

2007-2008 Program Change Request

DEPARTMENT NAME:

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

- ☐ Public Health
☒ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐

DPH SECTION: Community Behavioral Health Services – Mental Health

PROGRAM CONTACT NAME/PHONE: Kathy O'Brien, LCSW 415-206-5071

PROGRAM / INITIATIVE TITLE: **Emergency Department Case Management Program / Homeless Outreach and Medical Emergency (HOME) team**

GENERAL FUND: \$113,215

TARGETED CLIENTS: Frequent users of emergency medical services (EMS) in San Francisco, often chronic homeless individuals who lack linkage to regular medical care and other stabilizing resources and who overly rely on 911 and emergency department use to address their unmet needs.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Emergency Department Case Management (EDCM) Program with the Department of Psychiatry's Division of Psychosocial Medicine at San Francisco General Hospital (SFGH) is a nationally recognized award winning program that provides integrated medical and psychiatric treatment with intensive case management services to people who are frequent utilizers of medical emergency services at SFGH (≥ 5 visits to ED annually.) Clients, experiencing interplay of medical, psychiatric and psychosocial problems, often present as quite ill from chronic medical conditions as well as from acute intoxication and acute trauma. The interdisciplinary team consists of social work case managers, a nurse practitioner, primary care physician and psychiatrist. Case management services include assertive outreach, resource brokerage and linkage for entitlements; housing; legal and other stabilizing services. Mental health services include crisis intervention, individual and group therapy, medication monitoring and substance use interventions. Program evaluations have demonstrated that services are clinically successful and cost effective.

Building on the success of EDCM and in an effort to expand its target population, EDCM has been one of three intensive case management programs which have participated in the Homeless Outreach Medical Emergency (HOME) pilot project for two years, accepting case referrals and accompanying the SFFD Paramedic Captain on weekly outreach efforts that assist high EMS users (≥ 4 EMS pick ups in a month) throughout the city.

The HOME pilot project has:

- Targeted outreach by ranking high users of EMS and analyzing their pick-up sites
- Responded to requests of EMS field units and citywide hospital medical emergency department staff
- Deployed to areas with high concentration of chronic homeless

We propose hiring two full time social case managers to have dedicated caseloads following HOME team identified clients for assertive case management services. The pilot project has relied on existing DPH teams taking referrals as their program caseloads permit. There are often delays in treatment slot availability because of DPH program specific priorities needing to be met first. Hiring two HOME team

case managers will permit a smooth transition from client identification in outreach efforts to provision of needed services. The HOME team case managers will be working within EDCM while maintaining close collaboration with the SFFD Paramedic Captain through weekly clinical rounds and joint outreach in the SFFD HOME van.

The Program Coordinator of the Emergency Department's Case Management Program, an SFGH Psychiatry Department staff member, will supervise EDCM and HOME case managers. Additionally, the case managers in EDCM will be available to cross-cover for the HOME case managers during sick leave and vacation time.

JUSTIFICATION: (required by the Mayor's Office)

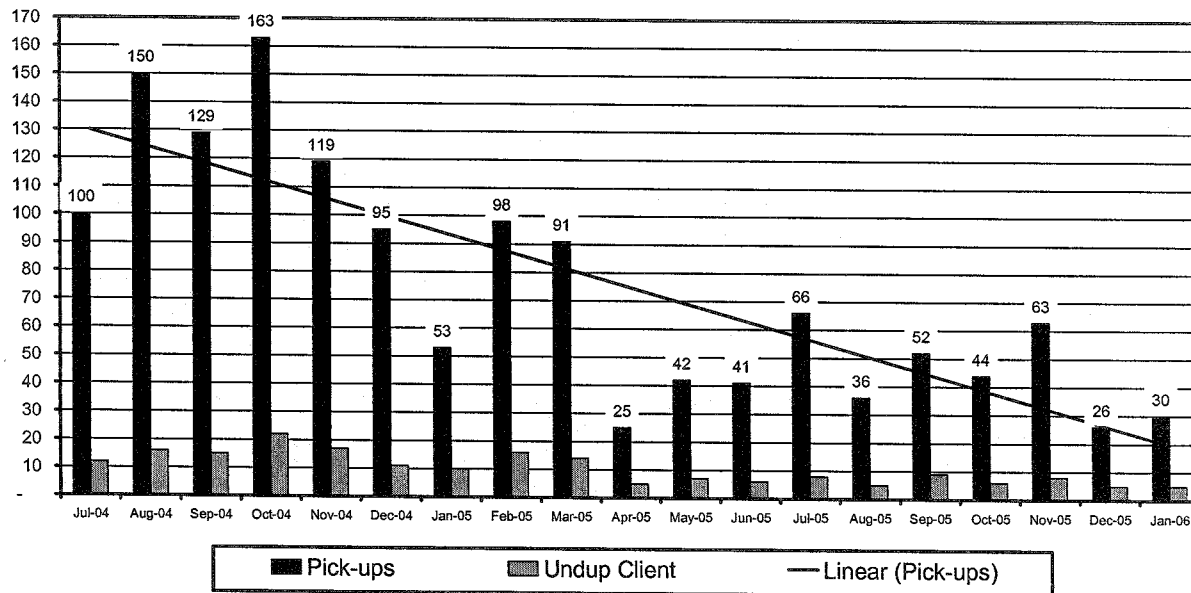
Experience has shown that when clients are unable to be stabilized through treatment regimens, often including supportive housing, their morbidity and mortality rates dramatically increase. People who cannot maintain housing and / or are unable to independently attend to their treatment are those who utilize the largest amount of costly emergency services.

This budget proposal, if approved, would directly fund assistance for such high risk clients as well decrease non-reimbursable services, decrease reliance on acute care services for non-acute care needs, and decrease risk for or length of inpatient services through stabilization services. Also, CM services will improve reimbursement rates for services by assisting clients in securing entitlements and insurance coverage.

EDCM has conducted several research studies that demonstrate the cost effectiveness and clinical effectiveness of its services. A two-year randomized treatment trail of 252 clients that compared ED Case Management to Usual Care found that EDCM produced statistically significant reductions in psychosocial problems and in ED use and cost. In the EDCM group, homelessness was 28% lower, problem drinking was 28% lower and lack of health insurance was 26% lower. ED use was 40% lower among EDCM clients than among usual Care clients and ED costs were 44% lower among EDCM clients.

Regarding the HOME team, the top 35 users of EMS during the pilot phase of this project (07/04 to 1/06) have significantly decreased their reliance on EMS as seen in table below. Long-term benefits include improved linkages for non-acute care services; for housing; for entitlements and insurance; and improved health status for this fragile population.

SFFD EMS and DPH - Ambulance High User Project - Top 35 High Users - 18 months



This table represents total picks ups by month over 18 months during the pilot phase of the project for 35 high EMS users who were identified as being at highest risk for serious problems or death. HOME team members used focused outreach and placed these 35 people with intensive case management programs including: EDCM, McMillan Stabilization CM, Citywide CM, and the Homeless Outreach Team (HOT.) Case openings and interventions occurred over the eighteen months.

Also, in comparing the total pick-ups for high users in FY 04-05 there were 2,632 citywide ED transports and in FY 2005-06 there were 1,990 citywide ED transports representing a 24% reduction.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Funding for the HOME case management program will permit up to 30 open, active cases at a time and a projected 45 people served annually. Cases will be closed as clients stabilize and either are transferred to less intense level of services or are transferred to longer term treatment programs to better address complex needs.

Program costs will be off set by revenue generation through Medi-Cal billing of services to those individuals opened with CBHS in BIS. Traditionally the EDCM program has successfully opened 50% of all referrals in the CBHS system of care when assessments demonstrate their having psychiatric impairments that meet medical necessity criteria. This has left 50% of our clients as receiving services who have primarily medical or medical and co-occurring substance abuse impairments.

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

As explained above, we anticipate at least one-half of the 45 annual HOME clients to be eligible for BIS billing based on EDCM experiences with a similar client population. We projected revenue generation under Mental Health / BIS billing based on services provided by EDCM to a typical high risk high EMS utilizing client. Billing came to \$17,600 for one year of services through BIS. Historically, fifty percent of EDCM caseloads are open in BIS, if we project this for 15 clients the amount of BIS specific revenue generated will be \$132,000 annually (15 clients * \$17,600 * 50%). For FY 2007-08 the revenues will be \$99,000.

