

MESSAGE FROM THE DIRECTOR ON FY 08-09 MID-YEAR REDUCTIONS

Introduction

At the Health Commission meeting on November 4, we reviewed the directive from the Mayor's Budget Office to submit a mid-year reduction plan. This is in response to a Controller's estimate of City-Wide revenue shortfalls that will range from \$90 – \$125 million for this fiscal year and continue into the coming year. Revenue losses are directly related to the larger economic recession and credit crisis that will reduce revenues from Property Transfer, Hotel Occupancy, and Sales Taxes. The City Charter requires a balanced budget and therefore mid-year reductions to spending are necessary.

The Health Department is the largest department in the City and receives the 32% of a \$1.2 billion discretionary general fund, \$410 million for the current fiscal year. Our targeted mid-year reduction is \$26.7 million, 35.6% of a \$75 million reduction.

The Department must also submit a plan to balance our current year budget. State budget cuts and unfunded structural requirements have resulted in a combined \$25 million deficit, (\$10.6 million revenue and \$14.1 million personnel cost).

Current Year Balancing Plan

We have submitted a plan to the Mayor's budget office that addresses \$20.5 million of the \$25 million deficit. The plan identifies additional revenues, and a number of one-time savings. In addition, we will need to hold most vacant requisitions until next fiscal year. The plan included a request to access a \$4.6 million prior year surplus, however that request has not yet been approved. The remainder of our plan is under review. We will continue to monitor our current year financial position and look for opportunities to close the remaining deficit.

Mid-Year Reduction Plan

Mid-year reductions must be taken from our current operating budget and general fund allocation. Our 08-09 budget was reduced \$30.8 million in general fund, comprised of \$28.8 million in reductions in the approved budget and \$2.0 million in additional reductions taken in August in a first round of mid-year cuts to restore City General Fund Reserves. Following is the breakdown of reductions to City Services and Community Based Organizations:

Reductions Taken 2008-09	Base Budget	August Mid-Year Cut	Total	Percent
Community Based Organizations	\$1,818,620	\$979,111	\$2,797,731	9%
City Programs	27,010,343	986,380	27,996,723	91%
Total	\$28,828,963	\$1,965,491	\$30,794,454	100%

The Board restored \$18.7 million in proposed reductions \$15.6 million, 83% of which were to community based organizations.

Our initial review of our budget focused on those items that we had proposed for reduction in our 2008-09 budget and were restored. These were items that had been previously reviewed and accepted and included in the Mayor's budget. While many of the reductions are comprised of items previously restored, the reduction list also includes several new initiatives and additional reductions to Department personnel costs.

We have not been able to achieve a full \$26.7 million in reductions and are working with the Mayor's Budget Office to identify additional reductions. At this time we have identified mid-year reductions that produce current year savings of \$9,966,575 and annual savings for the 09-10 year of \$21,621,502. The attached listing and supporting schedules describe each initiative. Following is a summary of proposed cuts showing the breakdown between Community Based Organizations and City Services.

Conclusion

We will continue to work with the Mayor's Budget Office and our Health Commission to identify additional reductions while preserving the essential services to our clients and residents of San Francisco consistent with our mission.

DEPARTMENT OF PUBLIC HEALTH
 FY 2008-09 MID-YEAR REDUCTIONS - November 12th, 2008

Item	Div	Description	FTE's Change	Annualized Position Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	2008-09 Net General Fund	2008-10 Net General Fund	Comment	Principle
REVENUE										
A1	Dept. Wide	08-09 Increased Revenue SFGH				3,000,000	(3,000,000)	(3,000,000)	This additional revenue assumes 07/08 final close out revenue surplus will also be reflected in 2008/09 actuals	1. Maximize Revenue
A2	SFGH	Increase Cafeteria Pricing			22,500	(22,500)	(45,000)	(45,000)	Effective January 1, 2009. Price increases at SFGH.	1. Maximize Revenue
TOTAL		REVENUE			3,022,500	(3,022,500)	(3,045,000)	(3,045,000)		
BUDGET REDUCTIONS										
F1	Environmental Health	Asthma Task Force			(102,000)		(102,000)	(102,000)	Effective immediately, BOS Restoration. This was a supplement to our budget and was restored in the last budget round. This will not affect funded services for persons with asthma and the taskforce will continue to exist.	3. Prioritize services to vulnerable populations--this is not a direct service.
F2	CBHS	Behavioral Health Outpatient Reduction			(1,277,536)		(1,277,536)	(2,767,352)	Effective January 1, 2009. BOS Restoration. We are prioritizing residential treatment and medical related substance abuse services (consistent with prop. 1).	4. Prioritizes services to the most severely ill.
F3	CBHS	Behavioral Health Outreach Reduction			(620,080)		(620,080)	(2,007,337)	Effective January 1, 2009. BOS Restoration. We are prioritizing residential treatment and medical related substance abuse services (consistent with prop. 1).	3. Prioritize services to vulnerable populations.
F4	CBHS	Delay Bayview Health Initiative			(75,000)		(75,000)	-	BOS Restoration. Savings from contract delay until mid-year.	3. Contract will be processed for this service that addresses health disparities.
F5	CBHS - MH	Restructuring Trauma Recovery Center/Rape Treatment Center and the Child and Adolescent Support and Advocacy Resource Center.			(338,331)		(338,331)	(671,662)	Effective January 1, 2009. BOS Restoration. In streamlining the administration and clinical coverage of the two trauma-focused, 24/7, programs administered by UCSF, efficiency can be produced, and productivity increased.	10. Substitution of less expensive service.
F6	CBHS - MH	Supplies for Shelters			(156,000)		(156,000)	(200,000)	Effective immediately, BOS Restoration. Due to this difficult budget year, only the highest priority activities can be maintained with this funding. The Department allocated hygiene supplies to shelter contractors on a one-time basis and requested that contractors budget adequate funds in their ongoing budgets to provide for these supplies. Additionally, the Department arranged for the shelter contractors to purchase supplies from the Department's vendors which will result in a 10 percent discount for contractors.	10. Substitution of less expensive service.
F7	CBHS - MH	Provide Mental Health Services only to insured persons with serious mental illness	(5.42)	(13.00)	(554,368)		(554,368)	(1,330,483)	Effective February 1, 2009. BOS Restoration. This would require a legislative change to the Single Standard of Care ordinance. This proposal would limit mental health services to mentally ill clients with Medical coverage as per State agreement to operate the San Francisco Mental Health Plan, and to uninsured clients who are seriously mentally ill. While the implementation of this reduction will result in a reduction of clients served by contractors and the Private Provider Network (PPN), the proposed reduction only includes an impact to the civil service programs currently. The PPN was excluded because of the State's previous reduction to the PPN State allocation.	3. Prioritizes services to the most severely ill.
F8	AIDS	Complimentary Therapies			(155,000)		(155,000)	(310,000)	Effective January 1, 2009. BOS Restoration. These services were originally funded by CARE dollars which are no longer available. City was able to restore this funding in previous years when sufficient dollars were available. Does not affect maintenance of effort.	13. Complimentary therapies are not core services of the Health Dept.
F9	AIDS	HIV Prevention			(1,131,720)		(1,131,720)	(2,188,440)	Effective January 1, 2009. Elimination of General Fund monies for HIV Prevention services, except for HIV testing programs to detect new positives, which greatly reduces their risk behavior after a new HIV diagnosis, will be largely preserved, as will most programs that link positives to clinical care. HIV Prevention preserved other vital programs that grants do not fund, including needle exchange and methamphetamine treatment programs for highest-risk persons.	6. Based on research findings, needle exchange, identification of new HIV-infected persons and linking them to care, and methamphetamine treatment programs are the most effective methods of HIV transmission.

