

MESSAGE FROM THE DIRECTOR OF HEALTH ON FY 2011-12 BUDGET

Introduction

We are bringing our proposal to meet the base budget targeted reduction of \$34.8 million set by the City. We have been able to meet and exceed this target with a combination of mid-year and budget year reductions. The mid-year plan addressed \$10.2M in General Fund reductions, and this proposal further reduces General Fund an additional \$27 million, for a total reduction of \$37.2 million.

We have managed to meet the base budget target without service reductions. This has largely been made possible with revenue increases at SFGH and LHH. However, as we turn our attention to the additional contingency target of \$34.8 million, we anticipate that significant reductions in services and support will be necessary.

Budget Process

The Health Commission has previously approved the following principles to guide development of the budget for the Department:

Revenue

1. The Department shall develop a budget to include revenue increases to the maximum extent possible.
2. The Department shall ensure that fee-based programs will have fees set to recover costs.

Populations

3. In proposing cuts the Department will minimize the impact on vulnerable populations. We define vulnerable populations as low income persons. Given that almost all patients of the Department fall into this group, in prioritizing services for low income persons, we further prioritized services for persons fulfilling the following characteristics:

Lowest Income

Prioritize services for the very poor over services for the poor.

More Severe Illness

Prioritize services for those with serious illness over those with moderate illness.

Health Disparities

Prioritize services addressing populations with known disparities over programs serving the general population.

Non-English Speakers

Prioritize services for those whose first language is not English.

Homeless

Prioritize services for the homeless over the housed.

4. Given that most clients we serve fit at least one of these diagnoses, clients fitting multiple categories would be judged to be more vulnerable than other persons.

Services

5. The Commission and the Department have as a priority to develop and enhance relationships with partners who constitute our system of care for all San Franciscans.
6. The Department will move aggressively to develop measures and outcomes for all programs that it operates and funds.
7. The Department will identify to the Health Commission those programs that are financially self-sustaining and the services will be exempt from cuts (e.g., immunization clinic, outpatient dialysis), although cost reductions within them can be considered.
8. The Department and Health Commission will identify those services of the highest priority where no cuts will be recommended and those services of moderate priority where some cuts can be recommended.
9. The Department will continue to fulfill its legally mandated functions, although we may recommend cuts to fulfill this mandate at lower expenses.
10. The Department, when making service cuts, will try to mitigate them by substituting a less expensive level of service for the same population.
11. The Department will include funding to address increases in the cost of doing business for our community partners, and increases in salaries of Department employees mandated by labor agreements, even if that funding necessitates a reduction in services to finance the increased cost.
12. The Department will not propose budget reductions that would jeopardize licensure and accreditation of our hospitals.
13. Reductions will be guided by the revised DPH Strategic Plan that now incorporates the four priority Community Benefit Partnership goals into the plan.
14. Any reduction in the General Fund will be presented in the context of other revenues, including grants, for the identified services.
15. Staff will present tiers of reductions to address a range of possible cuts that may be required by the Mayor.

The Health Commission also directed the Department to submit a budget that maintains a sustainable system of care that meets our financial obligations and reflects the Health Commission and DPH priorities to those most in need in San Francisco.

The Health Commission continues to review this set of principles in the context of the City-wide projected deficit and the level of reductions required from Public Health towards balancing the City budget.

Integrated Approach to Budget Development

The Integration Steering Committee functions as the Executive Budget Planning Committee for the department. The Committee is comprised of senior administrative leadership from the Department's delivery system. This leadership group is guided by the principles adopted by our Health Commission and works collaboratively to identify and develop initiatives that work to the benefit of the entire Health Department and its clients.

The mission of the Integration Steering Committee is to

1. Place clients first,
2. Promote the good of the entire Department,
3. Maximize resources by aligning with the Department's mission and vision
4. Communicate effectively about the Department's role and function.

Mayor's Budget Instructions

In December, the projected city-wide deficit was projected to be \$379.7 million. Departments were asked to propose a base budget with a 10% reduction in general fund and submit an additional 10% contingency reduction. The combined 20% reduction is short of the projected shortfall. The Mayor's budget office hopes to address this remaining shortfall with a combination of department consolidations, labor concessions, reduced capital expenditures, and other solutions. The Mayor's budget office directed departments to submit a mid-year reduction plan to address 2.5% of the 10% base reduction target in the current year.

The Six-Month Budget Status Report issued by the Controller on February 9 projects an \$89.2 million citywide general fund surplus for the current year. This will help reduce the projected deficit for 2011-12.

The Health Department's reduction target is \$34.8 million base and \$34.8 million contingency. Department budget base budget submissions are due to the Controller in February.

Mid-Year reductions for the Health Department

Largely as a result of increases in revenues at SFGH related to the Medi-Cal Waiver, discussed further below, and a retroactive increase in hospital based skilled nursing revenues at LHH, we were able to absorb a \$10.2 million reduction in our General Fund. This reduces the amount needed to balance our base reduction target this exceeded the 2.5%, \$8.7 million goal.

Increased Revenue

Increased revenue provides funding to absorb structural, regulatory and inflationary costs and contributes funding to offset other budget issues. Consistent with the first budget

principle which states: *The Department shall develop a budget to include revenue increases to the maximum extent possible*; we are carefully evaluating all opportunities to grow our revenues.

With Health Reform under the Affordable Care Act scheduled for full implementation by 2014, federal funding for health care is designed to finance a “Bridge to Reform” and ties increased funding to measurable milestones, achievement of which is required to earn the related funding. The new Medi-Cal 1115 waiver ties \$39.5 million in increased funding from a Delivery System Reform Incentive Pool (DSRIP) to improvements in timely access and improved outcomes. Increased revenues of \$4 million to support the 1115 Waiver’s new Low Income Health Program (LIHP) are similarly tied to increases in benefits and decreased wait times for uninsured adult residents who were part of the federal Health Care Coverage Initiative. ARRA funding for meaningful use, projected at \$10 million for 2011-12 is tied to achieving meaningful use of electronic medical records over the next several years to improve the quality of care and health outcomes and also contain increases in costs. In each case, the Department will need to make significant new investments in our delivery system to meet milestones and qualify for funding and also prepare for the changes that will accompany Health Reform. We are continuing to evaluate the costs associated with each of these initiatives. Our goal is to limit new spending without jeopardizing our ability to meet associated milestones. Each of these initiatives is described more fully in schedules referenced below and accompanying this report.

Following are the revenue initiatives identified at this time.

	Expenditure	Revenue	General Fund
Baseline Revenue– SFGH (A1)	\$30,646,050	\$45,664,503	\$15,018,453
Environmental Health- EH (A2)	200,000	227,000	27,000
Baseline Revenue– LHH (A3)	0	8,134,867	8,134,867
Delivery System Reform Incentive Pool (DSRIP)– SFGH (A4)	23,445,674	39,938,885	16,493,211
Low Income Health Program (LIHP)– DPH (A5)	1,309,648	3,698,000	2,388,352
EHR Incentive Program (Meaningful Use of electronic records)- SFGH (A6)	<u>8,842,958</u>	<u>9,902,995</u>	<u>1,060,037</u>
Total Revenues	\$ 64,444,330	\$ 107,566,250	\$ 43,121,920

Inflationary Increases

Inflationary increases represent increases in the cost of doing business that are associated with inflation. Several of the items in this section are recurring and have been included in previous budget presentations. There are also several new items associated with our Affiliation Agreement with UCSF. The total annual cost of this agreement for 2010-11 is \$103 million. In previous years, we have budgeted increases for non-faculty salary and supply costs, which are related to the University's cost of staffing several departments at SFGH such as the Laboratory, Dialysis, which costs continue to be less than a civil service alternative and which benefit from clinical leadership and direction. The 2010-11 budget also included increased retirement costs for UC employees assigned to SFGH, recognizing that these costs are similar to CCSF retirement costs and have increased as a result of declining value of invested funds through the recession. In addition to these items, there are three additional increases included in this section,

- Market adjustments to compensation for Anesthesia, Medicine and Psychiatry to enable UCSF to recruit and retain qualified physicians.
- Mandatory increases for UCSF physicians that are in addition to the specific adjustments above
- Addition of physician "hospitalists" to backfill and replace medical residents in training. Intern and Resident hours have been curtailed by new regulations governing work hours and resident supervision. Although included as an inflationary item in this presentation, this item is very much associated with mandated regulatory changes and could be grouped with our regulatory increases.

What these items share in common is the need to either fund UCSF cost increases or to identify other reductions in their services to achieve offsetting savings. As we have not proposed any service reductions in our plan to meet our base budget targets, we have similarly not proposed reductions to the critical support provided by the University to SFGH and our patients. As we come to terms with the need to increase our investments in care to meet the demands under Health Reform, it is important to maintain the services we currently receive from UCSF.

Following are the initiatives identified at this time.

UCSF Non Faculty Staff Increases – SFGH (B1)	\$1,596,623
UCSF Retirement Plan Contributions – SFGH (B2)	2,145,933
UCSF Faculty Increases – SFGH (B3)	1,315,897
UCSF Faculty AAMC and Market Adjustments (Anesthesia, Medicine and Psychiatry) – SFGH (B4)	994,330
UCSF Hospitalist Coverage (B5)	1,168,200

Pharmacy Inflation – Dept Wide (B6)	1,549,782
Direct Access to Housing Master Lease and operating costs– DAH (B7)	160,118
State Mental Health Hospitals– CBHS (B8)	<u>966,337</u>
Total Inflationary	\$ 9,897,220

Revenue Neutral Programs

One fortuitous aspect of our ability to generate revenue is that in a few cases we are able to create new services, which in total are funded entirely through revenues linked to the services.

Following are the initiatives identified at this time.

	Expenditure	Revenue	General Fund
Emergency Medicine Residency Program - SFGH (C1)	\$394,321	\$394,321	\$0
Prospective Payment System for End Stage Renal Dialysis– SFGH (C2)	132,000	132,986	986
OHS Computer Equipment Upgrade– SFGH (C3)	112,350	112,350	0
Revenue Enhancement Through Improved Coding– SFGH (C4)	192,090	192,090	0
Environmental Health Base Closure Program – EH (C5)	110,617	110,617	0
Pain Clinic- LHH (C6)	43,128	43,128	0
LHH Enteral Feeding Program Certification (C7)	242,642	262,500	19,858
CBO Medi-Cal Annualization– CBHS (C8)	295,000	295,000	0
Expansion of Drug Medi-Cal covered Methadone Treatment – CBHS (C9)	382,500	382,500	0

Efficiency Pilot– CBHS (C10)	82,999	82,999	0
UCSF/CBHS Public Psychiatry Fellowship Program.– CBHS (C11)	40,000	40,000	0
Mental Health Services Act; Community Health Programs for Youth (CHPY) – CBHS (C12)	276,926	276,926	0
Weekend Admissions and Discharge Planning Enhancements– LHH (C13)	218,456	218,456	0
MCH Field Nurses – PH (C14)	280,000	280,000	
Public Health Lab Billing – PH (C15)	66,447	66,447	0
Radiology Registry Conversion (C16)	<u>0</u>	<u>0</u>	<u>0</u>
Total Revenue Neutral	\$ 2,869,476	\$2,890,320	\$20,844

Regulatory

The Healthcare industry is among the most heavily regulated sectors of the economy. Federal, and State agencies, and licensing agencies such as JCAHO increasingly require our institutions and other public health services to incur additional costs. These costs include increased levels of clinical staff, management oversight and increased cost of monitoring and reporting on compliance. Following are the issues identified at this time:

DPH Courier Services – SFGH (D1)	\$54,670
OR-IVAC Pharmacy Staffing – SFGH (D2)	717,349
Medication Reconciliation – LHH (D3)	107,179
Rehabilitation Services – SFGH (D4)	611,623
Facility Licensing Requirements – LHH (D5)	<u>464,750</u>
Total Regulatory	1,955,571

Emerging Needs

Certain new spending needs are identified that are unavoidable and require additional positions and spending authority. These differ from many of our structural needs in that specific funding and or position authority is needed to incur these necessary expenses. Following are the items we are bringing forward at this time which represent the more significant emerging needs.

New Facility Needs– LHH (E1)	\$782,829
DAH Support Services Staff – HUH (E2)	241,589
Community Program Placement – CBHS (E3)	1,900,000
DPH Clinical Systems Contracts – DPH (E4)	1,504,076
Healthy San Francisco PPN – DPH (E5)	<u>1,104,889</u>
Total Emerging Needs	\$ 5,533,383

Reductions

The following two items represent savings opportunities from changes in services that have already occurred and one-time savings from delays in projects.

FY10-11 Program Closures – CBHS (E1)	\$510,760
One-Time Savings- Redwood Center – CBHS (E2)	<u>800,000</u>
Total Reductions	\$1,310,760

Summary

Revenue Increases	\$ 43,121,920
Revenue Neutral	<u>20,844</u>
Total Revenue	<u>43,142,764</u>
Inflationary	(9,897,220)
Regulatory	(1,955,571)
Emerging Needs	(5,533,383)
Reductions	<u>1,310,760</u>
Total Regulatory, Inflationary, Emerging Needs and Reductions	<u>(\$16,075,414)</u>
Grand Total Revenue, Revenue Neutral, Regulatory, Inflationary, and Emerging Needs and Reductions	<u>\$27,067,350</u>
General Fund Base Reduction Target	<u>24,600,000</u>
Additional Progress Toward Contingency Plan	<u>\$2,467,350</u>

Policy Items Not Included in the Balancing Plan

There are several cost items that will require policy decisions by the Mayor and the Board of Supervisors. These items have not been considered in our balancing plan. We are working with the Mayor's Budget Office to address these items:

Security Costs (\$4.9 million)– The budget includes \$6.2 million in funding to pay a civil service security force at hospitals and clinics and administrative offices. The timeline for converting from our workorder with the Sheriff to a civil service workforce will take most of the budget year, during which time we need to continue our \$10.6 million workorder with the Sheriff. In addition, there are additional startup costs associated with recruitment, background checks and training estimated at \$0.5 million that are not included in the budget.

Ryan White Care Title Formula Grant Reduction (\$4.3 million) – We anticipate the loss of “Stop Loss” funding earmarks that were included in recent years in Federal legislation. We cannot backfill this loss within our existing General Fund allocation.

Jail Health Services (\$1.7million) – A nursing MOU that reduce jail staffing cost expires on June 30, 2011. Unless renegotiated, Jail Health costs will increase in the budget year.

Supportive Housing (\$3.7 million) – Increases in the costs of scattered site housing and the housing pipeline have been funded by the Mayor's Office in past years.

Structural Issues (\$19 million) – Operating costs at SFGH and LHH exceed budgeted appropriations. This is a major continuing problem for the Department and the City. For many years, we have depended on our ability to outperform our revenue budget and use those additional revenues to fund overspending. Attempts to include these costs in our budget submissions have not been successful. While it may not be possible to solve this problem in a single year, we should at least work to reduce our exposure each year to the extent possible.

Conclusion

We are fortunate to have been able to meet and exceed our base budget target without reductions to service. Within the base budget we have also funded significant increases to ensure our ability to meet milestones mandated by the Medi-Cal Waiver and ARRA meaningful use of electronic medical records. However, we still have much work to do to find additional savings towards the contingency plan and expect that reductions in services will be necessary. In addition, depending on how policy items are funded, we might also face additional challenges to fund items not currently in our base budget. We will bring a contingency plan to the Health Commission as soon as possible.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH							
2011-12 PROPOSED BUDGET - March 1, 2011							
Item	Item	Description	2011-12 FTE Change	2011-12 Expend Incr/(Decr)	2011-12 Revenues Incr/(Decr)	2011-12 Net GF Cost/ (Savings)	Comment
PH	A1	SFGH Baseline Revenue		30,646,050	45,664,503	(15,018,453)	Revenue increases come from: higher patient and trauma fees; increased enrollment in the Low Income Health Program; and an increase in DSH, Safety Net Care and DSRIP pool funding under the new 1115 Waiver. Revenue decreases are from a decrease in Healthy SF Employer fees. An increase in expenses is made up of a \$30M intergovernmental transfer to fund LHP, DSRIP and movement of SPD's into managed care, and a \$646,050 increase in the UCSF Affiliation Agreement to reflect the increase in trauma pay as a result of restructuring to a 2-tiered system.
PH	A2	Environmental Health		200,000	227,000	(27,000)	Baseline revenue adjustment with related cost increases for full cost recovery.
PH	A3	LHH Baseline Revenue		-	8,134,867	(8,134,867)	The majority of the revenue increase will come from Medi-Cal SNF per diem rate increase, which is projected at 5.6% and is consistent with the average percentage from the past five years. We are not incorporating any other possible reductions to this rate because of any State budget decreases.
PH	A4	California Medicaid Section 1115 Waiver (DSRIP)	74.64	23,445,674	39,938,885	(16,493,211)	Program investments needed to meet compliance with California's 1115 Waiver DSRIP (Delivery System Reform Incentive Pool) and the State's Department of Managed Care's "timely Access to Healthcare" requirements.
PH	A5	Low Income Health Program (LHP)		1,309,648	3,698,000	(2,388,352)	Provision of non-emergency medical transportation services and out-of-network hospital emergency department and post-stabilization inpatient services to meet compliance with California's 1115 Waiver Low Income Health Program (LHP). LHP allows counties to expand access to care/coverage to low-income residents that will become eligible for Medi-Cal or the California Health Benefits Exchange in 2014. LHP builds on the previous Health Care Coverage Initiative (HCCI) under the State's previous 1115 Waiver and will be designated as SFPATH in San Francisco.
PH	A6	Electronic Health Record Incentive Program (Meaningful Use)	16.40	8,842,958	9,902,995	(1,060,037)	The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs will provide incentive payments to eligible professionals and hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Hospitals are eligible for both Medicare payments (made over 4 years) and Medicaid payments (made over 6 years). There will be a reduction of payments, penalties or ineligibility if hospitals do not become eligible by certain dates. Various DPH professionals are also eligible for incentives from Medicaid. Payments are made over a 6 years period. To meet the requirements of meaningful use, additional software, hardware, infrastructure, consulting, training and backfill of existing staff is needed, including the costs for E Clinical Works and CPOE.
TOTAL REVENUE			91.04	64,444,330	107,566,250	(43,121,920)	
INFLATIONARY							

9.11

vision	Item	Description	2011-12 FTE Change	2011-12 Expend Incr/(Decr)	2011-12 Revenues Incr/(Decr)	2011-12 Net GF Cost/ (Savings)	Comment
	B1	UCSF Staff Increases		1,596,623		1,596,623	UCSF is contractually obligated to implement salary and benefit increases for staff in accordance with negotiated employment agreements. This also includes UCSF allocated costs, such as paycheck processing, email account support, HR and labor relations support for the UCSF staff working at SFGH under the Affiliation Agreement.
	B2	UCSF Retirement Plan Contributions		2,145,933		2,145,933	The Regents of UCSF suspended contributions to the plan in 1990 as the actuary and the auditor confirmed the UCRB was adequately funded for many years into the future. The funded status has deteriorated significantly and The Regents approved a plan to resume contributions. The employer contributions will increase by 3% effective July 2, 2011. Even with this increase, UCSF fringe benefits as a % of salaries is below the CCSF rate of 46%. If the increase is not funded, there would be a reduction in the UCSF work force with a reduction in services.
	B3	UCSF Faculty Increases		1,315,897		1,315,897	UCSF faculty have mandatory pay increases based on years of service.. Section VI.B.2.b.(i) of the Affiliation Agreement specifies that the budget shall be amended to reflect specific mandatory salary and wage adjustments. If the increase is not funded, there would most likely be a reduction in services.
	B4	UCSF Faculty AAMC and Market Adjustments		994,330		994,330	This will increase the salaries of the UCSF faculty in the departments of Anesthesia, Medicine and Psychiatry to bring the average SFH salaries closer to the AAMC median (50th percentile) and to market rates in the Bay Area.
	B5	UCSF Hospitalist Coverage		1,168,200		1,168,200	The ability of medical residents in training to be in the hospital has been curtailed by new regulations governing work hours and resident supervision. Work hours will be reduced through changes in regulations by the Accreditation Council of Graduate Medical Education (ACGME) effective July 1, 2011. This proposal requests ongoing funding to support 5.5 FTE hospitalist UC physicians who will provide 24/7 coverage for backfilling the reduced medical resident work hours.
PH	B6	Pharmaceutical Inflation		1,549,782		1,549,782	Nation-wide projections for inflationary increases in drug costs for outpatient settings and hospitals are as high as 6%. DPH-wide, pharmaceutical expenses are projected to increase by 4% next fiscal year. The increase is due to increased patient and prescription volume and introduction into the market place of novel and costly agents for a variety of diseases and the replacement of items in short supply nationally with more costly alternatives. SFGH \$882,239, LHH \$211,767, JHS \$141,392, PC \$17,630 and CBHS \$296,754.
UH	B7	Annual DAH Master Lease and Local Operating Subsidy Program (LOSP) Increases		160,118		160,118	The Direct Access to Housing Program (DAH) currently has 23 (DAH) sites totaling approximately 1,000 units of supportive housing. The master lease sites incur annual increases required by the lease agreements and non-profit owned sites receive operating subsidies through the LOSP that also have built-in increases.

