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:

<table>
<thead>
<tr>
<th>Reductions Taken 2008-09</th>
<th>Base Budget</th>
<th>August Mid-Year Cut</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Based Organizations</td>
<td>$1,818,620</td>
<td>$979,111</td>
<td>$2,797,731</td>
<td>9%</td>
</tr>
<tr>
<td>City Programs</td>
<td>27,010,343</td>
<td>986,380</td>
<td>27,996,723</td>
<td>91%</td>
</tr>
<tr>
<td>Total</td>
<td>$28,828,963</td>
<td>$1,965,491</td>
<td>$30,794,454</td>
<td>100%</td>
</tr>
</tbody>
</table>
The Board restored $18.7 million in proposed reductions $15.6 million, 83% of which are 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.
<table>
<thead>
<tr>
<th>Item</th>
<th>Div</th>
<th>Description</th>
<th>FTE's Change</th>
<th>Annualized Position Change</th>
<th>Expand Inc/(Dec)</th>
<th>Revenues Inc/(Dec)</th>
<th>2008-09 Net General Fund</th>
<th>2006-10 Net General Fund</th>
<th>Comment</th>
<th>Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Dept Wide</td>
<td>08-09 Increased Revenue SFGH</td>
<td>(3,000,000)</td>
<td>(3,000,000)</td>
<td>(3,000,000)</td>
<td>This additional revenue assumes 07/08 final close out revenue surplus will also be reflected in 2008/09 actuals.</td>
<td>1. Maximize Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A2</td>
<td>SFGH</td>
<td>Increase Cafeteria Pricing</td>
<td>(22,000)</td>
<td>(22,000)</td>
<td>(48,000)</td>
<td>Effective January 1, 2009. Price increases at SFGH.</td>
<td>1. Maximize Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,052,000</td>
<td>3,022,900</td>
<td>3,040,900</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BUDGET REDUCTIONS**

