

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services (CBHS) – Mental Health
PROGRAM CONTACT NAME/PHONE: Edwin Batongbacal, 255-3446
PROGRAM / INITIATIVE TITLE: **Mental Health Services Act: Community Services and Supports**
GENERAL FUND: 0

TARGETED CLIENTS: Individuals with severe mental illness, and children and youth with serious emotional disturbance – and their families.

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The California Mental Health Services Act (MHSA-Proposition 63), which passed in November 2004, provides for an estimated \$5.3 Million in annual funding to the City and County of San Francisco for mental health Community Services and Supports (CSS) to individuals with severe mental illness (SMI) and children/youth with serious emotional disturbance (SED). Through several months of extensive community planning, involving sizeable stakeholder input, San Francisco Community Behavioral Health Services (CBHS) completed, and submitted to CA Department of Mental Health, a \$5.3M program and expenditure plan for the provision of mental-health community services and supports for children, youth, adults, and older adults, with SMI/SED and their families. CBHS' CSS plan is anticipated to be approved by DMH in February 2006, and full-year CSS funding (\$5.3M) is expected to be in place for FY 2006-07.

In accordance with MHSA specifications, CBHS will use the majority (51% or \$ 2.235 Mil) of CSS funding towards Full Service Partnerships (FSP), which are case management with wrap-around services provided through a personal services coordinator, working in partnership with the client, to accomplish "whatever it takes" to improve the client's life in significant areas like housing, health, relationships, resources during crisis, education and employment, and fewer involuntary services. Each FSP client will have an individualized services and supports plan, based upon principles of recovery and wellness. FSP programs that will be funded by CBHS through MHSA will have a combined total capacity to serve 122 to 153 individuals and their families across the following four age groups: Children, Youth & Families; Transition-Age Youth; Adults; and Older Adults.

15% of CSS funds will be used for necessary CBHS central administration staffing (civil-service) to oversee the CSS programs and all the areas of MHSA implementation, including contracting, quality assurance, compliance, program planning, and development and measurement of performance outcomes.

The remainder of CSS funding will be used for System Development. The mental health side of CBHS currently serves over 23,000 unique clients each year (with an additional 11,280 individuals receiving treatment from the substance abuse side). System Development funds from MHSA will be used to augment and improve the service delivery system for all mental health clients and families. These efforts will include strategies for reducing ethnic disparities in the receipt of services, and for outreach and

engagement of SMI/SED populations that are currently receiving little or no services. By age category, the system development funds will be specifically dispensed in the following ways:

Children Youth and Families:

- \$120,000 will be used to serve 100 children and youth each year for three years in community-based violence and trauma recovery services, including a peer-support component for youth.
- \$120,000 will be used in integrating psychiatric services within pediatric settings for early identification of mental health and psychiatric needs.
- \$121,490 will be used to increase organizational and clinical capacity to specifically serve Lesbian, Gay, Bisexual, and Transgender, Asian/Pacific Island, indigenous, Latino and African American children and youth with culturally appropriate services.
- \$80,000 will be used in school-based services including wellness centers.

Transition-Age Youth:

- \$152,835 will be used to integrate behavioral health services within primary care settings that serve transitional age youth.
- \$200,000 will be used to provide supported services for housing, including co-op housing, independent living and board and care.
- \$300,000 will be used to do outreach and engagement and to support youth-run and youth-developed services using the Youth Development Model.

Adults:

- \$131,490 will be used for supportive services for housing, including peer case management.
- \$100,000 will be used for Vocational Rehabilitation. Through a partnership with the Department of Rehabilitation, this funding will expand to \$400,000, as they will match \$3 for each \$1 of CSS money spent.
- \$130,000 will be used to support a peer-run center that will include crisis drop-in and a 24-7 warm line.
- \$80,000 will go to residential treatment.

Older Adult:

- \$180,000 will be used to support a senior recovery center that offers peer support and outreach.
- \$300,000 will be used to provide supportive services for housing including peer case management.
- \$172,835 will be used for mental health services in primary care settings, including dementia behavior management.

Some of the above FSP and System Development programs will be contracted out, and some will be civil service operated, depending upon specific program requirements that may benefit most from direct county operation.

JUSTIFICATION: (required by the Mayor's Office)

\$5.3 million in MHSA state funding is going to be allocated by the state to CBHS for mental-health community services and support for individuals with severe mental illness, and children and youth with serious emotional disturbance. This is a request to use these funds as outlined in CBHS' CSS program and expenditure plan, and as expected to be approved by the state (Department of Mental Health)

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The CSS FSP programs are expected to serve 122 to 153 individuals and their families at any time, with

full wrap-around, "whatever-it-takes" services. In addition, the System Development programs are expected to encounter and serve 1,300 – 1,600 clients.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

This program change is cost-neutral for the county general fund. It will be funded fully by state funds collected and distributed to the counties from the Mental Health Services Act. \$475,970 of Medi-Cal FFP will be generated and \$5,316,277 in MHSA funding will equal the total cost of \$5,792,247.

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

7.0 civil-service FTEs will be funded by this grant for staffing at CBHS central administration to perform activities related to MHSA oversight and implementation. In addition, 5.0 civil service FTEs will be funded by this grant for the provision of direct services to children, youth and their families via county-operated programs. Further in addition, 9 civil service FTEs will be funded by this grant for the provision of direct services to adult, older adults, and transition-age youth via county-operated programs.

This is for a total of 21 civil-service FTEs to be funded by this grant.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Mental Health Services Act (Prop 63)

		FY 2006-07	Ongoing
Sources:			
45416 Short Doyle MediCal		\$ 475,970	\$ 475,970
MHSA(prop 63)		\$ 5,316,277	\$ 5,316,277
Subtotal Sources		5,792,247	5,792,247
Uses:			
027 Salaries and Fringes		\$ 2,367,945	\$ 2,367,945
Professional Services		\$ 3,424,302	\$ 3,424,302
Subtotal Uses		5,792,247	5,792,247
Net General Fund Subsidy Required (Uses less Sources)		\$ (0)	\$ (0)
Total FTE's		21.0	21.0

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

Class	Title	FTE's	12 Months
2930	Supervisor	1.0	74,855
1424	Admin Asst	0.5	22,590
2587	Family Advocates	2.5	135,002
2586	Family Involvement Team (FIT)	1.0	49,329
1824	Principal Analyst/Coordinator	1.0	94,169
2246	Assistant Director of Clinical Services	2.0	190,687
1823	Senior Anayst	1.0	80,571
1053	Senior IS Business Analyst	1.0	89,314
1636	Health Care Billing Clerk II	1.0	57,263
2803	Epidemiologist II	1.0	82,137
2332	Psenior Physician specialist	2.0	294,199
2328	Nurse Practitioner	2.0	245,497
2932	Senior Sychiatric Social Worker	2.0	156,443
2930	Psychitric Social Worker	3.0	224,564
	Total	21.00	1,796,620
	Fringe (31.8%)		571,325
			<u>\$ 2,367,945</u>

Operating Expenses

Index Code	Character/Subobject Code	
Project-New	027-adults/older adults/TAY	2,833,943
Project-New	027-CYF	507,526
Project-New	021	81,833
Project-New	040	1,000
		<u>3,424,302</u>

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

122

2006-2007
Program Change Request

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| <input type="checkbox"/> Health At Home | |

DPH SECTION: Community Behavioral Health Services (CBHS)
PROGRAM CONTACT NAME/PHONE: Sai-Ling Chan-Sew/255-3439
PROGRAM / INITIATIVE TITLE: **EPSDT Initiative**
GENERAL FUND: \$0
TARGETED CLIENTS: Children and youth with severe emotional and behavioral problems

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The purpose of this proposal is to request Early Prevention, Screening, Diagnosis and Treatment (EPSDT) funding to (1) annualize an existing program in hospital diversion, and (2) fund mental health services in sub acute residential treatment programs. EPSDT is a Medi-Cal program for beneficiaries less than 21 years of age requiring specific behavioral health services. Once a baseline level of services has been delivered, reimbursement for all EPSDT services is approximately 40% State General Fund match, 50% Federal Short-Doyle Medi-Cal, and 10% County match. As such, the City only needs to provide a 10 percent match to the State's General Fund dollars to draw down the Federal Medi-Cal match. As of this date, neither the State nor Federal funds are capped.

The request of \$700,000 (\$350,000 Federal Short Doyle Medi-Cal, and \$315,000 State General Fund match will provide (1)\$250,000 for the annualization of a pilot project in hospital diversion services that began in FY 05-06, and (2)\$450,000 for mental health services in residential treatment programs. The county match of \$35,000 will be obtained through workorders.

Hospital Diversion: In response to a request from the Dept. of Human Services Agency (DHSA, formerly DHS), CBHS is providing alternative short-term intensive services for Foster care children, and youth who require 24/7 hours of services as a condition for placement. DHSA will provide the local match to draw down the Federal Short-Doyle Medi-cal dollars. An estimated 80 percent of the services delivered are MediCal reimbursable, and an estimated 100 percent of all of the foster care children are MediCal eligible. In FY05-06, CBHS in collaboration with DHSA began a pilot project to start billing MediCal for all reimbursable services at one of the contract agencies – Seneca Children's Center. If the proposed use of the funding is approved, CBHS will be able to help offset the high hospitalization costs that are currently incurred from other City Departments, and would be able to offset the need for General Fund services from the other City departments.

Mental Health Services in Subacute Residential Treatment Programs: The Dept. of Human Services Agency (DHSA) is responsible for placing youth into residential treatment programs for both foster and non-foster care children. The care provided in these facilities includes 24-hour board and care supervision. Some of the facilities operate non-public schools. Most provide some level of therapeutic and medical/psychiatric services. All of the facilities receive a higher daily reimbursement rate from the State for offering mental health services. Currently, CBHS contracts with (1) Victor Treatment Center, and (2) Families First to provide mental health services with non-reimbursable funding. To offset the

need for general fund services, CBHS is proposing to replace the two contracts with EPSDT. The proposal will enable CBHS to contract with these two residential treatment homes that currently receive (DHSA) referrals for the provision of mental health services in approximately 7 slots.

JUSTIFICATION: (required by the Mayor's Office)

This funding will enable the City to maximize non-General Fund reimbursement, reduce cost in other City Department, and provide mental health services to children and youth who need them. The services will continue to strengthen the linkages between the City departments that focus on the well-being of youth and adolescents in San Francisco. Also, the partnership between DPH, DCYF and DHSA promotes coordination in planning and maximizes resources to enhance the existing service array for this population.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Mental Health residential treatment funding will be available for youth in 7 slots. Approximately 2,400 units of mental health services will be reimbursable for services to children and youth in hospital diversion, and mental health services in subacute residential services.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Total Expenditure increase of \$700,000, of which \$350,000 is Federal Short-Doyle MediCal. \$315,000 is State EPSDT match, and \$35,000 is local match.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: EPSDT

		FY 2006-07	Ongoing
Sources:			
	Federal Short Doyle MediCal	\$ 350,000	\$ 350,000
	EPSDT State Match	315,000	315,000
	work order	35,000	35,000
Subtotal Sources		700,000	700,000
Uses:			
027	Salaries and Fringes		\$ -
	Professional Services	700,000	700,000
		-	-
Subtotal Uses		700,000	700,000
Net General Fund Subsidy Required (Uses less Sources)		\$ -	\$ -
Total FTE's		0.0	0.0

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

Class	Title	FTE's	
	Fringe (31.8%)		\$ -
Operating Expenses			
Index Code	Character/Subobject Code		
HMHMCP751594	027	700,000	\$ 700,000

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



Initiative Number D3
(Leave blank)

2006-2007 Program Change Request

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

DPH SECTION: SFGH

PROGRAM CONTACT NAME/PHONE: Roland Pickens 206-3528

PROGRAM / INITIATIVE TITLE: **Adult Medical Center/Family Health Center – Diabetes Management**

GENERAL FUND: **\$(10,292)**

TARGETED CLIENTS: Adult Diabetic patients

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

“Getting to the Heart of Diabetes Care at SFGH” represents a unique opportunity to improve access and quality of care for SFGH’s diabetic patients by developing a comprehensive chronic disease management initiative that integrates, augments, and expands current programs using existing staff, expertise, and data. This program would make SFGH a national leader in the management of diabetes. The Adult Medical Center and the Family Health Center have been awarded a grant from the San Francisco Foundation to partially fund this project. By use of an automated telephone system, trained diabetes care managers, and an advisory committee responsible for developing referral criteria for diabetes services, access to and quality of diabetes care will improve. In order to properly implement our project, the elevation of our current Diabetes Educator in GMC from an RN to a CNS is required. The Adult Medical Center at SFGH proposes to reclassify the existing 0.8 FTE Diabetes Nurse Educator position in GMC as a 1.0 FTE Diabetes Clinical Nurse Specialist (CNS), who could then bill for services under Medicare. In addition to seeing patients who would otherwise need to see a specialist, the CNS would help design and implement an improved system of care for diabetes in GMC that includes 1) training for registered nurses on diabetes and insulin management, and 2) pursuit of ADA certification for our Diabetes Education program.