F10	STD	STD Selective Testing		(72,500)	(72,500)	(145,000)	Effective: January 1, 2009. BOS Restoration. Reduction of selective STD testing for persons over 30.	3. Prioritize services to vulnerable populations--these STD tests are done for lower risk persons 10. Substitution of less expensive service.
F11	HUH	Closure of housing projects in need of rehabilitation	(61,389)	(61,389)	(323,860)	Buildings which house the Restoration House Program and La Casa Mariposa are in serious disrepair. DPH staff will work to ensure that clients are successfully transitioned into other appropriate housing.		10. Substitution of less expensive service.
F12	HUH	Elimination of funding for the Crisis Response Team/SFGH Emergency Housing Program	(151,684)	(151,684)	(364,042)	Effective: February 1, 2009. Elimination of funding for the CRT/SFGH Emergency Housing Program - Kean Hotel is in poor condition and New Medical Respite can provide more comprehensive treatment.	Effective: February 1, 2009. Elimination of funding for the CRT/SFGH Emergency Housing Program - Kean Hotel is in poor condition and New Medical Respite can provide more comprehensive treatment.	10. Substitution of less expensive service.
F13	HUH	SRO Collaborative	(148,828)	(148,828)	(357,187)	Effective: February 1, 2009. BOS Restoration. Reduction of General Fund support for programs that provide outreach and advocacy for residents of single room occupancies. \$750,000 in funding from fees collected by the Department of Building Inspection remain for these advocacy services.	Effective: February 1, 2009. BOS Restoration. Reduction of General Fund support for programs that provide outreach and advocacy for residents of single room occupancies. \$750,000 in funding from fees collected by the Department of Building Inspection remain for these advocacy services.	10. Substitution of less expensive service.
F14	PC	Medical Patch for Adult Day Health Center	(20,000)	(20,000)	(40,000)	Effective: January 1, 2009. BOS Restoration. Primary Care funding for Bayview Hunter's Point Adult Day Care. Provides therapeutic, outreach and primary care services targeting frail elders and disabled clients in the Bayview Hunter Point, Potrero Hill, and Visitation Valley neighborhoods.	Effective: January 1, 2009. BOS Restoration. Primary Care funding for Bayview Hunter's Point Adult Day Care. Provides therapeutic, outreach and primary care services targeting frail elders and disabled clients in the Bayview Hunter Point, Potrero Hill, and Visitation Valley neighborhoods.	10. Substitution of less expensive service.
F15	PC	Reductions in Primary Care Community Programs - HSF Providers	(141,700)	(141,700)	(283,400)	Effective: January 1, 2009. Contractors are Health San Francisco providers (HSF) and receive HSF reimbursements to replace General Fund.	Effective: January 1, 2009. Contractors are Health San Francisco providers (HSF) and receive HSF reimbursements to replace General Fund.	10. Substitution of less expensive service.
F16	PC	Reductions in Primary Care Community Programs - Non-HSF Providers	(104,759)	(104,759)	(209,517)	Effective: January 1, 2009. With HSF, and the need to improve health outcomes, provide continuity of care, access and improve efficiencies, most DPH-Primary Care services are now provided within medical homes. Medical homes provide care that is consistent, comprehensive and continuous. The above contractors provide services that are episodic and hence no longer meet the scope and direction of primary care services delivery.	Effective: January 1, 2009. With HSF, and the need to improve health outcomes, provide continuity of care, access and improve efficiencies, most DPH-Primary Care services are now provided within medical homes. Medical homes provide care that is consistent, comprehensive and continuous. The above contractors provide services that are episodic and hence no longer meet the scope and direction of primary care services delivery.	13. Our strategic plan is to link all our services to primary care homes.
F17	SFGH	Conversion of One 21 Bed Acute Psych Unit to a Non-Acute unit	(1.80)	(139,902)	(659,608)	Effective: April 1, 2009. By reducing the level of care for these patients, the mandatory nursing ratios would no longer apply. We would need to obtain non-acute waiver for these beds. Details of obtaining the waiver and requirements are pending and would require approval from the State.	Effective: April 1, 2009. By reducing the level of care for these patients, the mandatory nursing ratios would no longer apply. We would need to obtain non-acute waiver for these beds. Details of obtaining the waiver and requirements are pending and would require approval from the State.	9, 10 and 12. Mandated service can be provided at a lower expense, but we would not move forward if it jeopardized the licensing.
F18	SFGH	Convert all CNAs to MEAs for all units except SNF and BHC	(283,155)	(283,155)	(679,571)	Effective: February 1, 2009. Conversion of Certified Nursing Assistants (CNAs) to Nursing Care Assistants at San Francisco General Hospital except for Skilled Nursing Facility and the Behavioral Health Center.	Effective: February 1, 2009. Conversion of Certified Nursing Assistants (CNAs) to Nursing Care Assistants at San Francisco General Hospital except for Skilled Nursing Facility and the Behavioral Health Center.	9 and 12. Mandated service can be provided at a lower expense, but we would not move forward if it jeopardized the licensing.
F19	SFGH	Transition EKG Technician to Medical Evaluation Assistant (MEA)	(6,344)	(6,344)	(15,225)	Effective: February 1, 2009. BOS Restoration. Convert remaining 1.00 FTE EKG Tech to a 1.00 FTE MEA with annual GF savings of \$15,225.	Effective: February 1, 2009. BOS Restoration. Convert remaining 1.00 FTE EKG Tech to a 1.00 FTE MEA with annual GF savings of \$15,225.	10. Substitution of less expensive service.
F20	Dept. Wide	Security Outsource	(685,497)	(685,497)	(3,561,988)	Effective: April 1, 2009. BOS Restoration. All security services at DPH hospitals and clinics will be outsourced. Additional savings would also be achieved by the Sheriff as deputies are reemployed to the jails. Layoff may occur in Sheriff's Department.	Effective: April 1, 2009. BOS Restoration. All security services at DPH hospitals and clinics will be outsourced. Additional savings would also be achieved by the Sheriff as deputies are reemployed to the jails. Layoff may occur in Sheriff's Department.	10. Substitution of less expensive service.
F21	Dept. Wide	Administrative Position Reductions	(1.67)	(208,333)	(500,000)	Effective: February 1, 2009. Administrative positions to be identified.	Effective: February 1, 2009. Administrative positions to be identified.	3. Prioritize services for vulnerable populations.
F22	Dept. Wide	Elimination of vacant positions	(24.00)	(1,920,000)	(1,920,000)	Vacant positions are being held in current year. 09-09 Savings will be applied towards DPH's balancing plan to close its projected \$25 million shortfall. These positions will be deleted for ongoing savings, as part of DPH's 09-10 budget submission.	Vacant positions are being held in current year. 09-09 Savings will be applied towards DPH's balancing plan to close its projected \$25 million shortfall. These positions will be deleted for ongoing savings, as part of DPH's 09-10 budget submission.	3. Prioritize services for vulnerable populations.
F23	CBHS	Walden House	(42.80)	(6,944,076)	(18,576,502)	Effective: February 1, 2009. Given the complex set of issues impacting funding for youth residential treatment placement, the closure recommendation is the only alternative available to the department and the contractor to be fiscally accountable. If this program were to continue, additional funds beyond what has been budgeted in the current year will need to be made available. No savings in current year or budget year.	Effective: February 1, 2009. Given the complex set of issues impacting funding for youth residential treatment placement, the closure recommendation is the only alternative available to the department and the contractor to be fiscally accountable. If this program were to continue, additional funds beyond what has been budgeted in the current year will need to be made available. No savings in current year or budget year.	10. Substitution of less expensive service.
		TOTAL REDUCTIONS	(7.53)	(6,944,076)	(18,576,502)			
		GRAND TOTAL REVENUE AND REDUCTIONS	(15.07)	(3,022,500)	(9,956,576)	(21,621,502)		

