



Gavin Newsom  
Mayor

Mitchell H. Katz, MD  
Director of Health

**MEMORANDUM**

**DATE:** December 15, 2009  
**TO:** President Jim Illig and  
Honorable Members of the Health Commission  
**THRU:** Mitchell H. Katz, MD  
Director of Health  
**FROM:** Gregg Sass   
Chief Financial Officer  
**RE:** Mid year budget submission

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Enclosed is the mid-year reduction plan that will be submitted to the Board of Supervisors for the current year.

The Health Department was given a General Fund reduction target of \$13,204,566 but was not able to achieve the full reduction. The plan approved by the Mayor's office totals \$7,421,144 as detailed in the accompanying schedules, short of the amount requested. In addition to reducing spending for the 2009-10 budget year, the plan will reduce use of General Fund for the 2010-11 year an additional \$9,247,620 as also detailed in the attachment.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH												
FY 2009-10 PROPOSED MIDYEAR CUT - DECEMBER 2009												
Item	Dept	Description	2009-10 FTE Change	2010-11 FTE Change	2009-10 Expend Incr/(Decr)	2010-11 Expend Incr/(Decr)	2009-10 Revenues Incr/(Decr)	2010-11 Revenues Incr/(Decr)	2009-10 Net GF (Savings)/ Cost	2010-11 Net GF (Savings)/ Cost	One Time or Ongoing	Comment
<b>REDUCTIONS</b>												
A1	LHH	Medical Staffing Consolidation	(0.21)	(0.55)	(57,525)	(150,085)	-	-	(57,525)	(150,085)	Ongoing	Effective 2/20/10: This skill-mix change model optimizes the use of Class 2232 Senior Physician Specialist in the day-to-day medical delivery of care while gaining efficiency with Class 2230 Physician Specialist supporting weekend and night coverage for on-call support system within the hospital.
A2	SFGH	Cohorting Non-Acute Psychiatric Inpatients	(3.83)	(14.20)	(408,590)	(1,556,260)	-	-	(408,590)	(1,556,260)	Ongoing	Effective 3/20/10: Following successful initiative in 09-10, staffing in the Psychiatric Unit at SFGH will be adjusted to cohort non acute psychiatric patients together.
A3	SFGH	Cohorting Non-Acute Medical Surgical Inpatients	(1.94)	(7.20)	(378,876)	(1,460,109)	-	-	(378,876)	(1,460,109)	Ongoing	Effective 3/20/10: 20 bed acute medical/surgical unit would be reconfigured to a 19 bed unit in order to cohort non-acute patients waiting for placement at a lower level of care in a non-acute setting. Patients would be evaluated using Medi-Cal guidelines and classified as non-acute by the SFGH Utilization Review Dept.
A4	SFGH	Messenger Position Substitution	-	-	(12,426)	(47,117)	-	-	(12,426)	(47,117)	Ongoing	Effective 3/20/10: This request will substitute annual 6 FTEs from Health Worker II for messenger services as the scope of responsibilities for the evening and midnight shift messengers will no longer include patient transport duties.
A5	SA	Do Not Backfill State Drug Medi-Cal Reduction	-	-	(500,000)	(650,000)	-	-	(500,000)	(650,000)	Ongoing	Reduce restoration of \$650,000 previously backfilled by the Mayor and Board of Supervisor for a 10% Drug Medi-Cal reimbursement cut by State. \$150,000 will be retained in FY 09-10 for one-time purchase of methadone equipment pumps and Netsmart database upgrades to increase methadone dosage efficiency.
A6	SA	Do Not Backfill State Prop 36 Reduction	-	-	(1,224,942)	(1,224,942)	-	-	(1,224,942)	(1,224,942)	Ongoing	Outpatient Prop 36 services were already ramped down in August by agencies in anticipation of State cut. \$951,000 in one-time JAG (Byrne) allocation will still be used to backfill priority services including residential programs through March 1, 2010. Prop 36 clients will continue to access existing substance abuse services in a timely manner from our existing system of care.

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A7	HIV	Only Partially Backfill State HIV Prevention Reduction	-	-	(391,106)	(1,173,318)	-	-	(391,106)	(1,173,318)	Ongoing	HPS is proposing to maintain General Fund monies for the highest HPPC priorities which are: men who have sex with men (MSM) and transfemales at greatest risk, with a focus in both categories on programs providing HIV status awareness [counseling, testing, and linkages (CTL)] and prevention with positives (PWP). Additionally, syringe access (needle exchange) programs for injection drug users will not be reduced, as these services are not eligible for any of the Department's existing grant funding. The remaining health education and risk reduction programs for lower risk populations are proposed for elimination.
A8	HIV	Adjusted State HIV Health Services Revenue and Savings	-	-	(87,563)	(113,046)	618,482	-	(706,045)	(113,046)	One Time/ Ongoing	We have achieved additional revenue/savings from (1) State's reduction to HIV health services is \$525,482 less than anticipated (2) \$93,000 in one-time unspent funds from the prior fiscal year (3) \$87,563 Tenderloin Health case management program closure which occurred in November. DPH will place these funds on reserve in lieu of the Mayor's reserve, pending the Ryan White award, freeing up general fund to address the deficit.
A9	SA	Standardizing Methadone Maintenance Costs	-	-	(74,711)	(132,495)	-	-	(74,711)	(132,495)	Ongoing	Effective 1/1/10. Reduces Bayview Hunters Point Foundation's (BVHP) per client Methadone maintenance costs by imposing a single day rate of \$14.08 per client for both counseling and dosage. This will bring BVHP's per client rate more in line with other DPH-funded Methadone maintenance programs.
A10	CBHS	Discontinue State Backfill for Trauma Recovery Center	-	-	(368,059)	(1,092,586)	(20,530)	(50,000)	(347,529)	(1,042,586)	Ongoing	Effective 3/1/10: General fund has been used for the last two years to support UC Regents Trauma Recovery Center after the state pulled funding for its program. Given the difficult financial situation we will close this program and can reopen the program when another funding source is identified.
A11	SA	Substance Abuse Residential Closures	-	-	(450,000)	-	-	-	(450,000)	-	One-Time	Effective 3/1/10: Pending results of Community Behavioral Health Services Request for Proposals (RFP) to determine two SA Residential programs to be closed in FY09_10.