JUSTIFICATION: (required by the Mayor’s Office)

The program is a cross-cutting program that involves two primary care clinics, two inpatient services (Family Medicine and Internal Medicine), urgent care services (4J and ED), and one specialty clinic (Diabetes) across three departments. The project would potentially address the quality of care for over 60% of CHN patients with diabetes. We will be training additional staff in skills and content of diabetes management, and developing a rational system to use existing scarce resources to maximally benefit the greatest number of patients. We will be able to certify our clinics as ADA Diabetes programs which will help increase revenues.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Once fully implemented, we would anticipate reaching up to 60% of the 5000 CHN patients who are diabetics. Currently less than 30% of the patients under care are reaching their established treatment goals. This program will help to establish CHN-wide guidelines on appropriate referral to diabetic services, making a better use of a very limited resource.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are expected to increase by \$138,000 in the first year and \$184,000 thereafter. Operating expenses are expected to increase by \$127,708 the first year and \$182,388 thereafter.

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

A 0.50 FTE Project Manager and a .20 FTE Coordinator are funded through the UCSF affiliation agreement in the first year. The conversion of a 0.60 FTE RN to a .75 FTE CNS in the first year. Addition of a 0.25 FTE 2119 Health Care Analyst to serve as ongoing project coordinator. This position is to be effective April 1, 2006 and is to transition with the UCSF coordinator.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE:

Diabetes Management at SFGH

	FY 2006-07 (9 Months)	Ongoing
Sources:		
Net Patient Revenues	\$ 138,000	\$ 184,000
Subtotal Sources	\$ 138,000	\$ 184,000
Uses:		
Salaries and Fringes	\$ 75,083	\$ 163,654
Operating Expenses	\$ 52,625	\$ 18,733
Subtotal Uses	\$ 127,708	\$ 182,388
Net General Fund Subsidy Required (Uses less Sources)	\$ (10,292)	\$ (1,612)
Total FTE's	0.40	1.20

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

Class	Title	FTE's	(9 Months)
2323	Clinical Nurse Specialist	0.75	97,096
2320	Registered Nurse (reclassification)	(0.60)	(58,208)
2119	Health Care Analyst (3 months)	0.25	18,080
	Fringe (31.8%)		56,967
		0.40 \$	18,116
			75,083

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02786 Professional Services (UC - 0.50 FTE project mgr. and '0.20 FTE ATDM for 1st year only)	38,575
HGH1HUN40061	021/02931 Maintenance Fees	9,000
HGH1HUN40061	021/05221 Certification Fee	550
HGH1HUN40061	040/04499 Medical Supplies	4,500

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

129

2006-2007 Program Change Request

DEPARTMENT NAME:

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|--|---|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
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| <input type="checkbox"/> Health At Home | <input type="checkbox"/> |

DPH SECTION: SFGH

PROGRAM CONTACT NAME/PHONE: Bonnie Seaman 206-5775

PROGRAM / INITIATIVE TITLE: **Outpatient Speech Program**

GENERAL FUND: **\$(451)**

TARGETED CLIENTS: Patients needing speech therapy

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Rehabilitation Department, composed of Physical, Occupational, Speech Language Pathology (PT, OT, SP) and Physiatry provides rehabilitation in acute care, SNF (including 4A and MHRF), outpatient, clinics and workers compensation. All members of the Rehabilitation Department promote the restoration of functional abilities of individuals with physical, cognitive, communicative, eating and/or sensory-perceptual impairment for adult and pediatric patients. Therapists facilitate an individual's maximal potential with the use of various therapeutic interventions and education. Programs are geared to help patients become stronger, independent or more functional so that they may experience a higher quality of life, return home, or receive services at a lower level of care. The Speech Language Pathologists at SFGH restore functional abilities with patients who have cognitive, communicative, aspiration, eating and voice disorders.

An additional outpatient Speech Language Pathologist is needed to provide continuity of care in the outpatient setting for adults and pediatric patients. This population includes pediatric and adult patients with cancer, neurological disorders such as CVAs, and TBI, medically compromised patients, malformations of the oral area and developmental delay.

JUSTIFICATION: (required by the Mayor's Office)

Currently the speech division of the Rehabilitation Department has limited staffing to provide a comprehensive outpatient program. A limited number of pediatric and adult speech outpatient services are available in the bay area resulting in a delay in speech services throughout. In addition, the speech division currently has the ability to provide videostroboscopy services for in and outpatients. Videostroboscopy can assist in the diagnosis of nodules and lesions on the vocal cords and assess function, thereby, assisting in prescribing the appropriate intervention. For patients with dysphagia, aspiration, and functional disabilities of the larynx, videostroboscopy can be used to assess for signs of trauma, neurological damage and laryngeal competence. However, staffing precludes the ability to provide outpatient speech services, except on a limited basis, due to the need to concentrate on inpatients. A dedicated outpatient speech therapist would be able to meet some of the needs for SFGH patients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Currently the speech division provides 310 outpatient visits with 0.1FTE. With a dedicated outpatient speech language pathologist the department could provide services for an additional 2,790 outpatient visits.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Net patient revenues are expected to increase by \$99,398 in the first year and \$132,531 ongoing. Salaries and fringes and materials and supplies are expected to increase by \$98,947 the first year and \$131,929 ongoing.

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

Increase of 0.75FTE Speech Language Pathologist in the first year and 1.00 FTE ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Outpatient Speech Program

		FY 2006-07 (9 Months)	Ongoing
Sources:			
	Net patient revenue	\$ 99,398	\$132,531
Subtotal Sources		99,398	132,531
Uses:			
	Salaries and Fringes	\$ 89,947	\$ 119,929
	Operating Expenses	9,000	12,000
Subtotal Uses		98,947	131,929
Net General Fund Subsidy Required (Uses less Sources)		\$ (451)	\$ (602)
Total FTE's		0.75	1.00

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

Class	Title	FTE's	(9 Months)
2542	Speech Language Pathologist	0.75	68,245
	Fringe (31.8%)		68,245
			21,702
		0.75	89,947

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	040/04499 Medical Supplies	\$ 9,000

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

2006-2007 Program Change Request

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| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Richard Hollingsworth 206-6130
PROGRAM / INITIATIVE TITLE: **MRI Trailer Evening Shift Operation**
GENERAL AMOUNT: **\$(28,846)**
TARGETED CLIENTS: CHN Patients

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

In 2006, the Radiology Department at SFGHMC will install and operate a second, more modern MRI unit with faster patient through-put as part of the upgrades to outdated equipment. The current base budget covers the costs for operating the second MRI unit for one day shift. In order to meet the huge unmet demand for MRI services, a second shift is needed.

JUSTIFICATION: (required by the Mayor's Office)

The current wait time for an appointment for an MRI test is 170 days. Based upon experience, the addition of this second updated MRI, along with replacement of the current in-house MRI will cut the appointment wait time by 45 days.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Operation of a second shift in the MRI Trailer will allow us to perform approx. 1400 more MRI tests and will decrease appointment wait times by 45 days.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Net patient revenues are expected to increase by \$295,720 the first year and by \$394,293 ongoing.
Operating expenses are expected to increase by \$266,874 the first year and by \$355,833 ongoing.

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

Increase by 1.50 FTEs for FY 06-07 and 2.00 FTE's ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: MRI Trailer Evening Shift Operation

		FY 2006-07 (9 Months)	Ongoing
Sources:			
	Net patient revenue	295,720	394,293
Subtotal Sources		\$ 295,720	\$ 394,293
Uses:			
	Salaries and Fringes	129,081	172,108
	Materials & Supplies	137,793	183,724
Subtotal Uses		\$ 266,874	\$ 355,833
Net General Fund Subsidy Required (Uses less Sources)		\$ (28,846)	\$ (38,461)
Total FTE's		1.50	2.00

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

Class	Title	FTE's	(9 Months)
2430	MEA	0.75	\$38,552
2468	Radiologic Technologist	0.75	\$59,385
	Fringe (31.8%)		97,937
			31,144
		1.50	129,081

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	040/04499 Medical Supplies	137,793

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

2006-2007 Program Change Request

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| <input type="checkbox"/> Health At Home | |

DPH SECTION: SFGH – 4C Wound/Infusion

PROGRAM CONTACT NAME/PHONE: Terry Dentoni/206-8307,
Sue Currin /206-3670

PROGRAM / INITIATIVE TITLE: **Expansion of 4C clinic hours**

GENERAL FUND: **(\$8,716)**

TARGETED CLIENTS: Wound Care and Infusion Patients

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The purpose of this program enhancement is to improve patient care services for those patients requiring wound care and IV infusion (both oncologic and therapeutic) by providing 40 additional clinic hours per week.

This initiative is critical to SFGH due to the following reasons:

- Patients requiring daily wound care can be seen on the weekends in greater volume
- Chemotherapy regimes can be initiated sooner
- By increasing the operating hours, flow and wait times for patients in need of wound care and infusion will lead to better utilization of time and efficiency.
- Patients requiring IV antibiotic therapy every 12 hours can be accommodated on an outpatient basis as opposed to an acute admission.

JUSTIFICATION: (required by the Mayor's Office)

Wound Care:

- Patients in need of twice daily wound care separated by 8 or 10 hours can be accommodated on an outpatient basis
- Increase the amount of patients on the weekends from 8 hour shifts to 10 hour shifts enabling better compliance from patients in General Assistance work programs and other work or school activities that prevent them from receiving optimal wound therapy.

Infusion:

- Increased Nurse Practitioner availability to assess Chemotherapy patients on the weekends (currently 4C does not provide NP coverage on the weekends)
- Allow patients with non oncologic infusions such as blood products, antibiotics and hydration replacement to be treated on an outpatient basis

Nurse Practitioners are instrumental in providing continuity of care for Oncology/Hematology and/or wound care management. Patients will benefit with the increased management and visits that they are able to provide with the increase of hours, which will translate into 60 visits per week.

Additional support staff consisting of Registered Nurses and Medical Evaluation Assistants will assist

with the increased patient volume within their scope of practice. Health Care analyst will enhance the wound care and infusion programs to maximize quality of care as well as data collection.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The 4C expansion of hours will provide an additional 40 hours per week, thereby increasing staffing on Thursday, Friday, Saturday and Sunday. This additional time will increase outpatient visits and decrease inpatient admissions (as described above) and impact 3,120 annual visits.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are expected to increase by \$312,665 in the first year and \$416,887 thereafter. Operating expenses are expected to increase by \$303,949 the first year and \$405,265 thereafter.

