

2005-2006 Program Change Request

DEPARTMENT NAME:

- Community Health Network - HCN
- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health
- Health At Home

- Population Health & Prevention - HPH
- Central Administration
- Population Health & Prevention

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Sue Currin; 206-6761
PROGRAM / INITIATIVE TITLE: **Short Stay Skilled Nursing Unit**
GENERAL FUND: (\$850,000)

TARGETED CLIENTS: Skilled Nursing patients

PROGRAM DESCRIPTION: (Description of Program Change)

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

To open a 30 bed short stay skilled nursing unit on 4C. This will allow patients who are no longer acute to move to a lower level of care, thus decreasing the decertified days and loss of revenue. The same nursing model used for the 4A SNF will be used for the 4C SNF. This will expand the total distinct part SNF capacity to 60 patients. The 4C unit is ideal because it is the only available unit that will allow for 30 beds. To do this will require moving the services provided on 4C (infusion, soft tissue and wound care clinics) to outpatient space in building 20 that was formally the UCSF Dental Clinic. A one-time investment is needed for renovation of the old dental space to accommodate the services that will be moved from 4C and also to convert 4C to meet SNF regulations. Please refer to the one-time efficiency proposal list. The acute beds that will then be freed for acute level patients can now generate normal reimbursement levels.

JUSTIFICATION: (required by the Mayor's Office)

It was previously estimated that SFGH would lose approximately \$1.7 million annually in patient revenues from patients not being placed at the appropriate level of care when necessary. This initiative should prevent that loss of revenue.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Increase of 30 inpatient SNF beds.

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

Labor expense will increase by \$1,413,476, nonpersonal services will increase by \$79,060, and supplies expense will increase by \$149,027 in FY 05/06. These expenses will be more than offset by additional revenues of \$2,491,563, producing a savings of \$850,000 in FY 05/06 and \$1,700,000 ongoing.

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

An increase of 17.00 FTE in FY 05/06 and 34.00 FTE annually thereafter. See attachment for details.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Short Stay Skilled Nursing Unit

| | FY 2005-06 (6 Months) | Ongoing |
|--|----------------------------------|-----------------------|
| Sources: | | |
| 65201 Medicare Inpt Revenue - SNF | \$ 314,192 | \$ 628,383 |
| 65202 Medi-Cal Inpt Revenue - SNF | 821,173 | 1,642,347 |
| 65207 Other Patient Revenue - SNF | 105,876 | 211,751 |
| 65911 Medi-Cal DP SNF | 400,322 | 800,645 |
| 65201 Medicare Inpt Revenue - Acute | 425,000 | 850,000 |
| 65202 Medi-Cal Inpt Revenue - Acute | 425,000 | 850,000 |
| Subtotal Sources | 2,491,563 | 4,983,126 |
| Uses: | | |
| Salaries and Fringes | \$ 1,413,476 | \$ 2,826,952 |
| Operating Expenses | 228,087 | \$ 456,174 |
| Fac Maint & Equipment | - | \$ - |
| Subtotal Uses | 1,641,563 | 3,283,126 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (850,000) | \$ (1,700,000) |
| Total FTE's | 17.00 | 34.00 |

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

| Class | Title | FTE's | |
|-------|---------------------|--------------|---------------------|
| 2320 | Registered Nurse | 7.85 | \$ 711,155 |
| P103 | Per Diem Nurse | 0.55 | \$ 62,286 |
| 2302 | Nursing Assistant | 5.20 | \$ 286,676 |
| 2322 | Nurse Manager | 0.50 | \$ 58,203 |
| 2328 | Nurse Practitioner | 0.50 | \$ 58,412 |
| 1428 | Unit Clerk | 0.75 | \$ 38,603 |
| 2454 | Clinical Pharmacist | 0.25 | \$ 26,630 |
| 2736 | Porter | 1.40 | \$ 62,146 |
| 9993N | Attrition | | \$ (89,424) |
| STEPN | Step Adjustment | | \$ (191,050) |
| PREMN | Shift Differential | | \$ 53,776 |
| OVERM | Overtime | | \$ 19,737 |
| HOLIM | Holiday Pay | | \$ 20,222 |
| | | 17.00 | \$ 1,117,372 |
| | Fringes (26.5%) | | 296,104 |
| | | | \$ 1,413,476 |

Operating Expenses

| Index Code | Character/Subobject Code | |
|--------------|-----------------------------------|-------------------|
| HGH1HUN40061 | 040/04000 Patient Supplies | \$ 149,027 |
| HGH1HUN40061 | 021/02786 UCSF physician coverage | \$ 79,060 |
| | | \$ 228,087 |

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

None \$ -

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: CBHS – Substance Abuse Services
PROGRAM CONTACT NAME/PHONE: James Stillwell
PROGRAM / INITIATIVE TITLE: **Dispensing Buprenorphine – 1380 Howard Pharmacy Positions, OBOT Positions Clean Up**
GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Heroin Users

PROGRAM DESCRIPTION: (Description of Program Change)

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

This proposes to add a .375 FTE Pharmacy Technician (2409) and .225 FTE Pharmacist (2450) to dispense Buprenorphine to Office Based Opiate Treatment (OBOT) clients with funds formerly budgeted to purchase Buprenorphine. Services will consist of preparation of doses and dispensing of Buprenorphine, client counseling, and records and inventory maintenance in accordance with State law. This also proposes to substitute a .45 Registered Nurse for a .70 FTE Health Worker III position of the OBOT program.

JUSTIFICATION: (required by the Mayor's Office)

Buprenorphine has been found to be as effective as Methadone in treating opiate addicted individuals. The Department is proposing to dispense Buprenorphine from its Pharmacy located at 1380 Howard Street. Funding is currently provided to the SFGH Pharmacy to purchase Buprenorphine. However, inventories of Buprenorphine are well-stocked and the State will pay for Medi-Cal eligible clients' dosing. Thus, funding is freed up to pay for Pharmacy staff. With regard to the positions clean up, the Health Worker III position is not needed at this time. The Nurse is needed to assist with medical issues presented by clients and to liaison with participating physicians.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

It is anticipated that the Pharmacy will dose 100 to 125 OBOT clients on an ongoing basis.

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

There will be no expense or revenue impact since \$57,384 and \$5,579 allocated under the Other Current Services 03500 line will be transferred to the Permanent Salaries 001 and Mandatory Fringe Benefits lines for the Pharmacy positions and for the positions clean up, respectively.

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

This proposes adding a .375 FTE Pharmacy Technician (2409) and .225 FTE Pharmacist (2450), and substituting a .45 FTE Registered Nurse (2320) for a .70 FTE Health Worker III (2587).

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Dispensing Buprenorphine - 1380 Howard Pharmacy Positions, Positions Clean Up

| | FY 2005-06 | Ongoing |
|--|-------------------|----------------|
| Sources: | \$ - | \$ - |
| Subtotal Sources | - | - |
| Uses: | | |
| 001 Permanent Salaries | \$ 62,963 | \$ 70,933 |
| 03500 Other Current Services | \$ (62,963) | \$ (70,933) |
| Subtotal Uses | - | - |
| Net General Fund Subsidy Required (Uses less Sources) | \$ - | \$ - |
| Total FTE's | 0.35 | 0.55 |

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

| Class | Title | FTE's | |
|-------|----------------------------------|-------|---------------|
| 2409 | Pharmacist Technician (9 months) | 0.375 | \$ 23,969 |
| 2450 | Pharmacist (9 months) | 0.225 | 21,394 |
| | | | <u>45,363</u> |
| | Fringe (26.5%) | | 12,021 |
| | Total | 0.60 | \$ 57,384 |

Clean Up

| | | | |
|------|-------------------|-------|-------------|
| 2587 | Health Worker III | -0.70 | \$ (36,357) |
| 2320 | Registered Nurse | 0.45 | \$ 40,767 |
| | Total | -0.25 | \$ 4,410 |
| | Fringe (26.5%) | | \$ 1,169 |
| | Total | | \$ 5,579 |

Operating Expenses

Index Code Character/Subobject Code

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

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Laguna Honda Hospital; Department of Medicine and Operations Division

PROGRAM CONTACT NAME/PHONE: John Kanaley., 759-2363

PROGRAM / INITIATIVE TITLE: **Ancillary Services Reorganization**

GENERAL FUND AMOUNT: (\$ 6,619)

TARGETED CLIENTS: LHH Patients

PROGRAM DESCRIPTION: (Description of Program Change)

This initiative proposes to substitute 5 positions in Ancillary Services and Operations, and create 5.5 new positions.

