

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 – Quality Management

PROGRAM CONTACT NAME/PHONE: Hiro Tokubo, 206-4019

PROGRAM / INITIATIVE TITLE: **Quality Data Reporting**

GENERAL FUND: **\$71,487**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

SFGH is facing an increase in required data reporting for quality indicators. The Reporting Hospital Quality Data for Annual Payment Update directly impacts our Medicare reimbursement. In addition to required data reporting, SFGH participates in a number of “voluntary initiatives”, which are designed to assist in improving patient safety. Many of these “voluntary initiatives” are only a prelude to mandatory reporting.

Many of these initiatives will eventually be tied to the Hospital’s reimbursement from Medicare (CMS), Medi-Cal (Lumetra), managed care plans (San Francisco Health Plan, Blue Cross Medical Managed Care), and others. Lumetra is “piloting a program” asking Hospitals to submit data on a monthly basis instead of a quarterly basis. It is only a matter of time before these reimbursement parties require Hospitals to reach quality “benchmarks” in order to remain an approved provider. In order to meet these increasing requests for data, as well as the increased frequency of data submission, the Quality Management Department requires the addition of a budget analyst with expertise in quality data analysis and reporting, and the ability to work with the Medical Staff and Hospital Departments to reach the established benchmarks.

JUSTIFICATION: (required by the Mayor’s Office)

Beginning in 2003, the Quality Initiative of the Hospital Quality Alliance requested voluntary reporting by hospitals on quality measures related to Acute Myocardial Infarction (AMI), Heart Failure (HF) and Pneumonia (PN). These quality data are now publicly reported through the CMS Hospital Compare website, and are required in order to receive full annual Medicare payment updates. Required reporting to the Centers for Medicare & Medicaid Services (CMS) includes submitting data on 10 quality measures. This data submission requires extensive staff time in Quality Management to abstract medical records, review and revise data for accuracy, complete timely submissions to the data vendor, analyze reports, distribute and review with appropriate staff for appropriate quality improvement initiatives, as indicated. Hospitals that submit validated data to CMS receive a 3.2% increase in their payment rates for inpatient services in FY 2006, while hospitals that do not submit quality data receive a payment update of 2.8%, or a 0.4% lower rate. If SFGH does not have appropriate resources to adequately comply with these data requirements, there would be a significant loss of annual revenue from CMS.

In 2006, CMS will require submission of data on patient experience, which requires participation in the HCAHPS patient survey. This will require additional staff time to implement, coordinate and analyze the

survey data and take appropriate actions when data results are below “established” benchmarks. CMS is almost certain to tie the results of patient survey to Medicare reimbursement. In addition, many states have already passed legislation requiring Hospitals to electronically submit adverse incidents or unusual occurrences to a state agency. When California passes such legislation, the Hospital has to be ready with a “quality data expert” who will know the details of how to submit sensitive information. The current national trend to increasingly require data from hospitals for public reporting confirms the need to have appropriate level staff in Quality Management to assure timely submissions, data completeness and accuracy.

During the recent DHS/CMS Validation Survey, several issues were identified that will require data collection, aggregation and trending, and will require a person to closely monitor all plans of correction that are submitted to regulatory agencies.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

NA

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

Salaries and fringes are expected to increase by \$71,487 in the first year and \$95,316 ongoing.

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

Additional 0.75FTE, 2119 Health Care Analyst, is requested to meet the increasing burden of requests for quality data from various third-parties. The analyst will be responsible for compliance with increasing demands for mandatory and voluntary reporting of data to external organizations and regulatory agencies. Duties include:

- Coordinating, developing and managing complex, confidential/sensitive QM databases.
- Assuring timely and accurate compliance with multiple external data reporting requirements.
- Preparing complex performance improvement analyses, including interpretation and manipulation of data from internal and external databases.
- Analyzing and interpreting existing and proposed standards/benchmarks, and policies, including requests for data reporting and the financial and non-financial consequences of such reporting.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Quality Data Reporting