7.4

2008-2009 Program Change Request**DEPARTMENT NAME:**

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

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse

DPH SECTION: ENVIRONMENTAL HEALTH

PROGRAM CONTACT NAME/PHONE: Rajiv Bhatia 252-3931/ Karen Cohn 554-8930 x11

PROGRAM / INITIATIVE TITLE: **Children's Environmental Health/ Asthma Task Force**GENERAL FUND: **(\$102,000)**

TARGETED CLIENTS: San Francisco Residents – especially those who suffer from asthma

PROGRAM DESCRIPTION: (Description of Program Change)

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

The mission of the San Francisco Asthma Task Force is to prevent asthma and to improve the quality of life for people with asthma, especially the underserved, who live or work in the City and County of San Francisco, by the use of advocacy, legislative action and citywide strategies. The San Francisco Department of Public Health, Environmental Health Section serves as the organizational sponsor.

The task force membership is broad-based and reflects the diversity of individuals and agencies required to respond to the multifaceted nature of asthma. Our membership comes from the following sectors: environmental epidemiology, tenants' rights, housing management, environmental health, building inspection, public health, schools, child care, parent associations, health education, clinical care (medicine, respiratory therapy, nursing and pharmacy), community activism, research, and health policy. There are a total of 30 seats on our task force, 10 of which are non-voting seats occupied by public agencies and departments.

JUSTIFICATION: (required by the Mayor's Office)

While we consider this an important project, it is not a core service of the Public Health Department. This was prioritized lower than services to diagnose and treat physical and mental health.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

\$102,000

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

N/A

2008-2009 Program Change Request

DEPARTMENT NAME:

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

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse

DPH SECTION: Community Behavioral Health Services – Substance Abuse

PROGRAM CONTACT NAME/PHONE: **Bob Cabaj, 255-3447**PROGRAM / INITIATIVE TITLE: **Behavioral Health Outpatient Reduction**GENERAL FUND: **\$1,277,536 General Fund Reduction in FY08_09****\$2,787,352 General Fund Reduction in FY09_10**

TARGETED CLIENTS: Adults with Substance Abuse Addictions and Adults with Mental Health Disorders

PROGRAM DESCRIPTION: (Description of Program Change)

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

Funding for nine CBHS-funded Mental Health and Substance Abuse Outpatient programs will be eliminated under this mid-year initiative. The affected Agencies/Programs and the General Fund savings in FY08_09 and FY09_10 are as follows:

Asian American Recovery Services, Lee Woodward Outpatient Program: FY08_09 - \$155,283; FY09_10 - \$338,800

Haight Ashbury Free Clinics, Western Addition Poly Drug Program: FY08_09 - \$182,073; FY09_10 - \$397,250

Haight Ashbury Free Clinics, Western Addition Methamphetamine: FY08_09 - \$118,536; FY09_10 - \$258,625

Walden House, Central City OASIS: FY08_09 - \$250,842; FY09_10 - \$547,292

Walden House, Truth to Power: FY08_09 - \$105,103; FY09_10 - \$229,315

New Leaf, MSM Methamphetamine: FY08_09 - \$170,693; FY09_10 - \$372,420

Family Services Agency, Geriatrics Post St. Intensive Case Management: FY08_09 - \$70,934; FY09_010 - \$154,765

Family Services Agency, Geriatrics Gough St.: FY08_09 - \$129,243; FY09_010 - \$281,985

Westside Comm. Mental Health, Alliance Outpatient: FY08_09 - \$94,829; FY09_10 - \$206,900

JUSTIFICATION: (required by the Mayor's Office)

The need for multiple, large, free-standing outpatient treatment programs has been reduced in the past year, as planned, by the implementation and growth of Health San Francisco (HSF). HSF now provides a primary health care home for most indigent San Franciscans, and provides a starting place to assess and address any of the individual's health needs. Although many individuals who need ongoing specialty mental health or substance abuse treatment will be referred to community providers, much of the work of screening, assessment, routine medication, and even supportive counseling will be done within the community oriented primary care centers as part of integrated care.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative will result in the reduction of services to 1,389 unduplicated clients with an equivalent loss of 36,491 units of service.

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

This initiative will result in General Fund savings in the Medical Services Contract line as follows:

HMHSCCRES227: FY08_09: \$982,530; FY09_10: \$2,143,702

HMHMCC730515: FY08_09: \$295,006; FY09_10: \$643,650

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

There is no impact on the Department's workforce.