Reorganization of LHH Ancillary Services, to achieve operational efficiencies and budget savings, is required. Reductions in positions for Fiscal Year 2004-2005 caused gaps in essential service provision. This proposal re-prioritizes remaining personnel resources through position substitutions in order to better meet current needs. The proposed changes are as follows:

| | |
|--|---|
| Decrease: 2 FTE 2444 Clinical Lab Tech | Increase: 2 FTE 2430 Med. Eval. Assistant |
| 1 FTE 2536 Resp. Care Prac. | 1.5 FTE 2920 Med. Soc. Worker |
| 1 FTE 2496 Rad Tech Supv. | 1 FTE 2106 Med Staff Svcs. Dept. Spec. |

For Operations, this initiative converts a current Industrial Hygienist position (CSC 6138) to a Safety Analyst position (CSC 6130). The current position, Industrial Hygienist, performs difficult technical industrial hygiene work in connection with hazardous materials and other health hazards in the City and County. This class functions as a technical specialist in evaluating, containing and restricting environmental hazards and in advising and training others in the identification and disposition of such materials. The new position, Safety Analyst, establishes comprehensive occupational safety programs such as confined space entry and fire prevention; plans and conducts worksite hazard analysis to identify occupational safety hazards. This position is responsible for the development and implementation of various occupational safety programs such as; injury prevention, accident investigation, safety statistics, sight conservation, machine guarding, and electrical safety.

JUSTIFICATION: (required by the Mayor's Office)

This initiative would save approximately \$6,619 during the first year in salary and fringe benefits while allowing a skill mix better suited to current needs. It would make the provision of ancillary services to the patients more efficient. In light of the enormous construction taking place on the LHH campus, the functions of Safety Analyst better fit the duties required for the next 5-7 years, and this change in available skills will improve safety.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

LHH anticipates no changes in the number of clients served or the units of service provided.

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

Expenses: Savings of \$6,619.

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

This initiative would mean a net increase of 0.375 FTE during the first year which converts to 0.5 FTE thereafter. One or more incumbents could face relocation or separation.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: ANCILLARY REORGANIZATION

| Sources: | FY 2005-06 | Ongoing |
|--|-------------------|-------------------|
| Subtotal Sources | \$ - | \$ - |
| Uses: | | |
| Salaries | \$ (5,233) | \$ (6,977) |
| Fringes | (1,387) | (1,849) |
| Subtotal Uses | \$ (6,619) | \$ (8,826) |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (6,619) | \$ (8,826) |
| Total FTE's | 0.375 | 0.500 |

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

| Class | Title | FTE's | | |
|-------|--|--------------|----|----------------|
| 2444 | Clinical Laboratory Technologists | (1.500) | \$ | (95,941) |
| 2536 | Respiratory Care Practitioner | (0.750) | | (45,365) |
| 2496 | Radiologic Technologist Supervisor | (0.750) | | (59,446) |
| 6138 | Industrial Hygienist | (1.000) | \$ | (92,441) |
| 2430 | Medical Evaluations Assistant | 1.500 | | 72,741 |
| 2920 | Medical Social Workers | 1.125 | | 82,277 |
| 2106 | Medical Staff Services Department Specialist | 0.750 | | 40,501 |
| 6130 | Safety Analyst | <u>1.000</u> | | <u>92,441</u> |
| | | 0.375 | | (5,233) |
| | Fringe (26.5%) | | | <u>(1,387)</u> |
| | | | \$ | (6,619) |

2005-2006 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"/> Mental Health |
| X Primary Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Primary Care

PROGRAM CONTACT NAME/PHONE: Barbara Garcia, 255-3525

PROGRAM / INITIATIVE TITLE: **Primary Care Managed Care/Medi-Cal Patient Growth**

GENERAL FUND: (\$243,088)

TARGETED CLIENTS: All Community Health Network Primary Care Clients

PROGRAM DESCRIPTION: (Description of Program Change)

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

Primary care service hours will be expanded to evenings and weekends to accommodate managed care enrollees. This will improve access and generate revenues from managed care plans. Also, growth in the number of Medi-Cal patients requiring primary care services has provided the opportunity to more effectively utilize existing provider positions by re-allocating them to sites with increased visit volume, available exam room capacity and ample support staff. This will enhance revenue generation for primary care services.

JUSTIFICATION: (required by the Mayor's Office)

Primary care sites currently have limited support staff capacity to accommodate the increasing volume of managed care patients. Cost will be fully recovered by capitation revenue. Also, overall patient visit growth allows existing providers to be more productive. A physician position, when properly supported, generates more revenue than its cost by a significant margin.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Ensures that all managed care client needs can be met. About 2,500 visits will be provided by each additional, effectively utilized physician.

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

Labor expense will increase by \$232,111 and nonpersonal services expense will increase by \$60,000. A capitation revenue increase of \$397,805 and a Medi-Cal revenue increase of \$137,394 will generate a net savings to the general fund of \$243,088 in FY 05/06.

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

Primary Care positions will increase by 3.75 FTE.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Primary Care Managed Care/Medi-Cal Patient Growth

| | FY 2005-06 (9 Months) | Ongoing |
|--|----------------------------------|---------------------|
| Sources: | | |
| 65950 Capitation Revenue | \$ 397,805 | \$ 530,407 |
| 65302 Outpt Medi-Cal FQHC Revenue | 137,394 | 183,192 |
| Subtotal Sources | 535,199 | 713,599 |
| Uses: | | |
| Salaries and Fringes | \$ 232,111 | \$ 309,481 |
| Operating Expense | 60,000 | 80,000 |
| | - | - |
| Subtotal Uses | 292,111 | 389,481 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (243,088) | \$ (324,118) |
| Total FTE's | 3.75 | 5.00 |

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

| Class | Title | FTE's | (9 Months) |
|-------|------------------------------|-------------|-------------------|
| 2903 | Eligibility Worker | 0.75 | \$ 38,954 |
| 2430 | Medical Evaluation Assistant | 1.50 | \$ 72,741 |
| 2110 | Medical Record Tech | 1.50 | \$ 73,994 |
| | | | 185,689 |
| | Fringe (26.5%) | | 46,422 |
| | | <u>3.75</u> | <u>\$ 232,111</u> |

Operating Expenses

| Index Code | Character/Subobject Code | |
|--------------|--|-----------|
| HCHAPADMINGF | 02799 Professional Translation Services (9 months) | \$ 60,000 |

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

NONE

2005-2006 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"/> Mental Health |
| X Primary Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Primary Care

PROGRAM CONTACT NAME/PHONE: Barbara Garcia, 255-3525

PROGRAM / INITIATIVE TITLE: **Expansion of Primary Care Job Physical Services**

GENERAL FUND: (\$34,582)

TARGETED CLIENTS: General public who needs DMV or job physicals at Community Health Centers

PROGRAM DESCRIPTION: (Description of Program Change)

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

The new initiative is to provide DMV and job physicals to the general public. We turn away a significant number of people who call or come to our centers for DMV or job physicals. As a pilot program, the service will be offered at one of the Primary Care clinics in the evenings. The initiative will allow us to make use of center space in the evenings, generate revenue from paying clients that will in turn be used to fund needed primary care services. The project is feasible and modeled after the travel clinic currently offered by Department of Public Health. Primary Care clients will continue to receive these services on a sliding scale. Non clients will be charged a fee of \$100.

JUSTIFICATION: (required by the Mayor's Office)

The city will fully recover the costs and bring in a net General Fund savings of \$34,582 and provide a needed community service.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

About 1200 clients will be served annually.

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

Increase labor expense by \$55,418 in FY 05/06. Revenue will be increased by \$90,000 and will produce a net General Fund savings of \$34,582 and ongoing savings of \$46,109.

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

Increase 0.38FTE 2328 Nurse Practitioner in FY 05/06 and 0.5FTE ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Expansion of Primary Care Job Physical Services

| | FY 2005-06 (9 Months) | Ongoing |
|---|----------------------------------|----------------|
| Sources: | | |
| Other Patient Revenue (25 patients a week/36 weeks @ \$100/per pt pay) | \$ 90,000 | \$ 120,000 |
| Subtotal Sources | 90,000 | 120,000 |
| Uses: | | |
| Salaries and Fringes | \$ 55,418 | \$ 73,891 |
| Subtotal Uses | 55,418 | 73,891 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (34,582) | \$ (46,109) |
| Total FTE's | 0.38 | 0.50 |

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

| Class | Title | FTE's | 9 Months |
|-------|-----------------------------|-------|-----------|
| 2328 | Nurse Practitioner | 0.38 | \$ 43,809 |
| | | | 43,809 |
| | Fringe (26.5%) | | 11,609 |
| | Total Salaries and Fringe = | 0.38 | \$ 55,418 |

Operating Expenses

Index Code Character/Subobject Code
None

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

None

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services

PROGRAM CONTACT NAME/PHONE: Michelle Ruggels/255-3404

PROGRAM / INITIATIVE TITLE: **Short Doyle MediCal Increase to Offset State Funding Losses**

GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Homeless Mentally Ill, and Mentally Ill Forensic clients

PROGRAM DESCRIPTION: (Description of Program Change)

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

In FY04-05, there were two funding reductions from the State. The first reduction was to the State allocation for the AB2034 program which provides intensive case management services for seriously mentally ill homeless youth and adults and provides placements to permanent housing. This program was reduced by \$86,860, or four percent due to a State change in its funding allocation methodology, which resulted in a four percent reduction to all counties receiving these funds. To preserve this program at full capacity, the Department is proposing to offset the reduction with Short Doyle MediCal revenues, which the program has demonstrated it is able to generate.