FY 2007-08 operating expenditures include \$163,877 for personnel and \$48,338 for operating costs.

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

Increasing by 1.58 FTEs.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Emergency Department Case Management Program/HOME Team

Sources:	FY 2007-08 (9 Months)	Ongoing
Short Doyle Medi-Cal Revenue	\$ - \$ 99,000	\$ - 132,000
Subtotal Sources	99,000	132,000
Uses:		
Salaries and Fringes	\$ 163,877	\$ 218,503
Operating Expense	48,338	\$ 63,110
Subtotal Uses	212,215	281,613
Net General Fund Subsidy Required (Uses less Sources)	\$ 113,215	\$ 149,613
Total FTE's	1.58	2.11

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

Class	Title	FTE's	(9 Months)
2930	Psychiatric Social Worker	1.50	\$ 116,883
1636	Billing Clerk	0.08	4,508
			121,391
	Fringes (35%)		42,487
		1.58	\$ 163,877

Operating Expenses

Index Code	Character/Subobject Code	
	021/02300 Employee Expenses (auto mileage)	900
	021/02700 Professional Services (UC - 0.05 FTE psychiatrist, Hotel & Emergency Housing Vouchers)	\$ 42,518
	021/03500 Other Current Expenses (Patient Funds)	\$ 900
	021/03596 Software and Licensing Fees (12 mos.)	\$ 300
	040/04921 Data Processing Supplies (12 mos.)	\$ 3,000
	081/081ET (phones and pages - 12 mos.)	\$ 720
		\$ 48,338

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

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DPH SECTION: SFGH

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

PROGRAM / INITIATIVE TITLE: **Dermatology Support**

GENERAL FUND: **\$ 207,000**

TARGETED CLIENTS: All patients needing dermatology services

PROGRAM DESCRIPTION: (Description of Program Change)

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

Add to the UCSF Affiliation Agreement \$ 207,000 to provide dermatology services.

JUSTIFICATION: (required by the Mayor's Office)

Dermatology currently operates eight half day clinics per week, including specialty clinics such as pediatric dermatology, HIV dermatology and surgery. 30 to 40 patients are treated per clinic session, with 10,000 patients seen per year. In addition to the weekly clinics, Dermatology provides the only dermatological service for the hospital, CHN, DPH and Consortium clinics with 24 x 7 on-call coverage. The workload has been with the efforts of only 1.1 physician FTE, with the help of medical residents under the supervision of the physicians. An additional resource is needed in order to make the workload manageable and to ensure continued coverage of these clinics.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

A reduction in dermatology services may happen if the current workload cannot be sustained.

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

Professional Services Expenses will increase by \$ 207,000.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Dermatology

	FY 2007-08	Ongoing
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Professional Services	\$ 207,000	\$ 276,000
Subtotal Uses	207,000	276,000
Net General Fund Subsidy Required (Uses less Sources)	\$ 207,000	\$ 276,000
Total FTE's	0.0	0.0

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

Class	Title	FTE's	(9 Months)
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Fringes (35%)

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02786 Professional Services (UC - 0.75 FTE dermatologist)	\$ 207,000

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

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DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-6761
PROGRAM / INITIATIVE TITLE: **Emergency Services**
GENERAL FUND: **\$600,263**

TARGETED CLIENTS: Users of the San Francisco General Emergency Department

PROGRAM DESCRIPTION: (Description of Program Change)

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

Over the past several years and due to changes in physician training, the Emergency Department's ability to supplement physician care with physician residents in training has declined. An additional \$165,000 is required to maintain the current cadre of residents.

The Emergency Department relies on UCSF faculty and a pool of as-needed physicians. \$435,263 will be needed to maintain and expand coverage to meet the patient volume. The cost of as needed physicians has increased after remaining unchanged for five years.

JUSTIFICATION: (required by the Mayor's Office)

This is the only trauma center in the City. The Emergency Department is the receiving center for victims of trauma. One in eight residents of San Francisco will visit this department in their life.

The Emergency Services provides supervision and care for approximately 60,000 patients per year. Services are provided 24 hours a day in four zones designed around patient acuity. Average wait time to be seen in the Emergency Department is 2 hours. Approximately 15% of the patients leave without being seen. The diversion rate for the Emergency Department (the time when ambulances are diverted to other hospitals because of capacity issues) has averaged approximately 20% for 2006. As the Trauma Center for the City, the Emergency Department never diverts victims of trauma.

The additional resources will allow us to accomplish the following:

- Maintain capacity to meet patient care needs by ensuring the continued presence of residents.

Expand capacity to meet patient care by hiring additional per diem emergency room physicians.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The Emergency department would be able to accommodate in a timely manner the 15% of patients who leave without being seen. It would also be able to reduce the diversion rate.

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

Expenses are estimated to increase by \$600,263 in the first year and \$800,351 ongoing. No impact on Revenue.

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

None.

ATTACHMENT B
SUMMARY OF PROGRAM COST
INITIATIVE TITLE: Emergency Services

	FY 2007-08 (9 Months)	Ongoing
Sources:		\$ -
Subtotal Sources	-	-
Uses:		
Non personal services	\$ 600,263	\$ 800,351
Subtotal Uses	600,263	800,351
Net General Fund Subsidy Required (Uses less Sources)	\$ 600,263	\$ 800,351
Total FTE's	0.00	0.00

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

Class	Title	FTE's	(9 Months)
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Fringes (35%)

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02700 Professional Services (UC)	\$ 600,263

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

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DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Sue Currin/206-3670
PROGRAM / INITIATIVE TITLE: **Trauma Surgeon**
GENERAL FUND: **\$488,250**

TARGETED CLIENTS: SFGH trauma patients

PROGRAM DESCRIPTION: (Description of Program Change)

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

Provide dedicated in-house trauma physician coverage 24 hours per day, 7 days per week. SFGH is a Level One trauma center. In-house coverage is required to maintain the Level One certification. The acuity and the volume of trauma patients has increased in recent years

JUSTIFICATION: (required by the Mayor's Office)

Additional 2.17 FTEs are required to provide 24/7 in-house physician coverage and medical direction. The current budget provides only 3.95 FTEs. The community standard for in-house trauma call is considerably higher than when the program was first established, and it is extremely difficult to provide in-house coverage at current rates. Additional funds are needed to provide requisite coverage.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Funding additional FTEs will not serve more patients nor provide additional units of service however the waiting time for appointments would increase.

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

\$448,250 in operating expenses for professional services.

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

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Trauma Surgeon

	FY 2007-08 (9 Months)	Ongoing
Sources:		
Subtotal Sources	\$ -	\$ -
Uses: Operating Expenses	488,250	651,000
Subtotal Uses	\$ 488,250	\$ 651,000
Net General Fund Subsidy Required (Uses less Sources)	\$ 488,250	\$ 651,000
Total FTE's	0.00	0.00

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

Class	Title	FTE	(9 Months)
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Fringes (35%)

Operating Expenses (List by Character)

HGH5EUN40001	021/02700 Professional Services (UC for 2.17 FTEs trauma surgeons @ 9	\$488,250
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Facilities Maintenance, and Equipment (List by each items by count and amount)

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DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Sue Currin/206-6761

PROGRAM / INITIATIVE TITLE: **Palliative Care Program**

GENERAL FUND: **\$257,661**

TARGETED CLIENTS: Patients Nearing End of Life

PROGRAM DESCRIPTION: (Description of Program Change)

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

This proposal is to develop a patient-centered palliative care program at San Francisco General Hospital (SFGH). The program is interdisciplinary and will use existing resources from the Chaplaincy unit, Pharmacy department and Nursing. Additional physician and social worker FTE's are necessary for this program.