9.12

Division	Item	Description	2011-12 FTE Change	2011-12 Expend Incr/(Decr)	2011-12 Revenues Incr/(Decr)	2011-12 Net GF Cost/ (Savings)	Comment
3HS	B8	Mental Health Hospitals Funding		966,337		966,337	Community Behavioral Health Services purchases 41 beds from Mental Health Hospitals; locked inpatient facilities. This is the highest level of care possible for seriously mentally ill individuals. While the Community Placement Unit moves clients out of Mental Health Hospitals as the clients becomes ready, there are always on-going clients requiring this level of care. As a result, the City must absorb the annual rate increases. The annual rate increase has ranged from 21.5% in FY07-08 to 6.6% between FY09-10 and FY10-11. The proposed initiative would fund FY10-11 rate increase of \$469,302 and a projected 6.6% rate increase of \$497,035 into FY11-12. (FY10-11 rate increase was covered with one-time funding)
	BX						
		TOTAL INFLATIONARY	0.00	9,897,220	-	9,897,220	
		CUMULATIVE TOTAL	91.04	74,341,550	107,566,250	(33,224,700)	
		REVENUE NEUTRAL					
H	C1	Emergency Medicine Residency Program Yr. 4 of 4		394,321	394,321		This request will support year 4 of a 4-year Emergency Medicine Residency Program approved by the ACGME. The first year of the Program started in July 1, 2008. The request for the first year (08/09) was ongoing funding for 6 R1's (Residents year 1), for year 2 (09/10) ongoing funding for 6 R2's and for year 3 (10/11) ongoing funding for 6 R3's. With funding this year (11/12) for 6 R4's, there will be 24 residents in the training program. This program will greatly improve recruitment of attending physicians and decrease patient wait times.
H	C2	Prospective Payment System for End Stage Renal Dialysis		132,000	132,986	(986)	Effective January 1, 2011, CMS will make a single, prospectively determined ("bundled") payment to ESRD facilities. This bundled payment will include approximately 53 lab tests which were previously billed and paid for separately. The SFGH lab is not set up to perform all of these specialized ESRD lab tests, but outside labs have already made the required changes. Increase in outside lab costs will be offset by increased Medicare payments.
H	C3	OHS Computer Equipment Upgrade		112,350	112,350		Occupational Health Services critically needs to upgrade to a more advanced computer system to better track examinations, tests, evaluations for our work order customers as well as for The Joint Commission, the State, the City and hospital executive staff statistics. This enhancement from our current computer system to a web-based state of the art system requires us to upgrade our existing computer hardware. This is a cost neutral project that will be covered by increases in work order recoveries from other departments.
H	C4	Revenue Maximization Through Improved Coding	1.54	192,090	192,090		A coding-specialist consulting firm found in 2010 that due to coding errors for Medicare, the hospital could have been underpaid by as much as \$2-\$3 million for the year. Findings included the fact that the hospital does not have a concurrent documentation improvement process in place and that coders did not often query the attending physicians to ensure that problematic coding issues were clarified by physician input. Additional staff who is proficient at inpatient coding is needed in order to perform prospective chart reviews, conduct ongoing training and put in place a concurrent documentation review process to include ongoing interaction with the medical staff.

9.13

Item	Description	2011-12 FTE Change	2011-12 Expend Incr/(Decr)	2011-12 Revenues Incr/(Decr)	2011-12 Net GF Cost/ (Savings)	Comment
IS	Environmental Health Base Closure Program	0.77	110,617	110,617	-	The Environmental Health's Base Reuse Program implements and enforces environmental regulations under San Francisco Health Code Article 31 and provides oversight for environmental health related programs for redevelopment. There is a need for an increased level for environmental engineering review and oversight as more land is being prepared for and transferred from the Navy to the San Francisco Redevelopment Agency and redeveloped. Based on this increased workload, this program will increase its billable hours to the redevelopment agency and increase revenue.
IH	LHH Pain Clinic	0.19	43,128	43,128	-	This initiative will expand clinical services at Laguna Honda Hospital to provide pain management for targeted patients. It will help the hospital meet the regulatory requirements to optimize pain management and reduce the percentage of patients who have been identified as having moderate to severe chronic pain.
IH	LHH Enteral Feeding Program Certification	1.54	242,642	262,500	(19,858)	Laguna Honda Hospital will undergo an accreditation process to increase Medicare Part B revenues for services provided to Medicare Part-B eligible residents who require enteral feeding as a sole source of nutrition.
3HS	Short Doyle Medi-Cal Annualization		295,000	295,000	-	This initiative would budget ongoing Short Doyle Medi-Cal revenues reflecting current revenue generation, (budgeted with one-time dollars) by these contractors which would allow them to maintain their current level of services, as well as the annualization of new Medi-Cal eligible programs in FY10-11 resulting from the Mega RFP in CBHS.
BHS	Drug Medi-Cal Methadone Treatment Services		382,500	382,500	-	Expansion of Drug Medi-Cal covered Methadone Treatment Services. The county is required to reimburse Methadone treatment providers for the cost of delivering these services. The proposed initiative will provide reimbursement for the actual number of Medi-Cal clients seen by Ft Help who has opened a new site, Mission Help, at 1101 Capp Street. The revenues will fund an estimated 75 Methadone slots for Medi-Cal beneficiaries. Average annual cost is \$5100 per slot, with a projected total for 2011-12 is \$382,500.
BHS	Efficiency Pilot for CBHS Clinics	0.77	82,999	82,999	-	This initiative will pilot the integration of Health Workers in CBHS clinics to expand eligibility and clinical related functions at three sites, including child, adult and comprehensive clinics. The Pilot will assess to what degree clinicians would be able to see more clients and provide more direct care to the clients, thus providing better care and increased revenue.
BHS	UCSF/CBHS Public Psychiatry Fellowship Program.		40,000	40,000	-	CBHS in partnership with SFGH and UCSF will establish a Public Psychiatry Fellowship Program to enable general psychiatry fellows to work in CBHS community-based clinics, thereby providing experience and training on how to work in a community-based setting, with the goal of enticing them into future community-based employment. Funding would be provided by the Workforce Development and Training funds of the Mental Health Service Act (MHSA) matched with Short Doyle Medi-Cal generated by the psychiatric fellows. This initiative is requesting the Medi-Cal matching funds of \$40k in FY11-12 to annualize to \$80k in FY12-13 with the goal that the time-limited MHSA funding would not be required in the future to sustain the program.

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vision	Item	Description	2011-12 FTE Change	2011-12 Expend Incr/(Decr)	2011-12 Revenues Incr/(Decr)	2011-12 Net GF Cost/ (Savings)	Comment
3HS	C12	Mental Health Services Act; Community Health Programs for Youth (CHPY)	2.31	276,926	276,926		Community Health Programs for Youth (CHPY) and Community Behavioral Health Services (CBHS) will leverage clinic and school-based services with MHSa Innovation (INN) funding to better meet the behavioral health needs of youth living in the southeast neighborhoods of San Francisco by (1) implementing early intervention services at 3rd Street and Hawkins clinics, (2) expanding school-based services and linkages, and (3) supporting increased capacity at the Balboa Teen Health Center. This expansion will be supported by Mental Health Services Act innovative programming funding.
4H	C13	LHH Weekend Admissions and Discharge Planning Enhancements	1.54	218,456	218,456		This initiative seeks to improve both admission and discharge process at Laguna Honda Hospital through (1) the expansion of admissions to Laguna Honda Hospital admitting unit from SFGH to weekends will expedite admissions from SFGH to LHH and to maintain LHH skilled nursing census at the target level. This will also require an extension of pharmacy hours from the current 6-day operation to a 7-day operation. (2) Enhancements to the RTZ SF GetCare system to add access of assessment by SFGH and community programs to ensure continuity of care as recommended by DPH Recovery and Wellness Committee.
	C14	MCH Field Nurses	1.54	280,000	280,000		The addition of two full-time nurses will both supervise and provide services to meet the current demand for public health nursing. The increase in expense will be offset by an increase in Targeted Case Management revenues.
	C15	Public Health Lab Billing	0.77	66,447	66,447		The Public Health Lab does not have dedicated staff to do billing the addition of a dedicated 1920 Jr. Administrative Analyst to handle billing and other administrative functions would increase lab revenue.
4H	C16	Radiology Registry Conversion to CCSF FTEs	3.85				Per meet and confer discussions with SEIU 1021, the Dept has agreed to submit a proposal to convert the radiology registry professional services budget to 5 FTE civil service Radiology Technologist positions. This would bring the amount of Registry use to a baseline level to cover non-productive time of Civil Service employees. This initiative will be cost neutral. Labor expenses will increase by \$587,335 and professional services will reduce by \$587,335.
	CX						
		TOTAL REVENUE NEUTRAL	14.82	2,889,476	2,890,320	(20,844)	
		UMULATIVE TOTAL	105.86	77,211,026	110,456,570	(33,245,544)	
		REGULATORY					
	D1	DPH Courier Services	0.77	54,670		54,670	A contractor is used to augment civil service staff who provide medical courier services. The Civil Service Commission conditionally approved the Personal Services Contract (PSC) subject to DPH making efforts to have as much work as possible performed by civil service classifications. DPH has determined that one additional position could be utilized to perform more lab delivery services at SFGH. Expenses will include a one time capital equipment purchase of a commercial van in the first year.

915

Item	Description	2011-12 FTE Change	2011-12 Expend Incr/(Decr)	2011-12 Revenues Incr/(Decr)	2011-12 Net GF Cost/ (Savings)	Comment
D2	OR-IVAC Pharmacy Staffing	3.85	717,349		717,349	The California Dept of Health Services (DHS), Centers for Medicare/Medicaid Services (CMS), and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) had conducted recent surveys focusing on medication use and pharmacy services. Deficiency findings are cited in the areas of security, accountability, storage and quality of medication use in the Operating Rooms. This request will ensure compliance with the plans of corrections for the cited deficiencies.
D3	LHH Medication Reconciliation	0.58	107,179		107,179	Federal and state regulations have expanded to require providing medication reconciliation and pharmacist medication regimen review for individuals as they transition between different levels of care. The transition from acute hospital to SNF is a time when medication errors often occur. Medication reconciliation will meet California Department of Public Health's patient safety license survey standards, which took affect January 1, 2010. This budget initiative proposes a provision of medication reconciliation and an initial medication regimen review for all admissions to Laguna Honda Hospital.
D4	SFGH Rehabilitation Services	9.32	1,181,964	570,341	611,623	The State Department Managed Care's new "Timely Access to Healthcare" requires that physical and occupational therapy provide services within 15 days beginning 1/17/11. Currently PT has an outpatient waiting list of 110 days and Occupational Therapy of 258 days due to increased demand. Additionally there is a need for additional coverage for Inpatient services and in the Behavioral Health Center.
D5	LHH Facility Licensing Requirements		464,750		464,750	To meet the state and federal regulatory and licensing requirements, Laguna Honda Hospital seeks funding to pay for on-going maintenance services for the new facility's infrastructural systems and new medical equipment.
TOTAL REGULATORY		14.52	2,525,912	570,341	1,955,571	
CUMULATIVE TOTAL		120.38	79,736,938	111,026,911	(31,289,973)	
MERGING NEEDS / STRUCTURAL						
E1	LHH New Facility Needs	18.50	782,829		782,829	Laguna Honda Hospital occupied the new state of the art, 550,000 sq. ft. hospital in December 2010. This change was not just a physical one, but one that affected all aspects of their operations and requires additional resources to maintain. This initiative addresses staffing requirements caused by the new facility and infrastructure changes, and the support needed for new technologies on Information Systems.
E2	DAH Support Services Staff	4.31	394,261	152,672	241,589	In FY10-11, the staff providing DAH support services was moved from a community based organization (Baker) to HUH civil service positions funded with grant funding to achieve budget savings. The SAMHSA grant that supported these positions will expire in FY11-12.
E3	Community Program Placement				1,900,000	The Department's CP Placement Unit is responsible for authorizing and referring all DPH clients into alternative placements upon discharge from DPH hospitals and Psychiatric Emergency Services. This function is critical because without it the rate of discharge would be much lower, and the reimbursement for hospital services would decline as a client is no longer acute. As a result of ongoing structural shortfalls, and a \$1.2m FY08-09 mid-year budget cut, the Placement budget is underfunded by \$1.90M, which has been covered by one-time funding. This shortfall has been cut by \$1M as the Placement Unit has successfully transitioned clients from the highest cost locked facilities to the lower cost community-based residential care facilities.

9.16

vision	Item	Description	2011-12 FTE Change	2011-12 Expend Incr/(Decr)	2011-12 Revenues Incr/(Decr)	2011-12 Net GF Cost/ (Savings)	Comment
PH	E4	DPH Clinical Systems		1,504,076		1,504,076	The Department of Public Health's Information Technology Services manages all the department's clinical information systems and related network infrastructure. Included in the cost of maintaining these clinical systems are contractual agreements with; Siemens (invision) for hospital inpatient and hospital and community outpatient services; Netsmart (Avatar) for behavioral health inpatient and outpatient services; and Dataway for software maintenance to support the departments Wide Area Network (WAN) infrastructure. Additionally the Department of Public Health participates in the San Francisco Health Data Exchange (SFHEX) to support eligibility processes. This proposal requests augmentation funding to the base budget to cover the FY1112 projected expenses for these contractual agreements.
PH	E5	Healthy San Francisco Augmentations		1,104,889		1,104,889	The Healthy San Francisco Program (HSF) improves care to uninsured adult residents through a coordinated delivery system comprised of public, non-profit and private providers. In mid 2010-11, the Department expanded the network to include two additional providers. Additional expenditures are needed in 2011-12 to annualize these costs. Other new and/or increased costs include: Specialty Services, One-e-App web-based eligibility and enrollment system, reconfigure the Department's Eligibility and Enrollment Unit to accommodate applicant volume and new program materials for LHP/SF PATH and other program activities.
	EX						
		TOTAL EMERGING NEEDS / STRUCTURAL	68.55	5,686,055	152,672	5,533,383	
		CUMULATIVE TOTAL	143.19	85,422,993	111,179,583	(25,756,590)	
		EDUCATIONS					
BHS	F1	FY10-11 CBHS Program Closures	0.77	(510,760)		(510,760)	In FY10-11, two CBHS community based agencies closed: the Haight Ashbury Free Clinic Smith-Ryan Women's Detox and the Positive Directions Equals Change (PD=C) substance abuse program closed. As allowable by the Administrative Code as of FY10-11, the Department is electing to create a new civil service position (1.0 2930) by approval of the Director of DHR in FY10-11 to ensure that substance abuse services previously provided by PD=C are continued to residents of the Bayview neighborhood. These services will be provided at the SouthEast Health Center. The net savings after budgeting this civil service position is \$510,742
BHS	F2	One-Time Savings- Redwood Center		(800,000)		(800,000)	This facility is currently being renovated. Therefore, the Department will obtain one-time savings in FY11-12 for the operating and service provision costs allocated for this residential treatment program until it opens in FY12-13.
	FX						
		TOTAL REDUCTIONS	0.77	(1,310,760)	-	(1,310,760)	
		TOTAL ALL PROPOSED INITIATIVES	143.96	84,112,233	111,179,583	(27,067,350)	
				General Fund Reduction Target		(24,600,000)	
				Amount Over/(Under) Target		2,467,350	

9.17

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

PROGRAM / INITIATIVE TITLE: **Baseline Revenue**
GENERAL FUND IMPACT: **(\$15,018,453)**
TARGETED CLIENTS: N/A
PROGRAM CONTACT NAME/PHONE: **Valerie Inouye, 206-3599**

PROGRAM DESCRIPTION: (Description of Program Change)

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

This program change request will increase the baseline revenues for San Francisco General Hospital by \$15,018,453

JUSTIFICATION: (required by the Mayor's Office)

Changes to the baseline revenue are the result of:

- 1) Billings and collections from Medicare, Medi-Cal and other payers, based on projections using year-to-date data through November 30, 2010. Included in this is an assumed 10% increase in the patient rates effective July 1, 2011 and a change in our trauma fees to a 2-tiered scheme. After careful evaluation, the Dept of Surgery and the Trauma Program Administration endorses the suggestions of the American College of Surgeons, Committee on Trauma (ACSCOT), Site survey team to clarify and simplify the current 3-tiered trauma activation system. They observed that our system would be more in line with the CDC Field Activation Criteria, the activation schemes used by most Level 1 trauma centers, if we went to a 2-tiered response team.
- 2) Decrease in our Healthy San Francisco Employer Fees based on actual experience partially offset by other capitation increases.