The second State reduction resulted from the end of the State Mentally Ill Offenders grant. This program provides intensive case management to clients involved in the criminal justice system, and has demonstrated its success in reducing recidivism and stabilizing its clients. The Department has worked with the contractor to reallocate funding between three programs to preserve this service. However, the proposed funding amount of \$130,000 would enable the contractor, Citywide Case Management, to maintain the same client capacity.

JUSTIFICATION: (required by the Mayor's Office)

Both of these programs have demonstrated their success in meeting the objectives of their programs, and in treating and stabilizing homeless clients. Both programs have demonstrated their capacity to generate MediCal revenues. The Department provided MediCal to these contractors in FY04-05 from new contractors that were not able to use the funds until FY05-06 when the programs are fully up and running.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If not approved, this would impact the client capacity in each program.

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

Increase in Short Doyle MediCal revenues by \$326,748, decrease in State AB2034 allocation by 87,860 and increase in expenditures by \$238,888

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

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Short Doyle MCal Increase

| Sources: | FY 2005-06 (12 Months) | Ongoing |
|--|-----------------------------------|----------------|
| 45416 Short Doyle MediCal | \$ 326,748 | \$ 326,748 |
| 45412 Comm Mental Health Services | (87,860) | (87,860) |
| Subtotal Sources | 238,888 | 238,888 |
| Uses: | | |
| Operating Expense | \$ 238,888 | \$ 238,888 |
| Salaries and Fringes | - | - |
| Subtotal Uses | 238,888 | 238,888 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ - | \$ - |
| Total FTE's | | |

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

| Class | Title | FTE's | |
|-------|----------------|-------|------|
| | | | - |
| | | | - |
| | | | - |
| | Fringe (26.5%) | | - |
| | | | \$ - |

Operating Expenses (List by Character)

| | | |
|-----|--------------|-------------------|
| 027 | HMHMCC730515 | 238,888 |
| 027 | HMHMAB2034GF | |
| | | \$ 238,888 |

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

2005-2006 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: Bob Cabaj, 255-3401
 PROGRAM / INITIATIVE TITLE: **MD Coverage at the SFGH Behavioral Health Center (formerly the Mental Health Rehabilitation Facility (MHRF))**
 GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Clients residing in the Adult Residential Facility portion of the Behavioral Health Center

PROGRAM DESCRIPTION: (Description of Program Change)

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

Based on the findings of the Blue Ribbon Commission, which was established to recommend changes to the licensing and programming at the Mental Health Rehabilitation Facility (MHRF), the MHRF was reconfigured to include three levels of service, including: (1) a Mental Health Rehabilitation Center (47 beds on 3rd Floor), (2) a Skilled Nursing Facility (59 beds on 2nd Floor), and (3) an Adult Residential Care Facility (ARF)(41 beds on 1st Floor). The staffing for all three floors is provided by SFGH, with the exception of the psychiatrist positions, which are funded and provided by Community Behavioral Health Services, and primary care services provided by the Department's Primary Care section. The existing 3.0 FTE psychiatrists are responsible for the 106 clients on the 2nd and 3rd floors. The proposal would add a .5 FTE 2232 Supervising Physician (psychiatrist) position to provide coverage for the 41 clients residing on the 1st Floor in the ARF. An ARF provides 24 hour non-medical care to adults 18 to 59 years of age who are unable to provide for their own daily needs. Basic board and care services are provided by staff available to assist with daily living activities, which can include personal hygiene, laundry, and utilizing support systems. It is assumed that the clients residing in this facility will all be seriously mentally ill, and most will utilize medications.

JUSTIFICATION: (required by the Mayor's Office)

The implementation of the proposed ARF will require a psychiatrist to both prescribe and deliver medication support services to the clients. While CBHS utilizes psychiatrists from its Private Provider Network for clients in community based ARFs, the Blue Ribbon Commission has recommended that this care be provided directly by CBHS to ensure a seamless interface with the upper two floors (psychiatrists provide back-up to each other as needed). Since the clients are all expected to be MediCal eligible or have Medicare, it is assumed that the services will be fully reimbursable.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Medication Support Services will be provided to 41 clients

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

Increase of \$ 89,458 expenses in 001, covered by equal increase in Short Doyle M/C revenue-45416

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

Increase of 0.5 FTE 2232 Senior Physician Specialist

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: MD Coverage at the SFGH Behavioral Health Center (formerly the Mental Health Rehabilitation Facility (MHRF))

| | FY 2005-06 | Ongoing |
|--|-------------------|----------------|
| Sources: | \$ 89,458 | \$ 89,458 |
| Subtotal Sources | 89,458 | 89,458 |
| Uses: | | |
| 027 Salaries and Fringes | \$ 89,458 | \$ 89,458 |
| Professional Services | - | - |
| Subtotal Uses | 89,458 | 89,458 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ 0 | \$ 0 |
| Total FTE's | 0.0 | 0.0 |

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

| Class | Title | FTE's | |
|-------|--|-------|-----------|
| 2232 | Senior Physician Specialist-HMHMCC730515 | 0.50 | \$ 70,718 |
| | | | - |
| | | | 70,718 |
| | Fringe (26.5%) | | 18,740 |
| | | | \$ 89,458 |

Operating Expenses

| Index Code | Character/Subobject Code | |
|------------|--------------------------|--------|
| | | - \$ - |

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

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services (CBHS)
PROGRAM CONTACT NAME/PHONE: Sai-Ling Chan-Sew/255-3439
PROGRAM / INITIATIVE TITLE: **EPSDT Initiative**
GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Kids in child care centers and youth in residential treatment programs.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Children's section of Community Behavioral Health Services (CBHS) is requesting Early Prevention, Screening, Diagnosis and Treatment (EPSDT) funding to (1) maximize reimbursement in child-care centers (and replace lost revenues), and (2) fund mental health services in residential treatment programs. EPSDT is a MediCal program for beneficiaries less than 21 years of age requiring specific behavioral health services. Once a baseline level of services has been delivered, reimbursement for all EPSDT services is approximately 40% State General Fund match, 50% Federal Medi-Cal, and 10% County match. As such, the City only needs to provide a 10 percent match to the State's General Fund dollars to draw down the Federal Medi-Cal match. As of this date, neither the State or Federal funds are capped.

The following request of \$601,120 (\$284,741 State General Fund, and \$316,379 Short Doyle MediCal match) would fund (1) \$244,870 for mental health services in center-based childcare facilities, and (2) \$356,250 for mental health services in residential treatment programs. The county match of \$31,638 will be obtained through workorders, as well as a reallocation of existing funds.

Child Care Centers: CBHS currently contracts with 14 contract agencies to deliver mental health services to children in child care centers throughout the City. An estimated 10 percent of the services delivered are MediCal reimbursable, and an estimated 50 percent of all of the children are MediCal eligible. In FY05-06, the Department is proposing to begin billing MediCal for all reimbursable services at all 14 contract agencies. Currently, five of the programs are certified to bill MediCal and nine aren't. The MediCal projections have been adjusted based on the estimated certification date. If the proposed use of the funding is approved, CBHS would be able to offset proposed FY05-06 funding reductions from other City Departments who workorder funding for these services, and would be able to offset the need for General Fund services from the other City departments.

Residential Treatment Programs: The Human Services Agency (HSA) (formerly DHS) is responsible for placing youth into residential treatment programs for both foster and non-foster care kids. The care provided in these facilities includes 24-hour board and care supervision. Some of the facilities operate non-public schools. Most provide some level of therapeutic and medical/psychiatric services. All of the facilities receive a higher daily reimbursement rate from the State for offering mental health services. In order for mental health services to be MediCal reimbursable, CBHS must contract separately with these treatment providers. The following proposal would enable CBHS to contract with four residential

treatment homes that currently receive (HSA) referrals to enable the provision of mental health services in approximately 9 new slots. Additionally, CBHS would increase funding for an existing contractor, Seneca, to provide two additional slots.

JUSTIFICATION: (required by the Mayor's Office)

This increase in funding will enable the City to maximize non-General Fund reimbursement, offset the impact of reductions from other City Department to CBHS, and provide mental health services to more youth who currently aren't receiving it.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Residential treatment funding will be available for youth in 11 slots. Approximately 2,400 units of mental health services will be reimbursable for services to kids in child care centers.

