



**Edwin M. Lee,**  
**Mayor**

**Greg Wagner,**  
**Chief Financial Officer**

## MEMORANDUM

April 10, 2014

**TO:** President Sonia Melara,  
and Honorable Members of the Health Commission

**THROUGH:** Barbara Garcia, Director

**FROM:** Greg Wagner, Chief Financial Officer

**RE: Proposed Budget for FY 14-15 and FY 15-16**

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President Chow and Members of the Health Commission:

Attached is the Department of Public Health's proposed budget for FY 14-15 and FY 15-16. The proposed FY 14-15 and 15-16 budget focuses the following goals:

1. Improve access to primary care, specialty, and mental health services to retain and expand the network's client base.
2. Support the Rebuild and opening of the New San Francisco General Hospital.
3. Strengthen core information technology infrastructure supporting clinical operations and security measures, while leveraging investments by the City Department of Technology.
4. Ensure a strong public health system that is coordinated with the San Francisco Health Network.

The primary goal of DPH's proposed budget for FY 14-15 and FY 15-16 is to enable implementation of the strategic plans the department has developed in preparation for the Affordable Care Act (ACA). These planning efforts have spanned three years and involved a very significant investment of time and resources from across the department. Following the Integrated Delivery System Plan, the Commission's five-year financial planning effort, Information Technology Assessment and Strategic Plan, and the Health Reform Readiness Project in collaboration with the City Controller's Office, DPH has a clear roadmap for the concrete actions needed to maintain population health, excellent patient care, and financial stability under the ACA. We believe the proposed two-year budget supports the highest-priority actions to move from planning to operational reality.

Thanks to unprecedented financial investments made by the Mayor's Office and approved by the Board of Supervisors over the past two years, in the short term DPH is no longer grappling with persistent and structural deficits in its operating budget. The Mayor's Office has also included in its deficit a projected \$33.8 million revenue loss for the State "claw back" of realignment payments for county indigent care. Consequently, this loss is not included in our budget submission here, but will be reflected in the Mayor's budget. In addition, because of policy innovations that were ahead of their time (such as the creation of Healthy San Francisco and the

integration of behavioral health and primary care), in many respects San Francisco is well-positioned to be a national model for public health care systems under the ACA.

Nonetheless, significant financial risks and uncertainty remain in the medium- and long-term. DPH must become a “provider of choice,” providing accessible, high-quality, cost-effective services to its clients. If it does not do so, it faces a declining patient population, deterioration of its revenue base, and financial instability. Ultimately, such a downward spiral would lead to significant reductions to the system of care and diminished services to clients.

As formerly uninsured San Francisco residents enroll in health plans through the ACA’s coverage expansion, DPH anticipates a modest increase to its revenues of approximately \$29 million over the coming year, outside of State realignment changes. The proposed budget aims to direct baseline revenue growth towards investments identified in strategic planning processes as critical to retain customers, stabilize revenues, and ensure the system of care remains viable over time. While these proposals require new expenditures, they are carefully designed to provide a foundation for the financial viability of the San Francisco Health Network and DPH. If we do not take these actions today, the impact of declining revenues will far outweigh the short-term expenses.

We believe the attached budget includes prudent and thoughtful measures carefully targeted toward core departmental priorities. We plan to discuss the proposed budget at the April 15 Health Commission meeting, then again on May 5.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
FY 2014-16 PROPOSED BUDGET - Health Commission Meeting

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14- 15 Net GF Cost/ (Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15- 16 Net GF Cost/ (Savings)	Comment
<b>REVENUES</b>											
SFGH	A1 - New	SFGH Baseline Revenue Growth		(26,942,052)	(9,292,018)	(17,650,034)			(10,141,684)	(16,800,368)	This proposal adjusts the various revenue components based on projections related to Medi-cal, Low Income Health Program (LIHP), Capitation, Medicare and other patient revenues. It also takes into account federal funding changes to programs such as Meaningful Use and SB208.
LHH	A2 - New	LHH Baseline Revenue		1,000,000	15,083,696	(14,083,696)		1,000,000	15,083,696	(14,083,696)	Projected increase in net patient revenues are due to outpatient pharmacy services, the restoration of Medi-Cal SNF per diem rate cut, expected increase in DP/NF supplemental reimbursement rates.
PH & PC	A3 - New	Public Health and Primary Care Revenues	0.77	93,676	(2,015,670)	2,109,346	1.00	109,833	(2,129,928)	2,239,761	This initiative corrects revenues losses in federal and grant funding in Tuberculosis Control and Emergency Preparedness, as well as adjust revenue projections in Primary Care and Public Health to reflect actuals.
	<b>TOTAL REVENUE</b>		<b>0.77</b>	<b>(25,848,376)</b>	<b>3,776,008</b>	<b>(29,624,384)</b>	<b>1.00</b>	<b>(25,832,219)</b>	<b>2,812,084</b>	<b>(28,644,303)</b>	
<b>REDUCTIONS/SAVINGS PROPOSALS</b>											
SFGH	B1 - New	SFGH Salary and Affiliation Agreement Savings		(5,284,383)	-	(5,284,383)		(4,721,178)	1,000,000	(5,721,178)	In order to meet the DPH GF reduction target and as part of the overall DPH Balancing plan, SFGH has proposed the following reductions to the annual operating budget. First is \$2,284,174 in Contract Services with the University of California San Francisco. Second, is \$5 million in salaries and benefits savings offset by \$2 million of salary corrections in mental health, jail health and health at home, based on expenditure projections.
	<b>TOTAL REDUCTIONS</b>		<b>-</b>	<b>(5,284,383)</b>	<b>-</b>	<b>(5,284,383)</b>	<b>-</b>	<b>(4,721,178)</b>	<b>1,000,000</b>	<b>(5,721,178)</b>	
<b>INFLATIONARY</b>											
DPH All	C1	DPH Pharmaceutical and Materials and Supplies Inflation	-	-	-	-	-	2,084,399	-	2,084,399	This initiative requests increased expenditure authority related to pharmaceuticals (3%), Food (4%) and Laundry and Linen (3.25%) to reflect inflation on the price of critical healthcare supplies.

2.3

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/(Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15-16 Net GF Cost/(Savings)	Comment
Transition	C2	Annual Rent Increase for Direct Access to Housing (DAH) Master Leases and Rent Subsidies and 3rd party rent payment	-	-	-	-	-	587,819	-	587,819	Direct Access to Housing 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 master lease sites contracts include annual rent increases which the department is obligated to fund.
TOTAL INFLATIONARY						-					
REGULATORY						-					
SFGH, PC, LHH	D1 - New	Continued Implementation of Electronic Health Records	5.20	4,479,215	650,429	3,828,786	5.00	3,509,855	246,858	3,262,997	Program Funding for ongoing development of Electronic Health Records and related Centers for Medicare & Medicaid Services (CMS) MU Incentive Program compliance expanding to remaining health centers and LHH where providers are eligible.
TOTAL REGULATORY			5.20	4,479,215	650,429	3,828,786	5.00	3,509,855	246,858	3,262,997	
BUDGET NEUTRAL											
PH	E1	Environmental Health Fee Adjustments	3.60	759,097	759,097	-	4.75	759,097	759,097	-	Annual and legislated increases in Environmental Services inspection fees to cover related program expenditures.
LHH	E2	LHH Hepatitis C Pharmacy Services	-	1,104,000	1,104,000	-	-	1,137,120	1,137,120	-	This initiative requests increase expenditure authority to purchase a new class of pharmaceuticals developed to treat Hepatitis C. The cost of this drug will be offset by reimbursement from insurance programs including Medi-Cal and Medicare.
PC	E3	Denti-Cal Expansion	2.60	428,076	428,076	-	4.00	665,077	665,077	-	DPH will expand its Dental Program to address changes in State law that greatly enhances adult dental benefits. Specifically, this proposal would add four new positions to expand dental service capacity in the following DPH primary care health centers: Silver Avenue, Chinatown, Southeast, Potrero Hill and Tom Waddell.

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14- 15 Net GF Cost/ (Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15- 16 Net GF Cost/ (Savings)	Comment
PC	E4	SFGH Primary Care Clinic Expansion	10.91	1,572,232	1,572,232	-	11.55	1,694,615	1,694,615	-	This program expansion creates capacity to provide primary care medical homes for an additional 3,600 patients at the Family Health Center and the General Medicine Clinic. Both clinics will be expanding evening and weekend hours to accommodate these new patients, and will be staffed according to the San Francisco Health Network's target ratio of 4.5 FTE support staff per provider FTE.
CBHS	E5	Non Specialty Mental Health Services	1.54	1,831,659	1,831,659	-	2.00	1,831,659	1,831,659	-	This initiative will add capacity to enable the Department of Public Health's, San Francisco Health Network (SFHN), DPH's provider network, to meet the capacity and reporting requirements for the delivery of non-specialty mental health services to its eligible members. Non-specialty mental health services are an essential benefit that must be available within each provider network, per the requirements of the Affordable Care Act (ACA).
CBHS	E6 - New	Behavioral Health Services Supported by 2011 Realignment	6.93	2,345,846	2,345,846	-	9.00	2,345,846	2,345,846	-	Starting in FY12-13, all State funding for behavioral health was realigned from the State to the County, and each county is now responsible for managing its risk for mental health and substance abuse services. DPH will use these revenues, to support its billing, certification and management functions to improve services and retain revenues. A total increase of \$2,345,196 for the Public Safety Realignment aka 2011 Realignment budgeted to Mental Health services (\$ 1,641,637), and Substance Abuse services (\$ 703,559) in FY 2014-15 and 15-16.
MCH	E7 - New	Maternal Child Health Funding Adjustment	3.96	1,136,859	1,136,859	-	4.86	1,165,784	1,165,784	-	DPH will restructure its Maternal and Child Health (MCAH) services to increase revenue, reduce administrative burden and improve outcomes by transferring the Field Public Health Nursing program from Targeted Case Management (TCM) funding to the MCAH budget and expanding the Nurse Family Partnership (NFP) Program. These changes have been approved by the State.

7.5

[illegible]

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14- 15 Net GF Cost/ (Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15- 16 Net GF Cost/ (Savings)	Comment
LHH	F1	LHH Administrative Building Operating Costs	6.22	1,066,703	-	1,066,703	6.42	1,106,245	-	1,106,245	Remodeling of the former LHH buildings is currently funded by the \$2.8 M cost savings of the LHH COPs. This request will fund the old buildings operation for non hospital programs (i.e. DPH Programs, other city departments or Community Agencies) that will be relocated to the Laguna Honda site. Operation expenses will include utilities, telecommunication, housekeeping, environmental services, security, facility, storekeeping and accounting support. There will be an initial up front costs for the operation but DPH anticipates cost savings from the elimination of property leases for some DPH Programs.
SFGH	F2	SFGH New Hospital Supplemental Operating Budget	-	-	-	-	96.74	26,853,346	-	26,853,346	Since 1994, the City and County of San Francisco has been planning for a seismically safe public hospital. In 2008 voters approved \$887 million dollars in general obligation bonds to rebuild SFGH. Acute care medical services currently located in the existing main hospital building will be relocated to the new hospital while services not subject to Senate Bill 1953 requirements for seismic compliance would remain in the existing hospital. The new facility is scheduled to operationalize in December 2015. This initiative requests \$26.9 M of operating costs for the new facility to start in FY 15-16.
SFHN	F3 - New	SF Health Network Call Center	7.54	1,465,061	-	1,465,061	13.50	1,572,996	-	1,572,996	DPH proposes to develop a centralized call center (CCC) that will handle all appointment scheduling and general inquiries for all DPH primary care clinics, including clinics at San Francisco General campus. In addition to appointment scheduling and general inquiries, the CCC would determine healthcare eligibility before appointments are made, which would decrease delays and unexpected costs.
IT	F4 - New	Security Enhancements for IT	3.08	428,364	-	428,364	4.00	716,191	-	716,191	A security audit performed through the Controller's office resulted in several recommended actions to improve DPH's processes and controls around protecting data. Implementation of these recommendations will significantly reduce risks to protected information and reduce financial liability.