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

An increase in clinic hours requires the following FTE support:

- 1.13 FTE – 2328 Nurse Practitioner
- 0.30 FTE – 2320 Registered Nurse
- 0.15 FTE – 2430 Medical Evaluation Assistant
- 0.50 FTE - 2119 Health Care Analyst

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Expansion of 4C Clinic Hours

		FY 2006-07 (9 Months)	Ongoing
Sources:			
	Medicare and Medi-Cal Revenue	\$ 312,665	\$ 416,887
Subtotal Sources		312,665	416,887
Uses:			
	Salaries and Fringes	\$ 269,190	\$ 358,920
	Operating Expenses	34,759	46,346
Subtotal Uses		303,949	405,266
Net General Fund Subsidy Required (Uses less Sources)		\$ (8,716)	\$ (11,621)
Total FTE's		1.95	2.60

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

Class	Title	FTE's	(9 Months)
2328	Nurse Practitioner	1.13 \$	140,772
2320	Registered Nurse	0.30 \$	29,104
2430	Medical Evaluation Assistant	0.15 \$	7,710
2119	Health Care Analyst	0.38 \$	27,120
			204,707
	Fringes (31.5%)		64,483
		1.95 \$	269,190

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	040/04000 Materials & Supplies	\$ 34,759

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

2006-2007 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: Department of Medicine, Division of Cardiology

PROGRAM CONTACT NAME/PHONE: Sue Currin 206-6761

PROGRAM / INITIATIVE TITLE: **Comprehensive Cardiac Care: Heart Failure Clinic**

GENERAL FUND: **\$(5,999)**

TARGETED CLIENTS: Heart failure patients with multiple readmissions due to medication non-compliance, patients needing an evaluation for heart transplant, and patients needing extra and unusual therapy (e.g. inotrope infusion or intravenous therapy for severe pulmonary hypertension).

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Purpose: Establish a heart failure outpatient clinic.

A dedicated heart failure clinic would see the very hard to treat heart failure patients who are hospitalized frequently. The goals of the clinic are to improve patient outcomes and reduce the number of hospital admissions and re-admissions of patient with cardiovascular disease. To accomplish this, a physician specially trained in heart failure would oversee and manage the clinic with assistance from the existing NP, RN and MEA. The specific tasks of the clinic are to:

- Focus scarce resources on patients who are at high risk for hospitalization;
- Open lines of communication between the provider and patient in order to systematically monitor patients and prevent heart failure decompensation;
- Enhance the knowledge of self-management skills of patients and their families;
- Re-organize the structure of the care delivery system to focus on one disease system and therefore optimize compliance with guidelines and improve outcomes;
- Create a teaching program designed to cover issues in treating patients with heart failure.

The nurse practitioner responsibilities would be to manage patients seen in the heart failure clinic including patient assessments, medication titrations, etc.; be available to patients with emergency needs; and develop and implement additional program such as outpatient inotrope infusion, transfers to outside hospitals for services not provided at SFGH (e.g. heart transplant, left ventricular assist devices).

A critical component of coordinating care is educating staff regarding correct heart failure management as well as informing them of the serviced provided through the integrated heart failure program. Heart failure patients have the most complicated medical regimens of any disease process with great potential for adverse reactions. These patients are difficult to treat. With a physician education program and coordination of care, there is the potential to significantly improve care at SFGH with improvements in both patient morbidity and mortality as well as substantial cost reductions to the hospital.

JUSTIFICATION: (required by the Mayor's Office)

Heart failure has reached epidemic proportions in the US health care delivery system. SFGH is no exception to the national trend with heart failure. There are approximately 2000 admissions annually for congestive heart failure. The average length of stay is 6.5 days with a 31% readmission rate at thirty days and 65% readmission rate at 6 months. Between 30% and 50% of heart failure related hospital admissions at SFGH are preventable. Educational, socioeconomic, and language barriers contribute to the high readmission rate.

Heart failure comprehensive disease management programs have become the standard of care for optimizing outpatient treatment, improving clinical outcomes, and preventing hospitalization nationwide. Increased success in treating cardiovascular diseases has resulted in greater numbers of patients surviving with an increased incidence of heart failure, making the disease management model critical in effective management of cardiac care.

Patients followed in a heart failure clinic are shown to have a substantially higher rate of compliance with national guidelines for use of heart failure medication (e.g. beta-blocker use, 82% compared to 19%) and have shown an estimated 50% reduction in heart failure hospitalization. The demand for the heart failure clinic exceeds its current capacity.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

7 patients per clinic
45 clinics projected in fiscal year
315 units of service projected (7 x 45)
30-50 clients per year

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are estimated to increase by \$28,851 the first year and \$38,468 thereafter. Expenses are expected to increase by \$22,852 in professional services the first year and \$30,469 thereafter. Net general fund savings of \$5,999 in FY 06/07 and \$7,999 ongoing.

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

No impact on CCSF workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Comprehensive Cardiac Care: Heart Failure Clinic

	FY 2006-07 (9 Months)	Ongoing
Sources:		
Net patient revenue	28,851	38,468
Subtotal Sources	\$ 28,851	\$ 38,468
Uses:		
Operating Expenses	22,852	30,469
Subtotal Uses	22,852	30,469
Net General Fund Subsidy Required (Uses less Sources)	\$ (5,999)	\$ (7,999)
Total FTE's	0.00	0.00

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

Class	Title	FTE's
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Fringe (26.5%)

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02786 Professional Services (UC - 0.09 FTE cardiologist @ 9 months)	12,852
HGH1HUN40061	021/04499 Medical Supplies	10,000

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

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Initiative Number D8
(Leave blank)

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: SFGH – Division of Gastroenterology
PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528
PROGRAM / INITIATIVE TITLE: **Colon Cancer Screening Initiative**
GENERAL FUND: \$(2,325)

TARGETED CLIENTS: **CHN patients with positive results on FOBT**

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The purpose of the proposed program is to optimize the performance of colorectal cancer screening in the San Francisco Community Health Network (CHN). This proposal will increase the capacity for endoscopic services at the San Francisco General Hospital by providing the infrastructure and personnel required to open an additional endoscopy room within the Gastroenterology Unit. This proposal will improve the care of patients through proven methods to decrease mortality from colorectal cancer, and provide a means of sustaining the faculty and resources required to maintain the expert care provided by this subspecialty unit. This program has been carefully constructed to improve our ability to care for patients referred to our faculty based on the expertise of the faculty, in addition to expanding our capacity to care for the population in whom the CHN has focused.

This initiative is critical to SFGH based on the following items:

- Previously, flexible sigmoidoscopy was the preferred method for screening patients at average-risk for the development of colorectal cancer in the CHN. However, since this strategy required endoscopy to be performed in all eligible patients, wait times for endoscopic procedures were prolonged due to inadequate capacity. Specifically, wait times for sigmoidoscopy were greater than 15 months.
- Current endoscopic capacity is limited due to insufficient nursing and support personnel, in addition to equipment needs.
- Increased capacity for endoscopic procedures is necessary in order to meet HEDIS and other quality measures, including the proportion of eligible patients in the CHN population screened for colorectal cancer.
- Based on the health economic models published by this proposal's director, the most feasible means to deliver colorectal cancer screening in the CHN is through a comprehensive program of fecal occult blood testing (FOBT), with colonoscopic evaluation for patients in whom FOBT is positive.
- While the primary care clinics in the CHN currently possess the capacity to conduct widespread screening by FOBT, capacity is insufficient to perform colonoscopy in patients who test positive on FOBT. Unless this deficit is corrected, there will be no benefit derived from this cancer screening program.
- The infrastructure created through this proposal will allow sufficient capacity to provide colorectal cancer screening for approximately half of the population of the CHN by increasing the capacity for colonoscopic evaluation of positive FOBT results.
- The resources to sustain the capacity required can be met by improving the manner in which patients referred for endoscopic services, including colonoscopy to evaluate positive results from fecal occult blood testing, are

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processed.

The elements required for successful implementation of this program include:

- Increased nursing services to conduct endoscopy, moderate sedation and recovery of patients undergoing colonoscopy.
- Confirming sufficient support for cleaning and high-level disinfection of endoscopic equipment.
- Resources to enhance the scheduling, billing and reimbursement process for endoscopic procedures.
- An increased number of video colonoscopies through existing lease agreement.
- It should be noted that this proposal does not request additional space or capital equipment purchases.

JUSTIFICATION: (required by the Mayor's Office)

Endoscopy services: Endoscopy is a vital component of the evaluation of patients in who positive FOBT is obtained. Although our previous plan to implement colorectal cancer screening relied on primary screening using sigmoidoscopy performed by a physician's assistant, we intend to convert this existing resource to perform colonoscopic evaluation of patients in whom positive FOBT is obtained. It is only in this manner that an intervention to decrease mortality from colorectal cancer may be implemented for the entire eligible population of the CHN.

Endoscopy and recovery nurses: Since we intend to use the physician's assistant/nurse practitioner to perform a procedure that requires moderate sedation, a nurse whose sole responsibility is to administer sedative medication and monitor the patient is required. It is also noted that current staffing for recovery of patients who received moderate sedation is inadequate to safely perform an increased volume of procedures (note: currently only one recovery nurse is available to care for 6 patients recovering from sedation). This proposal requests 0.85 FTE additional nurse FTEs for the gastroenterology procedures unit at San Francisco General Hospital (.425 FTE endoscopy, .425 FTE recovery).

Administrative support: In order to sustain the economic viability of this proposal, it will be necessary to employ an administrator familiar with the clinical and economic issues regarding colorectal cancer screening and endoscopic procedures. It will be the function of this individual to coordinate the colorectal cancer screening referral process, including appropriate billing for services rendered, scheduling of endoscopic procedures, follow-up of test results (i.e. pathology reports of polyps and masses biopsied or removed by colonoscopy), and communication with patients and referring physicians. It will be necessary for this individual to function as a resource for patients, payers and the hospital administration to optimize reimbursements for services provided through the colorectal cancer screening program. These resources will be provided directly by UCSF.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The resources requested through this proposal will allow the gastroenterology unit to perform an incremental 624 more colonoscopies per year (~12 additional colonoscopies per week). The primary function of this capacity is to provide the necessary diagnostic evaluations for CHN patients in whom positive results on FOBT are obtained during colorectal cancer screening. It is expected that the wait times for non-cancer screening tests will decrease as a result of increased capacity, thus improving the care of CHN patients requiring endoscopic services.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are expected to increase by \$162,006 the first year and \$216,007 thereafter. Operating expenses are expected to increase by \$159,681 the first year and \$212,908 thereafter.

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

The Department of Medicine will need to maintain a minimum of 4 endoscopists (gastroenterology sub-specialists privileged in diagnostic and therapeutic endoscopy) to perform or supervise the performance of endoscopy in the gastroenterology unit at San Francisco General Hospital. The Department of Surgery will need to maintain adequate faculty to perform colorectal surgery to treat cancer of the colon and rectum diagnosed through the proposed screening program. The Department of Radiology will need to maintain adequate faculty to perform computed tomographic procedures necessary to evaluate and stage diagnosed colorectal cancers.

The total SFGH staff will be necessary for the implementation of this business proposal in the first year:
0.85 FTE – Endoscopy and recovery nurse

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Colon Cancer Screening

		FY 2006-07 (9 Months)	Ongoing
Sources:			
	Net Patient Revenues	\$ 162,006	\$ 216,007
	Subtotal Sources	162,006	216,007
Uses:			
	Salaries and Fringes	108,685	144,913
	Operating Expenses	50,996	67,995
	Subtotal Uses	\$ 159,681	\$ 212,908
Net General Fund Subsidy Required (Uses less Sources)		\$ (2,325)	\$ (3,100)
Total FTE's		0.85	1.13

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

Class	Title	FTE's	(9 Months)
2320	Registered Nurse	0.85 \$	82,462
	Fringe (31.8%)		82,462
			26,223
		0.85 \$	108,685

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	040/04499 Medical Supplies	50,996

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

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2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Roland Pickens 206-3528
PROGRAM / INITIATIVE TITLE: **Family Health Center Medi-Cal Revenue**
AMOUNT: \$ (1,189)
TARGETED CLIENTS: FHC patients seen by residents

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Family Health Center (FHC) is the primary outpatient training site for the UCSF/SFGH Family and Community Medicine Residency Program. Our primary care physicians are residents in all 3 years of training, clinical faculty, and family nurse practitioners. We are an FQHC clinic. Our residents have their own continuity patient panels and see their patients under varying levels of attending supervision. This proposal is to fund additional attending resources for the FHC to enable us to comply with Medi-Cal requirements for supervision of unlicensed residents. The primary care visits of our unlicensed residents (first and second year residents) are not currently reimbursable under Medi-Cal regulations because of inadequate supervision at the FHC. Specifically, the proposal is for a 3rd FHC attending for all clinic sessions, which would enable us to bill Medi-Cal for unlicensed provider visits.