2008-2009 Program Change Request**DEPARTMENT NAME:**

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

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse

DPH SECTION: Community Behavioral Health Services – Substance Abuse

PROGRAM CONTACT NAME/PHONE: **Bob Cabaj, 255-3447**PROGRAM / INITIATIVE TITLE: **Behavioral Health Outreach Reduction**GENERAL FUND: **\$920,030 General Fund Reduction in FY08_09****\$2,007,337 General Fund Reduction in FY09_10**

TARGETED CLIENTS: Adults with Substance Abuse Addictions and Adults with Mental Health Disorders

PROGRAM DESCRIPTION: (Description of Program Change)

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

Funding for ten CBHS-funded Mental Health and Substance Abuse Outreach programs will be eliminated under this mid-year initiative. Additionally, the General Fund supplement for nine Substance Abuse Primary Prevention programs currently funded by the Federal Substance Abuse Prevention and Treatment Block Grant will be eliminated. The affected Agencies/Programs and the General Fund savings in FY08_09 and FY09_10 are as follows:

Richmond Area Multi-Services, Outreach - FY08_09: \$11,408; FY09_10: \$24,890

SF Study Center, Office of Self Help- FY08_09: \$206,195 FY09_10: \$449,879

SF Study Center, Socialization Through Empowering Peer - FY08_09: \$69,951 FY09_10: \$152,620

SF Study Center, Center for Special Problems - FY08_09: \$30,541; FY09_10: \$66,634

SF Study Center, Southeast Jobs Initiative Roundtable - FY08_09: \$24,317; FY09_10: \$53,055

Bayview Hunters Point Foundation, Family Center Outreach – FY08_09: \$158,897; FY09_10: \$346,685

Caduceus, Outreach Services – FY08_09: \$160,417; FY09_10: \$350,000

Larkin Street, Homeless Youth Outreach - FY08_09: \$93,789; FY09_10: \$204,631

National Council on Alcoholism, Information Center - FY08_09: \$52,735; FY09_10: \$115,059

Japanese Community Youth Council, Asian Youth Prevention Services - FY08_09: \$47,048; FY09_10: \$102,651

San Francisco Pre-Trial Prevention – Substance Abuse Referral Unit - FY08_09: \$32,300; FY09_10: \$70,472

Asian American Recovery Services, COPASSA Prevention - FY08_09: \$4,431; FY09_10: \$9,667

Bayview Hunters Point Foundation , Youth Prevention - FY08_09: \$1,664; FY09_10: \$3,631

Center on Human Development, Youth Striving for Excellence - FY08_09: \$2,274; FY09_10: \$4,961

National Council on Alcoholism, Youth Services - FY08_09: \$1,780; FY09_10: \$3,884

Westside Community Mental Health, Youth Aware Prevention - FY08_09: \$1,782; FY09_10: \$3,887

Youth Leadership Institute, Friday Nite Live - FY08_09: \$4,051; FY09_10: \$8,838

YMCA, Urban Services Prevention - FY08_09: \$16,451; FY09_10: \$35,893

JUSTIFICATION: (required by the Mayor's Office)

The need for multiple, small outreach projects has been reduced over the past year. The creation of Healthy San Francisco has generated wide publicity and outreach, bringing new individuals into treatment and coordinating the care of many who already received some services piecemeal. Healthy San Francisco now provides a primary health care home for most indigent San Franciscans, which creates a steady stream of individuals needing specialty mental health and substance abuse treatment to community treatment providers.

The consolidation of the Homeless Outreach Team and the MOST Team into 'SF First' provides a single, large, coordinated outreach unit focused on engaging populations identified as the top priority by the Department.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative will result in the reduction of outreach services to 1,850 unduplicated clients with an equivalent loss of 32,236 units of service.

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

This initiative will result in General Fund savings in the Medical Services Contract line as follows:

HMHSCCRES227: FY08_09: \$258,305; FY09_10: \$563,574

HMHMCC730515: FY08_09: \$650,317; FY09_10: \$1,418,873

HMHMCP751594: FY08_09: \$11,408; FY09_10: \$24,890

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

There is no impact on the Department's workforce.

2008-2009 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Health Promotion and Prevention

PROGRAM CONTACT NAME/PHONE: **Ginger Smyly/581-2425**

PROGRAM / INITIATIVE TITLE: **Bayview-Hunter's Point Health & Wellness Initiative**

GENERAL FUND: **\$75,000 in FY08-09 only (this will not annualize in FY09-10)**

TARGETED CLIENTS: Up to 5,000

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Bayview-Hunter's Point (BVHP) health and wellness program is a supervisorial initiative to develop and implement programs and activities within the Southeast sector of San Francisco. These activities and programs augment physical activity, health eating/nutrition, stress reduction and related activities. BVHP has usually high rates of premature death, injury due to violence and chronic and acute hospitalization due to chronic diseases, violence and social - ecological determinants of health. The program provides opportunities at the level of community based agencies, informal community groups and individuals. Approximately 5,000 people will receive short term services through these activities. The reduction will likely not reduce access to services and activities, but outreach events, training and start-up costs and evaluation development will likely be eliminated.

JUSTIFICATION: (required by the Mayor's Office)

Savings are due to delay of contract in 08-09.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The reduction will likely not reduce access to services and activities, but outreach events, training and start-up costs and evaluation development will likely be eliminated.

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

Decrease of \$75,000 in the 027 Professional Services line; Index Code: HCHPHHLTEDGF

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

N/A. These funds are contracted.

2008-2009 Program Change Request**DEPARTMENT NAME:**

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

DPH SECTION: Community Behavioral Health Services

PROGRAM CONTACT NAME/PHONE: Sai-Ling Chan-Sew (CBHS)

PROGRAM / INITIATIVE TITLE: **Restructuring CASARC/TRC/RTC**GENERAL FUND: **\$338,331 (FY-08-09), \$671,692 (annualized)**

TARGETED CLIENTS: Minimal reduction in total number of clients to be served.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The proposed restructuring of CASARC/TRC/RTC will reduce the contract with UCSF and the reduction of civil service positions assigned to the CASARC program. Through the restructuring effort, the integrated CASARC/TRC/RTC program will be able to increase efficiency and productivity. The integrated program will provide both forensic medical exams and forensic evidence collection for sexual assault victims across all age groups. The integrated program will also offer mental health treatment service for victims of sexual assault as well as victims of violence, across all age groups.

The restructure efforts will include: (1) Reduce duplication of 24/7 coverage by assigning the 3.5 Nurse Practitioners at TRC/RTC to provide coverage for CASARC 24/7; (2) Assign the 1.5 NP at CASARC to provide medical exam during weekdays, with back up from pediatrician at Dept. of Pediatrics ; (3) Restructure the forensic interview team to include: 0.5 FTE RN, 4 Part-time Mental Health Clinicians and the MDIC coordinator; during weekdays; (4) Restructure the mental health team from four faculty psychologists position to 1 supervising psychologist, 1 staff child psychologist, and 2 clinical social worker, with the entire mental health team being cross-trained in forensic interviewing. These clinicians will work both as forensic interviewers and clinicians; (5) Co-locate the CASARC mental health team with TRC/RTC staff, eliminate the need for a clerk typist at TRC; (6) Reduce psychiatric coverage from 0.5 FTE to 0.25 FTE.

