




Edwin M. Lee,
Mayor

Greg Wagner,
Chief Financial Officer

MEMORANDUM

February 11, 2016

TO: President Ed Chow and Honorable Members of the Health Commission

FROM: Greg Wagner, Chief Financial Officer 

THROUGH: Barbara Garcia, Director 

RE: **FY 2016-17 and 2017-18 Proposed Budget – Second Hearing**

At the February 16th Commission meeting we will have the second hearing on the Department of Public Health's proposed budget for FY 2016-17 and 2017-18. As you recall, our first hearing February 2 provided an overview of the City's financial picture as well as the Mayor's Budget instructions, introduced the Department's proposed strategic approach to the budget, and introduced revenue and salary savings initiatives to meet our revenue and general fund savings targets. At the February 16th hearing, we will introduce a number of additional proposed initiatives for the Commission's consideration. We are requesting approval of these initiatives for submission to the Mayor's Office.

DPH Budget Priorities for FY 2016-18

The proposed DPH budget is focused on aggressively continuing the major, multi-year strategic initiatives that began in the years prior to implementation of the Affordable Care Act, such as the creation and continued development of the San Francisco Health Network into a functionally integrated delivery system, a once-in-a-generation overhaul of the Department's information technology infrastructure and systems; the opening of the new Zuckerberg San Francisco General Hospital (ZSFG); and rebuilding the Public Health Division. In addition, the budget includes several initiatives to strengthen behavioral health programs.

Development of a unified Electronic Health Records (EHR) system

For several years DPH has been working to systematically modernize and strengthen its information technology operations to support service improvements and financial stability. In 2014, DPH developed a strategic plan for IT investments. The plan called for first addressing existing deficiencies in staffing and infrastructure, then implementation of a unified electronic health record system. In the FY 15-17 budget process, DPH budgeted \$42 million for infrastructure and operations, along with planning funds for the EHR system. The proposed budget for FY 16-18 includes additional funding to move forward with implementation of a unified EHR for the San Francisco Health Network. The projected five-year cost for the EHR program is \$183.7 million dollars, with peak implementation costs occurring in FY 16-17, 17-18, and 18-19. The department has been working with the Controller's Office and Mayor's Office to establish a financial strategy for funding the

program without requesting new funding through the Committee on Information Technology. That strategy includes prioritizing the EHR project during annual budget proposals, reallocating of existing and planned expenditure appropriation from within the DPH budget, and budgetary provisions allowing the transfer of certain surplus revenues into the project. In addition, the Department believes there is a strong possibility of philanthropic support for the project. At the February 16 hearing, staff is requesting that the Commission approve the gross amount of new appropriation authority needed over the next two years. The Department will continue to work with the Mayor's Office and Controller's Office to refine the budgetary approach for the EHR project over the next three months, and will return to the Commission with updates and revisions if necessary.

Behavioral Health Expansion

The proposed budget includes a \$13.7 million annual investment of new dollars in mental health and substance use programs, funded through revenues and reallocated funding from within SFHN.

Starting in May 2016, DPH will participate in a State pilot program authorized under an 1115 Waiver intended to demonstrate that an organized delivery system for substance abuse services would increase successful outcomes and reduce costs for Drug Medi-Cal beneficiaries. This pilot will expand the number of substance use disorder services that were formerly covered by general fund to be eligible for billing under Drug Medi-Cal. To qualify, the pilot requires significant changes in the delivery system including licensed providers, Drug Medi-Cal certified sites and increases in reporting requirements. To meet these requirements, DPH enhance its existing administrative infrastructure for reporting, training and compliance. A successful implementation will improve the quality of our current services and ensure San Francisco maximizes the amount of funding it draws down.

2011 Realignment revenue increases will be used to augment specialty mental health services for youth including expanded mental health services requirements under the Katie A. lawsuit, improvements in quality management and the conversion of contractually funded position to civil service positions for better coordination, oversight and consistency. The annualized expenditure increases for these service is \$2.8 million.

The Mental Health Services Act (MHSA) initiative will appropriate \$3.5 million of expenditure and revenues for both years. This growth will be used to cover costs outlined in the existing MHSA services integrated spending plan, including increased staffing for Transgendered staffing, Hummingbird Place Peer Respite, capacity enhancements and IT investments.

Finally, Jail Health Behavioral Health Services will implement its final phase of integrating its Behavioral Health Services into civil service for a net annual increase of \$450,000.

Continued Implementation and Refinement of Prior Years' Initiatives for SFHN Service Improvement

The San Francisco Health Network will repurpose some of its vacant positions to put towards strengthening existing initiatives as well as savings to offset other requests in the department.

Initiatives include the second phase of the Centralized Call Center Project that was started in FY 13-14, additional staffing for the Medical Respite program that is currently under construction and a new transitional food program at Zuckerberg San Francisco General. The department will also reallocate ten existing positions to focus on meeting the requirements and thresholds outlined in the Medi-Cal 2020 Waiver.

Strengthening Public Health Division Infrastructure and Operations

For the past several years, the Public Health Division (PHD) has been reorganizing itself and strengthening our infrastructure. Due to reliance on grant funding, there were few positions available to work on overlapping needs, quality assurance, and integration. The proposed budget includes positions for LEAN/quality improvement as well as increased staff for community outreach and disease prevention and control. The Environmental Health Branch under PHD will also be adding additional positions to meet consumer protection staffing needs, and two positions funded with general fund to ensure protection for massage workers and communities near new housing developments.

Investing in Human Resources

Over the last several years, DPH has added a significant number of positions for service delivery, but without corresponding growth in human resources staffing to handle hiring, separations and leaves. In order for DPH to achieve continued success with its programs, the department needs to invest in ensuring its human resource staffing is sufficient to support the needs of its workforce.

In total, all of DPH initiatives meets and exceeds our budget target by \$1.75 million. As discussed earlier, we will continue to work with the Mayor and Controller’s Office on our budgetary approach for this project.

DPH Balancing as of 2/16/16	FY 16-17 Savings/(Cost)	FY 17-18 Savings/(Cost)	Two-Year Total
General Fund Reduction Target	\$ 9,580,977	\$ 19,161,955	\$ 28,742,932
Summary of Initiatives (savings/cost)			
Revenue	\$ (23,815,903)	\$ (20,439,935)	\$ (44,255,837)
Revenue Growth Assumed in Deficit	\$ 6,720,577	\$ 17,020,716	\$ 23,741,293
Savings	\$ (7,500,000)	\$ (7,500,000)	\$ (15,000,000)
Budget Neutral	\$ 199,461	\$ 301,196	\$ 500,657
Emerging Needs	\$ 1,926,515	\$ 2,594,024	\$ 4,520,539
Net Balancing - Above/(Below) Target	\$ (12,888,374)	\$ 11,137,957	\$ (1,750,417)
Other Initiatives			
Electronic Health Records	\$ 6,970,881	\$ 17,433,323	\$ 24,404,204
Inflationary (does not affect target)		\$ 3,197,664	\$ 3,197,664

With your approval, these additional initiatives will complete DPH’s FY 2016-18 budget submission. We will keep you informed and as necessary schedule any additional hearings as our initiatives are considered for the Mayor’s Proposed Budget on June 1.

In addition to the items included above, the Department continues to work with the Mayor's Office and other City departments on key policy priorities including the creation of a Department on Homelessness, the Getting to Zero program, Vision Zero program, planning for closure of the seismically deficient jail at the Hall of Justice, strengthening management of inpatient psychiatric service, and planning for implementation of the June, 2016 General Obligation Bond to seismically strengthen ZSFG Building 5 and allocate \$50 million for improvements to primary care clinics.

Div	Item	Description	FTE Change	Expend Incr/(Decr)	Revenues Incr/(Decr)	Net GF (Savings)/Cost	Comment
AC/MH	C2 - New	Mental Health Services Act	8.39	3,570,367	3,570,367	-	Mental Health Services Act (MHSA) will support increased staffing for Transgendered staffing, Hummingbird Place Peer Respite, capacity enhancements and IT investments.
TOTAL REVENUE NEUTRAL							
EMERGING NEEDS							
AC/JH	E1 - New	Integrating Jail Health Behavioral Health Services	14.74	805,083	-	805,083	DPH will complete the conversion of Behavioral Health Services under Jail Health from community based to civil service for improved coordination and oversight with Jail Health and the SF Health Network. The costs of new positions will be offset mostly by contract savings.
SFHN	E2 - New	SFHN Reinvestments into Delivery System for Call Center, Medical Respite and Transitional Food Program and Savings	(5.76)	(996,502)	-	(996,502)	Positions will be substituted to create additional staffing for Phase 2 of Centralized Call Center and the Medical Respite Program and to support a community based transitional food program at ZSFG. The remaining balance of positions will be deleted to offset other costs in DPH's 16-18 Budget submission.
PHD	E3 - New	Investments in Population Health	7.18	598,699	-	598,699	The proposed budget includes positions for LEAN/quality improvement as well as increased staff for community outreach and disease prevention and control.
DPH	E4 - New	Investments in Human Resources	10.13	1,519,235	-	1,519,235	DPH will add 14 FTE of permanent front line Human Resources staff to manage, leaves, Equal Employment Opportunity, Merit and Operations to continue temporary staff positions.
EMERGING NEEDS							
ELECTRONIC HEALTH RECORDS							
DPH	F1	Electronic Health Records Implementation Costs	-	6,970,881	-	6,970,881	This initiative is a continuation of DPH's effort to procure and implement a unified electronic health record (EHR) system, building on the initiative included in the FY 15-17 budget, and adds expenditure authority for implementation costs expected over the next two years.
ELECTRONIC HEALTH RECORDS							
INFLATIONARY (Does not affect target)							
DPH	D1	Pharmacy and Other Inflationary Costs	-	-	-	-	Increased expenditure authority related to pharmaceuticals, food, as well as housing and laundry contracts to reflect inflation on the price of these critical supplies and services.
TOTAL INFLATIONARY							
TOTAL REVENUE NEUTRAL							
EMERGING NEEDS							
ELECTRONIC HEALTH RECORDS							
INFLATIONARY (Does not affect target)							
TOTAL INFLATIONARY							

8.6

2016-17 and 2017-18 Program Change Request

DIVISION:

- DPH – department wide Population Health SF Health Network Wide /
 San Francisco General Laguna Honda Hospital Managed Care
 Hospital
 Ambulatory Care -
BHS/SUDS

PROGRAM / INITIATIVE TITLE: **Drug Medi-Cal Organized Delivery System**

TARGETED CLIENTS: Low income adults and youth with substance use disorders disorders

PROGRAM CONTACT NAME/PHONE: **Judith Martin 255-3601, Jim Stillwell 596-5750**

2016-17 FTE Change	2017-18 FTE Cumulative Change	FY 2016-17 Net General Fund Impact	FY 2017-18 Cumulative Net General Fund Impact
22.56	41.11	-\$1,272,784	-\$3,252,923

PROGRAM DESCRIPTION: (brief description of proposed change)

The proposal would address the ongoing changes to the substance abuse service delivery system, and the infrastructure and services required to be in compliance with the new State and Federal requirements.