The goals of the program are:

- To care for patients nearing end-of-life and their families, by providing comprehensive, team delivered care.
- To promote comfort and relief from pain and other symptoms.
- To provide timely and effective care in an appropriate setting.
- To incorporate individual and family cultural dimensions, goals and choices in the delivery of care
- To provide social, emotional, psychological, spiritual and grief counseling
- To advance knowledge of best practices of palliative care through education

JUSTIFICATION: (required by the Mayor's Office)

Palliative Care promotes quality of life for people living with a serious illness and for their families, assuring physical comfort and psychosocial support. It is provided simultaneously with all other appropriate medical treatments. The creation of a Palliative Care program supports the SFGH Mission, "to deliver humanistic, cost-effective, and culturally competent health services to the residents of the City and County of San Francisco." The program supports the SFGH organizational goals of:

1. Patient safety - by providing patient-centered, team-delivered, collaborative care.
2. Promoting organizational and staff cultural competency- by focusing on individual values within a cultural context in creating and executing care plans.
3. Improving access to healthcare services - by providing services that are available at other San Francisco hospitals to medically underserved and vulnerable population.
4. Compliance with regulatory standards- by providing a service that meets many Joint Commission on the Accreditation of Hospitals and Organizations (JCAHO) standards regarding end-of-life care.

In addition to helping to achieve the Organization's Mission and Goals, hospitals adopting palliative care programs have shown improved quality of care, decreases in length of stay,

decreased laboratory and radiology utilization, and improved patient satisfaction, without increasing mortality.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is estimated that 150 patients will benefit from the program in the first year, with that number possibly growing to approximately 300 in subsequent years.

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

Operating expenses for professional services will increase by \$178,200 in the first year to support a 0.90 FTE UCSF physician. Labor expenses will increase by \$79,461 in the first year to support a 0.75 FTE social worker.

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

Increase of 0.75 FTE Medical Social Worker in the first year and 1.00 FTE thereafter.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Palliative Care Program

Sources:		FY 2007-08 (9 Months)	Ongoing
		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
	Salaries and Fringes	\$ 79,461	\$ 105,948
	Professional Services	178,200	237,600
Subtotal Uses		257,661	343,548
Net General Fund Subsidy Required (Uses less Sources)		\$ 257,661	\$ 343,548
Total FTE's		0.75	1.00

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

Class	Title	FTE's	(9 Months)
2920	Medical Social Worker	0.75 \$	58,860

Fringes (35%)

58,860
20,601
\$ 79,461

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02786 Professional Services (UC for 0.90 FTEs @ 9 mos.)	\$ 178,200

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

2007-2008 Program Change Request

DEPARTMENT NAME:

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DPH SECTION: SFGH – Department of Medicine

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

PROGRAM / INITIATIVE TITLE: **Department of Medicine Subspecialty Staffing**GENERAL FUND: **\$673,620**

TARGETED CLIENTS: All CHN patients requesting care in gastroenterology, endocrinology, nephrology, pulmonary, and rheumatology

PROGRAM DESCRIPTION: (Description of Program Change)

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

We are requesting resources to increase capacity in medical subspecialty clinics to address the current needs of CHN and consortium patients. The need for subspecialty care for patients who are already in the referral base exceeds current capacity, as demonstrated by wait times that far exceed the standard of care in the community.

JUSTIFICATION: (required by the Mayor's Office)

Gastroenterology: Current resources permit us to treat less than 1% of patients with hepatitis C and patients with positive screening tests for colon cancer (FOBT) need to wait more than 5 months for a definitive colonoscopy procedure, which impacts patient survival rates.

Other Specialties: Wait times for scheduled appointments have increased to what we believe are unacceptable levels for four specialties: the wait time is 204 days in Endocrinology, 184 days in Nephrology, 120 days in Pulmonary, and 205 days in Rheumatology.

An additional physician FTE is needed in each of the specialties to reduce wait times to acceptable levels. Partial funding for less than a full FTE does not allow the Department to increase coverage, as the Department has no other resources to supplement the dollars necessary to recruit a full-time faculty. Moreover, the Department's current faculty are fully utilized, so they have no capacity to increase coverage.

The Referral program that was implemented successfully in GI will eventually be rolled out to some of the other subspecialty clinics; however, even with better screening for needed appointments, the wait times for patients will still be long. Expanding capacity in these clinics will also allow the clinics to more easily integrate any modest increases in demand as a result of any new HAP enrollees.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Each of the five specialties will be able to increase volume by approximately 500 visits/year.

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

Patient revenues are expected to increase by \$187,500 the first year. Operating expenses are expected to increase by \$861,120 the first year.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Department of Medicine Subspecialty Staffing

	FY 2007-08 (9 Months)	Ongoing
Sources:		
Outpatient revenues	187,500	250,000
Subtotal Sources	187,500	250,000
Uses:		
Professional Services	\$ 861,120	\$ 1,148,160
	-	-
	-	-
Subtotal Uses	861,120	1,148,160
Net General Fund Subsidy Required (Uses less Sources)	\$ 673,620	\$ 898,160
Total FTE's		

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

Class	Title	FTE's	(9 Months)
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Fringes (35%)

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02700 Professional Services (UC - 9 months)	\$ 861,120

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

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| <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

PROGRAM CONTACT NAME/PHONE: Susan Currin 206-3670

PROGRAM / INITIATIVE TITLE: **Rehabilitation Department**

GENERAL FUND: **\$458,251**

TARGETED CLIENTS: Inpatient and Outpatient Rehabilitation

PROGRAM DESCRIPTION: (Description of Program Change)

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

The SFGH Rehabilitation Department, composed of Physical, Occupational, Speech Language Pathology (PT, OT, SP) and Psychiatry provides rehabilitation in acute care, SNF (including 4A and MHRF), outpatient, medical specialty clinics and workers compensation.

The Rehabilitation Department promotes the restoration of functional abilities to individuals with physical, cognitive, communicative, eating and/or sensory-perceptual impairment for adult and pediatric patients. Therapists facilitate achieving an individual's maximal functional potential with the use of various therapeutic interventions and education. Treatment is provided to enhance function, decrease or eliminate unsafe practices that result in injury, provide worksite assessments for reorganization of the work environment, and relieve pain. Programs are geared to help patients become stronger, independent or more functional so that they may experience a higher quality of life, return home, and/or receive services at a lower level of care.

To adequately provide these services for patients at SFGH the Rehabilitation Department must be adequately funded and staffed.

JUSTIFICATION: (required by the Mayor's Office)

Reduce wait times: 2005-2006 inpatient units (a unit is 15 minutes of treatment) surpassed 2004-2005 units by 6,791 units: 4,698 units in PT, 1,335 units in OT and 758 units in SP. On average, as a treatment is equivalent to 3 units, an additional 2,263 inpatient treatments were provided. In order to provide these 2,263 treatments, staff was redistributed from outpatient to inpatient therapy. This resulted in an increase in the outpatient wait time from 2 weeks to 6 weeks for initial evaluations, and from 4 weeks to 3 months for chronic care patient evaluations. In order to minimize wait time for outpatients, .63 PT, .22 OT and .1 SP are needed.

Unmet need: From an inpatient standpoint, annualized 0506 data reveal that physical therapy was unable to provide 603 inpatient treatments, 174 occupational therapy inpatient treatments, and 703 inpatient speech treatments, even though outpatient staff is shifted to inpatient for treatments when inpatient staff is on leave. The result of this action is the cancellation of outpatients. In addition, the frequency of outpatient visits per client are reduced due to limited outpatient staffing. With the shifting of outpatient staff to inpatient, and limited staffing in outpatient, the Department feels that there are many outpatient visits that are not being provided. At this time there is no system that tracks outpatient visits that are not provided. Therefore, it is not known the number of outpatient visits that are not provided in a year.

Based on the limited resources to provide inpatient and outpatient services the Department feels that if it were able to budget some nonproductive time, the Dept could begin to meet the full need of inpatient and outpatient services. With an additional 10% nonproductive time added to the budget, the Department would be able to provide an additional 8,320 patient treatments. 3.50 FTE's are required to accommodate 10% of non productive for current staff: 1.95 FTE PT, .85 FTE OT, .24 FTE SP and .46 FTE Aides.

Weekend OT: OT presently does not work on weekends except to care for in house burn patients. The department and community standard is to evaluate a patient within 24 hours of receipt of an order and to provide services on the weekend. Occupational Therapy orders received Friday night through Saturday are not evaluated until Monday, thereby violating the departmental and community standard. The department is out of compliance for an average of 6.5 patients per weekend. Given that Occupational Therapy does not provide services 7 days a week, a different standard of care exists from weekday to weekend. Current staffing levels do not provide for 7day a week inpatient occupational therapy coverage. Projected need is .23 FTEs in OT for inpatient 7 day a week coverage.

