DEPARTMENT OF PUBLIC HEALTH
FY 2008-09 BASE BUDGET
April 1, 2008

Item	Div	Description	FTE's Change	Position Change (Annual Number)	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Change
REVENUE									
A1	LHH	Baseline Revenue				2,889,194	(2,889,193)	Projected Patient Service revenue based on an estimated increase in Medi-Cal per-diem rates effective 8/1/08 of 2.42% (the same as 2007) and an estimated DPNF Supplemental FFP ceiling increase of 4% based on increased allowable expenditures on Cost Reports.	
A2 Revised	GH	Baseline Revenue				8,204,000	(8,204,000)	Based on Phase 2 Consulting strategic pricing review, offset partially by capitation revenue being below budget.	**(3,500,000)**
A3	GH	Annualization of FY 07/08 SFGH Initiatives	-	-	(51,923)	457,700	(509,622)	New program initiatives approved for FY 2007-08 were budgeted for 9 months and will be annualized to 12 months in the FY 2007-08 budget. The positions were annualized in the FY 08-09 base budget.	
A4	HAH	Annualization of FY 0708 Health At Home Initiative	-	-	3,333	59,617	(56,284)	Program initiatives approved for FY 2007-08 were budgeted for 9 months and will be annualized to 12 months in the FY 2007-08 budget. The positions were annualized in the FY 08-09 base budget.	
A5	PC& CHN-HUH	Annualization of FY 07/08 Primary Care Initiatives	-	-	-	168,397	(168,397)	Program initiatives approved for FY 2007-08 were budgeted for 9 months and will be annualized to 12 months in the FY 2007-08 budget. The positions were annualized in the FY 08-09 base budget.	
A6	PHP - AIC	Adult Immunization Clinic	0.96	1.61	338,362	438,362	(100,000)	The increase in revenue are based on expected growth in client visits, as well as fee increase and marketing, outreach and advertising efforts. Additional personnel, vaccine and other operating costs are coved by AIC revenues	
A7	PHP - Lab	Laboratory Fees				(35,000)	35,000	Decreased revenues for HIV testing due to increased onsite rapid testing	
A8	PHP - Environ. Services	Environmental Services fee increases				2,285,842	(2,285,842)	Establishment of new food inspection fee for Skilled Nursing Facilities per State law. increase inspection fee in the following area to level that fully covers costs: Food, Water, Message, Cannabis, Code Enforcement, Water Quality	
A9	PHP - Environ. Services	Delinquent Refuse Lien Project				900,000	(900,000)	Based on Health Code, Article 6-Garbage and Refuse; Section 291.14, a continuing appropriation account is in the General fund entitled "Payment of Property Owners' Delinquencies for Refuse Collection Service. "This account shall be credited with such sums as may be appropriated by the Board of Supervisors, delinquencies collected by the Director of Public Health, assessments collected by the Tax Collector, and sums received in consideration of release of liens. Expenditures from said sums shall be made to Collectors for Owner delinquent accounts. In the event that the unexpended balance in said account shall exceed $160,000, such excess shall be transferred to the inappropriate balance of the general fund.'"	
A10	EMSA	Ambulance Fees				77,932	(77,932)	New Fee - Initial ambulance provider application fee $10,000, Increase in ambulance permit fees from $142 to $1,400 which will yield $67,392	
A11	PHP	Healthy Workers			2,407,487	4,785,300	(2,377,813)	Health care services for IHSS workers are provided at SFGH and Primary Care Clinics. The hospital and clinics receive a capitation payment from the San Francisco Health Plan to reimburse the cost of care. We are proposing to increase the premium for hospital and clinic services by 10% to cover increased cost of service. SFGH funds approximately 50% of healthy workers premiums via a workorder with HSA. That payment constitutes a local match that is used to draw down federal funds (FFP). Increasing the premium generates an increase to capitation payments that exceeds the premium cost increase	
A12	PC	Reorganization of Adult Dental Services				430,125	(430,125)	The proposal will convert the current adult visit slots into children and pregnant women slots. This conversion will result in additional Denti-Cal revenue of about $516,150 annually (2,294 uninsured visits x 225(FQHC rate) while maintaining the same number of staffing and existing visits.	