With the movement of seniors and persons with disabilities (SPDs) into managed care, there will be a shift of Medi-cal fee-for-service revenue to capitation revenue. Because the capitation amounts are not known at this time, no adjustments have been made to either revenue category.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Revenues will increase by \$45,664,503 in the current year and ongoing. Operating expenses will increase by \$30,646,050 in the first year and ongoing. \$30 million of this increase in expenses is to reflect the increased need to use Intergovernmental Transfers as local share of federal revenues. The UCSF Affiliation Agreement will increase by \$646,050 to reflect the increase in trauma pay as a result of moving from a 3-tiered to 2-tiered response scheme.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH Baseline Revenue

		FY 2011-12	Ongoing/Annualized
Sources:			
	Net Patient Revenues	\$ 19,436,668	\$ 19,436,668
	Capitation Revenues	(3,772,165)	(3,772,165)
	DSH/SNCP (IGT)	30,000,000	30,000,000
Subtotal Sources		45,664,503	45,664,503
Uses:			
	Salaries and Fringes	\$ -	\$ -
	Professional Services	646,050	646,050
	Operating Transfer Out	30,000,000	30,000,000
Subtotal Uses		30,646,050	30,646,050
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (15,018,453)	\$ (15,018,453)
Total FTE's		0.00	0.00

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

Class	Title	FTE's	
			-
			-
			-
			-
			-
	Fringe (46.27%)		-
			\$ -
Operating Expenses			
Index Code	Character/Subobject Code		
HGH1HUN40061	02700 Professional Svcs (UC Main Affiliation)		\$ 646,050
	IGT Operating Transfer Out		30,000,000

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

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health
- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

PROGRAM / INITIATIVE TITLE: **Environmental Health Baseline Revenue**

GENERAL FUND IMPACT: **(\$27,000)**

TARGETED CLIENTS: **PERMITTED SAN FRANCISCO BUSINESSES**

PROGRAM CONTACT NAME/PHONE: **Rajiv Bhatia 252-3931, Cyndy Comerford Scully 252-3989**

PROGRAM DESCRIPTION: (Description of Program Change)

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

The San Francisco Department of Public Health's Environmental Health Section strives to promote health and quality of life in San Francisco by ensuring healthy living and working conditions in the City and County of San Francisco. Projected revenues fluctuate annually due to various reasons, including change in inventory, new fees, changes in regulatory programs and fees. Below is a summary of each program and rationale for change in revenue. Expenditures are adjusted ensure that programs do not exceed 100% cost recovery and that there is not net impact on the General Fund.

Program	Index Code	FY 2001-11 Change	Revenue Description & Explanation of Change
Consumer Safety - Food Program	HCHPBFOOD-GF	\$ 81,248.31	The Food Program ensures compliance of local and state regulations with regards to retail food through education and enforcement, assures food provided for human consumption is wholesome, and is produced under safe and sanitary conditions. Trucks, carts, and other similar vehicles that sell "street food" are considered to be Mobile Food Facilities (MFF's) under the Municipal Code. City regulations relating to MFF's were the subject of a substantial overhaul under Ordinance Number 297-10, which took effect on January 2, 2011. These new fees will increase mobile food facility inspections and permits, thus will increase inspection fees and revenue.
Health Hazard Assessment Group (Formally) Site Assessment and Mitigation Program	HCHPBHAZWTGF	\$ 90,270.70	Part of the Health Hazard Assessment Group ensures the radio-frequency transmission is with regulated standards. The program performs planned based reviews pursuant to the provisions of Section 209.6(b), 227(h) and (i), and other relevant sections of the SF Planning Code - which is based on the Wireless Telecommunications Services (WTS) Facilities Siting Guidelines. These plan based reviews are anticipated to increase in FY11-12 and provide increased revenue.
Consumer Safety - Massage Program	HCHPBMASSGF	\$ (87,999.38)	The Massage Licensing Program ensure that all facilities with massage services are clean, have licensed practitioners, and in sanitary condition. As of Sept 1, 2009, State Senate Bill 731 authorizes a nonprofit Massage Therapy Organization to provide certification for Massage Practitioners and Massage Therapists in CA. The San Francisco Health Department is phasing out licensing practitioners, but will still permit facilities. The revenue is reduced to reflect the alimantation of massage practitioner licenses and certification fee.
Medical Cannabis	HCHPBMEDCNGF	.\$ 50,392.33	The Medical Cannabis Dispensary Program ensures all medical cannabis facilities are issued permits to operate and coordinate all necessary referrals to various City Departments. In Fiscal Year 11-12, under San Francisco Health Code, Article 28, there is anticipated to be six more permitted Medical Cannabis Dispensary facilities and five new applications for plan review. The inspections and permits will increase revenue.
Menu Labeling	HCHPBMENULBGF	\$ (102,885.00)	In 2008, the San Francisco Health Department amended the nutrition menu labeling regulation (Sections 468 through 468.8) in the San Francisco Health Code to require chain restaurants with 20 or more locations in California to disclose nutritional information about standard menu items. In July of 2009, the State of California passed the Nutritional Disclosure Requirements under Section 114094 of the California Health and Safety Code. In order to promote enforcement of Section 114094 of the California Health and Safety Code, the Board of Supervisors suspended Sections 468.3 through 468.8 of the SF Health Code. The suspension of this program eliminated the menu labeling fee for restaurants, thus reduced anticipated revenue.

Code Enforcement	HCHPBUBSVGF	\$ 125,898.00	The Code Enforcement Program resolves conditions that constitute environmental health hazards and could result in unhealthy environmental conditions and/or vector-born disease. A component of this project inspects garbage truck, recycle centers and transfer stations. Inventory from garbage truck inspections and transfer station was updated for FY11- 12 and resulted in an increase in inventory and subsequent revenue from inspection fees.
Consumer Safety - Tattoo	HCHPBATATTOO	\$ 14,501.00	The Tattoo Program is to ensure proper maintenance, cleanliness, sterilization procedures at tattoo, piercing, and permanent cosmetic facilities. Fee increases are based on fee schedule set forth in FY09-10 and reflect Article 5, Section 255 et al of the San Francisco Health Code.
Water Quality	HCHPBWATERGF	\$ 45,183.12	The Water Quality Program is to ensure safe water for drinking and recreational use. Part of the program certifies backflow prevention device testers and inspects facilities for cross-connections. Pursuant to the Business Tax & Regulation Code 2:249.14, the program issues cross connection device seals. Inventory from the SFPUC was updated and revenue is expected to increase in FY11-12.
Program on Health, Equity and Sustainability	HCHPBHIRU-GF	\$ 10,595.00	The Program on Health, Equity and Sustainability supports San Franciscans working together to advance urban health and social and environmental justice through ongoing integration of local government and community efforts and through valuing the needs, experiences, and knowledge of diverse San Francisco residents. New revenue will be a result of a new epidemiological and health impact assessment consulting and training fee.

JUSTIFICATION: (required by the Mayor's Office)

Changes in fees are due to changes in inventories and billable hours, new fees and additional reimbursements, and program changes due to state regulations. Expenditures are adjusted accordingly for workloads to ensure that programs do not exceed 100% cost recovery, there is adequate staff and resources to carry out the additional regulatory work and it results in a General Fund savings \$27,000.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

\$227,000 increase in revenue and \$200,000 increase in expenditures and general fund savings of \$27,000

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

N/A

ATTACHMENT B

SUMMARY OF PROGRAM COST

DEPARTMENT: SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH: ENVIRONMENTAL HEALTH

INITIATIVE TITLE: Environmental Health Baseline Revenue

	FY 2011-12	Ongoing/Annualized
Sources:		
HCHPBFOOD-GF	\$ 81,248	
HCHPBHAZWTGF	\$ 90,271	
HCHPBMASSAGF	\$ (87,999)	
HCHPBMEDCNGF	\$ 50,392	
HCHPBMENULBGF	\$ (102,885)	
HCHPBPUBSVGF	\$ 125,898	
HCHPBTATTOO	\$ 14,501	
HCHPBWATERGF	\$ 45,183	
HCHPBHIRU-GF	10,595	
Subtotal Sources	227,204	-
Uses:		
Rent/Office Space	100,000	
Parking	\$ 46,000	\$ -
Material & Supplies	\$ 54,204	-
	-	-
Subtotal Uses	200,204	-
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (27,000)	\$ -
Total FTE's	0.0	0.0

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

Class Title FTE's

Fringe (46.27%)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code

\$ -

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

2011-2012 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"/> Health At Home |

PROGRAM / INITIATIVE TITLE: **Laguna Honda Baseline Revenue**

GENERAL FUND IMPACT: **(\$8,134,867)**

TARGETED CLIENTS: All Laguna Honda Residents

PROGRAM CONTACT NAME/PHONE: ChiaYu Ma / 759-3325

PROGRAM DESCRIPTION: (Description of Program Change)

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

Laguna Honda Hospital's baseline revenues will be increased by \$8,134,867 this year and ongoing.

JUSTIFICATION: (required by the Mayor's Office)

This initiative assumes that the hospital will receive rate increases from both Medicare and Medi-Cal for all hospital services provided. However, the majority of the baseline revenue will come from a Medi-Cal SNF per diem rate increase, which is projected at 5.6% and is consistent with the average percentage from the past five years. We are not incorporating any other possible reductions to this rate because of any State budget decreases.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Revenue will increase by \$8,134,867 in Fiscal Year 2011-2012 and in all subsequent years.

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

None

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

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

PROGRAM / INITIATIVE TITLE: **California Medicaid Section 1115 Waiver Bridge to Healthcare Reform – Delivery System Reform Incentive Pool (DSRIP)**

GENERAL FUND IMPACT: (\$16,493,181)

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

In order to ensure SFDPH receives all of the funding available under the 1115 Waiver, SFDPH will need to make financial investments in its basic infrastructure and capacity (primary care and specialty care). DSRIP ties federal funding to very ambitious milestones in the following four areas:

- 1). Infrastructure Development: Investment in technology, tools and human resources to strengthen SFDPH's ability to serve its population and improve its services
- 2). Innovation and Redesign: Investments in new and innovative models of care delivery that have the potential to make significant improvements in disease management, cost reduction and patient experience
- 3). Population Focused-Improvement: Investments in enhancing care delivery for the 5-10 highest burden conditions treated within the SFDPH, i.e. diabetes, heart disease....
- 4). Urgent Improvement in Care: Infusion of top-level clinical performance interventions at SFGH utilizing evidenced-based best practices

JUSTIFICATION: (required by the Mayor's Office)

The new 1115 Waiver attempts to prepare California's health care delivery systems and uninsured residents for implementation of major components of federal health reform in 2014. Funding under the Waiver is not guaranteed and a significant portion is at-risk and only available upon satisfactory performance and achievement of federally approved milestones. The Waiver requires additional county expenditures to meet the various milestones.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The approximate 100,000 unduplicated clients served annually by the SFDPH.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Revenue will increase by \$39,938,855. The revenues included in this initiative are those additional outpatient clinic revenues generated as a result of increased capacity and revenue from meeting the DSRIP milestones. Expenses will increase by \$23,445,674.

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

Increasing by 74.64 FTEs in the first year and 96.96 ongoing.

MEDICAID SECTION 1115 WAIVER: CALIFORNIA BRIDGE TO REFORM DEMONSTRATION

DELIVERY SYSTEM REFORM INCENTIVE POOL

The waiver includes the opportunity for public hospitals to receive up to \$3.3 billion over five years through the Delivery System Reform Incentive Pool (DSRIP). This pool will be a subset of the Safety Net Care Pool. The DSRIP is intended to support California's public hospitals' efforts to enhance the quality of care and the health of the patients and families they serve.

Individual public hospital systems will submit proposals for state and federal approval that are focused on improving the experience of care, improving the health of populations, and reducing per capita costs of health care. Federal funding will be contingent upon the achievement of specific milestones or deliverables in four areas:

▪**Infrastructure development.** Includes investments in technology, tools and human resources. Examples of initiatives may include increases in primary care capacity, introduction of telemedicine, enhanced interpretation services, and enhanced improvement capacity.

▪**Innovation and Design.** Includes investments in new and innovative models of care delivery that have the potential to impact patient experience, cost and disease management. Examples include expansion of medical homes, expansion of chronic disease management systems, primary care redesign, and redesigns for cost savings.

▪**Population-focused Improvement.** Includes investments in enhancing care delivery for the 5-to-10 highest burden conditions in public hospital systems. Examples include improved diabetes care management and outcomes, improved chronic care management and outcomes, reduction of readmissions, and improved quality.

▪**Urgent Improvement in Care.** Requires top-level performance on two or three interventions, when there is evidence that major improvement in care is possible within five years. These are hospital-specific initiatives and will be developed jointly by hospitals, the state, and CMS.

The details on the DSRIP categories, mechanics and approval process are not finalized.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: California Medicaid Section 1115 Waiver Bridge to Healthcare Reform - DSRIP

	FY 2011-12	Ongoing/Annualized
Sources:		
Medi-Cal Revenue	\$ 2,101,855	\$ 2,101,855
1115 Waiver DSRIP Revenue	37,837,000	37,837,000
Subtotal Sources	39,938,855	39,938,855
Uses:		
Salaries & Fringes	\$ 9,148,537	11,881,217
Operating Expenses	13,772,137	13,772,137
Capital Equipment & Project (one time)	525,000	
Subtotal Uses	23,445,674	25,653,354
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (16,493,181)	\$ (14,285,501)
Total FTE's	74.64	96.94

	DPH FTE's	DPH Amount	UCSF Amount	Total
1 Primary Care Expansion, Navigation & Redesign				
a. SFGH FCM& DGIM Residency Expansion	0.00	0	1,256,400	1,256,400
b. Expand Primary Care Capacity	28.49	3,147,826	379,469	3,527,295
c. UCC & ED Navigators	0.00	0	0	0
d. Link Patients with Significant Psychiatric Illness	0.00	100,000	0	100,000
e. Primary Care Team-Model Deployment	16.75	1,838,591	112,455	1,951,046
f. ATDM/Team-Model Self Management Tools	0.00	0	0	0
g. DPH Nurse Advice Line and Appointment Unit	0.77	410,760	0	410,760
#1 Total	46.01	5,497,177	1,748,324	7,245,500
2 Enhance Specialty Care Access, Coordin. & Efficiency				
a. Expand eReferral	0.00	0	836,798	836,798
b. Increase Specialty Clinician Capacity	10.16	3,512,886	4,878,301	8,391,187
c. Telemedicine Implementation	0.00	401,500	92,610	494,110
#2 Total	10.16	3,914,386	5,807,708	9,722,095
3 Urgent Improvement (UR, Safety & Quality Assurance)				
a. Urgent Improvements in Inpatient Care	3.08	413,732	176,400	590,132
b. Team Staff Training/Simulation Center	1.50	514,528	1,344,000	1,858,528
c. Data Management Center	3.85	479,614	0	479,614
d. Hire Attending MD Hospitalists-ACGME Trainee	0.00	0	1,776,590	1,776,590
e. Redesign	8.50	1,471,928	0	1,471,928
f. Utilization Review	1.54	245,134	56,155	301,289
g. Patient Wellness Program	1.54	245,134	56,155	301,289
#3 Total	18.47	3,124,934	3,353,145	6,478,079
Total	74.64	12,536,497	10,909,177	23,445,674

2011-2012 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: **Administration**

PROGRAM CONTACT NAME/PHONE: **Tangerine Brigham, 554-2779**

PROGRAM / INITIATIVE TITLE: **LIHP Out of Network Hospital & Non Emergency Transportation**

GENERAL FUND: **(\$2,388,352)**

TARGETED CLIENTS: Department patients participating in California's 1115 Waiver Low Income Health Program known as SFPATH in San Francisco.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Provision of out-of-network hospital emergency department and post-stabilization inpatient services and non emergency medical transportation services to meet compliance with California's 1115 Waiver Low Income Health Program (LIHP). LIHP allows counties to expand access to care/coverage to low-income residents that will become eligible for Medi-Cal or the California Health Benefits Exchange in 2014. LIHP builds on the previous Health Care Coverage Initiative (HCCI) under the State's previous 1115 Waiver. LIHP's goal is to cover up to 500,000 uninsured individuals statewide. The Department estimates that 16,000 – 17,000 of its patients will participate in the LIHP. The 1115 Waiver LIHP imposes managed care provider network requirements and clinical access standards including the provision of out-of-network hospital emergency department and post-stabilization inpatient services and non emergency transportation to program participants. Out of network is defined as a hospital that is not participating in the LIHP provider network: (1) within the county and (2) in the remaining 57 California counties. Non-emergency medical transportation is used in instances when a person's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for the purpose of obtaining needed medical care. This proposal provides funding for a federally-required new service that the Department has previously not provided or funded. The LIHP must begin no later than July 1, 2011.

JUSTIFICATION

From September 2007 to October 2010, the Department received federal reimbursement for a subset of Healthy San Francisco participants who were eligible for the Health Care Coverage Initiative under the 2005-2010 federal Medicaid Demonstration Section 1115 Waiver. Health Care Coverage Initiative was not a separate program within the Department. As of January 2011, there were approximately 10,000 HCCI participants and 5,000 pending HCCI eligibility. In November 2010, the federal government approved a new Section 1115 Waiver which created a new program called the Low Income Health Program (LIHP). LIHP replaces the Health Care Coverage Initiative. LIHP is designed for Department patients who are either existing Health Care Coverage Initiative participants or will be new LIHP participants. LIHP requires the creation of a new and separate program distinct from the Healthy San Francisco program that will require new program materials consistent with the federal requirements. The LIHP program will be known as SFPATH in San Francisco. The federal 1115 waiver requires all counties with a LIHP to provide eligible participants with out-of-network (both in the county and in the State of California) hospital emergency department and post-stabilization inpatient services and non emergency transportation. This will result in a need to provide financial reimbursement to non-profit hospitals (\$585 for emergency department visits and \$544 for inpatient days) who deliver care to LIHP participants and to pay for medical transportation. The Department has previously not provided such

reimbursement because of hospital requirements to deliver charity care.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

During 2011-12, it is estimated that there will be 16,000 LIHP participants in the Department. Out-of-network emergency department use is estimated to 896 ED visits and 1,352 inpatient days based on 416 admissions with an average length of stay of 3.25 days. Estimated utilization for non emergency medical transportation cannot be readily determined because the Department has no data on the use of this service since it does not provide non-emergency medical transportation services.

