

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/(Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15-16 Net GF Cost/(Savings)	Comment
REVENUES											
SFGH	A1	SFGH Baseline Revenue Growth		(26,942,052)	(9,292,018)	(17,650,034)		(26,942,052)	(10,141,684)	(16,800,368)	This proposal adjusts the various revenue components based on projections related to Medical, Low Income Health Program (LIHP), Capitation, Medicare and other patient revenues. It also takes into account federal funding changes to programs such as Meaningful Use and SB208.
LHH	A2	LHH Baseline Revenue		1,000,000	15,083,696	(14,083,696)		1,000,000	15,083,696	(14,083,696)	Projected increase in net patient revenues are due to outpatient pharmacy services, the restoration of Medi-Cal SNF per diem rate cut, expected increase in DP/NF supplemental reimbursement rates.
PH & PC	A3	Public Health and Primary Care Revenues	0.77	93,676	(2,015,670)	2,109,346	1.00	109,833	(2,129,928)	2,239,761	This initiative corrects revenues losses in federal and grant funding in Tuberculosis Control and Emergency Preparedness, as well as adjust revenue projections in Primary Care and Public Health to reflect actuals.
TOTAL REVENUE			0.77	(25,848,376)	3,776,008	(29,624,384)	1.00	(25,832,219)	2,812,084	(28,644,303)	
REDUCTIONS/SAVINGS PROPOSALS											
SFGH	B1	SFGH Salary and Affiliation Agreement Savings	(13.60)	(5,284,383)	-	(5,284,383)	(13.76)	(4,721,178)	1,000,000	(5,721,178)	In order to meet the DPH GF reduction target and as part of the overall DPH Balancing plan, SFGH has proposed the following reductions to the annual operating budget. First is \$2,284,174 in Contract Services with the University of California San Francisco. Second, is \$5 million in salaries and benefits savings offset by \$2 million of salary corrections in mental health, jail health and health at home, based on expenditure projections.
TOTAL REDUCTIONS			(13.60)	(5,284,383)	-	(5,284,383)	(13.76)	(4,721,178)	1,000,000	(5,721,178)	
INFLATIONARY											
DPH All	C1	DPH Pharmaceutical and Materials and Supplies Inflation	-	-	-	-	-	2,084,399	-	2,084,399	This initiative requests increased expenditure authority related to pharmaceuticals (3%), Food (4%) and Laundry and Linen (3.25%) to reflect inflation on the price of critical healthcare supplies.

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/(Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15-16 Net GF Cost/(Savings)	Comment
Transition	C2	Annual Rent Increase for Direct Access to Housing (DAH) Master Leases and Rent Subsidies and 3rd party rent payment	-	-	-	-	-	587,819	-	587,819	Direct Access to Housing provides high-quality housing for homeless persons who have been living on the streets, individuals revolving through costly emergency care settings, and Health Department clients exiting higher levels of care. The master lease sites contracts include annual rent increases which the department is obligated to fund.
TOTAL INFLATIONARY											
REGULATORY											
SFGH, PC, LHH	D1 - Revised	Continued Implementation of Electronic Health Records	7.22	4,675,775	846,989	3,828,786	8.22	3,767,931	504,934	3,262,997	Program Funding for ongoing development of Electronic Health Records and related Centers for Medicare & Medicaid Services (CMS) MU Incentive Program compliance expanding to remaining health centers and LHH where providers are eligible.
TOTAL REGULATORY											
BUDGET NEUTRAL											
PH	E1	Environmental Health Fee Adjustments	3.60	759,097	759,097	-	4.75	759,097	759,097	-	Annual and legislated increases in Environmental Services inspection fees to cover related program expenditures.
LHH	E2	LHH Hepatitis C Pharmacy Services	-	1,104,000	1,104,000	-	-	1,137,120	1,137,120	-	This initiative requests increase expenditure authority to purchase a new class of pharmaceuticals developed to treat Hepatitis C. The cost of this drug will be offset by reimbursement from insurance programs including Medi-Cal and Medicare.
PC	E3	Denti-Cal Expansion	2.60	428,076	428,076	-	4.00	665,077	665,077	-	DPH will expand its Dental Program to address changes in State law that greatly enhances adult dental benefits. Specifically, this proposal would add four new positions to expand dental service capacity in the following DPH primary care health centers: Silver Avenue, Chinatown, Southeast, Potrero Hill and Tom Waddell.