	FY 2006-07 (9 Months)	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 71,487	\$ 95,316
Subtotal Uses	71,487	95,316
Net General Fund Subsidy Required (Uses less Sources)	\$ 71,487	\$ 95,316
Total FTE's	0.75	1.00

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

Class	Title	FTE's	(9 Months)
2119	Health Care Analyst	0.75	\$ 54,239
			54,239
	Fringe (31.8%)		17,248
		0.75	\$ 71,487

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 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: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Marc Trotz / 554-2565

PROGRAM / INITIATIVE TITLE: **Direct Access to Housing Master Lease Rent Increases and Annualization of Contracts**

GENERAL FUND: **\$570,088**

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 will be facing various inflationary pressures in FY 06/07. The annualization of new projects that were started in FY 05/06, the annualization and continuation of contracts that were partially funded by grants that will be expiring in FY06/07 and the annual master lease rent increases for the Direct Access to Housing sites.

In FY 05/06, Housing and Urban Health started new projects to provide additional DAH bed slots for chronically homeless people at the Plaza Hotel, the Mission Creek Senior Housing and the Folsom Dore Apartments which was partially funded by the ICH grant. The Plaza Hotel opened in December of 2005 and provides 106 DAH bed slots for chronically homeless individuals. Mission Creek Senior Housing is a new affordable housing site being developed by Mercy Housing of California which will open in February of 2006 and will include 140 units of senior housing with 51 units designated as supportive housing units for frail elderly people exiting Laguna Honda Hospital and other locations. HUH is currently contracting with Episcopal Community Services for 20 supportive housing units at the Folsom Dore affordable housing development. Given that these projects started mid-year or were partially funded by grants in FY 05/06, the annualized cost to cover a full year of operations will be \$459,362 in FY 06/07.

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. In FY 05-06, the ICH grant, described above, funded a portion of the Baker Places contract to provide support services to the Empress Hotel. With the ICH grant due to expire in FY 06-07, HUH is proposing to replace those grant funds (\$128,388) with FQHC Medi-Cal revenue in order to maintain the current level of tenant services. The HUH clinic is now a fully operational Medi-Cal clinic and generates sufficient revenue to offset these support services costs.

Housing & Urban Health is proposing to fund a Conard House contract that provides on-site supportive services to residents permanently housed at the Jordan Apartments. This funding, in the amount of \$125,000 from HUH, is part of the overall funding used by Conard House, Inc, that is under contract with CBHS, to provide supportive services to residents, especially those who are not Medi-Cal eligible. These on-site supportive services include mental health, case management and rep payee services. Without them, many of the residents served by Conard would be at severe risk of losing their permanent housing,

and becoming homeless due to the symptoms of their mental health and/or substance abuse problems.

Housing and Urban Health currently has eleven Direct Access to Housing (DAH) sites: the Empress Hotel, the Star Hotel, the Camelot Hotel, the Le Nain Hotel, the Windsor Hotel, the Pacific Bay Inn, the Civic Center Residence, the West Hotel, the Folsom Dore Apartments, the Broderick Street Residential Care Facility and the Plaza Hotel. Together these eleven DAH sites provide 729 bed slots of service-enriched subsidized housing to homeless persons who have been living on the streets and revolving through emergency care settings with the goal of enabling these individuals to achieve greater levels of residential stability and improved health status. Seven of the eleven DAH sites are secured through a master lease agreement that includes annual rent increases for the building owners based on the Consumer Price Index. The Empress Hotel's annual rent increase will be partially funded by federal monies in FY 06-07. The projected annual rent increase for the seven locally funded DAH sites is \$305,343.