In summary, the following 4.68 FTE additional staff is necessary to meet the current needs:

- 2.58 FTE in Physical Therapy
- 1.30 FTE is Occupational Therapy
- .34 FTE in Speech Language Pathology
- .46 FTE Aides

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

2,263 patient visits were delayed in inpatient settings due to inadequate staffing levels. Current staffing levels results in delay in services, which impede the provision of optimal patient care. The sequelae may include: prolonged hospitalization, increased hospital costs, decreased function, and delay in return to work. Due to staffing inpatient care is prioritized over outpatient care resulting in prolonged waiting lists, and alteration of optimal plan of care.

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

Expense: Salary and Fringe expense will increase by \$458,251 in FY07/08 and \$611,001 annualized.

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

Increase of 3.51 FTE's in the first year and 4.68 FTE's thereafter.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Rehabilitation Department

	FY 2007-08 (9 Months)	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 458,251	\$ 611,001
Subtotal Uses	458,251	611,001
Net General Fund Subsidy Required (Uses less Sources)	\$ 458,251	\$ 611,001
Total FTE's	3.51	4.68

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

Class	Title	FTEs	(9 Months)
2556	Physical Therapist:	1.94	\$ 193,227
2548	Occupational Therapist	0.98	\$ 97,363
2542	Speech Language Pathologist	0.26	\$ 26,735
2554	Rehabilitation Aide	0.35	\$ 22,120
			-
		3.51	339,445
	Fringes (35%)		118,806
			\$ 458,251

Operating Expenses

Index Code Character/Subobject Code

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

2007-2008 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: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **Neurointerventional Radiology for Stroke & Trauma**

GENERAL FUND: **\$960,170**

TARGETED CLIENTS: All patients requiring neurointerventional radiology (neuro IR) services

PROGRAM DESCRIPTION: (Description of Program Change)

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

Effective treatment of patient with head/spinal cord trauma or stroke involves management of injuries/abnormalities of extracranial and intracranial blood vessels. The community standard of care is to treat these injuries using minimally invasive interventional radiology techniques, rather than traditional open surgery. In November 2006 the Department of Radiology hired a 1.0 FTE Interventional Radiology faculty member. A Neurointerventional faculty member, who will specialize in head/spinal procedures, will join the staff in October, 2007. These faculty will begin to perform neuro IR procedures on site at SFGH, which have been performed at UCSF under the Tertiary Care Contract. This plan seeks to capture the revenues and expenses associated with this clinical service.

JUSTIFICATION: (required by the Mayor's Office)

Providing this services is a factor in the designation as a level 1 Trauma Center and as a potential JCAHO Designated Stroke Center. If SFGH is not recognized as a designated stroke center, ambulances may not continue to bring these patients to SFGH and they may be transported to UCSF Medical Center.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is estimated that there will be approximately 13 inpatient cases per year and 2 outpatient cases per year of a combination of acute stroke and acute trauma head & vascular injury patients.

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

Revenues are expected to increase by \$216,190 the first year. Operating expenses are expected to increase by \$1,176,360 the first year.

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

Increase of 2.23 FTEs.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Neurointerventional Radiology for Stroke & Trauma

Sources:		FY 2007-08 (9 Months)	Ongoing
	Medicare and Medi-cal revenues	\$ 216,190	\$ 288,253
Subtotal Sources		216,190	288,253
Uses:			
	Salaries and Fringes	\$ 340,235	\$ 453,646
	Operating Expenses	836,126	1,114,834
Subtotal Uses		1,176,360	1,568,480
Net General Fund Subsidy Required (Uses less Sources)		\$ 960,170	\$ 1,280,227
Total FTE's		2.23	2.97

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

Class	Title	FTE's	(9 Months)
P103	Per Diem Registered Nurse	0.58	\$ 80,262
2320	Registered Nurse	0.75	\$ 83,382
2469	Diagnostic Imaging Tech III	0.90	\$ 88,382
			252,026
	Fringes (35%)		88,209
		2.23	\$ 340,235

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	040/04000 Materials & Supplies	\$ 464,253
HGH1HUN40061	021/02700 Professional Services (UC - .75FTE Anesth Tech & .38FTE Anesth & .45FTE Neurorad)	286,275
HGH1HUN40061	021/02700 Professional Services (UC Tertiary Care)	(128,603)
HGH1HUN40061	021/02700 Professional Service (UC -IR Bi-Plane Equipment Lease)	214,200
		\$ 836,126

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

2007-2008 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

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

PROGRAM / INITIATIVE TITLE: **Women's Health Centering Pregnancy Expansion Plan**

GENERAL FUND: **\$75,850**

TARGETED CLIENTS: Pregnant and postpartum women.

PROGRAM DESCRIPTION

Since 1999 the certified nurse-midwives (CNMs) at SFGH have provided care to Spanish-speaking women and to English-speaking teens in an innovative group-based prenatal care model called Centering Pregnancy® (CP). This plan would support expansion of this program to include CP care for English-speaking adults. The plan would also support moving these clinical services off-site to the Homeless Prenatal Program (HPP).

The other component of the plan is the part-time use of an LVN to do outreach and support for the increasing numbers of medically and psychosocially high risk women who attend WHC and funding for a CNS to provide much needed education to the ever increasing number of pregnant diabetics in the clinic.

JUSTIFICATION

This kind of expansion has not occurred primarily because of the limited access to space appropriate for group care within the SFGHMC. The partnership with HPP would immediately remedy this problem, as the HPP has a room they would be willing to commit to use for CP.

The additional LVN time and the CNS time that are included in this proposal are necessary to provide services to the new clients brought in through this expansion and to provide better services for the increasing numbers of medically and psychosocially high risk clients in WHC. These clients have the highest rates of no-show in the clinic and are most in need of specialized prenatal care services. The CNS would work with the diabetic subgroup within the clinic and the LVN would focus on doing outreach, home visits, and supportive follow-up for the highest risk WHC clients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

An increase of 625 new prenatal FQHC visits, 220 new antenatal testing visits and 121 new Diabetes education (prenatal – FQHC).

EXPENSE AND REVENUE IMPACT

Revenues are expected to increase \$135,788 in the first year and \$181,050 ongoing. Expenses are estimated to increase by \$211,638 in the first year and \$282,185 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE

Increase by 1.35 FTEs in the first year and 1.80 FTEs thereafter.

ATTACHMENT B

SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Women's Health Centering Pregnancy Expansion Plan

	FY 2007-08 (9 Months)	Ongoing
Sources:		
Medi-cal Outpatient Revenues	\$135,788	\$181,050
Subtotal Sources	\$135,788	\$181,050
Uses:		
Salaries and Fringes	\$211,638	\$282,184
Subtotal Uses	\$211,638	\$282,184
Net General Fund Subsidy Required (Uses less Sources)	\$75,850	\$101,134
Total FTE's	1.35	1.80

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

Class	Title	FTE's	(9 Months)
2320	Registered Nurse	(0.90)	(100,444)
2323	Clinical Nurse Specialist	0.90	133,567
2325	Nurse Midwife	0.45	66,784
2312	LVN	0.90	56,862
			156,769
	Fringes (35%)		54,869
	Total	1.35	211,638

2007-2008 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"/> Health At Home | |

DPH SECTION: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **General Medicine Clinic (GMC) Continuity & Chronic Care Redesign**

AMOUNT: **\$929,037**

TARGETED CLIENTS: Patients needing primary care services of the General Medicine Clinic

PROGRAM DESCRIPTION: (Description of Program Change)

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

The General Medicine Clinic's ability to provide continuity of care and expand access to care is hindered by our staffing model, which relies primarily on internal medicine residents from UCSF. The problem is that the residents are only in clinic ½ day per week and frequently miss sessions because of residency work hour limitations. We propose utilizing NPs as continuity providers who will provide the "team glue" for a team of residents, attending physicians, and nursing staff. NPs will see team patients as drop-ins or on scheduled visits in the absence of the resident primary care provider, thus providing more continuity and better "hand offs" for ill patients. Organization into functional teams will also facilitate advanced access scheduling, further improving access to our primary care services.

