

Division	Item	Description	2012-13 FTE Change	2012-13 Expend Incr/(Decr)	2012-13 Revenues Incr/(Decr)	Dept Proposed 2012-13 Net GF Cost/ (Savings)	2013-14 FTE Change	2013-14 Expend Incr/(Decr)	2013-14 Revenues Incr/(Decr)	Dept Proposed 2013-14 Net GF Cost/ (Savings)	Comment
CBHS	D5	CBHS Pharmacy Staffing	1.50	228,116	228,116	-	2.00	305,191	305,191	-	All Pharmacies must adhere to regulatory staffing ratio requirements of staff pharmacists to technicians and interns. To meet these staffing requirements with its additional responsibilities, the CBHS Pharmacy is requesting two additional pharmacy positions. The staff would be fully funded by the revenues generated by the existing level of prescriptions. However, without new staffing, the Pharmacy would decrease its prescription volume to ensure compliance with regulatory staffing requirements, and the corresponding
<b>TOTAL REGULATORY</b>			<b>8.78</b>	<b>9,944,244</b>	<b>6,328,116</b>	<b>3,616,128</b>	<b>11.46</b>	<b>14,584,495</b>	<b>4,405,191</b>	<b>10,179,304</b>	
<b>REVENUE NEUTRAL</b>											
PC/MH/ PH	E1	Consolidation of Facility Maintenance Services	1.54	-	-	-	2.00	-	-	-	This cost neutral proposal requests to integrate the environmental and facility services for Primary Care Clinics, CBHS, and 101 Grove under the Laguna Honda Hospital. One accounting clerk and material management coordinator will be required to support this integration. Reduction in operating expenses will offset the increases in labor expenses.
GH	E2	SFGH Clinic Expansion to Meet Demand	1.31	793,774	793,774	-	1.70	970,084	970,084	-	Due to increase demand, SFGH proposes to expand three clinics - Children's Health Center Urgent Care Hours, Hand Clinic and Renal Diaysis as well as add a Complimentary and Integrated Medicine Program through the Community Wellness Center. Additional revenue from patient visits will offset these increase in costs.
GH	E3	Post-Graduate Pharmacy Resident Training Program	2.00	35,528	35,528	-	2.00	35,528	35,528	-	San Francisco General Hospital currently participates in post-graduate training of pharmacy residents who rotate through SFGH as part of the UCSF-operated residency program. SFGH proposes to expand clinical pharmacy services by establishing its own accredited pharmacy resident training program that can receive "pass-through" funding through Center for Medicare and Medicaid Services (CMS). This "pass-through" funding will offset direct expenses incurred for this post-graduate pharmacy resident training program.
GH	E4	Annual Environmental Health Fee Adjustments		839,225	839,225	-		839,225	839,225	-	Under the sponsorship of the SFGH Community Wellness Program, this proposal will implement "integrative medicine" at SFGH and Potrero Hill Health Center. The goal is to establish standardized practices at SFGH for authorizing Complementary and Integrative modalities, in order that Integrative Medicine practitioners can provide care to the San Francisco Community Health Network patients in a cost-effective and appropriate manner. It is estimated that 900
GH	E5	Multi-Disciplinary Assesment Center Continuation		284,924	284,924	-		290,622	290,622	-	This program request is to continue funding for the MDAC (Mult-Disciplinary Assessment Center) through revenue generated by the Children's Health Center and the Rehab department. The Children's Health Center at SFGH received funding from First Five Children and Families Commission to create the Multi-Disciplinary Assessment Center (MDAC). The funding for this program will be discontinued as early as July 2012.
<b>TOTAL REVENUE NEUTRAL</b>			<b>4.85</b>	<b>1,953,451</b>	<b>1,953,451</b>	<b>-</b>	<b>5.70</b>	<b>2,135,459</b>	<b>2,135,459</b>	<b>-</b>	
<b>EMERGING NEEDS / STRUCTURAL</b>											
LHH & MH	F1	DPH Pharmacy Adjustments		500,000	-	500,000		500,000	-	500,000	This request is to adjust the pharmacy budgets in Laguna Honda to correct a shortfall in their pharmaceutical budget by \$1,000,000. This increase will be partially offset by \$500,000 in savings in the mental health budget.