Beginning in FY16-17 the Department is proposing an expansion of Drug Medi-Cal (D/MC) revenue to support the changes resulting from the State’s amendment to the existing Section 1115 Bridge to Reform Demonstration Waiver, called the Drug MediCal Organized Delivery System (ODS) Waiver effective August, 2015. The purpose of this waiver is to demonstrate through a pilot how an organized delivery system would increase successful outcomes for D/MC beneficiaries. San Francisco City and County submitted an implementation plan to participate in the State’s demonstration waiver, which is currently under review by both state and federal agencies.

As a result of its participation in the pilot, San Francisco is required by the Federal Centers for Medicare & Medicaid Services (CMS) to implement a system transformation and practice change to improve outcomes, all funded by new D/MC revenue generated by the expansion of both eligible D/MC reimbursable services, and individual D/MC eligibility. The D/MC ODS will require new positions both in civil service and in DPH’s contracted community based organizations (CBOs) to meet the service delivery and administrative requirements. Additional technical assistance and support will be needed to meet the enhanced D/MC service delivery site certification standards, as well as ensuring that providers are able to adhere to stricter client chart documentation standards for D/MC billing. Additionally, CMS is requiring expedited and enhanced compliance monitoring, quality improvement, service analysis, and electronic reporting. These changes will require new staff and better qualified staff to bring services up to the level required to meet the D/MC Organized Delivery System’s enhanced clinical, financial and administrative requirements.

The Department is proposing the expansion of Drug Medi-Cal revenue in phases, effective July 1, 2016. Once the ODS Waiver is implemented San Francisco can bill D/MC for expanded Residential Treatment, Intensive Outpatient Treatment, Case Management and Physician

Consultation.

The department is proposing \$6,200,000 D/MC revenue in FY 2016-17, and an additional \$3,530,000 in 2017-18. The new revenues will be generated by (a) reimbursement of services for existing Methadone clients who now are D/MC eligible (\$3.0m), (b) D/MC site certification of existing services delivered by BHS at 1380 Howard Street resulting in D/MC reimbursement for assessment, placement, case management, Medication Assisted Treatment (MAT), Buprenorphine and methadone induction and pharmacy services (\$500k), (c) the expansion of DM/C billing at existing CBO contractors which have recently become certified (primarily residential treatment programs) (\$2.5m), and (d) the addition of new modalities to the delivery system, including Physician consultation, Case Management, and Medication Assisted Treatment (MAT), the modification of outpatient services to adjust rates to reflect actual costs, along with the implementation of satellite and off-site outpatient services (\$200k).

Corresponding expenditures will support the required financial and administrative infrastructure at BHS and at CBO contractor sites, along with the implementation of new and modified service modalities, projected client growth, and inflation. New positions will be added as follows:

Substance Use Disorders (SUDs) Program Infrastructure - 0922 Manager I will oversee the entire development and implementation of the organized delivery system; and a 2593 Health Program Coordinator III to oversee the community base organizations and treatment services provided, 1406 to provide administrative support for SUDS managers including reporting and outreach coordination, and; 2232 Senior Physician Specialist to provide direct substance abuse treatment and medical oversight for community based organizations

Compliance - 2932 Senior Psychiatric Social Worker and 1822 Administrative Analyst to support compliance and chart reviews.

Quality Management - 0932 Manager IV to oversee expanded scope of projects and regulations for behavioral health services; 2932 Senior Psychiatric Social Worker to develop and implement compliance management plan, including process improvement projects required under Drug Medi-Cal; 1232 Training Officer to ensure compliance with D/MC regulations for both civil service and community based programs, and; 1820 to support monthly credentialing requirements for treatment staff and programs

Treatment Access Program - 0922 Manager to oversee enhanced services at Behavioral Health Access Center for increased patient population; 2932 to perform client assessment and assignment to treatment, and; 2328 Nurse Practitioner provide client physical assessments at the Behavioral Health Access Center

In addition to these new functions, programming at Behavioral Health Access Center and Drug Court Programs currently performed by contracted employees, but supervised by BHS staff will be brought in-house to ensure continuity in the service model, as services reconfigure. This change will result in an additional 24 FTE of positions partially offset by savings in contracts.

Through a collaboration with the Substance Use Division, Laguna Honda Hospital will also implement D/MC to approximately 1,200 of LHH patients. The LHH Behavioral Health Services Revenue Enhancement will be supported by the team of a Health Program Coordinator III, Hospital Eligibility Worker and Senior Clerk. These costs will be offset entirely by revenue of \$325,380.

Finally, Zuckerberg San Francisco General Hospital will create the Addiction Medicine (ADM)

Fellowship which will consist of fellows performing clinical rotations in community-based outpatient, hospital-based inpatient and residential substance use treatment programs. According to the *National Institute on Drug Abuse*, alcohol, opioid, methamphetamine and cocaine use remain the predominant substances impacting health outcomes for San Francisco residents. Approximately one of three admissions to medicine services at ZSFG is related to a substance use disorder. These fellows will provide evidence-based addiction diagnosis, consultation and treatment of the spectrum of unhealthy substance use and addiction. The fellows will be guided by UCSF School of Medicine program faculty, 11 of whom are board-certified in addiction medicine.

JUSTIFICATION:

San Francisco must meet the requirements of the Centers for Medicare & Medicaid Services (CMS) as a participant in the California Drug Medi-Cal Organized Delivery System (D/MC-ODS) pilot program. The requirements are funded by D/MC growth.

IMPACT ON CLIENTS: (units of service and/or number of clients affected, if applicable)

Services for an additional 240 clients per year during 2 year start up. A larger number of Drug Medi-Cal beds/slots is predicted in future years. Improved quality of services for as many as 6,000 clients per year.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Revenue of \$6.5 million and expenditures of \$5.9 million in FY16-17 for general fund savings of \$622,784 M; revenues of \$10.1 million and \$6.9 million of expenditures in FY17-18 for general fund savings of \$1.2 m in year 1 and 3.2 million in year 2.

IMPACT ON DEPARTMENT'S WORKFORCE :

Total 22.6 FTES created in FY16-17 and 41.1 FTEs in FY17-18.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SUD Organized Delivery System

Description		FY 2016-17	FY 2017-18
Sources:			
	<u>Medi-Cal Revenues</u>		
HMHSCCRES227	Drug Medi-Cal SUD	\$ 6,200,000	\$ 9,730,000
HLH449001	Drug Medi-Cal LHH	\$ 325,380	\$ 386,290
Subtotal Sources		\$ 6,525,380	\$ 10,116,290
Uses:			
	Salary and Benefits	\$ 2,596,731	\$ 5,330,203
	Operating Expense	\$ 2,655,865	\$ 1,533,164
Subtotal Uses		\$ 5,252,596	\$ 6,863,367
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (1,272,784)	\$ (3,252,923)
Total FTE's		22.56	41.11