Given the heavy burden of chronic illness among our patients, we propose to strengthen and expand our chronic illness management programs. This would include offering medical group visits in three languages, expanded telephone disease management, nurse case management and registry-based care. Additional staffing for the medical group visits would include physician, MEA and LSCW time. Also, additional staffing for nurse case management and telephone disease management would include added RN time. Additional staffing for the registry-based care would include physician and MEA time.

In addition, we propose that GMC be the lead primary care clinic for 2 chronic care projects (Heart Failure and Asthma/COPD [chronic obstructive pulmonary disease]) developed under a planning grant funded by Kaiser-Community Benefit to improve care in the Safety Net. These projects are designed to improve care for patients with these chronic conditions in GMC and selected other primary care clinics, including Family Health Center. NPs will be intensively trained in heart failure and asthma and supported by part-time specialty physicians. NPs and support staff will collaborate with the patient's primary care provider in medication management, group visits, and intensive support of patient self-management. Staff will also participate in population management, such as use of registries. All projects utilize FQHC billable providers to help attain financial self-sufficiency. GMC will also participate in 3 other chronic care projects for which the Family Health Center is the lead primary care clinic (Diabetes, Mental Health / Primary Care Interface, Back Pain). These projects together will foster creative restructuring efforts to better design care for at-risk patients and communities in a cost-effective and financially sustainable manner.

JUSTIFICATION: (required by the Mayor's Office)

Medical group visits have been shown to improve patient and provider satisfaction, increase patient access and self – efficacy, and in certain settings, improve the use of primary care while reducing emergency, hospital and specialty care. The automated telephone diabetes management program we are implementing has also been shown to increase patient engagement and self – efficacy, particularly among low – literacy and limited English proficient patients.

The Heart Failure and Asthma/COPD projects will improve our ability to manage a growing number of patients with chronic conditions, while increasing access to specialty care in a cost-effective manner, and enhancing collaboration between primary care providers and specialty providers in caring for complex patients with chronic conditions in the primary care setting.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

We anticipate offering three separate medical group visits for English, Cantonese and Spanish speakers on a monthly basis throughout the year, which will produce, and additional 360 visits per year (assuming 10 participants per group).

The Heart Failure, Asthma, and GMC Continuity projects together will see 9,715 additional visits the first year.

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

Increasing expenses by \$1,557,974 and revenue by \$628,937.

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

Increase by 11.50 FTE's

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: General Medicine Clinic (GMC) Continuity & Chronic Care Redesign

Sources:		FY 2007-08 (9 Months)	Ongoing
	Patient Revenues	\$ 628,937	\$ 838,582
Subtotal Sources		\$ 628,937	\$ 838,582
Uses:			
	Salaries and Fringes	\$ 1,244,415	\$ 1,659,220
	Non Personnel Services	\$ 313,559	\$ 418,078
Subtotal Uses		\$ 1,557,974	\$ 2,077,298
Net General Fund Subsidy Required (Uses less Sources)		\$ 929,037	\$ 1,238,716
Total FTE's		11.50	15.33

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

Class	Title(includes backfill leave time)	FTE's	(9 months)
2430	Medical Exam Assistant	2.25	119,123
2320	Registered Nurse	0.68	75,333
2920	Medical Social Worker	0.45	35,366
2903	Registration Worker	1.13	63,751
2908	Eligibility Worker	0.68	43,862
1428	Unit Clerk	0.68	37,348
2586	Health Worker II	0.52	27,034
2586	Health Worker II-Interprter	2.43	125,694
2328	Nurse Practitioner	2.70	394,279
			921,789
	Fringe (35%)		322,626
	Total	11.50	\$ 1,244,415

Operating Expenses

Index Code		
HGH1HUN40061	021/02700 Professional Services (UC)	272,309
HGH1HUN40061	040/04000 Medical Supplies	41,250
		\$ 313,559

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

2007-2008 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,

PROGRAM CONTACT NAME/PHONE: Roland Pickens (206-3528)

PROGRAM / INITIATIVE TITLE: **Family Health Center Chronic Care Redesign**

GENERAL FUND: **\$1,392,472**

TARGETED CLIENTS: Patients needing primary care, chronic disease management and specialty care services.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The SFGH Family Health Center will be the lead primary care clinic for 3 chronic care initiatives, which bring much needed specialty care to the patient in his/her primary care clinic: 1) Diabetes-Endocrine; 2) Back Pain-Orthopedics; 3) Mental Health-Primary Care Interface. These projects are designed to improve care for patients with these chronic conditions in FHC and selected other primary care clinics, including GMC. The costs related to the UCSF Affiliation Agreement include the cost for these new providers, as well as certain equity increases.

We propose using the chronic care expansion initiative to expand our new chronic illness management programs, including group-based care, telephone disease management, registry-based care, a new model of team-base care using Health Workers, and nurse case management. These interdisciplinary models will allow us to see more patients efficiently and effectively. In addition, these new initiatives will improve access to specialty care for many of our complicated patients with these chronic conditions, and will enhance the ability of care teams to collaborate in the care of patients.

JUSTIFICATION: (required by the Mayor's Office)

During the current fiscal year 2006-07, we expect to care for over 8,000 unduplicated patients in approximately 40,000 visits. The chronic care projects will improve our ability to manage the anticipated large influx of working/employed patients with back pain and chronic medical conditions into the system. The programs will also increase access to specialty care in a cost-effective manner while enhancing collaboration between primary care providers and specialty providers in caring for complex patients with chronic conditions in the primary care setting.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

We project 11,665 additional patient encounters per year. This expansion will significantly improve our capacity to decrease wait times for both primary and specialty care.

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

Increasing expenses by \$2,371,982 and revenue by \$979,510.

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

Increase 11.70 FTEs.

SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Family Health Center Chronic Care Redesign

Sources:	FY 2007-08 (9 Months)	Ongoing
Medicare and Medi-cal Patient Revenues	\$ 979,510	\$ 1,306,013
Subtotal Sources	\$ 979,510	\$ 1,306,013
Uses:		
Salaries and Fringes	\$ 1,151,094	\$ 1,534,793
Operating Expenses	\$ 1,220,888	\$ 1,621,517
Subtotal Uses	\$ 2,371,982	\$ 3,156,310
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,392,472	\$ 1,850,296
Total FTE's	11.70	15.60

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

Class	Title	FTE's	(9 months)
2430	Medical Exam Assistant	0.64	33,752
2908	Eligibility Worker	1.21	78,366
2903	Registration Worker	0.75	42,500
1428	Unit Clerk	0.75	41,497
2328	Nurse Practitioner	1.88	273,806
2586	Health Worker II (Interpreters)	3.22	166,634
2586	Health Worker II	1.95	100,990
2930	Psychiatric Social Worker	0.75	58,942
2556	Physical Therapist	0.56	56,176
			852,663
	Fringes (35%)		298,432
	Total	11.70 \$	1,151,094

Operating Expenses

Index Code

HGH3FFC40011	021/02700 Professional Services (UC)	1,072,652
HGH3FFC40011	040/04000 Materials & Supplies (one time)	19,000
HGH3FFC40011	040/04000 Medical Supplies	129,236
		\$ 1,220,888

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

2007-2008 Program Change Request

DEPARTMENT NAME:

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

- ☐ Public Health
☐ Mental Health
☐ Substance Abuse

DPH SECTION: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **Curry Senior Center Expansion**

AMOUNT: **\$200,907**

TARGETED CLIENTS: Frail, low income, multi-diagnosed seniors

PROGRAM DESCRIPTION: (Description of Program Change)

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

Curry Senior Center was recently renovated which increased the exam rooms to 7. The Center provides a range of health and social services to the frail, low income, multiply diagnosed seniors of the Tenderloin/Sooouth of Market neighborhoods. Curry is significantly challenged and fiscally unable to meet both the human and material resources needed in light of current and increasing demand for Curry's services.

DPH currently funds 1.8 FTE Physicians. Clinical staff capacity is augmented with two part-time Nurse Practitioner positions through contracts with HUH and SFCCC (federal Healthcare for the Homeless funds), and fund a 1.0 FTE RN and 1.0 FTE LVN through other funding sources (DAAS and primary care contract with DPH. The one sole provider support position funded by DPH is a Medical Evaluation Assistant (MEA). 1.8 FTE physicians are insufficient clinical capacity as the Medical Director must spend increasing amounts of time in administrative duties. The center anticipates that while 10% of our current clinic population is homeless, that number will increase. Curry is providing medical support services to seniors in the HUH and DAH buildings and the staff that work in them, medical support to 3 adult day health programs and being required to see more homebound patients.