JUSTIFICATION: (required by the Mayor's Office)

The Family Health Center is comprised of 5 clinical teams, 4 of which are continuity teams and one is a drop-in Acute Care Clinic for FHC patients. PCPs, patients, and staff each have a "home" on one of the 4 continuity teams. Three teams are on the first floor of building 80/90, and 2 are on Ward 85. Clinical supervision of residents and medical students is provided by an attending on each of the 2 floors of clinic. These 2 members of the clinical faculty are responsible for:

1. Clinical consultation for all providers in clinic, including residents
2. Supervision of the Acute Care Clinic, which is staffed by a 2nd or 3rd year resident
3. Direct supervision of medical students, including seeing each patient and writing a note
4. Daily review of all lab results for the clinic
5. Completion of faxed requests for medication refills for the clinic
6. DOD responsibilities, including all nursing staff consultations, patient complaints, giving report on all ED transfers, etc.

As these responsibilities have increased in recent years, it has become more difficult to provide clinical supervision of residents in clinic. While we comply with all family medicine training requirements, it is now impossible for our clinic attendings to provide the level of supervision required by Medi-Cal for all or even most of the patients seen by residents. It is rare for an unlicensed resident's encounter to be reimbursable, meaning that the attending has seen the patient and documented the encounter.

At the same time, our 1st and 2nd year residents are seeing many more patients. They actively recruit babies and pregnant and postpartum women during their inpatient pediatrics and obstetrics rotations. Moreover, they have more clinic sessions than in previous years, which also increases their encounter numbers. Unless we provide the level of supervision required by Medi-Cal, their encounters represent an increasing volume of lost revenues for the hospital.

We propose to add a 3rd attending to each clinic session. This would enable us to see and document each patient of an unlicensed provider and thus bill for those visits. The third attending would work preferentially with 1st and 2nd year residents, freeing up the other 2 attendings to complete the other tasks listed above. In addition, a .50 FTE Administrator is required in order to ensure that documentation and records are adequate to support the billings. Both of these positions are funded through the UCSF affiliation agreement.

Due to the complexity of the billing system, there will have to be a manual review of the FHC resident encounter forms, thus requiring additional 2105 Patient Finance Services Technicians.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

There would be no direct impact on the number of clients served. The greatest impact would be on the quality of care provided and the quality of resident training in outpatient medicine. First and 2nd year residents see a majority of the approximately 1,000 new patients seen in the FHC each year. The proposed enhanced supervision of these unlicensed residents will result in improved service for their patients.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are expected to increase by \$237,000 the first year and \$316,000 thereafter. Operating expenses are expected to increase by \$ 235,811 the first year and \$ 314,415 thereafter.

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

Increase of 1.5 FTE 2105 Patient Finance Services Tech.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Family Health Center Medi-Cal Revenue

		FY 2006-07 (9 Months)	Ongoing
Sources:			
	Medi-Cal billable visits (R1+R2 only)	\$ 237,000	\$ 316,000
Subtotal Sources		237,000	316,000
Uses:			
	Salaries and Fringes	\$ 100,147	\$ 133,529
	Operating Expenses	135,664	180,886
Subtotal Uses		235,811	314,415
Net General Fund Subsidy Required (Uses less Sources)		\$ (1,189)	\$ (1,585)
Total FTE's		1.50	2.00

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

Class	Title	FTE's	(9 months)
2105	Patient Finance Service Tech	1.50	75,984
	Fringes @ 31.8%		24,163
		<u>1.50</u>	<u>100,147</u>

Operating Expenses

Index Code	Character/Subobject Code		
HGH1HUN40061	021/02786 Professional Services (UC contract - Asst Clinical Professor and 0.50 FTE administrator for 9 months)	\$	135,664

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

2006-2007 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: Patient Financial Services

PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599

PROGRAM / INITIATIVE TITLE: **Charge Description Master Maintenance**

GENERAL FUND: \$0

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The charge description master (CDM) lists every supply and service that is provided by the hospitals and clinics, and contains the technical billing data needed to submit a proper claim to the Medicare and Medical programs. The CDM links the services/supplies found on the encounter forms to the patient bill that is produced and sent to third party payers. Currently there is one full-time FTE and part of another FTE that maintains the more than 10,000 line items in the CDM for SFGH, LHH and the Community Primary Care Clinics. Another important aspect related to maintenance of the CDM are regular meetings with Department Directors and various clinicians to make sure all services provided are on encounter forms and updated regularly. In order to properly maintain the CDM, be in compliance with regulatory requirements and maximize revenue for all entities, another resource is required.

JUSTIFICATION: (required by the Mayor's Office)

As part of a larger consulting engagement, the CDM for six primary care clinics was recently reviewed. Some of the findings included: 1) some services are billed using incorrect HCPCS codes; 2) drug quantity in the description is not in agreement with drug dosage quantity in HCPCS description; 3) inconsistent reporting of drug and vaccine injections and related administration; 4) minor surgical procedures missing from CDM; 5) Medicare and Medical reimbursement rates are greater than charges in some instances. While these findings relate to the six clinics specifically, it is probable that similar findings would result if an entire review were done of all services. A high level resource, such as that of a Director of Patients Accounts, is needed to ensure billing compliance, as well as making sure that the CDM allows DPH to bill and collect for all services provided.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

There is no direct impact on clients; however, if our revenue stream is maintained, and even improved, then our resources can be spent on serving more clients.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

The increase in net patient revenues resulting from the efforts of this position will offset the salaries and fringes for the position.

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

Addition of .75 FTE Director of Patient Accounts the first year, 1.0 FTE ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Charge Description Master Maintenance

	FY 2006-07 (9 months)	Ongoing
Sources:		
Net Patient Revenues	\$ 88,443	\$ 117,924
Subtotal Sources	88,443	117,924
Uses:		
Salaries and Fringes	\$ 88,443	\$ 117,924
Subtotal Uses	88,443	117,924
Net General Fund Subsidy Required (Uses less Sources)	\$ 0	\$ 0
Total FTE's	0.75	1.00

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

Class	Title	FTE's	(9 Months)
1665	Director of Patient Accounts	0.75	\$ 67,104
	Fringes (31.8%)		67,104
		0.75	\$ 21,339
			88,443

Operating Expenses

Index Code Character/Subobject Code

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

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital Finance
PROGRAM CONTACT NAME/PHONE: Valerie Inouye / 206-3599
PROGRAM / INITIATIVE TITLE: **Medical Marijuana Program**
GENERAL FUND: **(\$85,048)**

TARGETED CLIENTS: Citizens of the City & County of San Francisco

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Medical Marijuana Program had been administered by the Public Health Records and Statistics Unit at 101 Grove Street. In January 2006 the program was transferred to San Francisco General Hospital's main lobby and is now administered by the SFGH Cashier & Property Office. This request transfers a 1.0 FTE Health Worker I from the Records and Statistics Unit and requests a new 0.75 FTE Cashier I to supplement current staffing.

JUSTIFICATION: (required by the Mayor's Office)

The Hospital's Cashier & Property Office is a seven day per week operation that is already understaffed, requiring on call staffing and the deployment of accounting staff to cover regularly scheduled hours, as well as back-up for paid leave. The addition of a .75 FTE Cashier would allow for the appropriate level of back-up for the Hospital Cashier's Office, as well as the Medical Marijuana Program so that accounts payable staff reassigned to the Cashier's Office can return to their normal duties in Finance.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None. San Francisco General Hospital is within walking distance of a BART Station and is served by two MUNI Bus lines.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are projected at \$133,110 while expenses are projected at \$48,062 resulting in a net reduction to the General Fund of \$85,048 for SFGH.

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

Increase of 0.75 FTE 4320 Cashier I funded with State mandated fees for Medical Marijuana Cards.

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**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Medical Marijuana

	FY 2006-07	Ongoing
Sources:		
SFGH Medical Marijuana Registration Fees	\$ 133,110	\$ 133,110
Subtotal Sources	133,110	133,110
Uses:		
Salaries and Fringes	\$ 45,562	\$ 60,749
Operating Expenses	2,500	9,148
Subtotal Uses	48,062	69,897
Net General Fund Subsidy Required (Uses less Sources)	\$ (85,048)	\$ (63,213)
Total FTE's	0.75	1.00

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

Class	Title	FTE's	
4320	Cashier I (9 Months)	0.75	\$ 34,569
	Fringes (31.8%)		10,993
		0.75	\$ 45,562

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	0400 Materials and Supplies	\$ 2,500

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

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2006-2007 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: SFGH –MATERIALS MANAGEMENT

PROGRAM CONTACT NAME/PHONE: Kathy Jung, 206-8530

PROGRAM / INITIATIVE TITLE: **SENIOR OPERATIONS MANAGER, Materials Management**

GENERAL FUND: \$0

TARGETED CLIENTS: ALL PATIENTS AND STAFF

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The purpose of the program change is to request a 1.0 FTE, 9143 Senior Operations Manager, so that the Materials Management department can implement the cost savings and efficiencies that the hospital has available to it.

JUSTIFICATION: (required by the Mayor's Office)

The Senior Operations Manager at San Francisco General Hospital will be required to have in-depth expertise in and knowledge of medical procurement, contracting, City OCA rules and regulations, national medical buying groups, prime vendors, JCAHO requirements, and laws, rules, and regulations governing patient care in a hospital. This is a highly specialized field that continues to involve in sophistication. The position is required so that SFGH has the leadership to and is positioned to take advantage of opportunities for greater cost savings.

This position will be responsible for the overall operational management of the Materials Management Dept. The incumbent must be able to integrate all the above knowledge into the fields of procurement that includes contracting, inventory control, information systems, and distribution. This position must be able to see the entire picture of all of these fields working together and how they impact San Francisco General Hospital, Primary Care, Jail Health, the Department of Public Health, etc.

This position works closely with all levels of University of California at San Francisco employees, including attending physicians, residents and staff. Because SFGH purchases for UCSF departments, this position must be able to explain City purchasing laws, such as the 12B, to UCSF employees. This position is responsible for a combined budget of equipment and supplies of approximately \$40,000,000 per year.

The Senior Operations Manager has the ability to control much of the costs at SFGH. It is the intention of the Operations Manager to convert as many items to the Novation contracts. Novation has done studies that indicate a 6.6% aggregate pricing advantage when compared to other group purchasing organizations or self-contracting activity. Much conversion has been done at this time—approximately \$20,000,000 thus far. An estimate to full conversion is three more years.

Another area that is now ready for vast savings is the area of orthopedic implants. This position will serve on the Ortho Implant Pricing Committee and help realize savings in this area.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This position will enable San Francisco General Hospital to continue to provide the best possible products for the best negotiated prices; the way this is done is through diligent contract work and constant product research.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Salaries and fringes are estimated to increase by \$126,812 in the first year and \$169,082 thereafter. This will be offset by a decrease in the work order with the City Purchaser (1.0 FTE 1952 Purchaser) and a savings in materials and supply costs.

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

Addition of 0.75 FTE Senior Operations Manager.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Senior Operation Manager - Materials Management

	FY 2006-07 (9 Months)	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 126,812	\$ 169,082
Operating Expenses	(126,812)	(169,083)
Subtotal Uses	\$ (0)	\$ (0)
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	0.75	1.00

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

Class	Title	FTE's	(9 Months)
9143	Sr. Operations Manager	0.75	\$ 96,215
	Fringes @ 31.8%		96,215
			30,596
		0.75	\$ 126,812

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/081PG Purchasing Work Order (12 months)	(86,017)
HGH1HUN40061	040/04000 Materials and Supplies (9 months)	(40,795)

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

161

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Health At Home

PROGRAM CONTACT NAME/PHONE: Kathy Eng/ 206-6941

PROGRAM / INITIATIVE TITLE: **Reducing Re-hospitalizations for Cancer, Diabetic and CHF patients through Rehabilitative-focused Home Health Services**

GENERAL FUND: \$0

TARGETED CLIENTS: CHN Clients with Diabetes and CHF

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Health at Home proposes a project that will reduce re-hospitalizations of a target group of clients with primary diagnoses of cancer, diabetes and CHF. Services will be provided by a specialized team of PT, OT, RN, NP, MSW, HH Aide, and Public Health Nurses. Services will focus on the use of rehabilitative therapy strategies to improve outcomes of clients whose functioning is reduced because of impaired ADLs that affect such issues as medication compliance and pain management.