<p>| #1 | Environmental Health | Asthma Task Force | (102,000) | (102,000) | (102,000) | Effective: Immediately. BOS Restoration. This was a supplement to our budget and was realigned in the last budget round. This will not affect funded services for persons with asthma and the taskforce will continue in place. | 3. Prioritize services to vulnerable populations—this is not a direct service. |
| #2 | CBHS | Behavioral Health Outpatient Reduction | (1,277,556) | (1,277,556) | (2,767,556) | Effective January 1, 2009. BOS Restoration. We are prioritizing residential treatment and medical related substance abuse services. (consistent with prop T) | 4. Prioritize services to the most severely ill. |
| #3 | CBHS | Behavioral Health Outreach Reduction | (620,090) | (620,090) | (2,207,337) | Effective January 1, 2009. BOS Restoration. We are prioritizing residential treatment and medical related substance abuse services. (consistent with prop T) | 3. Prioritize services to vulnerable populations. |
| #4 | CBHS | Dietary Bienvenido Initiative | (75,000) | (75,000) | - | BOS Restoration. Savings from contract date late until mid-year. | 3. Contract will be processed for this service that addresses health disparities. |
| #5 | CBHS - NH | Restructuring Trauma Recovery Center | | | (638,331) | (388,331) | (671,692) | Effective: January 1, 2009. BOS Restoration. In streamlining the management and clinical coverage of the two trauma-focussed 24/7 programs administered by UCSF, efficiency can be produced and productivity increased. | 10. Substitution of less expensive service. |
| #6 | CBHS - NH | 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 negotiate with vendors 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 contracts. | 10. Substitution of less expensive service. |
| #7 | CBHS - NH | Provide Mental Health Services only to Insured persons with serious mental illness | (0.42) | (13.00) | (554,368) | (554,368) | (1,350,483) | 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 individuals with MediCal coverage as part of the 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. Prioritize services to the most severely ill. |
| #8 | AIDS | Complementary Therapies | (156,000) | (156,000) | (310,000) | Effective: January 1, 2009. BOS Restoration. These services were originally funded by CARE dollars which are no longer available. They were able to provide this funding back to the hospitals in previous years when sufficient CARE dollars were available. Does not affect maintenance of effort. | 13. Complementary therapies are not core services of the Health Care System. |
| #9 | AIDS | HIV Prevention | (1,131,720) | (1,131,720) | (2,180,440) | 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 methadone/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 methadone/treatment programs are the most effective methods of HIV prevention. |</p>
<table>
<thead>
<tr>
<th>F10</th>
<th>STD</th>
<th>STD Selective Testing</th>
<th>(72,500)</th>
<th>(72,500)</th>
<th>(145,000)</th>
<th>Effective: January 1, 2006. BOS Restoration. Reduction of selective STD testing for persons over 30. S. Prioritize services to vulnerable populations—these STD tests are done for lower-risk persons.</th>
</tr>
</thead>
<tbody>
<tr>
<td>F11</td>
<td>HUH</td>
<td>Closure of housing projects in need of rehabilitation</td>
<td>(61,389)</td>
<td>(61,389)</td>
<td>(323,869)</td>
<td>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. 15. Substitution of less expensive service.</td>
</tr>
<tr>
<td>F12</td>
<td>HUH</td>
<td>Elimination of funding for the Crisis Response Team/SF GH Emergency Housing Program</td>
<td>(151,884)</td>
<td>(151,884)</td>
<td>(364,043)</td>
<td>Effective: February 1, 2003. Elimination of funding for the CRIS/GH Emergency Housing Program - Keen Hotel is in poor condition and New Medical Models can provide more comprehensive treatment. 19. Substitution of less expensive service.</td>
</tr>
<tr>
<td>F13</td>
<td>HUH</td>
<td>SRO Collaborative</td>
<td>(148,828)</td>
<td>(148,828)</td>
<td>(385,187)</td>
<td>Effective: January 1, 2006. BOS Restoration. Reduction of General Fund support for programs that provide outreach and advocacy support for residents of single room occupancies. $765,000 in funding from fees collected by the Department of Building Inspection is allocated to housing services programs. 19. Substitution of less expensive service.</td>
</tr>
<tr>
<td>F14</td>
<td>PC</td>
<td>Medical Patch for Adult Day Health Center</td>
<td>(20,000)</td>
<td>(20,000)</td>
<td>(40,000)</td>
<td>Effective: January 1, 2006. BOS Restoration. Primary Care funding for Bayview Hunter's Point Adult Day Care. Provide therapeutic outreach and primary care services targeting frail elders and disabled clients in the Bayview-Hunter's Point, Potrero Hill, and Visitacion Valley neighborhoods. 13. Our strategic plan is to link all our services to primary care homes.</td>
</tr>
<tr>
<td>F15</td>
<td>PC</td>
<td>Reductions in Primary Care Community Programs - HSF Providers</td>
<td>(141,700)</td>
<td>(141,700)</td>
<td>(283,400)</td>
<td>Effective: January 1, 2006. Contractors are Health San Francisco providers (HSF) and receive HSF reimbursement to replace General Fund. 13. Substitution of less expensive service.</td>
</tr>
<tr>
<td>F16</td>
<td>PC</td>
<td>Reductions in Primary Care Community Programs - Non-HSF Providers</td>
<td>(104,769)</td>
<td>(104,769)</td>
<td>(209,517)</td>
<td>Effective: January 1, 2006. With HSF, and the need to improve health outcomes, provide continuity of care, access and improve efficiencies, most HSF—Primary Care services are now provided within medical homes. Medical homes provide care that is consistent, comprehensive and continuous. The above contract provide services that are episodic and hence no longer meet the scope and direction of primary care services delivery. 9.10 and 12. Mandatory service can be provided at a lower expense, but we would not move forward if jeopardized the licensing.</td>
</tr>
<tr>
<td>F17</td>
<td>SFGH</td>
<td>Conversion of 21 Bed Acute Psych Unit to a Non-Acute unit</td>
<td>(9,445)</td>
<td>(1,880)</td>
<td>(139,902)</td>
<td>(139,902)</td>
</tr>
<tr>
<td>F18</td>
<td>SFGH</td>
<td>Convert all CNAs to MEAs for all units except SNF and BID</td>
<td>(283,156)</td>
<td>(283,156)</td>
<td>(973,671)</td>
<td>Effective: February 1, 2006. Conversion of Certified Nursing Assistants (CNAs) to Medical Evaluation Assistants at San Francisco General Hospital except for Skilled Nursing Facility and the Behavioral Health Center. Nursing Care Assistants would function as Patient Care Assistants and be assigned to inpatient areas. Making this change will allow flexibility in providing services and allow staff to be temporarily assigned to the Emergency and other outpatient areas as needed. 9.10 and 12. Mandatory service can be provided at a lower expense, but we would not move forward if jeopardized the licensing.</td>
</tr>
<tr>
<td>F19</td>
<td>SFGH</td>
<td>Transition BKG Technician to Medical Evaluation Assistant (MEA)</td>
<td>(6,344)</td>
<td>(6,344)</td>
<td>(16,225)</td>
<td>Effective February 1, 2006. BOS Restoration: Convert remaining 1:00 FTE BKG Tech to a 1:00 FTE MEA with annual GF savings of $19,320. 19. Substitution of less expensive service.</td>
</tr>
<tr>
<td>F20</td>
<td>Dept. Wide</td>
<td>Security Outsourcing</td>
<td>(865,497)</td>
<td>(865,497)</td>
<td>(3,081,953)</td>
<td>Effective: April 1, 2006. 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 redeployed to the jobs. Layoffs may occur in Sheriff's Department. 12. Substitution of less expensive service.</td>
</tr>
<tr>
<td>F21</td>
<td>Dept. Wide</td>
<td>Administrative Position Reductions</td>
<td>(1,87)</td>
<td>(4,00)</td>
<td>(206,333)</td>
<td>(206,333)</td>
</tr>
<tr>
<td>F22</td>
<td>Dept. Wide</td>
<td>Elimination of vacant positions</td>
<td>(24,00)</td>
<td>(24,00)</td>
<td>(1,020,003)</td>
<td>Vacant positions are being held in current year. 08-09 Savings will be applied towards DPH’s balancing plan to close the projected $26 million shortfall. These positions will be listed for ongoing savings, as part of DPH’s 10-15 budget submission. 3. Prioritize services for vulnerable populations.</td>
</tr>
<tr>
<td>F23</td>
<td>CBHS</td>
<td>Walden House</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Effective: February 1, 2004. 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. 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. 19. Substitution of less expensive service.</td>
</tr>
<tr>
<td><strong>TOTAL REDUCTIONS</strong></td>
<td></td>
<td></td>
<td>(7,53)</td>
<td>(42,85)</td>
<td>(8,844,079)</td>
<td>(8,844,079)</td>
</tr>
<tr>
<td><strong>GRAND TOTAL REVENUE AND REDUCTIONS</strong></td>
<td></td>
<td></td>
<td>(15,07)</td>
<td>(55,86)</td>
<td>(9,644,078)</td>
<td>(9,644,078)</td>
</tr>
</tbody>
</table>
DEPARTMENT NAME:

- [ ] San Francisco General Hospital
- [ ] Laguna Honda Hospital
- [ ] Primary Care
- [ ] Jail Health
- [ ] Health At Home
- [x] 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
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)

(Fill as needed with 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.

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**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

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**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 Round Table - 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)
Behavioral Health Outreach Reduction Rev 11-14

11/17/08 10:54 AM
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:

<table>
<thead>
<tr>
<th>Service Code</th>
<th>FY08_09</th>
<th>FY09_10</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMHSCRE227</td>
<td>$258,305</td>
<td>$563,574</td>
</tr>
<tr>
<td>HMHMC730515</td>
<td>$650,317</td>
<td>$1,418,873</td>
</tr>
<tr>
<td>HMHMC751594</td>
<td>$11,408</td>
<td>$24,890</td>
</tr>
</tbody>
</table>

### IMPACT ON DEPARTMENT’S WORKFORCE (increase or decrease of FTE’s)
There is no impact on the Department’s workforce.
DEPARTMENT NAME:
- [ ] San Francisco General Hospital
- [ ] Laguna Honda Hospital
- [ ] Primary Care
- [ ] Jail Health
- [ ] Health At Home
- [x] Public Health
- [ ] CBHS - Mental Health
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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 supervisory 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: HCHIPHILTEDG