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

Class	Title	FTE		FTE	
<u>Drug Medi-Cal Infrastructure</u>					
1822	Administrative Analyst	0.77	71,650	1.00	95,844
2932	Senior Psychiatric Social Worker	2.31	239,291	3.00	320,090
1406	Senior Clerk	1.54	91,923	2.00	122,962
1232	Training Officer	0.77	75,385	1.00	100,840
2328	Nurse Practitioner	0.77	157,862	1.00	211,166
2232	Senior Physician Specialist	0.77	186,922	1.00	250,039
0922	Manager I	1.54	193,890	2.00	259,359
2593	Health Program Coordinator III	1.54	166,250	2.00	222,387
1820	Junior Administrative Analyst	0.77	54,511	1.00	72,917
0932	Manager IV	0.77	120,538	1.00	161,239
2903	Hospital Eligibility Worker	0.77	55,071	1.00	73,666
1636	Health Care Billing Clerk II	0.77	58,370	1.00	78,080
1662	Patient Accounts Assistant Supervisor	0.10	8,157	1.00	84,020
1654	Accountant III	0.77	80,365	1.00	107,502
1657	Accountant IV	0.10	12,084	1.00	124,461
2574	Clinical Psychologist	(0.24)	(27,539)	(0.24)	(28,365)
2303	Patient Care Assistant	(0.36)	(21,382)	(0.36)	(22,023)
2576	Supervising Clinical Psychologist	(0.50)	(64,042)	(0.50)	(65,964)
<u>Drug Court & Behavioral Health Access Center (BHAC) Positions</u>					
1053	IS Business Analyst-Senior	0.77	91,882	1.00	122,907
1402	Junior Clerk	2.31	122,010	3.00	163,209
1406	Senior Clerk	0.77	45,962	1.00	61,481
2586	Health Worker II	8.47	553,282	11.00	740,105
2587	Health Worker III	3.85	275,355	5.00	368,331
2591	Health Program Coordinator II	1.54	148,613	2.00	198,794
2802	Epidemiologist I	0.77	66,131	1.00	88,461
2930	Psychiatric Social Worker	0.77	76,340	1.00	102,117
2932	Senior Psychiatric Social Worker	0.77	79,764	1.00	106,697
		<u>0.00</u>		<u>0.00</u>	
	Total Salary	32.98	2,918,644	44.90	4,120,320
	Fringe	43.8%	1,278,087	43.9%	1,809,883
	Less Attrition and Fringe	(10.42)	(1,600,000)	(3.79)	(600,000)
	Total Salary and Fringe	22.56	2,596,731	41.11	5,330,203
Operating Expenses					
Index Code	Character/Subsubject Code				
HMHSCCRES227	04000 Materials and Supplies	\$	85,000	\$	10,000
HLH449001	04000 Materials and Supplies	\$	20,000	\$	25,000
HLH449001	03500 Other Current Expenditures	\$	4,000	\$	4,000
HMHSCCRES227	02700 UCSF Addiction Treatment	\$	380,664	\$	395,561
HMHSCCRES227	02700 Drug Court and BHAC contract savings	\$	(533,799)	\$	(1,601,397)
HMHSCCRES227	02700 Increase in Methodone Contracts	\$	300,000	\$	300,000
HMHSCCRES227	02700 Residential Treatment Programs	\$	1,600,000	\$	1,600,000
HMHSCCRES227	02700 Outpatient Programs	\$	600,000	\$	600,000
HMHSCCRES227	02700 Case Management, Physician Consult	\$	200,000	\$	200,000
		\$	2,655,865	\$	1,533,164

2016-17 and 2017-18 Program Change Request

DIVISION:

- DPH – department wide Population Health SF Health Network Wide
 San Francisco General Hospital Laguna Honda Hospital X Ambulatory Care

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

Realignment

TARGETED CLIENTS: **Behavioral Health Clients**

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

2016-17 FTE Change	2017-18 FTE Cumulative Change	FY 2016-17 Net General Fund Impact	FY 2017-18 Cumulative Net General Fund Impact
11.06	14.37	-\$1,718,837	-\$1,168,854

PROGRAM DESCRIPTION: (brief description of proposed change)

In FY12-13, all State funding for behavioral health was realigned from the State to the County, (termed 2011 Realignment) meaning each county became responsible for managing these services within the 2011 Realignment funding level. As the State economy grows, the counties are allocated a legislated portion of the growth, which is estimated to be \$3,500,000 in both FY16-17 and FY17-18. Through this initiative, the Department is proposing to utilize these funds, along with additional Short Doyle MediCal revenues that will be generated as a result of the additional 2011 Realignment, (\$375k in FY16-17 and \$500k in FY17-18) to support the following programs:

1) Specialty Mental Health Services for Youth

Federal Medicaid law requires states to provide Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) to beneficiaries under the age of 21 who are eligible for the full scope of Medicaid services as medically necessary to correct or ameliorate defects and physical and mental illnesses or conditions. In California, funding for these services is equally State Realignment and matching Federal MediCal. In FY13-14, the Department began the implementation of the requirements resulting from the State’s settlement of a lawsuit (“Katie A.”) requiring screening and assessment along with the provision of Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) for children/youth in foster care or at imminent risk of placement into the foster care system. The latter two services did not previously exist. The State designated 2011 Realignment to fund this expanded service mandate. In 2015 and 2016 two State changes will take place that will expand the services, specifically requiring that ICC and IHBS must be made available to all children eligible for EPSDT services (and not just those in foster care). Additionally, as the result of Assembly Bill 403, approved October 2015, there is a requirement to reduce the use of group homes by increasing the utilization of services in family based settings. A total of \$1.0m in Contractual funding will be utilized to support the following:

A. ICC and IHBS benefits will be expanded from the subclass of dependents (children in foster care or imminent risk of placement) (approximately 35%) to the entire class of eligible dependent, wards and voluntary placements within Juvenile Probation and Foster

care. This will require expanded funding to agencies providing ICC and IHBS services.

B. Therapeutic Foster Care (TFC): As part of the Katie A. settlement the State was required to implement a new TFC benefit. TFC allows for Medical Certified Foster Care Agencies to Contract with San Francisco (and or existing contractors) to train Foster Parents to provide Mental Health Rehab services to youth in their care. There is a FY16-17 implementation expectation. Finally, three existing 2586 Health Worker II positions will be substituted to 3.0 FTE 2930 Psychiatric Social Worker positions as this classification will enable to employees to carry a caseload, necessary to meet the expanded mandates.

2) Quality Management

DPH proposes the addition of 1.0 FTE 2574 Clinical Psychologist and \$100k in contractual services to provide utilization management review services. The State Department of Health Care Services (DHCS) and Federal Centers for Medicare and Medicaid Services (CMS) have increased the requirements for the monitoring of county Mental Health Plans. The Department operates the San Francisco Mental Health Plan under its Behavioral Health Services (BHS) section. For example, counties are now expected to have a client charting error rate of under 3%. DHCS will require poor performing counties to be more closely monitored (tier 1 audited every 3 years, tier 2 every two years and tier 3 will require annual audits). BHS must support the infrastructure to be proactive in the training and reviewing of adherence to the client chart compliance requirements, both for civil service and contractually funded clinics.

3) Fiscal

Create 1.0 FTE 1654 Accountant III and 2.0 FTE 1657 Accountant IV positions to support the increased fiscal reporting and tracking requirements related to the implementation of the Affordable Care Act and Medicaid expansion, along with the administration of 2011 Realignment, and all corresponding requirements related to behavioral health reporting.

4) Civil Service Position Conversion of Contractually Funded Positions

The Department is proposing to create civil service positions for specifically identified services that are currently performed by contractually funded employees. These positions perform both administrative and direct treatment service functions. The positions proposed for conversion were selected because their day-to-day work is closely coordinated with that civil service employees. As a result, the conversion to civil service will allow for more effective coordination and management, continuity in supervision, and uniformity in procedures related to service delivery and adherence to programmatic requirements. The Department will continue to review its programming to identify additional services that may be appropriate to convert to civil service, and as identified will continue to convert the position status in phases. The conversion phases will ensure that the Department has sufficient funding to support the additional civil service positions, and that there is no break in service delivery during the period of time that is required to complete the civil service hiring process. The proposed new positions cover multiple different position classifications, each requiring a separate civil service exam process. Specifically, the Department will create 7.99 FTE in FY16-17, annualized to 10.37 FTE in FY18-19. Position details on attachment.

JUSTIFICATION:

The State 2011 Budget Act enacted 2011 Public Safety Realignment transferring funding and state fiscal responsibilities for public safety programs from the state to counties. The funding comes from dedicated state sales and use taxes and is deposited into specific subaccounts, one of

which is the Behavioral Health Subaccount. The Department is proposing to utilize the proposed funding from the Behavioral Health Subaccount which is specifically designated for specialty mental health services, including EPSDT supported services for the proposed initiative.

IMPACT ON CLIENTS: (units of service and/or number of clients affected, if applicable)

The EPSDT initiative is estimated to create slots for an estimated additional 67 children/youth. The substitution of three positions from Health Worker to Psychiatric Social Worker positions is estimated to increase capacity by 60 clients.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Increase of 2011 Realignment of \$3,824,224 in both years, and \$375,000 Federal MediCal in FY16-17 and \$500k in FY 17-18. Expenditure increase of \$2,156,163 in FY 16-17 and 2,831,146 in FY 17-18.

IMPACT ON DEPARTMENT'S WORKFORCE :

11.06 FTE in FY16-17 annualized to 14.37 FTE in FY17-18.

INITIATIVE TITLE: 2011 Realignment

Description		FY 2016-17	FY 2017-18
Sources:			
	Revenues - 2011 Realignment	\$ 3,500,000	\$ 3,500,000
	FFP - Medi-Cal	\$ 375,000	\$ 500,000
	Subtotal Sources	\$ 3,875,000	\$ 4,000,000
Uses:			
	Salary and Benefits	\$ 1,477,273	\$ 1,953,366
	Contractual services	\$ 678,891	\$ 877,780
	Subtotal Uses	\$ 2,156,163	\$ 2,831,146
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (1,718,837)	\$ (1,168,854)
Total FTE's		11.06	14.37

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

<u>Class</u>	<u>Title</u>	<u>FTE¹</u>		<u>FTE</u>	
2574	Clinical Psychologist	0.77	88,354	1.00	118,188
2586	Health Worker II	(3.00)	(196,164)	(3.00)	(201,847)
2930	Psychiatric Social Worker	3.00	297,725	3.00	306,351
1654	Accountant III	0.77	80,365	1.00	107,502
1657	Accountant IV	1.54	186,087	2.00	248,922

FI Conversions

1406	Senior Clerk	4.12	245,895	5.35	328,924
2587	Health Worker III	0.77	55,071	1.00	73,666
2932	Senior Psychiatric Social Worker	0.77	79,764	1.00	106,697
1822	Administrative Analyst	0.52	48,006	0.67	64,216
1636	Health Care Billing Clerk II	0.77	58,370	1.00	78,080
1404	Clerk	0.27	15,506	0.35	20,741
1823	Senior Administrative Analyst	0.77	83,582	1.00	111,804
	Total Salary	11.06	1,042,561	14.37	1,363,243
	Fringe	41.7%	434,712	43.3%	590,123
	Total Salary and Fringe	11.06	1,477,273	14.37	1,953,366