JUSTIFICATION: (required by the Mayor's Office)

Housing and Urban Health provides housing with integrated health care services with the goal of ending chronic homelessness in San Francisco. These funds will be used to annualize the cost of the new and partially funded projects in FY 06/07, maintain the current level of tenant services at the Empress Hotel and cover the annual rent increases at the seven DAH sites as required in the lease agreement. Some of the costs will be offset by revenues that will be generated by providing medical services to Medi-Cal eligible clients at the HUH clinic.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the proposal is not approved, HUH will not be able to provide 287 DAH bed slots that is currently being provided by the new projects and existing DAH sites lease agreement. HUH will also not be able to provide the same level of support services to the target population. A reduction in support services could destabilize residents. Unstable residents are much more likely to utilize emergency services, which are considerably more expensive than the cost of support services.

The Conard House, Inc. contract with CBHS provides for supportive services to 502 clients living in permanent supportive housing. Approximately 70 of those clients would lose services.

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

The total contractual and rent expenses for HUH in FY 06/07 will increase by \$893,093 but will be offset by revenues of \$323,005 from FQHC Medi-Cal, therefore, the net impact on general fund will be only be \$570,088.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Direct Access to Housing Master Lease Rent Increases and Annualization of Contracts

		FY 2006-07	Ongoing
Sources:			
	FQHC Medi-Cal	\$ 323,005	\$ 323,005
Subtotal Sources		323,005	323,005
Uses:			
	Operating Expenses	\$ 587,750	\$ 587,750
	Rents and Leases	305,343	305,343
		-	-
Subtotal Uses		893,093	893,093
Net General Fund Subsidy Required (Uses less Sources)		\$ 570,088	\$ 570,088
Total FTE's		0.00	0.00

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

Class	Title	FTE's	
	Fringe (31.8%)	0.00	-
			-
			\$ -
Operating Expenses			
Index Code	Character/Subobject Code		
HCHSHHOUSGGF	021 / 02700		\$ 587,750
HCHSHHOUSGGF	021 / 03000		\$ 305,343
			\$ 893,093

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: **Long Term Care Beds**
GENERAL FUND: **\$3,039,283**
TARGETED CLIENTS: Clients in Long Term Care beds

PROGRAM DESCRIPTION: (Description of Program Change)

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

The CBHS Long Term Care Budget for year 05-06 was \$7,950,032. We are projecting that the actual expenditures will exceed budget by \$3M, as a result of expanding the placement program to reduce the census at SFGH. We are including this additional cost as a structural adjustment for FY 06-07.

JUSTIFICATION: (required by the Mayor's Office)

The Department is currently projecting expenses of \$10,989,315 for approximately 280 locked, long-term psychiatric beds, including Institutions for Mental Disease (IMD) beds, Mental Health Rehabilitation Center (MHRC) beds, and psychiatric Skilled Nursing Facility (SNF) beds, all of which are located in facilities outside of San Francisco. However, the Long Term Care budget is \$7,950,032, thus creating a shortfall of \$3,039,283 in FY05-06. Will this is significant; it is less costly than the alternative of managing the population at SFGH.

The patch rate per bed charged to DPH ranges from \$17 per day to \$300 per day depending on the level of care provided/needed and whether medical care is included. Additionally, clients may contribute SSI or MediCal revenues on top of this daily cost, depending on the facility's license and the client's eligibility.

Long Term Care beds are used primarily for mentally ill clients with severe mental illness who are not stable enough to live in a community-based setting. These beds are also used for clients who do not have a mental illness by strict definition, but instead have an organic or other disorder, such as dementia and serious medical issues. These disorders and medical issues can result in behavioral issues that are better managed in a locked or delayed-egress setting, which is prepared to manage behavioral problems.