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

Total Expenditure increase of \$601,120, of which \$284,741 is State EPSDT match, and \$316,379 is Federal MediCal.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: EPSDT Increase

| | | FY 2005-06 | Ongoing |
|--|--|-------------------|----------------|
| Sources: | | | |
| | 45416 Short Doyle MediCal | \$ 316,379 | \$ - |
| | 45412 Community Mental Health Services | 284,741 | |
| Subtotal Sources | | 601,120 | - |
| Uses: | | | |
| | Salaries and Fringes | \$ - | \$ - |
| 027 | Professional Services | 601,120 | - |
| | | - | - |
| Subtotal Uses | | 601,120 | - |
| Net General Fund Subsidy Required (Uses less Sources) | | \$ - | \$ - |
| Total FTE's | | 0.0 | 0.0 |

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

| Class | Title | FTE's | |
|---------------------------|--------------------------|-------|-------------|
| | | | - |
| | | | - |
| | | | - |
| | Fringe (26.5%) | | - |
| | | | - |
| | | | \$ - |
| Operating Expenses | | | |
| Index Code | Character/Subobject Code | | |
| HMHMCP51:027 | | - \$ | 601,120 |

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

2005-2006 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: Michelle Ruggels, 255-3404

PROGRAM / INITIATIVE TITLE: **SSI and MediCal Enhancement Initiative**

GENERAL FUND: (\$291,128)

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

PROGRAM DESCRIPTION: (Description of Program Change)

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

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

To fully maximize both SSI and MediCal revenues is a multi- year effort. However, the Department proposes the following plan to be implemented in FY05-06: (1) Enhancement to the Disability Evaluation Assistance Program (DEAP), (2) Expansion of Eligibility Workers, and (3) Expansion of Representative Payee Services. The entire proposal will require no additional General Fund monies, and in fact will generate \$ 291,128 in General Fund savings.

Expansion of Disability Evaluation Assistance Program (DEAP)

DEAP is a multi-disciplinary civil service program that provides services with the goal of obtaining SSI eligibility for indigent clients. The services include psychological and medical disability evaluations that are used as supporting documentation necessary to obtain SSI benefit approval. Another critical function, benefit case management, is the coordinating function that ensures all of the cumbersome and required SSI related paperwork is compiled and completed, that the client makes his/her necessary appointments for SSI evaluation, and ensures that the client receives the support needed to access community services, including mental health, substance abuse and medical services. Most clients will not obtain SSI benefits without the benefit case manager function assisting in the process.

To this end, the FY05-06 proposal will fund two additional benefits case managers, (1.5 FTE

2587 Health Worker III, effective 10/1/05). It is estimated that the work of these staff will result in approximately 80 new clients receiving SSI benefits in the initial year, and more in the following years. The funding for these positions will be through a collaboration with the Department of Human Services (DHS), under the Human Services Agency (HSA). Currently, all of the existing 2.8 FTE in the DEAP team are funded 100% by General Fund. However, between 50% and 75% of allowable services (estimated to be 70 percent of their activities) are eligible to be reimbursed through DHS's claim against the State County Services Block Grant (CSBG). Therefore, the General Fund from the existing positions will be reallocated to fund the General Fund match required for the proposed new positions. The rest of the expenses will be covered by the DHS claim. It is expected that the addition of these two staff will result in approximately 80 additional clients receiving SSI benefits in the start-up year.

In addition to the benefits case manager positions, to address the increasingly significant administrative requirements for DEAP, the Department is proposing to fund a 1.0 2591 Health Program Coordinator. This person's duties would include the following: Develop SSI Advocacy implementation plans, work with the SSA Office and the County Medi-Cal Office and other agencies to increase the amount of awards and Medi-Cal months, evaluate the program's design and array of services to propose improvements, create and generate reports from various DPH-DHS and other platforms, staff the various committees, such as, Citywide SSI Advocacy Workgroup and other revenue enhancing workgroups, perform activities associated with program/contract/grant management and monitoring (fiscal management, record keeping, data management, contract negotiations, program and outcome analyses, reimbursement rates, revenue and expenditure analysis, budget analyses) for existing and new contracts, conduct site visits and prepare performance and monitoring reports, and assist providers in the preparation of quarterly reports, year-end cost reports, and annual renewal requests.

Expansion of Eligibility Workers

CBHS currently has 3.0 FTE eligibility workers who work in partnership with the CBHS Central Access Team. The Central Access Team is responsible for over-the-phone authorizations and referrals of mental health clients to mental health clinics and the Private Provider Network. In FY03-04, there were 24,708 clients served in the mental health system. The eligibility workers provide a range of services, including the completion of MediCal applications for clinic referrals, responding to eligibility questions from various entities, following up on benefit reinstatement when the MediCal or other benefit coverage has been interrupted, which includes working with the State to clear up their Meds computer, switching MediCal residency to San Francisco to obtain reimbursement, and following up on the outcome of applications. In the mental health clinic system, the clinicians provide a financial screening, and based on this screening refer potential clients to the eligibility workers to complete a MediCal application.

Beginning in the Spring of FY04-05, the Central Access Team, the eligibility workers and the DEAP members will all be centrally located. All new clients will be sent to this co-located site to have their benefit screening done face-to-face, as opposed to a referral only basis. The goal of this effort will be to provide a more thorough screening both for financial ability to pay, and clinical appropriateness. Under this proposal, it is assumed that the number of MediCal applications will increase because it will be a requirement for ongoing services. Since the existing 3.0 FTE eligibility workers are currently working at full-capacity with only about 35 percent of their time spent on face-to-face MediCal applications, and because data has demonstrated unmet need, the proposal would be to pilot the reassignment of 2.0 FTE Eligibility Workers from DHS to this new centralized unit. It is very conservatively estimated that 240

uninsured clients will become MediCal eligible during the start-up year.

Expansion of Representative (Rep) Payee Services

Rep Payee services are required for all clients who receive SSI and are unable to manage their funds. In many cases, it is a requirement of the Federal SSA office that a Rep Payee be designated before SSI benefits are approved and awarded. Many of the clients needing representative payee services are seriously mentally ill, and many of those were previously treated in expensive acute psychiatric inpatient units and locked psychiatric long term care facilities. The Rep Payee services are critical for helping to maintain stability in the community, and as mentioned, is often a requirement for benefit approval. Due to heavy demand, and limited staffing at the Department of Aging and Adult Services (DAAS) (four staff total and 1,300 clients), the wait for application processing and approval has been increasing. By increasing capacity and reducing the wait for these services, the Department expects to decrease the likelihood that clients will be denied SSI for lack of a Rep Payee, and will assist clients who are unable to manage their funds and risk losing their housing as a result. The Department's proposal is to workorder funding to DHS to create a 1.0 4230 Estate Investigator within its Rep Payee team. Additionally, the Department will allocate \$65k to expand community-based capacity, which at a minimum will increase Rep Payee services for 100 clients.

JUSTIFICATION: (required by the Mayor's Office)

To increase the success rate of clients obtaining SSI benefits, it is only possible through the increase of benefits case managers. To ensure that there are Rep Payee services available when the assignment of a Rep Payee is a requirement for approval of SSI, which is often the case for the type of clients served in the system, it is necessary to create more capacity. To increase the number of uninsured clients who become MediCal eligible, it is necessary to increase the number of eligibility workers to complete and follow-up on the applications.

This revenue enhancement proposal will result in \$291,128 in General Fund savings in FY05-06 and \$227,922 in ongoing years. This is a conservative estimate. For one reason, it does not capture the retroactive MediCal revenues that will be generated for prior services. The majority of this initiative is funded by reallocating General Fund dollars and drawing down DHS revenue reimbursement (which DPH previously hasn't utilized). Thus, it is low risk, but still provides General Fund savings during this difficult budget year. The General Fund savings are based on an assumption that as a result of the new employees, MediCal revenues will increase as revenue reimbursement is realized for the client services.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Conservatively, 80 new clients will obtain SSI benefits and by default of their SSI approval, will also receive MediCal, over 300 clients will obtain MediCal, and over 100 clients will begin to receive Rep Payee services.

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

Expenses will increase by \$313,316, and revenues will increase by \$604,444 resulting in General Fund savings of \$291,128.

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

Increase of 1.5 2587 Health Worker III positions (effective 10/1) and .75 2591 Health Program Coordinator II.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SSI initiative

| | FY 2005-06 | Ongoing |
|--|-------------------|----------------|
| Sources: | | |
| 45416 S/D MCal | \$ 400,000 | \$ 400,000 |
| * Work Order Rev from DHS | 204,444 | \$ 215,942 |
| Subtotal Sources | 604,444 | 615,942 |
| Uses: | | |
| 001/013 Salaries and Fringes | \$ 167,846 | \$ 222,703 |
| 027 Professional Services | 65,000 | \$ 65,000 |
| 040 Material and Supplies | 20,000 | \$ 20,000 |
| 081 DHS Workorder for .75 4230 Estate Investigator | \$ 60,470 | 80,317 |
| Subtotal Uses | 313,316 | 388,020 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (291,128) | \$ (227,922) |
| Total FTE's | 2.25 | 3.0 |

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

| Class | Title | FTE's | | 05-06 |
|-------|-------------------------------|-------|----|--------------|
| 2591 | Health Program Coordinator II | 0.75 | \$ | 52,186.95 |
| 2587 | Health Worker III | 1.50 | \$ | 77,908.50 |
| 2920 | Medical Social Worker | -0.80 | \$ | (57,587.04) |
| 2932 | Senior Psych Social Worker | 0.80 | \$ | 60,176.16 |
| | Total Salaries | 2.25 | | 132,685 |
| | Fringe (26.5%) | | | 35,161 |
| | | | \$ | 167,846 |