7.7

Division	Item	Description	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14- 15 Net GF Cost/ (Savings)	15-16 FTE Change	15-16 Expend Incr/(Decr)	15-16 Revenues Incr/(Decr)	Dept Proposed 15- 16 Net GF Cost/ (Savings)	Comment
IT	F5 - New	Clinical Informaticists	3.08	417,300		417,300	4.50	745,465		745,465	This initiative proposes to develop a team of clinicians to help support clinical staff adapt quickly to new technology and technology upgrades quickly and so they can use it to its fullest potential and minimize department processes.
IT	F6 - New	Telehealth Support and Upgrade	2.31	122,727		122,727	3.00	316,180		316,180	Program Funding for ongoing development and proliferation throughout the San Francisco Health Network (SFHN) of real-time and stored video telehealth services in the clinical areas of: language interpretation, select specialty services such as dermatology, ophthalmology, psychiatry, home telemetry monitoring, clinical pharmacology among many other medical and surgical specialty clinical services.
IT	F7 - New	Information Technology Infrastructure	7.18	1,549,383		1,549,383	10.33	2,212,904		2,212,904	Due to several years of significant budget shortages, planned replacements of expensive network and user workstation equipment has been deferred. DPH IT is now recommending the appropriate replacement of many aged components in the infrastructure of DPH. Without investment, DPH would face significant operational impact due to inefficiencies and unplanned downtimes.
DPH - All	F8 - New	DPH Human Resources Enhancements	2.31	266,522		266,522	5.00	653,779		653,779	Under healthcare reform, DPH needs to ensure an efficient and timely hiring process to ensure that vacancies are posted, recruited and filled in a timely manner so that operations can maintain productivity levels and reduce revenue losses and overtime usage. This request will fund a Training Coordinator for in-service employee training, two Personnel Analysts to provide labor relations support, a Sr. Personnel Analyst & an Administrative Analyst to improve and streamline the HR operation process.
PH	F9 - New	Placement Structural Correction		2,000,000		2,000,000		2,000,000		2,000,000	There is a \$2 M projected shortfall in funding for placement beds, as a result of a steadily increasing referral rate over the last few years. This has been done to move clients out of more expensive hospital settings. In order to sustain existing patient flow within the SF Health Network and to remain balanced financially, DPH must make a structural correction to adjust for this shortfall.





**2014-15 and 2015-16 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 Baseline Revenues**

TARGETED CLIENTS: SFGH patients

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

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
N/A	N/A	(\$17,650,034)	(\$16,800,368)

**PROGRAM DESCRIPTION: (Brief description of Program Change)**

This program change request adjusts the various revenue components based on best estimates at this time.

**JUSTIFICATION:**

The following outlines the revenue changes at San Francisco General Hospital for FY1416.

M/Cal / LIHP / Capitation: San Francisco operated a Low Income Health Program, SF Path. Effective January 1, 2014, SFPath members transitioned to a Medi-cal Managed Care Plan and a majority of our members chose San Francisco Health Plan. Between the SF Path Conversion and other new Medi-Cal enrollees, it is estimated that there will be approximately 15,000 of these members who will be enrolled in FY 14-15. In addition, more of our Medi-cal eligible are also enrolling in a managed care plan. Because of these changes capitation revenues are increasing substantially, while Medi-cal fee-for-service and LIHP revenues are decreasing.

SB 208 SFGH participates in the SB 208 program which provides supplemental funding to preserve and strengthen the availability and quality of Medi-cal Managed Care services provided by public hospitals.

Medicare, Other Patient Revenues and Bad Debts are being adjusted to our actual experience for this past fiscal year.

Meaningful Use: Both hospital and provider Meaningful Use funding is decreasing over time, as dictated by the formulas and amounts determined by the Centers for Medicare/Medicaid Services (CMS) and the CA Department of Health Care Services (DHCS).

State Realignment: In addition to these changes, the City is projecting a \$33.8 million reduction in state realignment due to the State "claw back" of realignment payments for county indigent care. While these changes will be reflected in SFGH's revenue budget, they are assumed in deficit and not included here as part of DPH's balancing plan.

**IMPACT ON CLIENTS: (unit of service and/or number of clients affected)**

N/A

**EXPENSE AND REVENUE IMPACT: (for both fiscal years)**

Revenues will decrease by \$9,292,018 while IGT, a required county match expense, will decrease by \$26,942,052 resulting in a net GF decrease of \$17,650,034 in FY1415.

Revenues will decrease by \$10,141,684 while IGT expense will decrease by \$26,942,052 resulting in a net GF decrease of \$16,800,368 in FY1516.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

None

**INITIATIVE TITLE: SFGH Baseline Revenues**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
Medi-Cal Revenue	\$	(33,397,357)	\$ (33,397,357)
Medicare Revenue	\$	(5,637,227)	\$ (5,637,227)
Other Patient Revenue	\$	(6,992,916)	\$ (6,992,916)
Provision for Bad Debt	\$	3,408,716	\$ 3,408,716
DSH/SNCP/DSRIP - SNCP	\$	(13,359,566)	\$ (13,359,566)
Capitation/Managed Care Settlement	\$	83,982,067	\$ 83,982,067
Capitation SB 208	\$	18,000,000	\$ 18,000,000
Low Income Health Program - LIHP - SFPATH	\$	(54,345,930)	\$ (54,345,930)
Meaningful Use	\$	(949,805)	\$ (1,799,470)
Subtotal Sources	\$	(9,292,018)	\$ (10,141,684)
<b>Uses:</b>			
IGT	\$	(26,942,052)	\$ (26,942,052)
	\$	-	\$ -
Subtotal Uses	\$	(26,942,052)	\$ (26,942,052)
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		<b>\$ (17,650,034)</b>	<b>\$ (16,800,368)</b>
<b>Total FTE's</b>		<b>0.00</b>	<b>0.00</b>

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

**2014-15 and 2015-16 Program Change Request****DEPARTMENT NAME:****DIVISION AND SECTION:**

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

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

TARGETED CLIENTS: All Laguna Honda Residents

PROGRAM CONTACT NAME/PHONE: Chia Yu Ma/759-3325

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
N/A	N/A	(\$14,083,696)	(\$14,083,696)

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

Laguna Honda Hospital's baseline revenues will be increased by \$15,083,696 in FY 14-16 to offset general fund \$1 million of additional pharmacy and the balance will be used to reduce general fund support.

**JUSTIFICATION:**

Two state policy changes are driving increases in revenue for LHH. First, in 2011, the state legislated a reduction to Medi-Cal skilled nursing facility rates to ten percent below FY 2008-09 levels. In fall of 2013, the governor signed legislation rescinding this rate reduction going forward. This change represents roughly 60% of the projected increase. Second, in December of 2013, the State changed its policies regarding interim payments of distinct part nursing facility supplemental funds. In the past these payments were based on the most recent audited cost report. Now, Laguna Honda will be allowed to receive an estimated payment based on its most recent submitted but un-audited cost report, which will have more recent and accurate cost data. Using the most recent cost reports which are higher than prior years, revenue at LHH is projected to increase. This change drives approximately 30% of the projected increase.

In addition, LHH is projecting increases in net patient revenues due to increased usage of outpatient pharmacy services, increase in census with improved patient flow. These changes result in a need for additional expenditure appropriation for pharmaceuticals.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

None.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expense will increase by \$1,000,000 for outpatient pharmaceutical supplies, as LHH is experiencing price increases in certain drugs due to supply issues. Patient revenue will increase by \$15,083,696 in FY14-16.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

No impact.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Laguna Honda Baseline Revenues**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
	Net Patient Revenue	15,083,696	15,083,696
	Subtotal Sources	\$ 15,083,696	\$ 15,083,696
<b>Uses:</b>			
		\$ 1,000,000	\$ 1,000,000
	Subtotal Uses	\$ 1,000,000	\$ 1,000,000
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ (14,083,696)	\$ (14,083,696)
<b>Total FTE's</b>		0.00	0.00

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

<u>Class</u>	<u>Title</u>	FTE	FY 14-15	FTE	FY 15-16
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**Operating Expenses**

Index Code	Character/Subobject Code	FY 14-15	FY 15-16
HLH448803	040/04461 Pharmaceutical Supplies	1,000,000	1,000,000

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

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

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

PROGRAM / INITIATIVE TITLE: **Public Health and Primary Care Revenues**

TARGETED CLIENTS: Public Health and Primary Care Clients

PROGRAM CONTACT NAME/PHONE: Greg Wagner, 554-2610

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
0.77	1.0	\$2,109,346	\$2,239,761

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

This initiative adjusts several revenues sources to align revenue budgets with actual receipts.

**JUSTIFICATION:**

The initiative makes the following corrections to revenue budgets:

- Primary Care: Actual revenues in primary care have been below budget in each of the past several fiscal years, due to the transition from fee-for-service to managed care and other factors including productivity impacts of the implementation of electronic medical records. In FY13-14, the second quarter financial statements project revenues below budget by \$5.8 million. This shortfall is partially offset by projected growth in capitated revenues resulting from enrollment in Medi-Cal managed care under the Affordable Care Act, for a net reduction of \$1.1 million.
- STD and Adult Immunization Travel Clinic (AIRC) – alignment of budget to actuals: In each of these Public Health Division programs actual revenues have been consistently below budget. This initiative corrects budgeted amounts with reductions of \$150,000 in STD and \$500,000 in AIRC.
- Grant funding adjustments: Grant funding for critical functions has expired for Tuberculosis and Public Health Emergency Response and Preparedness programs. Because these programs have been identified as essential services, this initiative reduces revenues but maintains costs as General Fund expenditures. It also restores one LVN position eliminated in a prior year CDC grant reduction that was never implemented due to public health necessity.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

Accurate budgeting of revenues prevents mid-year funding shortfalls that lead to financial instability impacting services to clients. The initiative will create financial stability for core DPH programs.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

\$2,015,670 in revenues and \$93,676 in expenses for FY 14-15 and \$2,129,928 in revenues and \$109,833 in expenses for FY 15-16

**IMPACT ON DEPARTMENT'S WORKFORCE:**

N/A

**INITIATIVE TITLE: Public Health and Primary Care Revenues**

Sources:		FY 2014-15	FY 2015-16
Description			
		\$ (2,015,670)	\$ (2,129,928)
Subtotal Sources		\$ (2,015,670)	\$ (2,129,928)
Uses:	Salary and Benefits	\$ 93,676	\$ 109,833
	Operating Expense		
Subtotal Uses		\$ 93,676	\$ 109,833
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 2,109,346	\$ 2,239,761
Total FTE's		0.77	1.00

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

Class	Title	FTE		FTE	
2312	Licensed Vocational Nurse	0.77	\$ 56,176	1.00	\$ 72,956
			-		-
	Total Salary	0.77	56,176	1.00	72,956
	Fringe	51.40%	37,499	50.55%	36,877
	Total Salary and Fringe	0.77	\$ 93,676	1.00	\$ 109,833

**Revenue Reductions**

Index Code	Character/Subobject Code		
HCHHAPADMINGF	65302/Medi-Cal Revenues	\$ (1,100,000)	(1,100,000)
HCHPDSTDSVGF	65318/Medical Family Planning	(150,000)	(150,000)
HCHTBCTRL	63599/Misc Revenues	(57,835)	1 (114,964)
HCHPDIMMSVGF	63599/Misc Revenues	\$ (207,835)	0.00 \$ (264,964)
HCHPDIMMSVGF	65312/Patient Payments	\$ (500,000)	(500,000)
		\$ (2,015,670)	\$ (2,129,928)

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

**2014-15 and 2015-16 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 General Fund Savings**

TARGETED CLIENTS: SFGH patients

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
(20.42)	(20.42)	(\$5,284,383)	(\$5,721,178)

**PROGRAM DESCRIPTION: (Brief description of Program Change)**

In order to meet the DPH GF reduction target and as part of the overall DPH Balancing plan, SFGH has proposed the following reductions to the annual operating budget:

- \$5 million reduction in Salaries and Benefits, which will offset \$2 million of salary corrections in mental health, jail health and health at home.
- \$2,284,174 in Contract Services with the University of California San Francisco

**JUSTIFICATION:**

**Salaries and Benefits:** SFGH continues to work toward reducing the number of administrative and denied days in the Med/Surg and Psychiatric units. Year to date, SFGH has an average daily census that is 34 under the budgeted census. The reduction in Salaries and Benefits will be programmed into the inpatient Med/Surg, Psychiatry and Skilled Nursing units. At the same time, there will be a \$2 million adjustment to salaries and benefits for mental health (\$800,000), jail health (\$675,000) and health at home (\$325,000) based on current year projections.