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

Revenues for LIHP will increase by \$3,698,000 in 2011-2012 while the 2011-12 expenditure budget is \$1,309,648. The estimated cost of the out-of-network emergency department cost is \$524,160 (896 ED visits * \$585 per visit) while the cost of the out-of-network post-stabilization inpatient days is \$735,488 (1,352 days * 544 per day) Non-emergency medical transportation services costs of \$50,000 are estimated at \$0.25 per participant per month (*16,000 participants * 12 months * \$0.25).

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

This initiative includes no position request. There is no change in workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LIHP Out of Network Hospital & Non Emergency Medical Transporta

		FY 2011-2012	Ongoing
Sources:	Revenue		
	1115 Waiver LIHP	3,698,000	3,698,000
Subtotal Sources		3,698,000	3,698,000
Uses:			
	Salaries and Fringe		
	Operating Expenses	1,309,648	1,309,648
	Capital Improvement Project		
Subtotal Uses		1,309,648	1,309,648
Net General Fund Subsidy Required (Uses less Sources)		(2,388,352)	(2,388,352)
Total FTE's		-	

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

Class	Title	FTE's
	Fringe (32%)	0
P103	Nurse Registry	-

Operating Expenses (List by Index Code and Character)

HCHAACCESSGF	021/02700 Professional Services	1,309,648
		<u>1,309,648</u>

Facilities Maintenance, and Equipment (List by each items by count & amount) 0

\$ 1,309,648

2011-2012 Program Change Request

DEPARTMENT NAME:

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

PROGRAM CONTACT NAME/PHONE: Winona Mindolovich/ 206-5619

PROGRAM / INITIATIVE TITLE: **EHR Incentive Programs**

GENERAL FUND IMPACT: **(\$1,060,037)**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

This program initiative will recognize the revenues and expenses associated with the new Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs.

JUSTIFICATION:

The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

The Hospital program

Hospitals are eligible for both Medicare and Medicaid incentive payments if they meet eligibility requirements. To receive Medicaid incentive payments, the hospital 1) must have at least 10% Medicaid patient volume; 2) in year one must be, at a minimum, engaged in efforts to adopt, implement, or upgrade certified EHR technology, and 3) following year one, the hospital must demonstrate meaningful use of EHR as dictated by the State. To receive Medicare incentive payments, hospitals must meet the definition of "meaningful EHR users."

The hospital incentive payments for both Medicare and Medicaid are calculated through formulas which take into consideration the number of discharges and payer mix. Medicare incentive payments are made over four years, starting in 2011 and hospitals first eligible after 2013 receive less payments. Hospitals not eligible before 2015 are penalized and will have their annual market basket update reduced. Medicaid payments are made over a six year period and no payments are made after 2016 if the hospital has not previously qualified. There are no mandatory penalties under Medicaid for hospitals that are not meaningful EHR users by a certain date; however, states are free to build such a penalty into their rate structure.

The Professional program

The professional must be an MD, DO, DPM, OD, chiropractor, certified midwives or NP. Professionals must meet certain eligibility requirements based on patient populations served.

Professionals are eligible to draw down either Medicare or Medicaid incentive payments. DPH has chosen to participate in the Medicaid program. Professionals must demonstrate efforts towards meaningful use during year one. Payments are made over a six year period depending on when the physician first becomes eligible. The maximum payment per provider is \$63,750 over a six year period.

Resources Needed

Demonstration of meaningful use requires meeting and reporting on a number of clinical outcomes and benchmarks. To meet the initial and ongoing requirements of meaningful use, additional software, hardware, infrastructure, consulting, training and backfill of existing staff are needed. The implementation of eClinicalWorks and Computerized Provider Order Entry are the main components of these costs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Will impact all patients receiving services at SFGH and the COPC clinics.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Revenue will increase by \$9,902,995 and expense will increase by \$8,842,958 in first year.

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

Increase by 17.04FTEs in the first year.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: EHR Incentive Program (Meaningful Use)

	FY 2011-12	Ongoing/Annualized
Sources:		
Medicaid Hospital Incentives - SFGH	2,359,212	1,694,422
Medicare Hospital Incentives - SFGH	-	1,139,749
Provider Incentives Revenue	7,543,783	3,017,513
Subtotal Sources	9,902,995	5,851,684
Uses:		
Salaries and Benefits	\$ 2,475,608	\$ 3,215,075
Operating Expenses	6,192,350	-
Capital Equipment	175,000	-
Subtotal Uses	8,842,958	3,215,075
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (1,060,037)	\$ (2,636,609)
Total FTE's	16.40	21.30

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

Class	Title	FTE's	Salary and Benefits
1022	IS Administrator I	1.54	171,221
1042	IS Engineer - Journey	1.54	227,230
1052	IS Business Analyst	0.77	93,496
1054	IS Business Analyst - Principal	4.62	730,014
2230	Physician Specialist	0.77	165,044
2320	Registered Nurse	2.31	423,002
2409	Pharmacy Technician	0.77	80,965
2454	Clinical Pharmacist	0.77	152,158
0931	Manager III	0.77	129,371
TEMPM	Temp Salaries Misc	2.23	239,712
TEMPN	Temp Salaries Nursing	0.31	51,794
PREM	Premium Pay	<u>0.00</u>	<u>11,601</u>
		16.40	\$ 2,475,608

Operating Expenses

Index Code	Character/Subobject Code	
	021/02700 Professional Services	2,626,264
	021/2786 UCSF	709,104
	021/3596 Software Maintenance	85,000
	040/4000 Materials and Supplies	<u>2,771,982</u>
		6,192,350

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

Add capacity to obsolete CISCO access switch. 175,000

2011-2012 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599
PROGRAM / INITIATIVE TITLE: **UCSF Staff MOU Increases**
GENERAL FUND: **\$1,596,623**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

This request is to fund the anticipated increase to the staff salaries and benefits falling under the UCSF Affiliation Agreement and to fund costs incurred by the UCSF campus to support the UCSF staff working at the SFGH campus.

JUSTIFICATION: (required by the Mayor's Office)

The staff working at SFGH through the UCSF Affiliation Agreement are essential to the operation of the hospital. UCSF is contractually obligated to implement salary and benefit increases for staff in accordance with negotiated employment agreements. The requested amount is based upon expected increases for FY 11-12, as negotiations are ongoing.

The UCSF campus incurs costs such as paycheck processing, email account support, HR and labor relations support, etc. for each of the employees working at the SFGH campus. These costs are now being assessed annually.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the MOU increase and support costs are not funded, there would most likely be a reduction in work force, with an associated reduction in services. It is not possible to determine the impact upon clients and units of service until the actual service reductions are determined through negotiations with UCSF and SFGH administration.

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

Expenses will increase by \$1,596,6233 the first year and ongoing.

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

If a reduction in UCSF workforce is necessary, there may be some impact on City and County FTE's.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: UCSF Staff MOU Increases

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Operating Expenses	\$ 1,596,623	\$ 1,596,623
Subtotal Uses	1,596,623	1,596,623
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,596,623	\$ 1,596,623
Total FTE's	0.00	0.00

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

Class	Title	FTE's
	Fringe (48.6%)	\$ -
Operating Expenses		
Index Code	Character/Subobject Code	
HG11HUN40061	021/02700 Professional Services (UC Main Affiliation)	\$ 1,596,623

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

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

DPH SECTION: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **UCSF Retirement Plan Contribution**

GENERAL FUND: **\$2,145,933**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative will increase the UCSF Affiliation Agreement by \$2,145,933 for required contributions to the UCSF Retirement Plan (UCRP).

JUSTIFICATION: (required by the Mayor's Office)

Prior to November 1990, both University contributions and member contributions to the UCRP were required. In 1990 the Regents adopted a full funding policy and suspended University contributions to the UCRP after the actuary and the auditor confirmed that the UCRP was adequately funded to provide benefits for many years into the future. The July 1, 2008 actuarial valuation documented that, on an actuarial value-of-assets basis, the funded status of UCRP has declined in each of the last eight Plan Years from 154 percent in July 2000 to 103 percent in July 2008. Further, the funded status has deteriorated significantly since July 1, 2008 due to the decline in the financial markets. To address the current and projected decline in the Plan's funded status and to maintain the long-term targeted funding level of 100 percent, the Regents have approved a plan to resume contributions. The costs of the employer contributions for retirement will increase by approximately 3% effective July 2011. The \$2,145,933 amount represents approximately 3% of staff and faculty compensation. Even with this increase the UCSF fringe benefit rate as a percentage of salaries is below the City and County rate of 46%.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If these contributions are not funded, there would be a reduction in work force, with an associated reduction in services. It is not possible to determine the impact upon clients and units of service until the actual service reductions are determined through negotiations between UCSF and SFGH administration.

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

Expenses will increase by \$2,145,933 and will be ongoing.

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

If a reduction in UCSF workforce is necessary, there may be some impact on City and County FTEs.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: UCSF Retirement Plan Contribution

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Professional Fees	\$ 2,145,933	\$ 2,145,933
Subtotal Uses	2,145,933	2,145,933
Net General Fund Subsidy Required (Uses less Sources)	\$ 2,145,933	\$ 2,145,933
Total FTE's	0.00	0.00

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

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

Fringe (46 %)

-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02700 Professional Services (UCSF Affil Agr)	\$ 2,145,933

\$ 2,145,933

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

Initiative Number B3
(Leave blank)

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
 Laguna Honda Hospital
 Primary Care
 Jail Health

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse
 Health At Home

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599
PROGRAM / INITIATIVE TITLE: **UCSF Faculty Increases**
GENERAL FUND: **\$1,315,897**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

This request is to fund the UCSF faculty mandatory pay increases based on years of service.

JUSTIFICATION: (required by the Mayor's Office)

The UCSF faculty receive salary and wage increases for merits, promotions and salary range adjustments, consistent with University-wide standards. These are mandatory increases. The UCSF Affiliation Agreement outlines the payment methodology to be followed when establishing the Affiliation Agreement budget each year. Specifically, Section VI.B.2.b.(i) specifies that the budget shall be amended to reflect the salary and wage cost adjustments noted above.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the salary and wage increases are not funded, there would most likely be a reduction in services which San Francisco General Hospital would need to cover in another way. It is not possible to determine the impact upon clients and units of service until the actual service reductions are determined through negotiations with UCSF and SFGH administration.

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

Expenses will increase by \$1,315,897 the first year and ongoing.

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

If a reduction in UCSF services is necessary, there may be some impact on City and County FTE's.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: UCSF Faculty Increases

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Operating Expenses	\$ 1,315,897	\$ 1,315,897
Subtotal Uses	1,315,897	1,315,897
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,315,897	\$ 1,315,897
Total FTE's	0.00	0.00

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

Class	Title	FTE's
	Fringe (48.6%)	\$ -
Operating Expenses		
Index Code	Character/Subobject Code	
HGH1HUN40061	021/02700 Professional Services (UC Main Affiliation)	\$ 1,315,897

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

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

DPH SECTION: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **UCSF Faculty AAMC and Market Adjustments**

GENERAL FUND: **\$994,330**

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

This request is to fund UCSF faculty increases in the departments of Anesthesia, Medicine and Psychiatry to bring average SFGH salaries closer to the AAMC median (50th percentile) and to market rates in the Bay Area.

JUSTIFICATION:

Physician salaries at SFGH must remain competitive in order to recruit and retain the necessary numbers and mix of physicians to treat the patient volume at SFGH. If not funded, the current number of physicians would need to be reduced in order to redirect the funds. This would result in service reductions.

Anesthesia - The requested funds bring average SFGH faculty salaries closer to the AAMC median salaries and will enable parity with Parnassus. Even with these adjustments, the average UCSF anesthesiologist salary remains below the Bay Area and national average. Salaries are currently 10% below the AAMC median. The requested increase would put salaries at 3% below the median.

Medicine - SFGH Medicine physician salaries are across-the-board consistently lower than those of their colleagues at Parnassus. Medicine-wide salaries (all sites) are approximately 5-10% below the AAMC median. The requested increase reflects an approximate 4% increase to all SFGH Medicine physician salaries, still well below the AAMC median but bringing them closer to parity with Parnassus.

Psychiatry - In July and August 2010, a survey was conducted of in-patient and psychiatric emergency services units at Bay Area county hospitals to compare the pay rates of staff and on-call psychiatrists to the UCSF pay scale at San Francisco General Hospital because of difficulty recruiting and retaining physicians. The medical directors at four Bay Area county hospitals were polled including Santa Clara county, San Mateo county, Alameda county, and Contra Costa county. The City and County of San Francisco was also included for comparison. Compared to all of the county hospitals surveyed, UCSF offers the lowest annual salary for board certified Psychiatrists. Salaries are currently approximately 3% below the AAMC median.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the salary and wage increases are not funded, there would most likely be a reduction in services. It is not possible to determine the impact upon clients and units of service until the actual service reductions are determined through negotiations with UCSF and SFGH administration, but it is currently very difficult to recruit and retain in the Psychiatry Emergency Services (PES), the only service of its kind in San Francisco.

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

Expenses will increase by \$994,330 the first year and ongoing.

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

If a reduction in UCSF services is necessary, there may be some impact on City and County FTE's. This would result in a significant revenue loss to the hospital, waits for surgical procedures at SFGH would increase significantly, and there might be related layoffs of the hospital staff.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: UCSF Faculty AAMC and Market Adjustments

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Operating Expenses	\$ 994,330	\$ 994,330
Subtotal Uses	994,330	994,330
Net General Fund Subsidy Required (Uses less Sources)	\$ 994,330	\$ 994,330
Total FTE's	0.00	0.00

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

Class	Title	FTE's	
			-
	Fringe (48.6%)		\$ -
Operating Expenses			
Index Code	Character/Subject Code		
HGH1HUN40061	021/02700 Professional Services (UC Main Affiliation)		\$ 994,330

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

2011-2012 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-6761
PROGRAM / INITIATIVE TITLE: **Hospitalist Coverage**
GENERAL FUND: **\$1,168,200**

TARGETED CLIENTS: Hospitalized patients at SFGH

PROGRAM DESCRIPTION: (Description of Program Change)

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

This is to request ongoing funding to support 5.5 FTE UCSF physician hospitalists at SFGH.

JUSTIFICATION: (required by the Mayor's Office)

Changes in regulations by the Accreditation Council of Graduate Medical Education (ACGME) effective July 1, 2011 make it impossible to continue providing care to patients hospitalized at SFGH in the way it has been done in the past. The ability of medical residents in training to be in the hospital has been curtailed by new regulations governing work hours and resident supervision. Specifically, the regulations state that PGY 1 residents cannot work more than 16 hours in duration and should have 10 hours, and must have eight hours free of duty between scheduled duty periods. Intermediate level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. All hospitals associated with physician teaching programs are affected by these new regulations. SFGH has committed to fund the hiring of 8.0 FTE physician hospitalists in the remainder of FY 10-11 through a supplemental request. These 8.0 FTE must be augmented by the requested 5.5 FTE in order to provided 24/7 coverage in the upcoming year. The staffing model is comparable to what is being undertaken at UCSF Medical Center and other training hospitals around the country.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

SFGH provides care to approximately 20% of all hospitalized patients in San Francisco. SFGH has over 16,000 admissions per year. It has approximately 60,000 ER visits per year, more than any other ER in SF, and approximately 18% are admitted. Average daily census often exceeds what is budgeted.

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

There will be an increase to expenses of \$1,168,200 per year. Expenses will be added to the UCSF Affiliation Agreement.

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

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Hospitalist Coverage

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Professional Fees	\$ 1,168,200	\$ 1,168,200
Subtotal Uses	1,168,200	1,168,200
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,168,200	\$ 1,168,200
Total FTE's	0.00	0.00

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

Class Title FTE's

Fringe (46 %)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code
HGH1HUN40061 021/02786 Professional Services (UCSF Affil Agr)

\$ 1,168,200

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

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
 Laguna Honda Hospital
 Primary Care
 Jail Health

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse
 Health At Home

DPH SECTION: SFGH/CHN

PROGRAM CONTACT NAME/PHONE: Anne Okubo 554-2857

PROGRAM / INITIATIVE TITLE: **Pharmaceutical Inflation – DPH-wide**

GENERAL FUND: \$ 1,549,782

TARGETED CLIENTS: All DPH clients who receive prescription services through pharmacy

PROGRAM DESCRIPTION: (Description of Program Change)

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

Drugs continue to be the primary treatment modality for the prevention, mitigation or cure of disease. Drug therapy cost increases have exceeded the inflationary rate for other goods and services for the past decade, and increases are projected to continue into year 2011/12. Projected nation-wide increases in drug expenditures are 3-5% in outpatient settings, a 6-8% increase in expenditures for clinic administered drugs, and 2-4% in hospitals. Pharmaceutical costs for SFGH, LHH, Jail, and Primary Care are projected to be 4% and for CBHS 3% in FY 2011-2012.

JUSTIFICATION: (required by the Mayor's Office)

Nation-wide projections for inflationary increases in drug costs for outpatient settings and hospitals are as high as 6%. DPH-wide, pharmaceutical expenses are projected to increase by 4% in FY 2011-2012. The projected increase is due to increased patient and prescription volume, and introduction into the market place of novel and costly agents for a variety of diseases and the replacement of items in short supply nationally with more costly alternatives. To continue to provide drug therapy DPH-wide, a 4% or \$1,549,782 increase in the pharmaceutical budget is required.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

All patients and clients of SFGH, LHH, Jail Health, Primary Care and Community Behavioral Health Services (CBHS) who receive drug therapy are impacted. Adjusting for inflationary increases will assure continued ability to provide pharmaceuticals to this client population.

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

Increase in base pharmaceutical expense budget (material and supplies expense) of \$1,549,782. No change in revenue or labor expense.

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

No change

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Pharmaceutical Inflation - DPH-wide

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Operating Expense	\$ 1,549,782	\$ 1,549,782
	-	-
Subtotal Uses	1,549,782	1,549,782
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,549,782	\$ 1,549,782
Total FTE's	0.00	0.00

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

Class Title FTE's

Fringe (46%)

-
-
-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code		
HGH1HUN40061	040/04461	Pharmaceutical Supplies - SFGH	\$ 882,239
HLH448803	040/04461	Pharmaceutical Supplies - LHH	211,767
HJAILHLTH-GF	040/04461	Pharmaceutical Supplies - Jail Health	141,392
HCHAPADMINGF	040/04461	Pharmaceutical Supplies - Primary Care	17,630
HMHMCC730515	040/04461	Pharmaceutical Supplies - CBHS	296,754
			\$ 1,549,782

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

Initiative Number B7
(Leave blank)

2011-2012 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: Housing and Urban Health

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

PROGRAM / INITIATIVE TITLE: **Annual DAH Master Lease and Local Operating Subsidy**

Program (LOSP) Increases

GENERAL FUND: \$160,118

TARGETED CLIENTS: Chronically Homeless People and Persons Exiting Higher Levels of Care

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Direct Access to Housing Program (DAH) currently has 23 Direct Access to Housing (DAH) sites totaling approximately 1,000 units of supportive housing. Through an integrated housing and healthcare approach, DAH provides high-quality housing for homeless persons who have been living on the streets, individuals revolving through costly emergency care settings, and Health Department clients exiting higher levels of care. The goal of DAH is to provide housing environments that promote stability, improved health and well being, and integration into the surrounding community.