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A13	PC	Equalize Copay for Sliding Scale Patients				13,100	(13,100)	Currently enrollees in Healthy San Francisco (HSF) who are above 100% of the federal poverty level (FPL) are assessed a $10 co-pay for visits to DPH primary care clinics at SFGH and community clinics. A similar co-pay requirement is in place in the Consortium Clinics. This initiative will assess the same $10 co-pay for patients who continue in the DPH sliding scale for FPL above 100%	
A14	MH	HDX Eligibility Screening			38,074	254,600	(216,526)	This initiative will implement the HDX system for insurance eligibility screening by the Access Team and at mental health clinics. HDX will be used by registration and Access staff for eligibility screening for clients that do not have Medi-Cal coverage. Services for clients with 3rd party insurance will be billed to insurance.	
	TOTAL REVENUE		**0.96**	**1.61**	**2,735,333**	**18,039,975**	**(18,193,834)**		
REVENUE NEUTRAL									**(3,500,000)**
B1	GH	Emergency Medicine Residency Program	6.00	12.00	289,019	289,019	-	This request will support a four year Emergency Medicine Residency Program recently approved by the ACGME. The first year of the Program is FY 08-09, starting July 1, 2008, and the request for the first year is ongoing funding for 6 R1's (Resident year 1). Year 2 (FY 09-10) will request ongoing funding for 6 R2's, then subsequent years will request funding for 6 R3's and 6 R4's. Eventually in FY 11-12 there will be 24 residents training in the program. This program will greatly improve recruitment and retention of attending physicians and improve on the long wait times.	
B2	GH	Expansion of Cardiac Catheterization Lab and Elimination of Nuclear Medicine Services	3.60	4.80	310,708	313,224	(2,516)	Expansion of the Cardiac Catheterization lab from 60 hours per week to 24 hours per day, 7 days per week. The expansion of the Cardiac Catheterization lab will provide an essential treatment for STEMI patients (most common type of heart attack). The recognized standard of care within the community is to provide treatment within 90 minutes of onset of symptoms. Currently, patients who have cardiac conditions requiring treatment when the Cardiac Catheterization lab is closed are transferred to other hospitals. The delay in treatment can result in the loss of heart muscle function, disability and may lead to death. In addition, nuclear medicine services will be eliminated.	
B3	GH	Increase collections by adding outpatient follow-up staff	2.25	3.00	189,572	189,572	-	A consulting engagement to assess the revenue opportunities for the DPH was recently completed by Phase 2 Consulting Group. While Phase 2 concluded that the DPH revenue cycle processes and procedures are among the most complete and effective as compared with other large public health systems with whom Phase 2 Consulting has worked with, they recommended that based on the large number of outstanding outpatient balances, opportunity exists to add additional resources (2-4 full time equivalents) to address the more timely follow-up of outstanding outpatient accounts	
B4	JH	Administration Building Rent Increase			19,584	19,584	-	Increase in rent at Brannan and 650 5th street, assumes funding by the Sheriff's Office	
B5	JH	Additional Pods in County Jail #7	7.50	7.50	989,661	989,661	-	The Sheriff's department decided to open the new pods at County Jail #7 due to overcrowding at county jails 1 and 2 since inmates were sleeping on the floor. The first pod for 60 inmates was opened in October 2007 and a second pod for another 60 inmates was opened in November 2007. With the addition of 120 inmates in a separate facility staffing requirements would be 3.5 FTEs RN's, 1.5 FTE LVN's, 0.50 FTE Nurse Practitioner, 1.0 FTE Pharmacy Technician, and 1.0 FTE Porter. This is the minimum staff needed to provide 24 hours/7day per week medical care. Funding for FY 2007-08 is requested in Sheriff's supplemental and it needs to be continued into FY 2008-09.	

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B6	JH	Temporary Salary and Nurses	4.00	4.00	651,483	651,483	-	The MOU with the Staff and per Diem Nurses mandates the levels of direct care by RN's to community standards of care. Temporary Salaries and Benefits are not adequately funded to cover non-productive RN time (vacation, education leave, sick leave, holiday time off, etc). When a RN is off work for these reasons a Per Diem Temporary Nurse is called in so that mandated staffing levels are met. In FY 07-08 Jail Health projects a $1.9m negative variance in Temp salaries Nurses. Funding for FY 2007-08 requested from MOU reserve and it needs to be rolled over in the base.	
B7	JH	Restore Jail Health salaries that were cut during FY 07-08 to balance work order			682,258	682,258	-	The cost of annualization of the FY 2006-07 MOU increases was not funded in 07-08 and an increase in salary savings was used to balance the work order with the Sheriff's Department.	
B8	GH	Family Health Chronic Care Low Back Program Redesign	-0.45	-0.53	(3,059)		(3,059)	The Family Health Center is the lead primary care clinic for several chronic care initiatives approved for FY 07-08, one of them being the back pain-orthopedics initiative. This proposal is a shift in staffing, decreasing a .45 FTE Health Worker II and increasing physiatrist time by approximately the same dollar amount and is due to evolving program requirements.	
B9	GH	Women's Health Center Expansion	3.75	5	411,042	417,563	(6,521)	During the past fiscal year, the Women's Health Center has experienced an increase in the number of visits to their clinic. This proposal provides the support staff necessary to care for this ongoing increase in volume.	
B10	JH	Pharmacy Inflation			122,756	122,756	-	The FY 2008-09 inflation rate for pharmaceuticals is estimated at 6%. Although the Industry wide projected rate of 12% is projected, since DPH uses federal programs and substitution of generic equivalents for patented agents as they become available, a lower inflation rate is used. The funding for the Jail Health inflation is $122,756 and will be paid by the Sheriff.	
B11	CBHS-MH	Intensive Family Therapy for Foster Care Families	3.00	4.00	2,601,415	2,601,415	-	In response to the City's insufficient progress towards meeting national outcome requirements for foster care in terms of placement stability, reduction in recurrence of maltreatment, and placements into the least restrictive group care settings required, the City's Human Services Agency (HSA) is funding DPH to conduct assessments through the Community Behavioral Health Services (CBHS) Foster Care Mental Health unit of all families who have had a child removed from their home. Additionally two existing treatment programs will be expanded to prioritize families identified with highly intensive parenting needs. Families with less intensive needs will be triaged through the existing treatment system. This initiative will cost a total of $2,601,415 of which HSA will provide $218,867, and the balance will be a combination of State General Fund $1,128,575 and Short-Doyle MediCal $ 1,253,973 (EPSDT MediCal).	
B12	CBHS-MH	Expansion of SB 163 wrap around			1,812,082	1,812,082	-	This initiative will continue the expansion of the SB163 initiative begun in FY07-08 by increasing "wrap-around" slots from 60 to 120. SB163 is an initiative through the State Department of Social Services which allows counties to redirect State General Fund monies and matching county dollars previously used for out-of home-residential treatment placements to wrap-around services that will stabilize these youth, and enable them to live either at home, in a relative's home, or in a permanent foster home. The total cost of expansion is $1,812,082, of which $906,041 (50%) is Federal Short-Doyle medi-cal, $815,437 (40%) is State General Fund match. HSA will provide the required local county General Fund match to EPSDT which is ten percent or $90,604 (to make the State match equal to 50%)	