9.2

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/(Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15-16 Net GF Cost/(Savings)	Comment
PC	E4	SFGH Primary Care Clinic Expansion	10.91	1,572,232	1,572,232	-	11.55	1,694,615	1,694,615	-	This program expansion creates capacity to provide primary care medical homes for an additional 3,600 patients at the Family Health Center and the General Medicine Clinic. Both clinics will be expanding evening and weekend hours to accommodate these new patients, and will be staffed according to the San Francisco Health Network's target ratio of 4.5 FTE support staff per provider FTE.
CBHS	E5	Non-Specialty Mental Health Services	1.54	1,831,659	1,831,659	-	2.00	1,831,659	1,831,659	-	This initiative will add capacity to enable the Department of Public Health's, San Francisco Health Network (SFHN), DPH's provider network, to meet the capacity and reporting requirements for the delivery of non-specialty mental health services to its eligible members. Non-specialty mental health services are an essential benefit that must be available within each provider network, per the requirements of the Affordable Care Act (ACA).
CBHS	E6	Behavioral Health Services Supported by 2011 Realignment	6.93	2,345,846	2,345,846	-	9.00	2,345,846	2,345,846	-	Starting in FY12-13, all State funding for behavioral health was realigned from the State to the County, and each county is now responsible for managing its risk for mental health and substance abuse services. DPH will use these revenues, to support its billing, certification and management functions to improve services and retain revenues. A total increase of \$2,345,196 for the Public Safety Realignment aka 2011 Realignment budgeted to Mental Health services (\$ 1,641,637), and Substance Abuse services (\$ 703,559) in FY 2014-15 and 15-16.
MCH	E7	Maternal Child Health Funding Adjustment	7.43	1,136,859	1,136,859	-	8.11	1,165,784	1,165,784	-	DPH will restructure its Maternal and Child Health (MCAH) services to increase revenue, reduce administrative burden and improve outcomes by transferring the Field Public Health Nursing program from Targeted Case Management (TCM) funding to the MCAH budget and expanding the Nurse Family Partnership (NFP) Program. These changes have been approved by the State.

9.3

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/(Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15-16 Net GF Cost/(Savings)	Comment
LHH & HAH	E8	LHH Rehab and Home Health Workflow Improvements	1.54	85,136	85,136	-	2.00	133,098	133,098	-	Healthcare reform implementation mandates that healthcare services are available and accessible to patients with need. The SF Health Network, the delivery system for DPH, is organized to allow for integrated services to meet the needs of DPH patients. This initiative program change goals will (1) promote and ensure timely transitions from SFGH to LHH, HAH and community setting, (2) increase the number of rehabilitation encounters at LHH, (3) increase the number of home care visits for Home Health referrals.
PC	E9	New SF Health Network Clinic	7.40	1,466,577	1,466,577	-	12.50	2,296,688	2,296,688	-	DPH is exploring the opportunity to rent existing clinic space in a centrally located area of San Francisco. The proposed full-service, integrated, clinic will provide primary care and pharmacy services starting in FY 14-15. This new clinic will improve access for our clients and the costs will be
SFGH	E10	Specialty and Ancillary Medical Services Expansion	-	1,086,123	1,086,123	-	-	1,086,123	1,086,123	-	In order to maximize the number of clients served and increase revenues, the program proposes enhancements to its programs and changes to its budgeted positions. Better supervision and support will improve work performance, increase efficiency, ensure compliance and lead to favorable outcomes.
SFGH and PC	E11	Adult Medical Center Transitions/Patient Safety Pharmacist	0.77	171,047	171,047	-	1.00	234,213	234,213	-	Congestive heart failure (CHF) re-admissions is a primary driver of increasing costs, and warfarin anticoagulant drugs are leading medications resulting in adverse drug events. A pharmacist-run anticoagulation specified service can improve care and reduce complications, hospitalizations, re-admissions and overall costs. This request is to add 1.00 Pharmacist to focus on warfarin safety.
PH	E12	Fiscal Intermediary Conversions	5.39	-	-	-	7.00	-	-	-	This initiative will re-categorize certain departmental expenditures from non-personal to personnel services to ensure compliance with City policies and departmental business standards.
MH	E13 - NEW	Mental Health Services Act	-	1,465,377	1,465,377	-	-	824,599	824,599	-	This initiative will allocate growth in MHSA dollars to 1) increase Full Service Partnership Services 2) Increase access to housing for FSP clients and 3) one time capital improvements for South of Market Mental Health Center.