In addition, the level of complexity of Curry's patients is increasing. The Center is entering into three older adult-related Mental Health Service Act funded contracts, one directly with CBHS and two initiatives as subcontracts with Family Service Agency of San Francisco, the net effect being additional demand for integrated primary care services. Behaviors attributed to mental illness and substance abuse (the crack population is aging into care with us) or the multiple co-morbidities adds to the need for a skilled and experienced staff that we can recruit and maintain.

Curry Senior Center, the non-profit side's salary structure is significantly lower than salaries in the health care marketplace, and we are unable to compete with DPH, UCSF, Sutter/CPMC, CHW, Kaiser Permanente and other major healthcare employers in the Bay Area, with the lure of higher salaries, more enriched benefit packages and signing bonuses. Thus the center is unable to effectively recruit and retain the necessary clinical staff to meet the needs of our client population.

The funding will be used to stabilize the clinical care capacity and meet the current and anticipated

demand for services for this highly medically, psychologically and socially complex population. Curry can respond to the demand with the placement of additional DPH-employee clinical positions with competitive salaries and benefits packages. We specifically are requesting 2.50 FTEs (0.5 FTE Physician, 1.0 FTE Nurse Practitioner and 1.0 FTE RN).

JUSTIFICATION: (required by the Mayor's Office)

This request of augmentation of additional DPH-funded staff will sustain Curry's core competencies and provide the needed capacity for Curry to meet the service needs of seniors and the geriatric expertise that is needed within CHN as the population of San Francisco continues to age.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

2,500 clinic visits and 131 home visits in the first year.

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

Increasing expenses by \$338,407 and revenue by \$137,500.

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

Increase by 1.88 FTEs the first year and 2.50 FTEs ongoing.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Curry Senior Center Expansion

	FY 2007-08 (9 Months)	Ongoing
Sources:		
FQHC Medi-Cal Revenue	\$ 137,500	\$ 49,725
Subtotal Sources	137,500	49,725
Uses:		
Salaries and Fringes	\$ 338,407	\$ 451,209
Subtotal Uses	338,407	451,209
Net General Fund Subsidy Required (Uses less Sources)	\$ 200,907	\$ 401,484
Total FTE's	1.88	2.50

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

Class	Title	FTE's	(9 Months)
2328	Nurse Practitioner	0.75	109,522
2320	Registered Nurse	0.75	83,703
2230	Physician Specialist	0.38	\$ 57,447
			250,672
	Fringes (35%)		87,735
		1.88	\$ 338,407

Operating Expenses

Index Code Character/Subobject Code

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

2007-2008 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: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Marc H. Trotz, 554-2565

PROGRAM / INITIATIVE TITLE: **McMillan Sobering Center personnel that will be consolidated into the Medical Respite Program**

GENERAL FUND: **\$153,518**

TARGETED CLIENTS: Chronically homeless people who are high utilizers of emergency medical systems.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Funding is requested for existing McMillan Sobering Center staff that will be consolidated into the Medical Respite Program in FY 2007-08. This involves:

- 1) TX three 1.00 FTE Licensed Vocational Nurse (2312) positions into three 1.00 FTE Medical Evaluations Assistant (2430) positions;
- 2) Request funding for a 1.00 FTE Nurse Practitioner (2328);
- 3) Request to increase an existing Senior Physician Specialist from 0.28 FTE to 0.50 FTE.

JUSTIFICATION: (required by the Mayor's Office)

Existing DPH positions were assumed to be available to augment the new personnel as part of the FY 2006-07 budget. These existing positions proved not to be available and this request completes the original staffing configuration for Medical Respite.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

4,680 annual visits are projected at the Medical Respite

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

Total personnel expenses for FY 2007-08 will increase by \$153,518.

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

Increase of .97 FTEs (1.22 FTEs annualized).

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: McMillan Sobering Center personnel that will be consolidated into the Medical Respite Program

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 153,518	\$ 190,025
	-	-
	-	-
Subtotal Uses	153,518	190,025
Net General Fund Subsidy Required (Uses less Sources)	\$ 153,518	\$ 190,025
Total FTE's	0.97	1.22

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

Class	Title	FTE's	
2312	Licensed Vocational Nurse	(3.00)	(189,540)
2430	Medical Evaluations Assistant	3.00	157,482
2232	Sr. Physician Specialist	0.22	36,711
2328	Nurse Practitioner	0.75	109,523
		<u>0.97</u>	<u>114,176</u>
	Fringe (21.69%) for TX positions - 2312 + 2430 + 2232		1,009
	Fringe (35%) for new position - 2328		<u>38,333</u>
Index Code	HCHAPMEDRESP	\$	153,518

Operating Expenses

Index Code Character/Subobject Code

- \$ -

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

2007-2008 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: Environmental Health

PROGRAM CONTACT NAME/PHONE: Rajiv Bhatia 415-252-3931/ Cyndy Comerford 415-252-3989

PROGRAM / INITIATIVE TITLE: **Environmental Health: San Francisco Food System Program**

GENERAL FUND: **\$89,584**

TARGETED CLIENTS: All of San Francisco Citizens, with a focus on low income minority groups.

PROGRAM DESCRIPTION: (Description of Program Change)

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

In San Francisco, we are facing significant challenges to our food system. We are seeing growing hunger as evidenced by our expanding food pantry system, there is an epidemic of obesity and diet related diseases, and there are looming funding cuts to crucial federal nutrition programs that serve our most vulnerable residents. At the same time existing federal programs are increasingly burdened by insufficient funding and increasing paperwork. Further, the absence of high quality retail food stores in certain neighborhoods in San Francisco further impact the diet of particular communities. These challenges directly impact the quality and quantity of the food served to at risk San Francisco, and have a particularly devastating impact on minority groups. Additionally, there is a growing concern about environmental issues related to our food choices: the health effects of pesticides on children; the exposure of farm workers to toxic chemicals in food production; the environmental impacts of food production, transportation and processing; and the growing need to preserve vital farm land in California and ensure that farmers, especially those that practice sustainable agricultural practices, have a consistent and reliable market for their products.

This new program will be headed by a Senior Health Program Planner. The planner would coordinate and develop food related policy, planning and programming for San Francisco. This program would specifically target at risk populations that rely on the City's feeding programs and food service operations including programs that serve San Francisco's children. The planner would coordinate the Food System Working Group comprised of city agencies, food related task forces and community organizations. The planner would be responsible for the following activities:

1. Develop an integrated strategic plan for improving access to high quality food in San Francisco's major feeding programs and food service operations. Develop partnerships and implement pilot programs to increase the amount and quality of food the City serves to at risk populations.
2. Implement yearly work plans prioritizing critical issues
3. On an annual basis, update key food system indicators to track city's progress
4. Coordinate and convene meetings of a Food System Working Group comprised of city department heads/staff at city agencies and task forces developing and implementing food policies and programs
5. Meet regularly with diverse community groups including the San Francisco Food Alliance, Shape Up,

neighborhood coalitions, agricultural groups, farmers markets and others to elicit feedback.

6. Present work plans and progress to the Mayor's Office, Board of Supervisors and the Board of Education; advise on policy issues impacting low income San Franciscan's access to high quality food.

JUSTIFICATION: (required by the Mayor's Office)

Obesity and diet related diseases have a major negative fiscal impact on San Francisco. Conservatively, the cost of treating obesity in San Francisco is an estimated to be \$176 million. Lack of access to high quality food and the prevalence of inexpensive food of low or no nutritional quality is a leading contributor to poor diets, and diet related diseases. These health issues disproportionately affect underserved communities, especially minority groups. California is the world's leading agricultural producer growing an abundance of high quality foods on which urban centers like San Francisco depend. However, at risk urban residents typically do not have access to these high quality foods. Additionally, underserved communities, especially children, depend on San Francisco's public feeding programs, food service operations, and other city programs for a majority of their food needs. Developing better linkages to these agricultural producers with the goal of improving access to high quality food for low income San Franciscans is a critical need. Identifying successful strategies and implementing programs requires city-wide coordination and focus. This program is designed to support the Mayor's priority of developing a Sustainable Food Initiative serving all San Franciscans.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Currently, approximately 23K public school children in San Francisco rely on the school meal program for their food needs. In the summer months, over 8K children are served free lunch through the Summer Lunch Program and the Summer School Program. Additionally over 32K San Franciscans receive food stamps, while approximately 71K San Franciscans are eligible. Integrating high quality foods including sustainably produces foods into the school lunch program, school breakfast, Summer Lunch, and ensuring food stamps are accepted at farmers markets and other community food programs will result in a significant improvement in the availability and quality of food for at risk San Franciscans.