Operating Expenses

| Index Code | Character/Subobject Code | | |
|------------|--------------------------|---|-----------|
| | 040 | - | \$ 20,000 |
| | 027 | | 65,000 |
| | 081 | | 60,470 |

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

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Josh Bamberger/554.2664

PROGRAM / INITIATIVE TITLE: **MediCal Eligibility Determination at Housing and Urban Health Clinic**

GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

In FY 03-04, Housing and Urban Health received grant monies from the Interagency Council on Homelessness (ICH) to open both a seventh Direct Access to Housing (DAH) site, the Empress Hotel, and clinic to provide medical services to all DAH residents and other supportive housing residents. Housing and Urban Health's seven Direct Access to Housing (DAH) sites include: the Empress Hotel, the Star Hotel, the Camelot Hotel, the Le Nain Hotel, the Windsor Hotel, the Pacific Bay Inn and Broderick Street Residential Care Facility. Together these seven DAH sites provide 481 bed slots of service-enriched subsidized housing to homeless persons who have been living on the streets and revolving through emergency care settings, with a goal of enabling these individuals to achieve greater levels of residential stability and improved health status. The medical clinic located at the Windsor Hotel, which is a Federally Qualified Health Center (FQHC), opened in July 2004.

Because the clinic is an FQHC site, MediCal revenues can be generated when serving MediCal eligible clients. To determine the MediCal eligibility of the patients or other forms of assistance they may be eligible to receive there is a 1.0 FTE 2908 Hospital Eligibility Worker on staff funded by the ICH grant. However, the ICH grant funding decreases in its third year (FY05-06), therefore, Housing and Urban Health is requesting to continue funding for this position through FQHC MediCal. The position is essential to the clinic's long-term ability to maximize FQHC revenues, which will offset the cost of operating the clinic and Empress Hotel, particularly as each year of the grant there is an expectation that the County share of the cost will increase.

JUSTIFICATION: (required by the Mayor's Office)

The 2908 Hospital Eligibility Worker is essential to determining the MediCal eligibility status of DAH residents, and for assisting clients in becoming MediCal eligible. The revenue generated by providing medical services to MediCal eligible clients will offset the cost of this position.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Total expenditures will increase by \$62,759 but revenue will increase by an equal amount, or \$62,759, therefore, the net impact on the General Fund is zero dollars.

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

Moving 0.83 FTE for a 2908 Hospital Eligibility Worker from grant to General Fund.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: MediCal Eligibility Determination at Housing & Urban Health Clinic

| | FY 2005-06 (12 Months) | Ongoing |
|--|-----------------------------------|----------------|
| Sources: | | |
| FQHC MediCal | \$ 62,759 | \$ 75,311 |
| Subtotal Sources | \$ 62,759 | \$ 75,311 |
| Uses: | | |
| Operating Expenses | | |
| Salaries and Fringes | \$ 62,759 | \$ 75,311 |
| | - | - |
| Subtotal Uses | 62,759 | 75,311 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ - | \$ - |
| Total FTE's | | |

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

| Class | Title | FTE's | |
|-------|-----------------------------|-------|---------------|
| 2908 | Hospital Eligibility Worker | | \$ 49,612 |
| | | | - |
| | | | <u>49,612</u> |
| | Fringe (26.5%) | | <u>13,147</u> |
| | | | \$ 62,759 |

Operating Expenses (List by Character)

\$ -

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

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Marc Troitz/554.2565

PROGRAM / INITIATIVE TITLE: **Housing and Urban Health Clinic Operating Costs**

GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

In FY 03-04, Housing and Urban Health received grant monies from the Interagency Council on Homelessness (ICH) to open both a seventh Direct Access to Housing (DAH) site, the Empress Hotel, and clinic to provide medical services to all DAH residents and other supportive housing residents. Housing and Urban Health's seven Direct Access to Housing (DAH) sites include: the Empress Hotel, the Star Hotel, the Camelot Hotel, the Le Nain Hotel, the Windsor Hotel, the Pacific Bay Inn and Broderick Street Residential Care Facility. Together these seven DAH sites provide 481 bed slots of service-enriched subsidized housing to homeless persons who have been living on the streets and revolving through emergency care settings with the goal of enabling these individuals to achieve greater levels of residential stability and improved health status. The medical clinic located at the Windsor Hotel, which is a Federally Qualified Health Center (FQHC), opened in July 2004.

In FY 04-05, the ICH grant funded clinic operating costs, which consist of site lease expenses and property management costs. Housing and Urban Health (HUH) currently contracts with John Stewart Company to provide the on-site property management services. Property management includes janitorial services, maintenance and repair of the clinic facility as well as managing all utility needs and expenses. The ICH grant funding decreases in its third year because there is an expectation that the County share of the project costs will increase. Because the clinic is an FQHC site, MediCal revenues can be generated revenue when serving MediCal eligible clients and these revenues can be used to offset related expenses. Therefore, HUH in FY 05-06 is proposing to fund the clinic rent (\$38,670) and the property management costs (\$54,805) through FQHC MediCal.

JUSTIFICATION: (required by the Mayor's Office)

The revenue generated by providing medical services to MediCal eligible clients will offset the operating costs for the HUH clinic.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Total expenditures will increase by \$93,475 but revenue will increase by an equal amount, or \$93,475, therefore, the net impact on the General Fund is zero dollars.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Housing & Urban Health Clinic Operating expenses

| | FY 2005-06 (12 Months) | Ongoing |
|--|-----------------------------------|----------------|
| Sources: | | |
| FQHC MediCal | \$ 93,475 | \$ 93,475 |
| Subtotal Sources | \$ 93,475 | \$ 93,475 |
| Uses: | | |
| Operating Expenses | \$ 93,475 | \$ 93,475 |
| Salaries and Fringes | - | - |
| Subtotal Uses | 93,475 | 93,475 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ - | \$ - |
| Total FTE's | | |

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

| Class | Title | FTE's |
|-------|-------|-------|
|-------|-------|-------|

Fringe (26.5%)

| |
|------|
| - |
| - |
| - |
| \$ - |

Operating Expenses (List by Character)

| | |
|-----|--|
| 027 | Medical Services contract-HCHSHHOUSGGF |
| 030 | Rents/Leases-Bldg: HCHSHHOUSGGF |

| |
|-----------|
| \$ 54,805 |
| 38,670 |
| \$ 93,475 |

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

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Josh Bamberger/554.2664

PROGRAM / INITIATIVE TITLE: **Action Point Medication Adherence Program Contract Conversion**

GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: HIV infected individuals and Supportive Housing residents in need of medication adherence assistance

PROGRAM DESCRIPTION: (Description of Program Change)

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

Since 1998 Housing and Urban Health has been contracting with the San Francisco AIDS Foundation (SFAF) for the Action Point HIV medication adherence program. This program targets HIV infected homeless and marginally housed individuals to ensure adherence to their medication regimens. Over time, HIV treatment has changed markedly with most HIV medications regimens occurring once or twice daily, as opposed to multiple times per day for each client. This reduction in frequency of dosing has changed the focus of Action Point from solely adherence to HIV medications to adherence to a broad range of medications, including psychiatric treatment.

Given the changes in the Action Point program, Housing and Urban Health is proposing to discontinue its contract with SFAF and instead provide the medication adherence services within the civil service medical clinic operated by Housing and Urban Health. The Clinic began operation in July 2004 and serves clients residing in the seven Direct Access to Housing hotels operated by Housing and Urban Health. The contract funding will be used to create two civil service positions (1.5 FTE in FY05-06), including a 1.0 2930 Licensed Clinical Social Worker, and a 1.0 Registered Nurse

JUSTIFICATION: (required by the Mayor's Office)

The justification for converting the contracted services to a civil service program is to achieve the following objectives: (1) Improve administrative oversight and increase access to nursing staff, (2) expand medication adherence services to all Direct Access to Housing residents, including the clients under the current Action Point program (assisting people in supportive housing to take their medications as prescribed significantly reduces the likelihood of eviction and improves the efficacy of the housing programs), (3) maximize MediCal generation by creating a licensed social worker position whose services will be reimbursable, (services are not reimbursable through the contract services) and (4) achieve rent and other savings for a total of \$20,209 that will be redirected to expand emergency housing slots for individuals.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

There will be no reduction in the number of clients currently served through the Action Point program.