Operating Expenses

Index Code	Character/Subobject Code		
HMHMCP751594	AB741 Crisis Residential, AB403 Continuum of Care Reform (CCR)	\$ 750,000	\$ 1,000,000
HMHMCC730515	02700 Professional Services UM Pysch Contract	100,000	100,000
HMHMCC730515	02700 Professional Services	\$ (73,781)	\$ (95,820)
HMHMCP751594	02700 Professional Services	\$ (61,334)	\$ (79,655)
HMHMCP8828CH	02700 Professional Services UM Pysch Contract	\$ (35,994)	\$ (46,746)
		\$ 678,891	\$ 877,780

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

2016-17 and 2017-18 Program Change Request

DIVISION:

- DPH – department wide Population Health SF Health Network Wide
 San Francisco General Hospital Laguna Honda Hospital Ambulatory Care _____

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

TARGETED CLIENTS: All San Francisco Residents and Regulated Business Establishments

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

2016-17 FTE Change	2017-18 FTE Cumulative Change	FY 2016-17 Net General Fund Impact	FY 2017-18 Cumulative Net General Fund Impact
7.70	10.00	\$199,461	\$301,196

PROGRAM DESCRIPTION: (brief description of proposed change)

The San Francisco Department of Public Health’s Environmental Health Branch strives to promote health and quality of life in San Francisco by ensuring healthy living and working conditions in the City and County of San Francisco. Projected revenues fluctuate annually due various reasons, including change in inventory, new fees, changes in regulatory programs, fee increases (CPI) and economic conditions. Expenditures are adjusted (when feasible) ensure that programs do not exceed 100% cost recovery and to minimize the impact on the General Fund as well as to local businesses.

To ensure that the department is full protecting consumers and citizens, the FY 16-18 budget also includes positions in the massage inspection and hazardous waste which are not recoverable by fees and will have a general fund impact.

JUSTIFICATION:

Projected increases in revenues are due to cost of living (CPI) increases in fees, changes in inventory and program changes due to state regulations. As outlined in authorizing legislation, fees and expenditures are adjusted accordingly for workloads to ensure cost recovery and adequate staffing and resources to carry out regulatory work. Fees that were increased were based on the CPI (3.18%) and the remaining increases are based on increased inventory. Environmental Health’s baseline revenues and expenditures will be increased by \$1,587,474 in FY16-17 and \$1,838,837 in FY17-18.

The following programs have changes in revenue:

Program Name / Index Code	Reason for Revenue Change	Change in Baseline Revenue
Air Quality / HCHPBAIRQUGF	CPI increase to offset existing operating cost increases.	\$ 342
Base Closure / HCHPBBSCLSGF	Slight increase in billable hours based on prior year performance	\$ 1043
Food Safety / HCHPBFOOD-GF	Increase in expected inventory due to temporary events, plan check reviews, new regulated facilities, increase in retail and mobile establishments. Increase will add 1.0 FTE Environmental Health EH Technician, EH Inspector, Senior EH Inspector, a principal EH inspector and Health Program Coordinator III for quality Improvement.	\$ 538,447
Hazardous Materials/	Legislative changes, new industry sectors previously	\$ 460,107

HCHPBHAZMTGF	unregulated under the Hazardous Materials now regulated and increase in inventory and a CPI increase. DPH will add an additional 1.0 FTE 6120 Health Inspector and will use remaining funding to cost recover for existing operations.	
Hazardous Waste/ HCHPBHAZWTGF	Increase in new housing development which has increased site mitigation reviews. 1.0 FTE of an Environmental Health Inspector will be added and offset by revenues. 1.0 FTE Industrial Hygienist will be added to conduct regularly oversight and to serve as a technical resource and advisor on safety and health for dust regulation for the Bayview Hunters Point community development sites. 60% of the costs of this position will be covered by a workorder from the Office of Community Investment and Infrastructure.	\$ 286,155
Medical Cannabis/ HCHPBMEDCNGF	CPI increase to offset existing operating cost increases.	\$ 4,779
Non Potable Water/ HCHPBNONPWGF	CPI increase to offset existing operating cost increases.	\$ 1,957
Tobacco Smoke/ HCHPBTOBACGF	Decrease in permits due to the Retail Tobacco Permit Density (HC Ordinance No. 259-14)	\$ (4,863)
Housing and Vector Control / HCHPBVECTRGF	CPI Increase & Inventory increase expected. Funding will cover an additional Senior Environmental Health Inspector and existing costs.	\$ 283,546
Water Quality/ HCHPBWATERGF	CPI increase to offset existing operating cost increases.	\$ 15,961
The following programs have changes in only expenditures:		
Massage Program/ HCHPBMASAGF	There will be an addition .50 FTE 6108 and 1.00 6120 to conduct inspections of massage establishments and enforce the massage ordinance.	\$ (165,784)

IMPACT ON CLIENTS: (units of service and/or number of clients affected, if applicable)

New staff will increase inspections (food, hazardous materials) and expedite review and response for new housing (site mitigation) and provide expertise on emerging new vectors that could be potentially dangerous to San Franciscans.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Revenues will be increased by \$1,598,534 in FY16-17 and \$1,838,837 FY17-18. There will in an impact on expenditures for \$199,461 in FY16-17 and \$301,196 in FY17-18.

IMPACT ON DEPARTMENT'S WORKFORCE :

Increase FTE 7.70 in FY 2016-2017 annualizing to 10.0 FY 2017-2018.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: PHD - Environmental Health

Description		FY 2016-17		FY 2017-18	
Sources:					
	Revenues - Environmental Health	\$	1,587,474	\$	1,838,837
Subtotal Sources		\$	1,587,474	\$	1,838,837
Uses:					
	Salary and Benefits	\$	1,659,529	\$	2,115,033
	Operating Expense	\$	127,405	\$	25,000
Subtotal Uses		\$	1,786,935	\$	2,140,033
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$	199,461	\$	301,196
Total FTE's			7.70		10.00

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

<u>Class</u>	<u>Title</u>	<u>FTE1</u>		<u>FTE</u>	
6120	Environmental Health Inspector	0.77	88,354	1.00	117,209
6108	Environmental Health Technician I	0.77	59,511	1.00	78,947
6120	Environmental Health Inspector	0.77	88,354	1.00	117,209
6124	Principal Environmental Health Inspector	0.77	101,779	1.00	135,019
6122	Senior Environmental Health Inspector	0.77	94,642	1.00	125,550
2593	Health Program Coordinator III	0.77	83,125	1.00	107,955
6120	Environmental Health Inspector	0.77	88,354	1.00	117,209
6138	Industrial Hygienist	0.77	97,131	1.00	128,853
6122	Senior Environmental Health Inspector	0.77	94,642	1.00	125,550
6122	Senior Environmental Health Inspector	0.77	94,642	1.00	125,550
STEPM	Step Adjustments	-	-2,688	-	(3,566)
TEMPM	Temporary Salaries	-	31,542	-	104,000
001/013	Salary Adjustments including MOU costs and Attrition	-	<u>396,165</u>	-	<u>365,514</u>
	Total Salary	7.70	1,315,554	10.00	1,645,000
	Fringe		<u>343,976</u>		<u>470,033</u>
	Total Salary and Fringe	7.70	1,659,529	10.00	2,115,033

Operating Expenses

Index Code	Character/Subject Code		
	Environmental Health		
HCHPBFOOD-GF	06099 Sound Meters	22,371	
HCHPBFOOD-GF	06029 Vehicles	65,035	
HCHPBADMINGF	02799 Lead Testing contract	20,000	20,000
HCHPBFOOD-GF	04000 Materials and Supplies	20,000	5,000
		127,405	25,000

2016-17 and 2017-18 Program Change Request

DIVISION:

- DPH – department wide Population Health SF Health Network Wide
 San Francisco General Hospital Laguna Honda Hospital X Ambulatory Care -BHS

PROGRAM / INITIATIVE TITLE: **MHSA Integrated Plan – Year Three Implementation**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/PHONE:

2016-17 FTE Change	2017-18 FTE Cumulative Change	FY 2016-17 Net General Fund Impact	FY 2017-18 Cumulative Net General Fund Impact
8.39	11.75	\$0	\$0

PROGRAM DESCRIPTION: (brief description of proposed change)

The Mental Health Services Act (MHSA) was enacted through a ballot initiative (Proposition 63) in 2004 and provides funding to expand and enhance mental health services. Funding comes from a one percent tax on personal income in excess of \$1.0 million dollars. MHSA revenue fluctuates, as State estimates are confirmed via actual tax revenue receipts, and thus annual projections are revised to reflect actual earnings. In compliance with MHSA regulations, the Behavioral Health Services section, along with stakeholders developed an MHSA Integrated Plan (current plan covers 2014-2017), then posted the plan for public comment, and then held a public hearing with the San Francisco Mental Health Board.

The proposed initiative will appropriate \$3.6 million of revenue growth due to \$2.8 million of MHSA funding growth, \$800k of associated federal financial participation. Following the MHSA requirements, the department will budget associated \$3.6 million of expenditures of \$3,570,367 for the following additional services included in the FY16-17 State Integrated Plan:

Transgender Health Services

The MHSA Integrated Plan included a pilot program to serve the Transgender community – a priority population identified through the MHSA community planning process. In FY 16-18, DPH is proposing to expand the pilot program to create permanent staff as well as add additional services, support and coordination across the SF Health Network (SFHN) for this priority population. The SFHN provides a range of health services to transgender residents such as primary care, prevention, behavioral health, hormone therapy, specialty and inpatient care. Approximately two years ago, DPH began the Transgender Health Services (THS). This program provides consultation to individuals considering gender reassignment surgery, provides the required mental health assessment and assists with the coordination of these surgeries. THS also provides case management to improve outcomes ensuring that appropriate after-care plan are place and that follow-up visits are made. Request for the services offered by this program have grown. THS also serves to strengthen transgender health care competency among all SFDPH staff at all access points through an ambitious training plan.