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HUH	F2	Rent for the new YMCA clinic + Equipment		733,000	-	733,000		350,000	-	350,000	In January, 2013, the Department will open a new community oriented primary care clinic at 220 Golden Gate (the former YMCA), which will combine the existing HUH clinic located at 234 Eddy Street, and portions of the existing Tom Waddell Health Center, into this new location. The proposed initiative would provide one-time funding for furniture and fixtures (\$500k), and ongoing funding for lease expenses of \$175k in FY12-13 and \$350k ongoing.
GH	F3	Surgical Information System		1,667,303	-	1,667,303		827,405	-	827,405	Our current perioperative information system is out of date and as a result will no longer be supported our vendor, creating a significant risk for the operations of the OR, patient care, and financially for the hospital. FY 12-13 funds will support the initial purchase and installation of the system with ongoing hosting and maintenance costs in FY 13-14
<b>TOTAL EMERGING NEEDS / STRUCTURAL</b>			<b>0.00</b>	<b>2,900,303</b>	<b>-</b>	<b>2,900,303</b>	<b>0.00</b>	<b>1,677,405</b>	<b>-</b>	<b>1,677,405</b>	
<b>TOTAL ALL PROPOSED INITIATIVES</b>			<b>(0.92)</b>	<b>9,441,396</b>	<b>31,497,223</b>	<b>(22,055,827)</b>	<b>0.96</b>	<b>11,623,378</b>	<b>49,344,836</b>	<b>(37,721,458)</b>	
<b>Other Changes Not Affecting Target</b>											
DPH	G1	Electronic Health Records Incentive Program	0.77	5,366,515	531,250	4,835,265	1.00	1,322,267	777,750	544,517	This program request is to fund the incremental costs needed in years 2 and 3 to continue the department's efforts achieve meaningful use. In addition to continued implementation of EMR at San Francisco General Hospital and the clinics. The federal government is providing financial incentives to Medi-Cal and Medicare providers for the meaningful use of systems to achieve health and efficiency goals, and financial penalties for those who do not.
LHH	G2	New Facility Equipment Maintenance		1,044,219	-	1,044,219		1,370,100	-	1,370,100	To fund incremental costs for hospital licensing fees, software licensing fees and ongoing maintenance costs for medical equipments due to expired manufacture warranty coverage.
DPH	G3	Increased Costs for Low Income Health Program		13,996,000	4,998,000	8,998,000		14,345,860	5,172,930	9,172,930	As a result of two recent policy changes, the Low Income Health Program (LIHP) will need to support new costs related to Ryan White AIDS Drug Assistance Program and Out of Network costs, including cost that are incurred outside of the county.
SFGH	G4	SFGH Transition Planning		2,000,000	-	2,000,000		-	-	-	San Francisco General Hospital is expected to move into its new facility at the end of calendar year 2015. The transition to the new facility will be extremely complex, including operations planning and training of hospital staff to prepare for the new environment. SFGH must begin this process now to move services and patients into the new facility in a safe and compliant manner.
DPH	G5	DPH Pharmaceutical Costs		1,040,754	-	1,040,754		1,433,104	-	1,433,104	DPH-wide, pharmaceutical expenses are projected to increase by 3.5% each fiscal year. The increase is due to increased patient and prescription volume and introduction into the market place of novel and costly agents for a variety of diseases and the replacement of items in short supply nationally with more costly alternatives. In addition, DPH is requesting to correct the shortfall in LHH's pharmaceutical budget to allow them purchase pharmaceuticals
HUH	G6	Annual Rent Increases for Direct Access to Housing's (DAH) Master Lease Sites and Operating Subsidies		385,378	-	385,378		789,387	-	789,387	The Direct Access to Housing Program (DAH) currently has 31 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.