Referrals to these locked beds are through the CBHS Placement Unit. The referral sources include San Francisco General Hospital (SFGH) psychiatric and medical units, Laguna Honda Hospital (LHH), the Emergency Medical Services (EMS) High User program, and the Homeless Outreach Team. Many clients are placed following an acute inpatient episode, going directly from SFGH's Psychiatric Unit to a locked long-term care bed. A recent focus has emphasized the placement of clients who are high users of the City's services, including ambulance services, as well as clients identified by the Homeless Outreach Team in an effort to stabilize these clients prior to placement in permanent housing and to reduce high service usage.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

None

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

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Long Term Care Increase

	FY 2006-07	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
027 Salaries and Fringes	\$ -	\$ -
Professional Services	3,039,283	3,039,283
Subtotal Uses	3,039,283	3,039,283
Net General Fund Subsidy Required (Uses less Sources)	\$ 3,039,283	\$ 3,039,283
Total FTE's	0.0	0.0

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

Class	Title	FTE's
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Fringe (31.8%)

-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code
HMHMLT30	027

3,039,283
\$ 3,039,283

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: SFGH Finance

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

PROGRAM / INITIATIVE TITLE: Structural Salary Fix SFGH

GENERAL FUND: \$3,289,223

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

Increases in Premium Pay, Holiday Pay, Temp Salaries, an increase of 3.0 FTE 2903 Eligibility Worker to reduce overtime in the department, and an increase of 1.50 FTEs Nursing anesthetist to provide clinical coverage for the increased trauma and general surgery census.

JUSTIFICATION: (required by the Mayor's Office)

In the past three years San Francisco General Hospital has experienced unfavorable salary variances requiring supplemental appropriation. Analysis of actual salary expense versus budgeted salary appropriation indicate that the variances are partially a result of under funded premium pay, holiday pay and temp salaries in addition to the use of overtime.

Adjust Premium and Holiday Pay Budget to Actuals

Whenever MOU increases are implemented and funded, the increases do not include the categories of premium and holiday pay.

Increase temporary (as needed) salaries

The hospital based clinics are not adequately budgeted in the Unit Clerk and MEA categories so that there is coverage for non-productive time in the clinics. The hospital proposes to increase its temp salaries to account for this.

Reduce Overtime

I. Outpatient registration and eligibility functions are performed at 12 decentralized sites throughout the hospital and clinics, 7 days per week, from 7:30 am to 11:30 pm. The duties of the registration and eligibility workers include not only a face-to-face interview, but also the preparation of forms, calling Health Plans for reassignment of PCP and current assignment of benefits, re-printing lost lab and pharmacy cards, referring patients to entitlement programs and explaining programs to our patients. Based on a detailed analysis of all the registration sites, 58,188 productive hours are needed to properly staff the sites. Currently we are budgeted for approximately 50,472 productive hours. The difference of 7,716 hours equates to approximately 4.3 FTE's, assuming each FTE has 1,766 productive hours. Currently, the department is covering the operating hours with the use of overtime.

II. Certified Registered Nurse Anesthetists are able to provide anesthesia care to patients. Currently the trauma volume has increased over the last year and CRNA's have been working overtime to accommodate the increased need.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Salaries and fringe benefits will increase by \$3,289,223 the first year and \$3,474,064 thereafter.

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

Temp Salaries Misc will increase by 8.30 FTE's, 3.0 FTE increase in 2903 Eligibility Workers and 1.50 FTE increase in Nursing Anesthetists.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Structural Salary Fix SFGH

	FY 2006-07	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringe	\$ 3,289,223	\$ 3,474,064
Subtotal Uses	3,289,223	3,474,064
Net General Fund Subsidy Required (Uses less Sources)	\$ 3,289,223	\$ 3,474,064
Total FTE's	4.50	6.00

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

Class	Title	FTE's	
P103	Premium Pay - Nurses	N/A	\$ 1,383,000
	Holiday Pay Misc	N/A	420,000
Temp M	Temp Salaries - Misc	0.00	554,500
			<u>2,357,500</u>
	Fringes (16% - payroll taxes only)		377,200
			<u>\$ 2,734,700</u>
2903	Eligibility Workers	3.00	\$ 165,165
2330	Nurse Anesthetist	1.50	255,566
			<u>420,731</u>
	Fringe (31.8%)		133,792
			<u>554,523</u>
	Grand Total	4.50	<u>\$ 3,289,223</u>