JUSTIFICATION: (required by the Mayor's Office)

Cancer, diabetes and cardiovascular disease have remained the top primary diagnoses of clients served by HAH. Lack of physical therapy capacity has forced the diversion of clients from HAH over the past two years. Better outcomes and reduced hospitalizations will result by increasing PT capacity and the associated team members who can provide the full scope of care to these patients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Services will increase by 1,490 visits to 94 unduplicated clients.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Medicare and Medi-Cal revenue is expected to increase by \$146,178, and TCM revenue will increase by \$116,261, for a total of \$265,440. Labor and non-labor expenses to carry out the program will also increase by \$265,440.

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

Increase of 2.49 FTE's the first year and 3.31 FTE's ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Reducing Re-hospitalization for Cancer, Diabetic and CHF patients
through rehabilitative-focused Home Health Services**

Sources:		FY 2006-07 (9 months)	Ongoing
	TCM revenues	116,261	155,015
	Net patient revenues	149,178	198,904
Subtotal Sources		\$ 265,440	\$ 353,920
Uses:			
	Salaries and Fringe	248,122	330,829
	Operating Expenses	17,318	23,091
Subtotal Uses		\$ 265,440	\$ 353,920
Net General Fund Subsidy Required (Uses less Sources)		\$ -	\$ -
Total FTE's		2.49	3.31

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

Class	Title	FTE's	(9 Months)
2556	Physical Therapist	0.75 \$	64,762
2548	Occupational Therapist	0.38 \$	32,813
2920	Medical Social Worker	0.75 \$	57,045
2589	Health Program Coordinator I	0.23 \$	14,500
1426	Clerk Typist	0.38 \$	19,137
	Fringe (31.8%)		188,256
			59,865
		2.49 \$	248,122

Operating Expenses (List by Character)

Index Code	Character/Subobject Code		
HCHAPHOMEHGF	021/02101 Travel	\$	5,000
HCHAPHOMEHGF	021/02201 Training	\$	500
HCHAPHOMEHGF	040/04000 Supplies	\$	11,818
		\$	17,318

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

164

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Health At Home

PROGRAM CONTACT NAME/PHONE: Kathy Eng / 206-6941

PROGRAM / INITIATIVE TITLE: **Medical High Utilizer**

GENERAL FUND: \$0

TARGETED CLIENTS: Targeted Case Management clients

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Positions are requested to keep staff at its current level. Positions in the Medical High Utilizer program and related support positions at Health at Home were under-budgeted during the transition of the Medical High Utilizer Program into Health at Home during the fiscal year 05-06. This additional TCM revenue will correct the under-budgeted positions to the appropriate staffing level.

JUSTIFICATION: (required by the Mayor's Office)

Positions are necessary for the continued operations of the program.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Client data will be followed.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Cost of 4 part-time positions is \$157,007; revenue neutral due to revenue enhancement covering cost of expenses

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

Increase of 1.60 FTEs.

165

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Medical High Utilizer

	FY 2006-07	Ongoing
Sources:		
TCM	\$ 157,007	\$ 157,007
Subtotal Sources		
Uses:		
Salaries and Fringes	\$ 157,007	\$ 157,007
Subtotal Uses	157,007	157,007
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	1.60	1.60

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

Class	Title	FTE's		
2920	Medical Social Worker	0.25	\$	19,076
P103	Special Nurse	0.50	\$	59,254
1426	Sr. Clerk Typist	0.50	\$	25,273
1404	Clerk	0.35	\$	15,522
				<hr/>
				119,125
	Fringe (31.8%)			37,882
				<hr/>
		1.60	\$	157,007

Operating Expenses (List by Character)

166

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Housing and Urban Health (HUH)
PROGRAM CONTACT NAME/PHONE: Marc Trotz/554-2565
PROGRAM / INITIATIVE TITLE: **Transfer Various Grant-Funded Personnel from Expiring Grants to FQHC**
GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Chronically Homeless People

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Housing and Urban Health received a three-year grant in FY 03/04 from the Interagency Council on Homelessness (ICH) to open a Direct Access to Housing (DAH) site, the Empress Hotel, and the Housing and Urban Health Clinic which provides medical services to all DAH residents and other supportive housing residents. Currently, Housing and Urban Health has eleven DAH sites that provides a total of 729 bed slots of housing with on-site behavioral and physical health services to homeless persons who have been living on the streets and revolving through emergency care settings geared toward achieving greater levels of residential stability and improved health status.

Since FY 03-04, the ICH grant has funded most of the staffing in the new HUH clinic. The premise of the grant was to provide funding through the HRSA and SAMHSA components for the initial three years and then replace those funds with mainstream health dollars. Therefore, with the ICH grant due to expire in FY 06-07, HUH is implementing its plan to replace HRSA and SAMHSA grant funds with FQHC Medi-Cal revenue in order to maintain current level of clinical staffing at the HUH Clinic. The HUH clinic is now a fully operational Medi-Cal clinic and generates sufficient revenue to offset these staffing costs.

JUSTIFICATION: (required by the Mayor's Office)

These positions are essential to the clinic's long-term ability to maximize FQHC revenues, which will offset the cost of operating the clinic which provides integrated health services to all DAH sites and over 1000 units of DHS funded housing.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Total personnel expenditures will increase by \$878,831 but revenue will increase by an equal amount, or \$878,831, therefore, the net impact on the General Fund is zero dollars.

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

Moving 7.70 FTE (annualized) from various expiring grants to FQHC

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Transfer Various Grant-Funded Personnel from Expiring Grants to FQHC

		FY 2006-07	Ongoing
Sources:			
	FQHC Medi-Cal	\$ 878,831	\$ 878,831
Subtotal Sources		878,831	878,831
Uses:			
	Salaries and Fringes	\$ 878,831	\$ 878,831
		-	-
		-	-
Subtotal Uses		878,831	878,831
Net General Fund Subsidy Required (Uses less Sources)		\$ -	\$ -
Total FTE's		6.74	6.74

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

Class	Title	FTE's		
1446	Secretary II	1.00	\$	56,361
2218	Physician Assistant	0.75	\$	93,902
2232	Sr. Physician Specialist	1.08	\$	162,686
2320	Registered Nurse	2.43	\$	236,188
2328	Nurse Practitioner	0.83	\$	104,336
2587	Health Worker III	0.75	\$	41,302
9993M	Salary Savings	(0.10)		(2,000)
	Salary Step Adjustment			(25,984)
				666,791
	Fringe (31.8%)	6.74		212,040
			\$	878,831

Operating Expenses

Index Code Character/Subobject Code

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

168

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Jail Health Services
PROGRAM CONTACT NAME/PHONE: Frank Patt, 995-1717
PROGRAM / INITIATIVE TITLE: **Sheriff Work Order Underfunding**
GENERAL FUND: \$0
TARGETED CLIENTS: Incarcerated inmates

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Increase work order with Sheriff for additional positions per their request

JUSTIFICATION: (required by the Mayor's Office)

An increase in work order funding is needed to provide porter services to the new San Bruno jail facility; In addition there will be an increase in Nursing and Clinical positions to support the addition of 250 California Department of Corrections inmates.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Estimates indicate that there will be approximately 250 additional California Department of Corrections inmates housed at County Jail #7 in FY06-07.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Labor expense will increase by approximately \$390,984. Work order recovery with the Sheriff Dept will increase by \$390,989. Services will not be provided if funding is not received from the Sheriff.

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

Increase of 4.13 FTE in 06/07 annualized to 5.50 FTE's for FY07/08

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Sheriff Work Order Underfunding and Corrections

Sources:	FY 2006-07 (9 Months)	Ongoing
Work Order Recovery - Sheriff Dept	\$ 390,984	\$ 521,312
Subtotal Sources	390,984	521,312
Uses:		
Salaries and Fringes	\$ 390,984	\$ 521,312
	-	-
	-	-
Subtotal Uses	390,984	521,312
Net General Fund Subsidy Required (Uses less Sources)	\$ (0)	\$ (0)
Total FTE's	4.13	5.50

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

Class	Title	FTE's	(9 Months)
	2320 Registered Nurse	1.50	145,521
	2328 Nurse Practitioner	0.38	46,924
	2736 Porter	2.25	104,204
		4.13	296,649
	Fringe (31.8%)		94,335
			\$ 390,984

Operating Expenses

Index Code	Character/Subobject Code	
HJAILHLTH-WO	086SH Work Order Recovery - Sheriff Dept	\$ (390,984)

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

170

2006-2007 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input 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 type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Laguna Honda Hospital

PROGRAM CONTACT NAME/PHONE: Paul Isakson, MD 759-2380, Steven Thompson, MD 759-2388, Mozettia Henley 759-2335

PROGRAM / INITIATIVE TITLE: **LHH AIDS EXPANSION AND DEMENTIA PROGRAM**

GENERAL FUND: **\$(3,063)**

TARGETED CLIENTS: San Francisco residents with AIDS or AIDS Dementia who need skilled nursing services, for short term or long term care. The targeted clients needing SNF care may be cognitively intact or have dementia/cognitive impairment, often behavioral and physical disabilities, often with co-morbid mental illness, chronic disease/illness and substance abuse, low-income, often homeless, and often minority (>50% are African American).

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

LHH is planning to discharge approximately 20+ residents to the community, with the opening of the Plaza Residences. Residents who will continue to live at LHH will be relocated to appropriate programs and units that best meet their care needs. With this change, a nursing unit (approximately 28-30 beds) will become available, change its scope of care focus to the AIDS population, which will allow the organization to expand and enhance the AIDS SNF Program and Services at LHH, including creating a unit dedicated to San Francisco residents with AIDS Dementia who need skilled nursing care.

JUSTIFICATION: (required by the Mayor's Office)

There continues to be a significant number of San Franciscans afflicted with AIDS who require skilled nursing care, some temporarily until they can return to the community and others on a more long term basis. There is a steadily increasing population of clients who also suffer from AIDS Dementia. There are insufficient skilled nursing beds in San Francisco to care for AIDS clients, including those with the diagnosis of AIDS Dementia.

For the past year, LHH's current unit has been at full capacity with an average daily census of 37 (29 beds on the current unit O4 plus 8 beds overflow on another SNF unit) with at least 3-6 clients on the waiting list for admission on a daily basis. In addition, referrals for clients with AIDS Dementia are declined as LHH currently doesn't have a clinical program developed for this population, additional resources to manage the care of this population, including bed capacity and specialists.

As the dementia illness progresses, behavioral manifestations including irritability, anxiety, depression, paranoia, loss of inhibition, loss of initiative, apathy, withdrawal, wandering and other problematic behaviors. These behaviors overlaid with the medical and nursing needs associated with the AIDS diagnosis, requires that LHH develop a new program that encompasses the residents' holistic care needs.

The following positions are essential to achieving a comprehensive and interdisciplinary approach to the assessment, care planning, and management of LHH residents with AIDS and AIDS Dementia and who may also have behavioral problems, physical disabilities, co-morbid mental illness, and/or chronic disease/illness:

- The Sr. Physician Specialist (2232) position will be designated as a psychiatrist, with expertise in the management and care of the client with dementia. The psychiatrist will assess, diagnose and treat clients with dementia/behavioral disorders and provide consultation with medication management regimen related to use of psychotropic medications.