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

N/A

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

An increase of 0.75 FTE for a 2930 Licensed Clinical Social Worker and 0.75 FTE 2320 Registered Nurse beginning in October 2005. In FY 06-07 these positions will annualize to 1.0 FTE each.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Action Point Medication Adherence Contract Conversion

| Sources: | FY 2005-06 (12 Months) | Ongoing |
|--|-----------------------------------|----------------|
| Subtotal Sources | \$ - | \$ - |
| Uses: | | |
| Operating Expense-Other Professional Services | \$ (154,245) | \$ (205,660) |
| Salaries and Fringes | \$ 154,245 | \$ 205,660 |
| | - | - |
| Subtotal Uses | \$ - | \$ - |
| Net General Fund Subsidy Required (Uses less Sources) | \$ - | \$ - |
| Total FTE's | 1.50 | 2.00 |

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

| Class | Title | FTE's | |
|---|--|-------|--------------|
| 2930 | Licensed Clinical Social Worker | 0.75 | 53,988 |
| 2320 | Registered Nurse | 0.75 | 67,945 |
| | | | - |
| | | | 121,933 |
| | Fringe (26.5%) | | 32,312 |
| | | | \$ 154,245 |
| Operating Expenses (List by Character) | | | |
| 027 | Other Professional Services contract-HCHSHHOUSSGGF | | \$ (154,245) |
| | | | \$ (154,245) |

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

2005-2006 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"/> Mental Health |
| <input checked="" 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: Primary Care

PROGRAM CONTACT NAME/PHONE: Barbara Garcia, 255-3525

PROGRAM / INITIATIVE TITLE: Access to Specialty Services

GENERAL FUND: (\$93,346)

TARGETED CLIENTS: Primary Care patients in Community Health Centers

PROGRAM DESCRIPTION: (Description of Program Change)

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

Currently there is a 3-month waiting time for many specialty services at San Francisco General Hospital. One specialty area with identified need is foot care. Related primary diagnoses of patients seen in PC are diabetes, peripheral vascular diseases, arthritic foot conditions and other mechanical deformities or lesions, including painful or diseased nails. The new initiative proposes to hire 1.0 FTE Podiatrist. The position will be split among several primary care sites. This new specialty services will reduce waiting time by more than 80% based on the result of an existing pilot at Potrero Hill; where waiting time was reduced from 90 days (SFGH) to less than 7 days (Potrero Hill).

JUSTIFICATION: (required by the Mayor's Office)

The city will fully recover cost and bring in a net savings of more than \$100,000 annually, with greater access to timely services for CHN clients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Projected total additional visits for FY 05/06 is 2,250 clients.

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

Increased labor expense of \$123,654 in FY 05/06 and a one-time minor medical equipment expenditure of \$8,000. Revenue will increase by \$225,000, producing a general fund savings of \$93,346.

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

Increase 0.75 FTE 2230 Podiatrist in FY 05/06, 1.00 FTE ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Access to Specialty Services

| | | FY 2005-06 (9 Months) | Ongoing |
|--|--|----------------------------------|---------------------|
| Sources: | | | |
| 65301 Medicare Outpt Revenue | | \$ 45,000 | \$ 60,000 |
| 65302 Medi-Cal Outpt Revenue | | 180,000 | 240,000 |
| Subtotal Sources | | 225,000 | 300,000 |
| Uses: | | | |
| Salaries and Fringes | | \$ 123,654 | \$ 164,872 |
| Operating Expense | | 8,000 | - |
| Fac Maint & Equip | | - | - |
| Subtotal Uses | | 131,654 | 164,872 |
| Net General Fund Subsidy Required (Uses less Sources) | | \$ (93,346) | \$ (135,128) |
| Total FTE's | | 0.75 | 1.00 |

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

| <u>Class</u> | <u>Title</u> | FTE's | (9 Months) |
|--------------|----------------|-------|------------|
| 2230 | Podiatrist | 0.75 | \$ 97,750 |
| | | | 97,750 |
| | Fringe (26.5%) | | 25,904 |
| | | 0.75 | \$ 123,654 |

Operating Expenses

| Index Code | Character/Subobject Code | |
|--------------|--|----------|
| HCHAPADMINGF | 040/04001 Podiatry instrument trays (one time) | \$ 8,000 |

Equipment (List by each items by count and amount)

None

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Health Epidemiology and Disease Control

PROGRAM CONTACT NAME/PHONE: Susan Fernyak, MD 554-2845/Lorna Garrido 554-2859

PROGRAM / INITIATIVE TITLE: **Adult Immunization Clinic**

GENERAL FUND: Revenue neutral

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

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Adult Immunization Clinic, by providing affordable vaccines, will:

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

JUSTIFICATION: (required by the Mayor's Office)

Revenues: The Adult Immunization Clinic (AIC) is completely covered by fees. Fees are adjusted annually to remain competitive with similar clinics in the San Francisco Area. Revenue projections are based on expected growth in client visits, as well as fee increases and marketing/outreach/advertising efforts.

2320: The proposed decrease of 0.03 FTE 2320 Registered Nurse allows AIC to cover its baseline nursing time needs with a total of 1.0 FTE classified nursing time. An analysis of the minimum nursing time required to meet baseline clinic client flow needs indicates that the reduction of 0.03 FTE RN time, leaving a total of 1.0 FTE RN time, accurately reflects the need. The use of 2320 time reduces nursing costs and allows sufficient staffing flexibility to respond to fluctuations in clinic flow by utilizing as-needed per diem RN staffing when staffing needs rise above baseline. The combination of 2320 and as-needed per diem staffing is essential in a practice which has seasonal fluctuations. During 03/04 and 04/05 the RN staffing need has risen as high as 2.5 FTE, varying with the travel and flu seasons.

Currently the clinical services are staffed with part-time contributions by the 2320 RN and as-needed per diem RN staff. Currently the drop-in travel and general immunization clinic is not able to adequately staff its shifts to meet client demand within its allocated nursing FTEs. Additional highly qualified as-needed per diem RNs are hired to cover the gaps. The travel medicine service provided by AIC requires that we staff our shifts with highly trained, reliable RNs. Maintaining a partial 2320 and partial per diem

clinical staff allows us the most staffing flexibility while utilizing highly trained and reliable RN staff. Maintaining a partial 2320 and partial as-needed per diem staff allows AIC the most staffing flexibility with highly qualified, well trained and qualified personnel. Additional personnel costs will be covered by AIC revenues.

P103: As was previously stated, there are tremendous seasonal fluctuations at AIC. Sometimes the overall staffing need has risen to as high as 2.5 FTEs of highly qualified nursing time. The proposed FTE increase for as-needed P103 Special Nurse (as-needed nursing time) will fill the seasonal gaps but also allow for high quality travel consultations, the primary revenue generator of AIC. Additional personnel costs will be covered by AIC revenues.

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

2591: Currently, the 2589-Health Program Coordinator I functions as the clinic manager for the AIC. Over the last 5 years, as the clinic has grown from 3 to 12 staff, from \$222,000 to over \$929,000 in revenues, and has increased the scope of its services, the responsibilities of the clinic manager have also grown. The substitution of a 2591-Health Program Coordinator II for a 2589 more accurately reflects the job functions performed currently by the clinic manager. Additional personnel costs will be covered by AIC revenues.

2328: The proposed FTE increase for as-needed 2328 Nurse Practitioner position will allow the AIC to continue to provide a medication furnishing service for anti-malarials and other prescription medications for travel as well as a serology service to its clients. Travel immunization services account for approximately 60% of clinic visits and AIC has been furnishing anti-malarials since June, 2004. In the State of California only physicians and nurse practitioners can furnish medications. Handling this service requires an average of 1.5 hours of a licensed and certified nurse practitioner's time per day. The most cost-effective means of providing this service is to pay an as-needed 2328 Nurse Practitioner for up to 1.5 hours (averaging 1 hour) per day to furnish antimalarials and other prescription medications for travel and to order labs for serologies. The furnishing and serology services are both revenue-generating components of the clinic program. Additional personnel costs will be covered by AIC revenues.

2588: Currently, the clinic has one 2586-Health Worker II position that focuses on outreach and marketing for the clinic. As the clinic has grown, the scope of this position has grown exponentially. The minimum qualifications for a 2586 position are no longer adequate to address the skill level required to address the outreach/marketing needs of the clinic, nor the needs for logistical and operational assistance for setting up off-site clinics for seasonal demands such as flu vaccine. Upgrading this position to a 2588-Health Worker IV will allow us to hire staff that can perform the needed functions of this position. Additional personnel costs will be covered by the State-funded Immunization Grant.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Between July and December of fiscal year 03-04, AIC served 3,870 clients. For the same time period in fiscal year 04-05, AIC has served 5,012* clients and we project that there will be approximately an increase to 6,014-6,516 clients served for the same time period in fiscal year 05-06. (*These numbers exclude the number of clients seen for flu vaccine as this year's vaccine crisis had a severely negative impact on AIC's ability to offer flu shots to the public).

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

General Fund request is 0 (zero).