In addition, this program will serve the needs of all San Franciscans by promoting seasonal, sustainable foods to all communities through farmers markets, direct sales to consumers, food buying programs, etc. These programs contribute to promoting better nutrition and healthier living at a time when obesity and other ill effects of poor nutrition and lack of exercise plague our community.

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

\$89,584

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

Increase 0.75 FTE

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: San Francisco Food System Program

	FY 2007-08	Ongoing
Sources:		\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 89,584	\$ 119,445
	-	-
	-	-
Subtotal Uses	89,584	119,445
Net General Fund Subsidy Required (Uses less Sources)	\$ 89,584	\$ 119,445
Total FTE's	0.75	1.00

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

Class	Title	FTE's		
2820	2820 Senior Health Program Planner	0.75	\$	66,359
				-
				66,359
	Fringe (35%)			23,225
			\$	89,584

Operating Expenses

Index Code	Character/Subobject Code		
		-	\$ -

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

2007-2008 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: Laguna Honda Hospital (LHH)

PROGRAM CONTACT NAME/PHONE: Mivic Hirose, 759-2351

PROGRAM / INITIATIVE TITLE: **Transition Unit at LHH**

GENERAL FUND: \$344,039

TARGETED CLIENTS: LHH clients, adult and elderly, whose skilled nursing needs that necessitated them being admitted to LHH and are ready to return to either community living or to a lower level of care.

PROGRAM DESCRIPTION: (Description of Program Change)

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

This is a self help and health promotion initiative focusing on transition to and community reintegration of persons recovering from a disabling medical condition and no longer requiring skilled nursing care in a long term care facility. The aim is to empower individuals with the skills and knowledge to achieve his/her maximum participation in their community. This includes maximizing his/her ADL functional ability; enhancing the capacity of a person to function in various social and recreational situations, assistance in finding ways to participate in the community and in social life, e.g., at home or in working life, and the skills and knowledge to access equipment, aids and services to enhance overall physical and social functioning ability.

JUSTIFICATION: (required by the Mayor's Office)

LHH's vision is to provide a continuum of care that integrates residents in the least restrictive setting, thereby supporting their highest level of independence maintaining its clients in the facility far beyond their health condition warranting institutional skilled nursing care. To this end, LHH proposes the development of a unit designated as a discharge transition program, which will promote and support the individual's discharge plan.

The following positions are needed for the transition unit:

1. The Medical Social Worker (2920) will perform a discharge needs assessment and develop/execute strategies to prepare residents and their families/social network for community living. These include but are not limited to housing, financial resources, health care follow up, and access for resident to vocational services and support programs.
2. The Occupational Therapist (2548) position will assess, plan, implement and evaluate the residents' abilities in achieving independence in all areas of their lives, including but not limited to physical and motor skills, enhancing self-esteem and sense of accomplishment, and recommendations for assistive devices needed to perform activities of daily living functions.
3. The Physical Therapist (2556) position will assess, plan, implement and evaluate the residents' strength, endurance, flexibility, and will work with individuals to improve their gross motor skills including but not limited to mobility, range of motion, and use of assistive devices. In addition, the Physical Therapist will train residents and family members skills needed to maintain functional abilities post hospital stay.
4. The Psychologist position will assist the residents in the transition unit by providing group and/or individual therapy sessions that supports skills needed for returning to the community, including

- but not limited to anger management, coping strategies, communication, social interactions.
5. The Activity Therapist (2587) will develop and implement a plan of care that will help maintain positive leisure lifestyle, life skills, coping strategies, problem solving, physical fitness, socialization, social skills, confidence, and community outings, which support the individual in his/her discharge planning and transition from LHH to the community/lower level of care.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Clients will be cohorted in a 25-bed Transition Unit, designated for clients who are on the discharge track within 180 days. Estimated # of clients served is 50 per year.

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

This initiative will add \$344,039 in salary and fringe benefit expenditures to General Fund obligations during the first fiscal year, and \$458,718 per year subsequently.

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

Increase of 3.75 FTEs for Fiscal Year 2007-2008 which will annualize to 5 FTEs in subsequent years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH TRANSITION UNIT

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 344,039	\$ 458,718
	-	-
	-	-
Subtotal Uses	344,039	458,718
Net General Fund Subsidy Required (Uses less Sources)	\$ 344,039	\$ 458,718
Total FTE's	3.75	5.00

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

Class	Title	FTE's	
2548	Occupational Therapist	0.75	\$ 43,574
2556	Physical Therapist	0.75	43,574
2587	Health Worker III	0.75	41,812
2920	Medical Social Worker	0.75	57,959
2574	Psychologist	0.75	67,925
		<u>3.75</u>	<u>254,843</u>
	Fringe (35%)		89,195
			<u>\$ 344,039</u>

2007-2008 Program Change Request

DEPARTMENT NAME:

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

- ☐ Public Health
☒ CBHS - Mental Health
☒ CBHS - Substance Abuse
☐

DPH SECTION: Community Behavioral Health Services (CBHS)

PROGRAM CONTACT NAME/PHONE: Dave Counter/255-3600

PROGRAM / INITIATIVE TITLE: **IT: Upgrade and Enhancement**

GENERAL FUND: **\$424,000**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

Information Technology (IT) is the backbone of a healthcare delivery system. All units interface with IT in one way or another, but due to the development of multiple systems over time and different systems within different sections of DPH, there are technological barriers to delivering coordinated care in the most efficient manner as possible. To address this, the IT Unit is currently implementing over a three-year period a project entitled "Clinicians Gateway". The purpose of this project is to allow clinicians to report clinical information electronically as well as have access to medical health records on-line, which will not only be more efficient for billing purposes, but will enable clinicians across the system to access patient information easily, thereby increasing coordination of care, as well as eliminating potential redundancy and administrative efforts needed to obtain information across systems, e.g. between health and primary care. Specifically, approval of this request would purchase 280 computers for a one-time cost of 424k. New computers are required as (1) not all clinicians have any computer, and (2) most of the existing computers placed in the clinics are too old to support the application required for the Clinicians Gateway project.

JUSTIFICATION: (required by the Mayor's Office)

To improve coordination of patient care, it is necessary to have information available electronically. The Department is implementing an electronic system to have medical records available on-line, but to ensure that the information can be used, it is necessary to ensure that clinicians have both a computer, and a computer that is new enough to support the platform required to access the electronic medical information.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Increase to General Fund Materials and Supplies (040) of \$446,800

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: CBHS MH IT Upgrade and Enhancement

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
040 Salaries and Fringes	\$ -	\$ -
Material and Supplies	424,000	-
	-	-
Subtotal Uses	424,000	-
Net General Fund Subsidy Required (Uses less Sources)	\$ 424,000	\$ -
Total FTE's	0.0	0.0

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

Class Title FTE's

Fringe (35%)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code

HMHMCC730515 040

- \$ 424,000

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

2007-2008 Program Change Request

DEPARTMENT NAME:

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

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐

DPH SECTION: Laguna Honda Hospital

PROGRAM CONTACT NAME/PHONE: Pat Skala/759-3342

PROGRAM / INITIATIVE TITLE: **LHH MIS Infrastructural Needs**

GENERAL FUND: **\$208,133**

TARGETED CLIENTS: Clinical, financial and administrative staff of Laguna Honda hospital

PROGRAM DESCRIPTION: (Description of Program Change)

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

This budget initiative adds two positions to the LHH Management Information Services staff in order to cope with infrastructural demands.

The initiative would restore the desktop position that was lost due to budget cuts three years ago. Under direction of the lead engineer, this position responds to Help Desk calls and supports the 550+ workstations and 200+ printers installed on this campus. This position is also responsible for maintaining the computer equipment asset table.