- The Clinical Nurse Specialist (2323) will provide specialized expertise in AIDS and behavioral health management. This position will develop the AIDS Dementia program, train staff (including interdisciplinary and nursing), and provide resident/family education.
- The Health Worker III (2587) position will provide structured activity programming for the clients with special focus on residents with challenging behaviors that arise from mental illness and/or dementia.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

- Enhance patient flow from SFGH and San Francisco community for residents who need SNF AIDS services
- Will increase the capacity of AIDS SNF beds by 22, with the ability to admit residents with AIDS Dementia
- Decreased reports of resident problem behaviors

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenues are expected to increase by \$243,079 the first year and \$324,105 thereafter. Salary and fringes are expected to increase by \$240,016 the first year and \$320,022 thereafter.

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

- Increase of 1.88 FTEs the first year and 2.50 FTEs thereafter.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH AIDS EXPANSION AND DEMENTIA PROGRAM

	FY 2006-07	Ongoing
Sources:		
	\$ 243,079	\$ 324,105
Subtotal Sources	243,079	324,105
Uses:		
Salary and Fringes	\$ 240,016	\$ 320,021
Subtotal Uses	\$ 240,016	\$ 320,021
Net General Fund Subsidy Required (Uses less Sources)	\$ (3,063)	\$ (4,084)
Total FTE's	1.88	2.5

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

Class	Title	FTE's	
2232	Sr. Physician Specialist	0.38	55,162
2323	Clinical Nurse Specialist	0.75	86,443
2587	Health Worker III	0.75	40,501
			-
		1.88	182,106
	Fringe (31.8%)		57,910
			\$ 240,016

Operating Expenses

Index Code	Character/Subobject Code	
		- \$ -

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

2006-2007 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: Primary Care & San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528

PROGRAM / INITIATIVE TITLE: **Breast and Cervical Cancer Patient Navigator Program**

GENERAL FUND: (\$75,909)

TARGETED CLIENTS: Low-income, ethnically diverse, medically underserved women.

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Breast Cancer Patient Navigator Program at San Francisco General Hospital Medical Center started in 1997 under the DPH funded Breast and Cervical Cancer Services (BCCS). The program was an initiative based on providing a continuum of care for women who access breast cancer screening and follow-up services in the San Francisco DPH clinics and SFGH. The navigator's primary responsibility was to assist women who had received abnormal examination results, or a positive finding, to navigate through the health care system. Since 1997 the program has evolved and now provides comprehensive services to medically underserved women in all phases of the breast care program, including outreach, screening, diagnosis, and treatment of breast cancer. These services are available in the Avon Breast Clinic (ABC) Center, the Breast Cancer clinic on wards 3M and 5M and all COPC Clinics. Currently there are 8 patient navigators (4 Funded by DPH and 4 funded by a soon-ending Avon Grant) who provide a wide range of services on a one-to-one basis with patients, including language assistance (Spanish, Cantonese & Mandarin, Tagalog) education, advocacy, psychosocial support and referrals to both internal and community based resources, as well as continuity of care for the patients. The navigator program has played a key role in decreasing the numbers of "no-shows" or patients lost to follow-up, facilitating diagnosis and treating of breast cancer, increasing perceived patient satisfaction with care, and increasing compliance with treatment.

Since its inception in 1997 the navigator program has been funded mostly by the San Francisco Department of Public Health, supporting 4.0 FTEs. In 2001, the Avon Foundation, through University of California San Francisco, funded 4 additional patient navigators to work along side the DPH navigators in providing screening, diagnosis, treatment, follow-up, support and education to underserved women in San Francisco. Annual funding from the Avon Foundation for this ends on June 30, 2006.

We propose the merging of the Avon patient navigators into the DPH funded Patient Navigator Program under BCCS. This will allow for one cohesive program under DPH and will help prevent duplication of services, standardize protocols, and provide the highest level of care to our patients. Under this new model, the program will initiate Target Case Management (TCM), which will reimburse for services provided by the program. If we are unable to support the Avon funded positions, the Patient Navigator Program will be cut by 50%.

175

JUSTIFICATION: (required by the Mayor's Office)

As stated above, the Patient Navigation Program at San Francisco General Hospital is designed to improve access to diagnostic and treatment of breast cancer for medically underserved women in San Francisco.

The navigator's primary responsibilities are to:

- Assist women in obtaining regular mammograms for breast cancer screening at SFGH.
- Assist women diagnosed with breast and cervical cancer in obtaining the appropriate treatment by assisting them with paperwork, scheduling exams and treatments, and navigating clinics, radiology, laboratory, pharmacy, and social services.
- Participate in clinical care by providing translation services for the patient.
- Assist women diagnosed with breast and cervical cancer in obtaining the appropriate referrals for psychosocial services to help with adjustment to cancer, such as support groups and health education classes.
- Advocate for patients and assist with referrals for community, social and primary care services as necessary.
- Educate patients about clinical trials and/or genetic testing.
- Perform community outreach and education.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Since the opening of the Avon Comprehensive Breast Care Center in July 2004, the Patient Navigators have assisted over 6,000 women with screening mammography. In addition, Patient Navigators facilitated services for approximately 320 women who were seen in the Avon Comprehensive Breast Care Center for diagnostic procedures such as ultrasound-guided procedures, stereotactic core biopsies, and needle localized procedures.

If we are unable to support the Avon funded positions, the Patient Navigator Program will be cut by 50%. This will impact approximately 3000 of San Francisco's most vulnerable women .

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Expense: Salaries and wages are expected to increase by \$359,691 the first year and \$479,587 thereafter.

Revenue: TCM revenues are expected to increase by \$435,600 the first year and \$580,800 thereafter.
Net general fund savings of \$75,909 the first year and \$101,213 thereafter.

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

Increase of 2.25 FTE Health Worker III, 0.75 FTE Health Program Coordinator III, 0.75 FTE Billing Clerk and 0.75 Medical Record Tech.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Breast and Cervical Cancer Patient Navigator Program

Sources:	FY 2006-07 (9 Months)	Ongoing
TCM Revenues	\$ 435,600	\$ 580,800
Subtotal Sources	435,600	580,800
Uses:		
Salaries and Fringes	359,691	\$ 479,587
Subtotal Uses	359,691	479,587
Net General Fund Subsidy Required (Uses less Sources)	\$ (75,909)	\$ (101,213)
Total FTE's	4.50	6.00

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

Class	Title	FTE's	(9 Months)
2112	Medical Record Tech.	0.75	\$ 43,989
2587	Health Worker III	2.25	\$ 123,457
2593	Health Program Coordinator III	0.75	61,679
1636	Billing Clerk II	0.75	43,781
			<u>272,906</u>
	Fringes (31.8%)		86,784
		<u>4.50</u>	<u>\$ 359,691</u>

Operating Expenses

Index Code Character/Subobject Code

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

177

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Primary Care

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu / 255-3524

PROGRAM / INITIATIVE TITLE: **Accounting correction of intradepartmental work orders**

GENERAL FUND: \$ 0

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

This initiative addresses inflationary increases and modifies the intradepartmental work order budgets in order to meet the objectives of, and maintain compliance with written intradepartmental agreements between the AIDS Office and Community Oriented Primary Care.

JUSTIFICATION: (required by the Mayor's Office)

Address the delays in accept and expend process, as well as disbursement of allocated funds in FY05-06.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The initiative will not alter the number of clients served or unit of service.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

The cost of the salaries and fringes is \$1,105,739 all covered by recovery revenue.

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

12.08 FTES

179

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Accounting Correct of Intradepartmental Workorders

Sources:	FY 2006-07 (12 Months)	Ongoing
Subcontracts with AIDS Office	\$ 1,105,739	\$ 1,105,739
Subtotal Sources	1,105,739	1,105,739
Uses:		
Salaries and Fringe	\$ 1,105,739	\$ 1,105,739
Subtotal Uses	1,105,739	1,105,739
Net General Fund Subsidy Required (Uses less Sources)	\$ (0)	\$ (0)
Total FTE's	12.08	12.08

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

Class	Title	FTE's	(12 Months)
Muli	Multiple position reprogramming for a net increase of	12.08	838,952

Fringe (31.8%)

		838,952
	\$	266,787
12.08	\$	1,105,739

Operating Expenses (List by Character)

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

180

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Maternal and Child Health
PROGRAM CONTACT NAME/PHONE: Twila Brown – 575-5692
PROGRAM / INITIATIVE TITLE: CA Children Services
GENERAL FUND: \$0

TARGETED CLIENTS: MediCal eligible children

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Children's Medical Services is a group of federal and state mandated programs that serve children and generate up to 75% federal and state matching revenue. The program serves foster children, children with special health care needs and low income and under-served population. In addition to the State and federal funding, the medical therapy unit generates Medi-Cal revenues.

JUSTIFICATION: (required by the Mayor's Office)

This initiative will be revenue neutral and will not require additional general funds. Position clean up will allocate required match to the correct classifications. Increase in medical services contracts for provision of diagnostic and physical therapies to children will be offset by reductions in office space and equipment rentals and materials and supplies and increased Medi-Cal revenues through the Medical Therapy Unit.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None. Since this is a mandated program, the program has to serve all eligible clients and continue with the level of service required in the "maintenance of effort".

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increased expenses will be offset by increased Medi-Cal revenues generated by the Medical Therapy Unit of Children's Medical Services. These revenues are generated in addition to the State funds provided for this program.

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

Portions of several positions show a net increase of 1 fte as a result of position clean up.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Children's Medical Services

Sources:		FY 2006-07	Ongoing
	MediCal Revenues generated by Medical Therapy U.	\$ 127,905	\$ 183,905
Subtotal Sources		127,905	183,905
Uses:			
	Salaries and Fringes	\$ -	\$ -
	position clean-up	13,905	13,905
	Rent	(33,000)	
	Equipment Rental	(3,000)	
	Materials & Supplies	(20,000)	
	Professional Services	170,000	170,000
		-	-
Subtotal Uses		127,905	183,905
Net General Fund Subsidy Required (Uses less Sources)		\$ -	\$ -
Total FTE's		1.0	1.0

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

Class	Title	FTE's		
	1022 IS Administrator II	0.20	\$	13,963
	1064 IS Program Analyst - Principal	(0.20)	\$	(18,403)
	1402 Junior Clerk	(1.00)	\$	(39,087)
	1424 Clerk Typist	1.00	\$	44,370
	1824 Principal Analyst	(0.10)	\$	(9,202)
	1426 Sr. Clerk Typist	0.10	\$	4,467
	2230 Physician Specialist	(0.65)	\$	(86,672)
	2548 Occupational Therapist	(0.50)	\$	(41,527)
	993N	(0.45)	\$	(47,621)
	1446 Secretary I	0.75	\$	35,423
	1823 Sr. Analyst	0.50	\$	39,536
	2204 Dental Hygienist	0.25	\$	17,819
	2548 Occupational Therapist	0.05	\$	1,471
	2556 Physical Therapist	0.15	\$	11,281
	2830 Public Health Nurse	0.90	\$	84,732
	Various substitutions due to position clean up (See Program Change Request Form)			-
	Fringe (31.8%)	1.00		10,550
				<u>3,355</u>
			\$	13,905
Operating Expenses	County Match for State funded operating expenses			
Index Code	Character/Subobject Code			
HCHPMCCSPGGF		30	(33,000)	\$ -
		31	(3,000)	
		40	(20,000)	
		27	170,000	
				\$ 114,000

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

182

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Communicable Disease Control and Prevention
PROGRAM CONTACT NAME/PHONE: Susan Fernyak, MD 554-2845/Lorna Garrido 554-2859
PROGRAM / INITIATIVE TITLE: **Adult Immunization Clinic**
GENERAL FUND: \$0

TARGETED CLIENTS: All San Francisco adults, with special emphasis to target populations such as restaurant workers, gay and bisexual men, students, the underinsured, and travelers.