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

As a result of the additional 0.63FTE in temporary nurses, reduction of 0.03FTE in permanent nurses and substitution of the 2586 to 2588, the net increase in FTE's will be covered by AIC revenues. For the substitution of the 1.00FTE 2586 to 1.00FTE 2588, the funding for 20% of the 1.00FTE 2588 will be covered by the State Immunization grant (HCPD29). The remaining 80% funding of the 1.00FTE 2588 will be covered by AIC revenues.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Adult Immunization Clinic

| | | FY 2005-06 | Ongoing |
|--|---|-------------------|----------------|
| Sources: | | | |
| | Adult Immunization Clinic - Base Revenues | \$ 929,090 | \$ 929,090 |
| | Increase Revenues | 318,705 | 318,705 |
| Subtotal Sources | | 1,247,795 | 1,247,795 |
| Uses: | | | |
| | Salaries and Fringes | \$ 468,830 | \$ 468,830 |
| | Materials and Supplies | 754,934 | 754,934 |
| | Other Professional Services | 16,000 | 16,000 |
| | Other Current Services | 4,442 | 4,442 |
| | Reproduction | \$ 3,589 | \$ 3,589 |
| Subtotal Uses | | 1,247,795 | 1,247,795 |
| Net General Fund Subsidy Required (Uses less Sources) | | \$ 0 | \$ 0 |
| Base FTE | | 5.1100 | 5.1100 |
| Increase FTE | | 0.4500 | 0.4500 |
| Total FTE's | | 5.5600 | 5.5600 |

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

| Class | Title | FTE's | | |
|---------------------------|--|---------------|----|----------------|
| Base Positions | | | | |
| 2591 | Health Program Coordinator II (substitute from 2589) | 1.00 | \$ | 68,151 |
| 1426 | Senior Clerk Typist | 1.13 | \$ | 53,645 |
| 2588 | Health Worker VII (substitute from 2586) | 1.00 | \$ | 60,709 |
| 2320 | Registered Nurse | 1.03 | \$ | 93,311 |
| P103 | Special Nurse as-needed | <u>0.95</u> | \$ | 77,149 |
| | Total Base FTE | 5.11 | | |
| 2588 | Health Worker VI (substitute from 2586) | -0.15 | \$ | (12,421) |
| 2320 | Registered Nurse | <u>-0.03</u> | \$ | (2,718) |
| | Total Decrease of Base FTE | -0.18 | | |
| New Position | | | | |
| P103 | Special Nurse as-needed | | \$ | 22,099 |
| 2312 | Licensed Vocational Nurse as-needed | | \$ | 16,716 |
| 2328 | Nurse Practitioner as-needed | | \$ | 16,428 |
| | Total New Position FTE | 0.6300 | | |
| | Total FTE | 5.5600 | | |
| | Total Salaries | | | 393,069 |
| | Fringe | | | 75,761 |
| | | | \$ | 468,830 |
| Operating Expenses | | | | |
| Index Code | Character/Subobject Code | | | |
| HCHPDIMMSVGF | 040/04000 Materials and Supplies | 754,934 | | |
| HCHPDIMMSVGF | 021/02799 Other Professional Services | 16,000 | | |
| HCHPDIMMSVGF | 021/03500 Other Current Services | 4,442 | | |
| HCHPDIMMSVGF | 081/081PR Reproduction | <u>3,589</u> | | |
| | | | \$ | 778,965 |

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

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Public Health Lab

PROGRAM CONTACT NAME/PHONE: Sally Liska M.D.

PROGRAM / INITIATIVE TITLE: **Move viral load, gonorrhea and chlamydia testing from SFGH to the SF Public Health Lab**

GENERAL FUND: (\$30,000)

TARGETED CLIENTS: None

PROGRAM DESCRIPTION: (Description of Program Change)

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

SFGH Ward 86 viral load HIV testing and gonorrhea and chlamydia testing for SFGH departments is currently done in the lab at SFGH. Since the majority of the patients meet the sliding scale criteria, the reimbursement is low. Moving the viral load tests to the Public Health Lab will allow DPH to claim for the tests and receive funding from the State Office of AIDS. Moving the gonorrhea and chlamydia testing to the Public Health Lab will allow DPH to claim for the tests and receive funding from Medi-Cal.

JUSTIFICATION: (required by the Mayor's Office)

As one of the One-Time Efficiency proposals, the Public Health Lab is requesting funding to purchase the Tigris equipment and thereby saving rental expenses. By moving the chlamydia and gonorrhea testing from the SFGH lab, the 10,000 specimens can be tested by the Public Health lab in an automated fashion without adding new staff. An additional \$30,000 in revenue will come from the ability to bill Medi-Cal for the tests.

The HIV Viral Load testing will require an additional microbiologist position however the cost of the position along with the tests kits will be reimbursed by the State Office of AIDS. The reduction in the tests at the SFGH Lab will allow the Lab to meet their other workload requirements.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No impact.

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

The Microbiologist for the HIV viral load testing and the revenue from the State Office of AIDS are budgeted in grants. The \$30,000 in revenue received from chlamydia and gonorrhea testing will reduce the department's General Fund requirements.

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

Addition of 0.75 2462 position

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Move viral load, gonorrhea and chlamydia testing to the SF Public Health Lab

| | FY 2005-06 | Ongoing |
|--|-------------------|----------------|
| Sources: | | |
| Subtotal Sources | - | - |
| Uses: | | |
| Salaries and Fringes | \$ - | \$ - |
| Materials and Supplies | (30,000) | (30,000) |
| Subtotal Uses | (30,000) | (30,000) |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (30,000) | \$ (30,000) |
| Total FTE's | 0.0 | 0.0 |

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

| Class | Title | FTE's | |
|---------------------------|----------------------------------|----------|-------------|
| | | | - |
| | | | - |
| | | | - |
| | | | \$ - |
| Operating Expenses | | | |
| Index Code | Character/Subobject Code | | |
| HCHPDLABORGF | 040/04000 Materials and Supplies | (30,000) | \$ (30,000) |

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

2005-2006 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"/> Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input checked="" type="checkbox"/> Maternal and Child Health |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Community Primary Care-Maternal and Child Health

PROGRAM CONTACT NAME/PHONE: Twila Brown, 575-5712

PROGRAM / INITIATIVE TITLE: **CCS-Medical Therapy Program**

GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Children with Disabilities, Handicapped conditions and with Special Needs

PROGRAM DESCRIPTION: (Description of Program Change)

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

The department can claim 100% to the State, total annual amount of \$135,464 as revenue (includes fringes of 26.5%) to offset the cost of creating 1.75 FTE or 1.31 FTE for nine months based on the State Children's Medical Services review of 100% State-Funded Position staffing formula.

In addition to the county matched positions- 10FTE 2556 and 11FTE 2548, the State approved 100 percent funding for 1 FTE, 2548-Occupational Therapist) and .75 FTE, 2556-Physical Therapist at no cost to the general fund to implement the interagency regulations (known as AB3632) between the Department of Education,. Special Education Division, and the Department of Health Services, CCS Program.

JUSTIFICATION: (required by the Mayor's Office)

The staff for this program provides services of liaison activities and coordination between the CCS County MTP and the Special Education Local Planning Areas (SELPA's) in San Francisco County; ensure Medical Therapy Unit therapists have time to attend individualized Education Program (IEP) meetings when requested and on-site classroom consultation by therapy staff when requested. The county CCS Program Quarterly Report of Expenditures for the MTP is to be used to invoice for this positions.

CCS Program mandated County CCS Programs to continue reporting and identifying the total number of children that qualify for the MTP, and out of that total, the number of children with IEPs, and the number of children in the MTP who are under three years of age and have an Individual Family Service Plan (IFSP). This is 100% State funded positions. It will not cost anything to general fund but will benefit the City and County of San Francisco.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Increase of expenditures of \$135,464 for 9 months and increase in revenue of \$135,464.

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

Create 1FTE 2548-Occupational Therapist and .75FTE 2556 Physical Therapist positions effective 7/1/05 (1.31 FTE effective 10/1/05).

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: CCS_Medical Therapy Program

| | FY 2005-06 | Ongoing |
|--|-------------------|----------------|
| Sources: | | |
| CCS-MTU 100% State funded | \$ 135,464 | \$ 180,963 |
| Subtotal Sources | 135,464 | 180,963 |
| Uses: | | |
| 001 Salaries | \$ 107,086 | \$ 143,054 |
| 013 Fringes | 28,378 | 37,909 |
| | - | - |
| Subtotal Uses | 135,464 | 180,963 |
| Net General Fund Subsidy Required (Uses less Sources) | \$ - | \$ - |
| Total FTE's | 1.31 | 1.75 |

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

| Class | Title | FTE's | | |
|-------|------------------------|-------|----|---------|
| 2548 | Occupational Therapist | 0.75 | \$ | 61,309 |
| 2556 | Physical Therapist | 0.56 | | 45,777 |
| | | | | - |
| | | | | 107,086 |
| | Fringe (26.5%) | | | 28,378 |
| | | | \$ | 135,464 |

Operating Expenses

Index Code Character/Subobject Code

- \$ -

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

0

2005-2006 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: Valerie Inouye, 206-3599
 PROGRAM / INITIATIVE TITLE: **SFGH Revenue Build-Up**
 GENERAL FUND: \$19,456,907

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

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

JUSTIFICATION: (required by the Mayor's Office)

N/A

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Ongoing baseline revenue will increase by \$19,456,907, resulting in a reduction in general fund support.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH Revenue Build-Up

| | FY 2005-06 | Ongoing |
|--|-------------------|-----------------|
| Sources: | | |
| Increased baseline revenue from all sources (See build-up detail) | \$ 19,456,907 | \$ 19,456,907 |
| Subtotal Sources | 19,456,907 | 19,456,907 |
| Uses: | | |
| Salaries and Fringes | \$ - | \$ - |
| Operating Expenses | - | - |
| Fac Maint & Equip | - | - |
| Subtotal Uses | - | - |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (19,456,907) | \$ (19,456,907) |
| Total FTE's | 0.00 | 0.00 |

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

| Class | Title | FTE's |
|-------|-------|-------|
| | None | |

Operating Expenses

| Index Code | Character/Subobject Code |
|------------|--------------------------|
| | None |

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

None

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: **Valerie Inouye/206-3599**
PROGRAM / INITIATIVE TITLE: **Economic Impact of the SFGH-LHH Patient Flow Policy Change**
GENERAL FUND: \$1,700,000

TARGETED CLIENTS: Patients at SFGH in need of skilled nursing facility services

PROGRAM DESCRIPTION: (Description of Program Change)

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

Prior to March 2004, the first priorities of admissions to LHH were persons not in a medical facility that couldn't receive adequate care in their present circumstances. The second priority of admissions to LHH were patients at SFGH.

