

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: HUH

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

PROGRAM / INITIATIVE TITLE: **New Licensed Residential Care Facility at 1500 Page Street**

GENERAL FUND: **\$150,000**

TARGETED CLIENTS: Psychiatrically Complex Patients Discharged from SFGH

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Mayor's Office of Housing, at the request of the Department of Public Health, has loaned approximately \$2 million to AgeSong to purchase the residential care facility at 1500 Page Street. Known as Page Street Guest House, this building has been providing residential care to mentally ill adults for over 50 years. The long time operator/owner of that facility is retiring and getting out of the business. In order to preserve this valuable resource and to create a state of the art permanent housing site that will be able to house psychiatrically and medically complex patients discharged from higher levels of care, DPH has teamed up with AgeSong to purchase, renovate, and operate this site.

JUSTIFICATION: (required by the Mayor's Office)

AgeSong completed the purchase in February 2007. DPH will work with AgeSong to relocate the existing residents by June 2007. This is necessary because the building needs and extensive renovation to meet current license and code requirements. That renovation will happen in FY 2007-08 and will be financed by additional funds from the Mayor's Office of Housing and other state and federal affordable housing sources. The funds requested at this time are to pay for certain holding costs and predevelopment expenses that will be incurred by AgeSong prior and during renovation.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

55 units of affordable supportive housing are included in this initiative. With the purchase and renovation of the building, DPH and the city receives access to a high quality residential site for at least the next 50 years.

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

Total expenses for General Fund will increase by \$150,000 in FY FY 2007-08

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

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: New Licensed Residential Care Facility at 1500 Page Street

| | FY 2007-08 | Ongoing |
|--|-------------------|----------------|
| Sources: | \$ - | \$ - |
| Subtotal Sources | - | - |
| Uses: | | |
| Operating Expense | \$ 150,000 | \$ 150,000 |
| | - | - |
| | - | - |
| Subtotal Uses | 150,000 | 150,000 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ 150,000 | \$ 150,000 |
| 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 | |
| HCHSHHOUSGGF | 021 / 02700 | \$ 150,000 |

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

2007-2008 Program Change Request

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DPH SECTION: Housing and Urban Health

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

PROGRAM / INITIATIVE TITLE: **Funding for Existing Stabilization Rooms for Project Homeless Connect**

GENERAL FUND: **\$72,000**

TARGETED CLIENTS: Chronically Homeless People attending Project Homeless Connect

PROGRAM DESCRIPTION: (Description of Program Change)

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

Funding request for funding for ten Stabilization Rooms that were formerly funded by Goodwill.

JUSTIFICATION: (required by the Mayor's Office)

Housing and Urban Health provides housing with on-site integrated health care services with the goal of ending chronic homelessness in San Francisco. These funds will be used to cover an additional 10 stabilization rooms for Project Homeless Connect (PHC) clients. These chronically homeless clients are prioritized and housed immediately at the bi-monthly PHC events with the goal of stabilizing them in the rooms with wrap-around Intensive Case Management and then moving them into permanent housing. This approach has been extremely successful in housing the chronically homeless population that has rejected the usual service approaches.

The ten Stabilization units were added at the request of the Mayor's Office in October 2005 for Project Homeless Connect. Since DPH had not budgeted for the additional units, Goodwill Industries financed the units for an intermittent period through private donations. The invoices went directly to Goodwill for payment. The Executive Director of Project Connect informed us that these funds will no longer be available in FY2007-08. Therefore, DPH will have to terminate the ten units unless the units are funded through the General Fund.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

50 unduplicated chronically homeless clients housed in the ten Stabilization Units during a 12-month period

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

\$72,000 in contractual services

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

None

INITIATIVE TITLE: Funding for Existing Stabilization Rooms for Project Homeless Connect

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2007-2008 Program Change Request

DEPARTMENT NAME:

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DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Sue Currin 206-3670

PROGRAM / INITIATIVE TITLE: **Developing a full time Hospitalist Service**

GENERAL FUND: **\$849,870**

TARGETED CLIENTS: All clients

PROGRAM DESCRIPTION: (Description of Program Change)

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

This request is to develop a full time hospitalist service to care for patients on the inpatient medicine wards and on clinical services requesting medical consultation.