It is anticipated that this staffing pattern will be able to meet the request for service from CASARC, based on statistics from FY07-08 (168 forensic interviews, 67 medical exams, 91 clients for mental health treatment)

JUSTIFICATION: (required by the Mayor's Office)

In streamlining the administration and clinical coverage of the two trauma-focused, 24/7, programs administered by UCSF, efficiency can be produced, and productivity increased.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is anticipated that minimal number of clients will be impacted. During the initial phase of transition, and re-training of staff, clients may experience temporary delay in access to service. It is anticipated that

when the re-structure is completed, there will not be any reduction in the number of clients served and in the number of units of service provided.

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

A total reduction in general fund in the amount of \$671,692 is being proposed. Please refer to the attached budget form for details.

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

The following reduction in Department workforce is being proposed:

Nursing On-Call (P103)	\$250,000
1.5 FTE RN	\$226,007
0.2 FTE MFT	\$ 21,219
0.25 FTE MD	\$ 50,216
MH re-class (UC)	\$ 50,000
Clerk Typist (UC)	\$ 74,250

2008-2009 Program Change Request**DEPARTMENT NAME:**

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

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse

DPH SECTION: Community Behavioral Health Services (CBHS_

PROGRAM CONTACT NAME/PHONE: **Barbara Garcia/255-3525**PROGRAM / INITIATIVE TITLE: **Shelter Monitoring Standards Initiative**GENERAL FUND: General Fund Reduction of **\$156,000**

TARGETED CLIENTS: Shelter Clients

PROGRAM DESCRIPTION: (Description of Program Change)

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

These funds were first added to the budget in FY07-08 to fund hygiene supplies in the City's shelters, and continued in FY08-09 to bring the shelters into compliance with the new Shelter Standards of Care. In FY08-09, the following funds have been approved with the Shelter Monitoring Committee for the following usage: (1) \$9k for an AmeriCorps Volunteer to assist in implementing Shelter health legislation, (2) \$30k for the continuation of the nutritionist begun in FY07-08 to implement nutrition standards to all shelters (four completed in FY07-08), and (3) \$5k for training costs to implement the Shelter Standard of Care across the system, leaving a balance of \$156k to be utilized for shelter supplies. In FY08-09, the shelter contractors will need to work within their existing budgets without additional funding.

JUSTIFICATION: (required by the Mayor's Office)

Due to this difficult budget year, only the highest priority activities can be maintained with this funding. The Department allocated hygiene supplies to shelter contractors on a one-time basis and requested that contractors budget adequate funds in their ongoing budgets to provide for these supplies. Additionally, the Department arranged for the shelter contractors to purchase supplies from the Department's vendors which will result in a 10 percent discount for contractors.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The will be no impact.

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

Of the \$200k addback, a reduction of \$156k in FY08-09. This would annualize to \$156k in FY09-10, preserving the balance of \$44k for ongoing supply needs. The affected General Fund index code is SUSS09000002.

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

N/A. Professional Services funding.

2008-2009 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Programs

PROGRAM CONTACT NAME/PHONE: Michelle Ruggels 255-3404

PROGRAM / INITIATIVE TITLE: **Limit Service for Uninsured Non-Seriously Mentally Ill Clients**

GENERAL FUND: (\$ 554,368)

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

PROGRAM DESCRIPTION: (Description of Program Change)

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

In 1995 the Health Commission and the Board of Supervisors accepted the responsibility from the State of California to operate the County's only health plan for specialty mental health services for MediCal beneficiaries in San Francisco (San Francisco Mental Health Plan, SFMHP). In return the State began providing the county with an annual funding allocation. Since April 1998, CBHS has been responsible for authorization and payment of all specialty mental health services for MediCal beneficiaries, reimbursing private providers directly. The SFMHP covers all medically necessary inpatient and outpatient specialty mental health services. When the SF Mental Health Plan started operations in April 1998, it was required to adopt the expanded State medical necessity criteria, thus expanding access beyond the original chronically mentally ill target population. As a result, members with an included DSM IV diagnosis and either a significant impairment in life functioning or a probability of significant deterioration became eligible to receive treatment. In FY 98-99, the Health Commission endorsed the policy of a single standard of care for all San Franciscans, regardless of payor source. This meant that the same medical necessity criteria that applied to MediCal beneficiaries under the State requirements also applied to uninsured clients.

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

This policy change would be applied evenly across the entire SF Mental Health Plan, including civil service programs, contract agencies and the Private Provider Network. However, the estimated savings of \$1,346,428 are derived from the savings in civil service and the savings in the Private Provider Network.

JUSTIFICATION: (required by the Mayor's Office)

Though uninsured individuals have benefited from the City's application of a single standard of care, during this difficult budget, funding should remain available to those most in need, the seriously mentally ill. The proposed change in policy would make San Francisco consistent with all other California counties, none of which provide a single standard of care. The population that will no longer be receiving

services are at low-risk of needing higher levels of care, e.g. hospitalization, due to a lack of treatment. (However, should they require acute services, e.g. inpatient hospitalization, these services remain available.)

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This reduction would impact 659 clients. Of the total number of 17,210 unduplicated clients ages 22-64 who received outpatient services in FY 06-07, 5,957 were uninsured. Of these, 1,582, or 26% were not seriously mentally ill.

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

Decrease of \$554,368 in expenditures

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

Decrease 2.1 FTE 2930 Psychiatric Social Workers, 2.5 FTE 2931 MFCC, 0.4 FTE 2932 Senior Psychiatric Social Worker and 0.4 FTE 2935 Senior MFCC.

2008-2009 Program Change Request**DEPARTMENT NAME:**

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

DPH SECTION: AIDS Office Prevention

PROGRAM CONTACT NAME/PHONE: **Michelle Long 554-9043**PROGRAM / INITIATIVE TITLE: **Complementary Therapies**GENERAL FUND: **\$155,000 (reduction)**

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

PROGRAM DESCRIPTION: (Description of Program Change)

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

Complementary Therapies include the following: assessments, acupuncture services, and or massage therapy.