JUSTIFICATION: (required by the Mayor's Office)

The master lease sites incur annual increases required by the lease agreements and non-profit owned sites receive operating subsidies through the LOSP (Local Operating Subsidies Program) that also have built-in increases.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the proposal is not approved, the Department will not have sufficient funds to pay these leases and therefore permanent housing with existing tenants would be put in jeopardy.

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

Total rent and contractual expenses for FY 11/12 will increase by \$160,118.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Direct Access to Housing (DAH) Master Leases and LOSP Subsidy Increases

		FY 2011-12	Ongoing
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
	Contractual Services	\$ 28,893	\$ 28,893
	Rent and Leases - Buildings	\$ 131,225	\$ 131,225
Subtotal Uses		160,118	160,118
Net General Fund Subsidy Required (Uses less Sources)		\$ 160,118	\$ 160,118
Total FTE's			

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

Class	Title	FTE's
		0.00
	Fringe (46%)	-
Index Code		\$ -
Operating Expenses		
Index Code	Character/Subobject Code	
HCHSHHOUSGGF	021/02700	\$ 28,893
HCHSHHOUSGGF	021/03000	\$ 131,225
		\$ 28,893
		\$ 131,225

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

Initiative Number C1

(Leave blank)

2011-2012 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: SFGH

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

PROGRAM / INITIATIVE TITLE: **Emergency Medicine Residency Program – Year 4 of 4**

GENERAL FUND: \$0

TARGETED CLIENTS: Patients seen in the Emergency Department.

PROGRAM DESCRIPTION: (Description of Program Change)

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

This is to request funding to support year 4 of a four year Emergency Medicine Residency Program through UCSF. The program was recently approved by the Accreditation Council for Graduate Medical Education. The first year of the program started in FY 08-09. Six (6) of twelve new residents per year will be based at SFGH. Previous requests included Year 1 (08-09) ongoing funding for 6 R1's (Resident 1), Year 2 (09-10) ongoing funding for 6 R2's, Year 3 (10-11) ongoing funding for 6 R3's. This request for Year 4 will request ongoing funding for 6 R4's and there will be 24 residents training in Emergency Medicine at SFGH every year.

JUSTIFICATION: (required by the Mayor's Office)

65% of all admission at SFGH are first evaluated and treated in the Emergency Department. This program provides a source of physicians who are focused on providing quality cost-efficient emergency care to the ED, increases staffing and improves recruitment and retention of attending physicians. It improves continuity of resident physicians in the ED, improving nursing morale and providing a higher level of care.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

SFGH has approximately 60,000 ER visits per year, more than any other ER in SF. Approximately 10% of all patients presenting for evaluation leave without being seen because the wait times are too long, due to inadequate staffing. This initiative will decrease wait times and generate revenue through more billable visits.

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

Cost neutral – increasing expenses by \$394,321 and revenue by \$394,321. Revenue will be generated because wait times will be shorter and there will be more billable visits.

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

None – expenses will be paid through the UCSF Affiliation Agreement

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Emergency Medicine Resident Program - Year 4 of 4

	FY 2011-12	Ongoing
Sources:		
Medi-Cal Outpatient Revenue	\$ 394,321	\$ 394,321
Subtotal Sources	394,321	394,321
Uses:		
Salaries and Fringes	\$ -	\$ -
UC Affiliation Agreement	394,321	394,321
Subtotal Uses	394,321	394,321
Net General Fund Subsidy Required (savings)/costs (Uses less Sources)	\$ -	\$ -
Total FTE's	0.00	0.00

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

Class Title FTE's

Fringe (46.27%)

Operating Expenses

Index Code	Character/Subobject Code	FTE's
HGHIHAD40061	021/02700 Professional Services (UCSF - 6 FTEs Post MD IV)	\$ 394,321

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

Initiative Number C2
(Leave blank)

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

PROGRAM / INITIATIVE TITLE: **Prospective Payment System for End Stage Renal Dialysis**

GENERAL FUND IMPACT: **(\$986)**

TARGETED CLIENTS: Clients with ESRD

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

PROGRAM DESCRIPTION: (Description of Program Change)

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

This program change request will recognize the incremental revenues and expenses associated with moving to a Prospective Payment System for End Stage Renal Dialysis services.

JUSTIFICATION: (required by the Mayor's Office)

Currently, Medicare makes payments for dialysis services under a basic case-mix adjusted payment system. A composite-rate payment is made to ESRD facilities for furnishing outpatient maintenance dialysis in the facility or in the patients home. The composite rate payment covers dialysis treatment costs and certain routinely furnished ESRD-related drugs, laboratory tests and supplies. The composite rate does not include a number of other ESRD-related items and services, particularly injectable drugs such as erythropoietin (EPO) and non-routine laboratory tests.

As required by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), CMS will make a single, prospectively determined ("bundled") payment to ESRD facilities beginning in 2011. This bundled payment will include approximately 53 laboratory tests which were previously billed and paid for separately. The SFGH laboratory is not set up to perform all of these specialized ESRD lab tests, but outside labs have already made the required changes and are set up to provide the full service. It would be difficult working with more than one lab, determining which tests fall in and out of the bundle. It is estimated that the cost for the lab tests that will now fall in the bundle will be approximately \$100 per patient per month. With 110 patients, that will be an additional \$132,000 annually.

The ESRD PPS will be implemented over a four-year transition period. During the transition, which begins January 1, 2011, payments will be based on a blended rate comprised of the payments determined through the basic case-mix adjusted composite payment system and the payment rate under the PPS. Facilities may make a one-time election to be excluded from the transition, which would result in a facility's payments being based entirely on the ESRD PPS payment amount starting on January 1, 2011. Based on CMS' estimates of each renal facility's 100% PPS payments compared to the transition payments, the SFGH facility has opted out of the transition and elected to be paid based on 100% of the PPS rate in January 2011. This will result in an estimated increase in Medicare revenues of \$132,986.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No impact on number of clients served and units of service

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Revenues are expected to increase by \$132,986 the first year and ongoing. Operating expenses are expected to increase by \$132,000 the first year and ongoing.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Prospective Payment System for End Stage Renal Dialysis

	FY 2011-12	Ongoing/Annualized
Sources:		
Outpatient Medicare Revenues	\$ 132,986	\$ 132,986
Subtotal Sources	132,986	132,986
Uses:		
Salaries and Fringes	\$ -	\$ -
Professional Services	132,000	132,000
Subtotal Uses	132,000	132,000
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (986)	\$ (986)
Total FTE's	0.0	0.0

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

Class	Title	FTE's	
			-
			-
			-
	Fringe (46.27%)		\$ -
Operating Expenses			
Index Code	Character/Subobject Code		\$
HGH1HUN40061	02700 Professional Svcs (UC Main Affiliation)		132,000

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

Initiative Number C3
(Leave blank)

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

PROGRAM CONTACT NAME/PHONE: John Tambis/206-5282, Nancy Parker/206-8708
PROGRAM / INITIATIVE TITLE: **Occupational Health Services Computer Equipment Upgrade**
GENERAL FUND IMPACT: (\$0)
TARGETED CLIENTS: Employees of the City and County of San Francisco

PROGRAM DESCRIPTION: (Description of Program Change)

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

Occupational Health Services critically needs to upgrade to a more advanced computer system to better track examinations, tests, evaluations for our work order customers as well as for The Joint Commission, the State, the City and hospital executive staff statistics. This enhancement from our current computer system to a web-based state of the art system requires us to upgrade our existing computer hardware. This is a cost neutral project that will be covered by increases in workorder recoveries from other departments. This will be our first fee increase since FY 06-07.

JUSTIFICATION: (required by the Mayor's Office)

Occupational Health Services serves the San Francisco General Hospital campus employees for annual testing and employee exams, as well as site specific testing for 21 City departments providing 80 different types of tests and vaccines, depending on department needs and requirements. Medical exams, fitness for duty evaluations, hearing conservation, inoculations, urine toxicology, respirator exams, ADA exams, flu vaccine, TB testing and evaluation, blood titer evaluations and telephone consultations are some examples of procedures Occupational Health Services is responsible for.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Occupational Health Services supports 15,000 unduplicated clients a year.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Expenses will increase by \$112,350 and revenues will be increased by \$112,350

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

There would be no change in FTEs.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Occupational Health Services Computer Equipment Upgrade

		FY 2011-12	Ongoing/Annualized
Sources:			
86099	OHS Work Order Recovery	\$ 112,350	\$ 112,350
Subtotal Sources		112,350	112,350
Uses:			
	Salaries and Fringes	\$ -	\$ -
	Operating Expenses	112,350	112,350
Subtotal Uses		112,350	112,350
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ -	\$ -
Total FTE's		0.00	0.00

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

Class Title FTE's

Fringe (48.6%)

-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code		
HGH-OHSHWO	040/04925 Minor Data Processing Equipments	\$	3,450
HGH-OHSHWO	021/03596 OHS Database upgrade & licensing fees		108,900

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

2011-2012 Program Change Request

DEPARTMENT NAME:

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

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

PROGRAM / INITIATIVE TITLE: **Revenue Maximization Through Improved Coding**

GENERAL FUND IMPACT: \$0

TARGETED CLIENTS: N/A

PROGRAM DESCRIPTION: (Description of Program Change)

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

This program request is to add a Manager II and Medical Records Technician to the Health Information Services team to improve Medicare inpatient and outpatient coding, and thus increase the patient revenues at SFGH.

JUSTIFICATION: (required by the Mayor's Office)

San Francisco General Hospital engaged a consulting firm who specializes in coding reviews in August 2010 to review and verify the accuracy of ICD-9-CM codes, DRG calculations and whether the hospital received the proper reimbursement for each Medicare discharge.

Key findings included the fact that the hospital does not have a concurrent documentation improvement process in place and that coders did not often query the attending physician to ensure that problematic coding issues were clarified by physician input. A review of 103 random Medicare inpatient charts had an 88% MS-DRG accuracy rate. Generally, the DRG accuracy in a random sample should range between 95% - 100%. There were 12 DRG changes that resulted in payment changes for the hospital, resulting in a net sum of \$143,537 in potential underpayment to the hospital. Also as part of their work, the consultants also identified the reasons for code discrepancies: i.e. coder error, lack of adequate physician documentation, etc.

An additional staff member with expertise at inpatient coding is needed in order to 1) perform prospective chart reviews prior to when the patient bill is finalized, 2) conduct ongoing training for coders, 3) put in place a concurrent documentation review process to include ongoing interaction with the medical staff while the patient is in the hospital. In 2010 the hospital had 2,174 Medicare discharges. If the results of the randomly sampled 103 cases were extrapolated to the entire Medicare inpatient population, it is possible the hospital could be underpaid by \$2 - \$3 million dollars per year.

In addition, changes have been made so that all of the procedures done in the outpatient areas are now being coded by the HIS staff. These procedures were previously documented when the clinic personnel checked a box on their encounter form. This method, in many instances, was not capturing the correct procedure being performed. The coding staff also carefully review the visit levels performed in the ED. This review of the procedures and ED visit levels has improved collections by at least \$1 million annually. An additional 0.77 FTE Medical Records Technician is needed to maintain the level of coding of procedures and ED visit levels.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Revenues are conservatively estimated to cover the cost of the additional positions. Expenses are expected to increase by \$192,090 the first year.

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

Increase of 1.54 FTEs the first year and 2.00 FTEs ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Revenue Enhancement Through Improved Coding

	FY 2011-12	Ongoing/Annualized
Sources:		
Medicare Inpatient Revenues	\$ 192,090	\$ 249,467
Subtotal Sources	192,090	249,467
Uses:		
Salaries and Fringes	\$ 192,090	\$ 249,467
Subtotal Uses	192,090	249,467
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 0	\$ 0
Total FTE's	1.54	2.00

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

Class	Title	FTE's	PP7
0923	Manager II	0.77	\$ 86,674
2112	Medical Record Technician (Coder)	0.77	\$ 48,870
		1.54	135,544
	Fringe (41.72%)		56,546
			\$ 192,090

Operating Expenses

Index Code Character/Subobject Code

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

Initiative Number C5
(Leave blank)

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
 Laguna Honda Hospital
 Primary Care
 Jail Health

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse
 Health At Home

DPH SECTION: **Environmental Health**

PROGRAMS: **Base Closure Program**

PROGRAM CONTACT NAME/PHONE: **Rajiv Bhatia 252-3931**

GENERAL FUND IMPACT: **\$0**

TARGETED CLIENTS: Current and future residents of San Francisco Bayview Hunter's Point Neighborhood.

PROGRAM DESCRIPTION: (Description of Program Change)

San Francisco Department of Public Health's Environmental Health Base Closure Program implements and enforces environmental regulations under San Francisco Health Code Article 31 and provides oversight for environmental health related programs of the Navy's Hunters Point Shipyard Cleanup and San Francisco Redevelopment Agency's Hunters Point Shipyard Redevelopment. This program recovers 100% of its cost from billings to the San Francisco Redevelopment Agency and to Applicants under Health Code Article 31.

The redevelopment of Hunters Point Shipyard land, part of the 700 acre Candlestick Point-Hunters Point Shipyard Phase II development project will be one of the largest redevelopment projects for San Francisco. This program will also be expanded to Treasure Island once redevelopment begins. To facilitate the oversight of the Navy's cleanup and transfer and redevelopment by the San Francisco Redevelopment Agency, there is a need for an increased level for environmental engineering review and oversight as more land is being prepared for and transferred from the Navy to the San Francisco Redevelopment Agency and redeveloped. This initiative is seeking to meet the changing needs of the Hunters Point Shipyard project by adding an Associate Engineer position..

JUSTIFICATION: (required by the Mayor's Office)

Work for the Base Closure Program is expected to increase dramatically in FY11-12 because 80 acres of land will be transferred from Navy ownership to SFRA ownership in fall of 2011. To ensure the protection of public health during this process, a 5207 Associate Engineer is needed to assist the Administrative Engineer in environmental engineering aspects of the property transfer negotiations with the Navy and ensure compliance with regulatory requirements, standards, specifications and performance.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

DPH-EHS Base Closure Program will be better able to meet the ongoing demands of the Hunters Point Shipyard project, San Francisco Health Code Article 31 and protect current and future residents of San Francisco during redevelopment projects of previously contaminated land.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Expense and revenue will increase by 110,617.

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

Addition of .77 FTE 5207 Associate Engineer which will be paid by increased billings.

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ATTACHMENT B
SUMMARY OF PROGRAM COST
DEPARTMENT: SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH: ENVIRONMENTAL HEALTH
INITIATIVE TITLE: Base Closure Program

	FY 2011-2012	Ongoing/Annualized
Sources: HCHPBBSCLSGF	\$ 110,617	\$ 143,658
Subtotal Sources	110,617	143,658
Uses: Salaries and Fringes	\$ 110,617	\$ 143,658
	-	-
Subtotal Uses	110,617	143,658
Net General Fund Subsidy Required (Uses less Sources)	\$ 0	\$ -
Total FTE's	0.77	1.0

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

Class	Title	FTE's		
5207	Associate Engineer	0.77	\$	80,641
				-
				80,641
				29,976
	Fringe		\$	110,617

Operating Expenses

Index Code	Character/Subobject Code			
			\$	-

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

Initiative Number C6
(Leave blank)

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
 Laguna Honda Hospital
 Primary Care
 Jail Health

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse
 Health At Home

PROGRAM / INITIATIVE TITLE: **LHH Pain Clinic**

GENERAL FUND IMPACT: **(\$0)**

TARGETED CLIENTS: Laguna Honda SNF Residents

PROGRAM CONTACT NAME/PHONE: Colleen Riley / 759-2389

PROGRAM DESCRIPTION: (Description of Program Change)

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

To expand clinical services at Laguna Honda Hospital to provide pain management for targeted patients.

JUSTIFICATION: (required by the Mayor's Office)

Regulatory requirements require that providers optimize pain management. Many LH residents have multiple complex medical problems and chronic pain is pervasive in our population, and often difficult to treat effectively given overlying mental health and substance abuse issues. This has made it a challenge to effectively meet regulatory requirements. Ninety two LH residents have been identified as having moderate to severe chronic pain, or 12% of the population of 765, compared to a state average of 4.7% and national average of 4.0%. (Data from 4/10 -9/10). We propose a specialty clinic that will integrate multiple disciplines (including medicine, rehab, pharmacy, psychiatry, acupuncture, massage, and others) in a clinic setting to provide comprehensive treatment for LH residents with chronic pain.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This proposal will affect the approximately 92 (12%) of Laguna Honda Hospital Skilled Nursing residents with moderate to severe chronic pain. Assuming quarterly visits to pain clinic for each resident, there will be 368 patient visits to pain clinic per year, 30 per month, or 7 per week. Assuming a 30 to 45 minute visits a 4 hour per week pain clinic would be needed.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

This initiative adds \$43,121 in salary and fringe expenses during Fiscal Year 2011-2012 and \$56,057 in subsequent years, which will be fully covered by the estimated additional \$56,057 in net patient revenue.

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

Increase of 0.19 FTE in Fiscal Year 2011-2012 and 0.25 FTE in subsequent fiscal years.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH Pain Clinic

	FY 2011-12	Ongoing/Annualized
Sources:		
Anticipated Net Revenue	\$ 43,121	\$ 56,057
Subtotal Sources	43,121	56,057
Uses:		
Salaries and Fringes	\$ 43,121	\$ 56,057
Materials & Supplies	-	-
Subtotal Uses	43,121	56,057
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (0)	\$ 0
Total FTE's	0.19	0.25

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

Class	Title	FTE's	
2232_C	Senior Physician Specialist	0.19	\$ 33,726
		-	-
		-	-
			<u>33,726</u>
			9,395
			<u>\$ 43,121</u>

Operating Expenses

Index Code	Character/Subobject Code	
HLH448761	040/04499 OTHER HOSP.; CLINICS & LAB. SUPPLIES	\$ -

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

Initiative Number C7
(Leave blank)

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

PROGRAM / INITIATIVE TITLE: LHH Enteral Feeding Program Certification

GENERAL FUND IMPACT: \$ (19,858)

TARGETED CLIENTS: Laguna Honda Skilled Nursing Residents who require Enteral Feeding

PROGRAM CONTACT NAME/PHONE: Regina Gomez / 759-3053

PROGRAM DESCRIPTION: (Description of Program Change)

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

To increase Medicare Part B revenues through an accreditation process for services provided to Medicare Part-B eligible residents who require enteral feeding as a sole source of nutrition.