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B13	CBHS-MH	EPSDT initiative for Intensive Day Treatment serving Youth			637,858	637,858	-	Oakes Children's Center, a non-profit contractor with Community Behavioral Health Services (CBHS) is proposing to increase its capacity and ability to serve youth with higher acuity by increasing the intensity of their day treatment program from rehabilitative to intensive day treatment, as well as expanding their outpatient capacity to treat youth with Pervasive Developmental Disorder . The local county General Fund match of $31,893 to EPSDT will be reallocated from existing funds.	
B14	CBHS-MH	Contractor Short Doyle MediCal			633,701	633,701	-	Short Doyle MediCal to fund the annualization of programs begun in FY07-08, as well as to support program capacity to expand services to MediCal eligible clients, with the General Fund match being provided by the agency receiving the funds.	
B15	PHP	Medicaid Administration and Targeted Case Management (MAA/TCM)	0.75	1.00	78,129	78,129	-	San Francisco currently has one staff person with multiple project responsibilities overseeing MAA/TCM between 60 and 120 hours per month. Federal reimbursement for Medicaid administration and Targeted Case Management throughout San Francisco currently totals approximately $14 million. This provides $6 million to the school district, $7 million to the Department of Public Health and almost $1 million to Health Services Agency community-based contractors. Given the size of the funding, additional staff is required to oversee the program.	
B16	CBHS-MH	Crisis Response Team			103,991	103,991	0	Replace expiring SAMHSA Children's System of Care grant to maintain the Crisis Response Team. The CRT provides 24 hour response to children and youth who require crisis intervention, including 5150's. Additionally, because CRT has a 24 hour, 7 day per week on-call capacity, this program serves as the DPH responder to incidents of gun violence across the City during evening and weekend hours. Funding would backfill a 0.65 FTE 2930/31 PSW/MFT and 1.0 FTE 1426 Clerk Typist with the use of EPSDT MediCal, Healthy Family and Healthy Kids revenues for 9 mos.	
B17	GH	Fully fund Jail Health services at SFGH			297,437	297,437	0	The FY 2006-07 cost of Jail Health services at SFGH are $6.142M but the budget is only $5.845M.	
B18	CBHS-MH	Annualization of Youth Residential Treatment Program			513,000	513,000	-	The residential treatment programs are an integral part of the children's system of care for youth, and without additional support, these facilities will cease to operate. This funding would be an annualization of a newly reconfigured program that the court system and Juvenile Probation rely upon for YGC placement alternatives and because Walden's program only accepts SF residents.	
	TOTAL REVENUE NEUTRAL		30.40	40.77	10,340,637	10,352,733	(12,096)		-
REGULATORY									
C1 Deleted	LHH	LHH EVS Staffing for Regulatory Compliance					-	Porters and a Supervisor to meet the immediate regulatory issues identified by DHS surveyors in CY 2004 thru 2006.	(246,002)
C2 Revised	LHH	LHH Nutrition Chefs Regulatory Requirement	0.75	1.00	61,864		61,864	Adds chefs needed for LHH Nutrition Services to address gaps identified by DHS surveyors in quality control, training, ability to provide bilingual menu/information to residents, and ability to provide more ethnic foods.	(61,864)
C3 Revised	LHH	LHH Nutrition Dietitians Regulatory Requirement	0.75	1.00	60,306		60,306	In response to regulatory deficiencies, this initiative adds Dietician and Diet tech postions to maintain compliance with the required Dietary assessments entered into the MDS/RAP which is CMS's required Assessment tool for reimbursement.	(60,306)
C4 Revised	LHH	LHH Rehabilitation Fall Risk Management	0.75	1.00	98,870	15,110	83,761	Adds therapists as part of an expanded fall risk assessment program. Avoids costs for falls which are medical care "errors" that can not be reimbursed under new Medicare rules. Costs will be partially offset by revenues from additional visits.	(83,761)