Haight Asbury – Complementary Therapies – \$24,883

Immune Enhancement Project – Complementary Therapies – \$63,460

Quan Yin Healing Arts – Complementary Therapies - \$66,657

JUSTIFICATION: (required by the Mayor's Office)

These programs were initially funded thru Ryan White Part A grant. In FY 07-08 these programs/services were disallowed by grantor and an allocation was made from the Board of Supervisors to backfill the loss of grant funds thru General Fund. In FY 08-09 the Board of Supervisors backfilled 50% of the original funding. With this current reduction these services will no longer exist.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

249 Unduplicated clients would lose services if funding is not restored

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

(\$155,000) General Fund Reduction

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

N/A

2008-2009 Program Change Request**DEPARTMENT NAME:**

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

DPH SECTION: AIDS Office - HIV Prevention

PROGRAM CONTACT NAME/PHONE: **Dr. Grant Colfax 554-9173**PROGRAM / INITIATIVE TITLE: **Prevention Services**GENERAL FUND: **\$1,131,720 (reduction)**

TARGETED CLIENTS: Residents of San Francisco who are at high risk for HIV.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The HIV Prevention Section works in collaboration with the HIV Prevention Planning Council (HPPC), a community planning body to set and implement priorities for HIV prevention in San Francisco. The HPPC sets priorities and recommends funding allocation for behavioral risk populations, including males who have sex with males, male-to-female transgendered persons who have sex with males, injection drug users, high risk females who have sex with males, high risk males who have sex with females. The HIV Prevention Section funded the following contractors and programs in 2005 to meet the prevention priorities set by HPPC. The HIV Prevention Section also funds contractors with CDC and State funding to meet the priorities.

Asian and Pacific Islander Wellness Center – HIV prevention recruitment and linkages, prevention groups, and individual risk reduction for Asian and Pacific Islander gay men, including youth, and male-to-female transgendered persons through three programs.- \$176,592

Institute for Community Health Outreach – HIV prevention recruitment and linkages and workshops in community venues and SFUSD schools for high risk African American youth (ages 12-25) in the Bayview and Western Addition.- \$41,122

Instituto Familiar de la Raza – HIV prevention recruitment and linkages, individual risk reduction, and peer education for Latino youth 24 years and under who reside in the Mission District, including young Latino gay men and other Latino men who have sex with men.- \$41,122

Larkin Street Youth – Individual risk reduction, group HIV harm reduction and education, recruitment and linkages for homeless youth at risk for HIV, including young gay men and transgendered youth. - \$89,089

San Francisco LGBT Center – San Francisco Newcomers Program (SNAP) provides prevention programs, including individual counseling, recruitment and linkage, workshops, and peer training and mentorship for gay and bisexual men who are new to San Francisco, who research shows are at high risk for contracting HIV. - \$79,418

St James Infirmary – HIV prevention groups, counseling, and recruitment and linkages at street venues and massage parlors for sex workers who are male, female, transgender. Clinic services from SFDPH are provided directly on-site. - \$137,440

STOP AIDS –Innovative HIV prevention programs including individual risk reduction counseling, workshops, community building and leadership training, structural and cutting-edge network interventions to create safer environments for gay and bisexual men at risk for HIV. This work cannot be grant funded due to federal restrictions on sex education interventions. - \$372,081

Tenderloin Health – Prevention with positives programs for very low-income, HIV positive people accessing medical care, who congregate in the target areas (Tenderloin, Civic Center, Polk St, 6th Street corridor and South of Market). Prevention case management, drop-in groups, and venue-based group outreach for high risk low income and homeless in the Tenderloin. - \$170,515

SFDPH and vendors TBD– Public syringe disposal receptacle installation and maintenance. - \$24,341

JUSTIFICATION: (required by the Mayor’s Office)

HIV testing programs to detect new positives - - who greatly reduce their risk behavior after a new HIV diagnosis - - will be largely preserved, as will most programs that link positives to clinical care. HIV Prevention preserved other vital programs that grants do not fund, including needle exchange and methamphetamine treatment programs for highest-risk persons.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

5,004 unduplicated clients and 17,878 client contacts.

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

(\$1,131,720) General Fund Reduction

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

N/A

2008-2009 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: STD Prevention and Control Services

PROGRAM CONTACT NAME/PHONE: Wendy Wolf/487-5501

PROGRAM / INITIATIVE TITLE: STD SECTION – **Reduction in Selective STD Testing of Persons over 30**

GENERAL FUND: (\$72,500)

TARGETED CLIENTS: Asymptomatic Heterosexuals and Men Who Have Sex with Men Who Are Over 30 years of age and Who are tested for STDs and Herpes

PROGRAM DESCRIPTION: (Description of Program Change)

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

To reduce the sexually transmitted disease (STD) morbidity among residents of San Francisco, the STD Section operates the City's only municipal STD Clinic which provides STD screening and/or testing for anyone 12 years of age or older for a variety of sexually transmitted infections including gonorrhea, chlamydia, syphilis, genital warts and herpes. While limited grant funds have been available in the past to purchase STD test kits, the bulk of the funding for comes from the STD General Fund.

JUSTIFICATION: (required by the Mayor's Office)

In response to the FY 08-09 GF budget deficit, we propose cutting chlamydia screening of asymptomatic heterosexual men and women and asymptomatic men who have sex with men (MSM) over the age of 30 as well as all herpes testing. There are alternative testing sites in the City.

Chlamydia tests on asymptomatic heterosexual men and women and men who are sex with men over the age of 30 cost approximately \$65,000 and the herpes tests cost \$3/test at a cost of approximately \$7,500.

We feel that we should use the limited General Fund moneys for people at higher risk of sexually transmitted diseases.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

7,500 tests for chlamydia and approximately 2,500 for herpes

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

\$72,500 reduction in General Fund

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

None

2008-2009 Program Change Request (Mid-Year)**DEPARTMENT NAME:**

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

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse

DPH SECTION: HUH

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

PROGRAM / INITIATIVE TITLE: **Closure of Housing Projects In Need of Rehabilitation**

GENERAL FUND: \$61,389 (FY08/09) and \$323,660 (FY09/10)

TARGETED CLIENTS: 1). Women with children in recovery from domestic abuse, alcohol and or drug abuse, and 2). HIV+ women and MTF transgenders of color

PROGRAM DESCRIPTION: (Description of Program Change)

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

La Casa Mariposa is a transitional housing program for women and their children operated by Lutheran Social Services of Northern California. The goal of La Casa Mariposa is to stabilize the lives of women who are in recovery from domestic abuse, and who may also be in recovery from alcohol or drug abuse. The Program is intended to assist participants in developing skills that enable them to live independently and to move into permanent housing.

The Restoration House Program is an unlicensed transitional housing facility administered by Ark of Refuge. Ark of Refuge provides residential substance abuse treatment and supportive services to assist residents in stabilizing their health and housing, with the goal of preparing them for independent living.

JUSTIFICATION: (required by the Mayor's Office)

The operator for La Casa Mariposa wishes to discontinue services due to underfunding, refocusing of organizational priorities and because the facility is in need of renovation.

