and improve functioning as a result of care. The goal of the project is to assist clients in identifying and accessing appropriate and effective services that address the needs of juvenile justice involved youth and their families in the community.

JUSTIFICATION: (required by the Mayor's Office)

Funding will enable AIIM Higher Project to continue to function in a partnership with the Juvenile Justice System to meet needs of youth with behavioral problems detained at San Francisco Juvenile Hall and to serve as a linkage to appropriate and effective community-based services. Services will be reimbursable through EPSDT which will result an increase in revenues and reimbursement in subsequent years.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The Department estimates that 100 clients will continue to be seen annually in the project.

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

Short Doyle MediCal revenue will increase by \$47,060 and EPSDT State General Fund match revenue will increase by \$42,354. The department will also redirect \$4,706 from existing department funds to provide a 5% local county match.

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

No impact.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Grant Replacement - Dept. of Justice - AIIIM Higher

	FY 2010-2011 (10 months)	Ongoing
Sources:		
45416 Short Doyle MediCal - FFP	\$ 47,060	\$ 56,472
45412 EPSDT State Match	42,354	50,825
Grant Revenue - HMHMCP751594	(89,414)	(107,297)
Subtotal Sources	-	-
Uses:		
001/013 Salaries and Fringes		
027 Professional Services		\$ -
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	0.00	0.0

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

Class

FTE's

Fringe (37.1%)

subtotal:

Operating Expenses

Character/Subobject Code

027 5% local match will be reallocated from existing fund

subtotal:

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

Total:

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: CBHS – Mental Health

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

PROGRAM / INITIATIVE TITLE: **Expansion of SB163 Wraparound Services and Increasing Outpatient Capacity for Youth Residential Programs**

GENERAL FUND: None

TARGETED CLIENTS: Youth in the foster care, juvenile justice and special education/mental health systems.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The purpose of this proposal is to request Early Prevention, Screening, Diagnosis and Treatment (EPSDT) MediCal funding to expand treatment services to youth by (1) expanding the existing SB163 wraparound services initiative, and by (2) adding outpatient treatment capacity in youth residential treatment programs.

SB163 Wrap Around Services: SB163 is an initiative through the State Department of Social Services which allows counties, and specifically the San Francisco Human Service Agency (HSA), to redirect State General Funds and County matching funds from high intensity residential slots, to community based intensive wrap around services. The goal is to reduce the need for and usage of out-of-home residential treatment placement for youth in the foster care, juvenile justice and special education/mental health systems. Instead of continuing in residential treatment placements, the children and youth will receive "wrap-around" services in the community while living either at home, in a relative's home, or in a permanent foster home. Wrap around services include an array of interventions designed to retain stability in the child's life, including mental health treatment, mentoring, tutoring, one-on-one shadowing, activities, and therapeutic foster homes. Services provided under SB163 are comprehensive than regular wraparound services and entail 24/7 support where other programs do not. While HSA funds most of the wrap-around services with State funding, the specialty mental health treatment is provided by DPH and funded by the State through DPH.

We would create 10 additional wraparound slots increasing the number of available slots from 125 to 135 slots. These slots would be delivered through a pilot with the San Francisco Family Mosaic Project civil service program. The Family Mosaic Program is the only citywide intensive case management program located in the Bayview Hunter's Point neighborhood, which makes the program more geographically accessible to the youth utilizing or targeted to benefit from this service. The service would be operated 24 x 7 to ensure that the needs of the youth and their families are addressed whenever the need arises in a culturally competent manner.

Increasing Outpatient Capacity: The second part of this initiative would be to expand outpatient capacity at existing residential treatment programs serving youth, so that once a youth has completed his/her residential treatment program, the youth can remain engaged with the program and his/her counselor on an outpatient basis. Both the Department and HSA believe will result in better outcomes because of the continuity of care as the individual transitions through his or her treatment plan. These

services will be delivered through existing contract agencies.

The outpatient treatment capacity expansion would allow existing residential treatment providers to serve approximately 10 youth after they have been discharged from the residential treatment program.