This initiative would also add a principal level information systems engineer position at Laguna Honda. The incumbent will be responsible for the following tasks: (1) completion of wiring plan and uplift of infrastructure for the sections of the hospital not being torn down or retrofitted as part of the rebuild plan. The A-B-C and H wings will need to have major wiring upgrades to be compatible with the new building. (2) Work with the rebuild contractors on planning for the new building, including the design and buildout of the new server room. (3) Work with contractors and rebuild team to plan for acceptance testing of all convergent technology being planned for the new building. (4) Supervise two lower level engineers in the management of the LHH server farm, network components (including wireless connectivity), and desktop equipment. (4) Interact with other DPH engineers to ensure that the LHH network meets the standards set by the department, and represents LHH at enterprise-wide planning, budgeting and implementation activities.

JUSTIFICATION: (required by the Mayor's Office)

After the successful implementation of Invision registration and billing system, along with the wider use of NetAccess and LCR by clinicians, the need to guarantee that staff have working computers has intensified. The ratio of desktop support staff to computers at SFGH is one for every 400 devices. The Laguna Honda ratio is zero to 550. The average turnaround time for trouble ticket resolution at SFGH is less than 48 hours, at Laguna the average is 9.18 days. The number of trouble tickets opened at Laguna last year was slightly less than half the number of tickets opened at SFGH. Currently trouble tickets are worked on by higher paid engineers and contractors.

Laguna Honda is expanding its use of computers at a rapid pace. The collection and storage of clinical, financial data is creating pressure both on the equipment and human resources. The current staffing level is not able to keep up with the demand as new users and databases are coming online almost daily.

Currently the role of principal engineer is being performed by the department's chief technology officer (CTO), who has overall responsibility for the CHN network and infrastructure. There needs to be a principal level engineer at LHH (who would report to the CTO) to ensure that there is uninterrupted service from all aspects of the network. .

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative would allow LHH to continue providing the current volume of services.

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

This initiative would add \$208,133 to General Fund support requirements for salaries and fringe benefits during the initial fiscal year which annualizes to \$277,511 in subsequent fiscal years.

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

Increase of 1.5 FTE during the initial fiscal year which annualizes to 2.0 FTE subsequently.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH MIS INFRASTRUCTURAL NEEDS

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 208,133	\$ 277,511
	-	-
	-	-
Subtotal Uses	208,133	277,511
Net General Fund Subsidy Required (Uses less Sources)	\$ 208,133	\$ 277,511
Total FTE's	1.50	2.00

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

Class	Title	FTE's	
1022	IS Administrator II	0.75	\$ 58,666
1044	IS Engineer Principal	0.75	\$ 95,506
			-
			154,173
	Fringe (35%)		53,960
		1.50	\$ 208,133

2007-2008 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"/> 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: Laguna Honda Hospital – Laundry Services

PROGRAM CONTACT NAME/PHONE: Cheryl Austin 759-2349

PROGRAM / INITIATIVE TITLE: **LHH Laundry Operating Costs**GENERAL FUND: **\$1,489,863**

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 is in response to compliance requirements found in the 2003 Work Preservation Agreement negotiated as part of the 2003 SEIU MOU, in which the City agreed to replace the LHH Laundry, staffed by City employees at an off-site location. The City has identified an appropriate off-site location at #1 Newhall Street. The design/build is proceeding with Western States Design, with an expected Laundry opening date of January 2008. Laundry staff hiring will commence on October 2007, with orientation and training beginning in mid-November 2007.

JUSTIFICATION: (required by the Mayor's Office)

LHH currently is budgeted for 10.0 FTE Laundry Service positions however based on the current staffing schedules an additional 41.44 FTEs (56.92 FTEs annualized) are required in FY 2007-08. The associated non-labor costs are \$1,053,495 (\$1,519,705 annualized). Savings from the LHH's current Laundry service contract and pay-off of the lease-purchase for Laundry equipment is expected to offset a portion of the FY 2007-08 labor and non-labor costs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative will permit LHH to continue to provide the current volume of services.

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

\$2,566,468 in salaries and benefits (\$3,520,686 annualized). \$1,053,495 in non-labor costs (\$1,519,705 annualized). These expenses will be partially offset by \$2,130,099 in budget savings from currently outsourced Laundry services (\$2,840,132 annualized).

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

41.44 FTE in FY 2007-08 and 56.92 FTE thereafter.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Laundry Operating Costs

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 2,566,468	\$ 3,520,686
Non-Labor Costs	(1,076,604)	809,672
	-	-
Subtotal Uses	1,489,863	4,330,358
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,489,863	\$ 4,330,358
Total FTE's	41.44	56.92

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

Class	Title	FTE's	
2736	PORTER.....	1.88	\$ 87,908
2760	LAUNDRY WORKER.....	28.19	1,231,818
2760	LAUNDRY WORKER in training	5.00	218,524
2770	SENIOR LAUNDRY WORKER.....	3.00	133,379
2780	LAUNDRY WORKER SUPERVISOR.....	0.75	42,924
7334	STATIONARY ENGINEER.....	1.50	105,539
7355	TRUCK DRIVER.....	1.13	80,996
		<u>41.44</u>	<u>1,901,087</u>
	Fringe (35%)		665,381
			<u>\$ 2,566,468</u>

Operating Expenses

Index Code	Character/Subobject Code	
HLH449439	02799 OTHER PROFESSIONAL SERVICES (WSD)	\$ 251,559
HLH449439	02801 SCAVENGER SERVICES	32,400
HLH449439	03011 PROPERTY RENT	368,400
HLH449439	081UL GF-PUC-LIGHT HEAT & POWER (AAO)	266,266
HLH449439	081W1 PUC SEWER SERVICE CHARGES (AAO)	72,519
HLH449439	04493 CLEANING SUPPLIES	38,449
HLH449439	04799 FUELS & LUBRICANTS	23,902
HLH449439	02799 OTHER PROFESSIONAL SERVICES	(2,130,099)
		<u>\$ (1,076,604)</u>

2007-2008 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: Human Resources Division

PROGRAM CONTACT NAME/PHONE: Elizabeth Jacobi, Human Resources Director, 554-2580

PROGRAM / INITIATIVE TITLE: **DPH Merit Systems (Examination/Classification)**

GENERAL FUND: **\$195,358**

TARGETED CLIENTS: Administration and staff of DPH, including San Francisco General Hospital and Laguna Honda Hospital, and DPH job applicants.

PROGRAM DESCRIPTION: (Description of Program Change)

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

New City-wide initiatives that are part of Civil Service Reform require DPH to engineer more efficient and regular Civil Service examinations for the 158 job classifications used at DPH, reduce provisional hiring, and implement JobAps (a web-based recruitment, applicant tracking and referral system). In addition, a new delegation agreement from the City's Department of Human Resources requires DPH to implement position-based testing in a number of classifications pursuant to Civil Service Rule 111A. Compliance with these initiatives necessitates professional staff to manage and conduct complex examination activities and position-based testing.

JUSTIFICATION: (required by the Mayor's Office)

DHR has delegated authority for civil service examinations to DPH. DPH's Merit Systems unit is responsible for examinations and classification studies for the department (6659 FTEs in 158 job classifications, with annual turnover rate of 7.9%).

Civil Service Reform and new DHR initiatives will significantly increase the workload of this unit as DHR is requiring DPH to:

- Initiate position-based testing for MCCP vacancies and other DHR-approved job classes;
- Substantially reduce DPH's 500 provisional appointments and future use of provisional hiring;
- Accelerate DPH's exam plan for 158 job classifications;
- Develop more efficient exam processes for high-volume class series, such as nursing; and,
- Implement JobAps in 2007, including web-based posting of all DPH job openings (900+/year), and training for DPH hiring managers.

This request provides for a 1246 Principal Personnel Analyst to manage DPH's Merit Systems Unit and exam plan, and a 1244 Sr. Personnel Analyst to handle complex examinations and supervise staff administering position-based testing. Per DHR's staffing guidelines, decentralized examination units are managed by a 1246 Principal Personnel Analyst (exam units at other City departments, such as MTA, PUC, and HSA, are managed by a 1246 and utilize multiple 1244s).

2007-2008 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: Human Resources Division

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IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

--

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

\$195,358 for salary and fringes

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

+ 1.5 FTE