The goals of the hospitalist program are:

- Expand the role of medicine consult to support the care of seriously medically ill patients on orthopedic surgery, trauma surgery and psychiatry.
- Reduce the reliance on volunteers to adequately staff the inpatient wards with medical attending physicians.
- Leverage the familiarity and expertise of the hospitalists to actively engage as physician leaders in hospital systems improvement processes.

Clinical responsibilities will include

- Attending on the inpatient wards - 4 months (7 days a week)
- Attending on the medicine consult service - 4 months (7 days a week)
- Staffing 2 half day ambulatory care sessions

Participate in hospital and departmental patient care committees and initiatives

JUSTIFICATION: (required by the Mayor's Office)

Currently, 62 separate physicians work between 0.5 – 4 months each to fulfill the necessary supervision of care on the wards. Volunteers currently cover 20% of the attending months. Only 18% of the months are covered by hospitalists who are dedicated to hospital based care. The remaining months are covered by faculty who take up to 8 weeks away from their primary responsibilities to care for patients in the hospital. Since active enforcement of the 80 hour house staff work week rules, the trainees are spending less time in the hospital. A significant amount of the clinical care, as a result, is performed by the attending physicians. As a result volunteers are increasingly less interested in offering their services.

Importantly, just as the reduction in housestaff duty hours has impacted the medical service, the impact has been even greater on surgical services. The limited number of surgical housestaff spend much of their days in the OR, leaving much of the pre- and post-operative coverage to be provided by non-physician providers (NPs, pharmacists), working under limited MD supervision. The need is great for a more robust medicine consult service allowing the surgical services to spend more time performing procedures.

The proposed hospitalist service will address these needs while also form a core of physician leaders who will support the SFGH Mission “. . . to deliver humanistic, cost-effective and culturally competent health services . . .” The hospitalists will have great knowledge of hospital systems and ongoing working relationships with nursing, social services, physical rehabilitation and the outpatient settings. This experience will inform their support of the SFGH organizational goals:

1. Promote patient safety – hospitalists will initiate and participate in hospital wide projects, collaborate with other services in patient centered care.
2. Promote organizational and staff cultural competency – focus on hospital care will increase familiarity of hospital systems and the unique needs of vulnerable patient populations.
3. Improve access to care – hospitalists currently have a shorter length of stay which improves patient flow.
4. Improve staff retention – will stabilize pool of inpatient attendings, improve interactions with nursing and other services.

Comply with all regulatory Standards – hospitalists will be critical in the execution and maintenance of accreditation by JCAHO, CMS and other regulatory agencies.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Inpatient medicine: Approximately 1,100 acutely ill patients each year

Medicine Consult: Approximately 1,050 patients each year.

Ambulatory encounters: The 5 hospitalists will participate in 4,800 patient encounters.

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

General Fund will increase by \$849,870 that includes \$80,370 for labor expenses and \$769,500 for the UCSF professional services in FY 2007-08.

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

Increasing by 0.75 FTE Healthcare Analyst in FY 2007-08 and 1.00 FTE ongoing.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Developing A Full Time Hospitalist Service

| Sources: | | FY 2007-08 (9 Months) | Ongoing |
|--|-----------------------|----------------------------------|----------------|
| | | \$ - | \$ - |
| Subtotal Sources | | - | - |
| Uses: | | | |
| | Salaries and Fringes | \$ 80,370 | \$ 107,160 |
| | Professional Services | 769,500 | 1,026,000 |
| Subtotal Uses | | 849,870 | 1,133,160 |
| Net General Fund Subsidy Required (Uses less Sources) | | \$ 849,870 | \$ 1,133,160 |
| Total FTE's | | 0.75 | 1.00 |

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

| Class | Title | FTE's | (9 Months) |
|-------|--------------------|-------|------------|
| 2119 | Healthcare Analyst | 0.75 | \$ 59,534 |
| | | | |
| | Fringe (35%) | | 59,534 |
| | | | 20,837 |
| | | | \$ 80,370 |