JUSTIFICATION: (required by the Mayor's Office)

The provision of wrap-around services has resulted in children and youth who have more stability in placements, reduced the number of placement changes, avoided a higher level of placement, increased community based placement and increased the rate of step-down from group care setting to a family based service setting. These services are 95 percent reimbursable by State and Federal revenues, as is the expansion of the outpatient capacity in agencies providing residential treatment services to youth

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This proposal would serve approximately 25 additional high risk youth annually (10 slots for 15 youth in the SB 163 Initiative and 10 youth in the outpatient setting)

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

Increasing wraparound services will require an increase in staffing and materials and supplies totaling \$295,968. Increasing outpatient capacity will increase contract costs by \$194,420. The total initiative will cost \$490,388, of which \$302,031 (61.59%) is Federal Short Doyle MediCal, and \$163,839 (33.41%) is State General Fund Match. The local contribution of five percent or \$24,518 (to make the State match equal to 38.41%) will come from HSA.

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

Funding will increase 0.75 FTE class 2930 Psychiatric Social Worker for 9 months and 1.13 FTE class 2586 Health Worker II for 9 months. The rest of the funding will fund professional services and materials and supplies.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Expansion of SB 163 and Outpatient Capacity for Youth Residential Programs

Sources:	FY 2010-11 9 months	Ongoing
45416 Short Doyle MediCal - FFP	302,031	402,708
45412 EPSDT State Match	163,839	218,452
087 Workorder from H.S.A	24,518	32,691
Subtotal Sources	490,388	653,851
Uses:		
Salaries and Fringes	289,142	385,523
Professional Services	194,420	259,227
materials & supplies	6,826	9,101
Subtotal Uses	490,388	653,851
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	1.88	2.5

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

Class		FTE's	
2930	Psychiatric Social Worker	0.75	62,033
2586	Health Worker II	1.13	61,338
			-
			123,371
	Fringe (37.1%)	1.88	45,771
			169,142
	As needed (on-call)		120,000
	index code: HMHMCB731943		\$ 289,142

Operating Expenses

Character/Subobject Code	
027 Professional Services	194,420
040 Materials & supplies	6,826
index code: HMHMCB751594	\$ 201,246

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

\$ 490,388

Initiative Number C15
(Leave blank)

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: CBHS – Mental Health

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

PROGRAM / INITIATIVE TITLE: **Reduction of Family Mosaic Project (FMP) Revenues**

GENERAL FUND: No General Fund Impact. Reduction of \$110,925 in FMP revenues and associated expenses.

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Department of Public Health has a contract with the State Department of Health Care Services to operate the Family Mosaic Project (FMP). The purpose of this program is to provide intensive case management and wrap-around services to high risk youth up to 18 years of age and their families with a goal of stabilizing the family by addressing various needs. These services are similar to the services provided under SB163, but are not as intensive and do not require 24/7 programming. Also instead of EPSDT, the department is paid a monthly amount per eligible enrollee of \$1,848.75. The FY09-10 budget is based on an enrollment of 165 slots, or a total budget of \$3,660,525. The proposed initiative would reduce the slots to 160 slots, a reduction of 5 slots and \$110,925, resulting in a proposed FY10-11 budget of \$3,549,600. The proposed reduction will have no impact on the program or clients, as the reduction is being done to reflect actual enrollment.

JUSTIFICATION: (required by the Mayor's Office)

The proposed funding reduction will result in the FMP budget matching actual enrollment.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Reduction of \$110,925 in FMP capitated Medi-Cal revenues and an equal expenditure reduction. There will be no impact to the City's General Fund.

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

None. All expenses are in 021 Professional Services.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Reduction of Family Mosaic Project (FMP) Revenues

Sources:	FY 2010-2011 (12 months)	Ongoing
65102 Medi-Cal	(110,925)	(110,925)
		-
		-
Subtotal Sources	(110,925)	(110,925)
Uses:		
001/013 Salaries and Fringes		
027 Professional Services	\$ (110,925)	\$ (110,925)
Subtotal Uses	(110,925)	(110,925)
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 Professional Services		(110,925)
subtotal:		\$ (110,925)
Facilities Maintenance, and Equipment (List by each items by count and amount)		
Index code: HHMCP8828CH	Total:	\$ (110,925)

6-70