The Restoration House Program is facing a large gap in FY08-09 funding (\$125,000) due to a loss of CARE funding and the transitional housing facility is need of rehabilitation. Furthermore, this facility is rented by the provider so there are no ownership issued involved.

DPH and the providers will ensure appropriate placement of clients into other residential programs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

3,230 Units of Services (UOS) and 22 Unduplicated Clients (UDC) will be eliminated.

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

Total expenses for general fund will decrease by \$61,389 in FY 08/09 and \$323,660 in FY09/10.

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

N/A

2008-2009 Program Change Request (Mid-Year)

DEPARTMENT NAME:

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

DPH SECTION: HUH

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

PROGRAM / INITIATIVE TITLE: **Elimination of Funding for Emergency Housing for SFGH and Crisis Resolution Team (CRT)**

GENERAL FUND: \$151,684 (FY8/09) and \$364,042 (FY09/10)

TARGETED CLIENTS: Homeless patients of SFGH and CRT who are medically stable

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Kean Hotel provides 40 short-term emergency hotel rooms for patients discharged from SFGH and clients of CRT. SFGH patients receive basic case management from 1 on-site Baker Places staff person and the CRT clients receive case management from the CRT staff. Staff will meet clients basic needs of food and clothing while attempting to locate more permanent housing.

JUSTIFICATION: (required by the Mayor's Office)

The Kean Hotel is in poor condition; the new Medical Respite provides a more comprehensive service.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If this proposal is approved, 1,728 Units of Services and 250 Unduplicated Clients annually will not receive emergency housing at the Kean.

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

General fund will be reduced by \$151,684 in FY08/09 and \$364,042 in FY09/10.

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

N/A

2008-2009 Program Change Request (Mid-Year)**DEPARTMENT NAME:**

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

DPH SECTION: HUH

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

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

GENERAL FUND: \$148,828 (FY08/09) and \$357,187 (FY09/10)

TARGETED CLIENTS: Low-income SRO tenants.

PROGRAM DESCRIPTION: (Description of Program Change)

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

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

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

JUSTIFICATION: (required by the Mayor's Office)

To address the deficit, the Department of Public Health has prioritized eliminating addbacks from previous years. The Department has also prioritized funding that directly subsidizes housing units for formerly homeless tenants over other services. While these contracts provide important education and advocacy services, it does not create additional housing slots. The majority of the funding for these services comes from the Department of Building Inspections (\$750,000 out of a total of \$1,157,187). If DBI continues to fund the SRO Collaboratives, the services will continue at a reduced funding level.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If this proposal is approved, 29,481 Units of Services (UOS) and 705 Unduplicated Clients (UDC) will not receive SRO Collaborative services annually.

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

General fund will be reduced by \$148,828 in FY08/09 and \$357,187 in FY09/10.

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

N/A

2008-2009 Program Change Request
Mid-Year Reduction

DEPARTMENT NAME:

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

DPH SECTION: Primary Care

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu/255-3524

PROGRAM / INITIATIVE TITLE: **Medical Patch for Adult Day Health Center (effective January 1, 2009)**

GENERAL FUND: (\$20,000)

TARGETED CLIENTS: Adult seniors requiring rehabilitation services

PROGRAM DESCRIPTION: (Description of Program Change)

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

This project provides therapeutic recreation, personal care, and exercise assistance to the frail elderly through a professional service contract with the Bayview Hunter's Point Adult Day Health Center at 1250 La Salle Ave, San Francisco.

JUSTIFICATION: (required by the Mayor's Office)

While we consider this an important project, it is not a core service of the Public Health Department. This was prioritized lower than services to diagnose and treat physical and mental health.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Elimination of this funding will impact 3,900 visits and 63 unduplicated clients.

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

Reducing professional services expense by \$20,000 effective January 1, 2009 and by \$40,000 ongoing.

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

None

**2008-2009 Program Change Request
Mid-Year Reduction**

DEPARTMENT NAME:

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

DPH SECTION: Primary Care

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu/255-3524

PROGRAM / INITIATIVE TITLE: **Reduction in Primary Care Community Program – Healthy San Francisco Providers**

GENERAL FUND: **(\$141,700)**

TARGETED CLIENTS: Women, children and adults requiring culturally/gender/language sensitive services or substance abuse services.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The proposed initiative will reduce Primary Care services provided through contracts by Mission Neighborhood Health Center (\$75,000), Lyon Martin (\$38,853), and Haight-Ashbury (\$27,846) .

JUSTIFICATION: (required by the Mayor's Office)

Contractors are Health San Francisco providers (HSF) and receive HSF reimbursements to replace General Fund.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

For FY0809 elimination of this funding will impact 776 visits and 261 unduplicated clients (Mission Neighborhood), 1,350 visits and 500 unduplicated clients (Haight-Ashbury) and 345 visits and 132 unduplicated clients (Lyon Martin). For FY0910, elimination of this funding will impact 1,553 visits and 522 unduplicated clients (Mission Neighborhood); 2700 visits and 1,047 unduplicated clients (Haight-Ashbury) and 790 visits and 264 unduplicated clients (Lyon Martin). Since contractors are HSF providers these visits and clients should be covered under HSF.

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

Reducing professional services expense by \$141,700 effective January 1, 2009 and by \$283,400 ongoing.

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

None

**2008-2009 Program Change Request
Mid-Year Reduction**

DEPARTMENT NAME:

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

DPH SECTION: Primary Care

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu/255-3524

PROGRAM / INITIATIVE TITLE: **Reduction in Primary Care Community Program – Non Healthy San Francisco Providers**

GENERAL FUND: (\$104,759)

TARGETED CLIENTS: Women requiring specialized and sensitive services.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The proposed initiative will terminate the contract to provide primary care services by Women's Community Health Clinic (Tides) (\$104,759).

JUSTIFICATION: (required by the Mayor's Office)

With HSF, and the need to improve health outcomes, provide continuity of care, access and improve efficiencies, most DPH-Primary Care services are now provided within medical homes. Medical homes provide care that is consistent, comprehensive and continuous. The above contractors provide services that are episodic and hence no longer meet the scope and direction of primary care services delivery (HSF).

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

For FY0809, elimination of this funding will impact 1,002 unduplicated clients and 2,350 visits (Women's Community Health Clinic). For FY0910, elimination of this funding will impact 2,004 unduplicated clients and 4,700 visits (Women's Community Health Clinic).

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

Reducing professional services expense by \$104,759 effective January 1, 2009 and by \$209,517 ongoing.