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

DPH SECTION: SFGH/LHH/PC

PROGRAM CONTACT NAME/PHONE: Mark Primeau (554-2789), Kathy Jung (206-8858)

PROGRAM / INITIATIVE TITLE: **Department of Public Health Project Management**

GENERAL FUND: **\$600,000**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

Fund dedicated design management staffing at Dept of Public Work via a work order Department of Public Health capital projects. Two fulltime design management staff will be provided by DPW to DPH which and will focus their commitment on DPH, create institutional memory on DPH construction issues and controls, and assist us in preparing for the SFGH re-build. The concept is similar to what was set up for the LHH rebuild, with the advantage of building the capacity into a team that can handle all the SFGH capital needs.

JUSTIFICATION: (required by the Mayor's Office)

In the past, an organization structure that has proven effective with serving departmental capital needs (SFPD, PARK/REC) has been to create a dedicated design/management team, of DPW staff, located on site which works intimately with all facets of the capital & facility management team. SFGH has started this on a very limited basis by consolidating project management allocations for a few existing projects. This has allowed SFGH to have some direct day-to-day relationship to the Bureau of Architecture (BOA) staff they rely on to support their capital project planning and implementation needs. There has been improved and streamlined communication over projects and the BOA staff have gained valuable insight into hospital operations and dynamics that affect project design and construction. These advantages have already expedited project development work and we expect will also give us higher quality construction documents and timelier projects.

Better construction documents and timelier projects will in turn lead to lower construction costs. For instance, projects at SFGH have been growing in complexity (due in large part to physical plant and equipment age issues and changing technology). An average cost of a project is now in the range of \$350,000 to \$450,000. In today's construction bidding environment we are experiencing 12-15% annual cost escalation. The more quickly we can bring projects to bid (with high quality documents), the lower the overall project costs. The future costs that avoided are likely to more than pay for a core design management staff.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Operating Expense will increase by \$600,000 in work order agreement with the Dept of Public Work.

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

No impact.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: DPH Project Management

	FY 2006-07	Ongoing
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Operating Expenses	\$ 600,000	\$ 600,000
Subtotal Uses	600,000	600,000
Net General Fund Subsidy Required (Uses less Sources)	\$ 600,000	\$ 600,000
Total FTE's	0.00	0.00

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

Class Title FTE's

Fringes (31.8%)

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	081WA- DPW Project Management (2 staff)	\$ 600,000

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

2006-2007 Program Change Request

DEPARTMENT NAME:

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|---|---|
| <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: Gayling Gee 759-2363
PROGRAM / INITIATIVE TITLE: LHH Unfunded Laundry Positions
GENERAL FUND: **\$568,311**

TARGETED CLIENTS: Laguna Honda Hospital Residents

PROGRAM DESCRIPTION: (Description of Program Change)

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

Ten unfunded Laundry workers must remain on the LHH payroll pending the opening of an off-site laundry according to negotiated agreements. These are individuals with special circumstances or who are in job classes that have not permitted them to be placed in vacant positions in other areas of LHH. Three (3) are on modified work in medical records, four (4) are assigned to Housekeeping, two (2) Truck Drivers are driving the Shuttle Vans, a new service added for transporting Residents and staff to and from Clarendon Hall and the Main Hospital building, and one (1) Assistant General Services Manager is overseeing Linen Distribution and helping oversee Housekeeping Services.

JUSTIFICATION: (required by the Mayor's Office)

The employees are serving important functions, all of which have not been funded.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Many of the residents and Staff utilize the Shuttle service, the medical records paper system is a constant need, and the linen is in need of management.