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C5	LHH	LHH Licensing Fees			300,000		300,000	The California State Licensing and Certification Program instituted changes in fee collection rates and procedures in 2007 that are designed to cover all costs of annual licensure surveys and complaint investigations. The mix in fees for LHH acute and skilled nursing beds for 2007-2008 was approximately $285,000. Fees for licensure of acute beds more than doubled and fees for skilled nursing beds increased by approximately 20% over those imposed in the previous fiscal year. This initiative includes an estimate for fee increases to be imposed in Fiscal Year 2008-2009.	
C6	CBHS-SA	Licensing Fee			75,000		75,000	Pursuant to Senate Bill 84, State Alcohol and Drug Programs will impose new licensing fees on applicable CBHS-SA contractors.The fees will be $147 every other year per adult residential bed and $3,452 every other year per outpatient program (including overnight/partial day programs). Additionally, initial residential application fees under this legislation will be $2,773 per site, adolescent residential programs will be assessed a $1,370 waiver application fee, and initial application fees for outpatient programs will be $2,664 per program. Many contractors will not be able to absorb it.	
C7	GH	Telemetry Nurse Ratio Changes	5.75	7.66	915,647	-	915,647	The Department of Health Services mandates a change from 1:5 to a 1:4 or fewer nurse to patient ratio for the telemetry services beginning January 1, 2008. These additional RN positions will allow SFGH to be in compliance with the new Title 22 regulation.	
C8 Revised	GH	SFGH Pharmacy Staffing	5.63	7.50	810,029	-	810,029	Recent surveys by DHS, CMS and the Joint Commission have focused on medication use and pharmacy services. Several deficiency citations resulted from this focus. Last fiscal year, we requested and received funding for new FTE's who will provide compliant pharmacy services to the ED, Operating Rooms and adverse drug event follow-up. The new FTE's in this request will address new Joint Commission requirements for anticoagulant use in all care settings, State and CMS regulatory changes for review of drug therapy for patients in skilled nursing locations, improve controlled substances accountability and monitoring, augmenting pharmacist services in the Operating Room with a pharmacy technician to help with record keeping and drug distribution requirements, and assure the availability of City and County staff in the Inpatient pharmacy to address preparation, distribution and oversight for administration of al IV admixtures	(270,010)
C9	GH	SureMed (Omnicell) Pharmacy Lease	-	-	170,000	-	170,000	Medication storage, control and accountability continue to be areas of intense scrutiny by the Joint Commission, State Licensing and Accreditation, and Boards of Pharmacy and Nursing. Most, but not all, patient care areas of SFGH utilize automated drug dispensing cabinets to provide the security and accountability required by these organizations. The hospital has leased automated drug dispensing cabinets for over 10 years and there are currently approximately 40 units operational throughout the hospital. Full compliance to Joint Commission medication management standards and State licensing and Title 22 regulations will require adding automated drug dispensing cabinets to inpatient medicine areas and to outpatient areas that currently do not have them, such as the General Medicine Clinic, Family Health Center, Subspecialty clinics, Women's clinic and the Pediatric Clinic.	
	TOTAL REGULATORY		**13.63**	**18.16**	**2,491,716**	**15,110**	**2,476,607**		**(721,943)**
INFLATIONARY									
D1	Dept. Wide	Pharmacy Inflation			1,842,210	270,880	1,571,330	The FY 2008-09 inflation rate for pharmaceuticals is estimated at 6%. Although the Industry wide projected rate of 12% is projected, since DPH uses federal programs and substitution of generic equivalents for patented agents as they become available, a lower inflation rate is used. LHH's $338.6k increases is offset by $270.88k of Medicare and MediCal revenues, GH $1.2789M, MH $295k	

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D2 Revised	GH	UCSF Staff Cost of Doing Business			2,187,324		2,187,324	This request is to add funding to the UCSF Affiliation Agreement for amounts contractually obligated to the UCSF staff based on anticipated increases in the MOUs. This amount does not include any increases in physician compensation.	(51,977)
D3	Dept. Wide	CBO Cost of doing business including UCSF			4,804,990		4,804,990	2% cost of doing business including UC	
D4	PHP-HUH	Annual DAH Master Lease and Operating Cost Increases			193,888		193,888	Increased annual lease payments, utilities, maintenance and repair for the six DAH master lease buildings	
D5	CBHS-MH	Rent Increases at CBHS Clinic Sites			347,673		347,673	As a result of lease negotiations, as well as CPI adjustments, additional funding is required in FY08-09 to support the cost of these clinics.	
D6	CBHS-MH	Master Leased Cooperative Apartments Shortfall			520,000		520,000	Conard House master leases co-op housing units that provide beds for 66 mentally ill clients, and additionally supports 80 beds in two residential hotels. Due to a lawsuit that was settled in the building owner's favor, co-op sites are considered to be commercial property and are therefore not subject to rent control, while at the same time the tenants do have rent control rights. The result is that the rents are being raised by the owners to market rate, which represents in some cases a 200 percent increase, or a total projected shortfall of $520k, and even if they did have income, the tenants are not required to increase their contribution.	
D7	Environmental Health	Increase in rent at Fox Plaza			285,741		285,741	The monthly rent for Fox Plaza will increase in late FY 2008-09 from $49k to $70k. In addition the cost of parking will increase. Although Real Estate looked for rental space in other buildings it was more expensive.	
D8	EMSA	Rent Increase			12,056		12,056	Increased lease cost at 68 12th Street, Suite 220, based on contract negotiated by Department of Real Estate	
D9	STD	Rent Increase - 1360 Mission			59,963		59,963	The lease expired on 12/31/07 and the annual increases are approximately 5%	
D10	Dept. Wide	Workorders			360,728		360,728	Increase in telephone charges	
	TOTAL INFLATIONARY		-	-	**10,614,573**	**270,880**	**10,343,693**		**(51,977)**
	TOTAL REVENUE, REVENUE NEUTRAL, REGULATORY, INFLATIONARY		**44.99**	**60.54**	**26,182,260**	**28,678,698**	**(5,385,630)**		**(4,273,920)**
STRUCTURAL									
E1	LHH	LHH Materials and Supplies Structural Fix			1,750,000		1,750,000	Funding for Materials and Supplies based on current year budget variances, in all cost centers, that have arisen because of operational changes and inflation.	
E2	GH	Structural Salary Fix SFGH	47.48	47.48	5,021,843		5,021,843	This request adjusts the budget for the increase in acute census experience in FY 2007-08. In addition it increases staffing to effectively provide patient safety for falls prevention, suicide prevention, therapeutic medical tubing and AWOL risk. Joint Commission and CMS regulations require a reduction in use of physical restraints, which necessitates increased staffing.	
E3	GH	Structural M&S SFGH			3,618,805		3,618,805	This request will fund current spending on materials and supplies, including pharmaceuticals. Additional funding was received in FY 07-08 to accommodate the increase in budgeted beds. This amount would have remedied part of the budget; however, this increase was offset by higher pharmaceutical costs. The increase in pharmaceutical costs is due to higher than projected use of costly new drugs used to treat cancers and bleeding disorders. Also, purchasing practices have been improved to assure compliance with all regulations, which has led to increases in costs.	
E4	CBHS-SA	Annualization of 3rd Mobile Methadone Van's Operating Costs			125,000		125,000	This proposal annualizes the FY07-08 General Fund allocation of $375,000 for operation of a third Methadone Van. Annualization will allow for continued methadone maintenance treatment of 150 heroin users.	