**UCSF Affiliation Agreement;** SFGH has proposed a reduction in contract services related to the UCSF/SFGH Affiliation Agreement, as UCSF has been able to fund its FY1415 and FY1516 retirement plan contributions and salary increases mandated by their MOUs. This reduction represents what was previously funded in the FY1415 adopted two year budget. UCSF is receiving new capitation and fee for service revenue from the Low Income Health Program patients who transitioned to a Medi-cal Managed Care plan in January 2014. In addition, in FY 2014-15 the department will pilot an incentive program allowing UCSF to receive a bonus payment from DPH of up to \$1 million if the hospital achieves certain metrics that have been identified by San Francisco Health Network leadership as key drivers of financial and operational improvement. The budget includes \$1 million in revenues and expenditures for this program. Under agreement with UCSF, funds will be dispersed in FY 2015-16 for those performance metrics determined to have been reached during FY 14-15. Incentives will be available for measured improvements in: HCAHPS physician communication scores (service excellence and value based purchasing); repatriation responsiveness (out-of-network costs); clinic cancellations by providers (access); and inpatient discharges before noon (hospital flow which is linked to lower level of care days and ED diversion).

**IMPACT ON CLIENTS: (unit of service and/or number of clients affected)**

A reduction in census of 34 equates to 12,410 less inpatient days for FY1415 and FY1516.



**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Budgeted expenditures will decrease by \$7,284,838 in FY1415 and by \$7,721,178 in FY1516.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

The change in Salaries and benefits defunds approximate 13 FTE's in FY1415 and FY1516 at DPH.

**INITIATIVE TITLE: SFGH GF Reductions**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
	65302/Medi-Cal		1,000,000
Subtotal Sources		\$ -	\$ 1,000,000
<b>Uses:</b>			
	Salary and Benefits	(3,000,209)	(3,000,209)
	Operating Expense	(2,284,174)	(1,720,969)
Subtotal Uses		\$ (5,284,383)	\$ (4,721,178)
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ (5,284,383)	\$ (5,721,178)
<b>Total FTE's</b>		(12.59)	(13.46)

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

Class	Title	FTE	FY14-15	FTE	FY15-16
PREMN	SFGH - Premium Pay		(450,000)		(450,000)
STEPM	SFGH - Step Adjustment		(450,000)		(450,000)
9993M	SFGH - Misc Attrition	(4.00)	(298,188)	(4.00)	(298,188)
9993N	SFGH - Attrition Savings Nurse	(16.42)	(2,497,641)	(16.42)	(2,497,641)
9993M	MH - Attrition Savings Misc	8.98	669,727	8.14	606,900
9993M	JH - Attrition Savings Misc		449,072		449,072
StepM/N	HAH - Step Adjustment		269,595		327,699
Temp M/N	HAH - Temp Salary	(1.16)	(145,612)	(1.19)	(145,612)
Prem M/N	HAH - Premium Pay		147,072		147,072
HoliP	HAH - Holiday Pay		21,084		21,084
Total Salary		(12.59)	(2,284,890)	(13.46)	(2,289,613)
Fringe		31.31%	(715,319)	31.04%	(710,596)
Total Salary and Fringe		(12.59)	\$ (3,000,209)	(13.46)	\$ (3,000,209)

**Operating Expenses**

Index Code	Character/Subobject Code	FY14-15	FY15-16
HGH1HUN40061 /			
HGH1HAD40061	021/02786 UC Main Affiliation Agreement COLA	(2,284,174)	(1,720,969)

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

**2014-15 and 2015-16 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: **Continued Implementation of Electronic Health Records**

TARGETED CLIENTS: Department of Public Health (DPH) clients

PROGRAM CONTACT NAME/PHONE: **Bill Kim/554-2633**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
5.20	5.00	\$3,828,786	\$3,262,997

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

Program Funding for: ongoing development of Electronic Health Records and related Centers for Medicare & Medicaid Services (CMS) MU Incentive Program compliance expanding to remaining health centers and LHH where providers are eligible.

**JUSTIFICATION:**

DPH has deployed meaningful use certified Electronic Health Records (eHR) to SFGH, all but one major and two small community clinics, and by fiscal 13/14 year end to five clinics on the SFGH campus. In FY 14/15 the remaining COPC and SFGH clinics will be brought live, as well as some initial clinics for the Public Health Division (Sobering, Respite and either City Clinic or the TB clinic). All providers not using the certified eHRs will continue to incur penalties from Medicare. Those providers who continue to meet the meaningful use criteria will continue to receive incentive payments.

- SFGH has received \$8,453,000 in Meaningful Use Incentive Payments to date.
  - Failure to attest to Stage II Meaningful Use in 2014 will result in an estimated loss of \$582,000 in Medicare incentive payments and a 1 year delay of the \$707,000 Medicaid incentive payment. SFGH would be subject to an estimated \$666,000 loss in 2016 in Medicare reimbursement increases.
  - Failure to attest in 2015 will result in the loss of an estimated \$291,000 in Medicare incentive payments, and an additional year delay of the \$707,000 Medicaid incentive payment. SFGH would also be subject to an estimated \$998,000 loss in 2017 Medicare reimbursement increases.
  - It is believed that failure to attest in 2014 or 2015 will increase the likelihood of being audited.
- SFDPH has received \$11,441,000 in Meaningful Use Incentive Payments for Eligible Providers to date.
  - SFDPH has received incentive payments for 508 Eligible Providers under the AIU (Adopt, Implement Upgrade) standard. Of these, 55 have demonstrated Meaningful Use under stage I requirements.
  - An additional \$20,944,000 in Incentive payments is available if all 508 Eligible providers attest to 5 years of Meaningful Use by 2021.
  - SFDPH will be subject to an estimated \$204,000 in lost Medicare revenue if providers fail to attest in 2014.

SFDPH will be subject to an estimated \$235,000 in lost Medicare revenue if providers fail to attest in 2015.

DPH will struggle to be compliant without adequate resources to train and sustain the level of meaningful use on eHRS.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

MU implementation affects DPH's direct service clients at SFGH, LHH, COPC, Health At home and JHS.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expenses will increase by \$4,479,215 for FY 14/15 and \$3,509,855 for FY 15/16. Revenues will increase by \$650,429 for FY 14/15 and \$246,858 in FY 15/16

**IMPACT ON DEPARTMENT'S WORKFORCE :**

There will be an increase of 5.20 FTEs in FY 14/15 and 5.00 in FY 15/16

**INITIATIVE TITLE: Continued Implementation of Electronic Health Records**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
44531	Medi-Cal incentive payment (LHH)	\$ 658,750	\$ 263,500
65802	Medicare O/P Pro Fee Penalties (LHH)	(8,321)	(16,642)
Subtotal Sources		\$ 650,429	\$ 246,858
<b>Uses:</b>			
	Salary and Benefits	\$ 683,220	\$ 664,834
	Operating Expense	\$ 3,795,995	\$ 2,845,021
Subtotal Uses		\$ 4,479,215	\$ 3,509,855
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 3,828,786	\$ 3,262,997
<b>Total FTE's</b>		5.20	5.00

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

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2409	Pharmacy Technician	3.85	307,507	5.00	399,360
9993M	Attrition Savings - Misc		(224,105)		(105,455)
TempM	Temp Misc (LHH)		252,913		213,161
P103	Per Diem Nurse (LHH)	1.35	237,754		-
Total Salary		5.20	574,070	5.00	507,066
Fringe		19.0%	109,150	31.1%	157,768
Total Salary and Fringe		5.20	683,220	5.00	664,834

**Operating Expenses**

Index Code	Character/Subobject Code		
	021/02761 Sytems Consulting Services	2,227,850	1,148,250
	081/081C5 DT workorder for software licensing fee	1,487,021	1,678,021
HLH448662	021/02200 training	750	750
HLH448662	021/02300 employee field expenses	17,500	17,500
HLH448803	021/02761 software maintenance	8,500	500
HLH448688	040/04921 Data Processing Supplies	54,374	-
HLH448704	07999 Allocated Charges	(658,750)	(263,500)
HLHFMAP-AR	07999 Allocated Charges	658,750	263,500

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

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

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

PROGRAM / INITIATIVE TITLE: **Behavioral Health Services Supported by 2011 Realignment**

TARGETED CLIENTS: MediCal Eligible Clients

PROGRAM CONTACT NAME/PHONE: **Jo Robinson/255-3400**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
6.39	9.0	0	0

**PROGRAM DESCRIPTION: (Brief description of Program Change)**

Starting in FY12-13, all State funding for behavioral health was realigned from the State to the County, (termed 2011 Realignment) meaning each county has become responsible for managing its risk within the 2011 Realignment funding level. As the State economy gets stronger, the County is allocated a legislated portion of the growth. A total increase of \$2,345,196 for the Public Safety Realignment aka 2011 Realignment budgeted to Mental Health services (\$ 1,641,637), and Substance Abuse services (\$ 703,559) in FY 2014-15 and 15-16

**Substance Abuse Realignment Growth (\$ 703,559)**

The proposed funding will be utilized to address compliance requirements and new administrative responsibilities, and provide the match to draw down Drug/MediCal reimbursement for growth in Methadone services.

Supporting Avatar Electronic Health Records: First, one 2591 Health Program Coordinator position will be added to ensure proper usage of the Avatar Electronic Health Record, data accuracy, and reporting compliance for the new D/MC services funded by ACA. This will help minimize the number of reporting errors submitted to the State as well as subsequent rejection of claims.

Drug Medi-Cal Site Certification: a 2593 Health Program Coordinator III will be added to provide additional support for Drug Medi-Cal Site certification as local counties are now designated to conduct D/MC site certifications for community based programs, instead of the State. Site certification is necessary to be eligible for Drug/MediCal reimbursement for eligible services. Community Behavioral Health Services (CBHS) already does this for mental health sites, but the volume is too great to be absorbed by the existing position.

Strengthening Community Programs Infrastructure: To ensure the success of CBHS under the changing requirements resulting from ACA to support Community Behavioral Health Services, DPH proposes to convert an existing Principal Administrative Analyst position to Manager II to serve as Deputy Director of Community Behavioral Health Services.

Drug Medi-Cal Local Match: \$417,792 will be used as the match to draw down Drug/MediCal reimbursement for Methadone services. Counties are required to reimburse the cost of this service for all eligible individuals at all eligible locations, and if there is insufficient Realignment, then General Fund dollars must be used. As a result, the proposed funding will be utilized to ensure that there are sufficient matching dollars available to fund the growth in Methadone services.

**Mental Health Realignment Growth (\$ 1,641,637)**

The proposed 2011 Realignment growth will be used comply with State-wide Settlement Agreement requirements, Strengthen administrative Infrastructure, and to meet the requirements of a State Settlement Agreement involving treatment for youth in Foster Care.

Short Doyle MediCal Documentation and Reporting Compliance: To ensure full MediCal reimbursement for eligible services, by preventing audit disallowances, and to ensure that the San Francisco Mental Health Plan remains in compliance with all requirements of the State Department of Health Care Services, it is critical that CBHS possess sufficient internal infrastructure to ensure proper billing, usage of appropriate billing codes, and comprehensive documentation that meets all reporting and justification requirements. Proper documentation has become increasingly important, and at the same time, the Department has insufficient capacity to ensure comprehensive oversight. The proposed funding would be used to add four positions. Two 2932 Senior Psychiatric Social Worker will perform CBHS clinic/program risk assessments, train, educate and monitor proper documentation of services according to State and Federal mandates. A 2112 Medical Records Technician will provide a significant level of assistance to prescribers to effectively use the appropriate billing codes (ICD-10, along with the other new billing codes) that all prescribers are mandated to use. A 2110 Medical Records Clerk would be assigned to the Medical Records Unit, and would be responsible for processing Avatar corrections for at least 2800 users using Avatar, CBHS' electronic health record (EHR) and billing system.