Operating Expenses

| Index Code | Character/Subobject Code | |
|--------------|---|------------|
| HGH1HUN40061 | 021/02700 Professional Services (UC - 5.00 FTEs hospitalists) | \$ 769,500 |

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

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 | X 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 – 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)

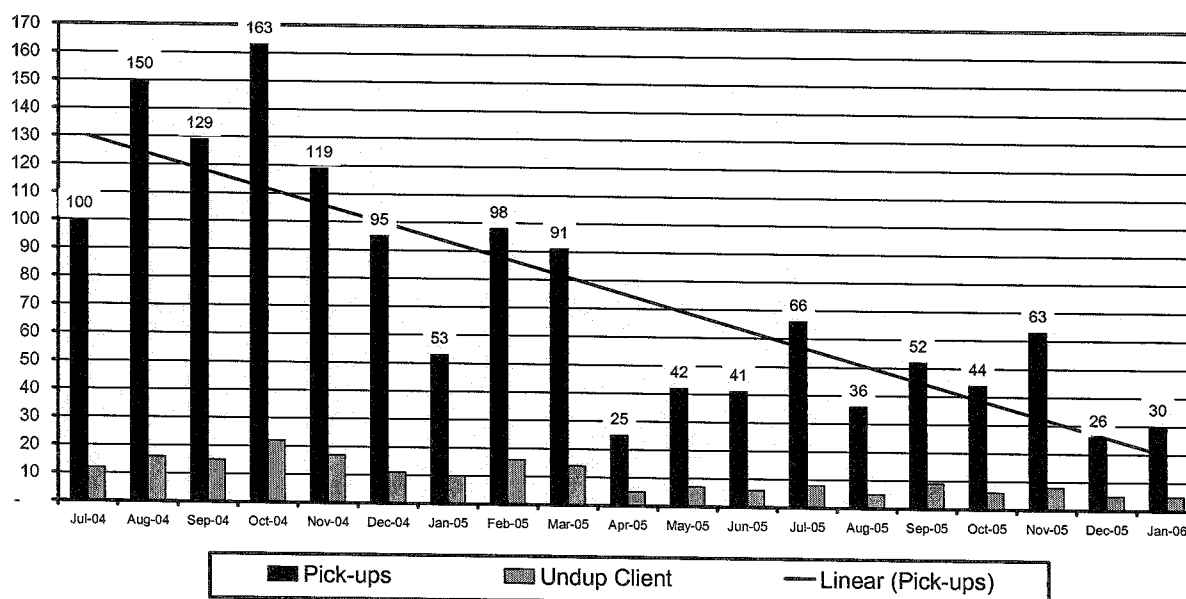
Experience has shown that when clients are unable to be stabilized through treatment regimens, often including supportive housing, their morbidity and mortality rates dramatically increase. People who cannot maintain housing and / or are unable to independently attend to their treatment are those who 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 |
| | | | <hr/> 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 |
| | | <hr/> \$ 48,338 |

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

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
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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) |
|-------|-------|-------|------------|
|-------|-------|-------|------------|

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)

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

DPH SECTION: San Francisco General Hospital

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) |
|-------|-------|-------|------------|
|-------|-------|-------|------------|

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)

Initiative Number K22
(Leave blank)

2007-2008 Program Change Request

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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) |
|-------|-------|-----|------------|

Fringes (35%)

Operating Expenses (List by Character)

| | | |
|--------------|---|-----------|
| HGH5EUN40001 | 021/02700 Professional Services (UC for 2.17 FTEs trauma surgeons @ 9 | \$488,250 |
|--------------|---|-----------|

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

2007-2008 Program Change Request

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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)

Initiative Number K24
(Leave blank)

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 – 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) |
|-------|-------|-------|------------|

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)

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"/> 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 Physiatry 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

| Sources: | FY 2007-08 (9 Months) | Ongoing |
|--|----------------------------------|----------------|
| | \$ - | \$ - |
| 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:

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

DPH SECTION: San Francisco General Hospital

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

| | | FY 2007-08 (9 Months) | Ongoing |
|--|--------------------------------|----------------------------------|----------------|
| Sources: | | | |
| | 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 |