<b>TOTAL OTHER CHANGES</b>			<b>0.77</b>	<b>23,832,866</b>	<b>5,529,250</b>	<b>18,303,616</b>	<b>1.00</b>	<b>19,260,718</b>	<b>5,950,680</b>	<b>13,310,038</b>	

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
 FY 2012-14 PROPOSED BUDGET - February 7, 2012 Health Commission Meeting

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<b>REVENUES</b>											
LHH	A1	LHH Base Revenue		-	4,265,498	(4,265,498)		-	8,462,952	(8,462,952)	Annual revised projected increase in patient revenues due to the expected increase in DP/NF supplemental reimbursement rates, which are calculated based on the industry wide actual growth in cost per patient day despite the Medi-Cal SNE per diem rate reduction.
GH	A2	SFGH Base Revenue		3,000,000	15,672,034	(12,672,034)		3,000,000	23,683,924	(20,683,924)	Annual projected increases to net patient revenues (LHP) and Electronic Health Records (EHR) incentive payments. An additional IGT expense is required to draw down these revenues.
CP	A3	Increased Short-Doyle Medi-Cal Billing		150,000	312,000	(162,000)		150,000	1,065,000	(915,000)	As a result of the newly established certification process, the Health Department will invite qualified agencies to seek Mental Health Medi-Cal Certification by joining its Certification session, enabling an agency to obtain site certification and participate in the required trainings and preparation activities in FY12-13. In addition to these increases, there is a \$150,000 annual adjustment in both revenue and expense to allow contracted agencies to draw down additional Medi-Cal revenues.
GH	A4	ED & Nursing Operational Efficiency	0.07	107,279	2,716,040	(2,608,761)	0.30	131,391	3,283,313	(3,151,922)	The purpose of this initiative is to improve the patient flow in Emergency Department (ED) by decreasing the length of stay and improving the LWBS (left without being seen) rate to the National average of 2%. Currently the Emergency Department LWBS population is approximately 10% of 65,000 annual visits. It is estimated that an additional 8,850 ED visits will be provided.
GH	A5	Improved Utilization of Acute Care Beds	(0.50)	1,331,461	5,371,886	(4,040,425)	(0.50)	1,256,967	6,371,886	(5,114,919)	Purchase non-acute community placements (beds) for more timely discharge of non-acute (lower level of care/non-reimbursable) patients occupying acute care beds at SFGH. Concurrently, via increased utilization management processes there will be more timely identification and disposition of LLOC patients. As a result, increased revenues will be achieved by filling beds with acute care (reimbursable) patients. The increase in Acute Patients requires additional nursing staff to reverse the non acute med/surg unit that
GH	A6	Improved Utilization of the Behavioral Health Center		-	-	-		-	2,000,000	(2,000,000)	As part of the DPH's review of the Integration Delivery System, the department will review the programs current housed in the Behavioral Health Center (BHC) and propose ways to ensure that the services provided in the facility meet the current needs of our patients and review ways we can optimize revenues.
LHH	A7	Improved Utilization of SNF Beds	3.39	(25,036)	1,200,000	(1,225,036)	5.00	102,021	1,200,000	(1,097,979)	Laguna Honda proposes to create a short stay program within the neighborhoods/care areas to reduce wait days to received SNF services, promote more rapid, efficient community reintegration for those residents. This program change is aimed at reducing the number of days of waiting at SFGH (while occupying an acute care bed) to be admitted to a Laguna Honda SNF bed as well as for Laguna Honda to improve its community reintegration.
GH	A8	Midwifery Services		259,860	369,821	(109,961)		352,160	493,094	(140,934)	This program request is to fund Certified Nurse-Midwives at UCSF to care for Medi-Cal patients who are new to SFGH and to maintain 24/7 midwifery coverage.
GH	A9	Neurointerventional Radiology Fellow		362,033	406,921	(44,888)		473,741	542,561	(68,820)	The addition of SFGH as a rotation site for the UCSF Interventional Neuroradiology fellowship program would enhance the program's educational scope not only in acute ischemic stroke, but also in the treatment of acute neurovascular trauma. With the addition of a fellow we can support this increased demand on the service to ensure accreditation as a Comprehensive Stroke Center by ICAHO.

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PH	A10	Proceeds from Real Estate Assets		-	-	-		50,000	2,800,000	(2,750,000)	The department is proposing to rent out the old buildings that originally housed Laguna Honda Hospital and to sell the property at 35-45 Onondaga to increase revenues in FY 13-14.