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

None

2008-2009 Program Change Request
Mid-Year Reduction

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **Conversion of Acute Psych Unit to Non Acute Unit (effective April 1, 2009)**

GENERAL FUND: (139,902)

TARGETED CLIENTS: Inpatient Psychiatric Patients

PROGRAM DESCRIPTION: (Description of Program Change)

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

A 21 bed acute psychiatric unit would be reconfigured to cohort non-acute patients waiting for placement at a lower level of care in a non-acute hospital setting. Patients would be evaluated using Medi-Cal guidelines and classified as non-acute by the SFGH Psychiatry Utilization Review Department.

JUSTIFICATION: (required by the Mayor's Office)

Currently more than 50% of the psychiatric inpatients are non-acute. Title 22 State regulations require SFGH to staff acute psychiatric beds at an RN to patient ratio of 1 to 6. This proposal is **contingent** upon SFGH being granted a waiver from the CA-DPH to reduce Title 22 staffing ratios to 1 to 10. The waiver would not change the licensed bed designation.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No impact to patients.

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

Program expense reductions in the amount of \$139,902 in FY0809 and \$559,609 in FY0910 if conversion is implemented by April 1, 2009. No revenue impact.

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

SFGH - Eliminates 0.45 FTE in FY0809 and 1.80 FTE in FY0910. Because this initiative utilizes a different skill mix to meet staffing requirements, it is estimated that 6 layoffs could occur if implemented.

2008-2009 Program Change Request

DEPARTMENT NAME:

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

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
-

DPH SECTION: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **Convert Certified Nursing Assistants (CNAs) to Nursing Care Assistants.**

GENERAL FUND: (\$283,155)

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

Convert Certified Nursing Assistants to Nursing Care Assistants at San Francisco General Hospital except for Skilled Nursing Facility and the Behavioral Health Center.

JUSTIFICATION: (required by the Mayor's Office)

To save City money without compromising the standard of care. There are no regulatory requirements mandating the use of Certified Nursing Assistants except at the Behavioral Health Center and 4A-Skilled Nursing Facility. Nursing Care Assistants would function as Patient Care Assistants and be oriented to inpatient areas. Making this change will also allow flexibility in providing phlebotomy services and allow staff to be temporarily assigned to the Emergency and other outpatient areas as needed.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

This would reduce salary and fringe expense by \$283,155 for FY0809 if fully implemented by February 1, 2009. The savings would increase to \$679,571 for FY 2009 - 2010.

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

It is estimated that 88 Certified Nursing Assistants or 79.8 FTEs would be laid off if implemented.

2008-2009 Program Change Request
Mid Year Reductions

DEPARTMENT NAME:

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

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
-

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-6761
PROGRAM / INITIATIVE TITLE: **Convert EKG personnel to Medical Evaluation Assistants (MEAs)**
GENERAL FUND: (\$6,344)

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

Convert EKG Tech to Medical Evaluation Assistants at San Francisco General Hospital.

JUSTIFICATION: (required by the Mayor's Office)

In order to provide cost effective care, the EKG department will complete the transition of the EKG specific personnel to Medical Evaluation Assistant's (MEA). MEA's are more versatile and are trained and deemed competent in other aspects of care unrelated to EKG's such as phlebotomy. This would allow the MEA's to float to other areas of the hospital.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

This would reduce salary and fringe expense by \$6,344 for FY0809 if fully implemented by February 1, 2009. The savings would increase to \$15,225, for FY 2009 - 2010.

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

This affects 1.0 FTE. If current staff can not be certified as MEA they would be laid off.

2008-2009 Program Change Request
Mid-Year Reduction

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Delvecchio Finley 206-6027
PROGRAM / INITIATIVE TITLE: **Outsource Security Services All DPH**
GENERAL FUND: (\$895,497)

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

Reduce Sheriff work order and replace with a contract for private security services.

JUSTIFICATION: (required by the Mayor's Office)

Costs of the work order for security services with the Sheriff are increasing largely due to staffing shortages that must be backfilled with overtime. In response to impending citywide budget deficits, DPH and the SFSD are exploring alternative options to providing security for DPH facilities (SFGH, Laguna Honda, and COPC clinics). Replacement of the work order with a contract for private security will save \$3,581,988 annually in general fund. This will reduce overtime cost for the Sheriff that will also reduce their operating expenses and enable them to re-deploy staff formerly assigned to SFGH to other posts in the City.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Effective April 1, 2009, decrease operating expenses by \$895,497 in FY0809 and \$3,581,988 in FY0910. There is no anticipated impact on revenue.

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

To be determined.

2008-2009 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services

PROGRAM CONTACT NAME/PHONE: **Sai-Ling Chan-Sew**PROGRAM / INITIATIVE TITLE: **Walden House Adolescent Therapeutic Residential Program**

GENERAL FUND: None

TARGETED CLIENTS: 18 – 25 clients

PROGRAM DESCRIPTION: (Description of Program Change)

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

Due to a complex set of issues affecting funding for youth residential placement (the low reimbursement rate from state Department of Social Services, the lack of local general fund for patch, the difficulty in managing two campus with fixed cost, and a fluctuating daily census), the Walden House Adolescent Therapeutic Residential Program has been operating in deficit since last year. Although the Walden House Board of Directors had been able to raise \$300,000 in private funding for the program, it is still not financially viable for the program to continue to operate. For FY08-09, without additional allocation of general fund as mid-year adjustment to the contract, the program will have to close as of February 1st, 2009.

The Walden House Youth Residential Program has been offering a short-term, integrated behavioral residential treatment program for youth placed by the Juvenile Probation Department since July 2007. The program has been successful in diverting youth from the Juvenile Justice Center (YGC), by offering a structured school/mental health/substance abuse program for the youth in residence, while working with their families to prepare them for their return. Most of the youth who completed the program return to their families.

In conjunction with Juvenile Probation Department, DPH will be re-directing the general fund remaining in the current year contract, and the annualized amount in next fiscal year, to support a wraparound case management program and to expand the Multi-Systemic Therapy program to offer an alternative to this therapeutic residential treatment program, and to support shorter length of stay at the Juvenile Justice Center, and more therapeutic, in-home support for the youth and their families in the community.

JUSTIFICATION: (required by the Mayor's Office)

Given the complex set of issues impacting funding for youth residential treatment placement, the closure recommendation is the only alternative available to the department and the contractor to be fiscally accountable. If this program were to continue, additional funds beyond what has been budgeted in the current year will need to be made available.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

18 – 25 youth will not receive residential placement. The total number of units which will not be provided for the current fiscal year will be: $25 \times 365 \text{ days} = 9,125$ days of residential treatment

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

There will be no GF savings in 08-09 or 09-10, as funds will need to be redirected to support these youth as described above. By implementing this reduction, however, the department would not need to find additional dollars to fill their projected deficit in the current fiscal year.

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

None at this time. All personnel reduction will be on the contractor level.