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

- The Adult Immunization Clinic, by providing affordable vaccines, will:
- (1) Improve the health of San Francisco adults by reducing the incidence of vaccine-preventable disease, such as hepatitis A, hepatitis B, influenza, pneumococcal disease, and tetanus.
 - (2) Provide immunization services for travelers at a reasonable cost.
 - (3) Streamline disease control activities by providing an additional site where people can be referred for prophylaxes against communicable disease, such as hepatitis A, rabies, rubeola and varicella.
 - (4) Provide a convenient, pleasant site to administer related health services, such as tuberculosis testing and serological testing.
 - (5) Serve as a site for emergency mass prophylaxis, such as prophylaxis against anthrax or for smallpox vaccinations.
 - (6) Serve as a base from which to provide off-site influenza, hepatitis, and travel immunization clinics.

JUSTIFICATION: (required by the Mayor's Office)

Revenues: The Adult Immunization Clinic (AIC) is completely covered by fees. Revenue projections are based on expected growth in client visits, as well as fee increases and marketing/outreach/advertising efforts.

Personnel: The following position changes will reflect the correct classifications for existing and proposed duties performed by staff at AIC:

P103: There are tremendous seasonal fluctuations at AIC. The proposed decrease for as-needed P103 Special Nurse (as-needed nursing time) will fill the seasonal gaps but also allow for high quality travel consultations, the primary revenue generator of AIC.

2588: As the clinic has grown, the scope of this position has grown exponentially. The minimum qualifications for a 2587 position are no longer adequate to address the skill level required to address the outreach/marketing needs of the clinic, nor the needs for logistical and operational assistance for setting up off-site clinics for seasonal demands such as flu vaccine. Changing this position to a 2588-Health Worker IV at 1.0 FTE will more accurately reflect the needed functions of this position. Currently, this position is funded 0.80 FTE by general funds and 0.20 FTE by grant. Beginning July 2006, the funding

for this 1.0 FTE will come from general funds. AIC revenues will cover additional personnel costs.

1426: The proposed increase of 0.35 FTE increase for a 1426 Senior Clerk Typist provides additional support staff for the reception area. For the past several years, the clinic has grown tremendously. The number of visits per month has increased steadily from 650 (FY03-04) to 850 (FY04-05) to 1,050 in FY05-06. This increased volume has put incredible demands on the staff serving the front desk area. AIC revenues will cover additional personnel costs.

2320: The proposed increase of 0.53 FTE 2320 Registered Nurse allows AIC to cover its baseline nursing time needs with a total of 1.53 FTE classified nursing time. This increase is accompanied by a decrease in P103 time of 0.21 FTE. The overall increase of combined 2320 and P103 time is necessary to accommodate the ever increasing volume of clinic visits. An analysis of the minimum nursing time required to meet baseline client flow needs indicates that the additional 0.53 FTE RN time accurately reflects the clinic's need. The use of 2320 time reduces nursing costs and allows sufficient staffing flexibility to respond to fluctuations in clinic flow by utilizing as-needed per diem RN staffing when staffing needs rise above baseline. The combination of 2320 and as-needed per diem staffing is essential in a practice which has seasonal fluctuations. During FY05-06, the nursing time need has risen as high as 2.45 FTE, varying with the travel and flu seasons. Currently the clinical services are staffed with part-time contributions by the 2320 RN and as-needed per diem RN staff. With the current staffing level, the clinic is not able to meet the demand for drop-in travel and immunization visits. Additional highly qualified as-needed per diem RNs are hired to cover the gaps. The travel medicine service provided by AIC requires that we staff our shifts with highly trained, reliable RNs. Maintaining 1.53 FTE 2320 and partial per diem clinical staff allows us the most staffing flexibility while utilizing highly trained and reliable RN staff. AIC revenues will cover additional personnel costs.

2585: The proposed 0.56 FTE for a Health Worker I will serve as an Outreach/Marketing Program Assistant Coordinator. The Health Worker I will assist in outreach/marketing programs to promote the AIC and bring in additional revenue streams from private corporations. Other essential duties include coordinating off site flu clinics and routine administrative tasks. AIC revenues will cover additional personnel costs.

2230: The proposed 0.19 FTE for a Physician Specialist provides AIC with a Medical Director. The Medical Director will be responsible for: development of strategic plan of the Adult Immunization Clinic; reviewing and approving all clinical immunization protocols; providing technical assistance on complicated immunization consults; ensuring appropriate nursing staff schedule, commensurate with generated revenue and annual budget; and participating in regular management meetings with nurse manager, operations manager and unit director. AIC revenues will cover additional personnel costs.

2312: The proposed 0.375 FTE for Licensed Vocational Nurse position provides AIC with a clinical position dedicated to providing only routine immunizations such as hepatitis and flu (immunizations that do not require travel consultations), TB skin testing, and phlebotomy services during seasons of high demand (such as flu season and the busy travel seasons). This increase is necessary to accommodate the steady rise in the number of routine clinic visits. More expensive RN time is not necessarily needed for this function, and the LVN staff will be available on an as-needed basis. This staffing situation makes for better use of the RN vs. LVN skill set and is a fiscally smart approach for AIC. AIC revenues will cover additional personnel costs.

2328: The proposed as-needed 2328 Nurse Practitioner position will allow the AIC to continue to provide a furnishing service for anti-malarial medications and other prescription medications for travel as well as a serology service to its clients. Travel immunization services account for approximately 50% of clinic visits and AIC has been furnishing anti-malarial medications since June 2004. In the State of California only physicians and nurse practitioners can furnish medications. Handling this service requires an average of 1.5 hours of a licensed and certified nurse practitioner's time per day. The most cost-effective means of providing this service is to pay an as-needed 2328 Nurse Practitioner for up to 1.6 hours per day

to furnish anti-malarial and other prescription medications for travel and to order labs for serologies. The furnishing and serology services are both revenue-generating components of the clinic program. AIC revenues will cover additional personnel costs.

9924: The proposed Public Service Aide position provides AIC with Flu Program Assistant Coordinators. This position is essential to clinic operations during Flu season where approximately 7,000 vaccinations are provided in the span of 12 weeks. The Public Service Aides assist the clinic manager in scheduling flu clients and maintaining traffic flow in the flu clinic. Other essential duties include: answering phones, scheduling appointments for flu vaccine recipients, and maintaining traffic control and client flow for flu clinics. AIC revenues will cover additional personnel costs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

From July through November of fiscal year FY05-06, AIC served approximately 7,500 clients. For the same time period in fiscal year FY04-05, AIC served 4,100 clients and we project that there will be approximately an increase to 9,500 clients served for the same time period in fiscal year 06-07.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)
General Fund request is 0 (zero).

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

The proposed budget has a net increase of 3.54 FTE. AIC revenues will cover the increase in FTE's.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Adult Immunization Clinic

Sources:		FY 2005-06	Ongoing
	Adult Immunization Clinic - Increase Revenues	\$ 426,485	\$ 426,485
Subtotal Sources		426,485	426,485
Uses:			
	Salaries and Fringes	\$ 281,225	\$ 281,225
	021/02100 Travel	\$ 3,000	\$ 3,000
	021/02100 Training	\$ 3,000	\$ 3,000
	021/02401 Membership Dues	\$ (725)	\$ (725)
	021/03500 Other Current Services	\$ 7,908	\$ 7,908
	040/04000 Materials and Supplies	\$ 123,666	\$ 123,666
	081/081PR Reproduction	\$ 8,411	\$ 8,411
Subtotal Uses		426,485	426,485
Net General Fund Subsidy Required (Uses less Sources)		\$ 0	\$ 0
Net Increase FTE		<u>3.54</u>	<u>3.54</u>
Total FTE's		3.54	3.54

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

Class	Title	FTE's		
P103	Special Nurse as-needed	(0.21)	\$	(17,364)
	Total Decrease of Base FTE	(0.21)		
New Position				
2588	Health Worker IV	0.20	\$	12,622
1426	Senior Clerk Typist	0.35	\$	17,471
2320	Registered Nurse	0.53	\$	49,959
2585	Health Worker I	0.56	\$	24,811
2230	Physician Specialist	0.19	\$	25,017
2312	Licensed Vocational Nurse	<u>0.38</u>	\$	22,766
	Total New Position FTE	2.20		
2312	Licensed Vocational Nurse as-needed	0.85	\$	51,602
2328	Nurse Practitioner as-needed	0.20	\$	24,550
9924	Public Service Aide	<u>0.50</u>	\$	15,321
	Total New Position FTE - As needed	1.55		
Total Net Increase FTE		3.54		
			Total Salaries	226,755
			Fringe	54,470
				\$ 281,225

Operating Expenses

Index Code	Character/Subobject Code		
HCHPDIMMSVGF	021/02100 Travel	3,000	
HCHPDIMMSVGF	021/02100 Training	3,000	
HCHPDIMMSVGF	021/02401 Membership Dues	(725)	
HCHPDIMMSVGF	021/03500 Other Current Services	7,908	
HCHPDIMMSVGF	040/04000 Materials and Supplies	123,666	
HCHPDIMMSVGF	081/081PR Reproduction	<u>8,411</u>	
			\$ 145,260

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

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: ENVIRONMENTAL HEALTH
PROGRAM CONTACT NAME/PHONE: RAJIV BHATIA / 415-252-3931
PROGRAM / INITIATIVE TITLE: **Cannabis Program**
GENERAL FUND: (\$93,229)

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The New City Ordinance approved in FY 2005-06 requires a Health Inspector to be dedicated to running the program. It is anticipated that the position will be added in FY 2005-06.

JUSTIFICATION: (required by the Mayor's Office)

Funding for a full year will be required in FY 2006-07 for the position.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$120,863 in expenses offset by \$214,092 in revenues. The remaining revenues will be used for related licensing and inspection activities associated with the program.

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

FTE will be hired in FY 2005-06. This will provide funding for a full year in FY 2006-07.

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**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Cannabis Program
Environmental Health Section

	FY 2006-07	Ongoing
Sources:		
Fees	214,092	214,092
Subtotal Sources	214,092	214,092
Uses:		
Salaries and Fringes	\$ 120,863	\$ 120,863
	-	-
	-	-
Subtotal Uses	120,863	120,863
Net General Fund Subsidy Required (Uses less Sources)	\$ (93,229)	\$ (93,229)
Total FTE's	1.0	1.0

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

Class	Title	FTE's	
6122	Senior Environmental Health Inspector	1.00	
			91,702
			91,702
	Fringe (31.8%)		29,161
			\$ 120,863

Operating Expenses

Index Code Character/Subobject Code

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

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services (CBHS)
PROGRAM CONTACT NAME/PHONE: Kanwar Singh, 255-3416
PROGRAM / INITIATIVE TITLE: SSI and Medi-Cal Enhancement Initiative
GENERAL FUND: (\$ 175,817)

TARGETED CLIENTS: Uninsured Clients who are may be eligible for SSI/MediCal benefits

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Department's goal is to increase services by maximizing reimbursement and decreasing reliance on City General Fund monies. A recent report, "Moving Disabled San Franciscans to SSI: Benefits, Barriers and Recommendations for SSI Advocacy" estimates that there are over 3,500 uninsured mental health clients who are likely to be eligible for Supplemental Security Income (SSI). SSI is a program of the Federal Social Security Administration (SSA), which provides cash assistance payments to disabled people with limited resources. Clients who receive SSI are automatically eligible for MediCal. If the average mental health client receives approximately \$2,500 per year in refundable services, then the potential MediCal income from 3,500 clients would significantly offset the cost of treatment, and the SSI revenues would become a significant source of income for clients to spend on housing in the community. MediCal also affords the client's ability to access Department of Rehabilitation Services. SSI cash payments to clients range from \$613 to \$805 per month based on the individual's situation. Additionally, each award conservatively allows the Department to recoup about \$5,000¹ of retroactive billing revenues (due to lengthy application and appeal processes).

To fully maximize both SSI and MediCal revenues is a multi-year effort. However, the Department proposes the following plan to be implemented in FY06-07: (1) Double the number of SSI Advocacy slots (2) triple the number of Representative Payee slots and (3) add a MediCal Billing Clerk.