Community Behavioral Health Services Center Directors:

This is the continuation of an approved FY 13-14 initiative to reestablish Center Directors over four years, for each of the Community Oriented Primary Care Clinics (COPC) and in the Adult/ Older Adult, and Transitional Aged Youth (TAY) outpatient behavioral health clinics. This proposal would continue and complete the CBHS implementation by adding two (2593 Health Program Coordinator III) Center Directors for CBHS clinics in FY14-15, funded with the 2011 Realignment growth.

Katie A. Settlement Compliance \$768,752 in FY14-15 and \$877,470 in FY15-16

In FY13-14, the Department began the implementation of the requirements of the State's "Katie A." Settlement Agreement, using 2011 Realignment funding specifically allocated for this purpose. The State has estimated that the cost per new child would be approximately \$10k to receive the necessary services, or \$2k in incremental costs for existing clients to achieve compliance with the Settlement requirements, which, when compared with the projected new clients was not fully funded in the FY13-14 allocation. Therefore, to continue to ensure the provision of the mandated services, this proposal would continue to invest the 2011 Realignment growth into the provision of services to meet the Katie A settlement requirements. The funding would be used to increase contractual services of \$599,768 in FY14-15 and \$678,276 in FY15-16, substitute a vacant 1.0 FTE 2586 Health Worker II position to a 1.0FTE 2932 Senior Psychiatric Social Worker position to reflect the needed classification (based on a year of operation), and fund a 1.0 FTE 2574 Clinical Psychologist to oversee CBHS' Child Youth and Family Parent Training Institute (PTI).

**JUSTIFICATION:**

State 2011 Realignment funding is specifically allocated to Counties to meet the behavioral health needs of each County, along with the infrastructure needs to operate the San Francisco Mental Health Plan. It is intended for behavioral health services, and the State has reporting requirements and Maintenance of Effort requirements to ensure the funding is expended for these services. The County would risk a reduced allocation if the funding were not expended as intended.

**IMPACT ON CLIENTS: (unit of service and/or number of clients affected)**

These investments will allow CBHS to support both its civil service and contractual program and expand the number of clients seen. The administrative positions will ensure proper documentation and reimbursement for their care.

**EXPENSE AND REVENUE IMPACT: (for both fiscal years)**

Increase Revenues of \$2,345,196 and Expenditures of \$2,345,196 in FY14-15 and FY15-16

**IMPACT ON DEPARTMENT'S WORKFORCE :**

The following positions will be added into the 14-15 budget

2591 Health Program Coordinator II - .77 FTE and increasing to 1.0 in FY 15-16.

2593 Health Program Coordinator III – 2.31 FTE and increasing to 3.0 in FY 15-16.

2112 Medical Records Technician - .77 FTE and increasing to 1.0 in FY 15-16.

2932 Senior Psychiatric Social Worker – 1.54 FTE and increasing to 2.0 in FY 15-16.

2110 Medical Records Clerk - .77 FTE and increasing to 1.0 in FY 15-16.

2574 Clinical Psychologist. .77 FTE and increasing to 1.0 in FY15-15.

1.0 FTE of 2586 Health Worker II will be substituted to 1.0 2932 Senior Psychiatric Social Worker

1.0 FTE Principal Administrative Analyst will be substituted to 1.0 0923 Manager II



**ATTACHMENT B**  
**SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Behavioral Health Services Supported by 2011 Realignment**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
HMHSB1020EPS (EPSDT) - MH 2011 Realignment 45412		\$ 1,641,637	\$ 1,641,637
HMHSB1020DMC - Drug Medi-Cal - SA 2011 Realignment 45413		703,559	703,559
Subtotal Sources		2,345,196	2,345,196
<b>Uses:</b>			
Salaries & Fringes		\$ 975,079	\$ 1,247,271
Contractual Services		1,370,117	1,097,925
Subtotal Uses		\$ 2,345,196	\$ 2,345,196
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 0	\$ 0
<b>Total FTE's</b>		<b>6.93</b>	<b>9.00</b>

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

Class	Title	FTE	FY14-15	FTE	FY14-15
2591	Health Program Coordinator II	0.77	67,511	1.00	87,677
2593	Health Program Coordinator III	0.77	75,514	1.00	98,070
1824	Principal Administrative Analyst	(1.00)	(114,063)	(1.00)	(114,063)
0923	Manager II	1.00	122,715	1.00	122,715
2112	Medical Records Technician	0.77	53,252	1.00	69,159
2932	Senior Psychiatric Social Worker	1.54	144,908	2.00	188,192
2593	Health Program Coordinator III	1.54	151,028	2.00	196,140
2586	Health Worker II	(1.00)	(59,329)	(1.00)	(59,329)
2932	Senior Psychiatric Social Worker	1.00	94,096	1.00	94,096
2110	Medical Records Clerk	0.77	47,498	1.00	61,686
2574	Clinical Psychologist	0.56	\$ 58,538	0.73	\$ 76,023
2574	Clinical Psychologist	0.21	\$ 21,651	0.27	\$ 28,118

	6.93	663,319	9.00	848,484
Fringes (47%)		311,760		398,787
	6.93	\$ 975,079	9.00	\$ 1,247,271

**Operating Expenses**

Index Code Character/Subobject Code  
021/02700

<u>FY14-15</u>	<u>FY14-15</u>
\$ 1,370,117	1,097,925

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

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

PROGRAM / INITIATIVE TITLE: **Maternal and Child Health Funding Restructure**

TARGETED CLIENTS: At risk parents and their children resident in San Francisco.

PROGRAM CONTACT NAME/PHONE: **Josh Nossiter**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
3.94	4.86	\$0 (cost neutral)	\$0 (cost neutral)

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

DPH proposes to restructure its Maternal and Child Health (MCAH) services to increase revenue, reduce administrative burden and increase service. It will achieve this by:

1. Transferring the Field Public Health Nursing (PHN) program from Targeted Case Management (TCM) funding to the MCAH budget and
2. Expanding the Nurse Family Partnership (NFP) Program
3. Repurpose existing resources and leverage new revenues to create more support for MCAH programs.

**JUSTIFICATION:**

Transferring the Field PHN staff to the MCAH budget greatly simplifies program administration, reduces administrative costs, increases revenue generation, and increases local flexibility to move towards prevention work. Expanding the NFP program by reassigning Field PHN staff to NFP places the reassigned staff in evidence based best practice. By increasing the number of NFP clients, savings accrue to the city through improved outcomes for new mothers and their babies, and consequent reduced demand for public health and social services in future.

These changes will also leverage additional revenue that will be reinvested within the program to support the expanded NFP program and the full range of expanded MCAH services with outreach, education, administration, and data analysis. The addition of a 2593 MCAH Program Coordinator III to coordinate integration with SFHN, and of a 2119 Health Care Analyst to perform data analysis relating to integration, serves both to integrate MCAH with the network, and to meet the departmental goals of an efficient integrated health care delivery system.

To support the expanded NFP program and the full range of expanded MCAH services with outreach, education, administration, and data analysis, the program needs greater support with additional staffing for a 2822 Health Educator, a 1406 Senior Clerk, and an 1822 Administrative Analyst. Finally, to fill the supervisorial gap created by a growing staff, and to manage quality improvement and assurance, MCAH seeks to restore a 2322 position to the MCAH program and to fill the position with a new hire.

The Black Infant Health (BIH) program's new model is programmatically and administratively more demanding. With program expansion through additional subcontracted staff and the startup of a project to improve African American birth outcomes, the BIH Coordinator's duties have increased in scope and complexity, necessitating substituting the current 2591 with a 2593 position.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

Although client numbers and units of service will not change significantly, assigning additional staff to the evidence based practice model – NFP – will result in improved client outcomes. The additional FTEs will lead to more direct client services, community health education, Quality Improvement, and program accountability. Additional BIH clients are anticipated through staff expansion.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expenses and revenue will increase by \$1,136,859 in FY14-15 and \$1,165,784 in FY15-16. No impact on general fund.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Increasing by 3.94 FTEs in FY 14-15 and 4.86 FTEs in FY15-16

**INITIATIVE TITLE: Maternal Child Health Funding Restructure**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>	MCAH and NFP Grants	2,611,859	\$ 2,640,784
	TCM GF	(1,475,000)	\$ (1,475,000)
Subtotal Sources		\$ 1,136,859	\$ 1,165,784
<b>Uses:</b>	Salary and Benefits	1,136,859	1,165,784
	Operating Expense	-	-
Subtotal Uses		\$ 1,136,859	\$ 1,165,784
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 0	\$ 0
<b>Total FTE's</b>		3.94	4.86

**New Positions**

Class	Title	FTE	Amount	FTE	Amount
2591	Health Program Coordinator II	(0.43)	(37,665)	(0.43)	(37,665)
2593	Health Program Coordinator III	0.43	42,137	0.43	42,137
1820	Junior Administrative Analyst	(1.72)	(110,547)	(1.72)	(110,547)
1822	Administrative Analyst	1.72	145,251	1.72	145,251
1822	Administrative Analyst	0.14	11,823	0.14	11,823
2322	Director of Public Health Nursing	0.30	55,552	0.30	55,552
2322	MCAH Nurse Manager	0.39	72,217	0.39	72,217
1406	Senior Clerk	0.62	33,377	0.80	43,347
1406	Senior Clerk	0.15	8,344	0.20	10,837
2593	Health Program Coordinator III	0.66	64,892	0.86	84,276
2593	Health Program Coordinator III	0.11	10,564	0.14	13,719
2119	Health Care Analyst	0.66	56,886	0.86	73,877
2119	Health Care Analyst	0.11	9,260	0.14	12,027
2822	Health Educator	0.35	31,405	0.45	40,786
2822	Health Educator	0.42	38,384	0.55	49,850
	Attrition Savings	0.03	325,062	0.03	269,337
Salary		3.94	756,944	4.86	776,824
			(432,474)		(432,474)
			812,389		821,434
Fringe			379,915		388,960
<b>Total Salary &amp; Fringe</b>		<b>3.94</b>	<b>1,136,859</b>	<b>4.86</b>	<b>1,165,784</b>

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

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

PROGRAM / INITIATIVE TITLE: **New San Francisco Health Network Clinic**

TARGETED CLIENTS: SFHN Patients

PROGRAM CONTACT NAME/PHONE:

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
9.63	12.50	\$0 (cost neutral)	\$0 (cost neutral)

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

DPH seeks to create a full-service integrated Primary Care Clinic that can help shift access demand away from SFGH programs, including PC, Urgent Care and pharmacy services.

**JUSTIFICATION:**

DPH is currently exploring the opportunity to rent existing clinic and pharmacy space in a centrally located area of San Francisco. The proposed full-service, integrated, community PC clinic will provide the following services in FY 14-15:

Primary care to those assigned to this community PC “medical home,” which will link to Castro-Mission Health Center (CMHC). Target Enrolled by Not Yet Seen (ENYS) will come primarily from the Family Health Center (FHC) and General Medicine Clinic (GMC), both of which qualify for a higher FQHC reimbursement rate than Community Primary Care sites. Shifting this group of ENYS clients to the new space would open up PC capacity at FHC and GMC to enroll Medi-Cal expansion clients.