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

This initiative adds \$568,311 in salary and fringe benefits to General Fund obligations. This funding must commence on the first day of the fiscal year because the workers are already on the payroll. Therefore, the expense impact remains the same in subsequent years. Only variable fringe benefits of 16%, corresponding to FICA and pension contributions, are used because this initiative supports only positions that are already in use.

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

This initiative adds 10.0 FTE to the budget to cover 10 individuals who are already on the payroll. This initiative does not increase the LHH workforce. Since these positions are already on the payroll, funding must commence on the first day of the fiscal year and there will be no change in FTE count in subsequent fiscal years.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH UNFUNDED LAUNDRY POSITIONS

	FY 2006-07	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 568,311	\$ 568,311
	-	-
	-	-
Subtotal Uses	568,311	568,311
Net General Fund Subsidy Required (Uses less Sources)	\$ 568,311	\$ 568,311
Total FTE's	10.0	10.0

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

Class	Title	FTE's	Salary
2760	Laundry Worker	7.00	\$ 296,339
7355	Truck Driver	2.00	\$ 133,058
2785	Assistant General Services Manager	<u>1.00</u>	<u>60,526</u>
		10.00	489,923
	Fringe (16% variables only for current staff)		<u>78,387.70</u>
			\$ 568,311

2006-2007 Program Change Request

DEPARTMENT NAME:

- | | |
|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
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| <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: **Position Corrections**
GENERAL FUND: **\$166,964**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

Correction of job classification to reflect the actual role and expanded responsibilities of supervisory positions in Primary Care. Per Union contract agreement, positions are reclassified to be commensurate with new responsibilities.

JUSTIFICATION: (required by the Mayor's Office)

Due to primary care restructuring, the roles of Medical Directors have been expanded beyond the scope of current classifications. The reclassifications will be commensurate with new functions. Cost of \$166,964 produces long-term savings due to elimination of Health Center Directors.

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)

The cost of the salaries and fringes expense is \$166,964.

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

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Position Corrections

	FY 2006-07	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	
Uses:		
Salaries and Fringe	\$ 166,964	\$ 166,964
Subtotal Uses	166,964	166,964
Net General Fund Subsidy Required (Uses less Sources)	\$ 166,964	\$ 166,964
Total FTE's	0.00	0.00

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

Class	Title	FTE's	
2232	Sr Physician Specialist	(8.66)	\$ (1,298,325)
2233	Supervising Physican Specialist	8.66	\$ 1,397,754
2233	Supervising Physican Specialist	(1.00)	\$ (161,403)
2235	Medical Director	1.00	\$ 177,173
2232	Sr Physician Specialist (HJAILHLTH-WO)	(1.00)	\$ (149,922)
2233	Supervising Physican Specialist (HJAILHLTH-WO)	1.00	\$ 161,403
			\$ 126,680
	Fringe (31.8%)		\$ 40,284
		0.00	\$ 166,964

Operating Expenses (List by Character)

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

DPH SECTION: Department Wide

PROGRAM CONTACT NAME/PHONE: Pamela Levin/554-2605

PROGRAM / INITIATIVE TITLE: **Match budget to actual Public Health and Mental Health Positions**

GENERAL FUND: **\$268,025**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

A comprehensive review of Public Health and Mental Health budgets has yielded several filled positions that are working out of class or who are in job functions that do not match their budgeted classifications.

JUSTIFICATION: (required by the Mayor's Office)

Based on the City's rules, employees should be in positions that are consistent with their job duties.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Increased expenses of \$268,025

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

Increase in position of 1.31

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Public Health and Mental Health position corrections

	FY 2006-07	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 268,025	\$ 268,025
Professional Services	-	-
Subtotal Uses	268,025	268,025
Net General Fund Subsidy Required (Uses less Sources)	\$ 268,025	\$ 268,025
Total FTE's	1.31	1.31

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

Class	Title	FTE's	
	See Attachment		231,056
			-
			231,056
	Fringe (31.8%)		36,969
			\$ 268,025

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 type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Primary Care | <input checked="" 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 – Substance Abuse

PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3717

PROGRAM / INITIATIVE TITLE: **Backfill of CATS Redwood Center and Golden Gate for Seniors Residential Beds**

GENERAL FUND: **\$323,101**

TARGETED CLIENTS: Adult and Senior drug and alcohol abusers

PROGRAM DESCRIPTION: (Description of Program Change)

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

Community Awareness and Treatment Services, 1446 Market Street, SF, CA, Redwood Center Residential Services and Golden Gate for Seniors Residential Services.