9.4

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/(Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15-16 Net GF Cost/(Savings)	Comment
TOTAL REVENUE NEUTRAL											
EMERGING NEEDS											
LHH	F1	LHH Administrative Building Operating Costs	6.22	1,066,703	-	1,066,703	6.42	1,106,245	-	1,106,245	Remodeling of the former LHH buildings is currently funded by the \$2.8 M cost savings of the LHH COPS. This request will fund the old buildings operation for non hospital programs (i.e. DPH Programs, other city departments or Community Agencies) that will be relocated to the Laguna Honda site. Operation expenses will include utilities, telecommunication, housekeeping, environmental services, security, facility, storekeeping and accounting support. There will be an initial up front costs for the operation but DPH anticipates cost savings from the elimination of property leases for some DPH Programs.
SFGH	F2	SFGH New Hospital Supplemental Operating Budget	-	-	-	-	96.74	26,853,346	-	26,853,346	Since 1994, the City and County of San Francisco has been planning for a seismically safe public hospital. In 2008 voters approved \$887 million dollars in general obligation bonds to rebuild SFGH. Acute care medical services currently located in the existing main hospital building will be relocated to the new hospital while services not subject to Senate Bill 1953 requirements for seismic compliance would remain in the existing hospital. The new facility is scheduled to operationalize in December 2015. This initiative requests \$26.9 M of operating costs for the new facility to start in FY 15-16.
SFHN	F3	SF Health Network Call Center	6.23	1,465,061	-	1,465,061	13.23	1,572,996	-	1,572,996	DPH proposes to develop a centralized call center (CCC) that will handle all appointment scheduling and general inquires for all DPH primary care clinics, including clinics at San Francisco General campus. In addition to appointment scheduling and general inquires, the CCC would determine healthcare eligibility before appointments are made, which would decrease delays and unexpected costs.

9.5

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/(Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15-16 Net GF Cost/(Savings)	Comment
IT	F4	Security Enhancements for IT	1.77	428,364		428,364	3.37	716,191		716,191	A security audit performed through the Controller's office resulted in several recommended actions to improve DPH's processes and controls around protecting data. Implementation of these recommendations will significantly reduce risks to protected information and reduce financial liability.
IT	F5	Clinical Informaticists	1.33	417,300		417,300	3.56	745,465		745,465	This initiative proposes to develop a team of clinicians to help support clinical staff adapt quickly to new technology and technology upgrades quickly and so they can use it to its fullest potential and minimize department processes.
IT	F6	Telehealth Support and Upgrade	1.00	122,727		122,727	2.37	316,180		316,180	Program Funding for ongoing development and proliferation throughout the San Francisco Health Network (SFHN) of real-time and stored video telehealth services in the clinical areas of: language interpretation, select specialty services such as dermatology, ophthalmology, psychiatry, home telemetry monitoring, clinical pharmacology among many other medical and surgical specialty clinical services.
IT	F7	Information Technology Infrastructure	4.14	1,549,383		1,549,383	8.76	2,212,904		2,212,904	Due to several years of significant budget shortages, planned replacements of expensive network and user workstation equipment has been deferred. DPH IT is now recommending the appropriate replacement of many aged components in the infrastructure of DPH. Without investment, DPH would face significant operational impact due to inefficiencies and unplanned downtimes.
DPH - All	F8	DPH Human Resources Enhancements	1.58	266,522		266,522	4.75	653,779		653,779	Under healthcare reform, DPH needs to ensure an efficient and timely hiring process to ensure that vacancies are posted, recruited and filled in a timely manner so that operations can maintain productivity levels and reduce revenue losses and overtime usage. This request will fund a Training Coordinator for in-service employee training, two Personnel Analysts to provide labor relations support, a Sr. Personnel Analyst & an Administrative Analyst to improve and streamline the HR operation process.