- 1.0 FTE 2593 (HPC III) Director, Transgender Health Services will supervise THS staff and be responsible for managing the many components of this priority initiative. (The initiative would make this a permanent civil service position from a temporary position).

The following four positions allow for the creation of four civil service positions currently supported as contractual positions to ensure that the services are integrated into the civil service structure for THS:

- 2930 (Psychiatric Social Worker) Clinical Coordinator oversees the delivery and coordination of behavioral health services for clients served by THS.
- 2586 (Health Worker II) Project Assistant provides navigation and case management support as

well as information and referral to patients and clinicians regarding THS and sex reassignment surgery services.

- 2588 (Health Worker IV) Training Coordinator responsible for coordinating training for DPH staff and providers, including supporting DPH policy that all staff receive Transgender 101 training.
- 2803 (Epidemiologist II) Evaluation Coordinator responsible for evaluation and reporting activities required by MHSA and THS.

Hummingbird Place Peer Respite

Hummingbird Place is a peer-designed, managed and staffed respite that provides a safe, warm and less restrictive setting for those needing alternatives to hospitalization. The Respite partners with community providers to divert eligible participants from emergency settings and can support individuals exiting the hospital that may need extra support rejoining the community. Both individual and group peer counseling is available. The groups held at the Peer Respite are launching points for education and engagement in community services. The Hummingbird Place has expanded from its pilot phase into a 6-7 day operation fully staffed by peer providers. After this initial phase of being open only during day-time hours (10am-6pm), Hummingbird Place is expected to be open 24/7 with beds for four overnight guests for stays of up to 14 days. Programming run by Peer Counselors will be available daily from 11:00am to 9:00pm.

With the expansion of hours, staff and number of clients served, Hummingbird Place needs a site-based manager to oversee operations. BHS proposes converting an existing (vacant) 2585 (Health Worker I) position into a 2586 (Health Worker II). The higher classification is needed to allow for supervisory duties.

Improving System Capacity

In recognition of disparities in access to behavioral health treatment for certain populations, the MHSA Integrated Plan includes an initiative that expanded the staffing capacity at outpatient mental health clinics to better meet the treatment needs of underserved communities. This initiative includes funding to hire additional staff to address the severe shortage of psychiatrists across the system and to address the need for additional clinical staff to serve families served by Family Mosaic.

Psychiatry

To increase clinical productivity of the existing psychiatrists, BHS proposes converting four existing (vacant) 2585 Health Worker I positions to four 2586 Health Worker II positions to assist Psychiatrists by providing support with client navigation, care coordination, and clerical support.

Children's Mental Health

BHS is proposing to convert a (vacant) 2585 (Health Worker I) to a 2930 (Psychiatric Social Worker). The position will allow the Family Mosaic Project to better meet the mental health service needs of the children and families served by the program, as the higher classification will enable to position to carry a case load.

Information Technology - System Enhancements

The MHSA Integrated Plan includes an initiative focused on System Enhancements needed to make basic IT infrastructure improvements required to respond to the complex and shifting requirements (e.g. Meaningful Use) of the BHS Electronic Health Records system Avatar. This initiative includes funding to hire new staff needed for BHS to successfully implement many new Avatar initiatives in the coming year (scheduler, revenue cycle improvements)

Clinical Coordinators

BHS relies heavily on its Electronic Health Record (EHR) for client care, staff satisfaction, revenue, and data. BHS uses the Avatar application to document clinical care of over 25,000 clients annually, the same

application is used to generate revenue and track performance improvement measures. The objective of this proposal is to implement improvements throughout Behavioral Health Services (BHS) that will improve the use of the EHR and aims to address three main areas;

- Improve the use of the EHR by clinical and administrative staff which will lead to improved client care and revenue generation.
- Address improvement needs identified through the Revenue Cycle Improvement project which was a product of collaboration between DPH staff (Clinical, Billing, IT, BHS) and the Controllers' Office.
- Implement various EHR initiatives such as appointment scheduling, Client Portal and meaningful use initiatives.

BHS is proposing two new 2930 (Psychiatric Social Worker) positions to serve as Clinical Coordinators to support work to achieve the following objectives.

- Implementation of Appointment Scheduling within behavioral health clinics, including civil service and community based organizations (CBOs).
- Implementation of Client Portal.
- Development of tools to assist EHR users with having the EHR be a tool that enhances their work reports, forms.
- End-user training on clinical tools
- Develop a set of clinic workflow processes to support the implementation of the various initiatives.
- Revenue generation improvements

In addition, BHS proposes to convert an existing contracted position into a 1051 (IS Business Analyst – Assistant) to support Report writing, Database development and support, and data analysis within the civil service IT structure.

Integrated Service Plan Enhancements

The Vocational Services Program Manager is partially funded by the Department of Rehabilitation. The current amount of the funding is insufficient to cover the full cost of the position. This proposal includes additional funding to make up the difference between the DOR contribution and the full cost of the salary and benefits of this position.

To support MHSA to meet new expanded program and reporting requirements, BHS is proposing to increase an existing .5 FTE 2819 Assistant Health Educator to a .8 FTE (.3 increase).

Support for Collaborative Courts

In FY 16-17 will develop a Collaborative Court for the Conservator Court. Collaborative courts combine judicial oversight with rehabilitation services to address underlying issues and improve outcomes. This new court will require 1.0 FTE 2932 Senior Psychiatric Social Worker, 0.5 2230 Physician Specialist and 0.5 FTE of a 2574 Clinical Psychologist to ensure the judge of the court has sufficient clinical expertise for determining conservatorship matters.

Capital Improvements

The MHSA Integrated Plan included an increase of \$200k in facility improvements, to continue the upgrades begun in FY 14-15 for the South of Market Mental Health Center and other clinics.

Assisted Outpatient Treatment (AOT), aka Laura's Law: The AOT law was passed in California in 2002 (Welfare and Institutions Code §§ 5345-5349.5) and the San Francisco Board of Supervisors

adopted the legislation in July 2014 (San Francisco Health Code §§ 4111-4119), following a Mayoral Task Force. The Department previously created 2.0 FTE 2586 Health Worker positions to reflect the State legislative requirement to have one family member specialist and one consumer specialist be part of the treatment team for AOT participants. With the start date of November 1, 2015, the Department believes that a licensed clinician is necessary to conduct the time consuming and extensive outreach, as well as the follow-up and coordination with the Court. As such, the Department is proposing a 1.0 FTE 2932 Senior Psychiatric Social Worker.

JUSTIFICATION:

This proposed initiative allows for the expansion of critical – potentially revenue generating services. Funding allocated to counties through MHSA is subject to a community planning process, as well as Board of Supervisors approval to ensure the proposed plan meets MHSA requirements. Counties are only allowed to use MHSA revenue to fund programs consistent with their approved local MHSA Revenue and Expenditure Plans. The proposed funding items are within the scope and consistent with the existing MHSA Integrated Plan.

IMPACT ON CLIENTS: (units of service and/or number of clients affected, if applicable)

Collectively, the components outlined above will benefit thousands of individual clients. Populations served through these service and staffing enhancements include transgender individuals, homeless individuals and low-income clients with severe mental illness. Enhancements to the Electronic Health Records will benefit virtually all clients served by BHS as well as improving the experience and job satisfaction of the staff providing services.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

The proposed initiative would increase revenues and expenditures by \$3,570,367 in FY16-17 and 17-18.

IMPACT ON DEPARTMENT'S WORKFORCE :

Increase 7.62 FTE in FY15-16 and annualized to 9.75 FTE in FY16-17.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: MHSA Growth

Description		FY 2016-17	FY 2017-18
Sources:			
	Revenues	\$ -	\$ -
HMHMPROP63	Revenues - FFP subobject 45416 Medi-Cal	\$ 800,000	\$ 800,000
HMHMPROP63	Interest - Subobject 30150		
HMHMPROP63	Mental Health Services Act Revenue - subobject 45412	\$ 2,770,367	\$ 2,770,367
Subtotal Sources		\$ 3,570,367	\$ 3,570,367
Uses:			
	Salary and Benefits	\$ 1,305,111	\$ 1,944,663
	Contracts	\$ 2,265,256	\$ 1,625,704
Subtotal Uses		\$ 3,570,367	\$ 3,570,367
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ -	\$ -
Total FTE's		8.39	11.75

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

Class	Title	FTE ¹		FTE	
2585	Health Worker I	(6.00)	(350,220)	(6.00)	(360,726)
2586	Health Worker II	6.00	391,935	6.00	403,693
2593	Health Program Coordinator III	0.21	22,670	0.21	23,351
2819	Assistant Health Educator	0.30	25,862	0.30	26,638
2930	Psychiatric Social Worker	1.54	152,680	2.00	204,234
2930	Psychiatric Social Worker	0.77	76,340	1.00	102,117
2586	Health Worker II	0.77	50,298	1.00	67,282
2588	Health Worker IV	0.77	64,346	1.00	86,073
2593	Health Program Coordinator III	0.77	83,125	1.00	111,193
2932	Senior Psychiatric Social Worker	0.77	79,764	1.00	106,697
2230	Physician Specialist	0.39	86,829	1.00	232,296
2574	Clinical Psychologist	0.39	44,177	1.00	118,188
2585	Health Worker I	(1.00)	(58,370)	(1.00)	(60,121)
2930	Psychiatric Social Worker	1.00	99,143	1.00	102,117
2591	Health Program Coordinator II	0.18	17,834	0.24	23,855
2803	Epidemiologist II	0.77	84,391	1.00	112,886
1051	IS Business Analyst-Assistant	0.77	68,538	1.00	91,680
		-		-	
		-		-	
		-		-	
	Total Salary	8.39	939,342	11.75	1,391,454.64
	Fringe	38.9%	365,768	39.8%	553,208
	Total Salary and Fringe	8.39	1,305,111	11.75	1,944,663

Operating Expenses

Index Code	Character/Subobject Code		
HMHMPROP63/PM			
HS63-1700	027/02700 Professional Services	2,265,256	1,625,704

2016-17 and 2017-18 Program Change Request

DIVISION:

- DPH – department wide Population Health SF Health Network Wide
 San Francisco General Hospital Laguna Honda Hospital Ambulatory Care - Jail Health

PROGRAM / INITIATIVE TITLE: Integrating Jail Health Behavioral Health Services

TARGETED CLIENTS: Patients in the Jails

PROGRAM CONTACT NAME/PHONE: **Frank Patt / 415-995-1717**

2016-17 FTE Change	2017-18 FTE Cumulative Change	FY 2016-17 Net General Fund Impact	FY 2017-18 Cumulative Net General Fund Impact
14.74	27.60	\$805,803	\$425,826

PROGRAM DESCRIPTION: (Brief description of Program Change)

To increase quality and ensure that the Jail Health Services Behavioral Health program is managed and staffed, DPH will increase program staff to oversee these critical services. Jail Health Services Behavioral Health services are currently provided by HealthRight 360. Over the last several years, DPH been working with this nonprofit to phase in the conversion of this program from community based to civil service starting with the program managers and leadership. The final phase of this conversion will take place on FY 16-18 by bringing on 28.7 FTE of civil service staff.