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)
N/A. These funds are contracted.
DEPARTMENT NAME:
☐ San Francisco General Hospital  ☐ Public Health
☐ Laguna Honda Hospital  ☑ CBHS - Mental Health
☐ Primary Care  ☐ CBHS - Substance Abuse
☐ Jail Health
☐ 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 form 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:

<table>
<thead>
<tr>
<th>Position</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing On-Call (P103)</td>
<td>$250,000</td>
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<tr>
<td>1.5 FTE RN</td>
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<tr>
<td>0.2 FTE MFT</td>
<td>$21,219</td>
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<tr>
<td>0.25 FTE MD</td>
<td>$50,216</td>
</tr>
<tr>
<td>MH re-class (UC)</td>
<td>$50,000</td>
</tr>
<tr>
<td>Clerk Typist (UC)</td>
<td>$74,250</td>
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</tbody>
</table>
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.
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 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.
Initiative Number  F8  
(Leave blank)

2008-2009 Program Change Request

DEPARTMENT NAME:
☐ San Francisco General Hospital   ☐ Public Health
☐ Laguna Honda Hospital            ☐ CBHS - Mental Health
☐ Primary Care                     ☐ CBHS - Substance Abuse
☐ Jail Health                      ☑ AIDS Office Health Service Section
☐ 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

health services write up
DEPARTMENT NAME:  

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

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- AIDS Office HIV Prevention Section

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)

<table>
<thead>
<tr>
<th>Contractor Details</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Asian and Pacific Islander Wellness Center</td>
<td>$176,592</td>
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<tr>
<td>Institute for Community Health Outreach</td>
<td>$41,122</td>
</tr>
<tr>
<td>Instituto Familiar de la Raza</td>
<td>$41,122</td>
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<tr>
<td>Larkin Street Youth</td>
<td>$89,089</td>
</tr>
<tr>
<td>San Francisco LGBT Center</td>
<td>$79,418</td>
</tr>
<tr>
<td>St James Infirmary</td>
<td>$137,440</td>
</tr>
</tbody>
</table>

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.

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.

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.

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.

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.

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 SFPDH are provided directly on-site.
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:  
☐ San Francisco General Hospital  ☑ Public Health
☐ Laguna Honda Hospital  ☐ CBHS - Mental Health
☐ Primary Care  ☐ CBHS - Substance Abuse
☐ Jail Health  ☐ 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
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 in need of rehabilitation. Furthermore, this facility is rented by the provider so there are no ownership issues 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 FY08/09 and $323,660 in FY09/10.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)
N/A
DEPARTMENT NAME:
☐ San Francisco General Hospital  ☑ Public Health
☐ Laguna Honda Hospital  ☐ CBHS - Mental Health
☐ Primary Care  ☐ CBHS - Substance Abuse
☐ Jail Health  ☐
☐ 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 (FY08/09) 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:
- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health
- Health At Home
- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse

DPH SECTION: HUH
PROGRAM CONTACT NAME/PHONE: Marc Trotz / 554-2565
PROGRAM / INITIATIVE TITLE: Reduction of Funding for the SRO Collaboratives
GENERAL FUND: $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
DEPARTMENT NAME:
☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☒ Primary Care
☐ Jail Health
☐ Health At Home

☐ Public Health
☐ Mental Health
☐ Substance Abuse

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
Initiative Number  F15
(Leave blank)
2008-2009 Program Change Request
Mid-Year Reduction

DEPARTMENT NAME:
☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☒ Primary Care
☐ Jail Health
☐ Health At Home
☐ Public Health
☐ Mental Health
☐ Substance Abuse

DPH SECTION: Primary Care
PROGRAM CONTACT NAME/PHONE: Marcellina Ogba/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:
☐ San Francisco General Hospital
☐ Laguna Honda Hospital
X Primary Care
☐ Jail Health
☐ Health At Home

☐ Public Health
☐ Mental Health
☐ Substance Abuse

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
DEPARTMENT NAME:  
X 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:  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:
- XSan 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.
DEPARTMENT NAME:  
XSan 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:
X San Francisco General Hospital
X Laguna Honda Hospital
X Primary Care
☐ Jail Health
☐ Health At Home

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

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.
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
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 x 365 days = 9,125 days of residential treatment |

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**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. |

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

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