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E5	CBHS-MH	Community Programs Placement Unit Shortfall	4.0	4.0	3,357,970		3,357,970	As a result of high utilization and expensive placements for clients leaving SFGH and LHH, particularly to locked, long-term care facilities, the Department is projecting a deficit of $7.7 million. However, due to several measures being implemented in FY07-08, including the reduction of locked, long-term care slots, and the replacement of these beds with lower cost residential care slots accompanied by the implementation of an intensive case management team to ensure that clients are brought back and remain stable in the community (4.0 FTE annualized 2930/31 Psych Social Worker/Marriage Family Therapist), DPH will be able to reduce the deficit by half, resulting in an ongoing structural need of $3,357,970.	
E6 Revised	PHP-HUH	Annualization of 31 Senior Housing Units			192,772		192,772	Housing and Urban Health negotiated 81 units in 3 new construction projects targeted toward homeless and frail elderly living on the streets and shelters, and those being discharged from higher levels of care, including Laguna Honda Hospital. Partial funding was included in FY 07-08 to ensure services would be available to residents during rent up and initial program operation. The funding request for FY 08/09 annualizes the funding for 31 of the 81 units with the remaining 50 units being annualized by other funding sources.	(310,900)
E7	LHH	LHH Department of Medicine Structural Fix							
E8	LHH	LHH Nursing Staffing Structural Fix	15.00	20.00	1,217,026		1,217,026	LHH has been required to use more than the current budgeted FTE in order to respond to licensure survey mandates with regard to "sitters" and escorts for selected residents, augmented staffing on selected nursing units, regularly scheduled patient assessments, and other "fixed" staffing activities.	
E9	LHH	LHH Salary Structural Deficit			1,851,836		1,851,836	Step Adjustment assumptions do not reflect average seniority of LHH and have not taken into account many MOU provisions. Holiday Overtime budget has not been increased in order to keep pace with substantial salary increases. Additional funding is required in order to allow LHH to operate at budgeted FTE levels.	
E10 New	HUH	Annualization of Stabilization Rooms for the Golden Gate Park Outreach Program and 150 Otis Street Transition	-	-	1,000,000		1,000,000	In FY07/08, 115 stabilization housing units were obtained to place homeless individuals living in Golden Gate Park into housing with CBHS absorbing the cost. Another 59 slots were funded by a workorder with HSA for the closeout and transition of the 150 Otis Street Project clients. The total FY 2008-09 cost of the stabilization rooms is $1,293,780 a workorder for $293,780 is requested from HSA.	1,000,000
	TOTAL STRUCTURAL		**66.48**	**71.48**	**18,135,252**	**-**	**18,135,252**		**689,100**
	TOTAL REVENUE, REVENUE NEUTRAL, REGULATORY, INFLATIONARY, STRUCTURAL AND REDUCTIONS		**111.47**	**132.02**	**44,317,511**	**28,678,698**	**12,749,621**		**(3,584,820)**
HEALTHY SAN FRANCISCO									
HSF Revised	GH, PC, CBHS, Admin	Healthy San Francisco	2.25	3.00	7,862,036	11,481,237	(3,619,201)	Expenditure increases will be fully offset by increases in revenue. However the total expenses of $12.11M are reduced by $4.25M which is the annualized value of the positions that are already in the FY 2008-09 base budget.	644,701
	TOTAL HEALTHY SAN FRANCISCO								
BUDGET REDUCTIONS									
F1	GH	Workers Comp Clinic Closure	(8.12)	(8.12)	(1,408,916)	(672,463)	(736,453)	The Workers' Compensation Clinic at SFGH is designated by the Department of Human Resources Workers' Compensation Division as a medical provider for CCSF employees who are obtaining medical care under Workers' Compensation Insurance. The clinic provides treatment to CCSF employees who sustain work-related illness or injury. It is proposed to discontinue the Workers' Compensation Clinic as a designated treatment provider.	
F3	GH	8-Hour Per Day Reduction in OR Time	(18.70)	(18.70)	(3,451,176)	(2,398,416)	(1,052,760)	A reduction of 8 hours of operating room time per day will target both "Come and Go" and "Come and Stay" elective surgical procedures. An estimated 720 cases per year and a reduction of staffing for 4 surgical inpatient beds will be impacted.	