7-6

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/(Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15-16 Net GF Cost/(Savings)	Comment
PH	F9	Placement Structural Correction		2,000,000		2,000,000		2,000,000		2,000,000	There is a \$2 M projected shortfall in funding for placement beds, as a result of a steadily increasing referral rate over the last few years. This has been done to move clients out of more expensive hospital settings. In order to sustain existing patient flow within the SF Health Network and to remain balanced financially, DPH must make a structural correction to adjust for this shortfall.
SFHN	F10	Affordable Care Act Readiness for Ambulatory Care	1.74	429,328		429,328	4.79	1,183,669		1,183,669	This initiative leverages existing resources to strengthen the SF Health Network management structure to ensure success in Affordable Care Act. Using a combination of existing and new positions, DPH continue to create clinic directors at its primary clinics to improve operations, a deputy director for the Transitions Program, Medical Director for Accountable Care and Director of Clinical Operations for Ambulatory Care.
			24.01	7,745,388		7,745,388	143.99	37,360,774		37,360,774	
			66.51	(5,259,567)	18,075,026	(23,334,593)	201.36	27,421,445	18,490,937	8,930,508	
		TOTAL EMERGING NEEDS									
		TOTAL ALL PROPOSED INITIATIVES									

9.7

2014-15 and 2015-16 Program Change Request

DEPARTMENT NAME:

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

PROGRAM / INITIATIVE TITLE: **Continued Implementation of Electronic Health Records**

TARGETED CLIENTS: Department of Public Health (DPH) clients

PROGRAM CONTACT NAME/PHONE: **Bill Kim/554-2633**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
7.22	8.22	\$3,828,786	\$3,262,997

PROGRAM DESCRIPTION: (Brief description of Program Change)

Program Funding for: ongoing development of Electronic Health Records and related Centers for Medicare & Medicaid Services (CMS) MU Incentive Program compliance expanding to remaining health centers and LHH where providers are eligible.

JUSTIFICATION:

DPH has deployed meaningful use certified Electronic Health Records (eHR) to SFGH, all but one major and two small community clinics, and by fiscal 13/14 year end to five clinics on the SFGH campus. In FY 14/15 the remaining COPC and SFGH clinics will be brought live, as well as some initial clinics for the Public Health Division (Sobering, Respite and either City Clinic or the TB clinic). All providers not using the certified eHRs will continue to incur penalties from Medicare. Those providers who continue to meet the meaningful use criteria will continue to receive incentive payments.

- SFGH has received \$8,453,000 in Meaningful Use Incentive Payments to date.
 - Failure to attest to Stage II Meaningful Use in 2014 will result in an estimated loss of \$582,000 in Medicare incentive payments and a 1 year delay of the \$707,000 Medicaid incentive payment. SFGH would be subject to an estimated \$666,000 loss in 2016 in Medicare reimbursement increases.
 - Failure to attest in 2015 will result in the loss of an estimated \$291,000 in Medicare incentive payments, and an additional year delay of the \$707,000 Medicaid incentive payment. SFGH would also be subject to an estimated \$998,000 loss in 2017 Medicare reimbursement increases.
 - It is believed that failure to attest in 2014 or 2015 will increase the likelihood of being audited.
- SFDPH has received \$11,441,000 in Meaningful Use Incentive Payments for Eligible Providers to date.
 - SFDPH has received incentive payments for 508 Eligible Providers under the AIU (Adopt, Implement Upgrade) standard. Of these, 55 have demonstrated Meaningful Use under stage I requirements.
 - An additional \$20,944,000 in Incentive payments is available if all 508 Eligible providers attest to 5 years of Meaningful Use by 2021.
 - SFDPH will be subject to an estimated \$204,000 in lost Medicare revenue if providers fail to attest in 2014.