CP	A11	Reimbursement for School Based Services		-	394,455	(394,455)		-	394,455	(394,455)	The Department will seek reimbursement from the San Francisco Unified School District (SFUSD) to continue the school-based services. The SFUSD now receives State Educationally Related Mental Health Services (ERMHS) funding directly for services to this population, as opposed to DPH, which in prior years was able to obtain reimbursement directly from the State. Should SFUSD choose not to continue these classroom services, they will be reduced.
<b>TOTAL REVENUE</b>			<b>2.96</b>	<b>5,185,597</b>	<b>30,708,655</b>	<b>(25,523,058)</b>	<b>4.80</b>	<b>5,516,280</b>	<b>50,297,185</b>	<b>(44,780,905)</b>	
<b>REDUCTIONS</b>											
GH/HAH/LHH	B1	Integration of Outpatient Rehab Services	(11.81)	(1,507,101)	(570,341)	(936,760)	(12.00)	(1,587,191)	(570,341)	(1,016,850)	DPH will achieve operational efficiencies and economies of scale by integrating into one Unit, the current 3 distinct Rehabilitation Units with the Department of Public Health (Laguna Honda Hospital, Health at Home Program and San Francisco General Hospital) Additionally, the planned increase to SFGH Outpatient Rehabilitation services will no longer be implemented.
LHH	B2	Eliminate Nighttime Telephone Operator Coverage	(1.70)	(140,159)	-	(140,159)	(2.00)	(169,178)	-	(169,178)	Laguna Honda will reduce staffing on the 11pm to 7am shift and transfer nighttime calls to the nursing office which is currently staffed 24/7. Currently the call center only receives about ten calls during the night time hours.
CP	B3	Across the Board reduction to unmatched GF contracts		(5,262,816)	-	(5,262,816)		(5,741,254)	-	(5,741,254)	Community Programs will achieve savings in the amount of \$5,023,566 in FY12-13 and an additional annualized amount of \$456,688 in FY13-14 through an across-the-board reduction of unmatched General Fund dollars allocated to community based organizations in CBHS and the UC-SFGH Trauma Recovery Program. This cut represents a 4% reduction to the total CBHS budget for services offered in an outpatient setting.
HUH	B4	Changes to HIV Housing Subsidy Program		(300,000)	-	(300,000)		(300,000)	-	(300,000)	The proposed initiative would reduce the \$5,593,603 budget for housing subsidies for People Living with HIV/AIDS by five percent, by changing the portion of income certain tenants would pay toward their rent, making the program more consistent with other housing subsidy programs.
CP	B5	Funding for Service Delivery to AB109 Clients and Conversion of Residential Treatment Slots to Supportive Housing Slots		(500,000)	1,075,000	(1,575,000)		(800,000)	1,075,000	(1,875,000)	This initiative would reduce the costs of residential treatment beds by using state realignment funding from Adult Probation of up to \$1,075,000 to support the needs of the AB109 clients who require DPH services and converting 50 units of existing CBHS substance abuse and mental health residential treatment beds to supportive housing beds.
CP	B6	Consolidate Civil Service Sites with Expiring Leases		(350,000)	-	(350,000)		(350,000)	-	(350,000)	To achieve real estate rental cost savings, CBHS is proposing to relocate its Southeast Mission Geriatric (SEMG) Clinic from its current location at 3905 Mission Street to share the clinic site with the Mission Mental Health Clinic, located at 2712 Mission.
CP	B7	Savings due to the delay of Redwood Center Opening		(600,000)	-	(600,000)		-	-	-	One-time savings in operating costs of the Redwood Center as the opening of the new facility is delayed while renovations are in progress.
HUH	B8	Relocation of Direct Access to Housing Clients	(3.00)	(951,828)	(152,672)	(799,156)	(6.00)	(1,903,656)	(152,672)	(1,750,984)	The proposed initiative would allow leases to expire for the 55 unit Camelot Hotel and the 54 unit Star Hotel, and offer the current 109 tenants at the Star and Camelot hotels a unit within other DAH sites including two new pipeline projects: the Arlington Hotel opening July 2012 and the 220 Golden Gate Apartments (former YMCA) opening January 2013.