JUSTIFICATION: (required by the Mayor's Office)

Laguna Honda Hospital is currently providing enteral feeding services without receiving reimbursements from Medicare due to the facility's lack of accreditation for Durable Medical Equipment (DME) billing.

In 2009, the Center for MediCare and Medicaid Services (CMS) implemented new standards requiring facilities to become DME accredited to obtain re-imburements from Medicare. The new standards require that the DME provider meets supplier business services requirements, including product safety, intake and assessment standards, product delivery and set-up standards, training and instruction for the beneficiaries and caregivers. Without meeting the CMS standards, the facility will not be approved to bill for DME Enteral Services rendered.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This proposal will affect all LHH Skilled Nursing residents who require Enteral Feeding.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

In FY 11-12, this initiative adds \$187,217 in salary & fringe and \$55,425 in other expenses and will also generate additional \$262,500 net patient revenue.

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

Increase of 1.54 FTEs for Fiscal Year 2011-2012, which will be annualized to 2.0 FTEs in subsequent fiscal years.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH Enteral Feeding Program Certification

	FY 2011-12	Ongoing/Annualized
Sources:		
Anticipated Net Revenue	\$ 262,500	\$ 350,000
Subtotal Sources	262,500	350,000
Uses:		
Salaries and Fringes	\$ 187,217	\$ 243,382
Materials & Supplies	55,425	73,900
	-	-
Subtotal Uses	242,642	317,282
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (19,858)	\$ (32,718)
Total FTE's	1.54	2.00

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

Class	Title	FTE's	
2232_C	Senior Physician Specialist	0.38	\$ 67,452
1934_C	Storekeeper	1.15	60,542
		-	-
		-	-
			127,994
			59,223
	Fringe (46.27%)		\$ 187,217

Operating Expenses

Index Code	Character/Subobject Code	
HLH448811	040/04699 Food	\$ 48,750
HLH448662	021/05221 Fees Licenses Permits	\$ 6,675

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

2011-2012 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: Community Behavioral Health Services – Mental Health
PROGRAM CONTACT NAME/PHONE: Michelle Ruggels/255-3404
PROGRAM / INITIATIVE TITLE: **Short Doyle MediCal Annualization**
GENERAL FUND: (\$0)

TARGETED CLIENTS: Clients served by DPH –CBHS contractors

PROGRAM DESCRIPTION:

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

The Department of Public Health, Community Behavioral Health Services (CBHS) contracts with community based agencies to provide services to MediCal eligible clients, which are reimbursed by the State (through Federal Medicaid funding). This initiative would address two situations: (1) Ongoing MediCal funding would replace FY10-11 one-time funding, thereby allowing the continuation of the existing service levels, supported by actual MediCal revenue generation, and (2) MediCal reimbursable services begun in FY10-11 as the outcome of the CBHS Mega RFP would be annualized to allow the recipients to continue the services they started in FY10-11.

JUSTIFICATION: (required by the Mayor's Office)

These revenues are currently being generated by the contractors within their contracts, so annualizing the funding would allow these agencies to continue their baseline service level.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

N/A

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

Increase of Short Doyle MediCal revenues by \$295,000

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

None. Funding to 021 Professional Services.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Contractor SD MediCal

		FY 2011-12	Ongoing
Sources:			
HMHM048041	45416 Short Doyle MediCal	\$ 295,000	\$ 295,000
Subtotal Sources		295,000	295,000
Uses:			
	Professional Services	\$ 295,000	\$ 295,000
Subtotal Uses		295,000	295,000
Net General Fund Subsidy Required (Uses less Sources)		\$ -	\$ -
Total FTE's		0.0	0.0

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

Class	Title	FTE's	
			-
			-
			-
	Fringe (46 %)		\$ -
Operating Expenses			
Index Code	Character/Subobject Code		
HMHMCC730515	CH21/02700 Professional Services		\$ 295,000

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

2011-2012 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services – Mental Health
PROGRAM CONTACT NAME/PHONE: Michelle Ruggels/255-3404
PROGRAM / INITIATIVE TITLE: **Drug Medi-Cal Methadone Treatment Services**
GENERAL FUND: (\$0)

TARGETED CLIENTS: Adult Opiate Drug Users

PROGRAM DESCRIPTION:

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

This initiative is to request the expansion of Medi-Cal covered Methadone Treatment Services. The number of Medi-Cal clients seen by Fort Help has increased enough that they have opened a new site, Mission Help, at 1101 Capp Street. The program will include an estimated 75 Methadone slots for Medi-Cal beneficiaries. Average annual cost is \$5100 per slot, projected total for 2011-12 is \$382,500. The County is required to reimburse Methadone providers for the cost of serving MediCal clients, as the funding all comes from the State through the County.

JUSTIFICATION: (required by the Mayor's Office)

There is no impact to the General Fund since the Federal participation of 50% and State participation of the remaining 50% will cover all related costs, including County Administrative Costs

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Mission Help is projected to provide 28,000+ units of methadone and counseling service to 80 individuals during 2011-12.

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

Increase in Drug Medi-Cal revenues of \$382,500 and increase in 027 Professional Services Contracts of \$382,500

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

None.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Contractor Drug Medi-Cal

	FY 2011-2012	Ongoing
Sources:		
State Alcohol Funds		\$ -
Short-Doyle Medi-Cal - 45416	191,250	191,250
State Alcohol - 45413	191,250	191,250
Subtotal Sources	382,500	382,500
Uses:		
Salaries and Fringes	\$ -	\$ -
027 Professional Services Contracts	382,500	382,500
Subtotal Uses	382,500	382,500
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 (46%)		\$ -
	Operating Expenses		
Index Code	Character/Subobject Code		
HMHSCCRES227	027		\$ 382,500

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

2011-2012 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"/> Health At Home |

DPH SECTION: CBHS – Mental Health
PROGRAM CONTACT NAME/PHONE: **Jo Robinson 255-3440**
PROGRAM / INITIATIVE TITLE: Efficiency Pilot for CBHS Clinics
GENERAL FUND: \$0

TARGETED CLIENTS: Community Behavioral Health Services (CBHS) Clients

PROGRAM DESCRIPTION: (Description of Program Change)

This initiative will pilot the integration of a Health Worker III in CBHS clinics to expand eligibility and clinical related functions at three sites, including child, adult and comprehensive clinics. Currently, clinicians, including psychiatrists and other medication prescribing staff at CBHS civil service clinics perform a variety of functions that can be performed by non-clinical staff. If these functions were assumed by appropriate para-professional staff, the clinicians would be able to see more clients and provide more direct care to the clients, thus providing better care and increased revenue. Of the three positions, two will be converted from existing vacancies, and one will be a new position requested in the budget. It is anticipated that increased Short Doyle MediCal reimbursement will be achieved by the provision of additional clinical direct service delivery, and better eligibility screening and follow-up.

JUSTIFICATION: (required by the Mayor's Office)

The use of Health Worker III positions is expected to broaden the scope of administrative and clinical support in Civil Service behavioral health clinics. Some tasks currently done by clinicians such as patient financial eligibility and collection of patient share of cost and UMDAP can be performed by the Health Worker. This will offload some administrative functions from clinicians, giving them more time for clinical functions. This initiative also supports a CBHS pilot plan to provide both new and existing clients a more formalized eligibility process each year to determine the optimal payor source for all CBHS clients and the maximization of available revenues to support client care.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This initiative will improve patient financial eligibility determinations and clinic operations. Additionally, it is projected that clinicians will be able to see up to an additional 12 clients per week. The pilot will determine the actual increase in clients served, revenues generated and efficiencies obtained.

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

Conversion of two vacant 1406 positions to 2587 HW III and addition of a .77 FTE 2587 HWIII new position will cost an additional \$82,999, which is expected to be funded with new Short Doyle MediCal revenues generated by additional billings and enhanced eligibility functions allowing the Department to maximize reimbursement

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

Increase of 1.0 FTE 2587 Health Worker III (.77FTE in FY10-11).

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Efficiency Pilot at CBHS Clinics

		FY 2011-2012	FY 12-13
Sources:	Medi-Cal	\$ 82,999	\$ 101,895
	General Fund		
Subtotal Sources		82,999	101,895
Uses:	001 Salaries & Fringes	\$ 82,999	\$ 101,895
Subtotal Uses		82,999	101,895
Net General Fund Subsidy Required (Uses less Sources)		\$ 0	\$ -
Total FTE's		0.0	0.0

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

Class	Title	FTE's	
2587	Health Worker III	2.00	\$ 112,543
1406	1406 Senior Clerk	-2.00	\$ (99,023)
2587	Health Worker III	0.77	43,329
			-
			56,849
	Fringe (46%)		26,151
			82,999

Operating Expenses

Index Code	Character/Subobject Code		
HMHMCC730515		0.77	82,999

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

2011-2012 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 – Mental Health

PROGRAM CONTACT NAME/PHONE: Bob Cabaj, MD 255-3447

PROGRAM / INITIATIVE TITLE: UCSF/CBHS Public Psychiatry Fellowship Program

GENERAL FUND: \$ 0

TARGETED CLIENTS: Clients treated at CBHS Adult outpatient services

PROGRAM DESCRIPTION: (Description of Program Change)

CBHS in partnership with SFGH and UCSF will establish a Public Psychiatry Fellowship Program to enable general psychiatry fellows to work in CBHS community-based clinics, thereby providing experience and training on how to work in a community-based setting, with the goal of enticing them into future community-based employment. Funding would be provided by the Workforce Development and Training funds of the Mental Health Service Act (MHSA), to be matched with Short Doyle MediCal generated by the psychiatric fellows.

JUSTIFICATION: (required by the Mayor's Office)

It is a constant challenge to find and hire psychiatrists who have been trained in community psychiatry. Psychiatrists who graduate from regular psychiatric training programs are often not trained in the issues and work patterns seen in public psychiatry clinics. This Program would prepare psychiatrists who have completed their psychiatric residency training through an additional year fellowship. The fellowship would produce psychiatrists who could be recruited to work at CBHS and who would be able to adjust to the work environment of a public sector program quickly.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Two fellows would be recruited and provide at least 24 hours of direct clinical services per fellow. Based on an average of 43 weeks of service, 2064 additional hours of medication related and other mental health clinical services would be provided. Approximately 240 new clients could be served annually.

EXPENSE AND REVENUE IMPACT

Funding would be provided by the Workforce Development and Training funds of the Mental Health Service Act (MHSA). The fellows would be expected to generate Medi-Cal reimbursable clinical services. It is expected that the fellows will produce enough revenue after two years to become cost-neutral and allow continuation of the fellowship without needing continued MHSA funding. Revenue for FY11-12 will be \$40,000. It is anticipated that in FY 1213 this would increase to \$80,000.

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: UC Fellowship HC

	FY 2011-12	FY 2012-13
Sources:		
HMHM048041 45416 Short Doyle MediCal	\$ 40,000	\$ 80,000
Subtotal Sources	40,000	80,000
Uses:		
Professional Services	\$ 40,000	\$ 80,000
Subtotal Uses	40,000	80,000
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	0.0	0.0

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

Class	Title	FTE's
		-
		-
		-
	Fringe (46 %)	\$ -
Operating Expenses		
Index Code	Character/Subobject Code	
HMHMCC730515	CH21/02700 Professional Services	\$ 40,000

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

2011-2012 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 Oriented Primary Care – Community Health Programs for Youth

PROGRAM CONTACT NAME/PHONE: **Michael Baxter, MSW 575-5685**

PROGRAM / INITIATIVE TITLE: **Mental Health Services Act, Community Health Programs for Youth (CHPY)**

GENERAL FUND: **(\$0)**

TARGETED CLIENTS: Youth and Their Families, Transitional Age Youth

PROGRAM DESCRIPTION: (Description of Program Change)

The passage of Proposition 63 (known as the Mental Health Services Act or MHSA) in November 2004 provides both a vision and funding to transform California's mental health system. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support the system. MHSA also provides an opportunity for Counties to "try-out" new approaches that can inform current and future mental health practices/approaches with Innovation (INN) funding. INN funding is designed to fund projects that are "novel and creative mental health practices/approaches that contribute to learning, and that are developed within communities through a process that is inclusive and representative".

Community Health Programs for Youth (CHPY) and Community Behavioral Health Services (CBHS) will leverage clinic and school-based services with MHSA Innovation (INN) funding to better meet the behavioral health needs of youth living in the southeast neighborhoods of San Francisco by (1) implementing early intervention services at 3rd Street and Hawkins clinics, (2) expanding school-based services and linkages, and (3) supporting increased capacity at the Balboa Teen Health Center.

JUSTIFICATION: (required by the Mayor's Office)

INN funding provides an opportunity to expand these critical services for youth. Counties are required to use 5% of their MHSA allocation to support Innovation (INN).

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This funding will allow Community Health Programs for Youth to see an additional 200+ youth and a smaller subset of these youths' families (10-20%) over the course of the fiscal year. Units of service will include prevention services, support for reducing stigma attached to youth accessing mental health services, and early intervention services for a total of approximately 2500 hours of face to face services.

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

This is a revenue-neutral initiative and will have no impact to local general funds.

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

2.31 FTE's will be added to the FY1112 Budget

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Mental Health Services Act (CHPY)

	FY 2011-12	Ongoing
Sources:		
MHSA Revenues	\$ 276,926	\$ 359,644
Subtotal Sources	276,926	359,644
Uses:		
Salaries & fringes Character 001/013	\$ 276,926	\$ 359,644
Subtotal Uses	276,926	359,644
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	
2930	Psychiatric Social Worker	0.77	\$ 60,070
2931	Marriage, Family, and Child Counselor	0.77	60,070
2574	Clinical Psychologist	0.77	\$ 69,536
		2.31	189,675
	Fringe (46 %)		87,251
			\$ 276,926

Operating Expenses

Index Code Character/Subobject Code
HMHMPROP63, PHMS63/1200

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

2011-2012 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"/> Health At Home |

PROGRAM / INITIATIVE TITLE: **LHH Admissions & Discharge Planning Expansion**

GENERAL FUND IMPACT: \$ 0

TARGETED CLIENTS: SFGH acute patients and all LHH SNF patients

PROGRAM CONTACT NAME/PHONE: Colleen Riley / 759-2389 and Michelle Fouts / 682-5782

PROGRAM DESCRIPTION: (Description of Program Change)

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

This program change includes two components that will improve both admission and discharge process at Laguna Honda Hospital. (1) The expansion of admissions to Laguna Honda Hospital admitting unit from SFGH to weekends will expedite admissions from SFGH to LHH and to maintain LHH skilled nursing census at the target level. This will also require an extension of pharmacy hours from the current 6-day operation to a 7-day operation. (2) Enhancements to the RTZ SF GetCare system will include automated data sharing of the MRD90 assessment tool, transfer of management of user accounts from the vendor to LHH staff, and a new system generated audit report. The improved system will add access of assessment by SFGH and community programs to ensure continuity of care as recommended by DPH Recovery and Wellness Committee.

JUSTIFICATION: (required by the Mayor's Office)

Weekend admissions will reduce wait times for SFGH patients to LHH and free up acute beds at SFGH. It will improve patient flow between the two hospitals and reduce wait time for LHH beds. This initiative will also help maintain LHH Skilled Nursing Facility census at the maximal level of 759 and decrease decertified days at SFGH. As Pharmacy is an integral component to provide necessary medications for new admissions, extending Pharmacy hours is required to support weekend admissions and will also help provide better services to all LHH skilled nursing residents. This budget initiative estimates 8 to 16 admissions per month on weekend days. Sharing of the MRD90 data between the community and the hospital will not only improve communication between LHH and community mental health organizations, but also ensure continuity of care and improve patient safety. Transfer of management of user accounts will give the Hospital control of who has access to the data and is required to guarantee that PHI is only accessed by authorized personnel (HIPAA requirement). The audit report is an additional tool for ensuring data security and privacy of resident's PHI and is also a HIPAA requirement.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This proposal will affect all LHH skilled nursing residents and SFGH acute patients. It will reduce wait time for LHH beds for patients at SFGH and also help maintain LHH census at target 759. And all LHH residents will benefit from the discharge planning enhancements.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

This initiative adds \$193,961 in salary and fringe expenses and \$24,494 in other expenses during Fiscal Year 2011-2012. The total expenses can be offset by the expected additional revenues; therefore, no additional general fund will be required. The annualized expenses will be \$276,809 and on-going annual revenue is expected to be \$291,274 in subsequent years.

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

Increase of 1.54 FTEs for Fiscal Year 2011-2012, which will be annualized to 2.0 FTEs in subsequent fiscal years.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH Weekend Admissions & Discharge Planning Enhancement

	FY 2011-12	Ongoing/Annualized
Sources:		
Anticipated Net Revenue	\$ 218,456	\$ 291,274
Subtotal Sources	218,456	291,274
Uses:		
Salaries and Fringes	\$ 193,961	\$ 252,150
Non-Personnel Expense	19,500	18,000
Materials & Supplies	4,994	6,659
Subtotal Uses	218,456	276,809
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ (0)	\$ (14,466)
Total FTE's	1.54	2.00

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

Class	Title	FTE's	
2232_C	Senior Physician Specialist	0.19	\$ 33,726
1428_C	Unit Clerk	0.77	44,718
2450_C	Pharmacist	0.19	25,956
2409_C	Pharmacy Technician	0.38	28,204
			<hr/>
			132,605
			<hr/>
	Fringe (46.27%)		61,356
			<hr/>
			\$ 193,961

Operating Expenses

Index Code	Character/Subobject Code		
HLH448803	040/04461 PHARMACEUTICAL		\$ 6,659
HLH448688	021/02761 Systems Consulting Services	(one-time charge)	\$ 6,000
HLH448688	021/02911 Equipment Maintenance	(annual)	\$ 18,000

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

2011-2012 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 Programs – Maternal Child Health

PROGRAM CONTACT NAME/PHONE: **Joshua Nossiter, Chief Fiscal Analyst, (415) 558-4037**

PROGRAM / INITIATIVE TITLE: **Field Nursing Unit PHNS**

GENERAL FUND: **(\$0)**

TARGETED CLIENTS High risk pre-natal and post-partum adolescents and women, newborns, and children with chronic diseases.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Public Health Nursing Services (PHNS) program collaborates with San Francisco General and other local hospitals to deliver comprehensive care to the target high risk populations. This initiative will add two full-time nurses, one acting in a Lead Nurse capacity, to both supervise and provide the following services: rapid response to city-wide referrals based on acuity level; comprehensive health, psychosocial, educational, and environmental assessments in the home; assistance to clients in accessing and coordinating services identified in the individualized service plan, including arranging appointments and transportation to services; monitoring and evaluation to ensure that services provided are linked to care plan outcomes; maintaining complete and current client records; advocate for clients, as appropriate, to achieve positive health outcomes; participate in outreach, case finding, and quality improvement activities.