Pharmacy services to HSF enrollees, whose drugs are now only dispensed through the SFGH pharmacy, and to urgent care clients – the proposed lease space already has a small, turn-key pharmacy. This service would shift demand away from the SFGH outpatient pharmacy and enhance patient experience.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

Clients will have improved access to primary care, mental health and urgent care in a centrally located area.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

By shifting enrollees who are assigned to a current SFGH-based PCC and who have yet established medical care to this new clinic, we free up clinical capacity at the FHC and GMC to enroll new Medi-Cal enrollees, whose services are FQHC reimbursable. These increases in revenue will offset the operating costs of this new facility. Increases in revenue and expenses of \$1,466,577 in FY 14-15 and \$2,296,688 in FY 15-16. No general fund impact.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Increase of 9.63 FTE annualizing to 12.50 FTE in FY 15-16.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: New San Francisco Health Network Clinic**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
	Revenues	\$ 1,466,577	\$ 2,296,688
Subtotal Sources		\$ 1,466,577	\$ 2,296,688
<b>Uses:</b>			
	Salary & Fringes	\$ 1,152,564	\$ 1,888,879
	Non-Personnel	\$ 314,013	\$ 407,809
		-	-
Subtotal Uses		\$ 1,466,577	\$ 2,296,688
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ (0)	\$ (0)
<b>Total FTE's</b>		<b>9.63</b>	<b>12.50</b>

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

Class	Title	FTE		FTE	
2586	Health Worker II (COPC)	1.23	\$ 73,065	1.60	\$ 95,838
2903	Eligibility Worker (COPC)	1.23	\$ 79,952	1.60	\$ 104,872
2320	Registered Nurse (COPC)	1.39	\$ 195,784	1.80	\$ 256,807
2230	Physician Specialist (COPC)	1.54	\$ 311,337	2.00	\$ 418,992
2430	Medical Evaluations Assistant (COPC)	3.08	\$ 186,747	4.00	\$ 244,953
2409	Pharmacy Technician (COPC)	0.39	\$ 30,751	0.50	\$ 40,335
2450	Pharmacist (COPC)	0.77	\$ 112,052	1.00	\$ 146,977
9993M	Attrition Savings - Miscellaneous		\$ (190,243)		\$ -
		9.63	799,444	12.50	1,308,776
			353,120		580,103
			\$ 1,152,564		\$ 1,888,879

**Operating Expenses**

Index Code	Character/Subobject Code		
HCHAPHC1--GF or TBD	021/03000 - Rent/Lease - 100 Church Street	\$ 237,013	\$ 307,809
HCHAPHC1--GF or TBD	040/04000 - Material & Supplies	\$ 77,000	\$ 100,000
		\$ 314,013	\$ 407,809

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

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

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

PROGRAM / INITIATIVE TITLE: **Laguna Honda and Health at Home Workflow Improvements**

TARGETED CLIENTS: Laguna Honda Acute and Skilled Rehabilitation and Health at Home Clients

PROGRAM CONTACT NAME/PHONE: **Maggie Rykowski, 759-4025**

2014-15 FTE Change	2014-15 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
1.54	2.00	\$0 (cost neutral)	\$0 (cost neutral)

**PROGRAM DESCRIPTION: (Brief description of Program Change)**

The Department of Public Health (DPH) promotes the timely access and delivery of healthcare services at the appropriate level of care setting. Laguna Honda Hospital and Rehabilitation Center (LHH) and Health at Home (HAH) are sections within DPH that provide services for San Francisco adults and seniors with disabilities needing acute rehabilitation, skilled nursing/rehabilitation and/or home care services. In order to maximize the number of clients served, ensure timely access at the appropriate level of care, the program proposes workflow improvements through position substitutions, for the provision of services for DPH clients needing rehabilitation and/or home care nursing assessments and therapies. Both existing positions affected by this change are currently vacant. This initiative would:

- Substitute a vacant 2554 Therapy Aid to a 2555 Physical Therapy Assistant and add one 2903 Eligibility Worker. This would allow for the expansion of restorative rehabilitation services in both inpatient and outpatient settings, as well as supporting discharge planning for patients on the discharge track.
- Substitute a vacant 2320 Registered Nurse to two 2312 Licensed Vocational Nurse positions to handle increased discharges for home care from San Francisco General Hospital (SFGH), LHH, and other community agencies. CMS regulations require that clients being discharged from hospitals needing home care must be seen within 48 hours of referral.

**JUSTIFICATION:**

Healthcare reform implementation mandates that healthcare services are available and accessible to patients with need. The SF Health Network, the delivery system for DPH, is organized to allow for integrated services to meet the needs of DPH patients. To this end, program change goals include:

- 1) promoting and ensuring timely transitions from the hospital to the community setting as well as from SFGH to LHH or HAH,
- 2) increasing the number of rehabilitation encounters at LHH's inpatient and outpatient settings, as well as the number of home care visits for HAH referrals, and
- 3) increasing DPH revenue.

**IMPACT ON CLIENTS: (unit of service and/or number of clients affected)**

For home health services, it is estimated that the RN would be able to admit an additional 186 clients. The LVN would be able to provide 1,734 visits per year. For the rehabilitation services, the Physical Therapy Assistant will be able to provide additional 780 encounters per year.

**EXPENSE AND REVENUE IMPACT: (for both fiscal years)**

Revenue and expense will increase by \$85,136 in FY 14-15 and by \$133,098 in FY15-16.

**IMPACT ON DEPARTMENT'S WORKFORCE :** Net increase of 1.54 FTE in FY14-15 and 2.00 FTE in FY 15-16.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: LHH Rehab and Home Health Workflow Improvements**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
65322	Home Health Medicare Revenue	\$ 10,000	\$ 12,987
65325	Home Health Medi-Cal Revenue	15,000	19,481
65911	LHH DP/NF Revenue	43,756	78,790
65302	LHH Medi-Cal Outpatient Revenue	16,380	21,840
Subtotal Sources		85,136	133,098
<b>Uses:</b>			
	Salary & Fringe	\$ 85,136	\$ 133,098
Subtotal Uses		85,136	133,098
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 0	\$ 0
<b>Total FTE's</b>		<b>1.54</b>	<b>2.00</b>

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

		FY14-15		FY15-16	
Class	Title	FTE	Amount	FTE	Amount
2554	Therapy Aide	(1.00)	(74,022)	(1.00)	(74,022)
2555	Physical Therapy Assistant	1.00	86,502	1.00	86,502
2903	Eligibility Worker	0.77	49,970	1.00	64,896
2320	Registered Nurse	(1.00)	(141,258)	(1.00)	(141,258)
2312	Licensed Vocational Nurse	1.77	129,132	2.00	145,912
		-	-	-	-
		1.54	50,324	2.00	82,030
Fringe (FY 14-15 = 47% , FY 15-16 = 52% )			34,812		51,068
			\$ 85,136		\$ 133,098

**Operating Expenses**

Index Code Character/Subobject Code

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



**2014-15 and 2015-16 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 Specialty and Ancillary Services**

TARGETED CLIENTS: Patients at San Francisco Department of Public Health (SFDPH)

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
-	-	\$0	\$0

**PROGRAM DESCRIPTION: (Brief description of Program Change)**

The following programs and ancillary services require enhancements and are necessary for SFDPH to address the health needs of San Franciscans, with a special emphasis and commitment to serving the City's most vulnerable, diverse populations.

**JUSTIFICATION:**

**Clinical Labs Supplies (\$166,637):** For five years, Clinical Labs has not had an increase to its supplies budget and current funding levels are insufficient. The 3.5% increase represents what is currently necessary to effectively run Clinical Labs.

**Pathology Lab Supplies (\$68,500):** Dermatology and Renal cases are transferred to UCSF for substantial turnaround time improvement as well as more timely communication between pathology experts and those involved in direct patient care. Also, since 2006, the volume of Surgery Pathology Lab diagnostics increased by 45% and general workload increased by 25%. Without this funding, there would be substantial delays in result reporting.

**Clinical Lab Staff for Specimen Collection (\$265,856):** This will fund 1.0 Clinical Lab Scientist with an Information Technology (IT) background to manage Collection Manager System databases and train SFGH personnel. It will also fund 2.0 Computer Resource Specialists to provide 24/7 database connectivity coverage, troubleshooting, and maintenance for approximately 130 printers.

**Pathology Supervisor (\$142,712):** This removes direct lab duties from the Division Manager and reestablishes a dedicated 1.0 Histology Supervisor for the Pathology group. These positions were combined 5 years ago and the arrangement is no longer tenable with increased work volume and responsibilities in both areas.

**Medicine Pulmonary Fellow (\$83,389):** This funds 1.0 of a Pulmonary ICU Fellow. Currently, there is one night Fellow and another Fellow jointly funded by Pulmonary, Anesthesia and Neurology.

**Oral Surgery Attending (\$256,048):** This funds 1.0 of an Oral Surgeon to alleviate the current situation where 1.15 providers are expected to cover 120 patients/week in the Outpatient Clinic in addition to planned/emergent cases in the operating rooms, department call coverage seven days/week, and double call-coverage every third night.

**Biomedical Structural Fix (\$102,982):** This increases the integrity of preventative maintenance and response to service calls by technicians, increases patient safety and ensures regulatory compliance. This funds the reclassification of an open position and an administrative support position.

**IMPACT ON CLIENTS: (unit of service and/or number of clients affected)**

**Lab Supplies:** Proper funding levels for lab supplies ensure more efficient and timely patient diagnostics for optimal treatment decisions.

**Support Staff, Supervisor, Fellow and Attending:** Better supervision and support throughout the departments will improve work performance, ensure compliance and lead to favorable patient outcomes.

**Biomedical Structural Fix:** Proper staffing and supervision allows more appropriate work distribution so that individuals best trained for the roles are conducting the work, thereby ensuring patient safety and compliance.

**EXPENSE AND REVENUE IMPACT: (for both fiscal years)**

There will be no general fund impact in FY1415 and FY1516.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

There will be no changes to City County of San Francisco FTEs in FY14-15 and FY15-16.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: SFGH Speciality and Ancillary Services**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
	Capitation Revenues	\$ 1,086,123	\$ 1,086,123
	Subtotal Sources	\$ 1,086,123	\$ 1,086,123
<b>Uses:</b>			
	Salary and Benefits	\$ -	\$ -
	Operating Expense	\$ 1,086,123	\$ 1,086,123
	Subtotal Uses	\$ 1,086,123	\$ 1,086,123
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ -	\$ -
<b>Total FTE's</b>		0.00	0.00

**Operating Expenses**

Index Code	Character/Subobject Code		
HGH1HUN40061	021/02786 UCSF Affiliation Agreement	1,086,123	1,086,123
		\$ 1,086,123	\$ 1,086,123

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

**2014-15 and 2015-16 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:** Adult Medical Center Transitions / Anticoagulation Pharmacist

**TARGETED CLIENTS:** DPH patients

**Name:** David Woods PharmD; Claire Horton MD; and Mary Gray MD

**Title:** Director of Pharmacy; Medical Director of AMC; and Anticoagulation Clinic Director

**Phone:** 415 206-2332; 206-6782; and 206-8613

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
0.77	1.00	\$0	\$0

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

Adverse drug effects are a major driver of patient safety issues, and SFGH-specific studies indicate that warfarin is a leading medication causing adverse drug events (ADEs). In the area of cost containment, data increasingly points to congestive heart failure (CHF) re-admissions as a primary driver of spiraling costs, and SFGH data confirms this trend locally with an admission rate between 15-32%. At present, Adult Medical Center (AMC) has 1 full time clinical pharmacist who supports both primary care and medical specialties. Because of the large volume of patients, the current pharmacist can only offer limited services. The AMC proposes to add 1.0 FTE clinical pharmacist to focus on warfarin safety for the entire dept of public health as well as medication reconciliation for patients with heart failure and other complex chronic diseases

**JUSTIFICATION:**

- Pharmacist-run anticoagulation clinic: Available data supports that a pharmacist-run anticoagulation service can improve care, reduce complications, reduce hospitalizations and emergency room visits and reduce overall costs. The most recent American College of Chest Providers consensus conference on antithrombotic therapy ("Chest guidelines") recommend that clinicians have a systematic process of managing oral anticoagulation dosing that includes a knowledgeable provider, organized system of follow-up, and clearly outlined protocols for dose adjustment and blood draw intervals.
- Pharmacy involvement in care transitions: The literature has shown that involving a clinical pharmacist in the care team can lead to significant improvements in patient safety and quality of care. Specifically, pharmacists can reduce admissions from CHF as well as all-cause hospitalization.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

All patients who require outpatient anticoagulation are candidates as well as all patients discharged from acute care with AMC or Cardiology Clinic referrals. The post-discharge period is a highly vulnerable time for patients, especially for patients with low health literacy and multiple medical and psychosocial comorbidities. The new pharmacist's post-discharge clinic will guarantee a medication reconciliation visit within 7 days post-discharge for all AMC and cardiology patients with CHF, prioritizing those with limited health literacy. With physician oversight, this pharmacist will be able to titrate diuretics and blood pressure medications post-discharge, preventing unnecessary re-admissions. Moreover, the education provided during these visits about medication adherence, drug-drug interactions, medication side effects, and proper use of pharmacy systems will be a great benefit to our most vulnerable AMC patients.