JUSTIFICATION:

On any given day, approximately 33% of the jail population receives mental health treatment from Jail Behavioral Health Services. In FY 13-14, BHS performed 4,943 mental health evaluations and conducted 32,094 psychiatric visits for patients who required stabilization. The goal is to fully integrate both mental health and jail medical services in terms of service provision, staff communication, and documentation in the electronic medical record to would ensure a coordinated and consistent approach to program management and staffing. These positions will offset services provided in the contract, resulting in offsetting savings.

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

This is will result in a more effectively managed and consistently staffed program for all jail health services patients.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Net general fund cost of \$805,083 in FY 16-17 and 425,826 in FY 17-18.

IMPACT ON DEPARTMENT'S WORKFORCE:

14.74 FTE in FY 16-17 and 27.6 FTE in FY 17-18.

INITIATIVE TITLE: Jail Health Behavioral Health Services Staffing

Description	FY 2016-17	FY 2017-18
Sources:		
Subtotal Sources	\$ -	\$ -
Uses:		
Salary and Benefits	\$ 2,202,942	\$ 3,920,472
Operating Expense	\$ (1,397,858)	\$ (3,494,646)
Subtotal Uses	\$ 805,083	\$ 425,826
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 805,083	\$ 425,826
Total FTE's		

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

<u>Class</u>	<u>Title</u>	<u>FTE</u> ¹		<u>FTE</u>	
1406	Senior Clerk	2.31	137,885	3.00	182,916
2232	Senior Physician Specialist	1.23	299,076	1.60	386,922
2574	Clinical Psychologist	0.77	88,354	1.00	117,209
2586	Health Worker II	3.85	251,492	5.00	333,626
2587	Health Worker III	1.54	110,142	2.00	146,113
2930	Psychiatric Social Worker	10.01	992,418	13.00	1,316,528
2932	Senior Psychiatric Social Worker	1.54	159,527	2.00	211,626
	Premium Pay	-	40,000	-	40,000
	Holiday Pay	-	40,000	-	40,000
	Attrition Savings	(6.51)	\$ (1,000,000)	-	-
	Total Salary		1,118,893		2,774,940
	Fringe	96.9%	1,084,048	41.3%	1,145,532
	Total Salary and Fringe	14.74	2,202,942	27.60	3,920,472

Operating Expenses

Index Code	Character/Subobject Code		
	Professional Services Savings	(1,397,858)	(3,494,646)
		\$ (1,397,858)	\$ (3,494,646)

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

2016-17 and 2017-18 Program Change Request

DIVISION:

- DPH – department wide Population Health X SF Health Network Wide
 San Francisco General Hospital Laguna Honda Hospital Ambulatory Care _____

PROGRAM / INITIATIVE TITLE: SFHN Reinvestments in Delivery System for Expanded Call Center, Medical Respite and Savings
TARGETED CLIENTS: SFHN Patients
PROGRAM CONTACT NAME/PHONE: Albert Yu 255-3657

2016-17 FTE Change	2017-18 FTE Cumulative Change	FY 2016-17 Net General Fund Impact	FY 2017-18 Cumulative Net General Fund Impact
-(5.67)	-(4.42)	-(996,502)	-(813,906)

PROGRAM DESCRIPTION: (brief description of proposed change)

Recognizing the need to manage growth, the San Francisco Health Network identified vacant positions to repurpose toward expanding and strengthening its services. SFHN identified staffing needs in its delivery system for the Centralized Call Center and for the Medical Respite Program, the remaining balance of positions will be deleted to offset other costs in the department’s budget submission.

Phase 2 of Centralized Call Center Implementation

As part of the FY 14-16 budget, DPH implemented Phase I of the centralized call center (CCC) that will handle all appointment scheduling and general inquires for all DPH primary care clinics, including clinics at San Francisco General campus. By the end of FY 15-16, the Centralized Call Center will have integrated 3 clinics. For the second phase, 12 additional Health Worker IIs will be reassigned from clinics and three Health Worker IIs and one Health Worker IV for supervision will be added to the budget, by substituting vacant positions. By the end of FY 2016-17, all primary care clinics will expand to all PC clinics while also integrating the CCC with the New Patient Appointment Unit and Nurse Advice Line, by the end of 2016.

Additional Nurse Staffing at the Medical Respite Center

In FY 15-17 Budget, the Mayor’s Office funding the capital funds and program costs for a new expanded Medical Respite into DPH’s budget. Currently, the construction for the new facility at 1171 Mission Street is expected to be completed in January 2017. This winter, DPH staff has begun to review the staffing model and believe that an additional 2.0 FTE Registered Nurses and 0.5 FTE of a Physician Specialist created through the substitutions of vacant position are needed to ensure safe, quality patient care.

This new facility will provide medical and psycho-social care in a shelter-like environment to homeless clients with chronic medical needs that cannot be addressed in emergency shelter settings and do not meet Medical Respite criteria. Services provided would include 30-40 beds for dorm-style temporary housing, group meals, hygiene, nursing care, case management for on-going psycho-social care coordination, support services, medication support, transportation and escorts to key appointments, including primary care, benefits and housing

counseling and discharge coordination with outside providers. The stay at the Medical Respite Expansion would provide a period for recovery and stability for individuals who would otherwise be on the street and using emergency services; including many with mental health issues that impact the quality of life for themselves and the surrounding neighborhood.

Transitional Food Program at Zuckerberg San Francisco General Hospital

At ZSFG, more than one in five patients admitted with congestive heart failure (CHF) are readmitted within 30 days for heart failure. The foundations of CHF care are dietary and medication compliance. While admitted, patients' diets and medications are meticulously regulated while they are being monitored nearly every hour. Upon discharge, patients are abruptly transitioned to little or no support. Mechanisms exist to support their medication adherence but nothing in place to address the other half of the CHF care equation: nutrition. We propose piloting a Transitional Meal program in collaboration with the Care Transitions team at 250,000 annually.

This Transitional Meal Pilot would deliver prepared meals to patients identified at highest risk for CHF readmission due to dietary noncompliance from food insecurity and provide 3 CHF-tailored meals daily for 90 days followed by 2 meals/day for 90 days. Case Managers along with POH registered dietitians will be in contact with patients twice weekly during this period to reinforce dietary education and help patients connect with local food resources to aid in a more smooth nutritional transition out of the hospital into the community.

Finally, a net 5.51 FTE of positions will be deleted and used as savings to offset increases requested in the DPH's FY16-18 budget.

JUSTIFICATION:

The Centralized Call Center 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.

The Medical Respite Expansion serves as a cost-saving alternative to Emergency Department and hospital transfers for many of DPH's patients.

IMPACT ON CLIENTS: (units of service and/or number of clients affected, if applicable)

The investments in the two programs will improve customer services for our primary care clients and increase

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Savings of \$996,502 in FY 16-17 and \$813,906 in FY 17-18

IMPACT ON DEPARTMENT'S WORKFORCE :

These position changes are made using vacant positions, so no existing employees will be affected.