JUSTIFICATION: (required by the Mayor's Office)

The expected number of encounters in FY 11-12 will require an additional two full-time staff who will provide both incremental direct revenue generation as well as administrative and supervisory support required to boost the revenue by increasing the productivity of the existing staff.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

At projected productivity levels of 4 visits per day, a Field Nursing PHN can be expected to serve approximately 1,000 clients per year. Through increased supervision and more efficient administration anticipated from additional Lead Nurse capacity, overall clients served and units of service provided unit-wide can be expected to increase beyond that incremental gain.

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

Projected revenue of \$280,000 increase will offset expense increase of \$280,000 for a neutral revenue impact.

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

1.54 FTE's will be added in FY11-12 to be annualized to 2.00 FTE ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Additional Field Nursing Unit Lead Public Health Nurse

	FY 2011-12	Ongoing
Sources:		
TCM Revenue (Medi-Cal)	\$ 280,000	\$ 363,636
Subtotal Sources	280,000	363,636
Uses:		
Salaries & fringes Character 001/013	\$ 280,000	\$ 363,636
	-	-
Subtotal Uses	280,000	363,636
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	1.54	1.54

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

Class	Title	FTE's	
2830	Public Health Nurse/Lead Public Health Nurse	1.54	\$ 191,781
	Total Wages		\$ 191,781
	Fringe (46 %)		<u>88,219</u>
			<u>\$ 280,000</u>

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

DPH SECTION: **Public Health Lab**

PROGRAM CONTACT NAME/PHONE: **Mark Pandori/Anne Okubo 554-2800/554-2857**

PROGRAM / INITIATIVE TITLE: **Improving Public Health Lab Efficiency and Billing**

GENERAL FUND: **\$ 65,101**

TARGETED CLIENTS: Public Health Lab patients

PROGRAM DESCRIPTION: (Description of Program Change)

Public Health Lab can improve lab functions and billing, thereby increasing revenue.

The addition of a dedicated 1820 Jr. Administrative Analyst to handle billing and other management functions including managing the billing software to increase lab revenue. Currently the Public Health Lab Director handles billing for the Public Health Lab, but is unable to bill for all its services.

JUSTIFICATION: (required by the Mayor's Office)

This initiative will improve lab functions and increase revenue to cover the additional personnel costs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This change will allow the Public Health lab to provide higher quality lab tests at a greater volume.

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

Increase salary and fringe expense.

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

Increase of 0.77 FTE for an 1820 position in FY 11-12 annualizing to 1.0 FTE in subsequent fiscal years.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Public Health Lab - Billing Function

	FY 2011-12	Ongoing/Annualized
Sources:	\$ 66,447	\$ 86,295
Subtotal Sources	66,447	86,295
Uses:		
Operating Expense	\$ 66,447	\$ 86,295
Subtotal Uses	66,447	86,295
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ -
Total FTE's	0.77	1.00

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

Class	Title	FTE's	
1820	Jr Administrative Analyst	0.77	45,325
	Fringe (46%)	46%	21,122
	Total		\$ 66,447

Operating Expenses

Index Code	Character/Subobject Code
HCHPDLABORGF	

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

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Sherminah Jafarich/206-5804
PROGRAM / INITIATIVE TITLE: **Radiology Registry Conversion to CCSF FTEs**
GENERAL FUND IMPACT: **\$0 (cost neutral)**

TARGETED CLIENTS:

PROGRAM DESCRIPTION: (Description of Program Change)

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

Based on a recent analysis of Radiology Services provided at the hospital by both civil service and registry (contracted) staff, it was noted that the utilization of Registry Services was approximately 5 FTE's higher than what would be required to cover the 18% average of non-productive time (paid time off) for civil service staff. This request for additional civil service staff seeks to reduce the level of baseline Registry to that 18% non-productive time. SFGH would continue to use Registry Staff to cover other non-productive time as well as the backfill of vacancies in Radiology Services pending recruitment of Civil Service staff.

JUSTIFICATION: (required by the Mayor's Office)

During City labor meetings in 2009, SEIU asked to meet with SFGH specific to Radiology staffing, services, and registry spending. As part of these discussions, DPH agreed to conduct an analysis of contracted services and determined that an additional 5.0 FTE equivalent civil service classifications could be utilized instead of registry, at no additional expense. DPH anticipates that hiring these additional permanent staff for anticipated shifts will provide more consistency and better support for Radiology Services and its patients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Cost neutral. Labor expenses will increase by \$575,103 in the first year and professional service expenses will decrease by \$575,103.

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

Increase by 3.85 FTEs in the first year and 5.00 FTEs ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Radiology Registry Conversion to CCSF FTEs

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 575,103	\$ 746,888
Operating Expenses	(575,103)	(746,888)
Subtotal Uses	0	(0)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 0	\$ (0)
Total FTE's	3.85	5.00

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

Class	Title	FTE's	PP7
2468	Diagnostic Imaging Technologist II	1.54 \$	162,117
2469	Diagnostic Imaging Technologist III	1.54 \$	170,187
2470	Diagnostic Imaging Technologist IV	0.77 \$	86,573
		<u>3.85</u>	<u>418,878</u>
	Fringe (37.3%)		<u>156,226</u>
			\$ 575,103

Operating Expenses

BPMS Index Code	Character/Subobject Code	
HGH1HUN40061	021/02700 Professional Services	\$ (575,103)

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

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528
PROGRAM / INITIATIVE TITLE: **DPH Courier Services**
GENERAL FUND IMPACT: **\$54,670**

TARGETED CLIENTS: DPH Primary Care Clinics, Clinical Lab, and SFGH Pathology Lab

PROGRAM DESCRIPTION: (Description of Program Change)

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

Medical Courier Services are required for the time sensitive (many in under 1-hour) transport of human tissue between clinics throughout San Francisco and the Clinical Laboratories at SFGH. Currently a personal services contractor (PSC) is used to augment civil service staff who provide medical courier services. The PSC allows DPH to meet the regulatory requirements for timely transport of human tissue. It would be cost prohibitive to replace the Courier contract with all Civil Service Staff. However, it does appear feasible to have some additional work performed by a Civil Service position.

JUSTIFICATION: (required by the Mayor's Office)

The Civil Service Commission conditionally approved the Personal Services Contract (PSC) subject to DPH making efforts to have as much work as possible performed by civil service classifications. DPH has determined that one additional position could be utilized to perform more lab delivery services at SFGH.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This will impact all the DPH primary care clinics that require timely pick ups of lab specimens to be taken to DPH Clinical Lab at 101 Grove and the SFGH Pathology Lab.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Labor Expense will increase by \$52,067. Operating Expenses will reduce by \$26,979. There will be a one time capital equipment purchase for a commercial delivery van of \$29,582 in the first year.

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

Increase by 0.77 FTE in the first year and 1.00 FTE ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: DPH Courier Services

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 52,067	\$ 67,620
Operating Expenses	(26,979)	(37,366)
Capital Equipment (one time cost)	29,582	-
Subtotal Uses	54,670	30,254
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 54,670	\$ 30,254
Total FTE's	0.77	1.00

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

Class	Title	FTE's	PP7
1402	Junior Clerk	0.77	\$ 33,955
			33,955
	Fringe (53.34%)		18,112
			\$ 52,067

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/03500 Ace Courier Services	\$ (31,161)
HGH1HUN40061	081PA Vehicle Maintenance	2,868
HGH1HUN40061	081PF Vehicle Fuel	1,314
		\$ (26,979)

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

HGH1HUN40061	064/Capital Equipment for 3 doors Commercial Van (1 unit - one time)	29,582
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2011-2012 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: SFGH-Pharmacy Services

PROGRAM CONTACT NAME/PHONE: David Woods/206-2332

PROGRAM / INITIATIVE TITLE: **SFGH OR-IVAC Pharmacy Staffing**

GENERAL FUND: \$ 717,349

TARGETED CLIENTS: All clients and residents receiving care at SFGH

PROGRAM DESCRIPTION: (Description of Program Change)

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

Recent surveys by licensing, regulatory and accrediting bodies (e.g. California Department of Health Services [DHS], Centers for Medicare/Medicaid Services [CMS], Joint Commission on Accreditation of Healthcare Organizations [JCAHO]) have focused on medication use and pharmacy services. Deficiency findings related to the security, accountability, storage and quality of medication use in the Operating Rooms resulted from this focus most recently. Compliance to the plans of corrections for these deficiencies necessitate pharmacy staffing in the OR that provides services 16-hours per day, 5-days per week and 12-hours per day on weekends. Dedicated pharmacist oversight of chemotherapy preparation and compounding is also needed in order to accommodate new Board of Pharmacy regulations, increased service volume and maintain patient safety. Non-compliance puts SFGH at risk of losing Medicare/Medicaid funds.

JUSTIFICATION: (required by the Mayor's Office)

- JCAHO requires all medication orders to be reviewed by a pharmacist prior to drug administration. Also required by JCAHO is pharmacist oversight for all drug storage and labeling. Full compliance to this recommendation is difficult for the operating rooms due to lack of pharmacy staff resources. This request will provide compliance by adding 4FTE pharmacy staff for the operating rooms.
- Regulations stipulate that only the pharmacy compounds or admixes all sterile medications, intravenous admixtures, or other drugs except in emergencies. The State Board of Pharmacy updated its regulations for sterile compounding effective January 1, 2011 which includes substantially more record keeping and quality assurance requirements. In addition, the volume of chemotherapy products compounded by the pharmacy has steadily increased. This request adds 1 FTE pharmacy staff to comply with new regulations and assure the safe maintenance and functioning of the intravenous compounding area, specifically related to chemotherapy preparation.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

All clients who receive operating room services or sterile compounded products at SFGH will be impacted.

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

Increase of salary and fringe by \$717,349 in FY 11/12 and \$931,622 ongoing.

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

Increase by 3.85 FTEs in first year and 5.00 FTEs ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH OR-IVAC Pharmacy Staffing

	FY 2011-12	Ongoing/Annualized
Sources:		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 717,349	\$ 931,622
Subtotal Uses	717,349	931,622
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 717,349	\$ 931,622
Total FTE's	3.85	5.00

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

Class	Title	FTE's	PP7
2454	Clinical Pharmacist	3.08	\$ 458,375
2409	Pharmacy Technician	0.77	\$ 56,465
Temp M	Temp Salaries - Misc		\$ 25,710
		<u>3.85</u>	<u>540,550</u>
	Fringe (Perm @36.28% & Temp M @ 7.95%)		<u>176,799</u>
			\$ 717,349

Operating Expenses

Index Code Character/Subobject Code

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

2011-2012 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"/> Health At Home |

PROGRAM / INITIATIVE TITLE: **LHH Medication Reconciliation**
GENERAL FUND IMPACT: **\$ 107,179**
TARGETED CLIENTS: All Laguna Honda Residents
PROGRAM CONTACT NAME/PHONE: Michelle Fouts / (415) 682-5782

PROGRAM DESCRIPTION: (Description of Program Change)

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

Provision of medication reconciliation and an initial medication regimen review for all admissions to Laguna Honda Hospital.

JUSTIFICATION: (required by the Mayor's Office)

Federal and state regulations have expanded to require providing medication reconciliation and pharmacist medication regimen review for individuals as they transition between different levels of care. The transition from acute hospital to SNF is a time when medication errors often occur. Medication reconciliation will meet California Department of Public Health's patient safety license survey standards, which took affect January 1, 2010.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This proposal will affect all LHH residents.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

This initiative adds \$107,179 in salary and fringe expenses during Fiscal Year 2011-2012, which can be annualized to \$139,133 in subsequent years.

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

Increase of 0.58 FTE for Fiscal Year 2011-2012 and 0.75 FTE in subsequent fiscal years.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH Medication Reconciliation

	FY 2011-12	Ongoing/Annualized
Sources:		
Anticipated Net Revenue	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 107,179	\$ 139,333
Materials & Supplies	-	-
Subtotal Uses	107,179	139,333
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 107,179	\$ 139,333
Total FTE's	0.58	0.75

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

Class	Title	FTE's	
2450_C	Pharmacist	0.58	\$ 77,869
		-	-
		-	-
		-	-
			<u>77,869</u>
	Fringe (37.64%)		<u>29,310</u>
			\$ 107,179

Operating Expenses

Index Code	Character/Subobject Code	
HLH448803	040/04461 PHARMACEUTICAL	\$ -

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

2011-2012 Program Change Request**DEPARTMENT NAME:**

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

PROGRAM / INITIATIVE TITLE: SFGH Rehabilitation Services**PROGRAM CONTACT NAME/PHONE:** Bonnie Seaman/206-5775**GENERAL FUND IMPACT:** \$611,623**TARGETED CLIENTS:** Patients needing rehabilitation care for physical therapy, occupational therapy and speech language pathology in acute care, skilled nursing and outpatient settings.**PROGRAM DESCRIPTION: (Description of Program Change)**

PROGRAM DESCRIPTION: SFGH's Rehabilitation Department provides rehabilitation services in acute care, skilled nursing, outpatient, and medical specialty clinics. Rehabilitation promotes the restoration of functional abilities to individuals with physical, cognitive, communicative, eating and/or sensory-perceptual impairment for adult and pediatric patients. Programs are geared to help patients become stronger, independent or more functional so that they may obtain a higher quality of life, return home, and/or receive services at a lower level of care. This proposed program change requests additional resources for the Rehabilitation Department in order to address outpatient appointment wait times, frequency and duration of services to acute care patients, rehabilitation and restorative services to patients in the Behavioral Health Center (BHC).

JUSTIFICATION:

Outpatient Care-Reduction of Wait Times: Physical Therapy currently has an outpatient waiting list of 110 days and Occupational Therapy 258 days. The State Department of Managed Care has instituted new mandates called the "Timely Access to Health Care" starting January 17, 2011 ancillary services must provide services within 15 business days.

Acute Care and Acute Care Weekend: Acute IP (inpatient) care is the priority in the Rehabilitation Department and the need for services fluctuates and cannot always be met. Outpatient staff is often rotated to inpatient care as the need arises. Last year there were 667 missed appointments in IP OT and 492 in IP PT.

Acute Care Weekend Services Currently, Occupational Therapy does not provide services on weekends (except on an "on-call" basis for burns). Departmental, regulatory and community standards dictate seeing a patient within 24 hours of receipt of an OT order. Patients who receive an order from 4:00 pm Friday through mid Saturday will be evaluated at a minimum of 48 hours (up to 64 hrs) post receipt of the order exceeding the 24 hour standard. The department is out of compliance for 7an average of 13 patients/weekend. Additionally, approximately 10% of Monday through Friday patients require follow-up treatments on the weekends. Currently, Speech Therapy is only budgeted for 4 hours on Saturday for dysphagia. Patients who receive an order on Saturday afternoon are often delayed greater than 24 hours.

Behavioral Health Center: Patients at the Behavioral Health Center (BHC) have specialized needs and a patients' physical abilities are often overshadowed by their cognitive problems. Flow through the healthcare system continuum is compromised due to patient's decline in physical functioning, thereby, increasing the length of stay at the BHC, and reducing community placement options.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Rehabilitation will be able to provide 17,000 additional outpatient visits and 2340 acute care visits on weekdays and weekends for a total of 19,340 additional visits. 44/patients per month would be provided services at the BHC.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

In FY1112 expenses would increase by \$1,181,964 and revenues would increase by \$570,341. On-going expenses would increase by \$1,532,645 and revenues by \$760,464

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

FTE's would increase by 9.24 FTE's in FY1112 and 12.00 FTE's ongoing.

2011-2012 Program Change Request**DEPARTMENT NAME:**

- San Francisco General Hospital
 Laguna Honda Hospital
 Primary Care
 Jail Health

- Public Health
 CBHS - Mental Health
 CBHS - Substance Abuse
 Health At Home

PROGRAM / INITIATIVE TITLE: SFGH Rehabilitation Services**PROGRAM CONTACT NAME/PHONE:** Bonnie Seaman/206-5775**GENERAL FUND IMPACT:** \$611,623**TARGETED CLIENTS:** Patients needing rehabilitation care for physical therapy, occupational therapy and speech language pathology in acute care, skilled nursing and outpatient settings.**PROGRAM DESCRIPTION: (Description of Program Change)**

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IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Rehabilitation will be able to provide 17,000 additional outpatient visits and 2340 acute care visits on weekdays and weekends for a total of 19,340 additional visits. 44/patients per month would be provided services at the BHC.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

In FY1112 expenses would increase by \$1,181,964 and revenues would increase by \$570,341. On-going expenses would increase by \$1,532,645 and revenues by \$760,464

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

FTE's would increase by 9.32 FTE's in FY1112 and 12.10 FTE's ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH Rehabilitation Services

	FY 2011-2012	Ongoing
Sources:		
Medicare & Medi-Cal Outpatient Revenues	570,341	760,464
Subtotal Sources	570,341	760,464
Uses:		
Salaries and Fringes	1,174,018	1,524,698
Materials and Supplies	3,326	3,326
Educational Training	4,620	4,620
Subtotal Uses	1,181,964	1,532,645
Net General Fund Subsidy Required (savings)/Costs (Uses less Sources)	611,623	772,180
Total FTE's	9.32	12.10

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

Class	Title	FTE's	PP7
2556	Physical Therapist	6.31	630,870
2548	Occupational Therapist	1.31	130,790
2542	Speech Pathologist	0.15	16,158
1406	Sr. Clerk	0.77	38,293
2303	Mental Health Rehabilitation Worker	0.77	38,104
		<u>9.32</u>	<u>854,215</u>
	Fringes (39.65%)		319,803
			<u>1,174,018</u>

Operating Expenses

Index Code		
HGHIHUN40061	040/04000 Materials and Supplies	3,326
HGHIHUN40061	021/02200 Educational Training	4,620

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

2011-2012 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"/> Health At Home |

PROGRAM / INITIATIVE TITLE: **Laguna Honda Facility Licensing Requirements**

GENERAL FUND IMPACT: **\$ 464,750**

TARGETED CLIENTS: All Laguna Honda Residents

PROGRAM CONTACT NAME/PHONE: Mivic Hirose / 759-2363

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative seeks funding to pay for the on-going facility and equipment maintenance expenses associated with annual licensing requirements.