**EXPENSE AND REVENUE IMPACT: (for both fiscal years)**

There will be no general fund impact in FY1415 and FY1516.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

There will be an increase of 0.77 Clinical Pharmacist in FY1415 and 1.00 in FY1516.

References:

Brenner et al, Signal and noise: applying a laboratory trigger tool to identify adverse drug events among primary care patients. *BMJ Quality and Safety*. 2012 Aug;21(8):670-5.

Rudd et al, Comparison of Two Different Models of Anticoagulation Management Services with Usual Medical Care, *Pharmacotherapy* 2010; 30 (4) : 330-338

Guyatt et al, Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines , February 2012 *Chest*. 2012;141(2\_suppl):7S-47S

Koshman et al, Pharmacist Care of patients with Heart Failure: A systematic review of randomized trials. *Archives of Internal Medicine* 2008; 168 (7) : 687-694

**INITIATIVE TITLE: Adult Medical Center Transitions / Patient Safety Pharmacist**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
	Revenues	\$ 171,047	\$ 234,213
	Subtotal Sources	\$ 171,047	\$ 234,213
<b>Uses:</b>			
	Salary and Benefits	\$ 171,047	\$ 234,213
	Operating Expense		
	Subtotal Uses	\$ 171,047	\$ 234,213
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ (0)	\$ 0
<b>Total FTE's</b>		<b>0.77</b>	<b>1.00</b>

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

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2454	Clinical Pharmacist	0.77	123,562	1.00	165,284
		0.00	0	0.00	0
		0.00	0	0.00	0
		0.00	0	0.00	0
		<u>0.00</u>	<u>0</u>	<u>0.00</u>	<u>0</u>
	Total Salary	0.77	123,562	1.00	165,284
	Fringe	38.4%	47,485	40.6%	67,105
	Total Salary and Fringe	<b>0.77</b>	<b>171,047</b>	<b>1.00</b>	<b>232,389</b>

**Operating Expenses**

Index Code Character/Subobject Code

\$ - \$ -

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

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

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

PROGRAM / INITIATIVE TITLE: **Fiscal Intermediary Conversions**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/PHONE: **Christine Siador/554-2832**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
5.39	7.0	\$0	\$0

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

This initiative will re-categorize certain departmental expenditures from non-personal to personnel services to ensure compliance with City policies and departmental business standards.

**JUSTIFICATION:**

DPH conducts periodic reviews of its expenditures to identify functions that should be re-categorized in the budget process to ensure compliance with City policies and department business standards. DPH often purchases services for time-limited programs or specialized functions that cannot be provided by department staff. In cases where circumstances later change (such as the extension of a grant-funded program, identification of a permanent funding source, or a change in program scope) it is sometimes more appropriate or cost effective to shift these functions to departmental personnel. The department recommends reclassifying \$781,059 in vendor services in the population health and behavioral health to personnel. The conversions will include six grant-funded positions with stable future funding in the Public Health Division including HIV and other prevention services. No services will be affected by this re-categorization and it is budget neutral.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

No services will be affected.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

The initiative is budget neutral in both fiscal years as increases in salaries and benefits are offset by reductions in contracts.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Addition of annual 7.00 FTEs

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Fiscal Intermediary Conversions**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		-	-
<b>Uses:</b>			
Salary and Fringes		\$ 781,059	\$ 1,015,845
Operating Expenses		(781,059)	(1,015,845)
		-	-
Subtotal Uses		-	-
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ -	\$ -
<b>Total FTE's</b>		<b>5.39</b>	<b>7.00</b>

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

Class	Title	FTE	FY14-15	FTE	FY15-16
2591	Health Program Coordinator II	1.54	134,895	2.00	175,188
2822	Health Educator	2.31	209,369	3.00	271,908
2585	Health Worker I	0.77	40,801	1.00	52,988
2230	Physician Specialist	0.77	155,669	1.00	207,422
		5.39	540,733	7.00	707,506
	Fringe (FY 14-15 = 47% , FY 15-16 = 52% )		240,325		308,339
			\$ 781,059		\$ 1,015,845

**Operating Expenses**

Index Code	Character/Subobject Code	FY14-15	FY15-16
	021/02789 Professional Services	\$ (781,059)	\$ (1,015,845)

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

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

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

PROGRAM / INITIATIVE TITLE: **SF Health Network Centralized Call Center**

TARGETED CLIENTS: Primary Care Patients

PROGRAM CONTACT NAME/PHONE:

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
7.54	13.5	1,456,601	\$1,572,996

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

Following one of the major recommendations from a review of DPH's services by Health Management Associates, DPH proposes to develop a centralized call center (CCC) that will handle all appointment scheduling and general inquiries for all DPH primary care clinics, including clinics at San Francisco General campus. In addition to appointment scheduling and general inquiries, the CCC would determine healthcare eligibility before appointments are made, which would decrease delays and unexpected costs.

Clinics will be integrated in two phases over the course of FY 14-15 and FY 15-16, with a target start date of winter 2014-15. Staff is comprised of a mix of both new and reassigned 2586 Health Worker IIs and Eligibility Workers. Once the primary care clinics have been successfully transitioned to the call center, DPH will expand this program to specialty services, including mental health.

This new program will be located in the Laguna Honda Administrative building. While there will need to be upfront costs to upgrade to the existing phone system and initiative build out to create space suitable for a call center, as well as a new porter position to maintain the wing, the department will avoid significant ongoing rental costs, by locating in an existing City building.

DPH's IT division will create an integrated scheduling system that will work with both eClinicalWorks and Invision clinical records system. 1052 IT analyst will be added to support the development, implementation and maintenance of this new system, as well as, subsequent expansion of this function to other ambulatory care programs.

**JUSTIFICATION:**

The health care industry as a whole continues to move to centralized call centers, and they are becoming a system delivery standard to ensure a high level of customer service and loyalty in a competitive market. The CCC will increase patient access to care and maximize efficiencies as centralized scheduling will enable CCC staff to view all available appointments across DPH's system of primary care. This will allow clinic staff to focus on providing direct services to patients, instead of answering phone calls for scheduling and general inquiries.



Centralizing the staff will also achieve efficiencies in terms staffing and language, as can staff more effectively to respond call volume peaks, and leverage language resources. With health care reform, DPH must provide excellent customer service in order to maintain and grow its market share of primary care members. Historically, DPH's Primary Care customer satisfaction has been low (35%), according to the Clinician and Group Survey (CAPHS), which is significantly lower than the National Research Corporation average rating of 63%. Timely telephone response is crucial to ensuring access and customer satisfaction.

Furthermore, it has been demonstrated that a successful CCC can reduce no show rates, emergency room and urgent care visits through improved scheduling, providing reminder calls, and through better coordination of healthcare providers and facilities.

**IMPACT ON CLIENTS: (unit of service and/or number of clients affected)**

A well-trained and fully-staffed CCC would improve patient satisfaction through centralized appointment scheduling and cancellation processes, by answering calls in a timely manner with fewer handoffs, and by providing access to call agents who are able to meet multiple language needs. Furthermore, clinic staff can be more attentive to patients since they will only be responsible for a small percentage of calls.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

Increase of 7.54 FTEs in FY 14-15 increasing to 12.5 FTE in FY 15-16. In addition approximately 10 FTE of Health Worker IIs and 9.0 FTE of Eligibility Workers will also be reassigned from the clinics in FY 14-15 and 15-16 support this function.

**INITIATIVE TITLE: SFHN Call Center**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
	Revenues		
	Subtotal Sources	\$ -	\$ -
<b>Uses:</b>			
	Salary and Benefits	\$ 671,839	\$ 1,267,816
	Operating Expense	\$ 793,222	\$ 305,180
	Subtotal Uses	\$ 1,465,061	\$ 1,572,996
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,465,061	\$ 1,572,996
<b>Total FTE's</b>		7.54	13.50

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

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2593	Health Program Coordinator III	0.77	73,145	1.00	94,994
2588	Health Worker IV	1.54	116,837	2.00	151,736
2587	Health Worker III	0.77	49,970	1.00	64,896
2591	Health Worker II	2.92	228,328	7.50	444,795
1052	IS Business Analyst	0.77	76,632	1.00	93,522
2736	Porter	0.77	42,022	1.00	54,574
STPEM	Step Adjustment	0.00	(50,000)		(75,000)
9993M	Attrition	0.00	(150,000)		(25,000)
Total Salary		7.54	386,934	13.50	804,517
Fringe		73.6%	284,905	57.6%	463,299
Total Salary and Fringe		7.54	671,839	13.50	1,267,816

Index Code	Character/Subobject Code	FY 14-15	FY 15-16
	02761/System Consulting Services	\$ 80,000	\$ 156,000
	03596/Software Licensing Fees	\$ 86,800	\$ 80,500

## 2014-15 and 2015-16 Program Change Request

**DIVISION AND SECTION:**

☒ San Francisco General  
Hospital  
☒ Primary Care  
☒ Jail Health

☒ Laguna Honda Hospital  
☒ Health At Home  
☒ Public Health

☒ CBHS - Substance Abuse  
☒ CBHS - Mental Health  
☒ DPH – Department Wide

PROGRAM / INITIATIVE TITLE: **Security Enhancement for IT**

TARGETED CLIENTS: All DPH Clients

PROGRAM CONTACT NAME/PHONE: **Bill Kim/554-2633**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
3.08	4.00	\$428,364	\$716,191

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

Under this initiative DPH will fund the following high-priority information security improvements to ensure compliance to regulatory and good business practices:

1. Firewall infrastructure to protect applications and data and improve integrity and availability of data to the business.
2. 2 Factor Authentication environment to improve access control by users.
3. Digital credentials to ensure secure digital transactions
4. Security related event monitoring.
5. Cloud based secure file transport service for moving sensitive data between DPH and it's affiliates

**JUSTIFICATION:**

The current DPH hosted environment is end of life and is not sufficiently redundant. A security audit performed through the Controller's office resulted in several recommended actions to improve DPH's processes and controls around protecting data. Implementation of these recommendations will significantly reduce risks to protected information and reduce financial liability. The audit identified risks associated with non-encrypted services running in the DPH environment. These certificates need to be applied to external and internal facing services such as [www.sfdph.org](http://www.sfdph.org).

Entrust IdentityGuard is used to authenticate external contractors primarily on myAvatar (mental health electronic medical records) and internal Remote Access users. This system is nearing end of life and must be upgraded to improve security. Entrust IdentityGuard supports DPH's Mental Health and Substance Abuse programs. This is a shared environment and will be used to support checkpoint firewall event monitoring.