(1) Double the number of SSI Advocacy Slots Provided by Community Contractors

By all accounts, the SSI application process is extremely complicated and difficult to maneuver, especially for clients who are challenged by poverty and severe psychiatric disabilities. Many start but do not complete the process. Overall (with or without SSI Advocacy), only 40% of SSI applications adjudicated nationwide are approved, and most of the remaining 60% who are denied do not file an appeal. In contrast, 85-95% of applicants who receive a combination of case management and legal advocacy are approved. The proposed expansion would result in 170 additional SSI and SSI-linked MediCal awards for CCSF.

(2) Triple the Number of Representative (Rep) Payee Services Provided by Community Contractors

Rep Payee services are required for all SSI awardees who are unable to manage their funds. In many cases, it is a requirement of the Federal SSA office that a Rep Payee be designated before SSI benefits are approved and awarded. Many of the clients needing representative payee services are seriously mentally ill, and many of those were previously treated in expensive acute psychiatric inpatient units and locked psychiatric long-term care facilities. The Rep Payee services are critical for helping to maintain stability in the community, and as mentioned, is often a requirement for benefit approval. By increasing capacity and reducing the wait for these services, the Department

¹ Based upon an analysis of retro-mental health billing revenues gained from FY04-05 SSI awards to 819 mental health clients. This dataset reflected only awards resulting from "initial SSI applications" and did not include awards resulting from appeals. During the pilot SSI Advocacy project, in which 32% of the awards were won at the "appeal" stage, the mental health system averaged over \$18,000 in retro-billing revenues for each award.

expects to decrease the likelihood that clients will be denied SSI for lack of a Rep Payee, and will assist clients who are unable to manage their funds and risk losing their housing as a result. The Department will allocate \$130,000 to expand community-based capacity, which at a minimum will increase Rep Payee services for 100 clients.

3. Add 1.0 Billing Clerk to Community Behavioral Health Services

A 1636 Billing Clerk position will provide a much-needed resource in CBHS Billing for the SSI MediCal Expansion Project. With this expansion and continued diligence between SSI Advocates and DHS MediCal Office in identifying and expanding MediCal months for SSI awards, CCSF is able to retroactively bill for services previously not recouped. Because of the extensive retroactive billing, much of the billing work is done manually. In addition FY04-05 for the PRC billings, CBHS Billing submitted 867 services in over-1-Year claims to Short Doyle MediCal totaling \$247,536 for SSI clients who received retroactive MediCal eligibility in FY04-05.

JUSTIFICATION: (required by the Mayor's Office)

It is only possible to increase the success rate of clients obtaining SSI benefits through an increased investment in SSI Advocacy. Rep Payee services must be available when assignment of a Rep Payee is a condition of approval of SSI, which is often the case for the type of clients served in the system. To handle the significant number of retro-activated MediCal months resulting from SSI awards, it is necessary to increase the number of Billing Clerks to capture the newly identified MediCal dollars.

The initiative will be funded by reallocating General Fund dollars, but is low risk and provides General Fund savings during the year. The General Fund savings are based on an assumption that as a result of the purchased SSI Advocacy slots, MediCal revenues will increase as revenue reimbursement is realized for client services.

This expansion is expected to produce 170 awards, which will conservatively result in \$850,000 in General Fund revenues in FY06-07. The expense for year one, including the SSI advocacy slots, rep payee slots, and Billing clerk \$674,183 resulting in a \$175,817 gain.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Conservatively, 170 new clients will obtain SSI benefits and by default of their SSI approval, MediCal benefits.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

170	New SSI and SSI-linked MediCal Awards
\$ 5,000	Avg. Year 1 Return Each (conservative)
\$ 850,000	Total Year 1 Returns
\$ (435,000)	170 SSI Advocacy Slots (Year 1 only)
\$ (130,000)	100 Rep Payee Slots
\$ (52,578)	SSI Match requirement for HOPE grant from HSA
\$ (56,605)	0.75 FTE 1636 Billing Clerk
\$ (674,183)	Total Expansion Investment
\$ 175,817	Balance (GF) (\$850,000 – 674,183)

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

Increase of 0.75 1636 Billing Clerk position in FY 06-07

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SSI-Enhancement

	FY 2006-07	Ongoing
Sources:		
45416 Short Doyle MediCal	\$ 850,000	\$ 850,000
Subtotal Sources	850,000	850,000
Uses:		
027 Salaries and Fringes	\$ 56,605	\$ -
Professional Services	617,578	617,578
-	-	-
Subtotal Uses	674,183	617,578
Net General Fund Subsidy Required (Uses less Sources)	\$ (175,817)	\$ (232,422)
Total FTE's	0.75	1.0

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

Class	Title	FTE's		
1636	Health Care Billing Clerk	0.75	\$	42,948
				-
				42,948
	Fringe (31.8%)			13,657
			\$	56,605

Operating Expenses

Index Code	Character/Subobject Code			
HMHMCC730515-027		-	\$	617,578

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

191

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599
PROGRAM / INITIATIVE TITLE: **SFGH Revenue Build-Up**
GENERAL FUND: (\$11,000,000)

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Each year, SFGH Finance projects the expected revenue for the following year through a detailed analysis called the revenue build-up. Each revenue source is analyzed and projected separately and the final result is the year to year change in the total revenue baseline, which equals the general fund impact of baseline revenue change. This excludes revenue from budget initiatives. For FY 2006-07 we project increases from the following sources:

Medi-CAL 1115 Waiver	\$ 9M
Price Increases	\$ 1M
Patient Placement Activities	<u>\$ 1M</u>
	\$11M

JUSTIFICATION: (required by the Mayor's Office)

N/A

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Ongoing baseline revenue will increase by \$11,000,000 resulting in a reduction in general fund support.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH Revenue Build-Up

	FY 2005-06	Ongoing
Sources:		
Medi-Cal Revenue	\$ 9,000,000	\$ 9,000,000
Patient Revenue	\$ 1,000,000	\$ 1,000,000
Patient Placement Activities	\$ 1,000,000	\$ 1,000,000
Subtotal Sources (See build-up details)	11,000,000	11,000,000
Uses:		
Salaries and Fringes	\$ -	\$ -
Operating Expenses	-	-
Fac Maint & Equip	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (11,000,000)	\$ (11,000,000)
Total FTE's	0.00	0.00

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

Class	Title	FTE's
	None	

Fringe (26.5%)

Operating Expenses

Index Code	Character/Subobject Code
	None

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

None

194

2006-2007 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input 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 type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: LAGUNA HONDA HOSPITAL (LHH)
PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599
PROGRAM / INITIATIVE TITLE: **LHH MEDI-CAL REVENUE**
GENERAL FUND: (\$16,000,000)

TARGETED CLIENTS: LAGUNA HONDA HOSPITAL RESIDENTS

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

This initiative brings Medi-Cal revenue for LHH in line with projections of the impact of a substantial rate increase.

JUSTIFICATION: (required by the Mayor's Office)

In August 2005, the California Department of Health Services (CDHS) re-structured the methodology that is used for determining the amount of Medi-Cal reimbursement for basic room and board services in Skilled Nursing Facilities which are based on comparisons of costs of facilities with similar characteristics. CDHS established regions which grouped LHH with other facilities in the central metropolitan areas with costs that are much higher than in other California regions. This change produced a \$63.00 per day rate increase in FY 2005-06 which covers much more costs incurred by LHH. This is expected to add \$19,134,511 to Medi-Cal revenues (\$62.98 X 303,819 Medi-Cal Census Days).

The Distinct Part Nursing Facility Supplemental Federal Funding Participation (DP/NF Supplemental FFP) program picks up approximately half of the difference between what a facility recovers from Medi-Cal and what it costs local governments to sustain Skilled Nursing Facilities. Since the August 2005 Medi-Cal rate more closely matches LHH costs, revenues from this supplemental source may decline by \$3,134,218.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative does not alter the volume of services provided by LHH.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

This initiative reduces the need for General Fund support by a net of \$16,000,000.

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

This initiative does not change the size of the LHH workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH MEDI-CAL REVENUE

	FY 2006-07	Ongoing
Sources:		
Increased Medi-Cal Revenue from Daily Rate	\$ 19,134,218	\$ -
Decreased DPNF Supplemental FFP	(3,134,218)	
Subtotal Sources	16,000,000	-
Uses:		
Salaries and Fringes	\$ -	\$ -
	-	-
	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (16,000,000)	\$ -
Total FTE's	0.0	0.0

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Primary Care

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu / 255-3524

PROGRAM / INITIATIVE TITLE: **Medi-Cal FQHC Revenue Enhancement**

GENERAL FUND: \$(775,688)

TARGETED CLIENTS: Medi-Cal eligible clients

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Currently 13 clinics are supported by eight 2908 eligibility workers who rotate through the 13 clinics. The addition of two additional FTEs would allow our busier clinics to have dedicated resources. Goal is to maximize reimbursement and reduce reliance on General Fund. Currently, Primary Care collects 2% of charges for clients who do not have a funding source. These patients account for 54,600 visits per year. Conversion of 10% (5,460 visits) to MediCal could generate \$1.2M in MediCal FQHC revenue. This initiative would cost \$124,312 in the first year and generate \$900,000 in new revenues.

JUSTIFICATION: (required by the Mayor's Office)

Cost will be fully recovered and bring a GF net savings of about \$775,688.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No impact on number of clients served.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Total costs in first year are \$124,312 offset by \$900,000 in revenue for a net GF reduction.

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

Increase of 1.50 FTE's in 06/07 annualized to 2.00 FTE's for 07/08

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Medi-Cal and SSI Revenue Enhancement

Sources:	FY 2006-07 (9 months)	Ongoing
Medi-Cal Revenue	900,000	1,200,000
Subtotal Sources	\$ 900,000	\$ 1,200,000
Uses:		
Salaries and Fringes	124,312	165,749
Subtotal Uses	\$ 124,312	\$ 165,749
Net General Fund Subsidy Required (Uses less Sources)	\$ (775,688)	\$ (1,034,251)
Total FTE's	1.50	2.00

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

Job Class	Title	FTE's	(9 Months)
2908	Hospital Eligibility Worker	1.50 \$	94,318
	Fringes (31.8%)	\$	94,318
		\$	29,993
		1.50 \$	124,312

Operating Expenses (List by Character)

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

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2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: ENVIRONMENTAL HEALTH
PROGRAM CONTACT NAME/PHONE: RAJIV BHATIA / 415-252-3931
PROGRAM / INITIATIVE TITLE: **Hazardous Material Program Fee Increase**
AMOUNT: **(\$123,078)**

TARGETED CLIENTS: PERMITTED SAN FRANCISCO BUSINESSES

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The fee increases for hazardous materials and medical waste programs represent the second year of a three year programmed fee increase. The fees are specified in an ordinance passed in 2004. After the 06-07 budget year, fees will increase based on the CPI.

JUSTIFICATION: (required by the Mayor's Office)

Program Fees are required to pay for 100% of program-related costs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increase in Hazardous Material Program revenues of 123,078 for the 06/07. There are no additional expenditures being requested.

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

N/A

2006-2007 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: ENVIRONMENTAL HEALTH
PROGRAM CONTACT NAME/PHONE: RAJIV BHATIA / 415-252-3931
PROGRAM / INITIATIVE TITLE: **WEIGHTS & MEASURES PROGRAM FEE INCREASE**
GENERAL FUND AMOUNT: **(\$289,440)**

TARGETED CLIENTS: PERMITTED SAN FRANCISCO BUSINESSES

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Legislation is currently being finalized to increase Weight and Measures permit fees to reflect increase in program cost.

JUSTIFICATION: (required by the Mayor's Office)

Program Fees are required to pay for 100% of program-related costs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increase in Weights & Measures revenues by \$289,440 for the 06/07.

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

N/A

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ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: New Permit Fees for Weights & Measures
 Environmental Health Section

	FY 2006-07	Ongoing
Sources:		
New Weights & Measure Permit Licence Fee	289,440	289,440
Subtotal Sources	289,440	289,440
Uses:		
Salaries and Fringes	\$ -	\$ -
	-	-
	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (289,440)	\$ (289,440)
Total FTE's		

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

Class	Title	FTE's	
	Fringe (31.8%)		-
			-
			\$ -

Operating Expenses

Index Code Character/Subobject Code

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

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