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CP	B9	Convert Community Treatment Facility to Level 14 Group Home		-	-	-		(910,708)	-	(910,708)	The proposed initiative would convert the existing 15- slot CTF, located at San Francisco General Hospital in the Behavioral Health Center, to a 15-slot Level 14 Group Home. This change would be effective July 1, 2013,
CP	B10	Federal Reductions to HIV Funding		(7,844,986)	(7,844,986)	-		(7,844,986)	(7,844,986)	-	In FY 11-12 there were two significant reductions to federal grant funding - \$4.7 million in Ryan White Funding for for HIV Health Services and \$3.1 million in Center for Disease Control for HIV Prevention Program. The Department may be able to absorb approximatey \$1.5 million of these losses without service reductions, but \$6.3 million of service cuts still remain.
JH	B11	Jail Health Reductions	(1.00)	(233,910)	-	(233,910)	(1.00)	(235,898)	-	(235,898)	Jail Health Services proposes to reduce expenditures by \$179,455 in Permanent Salaries and Fringe Benefits by eliminating 2 vacant positions and to reduce Professional and Specialized Services in the amount of \$118,317 by reducing the contract with Jail Psychiatric Services (Walden/Haight-Ashbury).
<b>TOTAL REDUCTIONS</b>			<b>(17.51)</b>	<b>(17,690,800)</b>	<b>(7,492,999)</b>	<b>(10,197,801)</b>	<b>(21.00)</b>	<b>(19,842,871)</b>	<b>(7,492,999)</b>	<b>(12,349,872)</b>	
<b>INFLATIONARY</b>											
GH	C1	Annual UCSF Affiliation Agreement Cost Increases		6,763,223	-	6,763,223		6,763,223	-	6,763,223	This request is to fund the increase to the staff salaries and benefits falling under the UCSF Affiliation Agreement and to fund costs incurred by the UCSF campus to support the UCSF staff working at the SFGH campus.
HUH	C2	Annual Rent Increases for Direct Access to Housing's (DAH) Master Lease Sites and Operating Subsidies		385,378	-	385,378		789,387	-	789,387	The Direct Access to Housing Program (DAH) currently has 31 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.
<b>TOTAL INFLATIONARY</b>			<b>0.00</b>	<b>7,148,601</b>	<b>-</b>	<b>7,148,601</b>	<b>0.00</b>	<b>7,552,610</b>	<b>-</b>	<b>7,552,610</b>	
<b>REGULATORY</b>											
GH/PC/LHH	D1	Delivery System Reform Incentive Program	TBD	8,050,000	6,100,000	1,950,000		12,050,000	4,100,000	7,950,000	This initiative will request the third and fourth year of program expenses for California's 2010-2015 Section 1115 Medicaid Waiver created the Delivery System Reform Incentive Program (DSRIP), a federal pay-for-performance quality improvement initiative for 21 public hospital systems in the State. On average, SFGH is scheduled to receive \$40 million a year under DSRIP if it achieves all its milestones. If SFGH does not meet its milestones in any given year, then federal funding may be significantly less than \$40 million a year. The department is currently finalizing its expenditure plan for FY 12-13 and 13-14.
GH	D2	CT and IR Nursing	6.51	1,250,681	-	1,250,681	8.46	1,651,553	-	1,651,553	To address regulatory changes in nurse staffing, SFGH must increase the amount of budgeted RNs by 6.3 FTEs to keep pace with the increasing volume and complexity of the cases being performed in the department, increase patient flow and to meet the new and more stringent regulatory requirements for areas that provide moderate sedation.
GH	D3	Anesthesia	0.77	247,594	-	247,594	1.00	327,195	-	327,195	This initiative address changes in the regulatory requirements related to moderate sedation, by adding additional Anesthetists for provision of anesthesia services.
DPH	D4	Human Resources Management System & e-Learning System		167,853	-	167,853		250,556	-	250,556	Regulatory surveys have identified the need for an enterprise solution for competency-based performance appraisals and employee training to meet licensing requirements, including Joint Commission (JCAHO). After piloting two products, the Department plans to implement a Human Resources Management and eLearning system which will be utilized DPH-wide when conducting competency assessment, performance appraisals and staff training.