In March, 2004, the admissions policy at LHH was changed, so that the joint first priorities were persons not in a medical facility, who couldn't receive adequate care in their present circumstances and patients at SFGH ready for discharge to a SNF level of care. By having less decertified and administrative days at SFGH, there was an estimated additional patient revenue of \$1.7 million billed and collected by SFGH. Also moving patients swiftly from SFGH helps to prevent over crowding in the emergency department and diversion of patients.

In February, 2005, the admissions policy will revert back to the policy in place prior to March, 2004.

JUSTIFICATION: (required by the Mayor's Office)

With the admissions policy reverting back to the policy in place prior to March, 2004, the positive economic impact to SFGH of increased revenue is expected to dissipate.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Some patients at SFGH ready to be transferred to a SNF level of care may not be placed at the appropriate level of care. Overcrowding in the SFGH ED and ED diversion may increase.

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

Decrease in Medi-Cal revenue by \$1,700,000 in FY 05/06.

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

No impact on existing workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Economic Impact of the SFGH-LHH Patient Flow Policy Change

| | FY 2005-06 | Ongoing |
|--|-------------------|----------------|
| Sources: | | |
| Inpatient Medi-Cal Revenue | \$ (1,700,000) | \$ (1,700,000) |
| Subtotal Sources | (1,700,000) | (1,700,000) |
| Uses: | | |
| Salaries and Fringes | \$ - | \$ - |
| Subtotal Uses | - | - |
| Net General Fund Subsidy Required (Uses less Sources) | \$ 1,700,000 | \$ 1,700,000 |
| Total FTE's | 0.00 | 0.00 |

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

| Class | Title | FTE's |
|-------|-------|-------|
| | None | |

Operating Expenses

| Index Code | Character/Subobject Code |
|------------|--------------------------|
| | None |

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

None

2005-2006 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: Primary Care

PROGRAM CONTACT NAME/PHONE: Barbara Garcia, 255-3525

PROGRAM / INITIATIVE TITLE: **Increase Nurse Practitioner Productivity and Revenue**

GENERAL FUND: (\$100,000)

TARGETED CLIENTS: Primary Care patients in Community Health Centers

PROGRAM DESCRIPTION: (Description of Program Change)

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

Services will be reallocated from non-productive TWHC sites to where services are needed. Services using existing NPs will be reassigned to South of Market, McMillan clinic and TARC, 3 days a week. Using 1.5 per hour as baseline for provider productivity (TWHC productivity is between 2.25 and 2.50), we estimate that about 1,728 patients will be seen, thus increasing access to Primary care. Further, this initiative will begin the process of integrating behavioral health and primary care. The initiative will also generate revenue. About 50% - 70% of patients at the selected sites already have Medi-Cal, making it possible for services to be billed. For all Medi-Cal Services billed in Primary Care, between 85 - 91% are collected. For the purpose of this initiative, we are using a collection rate of 50%.

JUSTIFICATION: (required by the Mayor's Office)

Using a lower productivity and conservative revenue collection rate (50%) the initiative will bring net revenue of \$100,000.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

A total of 1,728 clients will be served at the three selected sites.

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

Reallocation of existing staff. Increased Medi-Cal Revenue of \$100,000.

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

No impact on staffing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Increase Nurse Practitioner Productivity and Revenue

| | FY 2005-06 | Ongoing |
|--|-------------------|----------------|
| Sources: | | |
| Medi-Cal Revenue | \$ 100,000 | \$ 100,000 |
| Subtotal Sources | 100,000 | 100,000 |
| Uses: | | |
| Salaries and Fringes | \$ - | \$ - |
| Subtotal Uses | - | - |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (100,000) | \$ (100,000) |
| Total FTE's | 0.00 | 0.00 |

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

| Class | Title | FTE's |
|-------|-------|-------|
| | None | |

Operating Expenses

| Index Code | Character/Subobject Code |
|------------|--------------------------|
| | None |

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

None

2005-2006 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

PROGRAM CONTACT NAME/PHONE: TIM SKOVRINSKI, 759-2069

PROGRAM / INITIATIVE TITLE: **PSYCHOLOGIST BILLING**

GENERAL FUND: (\$110,000)

TARGETED CLIENTS: LAGUNA HONDA HOSPITAL RESIDENTS

PROGRAM DESCRIPTION: (Description of Program Change)

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

Psychologists at Laguna Honda will change record-keeping procedures which will allow a portion of their services to be charged to Medi-Cal. The required application for a Medi-Cal provider number will be completed by the beginning of the fiscal year.

JUSTIFICATION: (required by the Mayor's Office)

These changes will allow LHH to recoup a larger portion of the expenses related to providing treatment by Psychologists.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative solely changes the documentation procedures and will not affect the quantity of services or the numbers of clients served.

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

This initiative is expected to increase Medi-Cal revenues by \$111,000.

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

This initiative does not change the number of LHH employees.

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: ENVIRONMENTAL HEALTH
PROGRAM CONTACT NAME/PHONE: RAJIV BHATIA / 415-252-3931
PROGRAM / INITIATIVE TITLE: **Water Revenue**
GENERAL FUND: \$3,000

TARGETED CLIENTS: PERMITTED SAN FRANCISCO BUSINESSES

PROGRAM DESCRIPTION: (Description of Program Change)

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

Increase in miscellaneous Fees due to inventory increase

JUSTIFICATION: (required by the Mayor's Office)

N/A

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Increase will be reallocated with in the water program. There are no additional expenditures being requested.

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

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Water Revenue

| | FY 2005-06 | Ongoing |
|--|-------------------|-------------------|
| Sources: | | |
| Revenue due to Increase in Inventory | \$3,000 | \$3,000 |
| | - | - |
| | - | - |
| | 3,000 | 3,000 |
| | - | - |
| Subtotal Sources | 3,000 | 3,000 |
| Uses: | | |
| Salaries and Fringes | \$ - | \$ - |
| | - | - |
| | - | - |
| Subtotal Uses | - | - |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (3,000) | \$ (3,000) |
| Total FTE's | 0.0 | 0.0 |

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

| Class | Title | FTE's | |
|-------|-------|-------|------|
| | | | - |
| | | | - |
| | | | - |
| | | | - |
| | | | \$ - |
| | | | - |
| | | | \$ - |
| | | | - |
| | | | \$ - |
| | | | - |
| | | | \$ - |

Operating Expenses

Index Code Character/Subobject Code

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

2005-2006 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
- X Department wide

DPH SECTION: Department wide

PROGRAM CONTACT NAME/PHONE: Pamela Levin

PROGRAM / INITIATIVE TITLE: **Increase parking fee due to increase in MUNI FastPass**

GENERAL FUND: (\$44,050)

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

The parking fee is indexed to the MUNI FastPass. The increase proposed by MUNI effective September 1, 2005 will mean a \$5.00 increase to the parking fee.

JUSTIFICATION: (required by the Mayor's Office)

Based on MOU's.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The is no impact on clients or services.

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

Increase in revenue LHH 39,700, PC 1,950, PH 2,400

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

There is no impact on the department's workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Parking fee incease

| | FY 2005-06 | Ongoing |
|--|-------------------|----------------|
| Sources: | | |
| Miscellaneous Revenue | \$ 44,050 | \$ 44,050 |
| Subtotal Sources | 44,050 | 44,050 |
| Uses: | | |
| | | \$ - |
| | | - |
| | - | - |
| Subtotal Uses | - | - |
| Net General Fund Subsidy Required (Uses less Sources) | \$ (44,050) | \$ (44,050) |
| Total FTE's | 0.0 | 0.0 |

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

Class Title FTE's

Fringe (26.5%)

Operating Expenses

| |
|------|
| - |
| - |
| - |
| - |
| \$ - |
| - |

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