SFDPH will be subject to an estimated \$235,000 in lost Medicare revenue if providers fail to attest in 2015.

DPH will struggle to be compliant without adequate resources to train and sustain the level of meaningful use on eHRS.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

MU implementation affects DPH's direct service clients at SFGH, LHH, COPC, Health At home and JHS.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$4,675,775 for FY 14/15 and \$3,767,931 for FY 15/16. Revenues will increase by \$846,989 for FY 14/15 and \$504,934 in FY 15/16

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 7.22 FTEs in FY 14/15 and 8.22 in FY 15/16

INITIATIVE TITLE: Continued Implementation of Electronic Health Records

Description		FY 2014-15		FY 2015-16	
Sources:					
44531	Medi-Cal incentive payment (LHH)	\$	658,750	\$	263,500
65201	Medicare I/P Gross Charges (SFGH)	\$	196,560	\$	258,076
65802	Medicare O/P Pro Fee Penalties (LHH)		(8,321)	\$	(16,642)
Subtotal Sources		\$	846,989	\$	504,934
Uses:					
	Salary and Benefits	\$	879,780	\$	922,910
	Operating Expense	\$	3,795,995	\$	2,845,021
Subtotal Uses		\$	4,675,775	\$	3,767,931
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$	3,828,786	\$	3,262,997
Total FTE's			7.22		8.22

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

Class	Title	FTE		FTE	
2409	Pharmacy Technician	3.85	307,507	5.00	399,360
2119	Health Care Analyst	1.54	134,297	2.00	178,601
9993M	Attrition Savings - Misc	(2.51)	(224,105)	(1.34)	(105,455)
TempM	Temp Misc (LHH)	2.99	252,913	2.56	213,161
P103	Per Diem Nurse (LHH)	1.35	237,754		-
Total Salary		7.22	708,367	8.22	685,667
Fringe		24.2%	171,413	34.6%	237,243
Total Salary and Fringe		7.22	879,780	8.22	922,910

Operating Expenses

Index Code	Character/Subobject Code		
	021/02761 Sytems Consulting Services	2,227,850	1,148,250
	081/081C5 DT workorder for software licensing fee	1,487,021	1,678,021
HLH448662	021/02200 training	750	750
HLH448662	021/02300 employee field expenses	17,500	17,500
HLH448803	021/02761 software maintenance	8,500	500
HLH448688	040/04921 Data Processing Supplies	54,374	-
HLH448704	07999 Allocated Charges	(658,750)	(263,500)
HLHFMAP-AR	07999 Allocated Charges	658,750	263,500

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

2014-15 and 2015-16 Program Change Request

DIVISION AND SECTION:

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

PROGRAM / INITIATIVE TITLE: **Mental Health Service Act Growth**

TARGETED CLIENTS: CBHS Clients

PROGRAM CONTACT NAME/PHONE: **Marlo Simmons 255-3915**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
0	0	0	0

PROGRAM DESCRIPTION: (Brief description of Program Change)

The Mental Health Services Act (MHSA) was passed by CA voters in 2004 to expand mental health services to meet unmet need, both to individuals not currently receiving any services, as well as those who are not receiving enough. MHSA funding comes from a one percent tax on personal income in excess of \$1.0 million dollars. The proposed budget initiative would (a) increase the MHSA spending plan by \$1,465,377 from the current year expenditure budget of \$29,344,615 to \$30,973,615, and (b) increase the revenue budget from the FY13-14 amount of \$29,508,238 to \$30,973,615. The revenue budget fluctuates, as State estimates are confirmed via actual tax revenue receipts, and thus annual budget projections are revised to reflect actual earnings. However, while the revenues fluctuate, the spending plan remains steady with increases subject to approval by the Board of Supervisors through the annual budget approval process, or during their approval of the State’s Integrated MHSA Plan. It is MHSA’s Prudent Reserve funding, along with ongoing carry forward funding which is specifically designated to adjust for any variances, ensuring spending plans are able to be maintained without significant fluctuations. The FY 15-16 revenue budget is estimated to be \$30,332,837, an amount which captures the State’s proposed estimates, however, the FY15-16 spending plan will remain at \$30,917,615, the same amount as FY14-15.