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F5	CBHS	Clinic Director Consolidation	(8.00)	(8.00)	(1,193,175)		(1,193,175)	This proposal would respond to the need to address the City's budget shortfall by restructuring the management of the CBHS adult and child mental health facilities by replacing highly specialized clinic director position classifications with administrative positions that have both a clinical and administrative expertise, and then requiring each clinic director to supervise two clinics.	
F7	EMSA	Senior Disaster Registry	(1.00)	(1.00)	(108,283)		(108,283)	Elimination of Senior Disaster Registry	
F8	GH	Move Young Adults to HSF			(2,369,392)	(534,570)	(1,834,822)	With the implantation of the Healthy San Francisco program (HSF) in 2007/08, there is an opportunity to transfer the young adults and from a General Funded HKYA program to the HSF program that is funded with a combination of General Fund, participant fees, Employer Spending Requirements and State funding under the Health Care Coverage Initiative. The result is a reduction in the General Fund costs of providing access to enrollees over 18 years of age.	
F9	LHH	Clarendon Hall Closure - Annual value	(135.20)	(135.20)	(15,330,696)	(13,030,696)	(2,300,000)	This initiative proposes to close Clarendon Hall at the LHH campus on July 1, 2008. The Clarendon Hall residents would be discharged or transferred to the main LHH buildings by limiting admissions and taking advantage of the average rate of patient discharges in the months leading up to the closure date. Nursing employees at Clarendon Hall and infrastructure staff related to its operations will be reassigned to main building operations to the extent made possible by the average rate of employee separations in the months prior to Clarendon Hall closure.	
F11	GH	Transfer of Gonorrhea and Chlamydia Testing from SFGH Clinical Laboratory to DPH Public Health Laboratory			(28,341)		(28,341)	Transfer Gonorrhea and Chlamydia testing currently performed at the SFGH Clinical Laboratory to the DPH Public Health Lab. This change would result in a savings in the UCSF Affiliation Agreement.	
F15	CBHS	Removal of Capitation Mechanism in the Assertive Community Treatment programs			(100,000)		(100,000)	DPH funds two non-profits to delivery Assertive Community Treatment programs (ACT). An ACT is a treatment model where the clients receive intensive case management and wrap-around services to keep them stable, and the contractor receives a capitated monthly payment for each client. This proposal would change the funding mechanism from capitated to fee-for-service, saving $100k annually and would not have an impact on the delivery of service or the number of clients served.	
F17	Health Promotion	Shape Up San Francisco	(0.75)	(1.00)	(159,467)		(159,467)	Shape Up SF is a comprehensive Initiative focusing on chronic disease prevention and reducing health disparities by creating healthy eating and active living environments. Policy, Awareness and Education, Data and Research, and Programs and Events comprise the four strategies utilized by the Initiative.	
F21	HUH	SRO Collaborative			(333,000)		(333,000)	Includes $100k for SRO Families, $233 balance Mission, Central City and Chinatown	
F22	PC	Hygiene funding for shelters			(300,000)		(300,000)	This project provides nutritional education and hygiene services at the homeless shelters in San Francisco.	
F23	CBHS	Job training and outreach for youth			(80,000)		(80,000)	The Western Addition CIRT provides critical incident stress debriefings to individuals who are impacted by violence, as well as mental health screening and referrals of these individuals. Through this process, as high-risk-youth are identified, these youth are offered workforce preparation training and outreach services.	
F24	PC	Medical Patch for Senior Adult Day Health Program			(40,000)		(40,000)	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	
F25	SA - Sheriff	Roads to Recovery and Post Release Education Program			(133,000)		(133,000)	Roads to Recovery program provides educational services relating to life skills, health education and literacy provided by a Sheriff Department subcontractor. The PREP program provides education and job-readiness services.	
F26	Environmental Health	Asthma Task Force			(102,000)		(102,000)	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.	

DEPARTMENT OF PUBLIC HEALTH
FY 2008-09 BASE BUDGET
April 1, 2008

Item	Div	Description	FTE's Change	Position Change (Annual Number)	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Change
F27	LHH	Nurse Staffing and HR position substitutions	-	-	(11,720)		(11,720)	Currently, nursing is funding 2 RN positions to do hiring, staffing, and labor relations. After careful review with Nursing, Human Resources and Finance, an agreement has been made to restructure the work to more appropriate classifications: (1) The Hiring Process and Labor Relations will be transferred over to Human Resources. They will require (1) 0931 Manager III position and upgrades to (2) Personnel clerks to Sr. Personnel Clerk positions. The Staffing component of the work will remain within Nursing at an 1842 Management Assistant Level Position. The two RN requisitions will be turned in to fund the two new positions and support the two position upgrades. The nurses currently doing the work will fill other vacancies within LHH providing direct patient care and reducing costly overtime and registry (P103).	
F29	HAH	Sale of the building on Onondaga where HAH is located			(1,000,000)		(1,000,000)	Estimate of the proceeds	
F31	STD	Reduction of selective STD testing for persons over 30			(145,000)		(145,000)	The chlamydia screening of asymptomatic heterosexual men and women and asymptomatic men who have sex with men (MSM) over the age of 30 will be cut as well as all herpes testing.	
F2	GH	Oral Surgery Clinic Reduction in Hours of Operation	(3.80)	(3.80)	(464,089)	(43,366)	(420,724)	This proposal reduces the hours of operation of the Oral Surgery Clinic at SFGHMC from 5 days per week to 3 days per week.	
F4	HAH	Elimination of Chronic Care Public Health Nursing Program	(20.09)	(20.09)	(3,097,450)	(931,155)	(2,166,295)	The HAH PHN Chronic Care Program provides public health nursing case management services to chronically ill and disabled adults requiring chronic disease management, prevention strategies and education to assist them in living independently in the community.	
F6	CBHS	Buster's Place			(1,000,000)		(1,000,000)	Funding is for 24 hour/seven days per week drop-in and early intervention services, including assessments, counseling and referrals to housing, primary care, and behavioral health services.	
F10	LHH	Reduce LHH beds from 935 to 780 to meet rebuild bed capacity	(86.70)	(173.30)	(12,280,751)	(10,522,727)	(1,758,024)	This initiative proposes to reduce the bed capacity of the LHH Skilled Nursing Facility from 935 to 780 (155 beds equivalent to 16.6%) in order to fit the capacity of the LHH Replacement Facility. This would take place by gradually reducing the LHH patient census and related operating expenses and revenues throughout Fiscal Year 2008-2009	
F13	CBHS	Provide Mental Health services only to uninsured persons with serious mental illness	(11.05)	(13.00)	(1,346,428)		(1,346,428)	In the face of the extreme budget shortfalls this year, 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. This reduction would impact 1,582 non seriously mentally ill clients (ages 19 to 65), and would result in a reduction of 13 FTE civil service positions across CBHS clinics and the Private Provider Network. While the implementation of this reduction will result in a reduction of clients served by contractors, the proposed reduction does not include contractor savings. Instead, the contractors will be asked to implement this policy as part of the 15% Reduction Initiative.	
F18	CBHS	Residential treatment for paralyzed gunshot victims			(150,000)		(150,000)	Funding in the amount of $200k was added in FY07-08 for the purpose of funding supportive housing to gunshot victims who have become paralyzed and their 24-hour caretakers, thus enabling them to live in community-based as opposed to institutional settings. As of 2/08, this funding has not yet been utilized. An amount of $50k has been retained to support the housing cost for up to three individuals who would benefit from supportive housing.	
F19	CBHS	Reduce Bayview Health Initiative			(250,000)		(250,000)	In FY07-08, a total amount of $750k was added to DPH's Community Health Promotion and Prevention (CHPP) section to develop and implement health promotion and wellness programs and activities within the Southeast sector of San Francisco. These activities and programs were meant to address the high rates of physical inactivity, poor nutrition, lack of social support and need for grief counseling, and lack of health leadership/ health literacy in the southeast sector.	
F20	AIDS	Sex Worker Program			(75,000)		(75,000)	St James Infirmary is contracted by the HIV Prevention Section, in collaboration with STD Prevention and Control to provide HIV prevention. In FY 2007-08 $75,000 was provided to enhance the Sex Worker Program. With the additional funding St. James will recruit needle exchange participants into MSW and will train these participants to provide secondary exchange to hard to reach IDU sex workers.	