As we move to leverage the CCSF network, security is critical in ensuring that CCSF is not impacted due to breaches.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

This is an enterprise-wide initiative that affects all users and patients that will protect services that most of DPH and our affiliates use. IdentityGuard supports about 3,000 contractor and 3,000 DPH users. Event monitoring on the firewall affects all DPH users. If this it is not implemented, there may be financial impact if billing files are not sent. Pharmacy orders are not completed when system is down.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Increases General Fund by \$428,364 in FY 14-15 and increasing to \$716,191 in year 2.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

N/A

**INITIATIVE TITLE: Security Enhancement for IT**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	408,364	696,191
	Operating Expense	20,000	20,000
Subtotal Uses		\$ 428,364	\$ 716,191
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 428,364	\$ 716,191
<b>Total FTE's</b>		3.08	4.00

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

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
1043	IS Engineer - Senior	0.77	98,879	1.00	128,414
1044	IS Engineer - Principal	0.77	106,386	1.00	138,164
1070	IS Project Director	0.77	106,386	1.00	138,164
0932	Manager IV	0.77	109,309	1.00	141,960
PremM	Premium Pay		16,814		21,836
9993M	Attrition Savings - Misc		(134,463)		(63,273)
Total Salary		3.08	303,311	4.00	505,265
Fringe		34.64%	105,052	37.79%	190,926
Total Salary and Fringe		3.08	\$ 408,364	4.00	\$ 696,191

**Operating Expenses**

Index Code	Character/Subobject Code		
	04000/Materials and Supplies	20,000	20,000

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

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

☐ San Francisco General  
Hospital  
☐ Primary Care  
☐ Jail Health

☐ Laguna Honda Hospital  
☐ Health At Home  
☐ Public Health

☐ CBHS - Substance Abuse  
☐ CBHS - Mental Health  
X DPH -- Department Wide

PROGRAM / INITIATIVE TITLE: **Clinical Informaticists**

TARGETED CLIENTS: SFHN Patients

PROGRAM CONTACT NAME/PHONE: **Bill Kim/554-2780**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
3.08	4.50	\$417,300	\$745,465

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

As technology becomes integral part of health care delivery and financial billing, DPH must be able to implement new systems and systems upgrades successfully to minimize losses in productivity and to fully leverage the capabilities of a new system. This initiative proposes to develop a team of clinicians to help support clinical staff adapt quickly to new technology and technology upgrades quickly and so they can use it to its fullest potential and minimize department processes.

**JUSTIFICATION:**

DPH continues to implement major health information and billing systems throughout its operations, including electronic medical medical records, 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), a medical classification list used by for charting and billing. With our recent roll outs of eClinical Works in the primary care clinics, DPH experienced losses in productivity and consequently accessibility at our clinics.

Informaticists have been identified as key to meeting and sustaining competencies to meet meaningful use as intended to engage patients and provide quality and safe care medical care throughout DPH. In order to implement this and other IT programs successfully, DPH will create a team of trained clinicians who will help support pre and post implementation of clinical information and billing systems. This unit will include Registered Nurses and Health Workers who are trained specifically to pre go live and post go live for training support for sites to for EMR, and it will allow clinics to return to their prior productivity levels sooner. This team will provide IT with a clinical perspective on the design and development of new programs. In addition, it will help train and prepare staff use new IT systems.

There will be an ongoing need for this function at DPH as Information systems will continue to be updated and changed, due to technological advancements and regulatory requirements.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

This will allow DPH to maximize its efficiency which will allow it to keep costs down and improve access to its services.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expenses will increase by \$417,300 in FY 14-15 and to \$745,465 in FY 15-16.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Increase of 1.0 FTE each of Healthcare Analyst and Clinical Nurse Specialist. In addition, 2.0 RNs will be added in FY 14-15 and an additional 1.0 FTE added in FY 15-16.

**INITIATIVE TITLE: Clinical Informaticists**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 339,300	\$ 745,465
	Operating Expense	\$ 78,000	\$ -
Subtotal Uses		\$ 417,300	\$ 745,465
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 417,300	\$ 745,465
<b>Total FTE's</b>		3.08	4.50

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

<u>Class</u>	<u>Title</u>	FTE	FY14-15	FTE	FY15-16
2119	Health Care Analyst	0.77	66,146	1.00	85,904
2320	Registered Nurse	1.54	217,537	2.50	353,145
2323	Clinical Nurse Specialist	0.77	145,245	1.00	188,630
9993M	Attrition Savings - Misc		(179,284)		(94,909)
Total Salary		3.08	249,645	4.50	532,770
Fringe		35.91%	89,656	39.92%	212,695
Total Salary and Fringe		3.08	\$ 339,300	4.50	\$ 745,465

**Operating Expenses**

Index Code	Character/Subobject Code		
	02200/Training	50,000	\$ -
	04000 Materials and Supplies	28,000	
		78,000	\$ -

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



## 2014-15 and 2015-16 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: **Telehealth Support and Upgrade**

TARGETED CLIENTS: Department of Public Health (DPH) clients

PROGRAM CONTACT NAME/PHONE: **Roland Pickens/554-2610**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
2.31	3.00	\$122,727	\$316,180

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

Program Funding for ongoing development and proliferation throughout the San Francisco Health Network (SFHN) of real-time and stored video telehealth services in the clinical areas of: language interpretation, select specialty services such as dermatology, ophthalmology, psychiatry, home telemetry monitoring, clinical pharmacology among many other medical and surgical specialty clinical services.

**JUSTIFICATION:**

Since 2007-2008 SFDPH has been the recipient of approximately \$5 Million in capital infrastructure and equipment improvements via the University of California System-Wide State of CA Proposition 1-D Bond Measure, which funded DPH to develop and deploy a full-scope Telemedicine Program of both real-time and stored video telemedicine services. The \$5 Million in funds was used to deploy a high-speed fiber linked network from San Francisco General Hospital to the other clinical delivery sites of SFDPH/SFHN. In addition specialized telehealth equipment was purchased for eventual deployment throughout the clinical delivery sites of SFDPH/SFHN. Of significance is the fact that the Prop 1-D funding prohibited use of funds to support the human resources (staff positions) to operate the Telehealth Program. Thus in the early years, telehealth services were originally based predominantly at San Francisco General Hospital with very little proliferation to the remainder of SFDPH/SFHN. The limited Telehealth footprint has greatly improved timely access to care for patients in those specialty areas and helped to improve clinical productivity of existing staff resources. The early program success was attained via the use of contracted professionals. This budget initiative seeks to replace contracted professionals with civil service staff and provide for additional infrastructure not covered by the original Prop 1-D Grant that will allow for the proliferation of Telehealth Services to the remainder of SFDPH/SFHN.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

Telehealth capability is expected to allow 75,000 video medical interpretation encounters and 3,500 medical and surgical specialty encounters per year, resulting in improved convenience and access for clients.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

Expenses will increase by \$122,727 in FY 14-15 and \$316,180 in FY 15-16.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

There will be an increase of 2.31 FTEs in FY14-15 and 3.00 FTEs in FY15-16.

**INITIATIVE TITLE: Telehealth Initiative**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>			
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	\$ 114,727	\$ 316,180
	Operating Expense	\$ 8,000	\$ -
Subtotal Uses		\$ 122,727	\$ 316,180
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 122,727	\$ 316,180
<b>Total FTE's</b>		2.31	3.00

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

Class	Title	FTE	FY14-15	FTE	FY15-16
1044	IS Engineer -Principal	0.77	106,386	1.00	138,164
1091	IT Operations Support Admin I	0.77	45,665	1.00	59,305
2591	Health Program Coordinator II	0.77	67,447	1.00	87,593
9993M	Attrition Savings - Misc		(134,463)		(63,273)
Total Salary		2.31	85,035	3.00	221,789
Fringe		34.92%	29,693	42.56%	94,391
Total Salary and Fringe		2.31	\$ 114,727	3.00	\$ 316,180

**Operating Expenses**

Index Code	Character/Subobject Code	FY14-15	FY15-16
	041/04000 Materials & Supplies (one time)	8,000	-

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

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

☒ San Francisco General Hospital  
☒ Primary Care  
☒ Jail Health

☒ Laguna Honda Hospital  
☐ Health At Home  
☒ Public Health

☒ CBHS - Substance Abuse  
☒ CBHS - Mental Health  
☒ DPH – Department Wide

PROGRAM / INITIATIVE TITLE: **DPH Information Technology Infrastructure**

TARGETED CLIENTS: DPH wide

PROGRAM CONTACT NAME/PHONE: **Bill Kim/554-2633**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
7.18	10.33	\$1,549,383	\$2,212,904

**PROGRAM DESCRIPTION:** (Brief description of Program Change)

DPH IT has three areas of concentrated effort to stabilize and upgrade aging foundational IT infrastructure to meet current and growing business needs.

1. Many locations throughout the City used by DPH staff to perform service require new higher speed data connections to the DPH private data network. This project is being designed by DPH engineers in collaboration with the Dept of Technology. The project is intended to utilize where possible, City owned fiber optic communications. This should reduce the DPH IT request to lease from ATT data circuits at a higher cost. We must make investments in the equipment used for the project by both DPH and DT.
2. With the announcement by Microsoft of the End of Support of the XP Desktop Operating system, DPH IT has proposed a project to replace many of the replacement PC with VDI (Virtual Desktop Interface) based on zero foot print technology. The adoption of this strategy should lower the overall cost of support and operation of the full PC workstations. Significantly, this will improve protection of protected data, as data do not reside locally in individual computer workstation.
3. DPH has been requested by Dept of Tech to participate in a Microsoft Citywide Enterprise License Agreement. This comes at a time when Microsoft had recently proposed to DPH IT the cost to DPH to upgrade all of the Microsoft Office products, the MS SQL Database products and many other MS productivity products. The overall ELA license program is cheaper with the larger City effort to acquire a larger discount on Microsoft products that we are required to use in the DPH business and healthcare environment.

**JUSTIFICATION:**

DPH IT has a primary mission of supporting the users of DPH with the installation and support of the technology components that can best meet the needs of the business units within DPH. Due to several years of significant budget shortages, planned replacements of expensive network and user workstation equipment has been deferred. DPH IT is now recommending the appropriate replacement of many aged components in the infrastructure of DPH. Without investment, DPH would face significant operational impact due to inefficiencies and unplanned downtimes.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

Some DPH Clients need full desktops and DPH IT will work with those users to install PC that meet their requirements. Others in DPH that need basic clinical and office products may be very well serviced by the new VDI standard in their clinical operations work areas. The effectiveness of the solution provided for

individual users will be review periodically to confirm that the VDI solution is suitable for the work environment.

**EXPENSE AND REVENUE IMPACT: (for both fiscal years)**

The project to install additional VDI terminals in lieu of full PC workstations is budgeted at \$388,326.

The project to perform a significant amount of virtualization of applications on DPH virtual equipment is budgeted at \$546,340.

The project to perform WAN Communication improvements with DT for high bandwidth is budgeted at \$600,000.

The project to replace network equipment used in the upgrade of the virtual server hosting , vdi servers, site wan improvements, central fax server consolidation, emergency spares of network gear and tools is budgeted at \$865,000.

The project for DPH to collaborate with Dept of Technology in seeking the lowest CCSF contract costs for Microsoft Corp License fees and true up of older obsolete licenses is \$3,165,000.

**IMPACT ON DEPARTMENT'S WORKFORCE:**

The impact of the installation of the described DPH IT Infrastructure investments will be a noticeable improvement by the users of DPH in the performance of the many applications that they use and the improvement of reliability of the overall network and systems that our team hosts the applications on.

The Wide area Network, (WAN) upgrade at many DPH sites would have a significant performance improvement on the speed at which users experience graphically intensive applications such as Avatar and eCw. As the number of users has expanded at each COPC and CBHS sites PC have been deployed but the WAN has not been resized to accommodate the additional data traffic. The use of ATT high speed leased private circuits is expensive. The Dept of Technology would like to provide DPH access to City owned private fiber based WAN at a reduced cost.

The strategic use of VDI as the primary PC desktop for users will reduce the number of support staff needed to maintain thousands of individual PC desktops. The desktop support team is able to configure and centrally maintain standardized PC desktop images. As new application upgrades are available, they are able to deploy the change to a central PC image model that All users experience.

The current process requires a desktop support staff to visit each PC in sites located throughout the City and perform updates or complete system image changes which can take over one hour per device. DPH presently has approximately 5,500 devices.