JUSTIFICATION: (required by the Mayor's Office)

To meet the state (OSHPD and CDPH) and federal regulatory and licensing requirements, Laguna Honda Hospital needs to purchase maintenance services for the new facility's infrastructural systems (e.g. fire security system, HVAC, elevators, Multiple Asset databases, Nurse-Call system, etc.) and new medical equipment (e.g. radiology, bio-med, oxygen tanks, and med-gas).

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This requirement will affect all 780 residents at Laguna Honda Hospital, all their visitors, and 1300+ staff.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

This initiative adds \$464,750 total expenses in Fiscal Year 2011-2012 and in subsequent years.

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

No impact.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Laguna Honda Facility Licensing Requirements

	FY 2011-12	Ongoing/Annualized
Sources:		
Anticipated Net Revenue	\$ -	\$ -
Subtotal Sources		
Uses:		
Salaries and Fringes	\$ -	\$ -
Non-Personnel Services	404,750	404,750
Materials & Supplies	60,000	60,000
Subtotal Uses	464,750	464,750
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 464,750	\$ 464,750
Total FTE's	0.0	0.0

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

Class	Title	FTE's	\$
		-	-
		-	-
		-	-
		-	-
		-	-
	Fringe (46.27%)		\$ -

Operating Expenses

Index Code	Character/Subobject Code		\$
HLH449470	021/02811 Security	(Fire Security 2nd yr increase)	\$ 64,750
HLH449470	021/02899 Other Bldg Maint Svcs	(Nurse-Call)	\$ 50,000
HLH449470	021/02941 Medical Equip Maint	(Med-gas, Oxygen Tanks, UHS Mtc, Radiology, & Bio-med)	\$ 240,000
HLH449470	021/02999 Other Equip Maint	(Freezer, Cooler, & Kitchen Eq)	\$ 50,000
HLH449470	040/04299 Other Bldg Maint Supplies	(Air Filters, Pool Chemical, etc.)	\$ 60,000
			\$ 464,750

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

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health
- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

PROGRAM / INITIATIVE TITLE: **Laguna Honda New Facility Needs**

GENERAL FUND IMPACT: **\$ 782,829**

TARGETED CLIENTS: All Laguna Honda Residents

PROGRAM CONTACT NAME/PHONE: Mivic Hirose / 759-2363

PROGRAM DESCRIPTION: (Description of Program Change)

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

This initiative seeks funding to pay for the additional operating expenses for the new Replacement Facility. This initiative will address on the staffing skill mix changes and staffing requirements caused by the new facility and infrastructure changes, and the support needed for new technologies on Information Systems.

JUSTIFICATION: (required by the Mayor's Office)

Laguna Honda Hospital (LHH) has occupied the new state of the art, 550,000 sq. ft. hospital in December 2010. This change was not just a physical one, but one that affected all aspects of their operations and would require additional resources to maintain.

New Technologies

In the new facility nurses, physicians and other clinical staff will rely on computers in the provision of patient care and safety, where they used to rely on paper files and tracking. Wired and wireless equipment will be in constant use and the systems need to be carefully maintained, monitored and kept operational 24x7.

Building Operation and Safety

Not only is there an increase in square footage, there is an increased complexity of modern operational systems such as Security, Fire, HVAC, elevators, and Multiple Asset databases which did not exist before. These systems will all require special engineering supervision 24 x 7. In addition, the facilities maintenance group will need to continue to maintain the existing buildings and grounds. The increase of landscaped areas requires a 2nd gardener for routine maintenance and irrigation.

Patient Care (delivery of care)

The transition of the old building with opened dormitory style wards to the new design of a 60-bed floor consisting of single, double and triple private rooms increases the need to provide timely checks on patients to ensure patient safety and prevent falls. To better meet resident care needs at the new LH building, nursing skills mix of the staffing model is re-designed to increase flexibility and efficiency, and to promote observation and monitoring of resident conditions and strengthen direct patient care delivery at the bedside. Use of Licensed Vocational Nurses meets staffing regulatory requirements without compromising standard of care. Staffing reassignments of Operation Managers to cover alternate shifts reduces the need for 24-hour on-call nurse managers yet maintains the nursing supervisory coverage. Less number of Charge Nurses will be needed due to the reduced number of nursing units/neighborhoods in the new hospital.

Post Move

Several Transition Budget funded positions are still needed after the move in order to maintain the smooth hospital operation and to meet the standards set by hospital's Policies and Procedures.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This proposal will affect all 780 residents at Laguna Honda Hospital, all their visitors, and 1300+ staff.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

The expense increase of \$582,829 in Fiscal Year 2011-2012 and in subsequent years.

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

Increase of 18.5 FTEs for Fiscal Year 2011-2012 and in subsequent fiscal years. It is anticipated that the position changes can be managed without layoffs.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Laguna Honda New Facility Operating Expenses.

	FY 2011-12	Ongoing/Annualized
Sources:		
Anticipated Net Revenue	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 477,360	\$ 477,360
Non-Personnel Services	305,469	305,469
Materials & Supplies	-	-
Subtotal Uses	782,829	782,829
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 782,829	\$ 782,829
Total FTE's	18.5	18.5

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

Class	Title	FTE's	
0932	Manager IV	1.00	\$ 130,306
1632	Senior Account Clerk	1.00	59,571
1429	Nurses Staffing Assistant	1.00	53,492
2320	Registered Nurse	(10.00)	(1,294,890)
2312	Licensed Vocational Nurse	11.00	736,736
2303	Patient Care Assistant	4.00	197,940
2588	Health Worker IV	(26.00)	(1,811,056)
2587	Health Worker III	26.00	1,548,846
2583	Home Health Aide	5.00	202,670
2624	Dietitian	0.50	37,660
3417	Gardener	1.00	58,539
7334	Stationary Engineer	2.00	145,138
7524	Institution Utility Worker	2.00	95,656
PREMN_E	Premium Pay - Nurses, charge nurse 5%	-	(77,693)
PREMN_E	Premium Pay - Nurses, 24-hr on-call 7%	-	(36,402)
9993M	Attrition		137,000
			183,512
			293,848
	Fringe (46.27%)		\$ 477,360

Operating Expenses

Index Code	Character/Subobject Code		
HLH448688	021/02761 Systems Consulting Services	(New systems license renewal)	\$ 73,000
HLH448688	021/02911 Equipment Maintenance	(New IT Equip Mice)	219,319
HLH449470	021/03599 Other current Expenses	(A/V System Server)	13,150
			\$ 305,469

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

2011-2012 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Margot Antonetty / 554-2642

PROGRAM / INITIATIVE TITLE: DAH Support Services Staff

GENERAL FUND: \$241,589

TARGETED CLIENTS: Chronically Homeless People

PROGRAM DESCRIPTION: (Description of Program Change)

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

The HUH support services staff provides support services to Direct Access to Housing (DAH) sites. These services include case management, support groups, one-on-one counseling, and linkage to a variety of community based benefit, employment and social services. The goal of on-site services is to improve tenant health and residential stability and reduce overuse of costly emergency services.

JUSTIFICATION: (required by the Mayor's Office)

In FY09/10, these support services were previously provided by Baker Places and were replaced by existing DPH clinicians. The DPH clinicians were funded by two SAMHSA grants, the last one of which is due to expire on 9/29/11. The HUH support services staff (20 FTEs total) will start billing Short Doyle Medi-Cal starting in FY 11/12 which will reduce the net General Fund cost of the transition for these 5.60 FTEs.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the proposal is not approved, DAH support services totaling 62,876 units of services (UOS) for 219 unduplicated clients (UDC) will be eliminated.

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

Short Doyle Medi-cal revenues will increase by \$152,672 and expenses will increase by \$394,261.

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

Increase of 4.31 FTEs in FY11/12 (5.60 FTEs annualized).

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: DAH Support Services Staff

		FY 2011-12	Ongoing
Sources:	Short Doyle Medi-Cal	\$ 152,672	\$ 152,672
Subtotal Sources		152,672	152,672
Uses:	Personnel	394,261	508,907
Subtotal Uses		394,261	508,907
Net General Fund Subsidy Required (Uses less Sources)		\$ 241,589	\$ 356,235
Total FTE's		4.31	5.60

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

Class	Title	FTE's	
2930	Psychiatric Social Worker	1.23	\$ 97,390
2587	Health Worker III	3.08	\$ 172,652
		<hr/>	
		4.31	270,042
Fringe (46%)			124,219
Index Code			<hr/>
			\$ 394,261

Operating Expenses

Index Code Character/Subobject Code

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

2010-2011 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)-Mental Health
PROGRAM CONTACT NAME/PHONE: **Kelly Hiramoto** (415) 255-3423
PROGRAM/ INITIATIVE TITLE: **Community Programs Placement Unit Shortfall**
GENERAL FUND: **\$1,900,000**

TARGETED CLIENTS: Clients being discharged from San Francisco General Hospital (SFGH) and Laguna Honda Hospital (LHH) requiring bed placements.

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Department's Community Programs Placement Unit is responsible for authorizing and referring all clients at (a) SFGH, including those in Psychiatric Emergency Services (PES), and on the psychiatric or medical units and from (b) Laguna Honda Hospital (LHH) into alternative placements upon readiness for discharge. This function is critical because without it the rate of discharge would be much lower, and the reimbursement for hospital services would decline. (For example, Federal reimbursement for services declines when a client is no longer acute, but remains in the hospital because an identified placement option is not available). As a result of the constant need for placements, and high utilization of the most expensive placements, the Department is currently projecting a funding shortfall of \$2.9m. The Department is proposing to implement a combination of internal measures to achieve \$1.0m in savings, which would include: (1) close higher cost, long-term placement beds they are vacated through attrition, i.e. open beds will not be backfilled until the Dept. has reduced beds to reflect a balanced budget, (2) eliminate any currently vacant residential care beds that can be replaced with new FY11-12 supportive housing units, and (3) transition appropriate clients into the new FY11-12 supportive housing units, and eliminate those slots behind them. The Department is not proposing to reduce the existing number of beds further, i.e. to cover the entire funding gap, as the loss in reimbursement resulting from clients remaining hospitalized in a non-acute mode would exceed the requested General Fund patch.

Definition of Terms

Long-Term Locked Psychiatric Beds (Do we need this paragraph since no shortfall for LTC)

Long Term Care beds are used primarily for mentally ill clients with severe mental illness who are not stable enough to live in a community based setting.

The referral sources for these beds include SFGH's psychiatric and medical units, LHH, the Emergency Medical Services (EMS) High User program, and the SF Homeless Outreach Team (SFHOT).

Residential Care Facility (RCF) and Residential Care Facility Elderly (RCFE) Beds

RCFE beds are located within the community, normally within a licensed private residence. These beds are considered permanent housing. Clients are provided with room and board, and in some cases additional care. DPH's goal is to house clients in the least restrictive level of care as possible, and preferably within a community based setting, and the Department has tried to maximize these placements.

JUSTIFICATION: (required by the Mayor's Office)

While DPH believes it will be able to address a significant amount of the shortfall, there is a baseline need that must be funded. The department is unable to continue to absorb the increases. The alternative to addressing the structural deficit is to keep the clients in SFGH longer resulting in reduced reimbursement as acuity levels decline. If there is a lack of acute beds available at SFGH, then the private hospital usage is likely to increase, and will exceed its budget, as is already occurring.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Clients may not receive appropriate placements upon discharge, or discharges may be delayed.

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

Increase General Fund expenditures by \$1,900,000

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

None

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Community Program Placement Unit Shortfall

	FY 2011-12	Ongoing
Sources:		\$ -
Subtotal Sources		-
Uses:		
Professional Services	\$ 1,900,000	\$ 1,900,000
Subtotal Uses	1,900,000	1,900,000
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,900,000	\$ 1,900,000
Total FTE's	0.0	0.0

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

Class	Title	FTE's	
			-
			-
			-
	Fringe (46%)		\$ -
Operating Expenses			
Index Code	Character/Subobject Code		
HMHMLT730416	CH21/02700 Professional Services		\$ 1,900,000

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

2011-2012 Program Change Request

DEPARTMENT NAME:

- San Francisco General Hospital
- Laguna Honda Hospital
- Primary Care
- Jail Health

- Public Health
- CBHS - Mental Health
- CBHS - Substance Abuse
- Health At Home

PROGRAM / INITIATIVE TITLE: **DPH Clinical Systems**
PROGRAM CONTACT NAME/PHONE: **Dave Counter** (Phone 255-3575)
GENERAL FUND IMPACT: **\$1,504,036**
TARGETED CLIENTS: Inpatient and Outpatient

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Department of Public Health's Information Technology Services manages all the department's clinical information systems and related network infrastructure. Included in the cost of maintaining these clinical systems are contractual agreements with; Siemens (Invision) for hospital inpatient and hospital and community outpatient services; Netsmart (Avatar) for behavioral health inpatient and outpatient services; and Dataway for software maintenance to support the departments Wide Area Network (WAN) infrastructure. Additionally the Department of Public Health participates in the San Francisco Health Data Exchange (SFHEX) to support eligibility processes. This proposal requests augmentation funding to the base budget to cover the projected expenses for these contractual agreements.

JUSTIFICATION: (required by the Mayor's Office)

This proposal requests funding to the base budget to cover the projected expenses for FY11 12 for Siemens (\$82,081) Netsmart (\$1,146,995) SFHEX (125,000) Dataway (\$150,000). Contract commitments exceed amounts in the base budget. The most significant component of this request is for Netsmart. While all costs to implement the Netsmart AVATAR system were funded within the Department's base budget, annual costs of system maintenance require this additional funding.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

There would be no direct impact to patient care, however not fully funding the contracts could have a negative effect on data collection and associated revenues.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations)

Contractual expenses would increase by \$1,504,036

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

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: DPH Clinical Systems

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	
Subtotal Sources	-	
Uses:	\$ -	\$ -
Salaries and Fringes	1,504,076	1,504,076
Operating Expenses	-	-
Subtotal Uses	1,504,076	1,504,076
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 1,504,076	\$ 1,504,076
Total FTE's	0.0	

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

Class	Title	FTE's
		-
		-
		-
	Fringe (46.27%)	-

Operating Expenses

Index Code	Character/Subobject Code	
HCHACMISPJGF	021/2761	\$82,081
HCHACMISPJGF	021/2761	\$1,146,995
HCHACMISPJGF	021/2761	\$125,000
HCHACMISPJGF	021/2900	\$150,000
		<u>\$1,504,076</u>

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

2011-2012 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: **Administration**

PROGRAM CONTACT NAME/PHONE: **Tangerine Brigham, 554-2779**

PROGRAM / INITIATIVE TITLE: **Healthy San Francisco Augmentations**

GENERAL FUND: **(\$1,104,889)**

TARGETED CLIENTS: Uninsured adult residents participating in either Healthy San Francisco or San Francisco Providing Access to Health Care (SF PATH) under the federally mandated Low Income Health Program.

PROGRAM DESCRIPTION: (Description of Program Change)

The Healthy San Francisco Program (HSF) improves care to uninsured adult residents through a coordinated delivery system comprised of public, non-profit and private providers. HSF has streamlined eligibility and enrollment processes, improved access to care and customer service, and enhanced provider opportunities to monitor quality and health outcomes. At the end of January 2011, there were approximately 55,000 HSF participants. Effective July 1, 2011, the Department will launch a new program for a subset of the HSF population to comply with a federal requirement under California's 2005-2010 Medicaid Demonstration Section 1115 Waiver. The federal waiver program is called the Low Income Health Program (LIHP) to be known as San Francisco Providing Access to Health Care or SF PATH by the Department. The Department will transition an estimated 15,000 HSF participants with Department medical homes into the new LIHP/SF PATH program and serve another 2,000 new applicants into LIHP/SF PATH. The HSF and LIHP/SF PATH budget initiatives for 2011-12 include: (1) provision and maintenance of and reimbursement to roughly 20 non-Departmental primary care medical homes for some HSF participants, (2) continuation of the web-based eligibility and enrollment system for both HSF and LIHP/SF PATH via Social Interest Solutions, (3) reconfiguration of the Department's Eligibility and Enrollment Unit to accommodate increased applicant volume, (4) enhanced third party administrative support for both HSF and LIHP/SF PATH by the San Francisco Health Plan and (5) ensuring sufficient surgical and specialty care for HSF and LIHP/SF PATH participants on the San Francisco General Hospital and Trauma Center (SFGH) campus.

JUSTIFICATION

Healthy San Francisco has been in existence since July 2007 and effective July 2011, the Department will launch the new LIHP/SF PATH program. More than 50% of HSF participants have a medical home with a community-based provider other than the Department. The Department provides reimbursement to these medical homes. In mid 2010-11, the Department expanded the network to include two additional providers. Additional expenditures are needed in 2011-12 to annualize these costs. The annual maintenance costs for the One-e-App web-based eligibility and enrollment system will increase in 2011-12. In addition, the number of applicants for HSF continues to grow and has resulted in the need to reconfigure the Department's Eligibility and Enrollment Unit to accommodate applicant volume. With the continued increase in program participants, need to create new program materials for LIHP/SF PATH and other program activities, additional expenditures will be incurred by the program's third-party administrator, the San Francisco Health Plan. The budget proposal also seeks to address sufficient surgical and specialty care access for HSF participants referred to SFGH. Approximately 20% of HSF participants are new. Many of these individuals have been referred to SFGH to receive needed care. This initiative addresses the increased demand for services that has resulted of serving additional HSF participants.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

By the end of 2011-12, it is estimated that there will be a combined 58,000 – 59,000 uninsured participants enrolled in either HSF or LIHP/SF PATH.

EXPENSE AND REVENUE IMPACT

The 2011-12 additional expenditures total \$1,104,889. The categories are:

- \$25,000 for Eligibility and Enrollment Unit reconfiguration costs
- \$30,000 for One-e-App increased maintenance costs for eligibility/enrollment system and system of record
- \$103,889 for SFGH-UCSF Surgical/Specialty/Clinical Services
- \$131,665 for San Francisco Health Plan for third party administrative services
- \$814,335 for provider reimbursement to non-Departmental medical homes

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

This initiative includes no position request. There is no change in workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Healthy San Francisco

	FY 2011-12	Ongoing/Annualized
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:	\$ -	\$ -
Salaries and Fringes	1,104,889	1,079,889
Operating Expenses	-	-
Subtotal Uses	1,104,889	1,079,889
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 1,104,889	\$ 1,079,889
Total FTE's	0.0	0.0

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

Class	Title	FTE's
		-
		-
		-
	Fringe (46.27%)	-
		\$ -

Operating Expenses

Index Code	Character/Subobject Code	\$
		-

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

040/4000	Materials and Supplies (one time)	25,000
021/2761	Software Maintenance	30,000
021/2789	UCSF Specialty Care	103,889
021/02700	SFHP Third Party Administration	131,665
021/02700	SFHP / Private Provider Network	814,335
		<u>1,104,889</u>