INITIATIVE TITLE: SFHN Reinvestments in Delivery System for Expanded Call Center, Medical Respite and Savings

Description		FY 2016-17	FY 2017-18
Sources:			
	Revenues	\$ -	\$ -
	Subtotal Sources	\$ -	\$ -
Uses:			
	Salary and Benefits	\$ (1,246,502)	\$ (1,063,906)
	Operating Expense	\$ 250,000	\$ 250,000
	Subtotal Uses	\$ (996,502)	\$ (813,906)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (996,502)	\$ (813,906)
Total FTE's		\$ (5.67)	\$ (4.42)

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

<u>Class</u>	<u>Title</u>	<u>FTE1</u>		<u>FTE</u>	
<u>Phase 2 of Centralized Call Center Implementation</u>					
2588	Health Worker IV	\$ 1.00	\$ 83,566	\$ 1.00	\$ 85,361
2586	Health Worker II	\$ 3.00	\$ 195,968	\$ 3.00	\$ 200,175
2328	PC - Nurse Practitioner	\$ (1.46)	\$ (299,323)	\$ (1.46)	\$ (298,176)
<u>Additional Nurse Staffing at Medical Respite</u>					
2230	Physician Specialist	\$ 0.25	\$ 56,383	\$ 0.50	\$ 112,333
2320	Registered Nurse	\$ 1.00	\$ 153,572	\$ 2.00	\$ 305,968
2230	PC - Physician Specialist	\$ (0.36)	\$ (81,191)	\$ (0.36)	\$ (80,880)
2210	PC - Dentist	\$ (2.00)	\$ (350,112)	\$ (2.00)	\$ (357,629)
<u>SFHN Repurposed Positions</u>					
2554	ZSFG - Therapy Aide	\$ (0.02)	\$ (1,631)	\$ (0.02)	\$ (1,666)
2846	ZSFG - Nutritionist	\$ (1.00)	\$ (99,789)	\$ (1.00)	\$ (101,932)
2908	ZSFG - Senior Hospital Eligibility Worker	\$ (1.00)	\$ (81,950)	\$ (1.00)	\$ (83,709)
1636	ZSFG - Health Care Billing Clerk II	\$ (1.00)	\$ (75,805)	\$ (1.00)	\$ (77,433)
2312	JHS - Licensed Vocational Nurse	\$ (0.04)	\$ (3,215)	\$ (0.04)	\$ (3,285)
0932	CBHS - Manager IV	\$ (0.30)	\$ (46,963)	\$ (0.30)	\$ (47,971)
1406	CHBS - Senior Clerk	\$ (0.01)	\$ (597)	\$ (0.01)	\$ (610)
2320	CBHS - Registered Nurse	\$ (0.61)	\$ (93,679)	\$ (0.61)	\$ (93,320)
2322	CBHS - Nurse Manager	\$ (0.09)	\$ (17,791)	\$ (0.09)	\$ (17,723)
2328	CBHS - Nurse Practitioner	\$ (0.48)	\$ (98,407)	\$ (0.48)	\$ (98,030)
2586	CBHS - Health Worker II	\$ (0.25)	\$ (16,331)	\$ (0.25)	\$ (16,681)
2587	CBHS - Health Worker III	\$ (0.74)	\$ (52,925)	\$ (0.74)	\$ (54,062)
2587	CBHS - Health Worker III	\$ (0.10)	\$ (7,152)	\$ (0.10)	\$ (7,306)
2593	CBHS - Health Program Coordinator III	\$ (0.55)	\$ (59,375)	\$ (0.55)	\$ (60,650)
2819	CHBS - Assistant Health Educator	\$ (0.15)	\$ (12,931)	\$ (0.15)	\$ (13,209)
2930	CBHS - Psychiatric Social Worker	\$ (0.18)	\$ (17,846)	\$ (0.18)	\$ (18,229)
2932	CBHS - Senior Psychiatric Social Worker	\$ (0.58)	\$ (60,082)	\$ (0.58)	\$ (61,372)
	Total Salary	\$ (5.67)	\$ (987,607)	\$ (4.42)	\$ (790,035)
	Fringe	\$ 0.26	\$ (258,896)	\$ 0.35	\$ (273,870)
	Total Salary and Fringe	\$ (5.67)	\$ (1,246,502)	\$ (4.42)	\$ (1,063,906)

Operating Expenses

Index Code	Character/Subobject Code		
	02700 Professional Services for ZSFG Transitional Meal Program	\$ 250,000	\$ 250,000
		\$ 250,000	\$ 250,000

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

2016-17 and 2017-18 Program Change Request

DIVISION:

- DPH – department wide Population Health SF Health Network Wide
 San Francisco General Hospital Laguna Honda Hospital Ambulatory Care _____

PROGRAM / INITIATIVE TITLE: **Investments in Population Health Division**

TARGETED CLIENTS: All San Francisco residents, workers and visitors

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

2016-17 FTE Change	2017-18 FTE Cumulative Change	FY 2016-17 Net General Fund Impact	FY 2017-18 Cumulative Net General Fund Impact
7.18	9.67	\$598,699	\$862,047

PROGRAM DESCRIPTION: (brief description of proposed change)

The Population Health Division (PHD) provides core public health services for the City and County of San Francisco: health protection, health promotion, disease and injury prevention, and disaster preparedness and response. As healthcare reform mandates improved efficiency and quality outcomes, the Department of Public Health, must also invest in population health as well as the San Francisco Health Network, its service delivery system to ensure a coordinated and holistic approach to health in the City.

JUSTIFICATION:

PHD consists of six branches (Applied Research, Community Health Epidemiology, and Surveillance; Environmental Health Branch; Community Health Equity and Promotion; Disease Prevention and Control; Emergency Medical Services; and Public Health Preparedness and Response), two offices (Office of Equity and Quality Improvement; Office of Operations, Finance, and Grants Management), and three centers (Center for Innovation and Learning; Center for Public Health Research; and Bridge HIV (HIV research).

This initiative strengthens PHD’s infrastructure and includes:

Increase PHD Administration and Communicable Disease Staff Support - The initiative will add the following positions to the PHD Administration and Disease Prevention & Control Branch: Two Health Program Coordinator (HPC) III, Health Program Coordinator II and Nurse Manager. The HPC III positions will work on LEAN/Quality Improvement projects for operational efficiency such as lab processes to help educate providers on specimen submission, and central emergency preparedness to analyze current status and improve system for response to large events, such as Ebola. The HPC II will supervise the Disease Control Investigators and paraprofessional staff of the Communicable Disease Control Team to strengthen oversight and management. Currently, the TB Clinic & City Clinic each has a part-time Nurse Manager. The 1.0 FTE Nurse Manager increase will improve the nursing staff management at both Clinics. The Nurse Manager will develop protocols for field based public health nurses to do TB work and work on clinical quality control. S/he will work with SFHN nurse managers to assist/advise on infectious disease nursing issues.

Expand Community Health Equity & Promotion (CHEP) Activities – The initiative will support staff for the following programs: rapid response syringe clean team and Black African American-HOPE SF collective impact. A Health Worker II will serve as the rapid response syringe clean team leader to its field staff who do street outreach. S/he will coordinate the program to be responsive to the needs of preventing and cleaning up improperly discarded syringes. This position will enable better real-time response to syringe litter complaints. S/he will oversee the work of the 9924 who will be in the

8.27

community proactively cleaning up syringes, distributing disposal supplies (bio-bins and fit packs), and providing education on proper disposal, and referrals to services. The B/AA-HOPE SF Collective Impact Support Coordinator will provide collective impact support for contractors working on the joint Black African American/HOPE SF Collective Impact. This new position was suggested by B/AAHI Think Tank leadership to support chronic disease prevention and peer leadership for the B/AA and HOPE SF communities. The cost of this new position will be offset by contract savings.

Finally, the Tobacco Free Project will add Health Program Coordinator I to implement and coordinate programs and services related to tobacco cessation and coordinating production and distribution of tobacco control program information, including administratively supporting sub-contractors funded by TFP. The costs of this position will be offset by contract savings for part-time coordination and is fully funded by the tobacco master funds. A single person focusing on these aspects will help strengthen the cessation arm of the Tobacco Free work and links to the San Francisco Health Network.

Applied Research, Community Health Epidemiology, and Surveillance Branch (ARCHES) – This program will add an additional Epidemiologist II for oversight. Duties include leading and training epidemiologists in data management procedures; establish data collection procedures and provide oversight and guidance to interview and abstraction staff to ensure procedures are followed; and supervise the development of, programing and maintenance of local tracking databases for studies. Cost will be covered by re-allocation of contractual funds in the grant.

IMPACT ON CLIENTS: (units of service and/or number of clients affected, if applicable)

This initiative supports all San Francisco resident, workers and visitors.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Increase in general fund support of \$598,699 in FY 16-17 and \$862,047 in year FY17-18.

IMPACT ON DEPARTMENT'S WORKFORCE :

7.18 FTE increase in FY 16-17, annualizing to 9.67 FTE in FY 17-18

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: 16-18 Investments in Population Health Division

Description		FY 2016-17	FY 2017-18
Sources:			
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 915,914	\$ 1,287,322
	Operating Expenses	\$ (317,215)	\$ (425,275)
Subtotal Uses		\$ 598,699	\$ 862,047
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 598,699	\$ 862,047
Total FTE's		7.18	9.67

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

<u>Class</u>	<u>Title</u>	<u>FTE¹</u>		<u>FTE</u>	
PHD Admin					
2593	Health Program Coordinator III	0.77	83,125	1.00	110,273
2593	Health Program Coordinator III	0.77	83,125	1.00	110,273
Disease Prevention and Control					
2591	Health Program Coordinator II	0.77	74,306	1.00	98,574
2322	Nurse Manager	0.77	152,215	1.00	196,924
Community Health Equity & Promotion					
2586	Health Worker II	0.77	50,298	1.00	66,725
9924	Public Service Aide - Health Services	2.00	81,384	2.00	83,131
2589	Health Program Coordinator I	0.77	65,301	1.00	86,627
2591	Health Program Coordinator II	0.77	74,306	1.00	98,574
ARCHES					
2803	Epidemiologist II	0.77	84,391	1.00	111,952
2803	Attrition Savings	(0.98)	(150,000)	(0.33)	(50,000)
Total Salary		7.18	598,451	9.67	913,053
Fringe		0.53	317,463	0.41	374,269
Total Salary and Fringe		7.18	915,914	9.67	1,287,322

Operating Expenses

Index Code	Character/Subobject Code		
HCHPHLTDSDR	02700 Professional Services	(93,819)	\$ (125,802)
HCHPHLTDGDF	02700 Professional Services	(47,376)	\$ (63,515)
HMHMPROP63	02700 Professional Services	(21,056)	\$ (28,229)
HMHMCC730515	02700 Professional Services	(36,848)	\$ (49,401)
HCHIVSURVLGR	02700 Professional Services	(118,116)	\$ (158,327)
		\$ (317,215)	\$ (425,275)

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

2016-17 and 2017-18 Program Change Request

DIVISION:

X DPH – department wide Population Health SF Health Network Wide
 San Francisco General Hospital Laguna Honda Hospital Ambulatory Care _____

PROGRAM / INITIATIVE TITLE: **Investments in DPH HR Operations**

TARGETED CLIENTS: All DPH staff and clients

PROGRAM CONTACT NAME/PHONE: **Ron Weigelt 415-554-2592**

2016-17 FTE Change	2017-18 FTE Cumulative Change	FY 2016-17 Net General Fund Impact	FY 2017-18 Cumulative Net General Fund Impact
10.13	13.67	\$1,519,235	\$2,120,057

PROGRAM DESCRIPTION: (brief description of proposed change)

This initiative invests in critical areas of human resources to ensure quality services continue for all of DPH’s operations.