DEPARTMENT OF PUBLIC HEALTH
FY 2008-09 BASE BUDGET
April 1, 2008

Item	Div	Description	FTE's Change	Position Change (Annual Number)	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Change
F30 Deleted	CBHS-SA	Buprenorphine Acquisition Offset by Reduction of Adult Residential and Outpatient Slots					-	To fund the acquisition of Buprenorphine and to generate General Fund savings, the Department proposes reducing funding for 60 adult residential treatment beds (240 unduplicated clients) and adult outpatient services to 90 unduplicated clients. Perinatal and medical detoxification residential services will not be impacted by this proposed reduction, nor will outpatient services for youth, Asian Pacific Islanders, women with children, families, mono-lingual persons, the hearing impaired or LGBT populations.	1,315,920
F12 Revised	HAH	Reduction of Health At Home Program	(12.16)	(13.13)	(1,640,919)	(435,804)	(1,205,115)	Reduction of 30% of the budget of HAH license home health agency, decreasing the nursing, home health aide and other clinical staff and administrative support necessary for services to clients needing acute, skilled clinical services in the home	(121,256)
F14 Revised	CBHS	Four Percent Overall Reduction In Funding for Community Programs Contractors and Civil Service Clinics (equal to 18% reduction to unmatched General Fund dollars)	(4.44)	(5.23)	(10,567,432)		(10,567,432)	This proposal would reduce services paid for by City General Fund dollars by eighteen percent, including civil service and contractual services. This would not reduce General Fund monies used as a match to draw down other revenues, nor would funding for housing subsidies be reduced. All Community Programs' division contractors, except those in Community Health Promotion and Prevention would be subject to this reduction. In the case of CBHS civil services, this reduction would impact an additional 313 clients annually beyond the impact for the reduction of services to non seriously mentally ill clients. The client impact to non-profit agencies is unknown at this time, as the Dept. will be working with the non-profits to determine how the reduction will be allocated across services and administration. In many cases, where the City General Fund only represents a portion of a contractor's funding sources, the reduction would be far less than eighteen percent of an agency's total budget.	(1,282,657)
F28	AIDS	Reduction in HIV Health Services			(4,200,000)		(4,200,000)	Reduction in Health Services based on HIV Planning Council and Health Commission priorities. This does not include HIV Prevention.	
F16 Revised	Dept Wide	Administrative and Operating Reductions	(11.40)	(11.40)	(1,388,426)		(1,388,426)	To Be Determined	(501,324)
F32 Revised	Dept Wide	Reduction of vacant positions	(21.56)	(21.56)	(1,941,685)		(1,941,685)	To Be Determined	178,057
F33	GH	Bridge to Wellness			(193,620)		(193,620)	This initiative is to close the Bridge to Wellness Program. Bridge to Wellness is an outpatient psychiatric service providing partial hospitalization and intensive outpatient treatment services for those residents who exhibit severe and/or disabling impairments related to an acute and/or chronic psychiatric/psychological condition, or an exacerbation of a severe and persistent mental disorder, as well as those individuals with co-occurring substance and medical disorders. The services are designed to manage and treat exacerbations of chronic, severe mental illness, as well as psychiatric crises of a more time-limited nature. The chief modality of treatment is group therapy, with adjunctive individual therapy sessions provided as needed.Reimbursement rates for these outpatient psychiatric services have been declining and the costs to run the program have become greater than the reimbursement rates	
F34	CBHS and PC	DCYF to fund children's programs			(1,460,882)		(1,100,000)	Funding for children's programs not already in the Children's Fund by DCYF through a workorder. No impact on services	
	TOTAL REDUCTIONS		**(342.97)**	**(433.53)**	**(66,350,850)**	**(28,569,198)**	**(37,420,770)**		**(411,260)**
	GRAND TOTAL REVENUE, REVENUE NEUTRAL, REGULATORY, INFLATIONARY, STRUCTURAL, AND REDUCTIONS		**(229.25)**	**(298.51)**	**(14,171,303)**	**11,590,737**	**(28,290,349)**		**(3,351,379)**