**INITIATIVE TITLE: Information Technology Infrastructure**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
<b>Uses:</b>	Salary and Benefits	403,775	1,021,203
	Operating Expense	541,375	1,191,701
	Capital Equipment	604,233	-
Subtotal Uses		\$ 1,549,383	\$ 2,212,904
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 1,549,383	\$ 2,212,904
<b>Total FTE's</b>		7.18	10.33

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

Class	Title	FTE	FY14-15	FTE	FY15-16
1002_C	IS Operator-Journey	0.77	45,665	1.00	59,306
1024_C	IS Administrator-Supervisor	0.77	85,245	1.00	110,708
1052_C	IS Business Analyst	0.77	72,012	1.00	93,522
1054_C	IS Business Analyst-Principal	0.77	96,496	1.00	125,320
1070_C	IS Project Director	0.77	106,386	1.50	207,246
1406_C	Senior Clerk	1.54	83,443	2.50	135,460
TEMP M	Temp Salaries	1.79	154,000	2.33	200,000
9993M	Attrition Savings		(313,748)		(168,728)
Total Salary		7.18	329,501	10.33	762,834
Fringe		22.54%	74,274	33.87%	258,369
Total Salary and Fringe		7.18	\$ 403,775	10.33	\$ 1,021,203

**Operating Expenses**

Index Code	Character/Subobject Code	FY14-15	FY15-16
	021/03596/Software Licensing Fees	200,000	200,000
	021/02761 Systems Consulting Services (one time)	-	-
	021/02911 DP/WP Equipment Maintenance	249,375	249,375
	081/081C5 DT Workorder (software & licensing fees)	-	742,326
	081/081CI DT Workorder (Infrastructure one time)	92,000	-

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

	FY14-15	FY15-16
060/06000 Capital Equipment (WAN - one time)	604,233	-

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

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

PROGRAM / INITIATIVE TITLE: **DPH Human Resources**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/PHONE:

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
2.31	\$266,522	5.0	\$653,799

**PROGRAM DESCRIPTION: (Brief description of Program Change)**

DPH must invest in its Human Resources (HR) division to ensure successful implementation of initiatives related to the implementation of the Affordable Care Act, reorganization including the establishment of a new Health Network, and various process improvement initiatives. DPH is requesting total of five positions. The training coordinator is essential because DPH HR has no training staff, section, or capacity. The leadership of the department turns to DPH HR with requests for service and assistance in the area of training and we need the capacity to respond. This position will also help with the management of the many required trainings we must manage and track for regulatory purposes. The Labor relations 1244 will be used to help us better manager relationships and manager disputes with our unions, our model is a manager and two 1244 staff for each half of the department (roughly 3500 employees). This will allow us to resolve disputes earlier and avoid losses in productivity. Finally, a Senior Analyst will be the lead for our continuous improvement process which will allow us to improve processes and streamline operations.

In addition, DPH will also participate in the Personnel Analyst Apprenticeship program with the City's Department of Human Resources to develop trained analysts for the City.

**JUSTIFICATION:**

Under healthcare reform, DPH needs to ensure an efficient and timely hiring process to ensure that vacancies are posted, recruited and filled in a timely manner so that:

1. Productivity levels for operations are maintained to allow the greatest access for our patients.
2. Recruit the strongest candidates for our workforce
3. Reduce additional overtime costs to backfill vacancies and
4. Avoid revenue losses to due lost productivity

**IMPACT ON CLIENTS: (unit of service and/or number of clients affected)**

Improved patient access due to maintained service levels.

**EXPENSE AND REVENUE IMPACT: (for both fiscal years)**

General Fund Increase of \$266,522 in FY 14-15, increasing to \$653,799 in FY 15-16.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

2.31 FTE in FY 14-15 increase to 5.0 FTE in year 2.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: HR enhancements**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>		-	\$ -
Subtotal Sources		-	-
<b>Uses:</b>			
Salaries/Fringe		213,652	653,779
DHR workorder		52,870	-
		-	-
Subtotal Uses		266,522	653,779
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		266,522	\$ 653,779
<b>Total FTE's</b>		<b>2.31</b>	<b>5.00</b>

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

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
1241	Personnel Analyst	0.00	-	2.00	176,228
1232	Training Coordinator	0.77	68,428	1.00	88,868
1823	Senior Administrative Analyst	0.77	75,836	1.00	98,488
1244	Senior Personnel Analyst	0.77	79,219	1.00	102,882
	Attrition Savings		(75,000)		(25,000)
	Total Salary	2.31	148,483	5.00	441,466
	Fringe	43.9%	65,169	48.1%	212,313
	Total Salary and Fringe	<b>2.31</b>	<b>213,652</b>	<b>5.00</b>	<b>653,779</b>

**Operating Expenses**

Index Code Character/Subobject Code  
081/DHR Workorder

52,870

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

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

PROGRAM / INITIATIVE TITLE: **Placement Structural Correction**

TARGETED CLIENTS: Patients needing long term care

PROGRAM CONTACT NAME/PHONE: **Kelly Hiramoto**

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
N/A	N/A	\$2,000,000	\$2,000,000

**PROGRAM DESCRIPTION: (Brief description of Program Change)**

The Department is currently projecting a shortfall \$2 million for its long term placements beds, including Institutions for Mental Disease (IMD) beds, Mental Health Rehabilitation Center (MHRC) beds and psychiatric Skilled Nursing Facility (SNF) beds. In order to sustain existing patient flow within the SF Health Network and to remain balanced financially, DPH must make a structural correction to adjust for this shortfall. If DPH were to reduce its usage of these beds to stay within the existing budget, it will impede patient flow at Laguna Honda and San Francisco General Hospitals. This in turn, will have a negative impact on health of the patients, as well as revenue and expenditures.

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

The referral sources include San Francisco General Hospital (SFGH) psychiatric and medical units, Laguna Honda Hospital (LHH), the Emergency Medical Services (EMS) High User program, and the Homeless Outreach Team. Many clients are placed following an acute inpatient episode, going directly from SFGH's Psychiatric Unit to a locked long term care bed.

**JUSTIFICATION:**

The projected shortfall is the result of a steadily increasing referral rate over the last few years, in order to move clients out of more expensive hospital settings. The positive outcome of the increased patient flow is evidenced by the projected increases in revenue at the hospitals. If DPH were to cap the usage of these beds, then hospital usage will increase.

**IMPACT ON CLIENTS: (unit of service and/or number of clients affected)**

None, this proposal will maintain DPH's capacity to place clients in the most appropriate level of care.

**EXPENSE AND REVENUE IMPACT: (for both fiscal years)**

\$2 million increase in Professional and Specialized Services.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

None.



**ATTACHMENT B**  
**SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Placement Structural Correction**

Description		FY 2014-15	FY 2015-16
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		-	-
<b>Uses:</b>			
Operating Expenses		\$ 2,000,000	\$ 2,000,000
		-	-
		-	-
Subtotal Uses		2,000,000	2,000,000
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>		\$ 2,000,000	\$ 2,000,000
<b>Total FTE's</b>		<b>0.0</b>	<b>0.0</b>

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

Class Title FTE

Fringe (FY 14-15 = 42% , FY 15-16 = 42% )

-	-
-	-
-	-
\$ -	\$ -

**Operating Expenses**

Index Code	Character/Subobject Code		
	02700 Professional Services	\$ 2,000,000	\$ 2,000,000

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

**2014-15 and 2015-16 Program Change Request****DIVISION AND SECTION:**

☐ San Francisco General  
Hospital  
☒ Primary Care  
☐ Jail Health

☐ Laguna Honda Hospital  
☐ Health At Home  
☐ Public Health

☐ CBHS - Substance Abuse  
☒ CBHS - Mental Health  
☐ DPH – Department Wide

PROGRAM / INITIATIVE TITLE: **Affordable Care Act (ACA) Readiness for Ambulatory Care**

TARGETED CLIENTS: Clients/Patients of COPC and CBHS

PROGRAM CONTACT NAME/PHONE: Roland Pickens 554-2610

2014-15 FTE Change	2015-16 FTE Cumulative Change	FY 2014-15 Net General Fund Impact	FY 2015-16 Cumulative Net General Fund Impact
4.09	5.19	\$429,328	\$1,183,669

**PROGRAM DESCRIPTION: (Brief description of Program Change)**

This initiative leverages existing resources to strengthen the SF Health Network management structure to ensure success in Affordable Care Act.

Primary Care Center Directors: In FY 13-14, the Department's proposal to reestablish a total of 16 Center Directors over four years, 12 for each of the Primary Care Clinics and 4 for the Adult/Older Adult, and Transitional Aged Youth (TAY) outpatient behavioral health clinics was approved. This proposal would continue to fund the implementation four (0922 Manager ) Center Directors of Community Oriented Primary Care in FY14-15. DPH must invest in the infrastructure of its clinics to maximize productivity and improve quality. Effective leadership will ensure that services are well coordinated (from admission to discharge), timely, accessible, culturally competent, appropriate and effective, (including making decisions regarding challenging clients). Strong oversight creates efficiency and the optimal use of resources, and allows the clinic to ensure that services are coordinated and that policies and procedures are correctly followed.

Deputy Director of Transitions Unit: This proposal would create a .3 FTE 0923 Manager II to bring an existing .7 FTE 0923 to a 1.0 FTE full-time position to serve as the Deputy Director of the San Francisco Health Network's Transitions Unit. This position would provide support to oversee the supervision of over 75 employees within this newly developed unit. This Unit is responsible for the Care Coordination of the SF Health Network, along with the placement of patients leaving SFGH and Laguna Honda Hospital into community based, or other lower level settings.

Medical Director for Accountable Care: This will create .5 FTE of a 2233 Supervising Physician to bring an existing .5 FTE to a full time position. This position will be responsible for all utilization management activities across the networks including transferring patients to appropriate levels of care, and overseeing managed care contracts and approving.

Director of Clinical Operations for Ambulatory Care: This will create .39 FTE of a 2324 Nurse Supervisor position to bring an existing .61 fte of a 2324 to a full time position. This position will oversee all clinical operations for our ambulatory care programs, as the interface between the ambulatory care and the hospitals.

**JUSTIFICATION:**

These positions requested provide critical management and oversight to ensure DPH's operations are leveraged to its fullest capacity.

**IMPACT ON CLIENTS:** (unit of service and/or number of clients affected)

These positions will ensure that services are accessible to all patients, and are delivered efficiently and appropriately.

**EXPENSE AND REVENUE IMPACT:** (for both fiscal years)

FY14-15: Increase to 001/013 Personnel and Fringe Benefits of \$429,328. FY15-16: Increase to 001/013 Personnel and Fringe Benefits of \$1,183,669.

**IMPACT ON DEPARTMENT'S WORKFORCE :**

Increase of 2.0 FTE 0922 Manager in FY 14-15 and annualize to 4.0 FTE in FY15-16.  
Ongoing addition of a .5 FTE 2233, 0.3 FTE of 0923 and 0.39 of a 2324 ongoing.

**INITIATIVE TITLE: ACA Readiness**

Description	FY 2014-15	FY 2015-16
<b>Sources:</b>		
Revenues		
Subtotal Sources	\$ -	\$ -
<b>Uses:</b>		
Salary and Benefits	\$ 429,328	\$ 1,183,669
Operating Expense	\$ -	\$ -
Subtotal Uses	\$ 429,328	\$ 1,183,669
<b>Net General Fund Subsidy Required (savings)/cost (Uses less Sources)</b>	\$ 429,328	\$ 1,183,669
<b>Total FTE's</b>	4.09	5.19

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

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2233	Senior Physician Specialist	0.39	90,111	0.50	120,074
0922	Manager I	3.08	377,737	4.00	490,568
0923	Manager II	0.23	30,571	0.30	39,702
2324	Nursing Supervisor	0.39	79,599	0.39	79,599
9993M	Attrition - for delay		(300,000)		(50,000)
Total Salary		4.09	278,018	5.19	679,943
Fringe		54.4%	151,310	74.1%	503,726
Total Salary and Fringe		4.09	429,328	5.19	1,183,669

**Operating Expenses**

Index Code Character/Subobject Code  
Contractual Expenses

081ET

\$ - \$ -

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