JUSTIFICATION:

Between FY11-12 and the FY 16-17 base budget approved last year, DPH has added over 1,100 new budgeted positions. Approximately 200 of these budgeted position increases were due to a salary structural correction at ZSFG and LHH, but the most of remaining increase is related new positions. At the same time, DPH has only made modest increases of in its permanent human resources (HR) staffing to support these new positions and a significant number of temporary staff to hire for the new ZSFG rebuild and other key areas. To continue to properly serve all DPH divisions and programs, the department will add 14 permanent front line staff to its HR operations as follows:

Equal Opportunity and Disability Accommodation Management – 2.0 FTE 1233 Equal Employment Opportunity Specialist, and 2.0 FTE 1231 EEO Programs Specialist.

EEO Division is responsible for investigating complaints of discrimination and harassment. They provide training for Harassment Prevention. They also provide reasonable accommodations for employees in order to assist them to perform their work. DPH currently has three staff members handling all of the current investigations and hundreds of requests for ADA accommodation. These investments will bring these classifications to a more manageable case load per staff.

Leaves Management – 2.0 FTE 1244 Senior Personnel Clerk, 2.0 FTE 1241 Senior Personnel Analyst

The Leaves Management Team provides review and approval, processing and tracking of employee leave requests, including FMLA, CFRA, PDL, personal leave, bereavement leave, military leave, jury duty in compliance with labor contracts, civil service rules, federal and state legislation and DPH policies. Improved leaves management and tracking of leaves can minimize the duration of employees leave and can possibly avoid costly settlements.

Merit & Exams and Operations – 4.0 FTE 1244 Senior Personnel Analyst, 1.0 FTE 1241

Personnel Analyst

The Merit Division oversees the DPH hiring needs for approximately 260 classifications. These consist of providing Position Based Tests (PBT) within DPH, Class Based Tests (CBT) for Citywide examinations and exempt recruitments. The Operations Division advises managers on position allocation and position control; as well as processing all new hires, promotions, reassignments, and separations for the department, They are responsible for advising department management and staff on Civil Service Rules, provisions of the Memorandum of Understanding, and various other employment laws. Over the last two years, DPH has hired 17 additional civil service exempt staff to support merit and operations to expedite hiring for the new ZSFGH. To maintain this capacity, we are proposing to add three permanent positions for Merit and two positions for operations.

Whistle Blower and Compliance/Language Ordinance – 1.0 FTE 1244 Whistleblower

The City's language ordinance has expanded its reporting requirements and an additional position is needed to support these requirements and also investigate allegations of wrongdoing through the whistle blower complaints.

IMPACT ON CLIENTS: (units of service and/or number of clients affected, if applicable)

This investments will ensure that both clinical and non-clinical operations are adequately staffed, minimizing service delays and ensuring that clients receive quality care.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

General fund cost of 1.5 million in FY 16-17 increasing to 2.1 million in FY 17-18.

IMPACT ON DEPARTMENT'S WORKFORCE :

An increase of 10.13 FTEs in FY 16-17, annualizing to 13.67 FTEs in FY 17-18.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Investments in Human Resources

Description		FY 2016-17	FY 2017-18
Sources:			
	Revenues	\$ -	\$ -
	Subtotal Sources	\$ -	\$ -
Uses:			
	Salary and Benefits	\$ 1,519,235	\$ 2,120,057
	Operating Expense	\$ -	\$ -
	Subtotal Uses	\$ 1,519,235	\$ 2,120,057
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 1,519,235	\$ 2,120,057
Total FTE's		10.13	13.67

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

<u>Class</u>	<u>Title</u>	<u>FTE¹</u>		<u>FTE</u>	
1233	Equal Employment Opportunity Programs Sp	1.54	146,080	2.00	193,788
1231	EEO Programs Senior Specialist	1.54	185,008	2.00	245,429
1244	Senior Personnel Analyst	1.54	174,550	2.00	231,556
1241	Personnel Analyst	1.54	149,567	2.00	198,413
1244	Senior Personnel Analyst	2.31	261,825	3.00	347,334
1244	Senior Personnel Analyst	0.77	87,275	1.00	115,778
1241	Personnel Analyst	0.77	74,783	1.00	99,207
1244	Senior Personnel Analyst	0.77	87,275	1.00	115,778
9993M	Attrition Savings	<u>(0.65)</u>	<u>(100,000)</u>	<u>(0.33)</u>	<u>(50,000)</u>
	Total Salary	10.13	1,066,365	13.67	1,497,283
	Fringe	42.5%	<u>452,870</u>	41.6%	<u>622,774</u>
	Total Salary and Fringe	10.13	1,519,235	13.67	2,120,057

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

2016-17 and 2017-18 Program Change Request

DIVISION:

- DPH – department wide Population Health SF Health Network Wide
 San Francisco General Hospital Laguna Honda Hospital Ambulatory Care _____

PROGRAM / INITIATIVE TITLE: Unified Electronic Health Records
 TARGETED CLIENTS: SFHN-Wide
 PROGRAM CONTACT NAME/PHONE: **Greg Wagner, 415-554-2610**

2016-17 FTE Change	2017-18 FTE Cumulative Change	FY 2016-17 Net General Fund Impact	FY 2017-18 Cumulative Net General Fund Impact
n/a	n/a	\$6,970,881	\$17,433,323

PROGRAM DESCRIPTION: (brief description of proposed change)

This initiative is a continuation of DPH’s effort to procure and implement a unified electronic health record (EHR) system, building on the initiative included in the FY 15-17 budget. The five year cost for this project is \$183.7 million, offset by existing ongoing expenditure authority included as part of last year’s FY 15-17 budget. To cover expected implementation costs for FY 16-17 and FY 17-18, the department seeks approval for an additional expenditure authority of \$7 million in FY 16-17 and FY 17.4 million in FY 17-18.

JUSTIFICATION:

The SFHN needs a modern and fully-integrated electronic health record (EHR) system to improve patient safety and care coordination to better protect and promote the health of all San Franciscans, fulfill the federal requirements of EHR “meaningful use,” and help achieve the aims of health care reform. This unified EHR system would replace an outdated patchwork of multiple vendor-supported and internally created EHR systems, which developed piecemeal over several decades. This patchwork includes an outmoded clinical medical record system that does not fully comply with federal care delivery requirements and is ineligible for federal Eligible Professional and Hospital incentive payments. DPH’s EHR system houses all patient records, including charting, test results, medication administration, and demographics, records of hospital procurement processing, and all acute and long-term care and pharmacy billing for SFHN patients. The current EHR system at ZSFG was implemented in 1996 and will be phased out and no longer supported within the next few years. The EHR system is also used to bill Medicare, Medi-Cal, commercial insurance and other payors for services provided within the SFHN. The billing system is responsible for generating hundreds of millions of dollars per year in net patient revenues. Failure to replace the existing systems would result in significant financial and regulatory compliance risk for SFHN.

Adoption of a unified EHR system has been identified as a top DPH priority for the past several years. In the FY 15-17 budget the Health Commission recommended a budget that included over \$40 million in information technology investments to implement the EHR. In January, the Health Commission approved a resolution in support of the Health Director’s plan to move forward with legislation to facilitate procurement of a new system. The project has been included in the City’s adopted 5-Year Financial Plan, Information and Communications Technology Plan, and has been reviewed by the City’s Committee on Information Technology. Legislation currently pending at the Board of Supervisors, if approved, would authorize DPH to enter into formal negotiations for procurement of a unified EHR system. Approval of this initiative would allow DPH to move forward with the recommended strategy for contracting and implementation.

IMPACT ON CLIENTS: (units of service and/or number of clients affected, if applicable)

This initiative would positively impact nearly every client receiving services with the SFHN. Adoption of a unified EHR system is a top SFHN priority for improving coordination of patient care, improving quality, and making services competitive with peer providers. Under the current system: information is not readily accessible to health care providers at point of care; multiple patient data sources contribute to unsafe, inefficient and compromised quality care; SFHN clients do not benefit from access to the modern tools that support optimal care at providers such as Kaiser Permanente, UCSF, and Stanford. In addition, the planned EHR implementation will greatly expand availability of population data for use in population health applications and academic medical research.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Project expenditure increase of \$6,970,881 increasing to \$17,433,323 in FY 17-18.

IMPACT ON DEPARTMENT'S WORKFORCE :

While there are minimal FTE changes in the proposed initiative for FY16-18, DPH in FY 15-17 significantly expanded information technology staffing to support infrastructure and readiness for the EHR project. In addition, moving to a modern EHR platform could provide opportunities for training and acquisition of new skills using industry-standard healthcare applications for DPH employees. Direct care providers will benefit from increased access to information.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: EHR Implementation Costs

Description		FY 2016-17	FY 2017-18
Sources:			
Revenues		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:			
Operating Expense		\$ 6,970,881	\$ 17,433,323
Subtotal Uses		\$ 6,970,881	\$ 17,433,323
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 6,970,881	\$ 17,433,323
Total FTE's			

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

<u>Class</u>	<u>Title</u>	<u>FTE</u> ¹	<u>FTE</u>
		Fringe Total Salary and Fringe	
Operating Expenses			
Index Code	021/02700	\$ 6,970,881	\$ 17,433,323
		\$ -	\$ -

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