2.24

DEPARTMENT OF PUBLIC HEALTH
FY 2008-09 BASE BUDGET
April 1, 2008

Item	Div	Description	FTE's Change	Position Change (Annual Number)	Expend Incr/(Decr)	Revenues Incr/(Decr)	General Fund	Comment	Change
EXPIRED GRANTS									
G1	MH	Trauma Recovery Center			1,542,060		1,542,060	State funding was provided for FY06-07, but FY 07-08 funding was vetoed by the governor. Carry Forward funding from 06-07 is now being used to provide one-time funding in FY07-08 for the period of October, 2007-June, 2008. If approved, this proposal would continue funding of this program in FY08-09 at an annualized cost of $1,542,060. These funds are for direct services only (no funding for research or other services), and are provided through a contract between UC and Community Behavioral Health Services (CBHS).	
G2	PHP - TB	Preservation of TB Control Screening and Prevention Activities and Outreach Services for TB Contacts and High-Risk Populations (homeless, IDUs, HIV and foreign-born) in San Francisco			179,455		179,455	The CDC notified DPH TB Control in mid-2007 that there would be a $145,497 cut as of 1/1/08 to our cooperative agreement funding, which we have received annually for over 16 years. This is an 8.5% loss of funds in a single year. Also, CDC has advised DPH TB Control to plan for a 20% cut over the next four years. In addition, the California Department of Public Health (CDPH) informed DPH TB Control that there would be a 2% cut of state funds for FY 2008–09.	
G3	PHP - STD	Chlamydia Eradication Among African American Youth (YUTHE)			22,013		22,013	Six months of funding for the two currently funded peer educator positions whose funding will expire on 12/31/08.	
G4	CBHS-SA	Medically Managed Residential Beds- Grant Loss			162,284		162,284	Baker Places operates the City's only community- based medical detox program. This program reduces the volume and impact of substance abuse and related homelessness and street deaths in SF, as it is able to accommodate homeless individuals with high levels of long-term addiction and who require psychiatric medication. The program cost is 30% less than the cost per day of acute hospitalization. This proposal would backfill the loss of Federal McKinney grant funding provided via the City's Human Services Agency ($162,284) preserving 1.35 bed slots.	
G5	CBHS-SA	CBHS Grant Research and Evaluation			195,246		195,246	The expiring grants will create a significant void in data collection and analysis. For example, internal use of data has impacted CBHS' funding allocation decisions to several populations and has improved outcomes, such as shifting service to women with children from residential to intensive outpatient treatment; significantly increasing methamphetamine services for Latina clients, and providing residential services to homeless or marginally housed transgender clients. The staff funded by these grants also respond to data requests from the Mayor's Office, the Board of Supervisors, and outside researchers, as well as provide support to the OBOT program which treats heroin addicts at their primary care treatment sites. Positions include: .95FTE Health Worker III, .53FTE Health Worker I, .75FTE Epidemiologist.	
G6	Environmental Health	Backfill for loss of CDPH grant funding for Childhood Lead Prevention Program			262,240		262,240	EHS requires backfill for a Epidemiologist I for the Childhood Lead Prevention Program to meet the contract with State (CDPH-CLPPB) which focuses on decreasing exposure of children to lead and the incidence of child blood lead levels.	
G7	PC	Position clean-up for HUH Clinic personnel	0.96	0.96	161,753		161,753	Position clean-up for HUH Clinic personnel who moved off of grants in FY06/07 but were not automatically annualized in BPREP since they were grant funded.	
G8	EMSA	Hospital/EMS Diversion Monitoring/Alerting System (EMResource)			29,762		29,762	EMResource was implemented in 2005 using UASI funding. The 3-year funding for this program expires November 30, 2008. There is no funding in the EMS Agency budget to continue this program.	
G9	EMSA	Local EMS Information System (LEMSIS)			53,100		53,100	LEMSIS was implemented in 2005 and 2006 with approximately $125,000 of UASI grant funding was spent to expand and maintain the LEMSIS system. There was no UASI or CCSF funding for LEMSIS in FY 2007-2008. Funding is required in FY 2008-2009 so that the EMS Agency can comply with state and federal requirements and assure satisfactory monitoring and evaluation of the quality of care in the SF EMS System.	
	TOTAL EXPIRED GRANTS		**0.96**	**0.96**	**2,607,913**	**-**	**2,607,913**		**-**
	TOTAL REVENUE, REVENUE NEUTRAL, REGULATORY, INFLATIONARY, REVENUE, STRUCTURAL, REDUCTIONS AND EXPIRED GRANTS		**(228.29)**	**(297.55)**	**(11,563,390)**	**11,590,737**	**(25,682,436)**		**(3,351,379)**

DEPARTMENT OF PUBLIC HEALTH
FY 2008-09 Additional Proposals to Balance the Budget
April 1, 2008

Item	Div	Description	FTE's Change	Position Change (Annual Number)	General Fund	Comment
P1	Dept. Wide	CBO Cost of doing business including UCSF			(4,804,990)	2% cost of doing business including UC
P2	PC and GH	Revision to sliding scale discounts			(210,000)	Services at San Francisco General Hospital and a Community Clinics are provided at a substantial discount to San Francisco residents with monthly income at or below 500% of the federal poverty level (FPL). A survey of practices at other California counties reveals that no other county extends discounts above 300% FPL. In addition, the monthly share of cost required under the policy was last updated in 1999. This proposal would limit sliding scale discounts to San Francisco residents with monthly income at or below 300% of the federal poverty level, and would increase the monthly share of cost for participants.
	Total		-	-	**(5,014,990)**	

7.24