JUSTIFICATION: (required by the Mayor's Office)

In FY 04-05, Human Services Administration (HSA) provided full funding for eighteen residential beds at Redwood Center and two residential beds at Golden Gate for Seniors under the CAAP Benefits Program. In the FY 2005-06 Mayor's budget the funding was cut from the DPH budget. The BOS restored the services but the funding was insufficient to provide fund all the beds. In FY 2005-06 CBHS has been using one-time carry-forward General Funds to keep the services whole. HSA has advised that it would not fund the beds in FY 2006-07, so we are requesting to backfill lost HSA funding. The respective costs per day of the Redwood Center and Golden Gate Residential beds are \$47.45 and \$55.12, compared to the current median cost of \$88.23 in the substance abuse residential services system of care.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Loss of HSA funding will result in the loss of 5,912 units of service to 90 unduplicated clients at Redwood Center and 638 units of service and 8 unduplicated clients at Golden Gate for Seniors.

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

Backfilling loss of HSA funding will result in an increase to the 027 Medical Services line of the General Fund of \$323,101.

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

There would be no impact on the Departments workforce since Community Awareness and Treatment Services is a non-profit, private corporation.

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 checked="" 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 – Substance Abuse

PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3717

PROGRAM / INITIATIVE TITLE: **Backfill Lost HUD/McKinney Funding for Detox Beds at Baker Places**

GENERAL FUND: **\$304,294**

TARGETED CLIENTS: Adults with Mental Health, Substance Abuse, and HIV/AIDS Related Issues

PROGRAM DESCRIPTION: (Description of Program Change)

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

Baker Places, Joe Healy Medical Detox Project, 120 Page Street, SF CA 94102. The amount requested to backfill the lost HUD/McKinney funding is \$304,294, an equivalent of three medical detoxification beds. Healy Detox is double-staffed 24 hours daily, every day of the year, with nursing and counseling personnel.

JUSTIFICATION: (required by the Mayor’s Office)

In FY05-06, HUD/McKinney provided funding for four Baker Places detoxification beds at Joe Healy Place. HUD has advised Baker Places that it will tshift its focus in FY06-07 and fund fewer support services while funding more housing with McKinney funds, resulting in a reduction of \$304,294, an equivalent of three beds. Baker Places’ Healy Detox is part of the Mayor’s safety net continuum of care that established funding of the McMillan Sobering Center. Clients completing overnight detoxification at McMillan Sobering Center are referred to Healy Detox for a length of stay of up to 21 days. Those clients, if not referred to Healy Detox, will be turned out to the streets or taken to the SFGH emergency room for costly detoxification.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Should HUD/McKinney grant funds not be backfilled, the medical detoxification system of care will lose the capacity to serve 72 unduplicated clients with an equivalent loss of 1,095 units of service (bed days).

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

Since the effective funding date is requested to be July 1, 2006, backfilling lost HUD funding would result in an increase to the General Fund 027 Professional Services line of \$304,294.

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

There would be no impact on the Department’s workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Bakdfill Lost HUD/McKinney Funding for Detox Beds at Baker Places

	FY 2006-07	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ -	\$ -
027 Professional Services	304,294	304,294
Subtotal Uses	304,294	304,294
Net General Fund Subsidy Required (Uses less Sources)	\$ 304,294	\$ 304,294
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		
HMHSCCRES227	027		- \$ 304,294

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