MHSA funding has very comprehensive planning and funding guidelines that stipulate both programmatic funding categories, and the percentage of funding that should be expended in each category. Additionally, the funding may not be used to supplant existing dollars. The following proposal will describe the Department’s proposal for expending the increase of \$1,465,377. This initiative proposes to allocate projected MHSA revenue growth of \$1,465,377 in FY 14/15 and \$824,599 in FY 15/16 as follows.

- 1) **Increase Contractual Services for Full Service Partnership (FSP) Programs - FY 14/15**
 \$1,344,436m and FY 15/16 \$683,782 (reduction reflects State’s current FY15-16 projections)
 - **Expand capacity of Full Service Partnership Programs to serve adult individuals** currently waitlisted for services. FSP programs reflect an intensive and comprehensive model of case management based on a client and family-centered philosophy of doing “whatever it takes” to assist individuals diagnosed with a Serious Mental Illness, or who are Severely Emotionally Disturbed to lead independent, meaningful, and productive lives. This proposed expansion would result in additional capacity to serve clients that are Cantonese speaking, involved in the criminal justice system, and transitional age youth (TAY) - \$400,000
 - **Create capacity to provide FSP services to children aged 0-5 with serious mental illness and**

their families. The family as a unit, as opposed to just the young child, would be the target of the intervention. This new program would serve approximately 24 young children and their families who are experiencing stressors and traumas, such as violence, abuse, out-of-home placement. - \$400,000

- **Funds MHSA FSP programs to hire eight additional (part time) Peer Specialists.** Peer support is an integral element of a recovery-oriented behavioral health system (also a requirement under ACA), and provision of behavioral health support by persons who have had experience with these issues innately brings empathy and empowerment that can inspire recovery in others. MHSA funding for Peer-to-Peer Support Services gives peer providers, who have significantly recovered from their illnesses, the opportunity to assist others by teaching how to build the skills necessary that lead to meaningful lives. - \$100,000

2. **Increase access to housing for FSP clients.** Increase budget for Direct Access to Housing (DAH) Program to lease 16 additional units for homeless MHSA FSP clients -\$144,436

3. **Capital improvement to South of Market Mental Clinic** The enhancement of the South of Market Mental Health (SOMMH) clinic will support the creation of a Wellness Center and a more welcoming environment for MHSA consumers in the underserved South of Market area of San Francisco. SOMMH currently serves over 1300 consumers. - \$300,000 (one-time FY 14/15).

JUSTIFICATION:

This proposed initiative allows for the expansion of critical – potentially revenue generating services. Funding allocated to counties through MHSA is subject to a community planning process, as well as Board of Supervisors approval to ensure the proposed plan meets MHSA requirements. Counties are only allowed to use MHSA revenue to fund programs consistent with their approved local MHSA Revenue and Expenditure Plans. The proposed funding items are within the scope and consistent with existing MHSA Revenue and Expenditure Plans.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

The FSP expansion is expected to provide intensive services to an additional 80 clients. The pharmacist is expected to serve over 100 clients.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

IMPACT ON DEPARTMENT’S WORKFORCE :

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: MHSA Growth

Description		FY 2014-15	FY 2015-16
Sources:	45412/Community Mental Health Services	\$ 1,465,377	\$ 824,599
Subtotal Sources		1,465,377	824,599
Uses:	Salaries & Fringes		
	Contractual Services	1,165,377	824,599
	Capital Improvements	300,000	
Subtotal Uses		\$ 1,465,377	\$ 824,599
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ -	\$ -
Total FTE's		-	-

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

Class	Title	FTE	FTE
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Operating Expenses

Index Code	Character/Subobject Code		
HMHMPROP63	021/02700	\$ 1,165,377	\$ 824,599
HMHMPROP63	03131/Capital Improvements	300,000	

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

Total	\$ 1,465,377	\$ 824,599
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