Solano County
Family Health Services
Five Year
Business Plan
For Pediatric Services
At 2101 Courage Dr, Fairfield

May 2011

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Executive Summary

The Family Health Services (FHS) business plan captures the dramatic changes occurring in the delivery of medical care in the Solano County medical clinics in Vallejo and Fairfield. FHS currently delivers medical care to 11,362 children in Solano County, of which 3,714 are served in the Vallejo clinic and 7,648 are served in Fairfield. Waiting times for pediatric services exceed county standard with periods of 4.5 weeks for appointments in Fairfield and 2 weeks in Vallejo. This equates to 72 children not being served by County clinics on any given day. In addition, the need for adult medical services is crowding out pediatric services, resulting in the need to add staff and increase service levels to absorb these adults in need of medical care. A Family Health Services re-design adds 9 positions in FY 2011/12 to absorb this increased patient load. In addition, Solano County has initiated negotiations with Touro University so that seven Touro University physicians can serve clients at Solano County clinics. This partnership would add 3,500 Medi-Cal clients to the Solano County clinic client roster, 1,500 are new pediatric patients. In addition, under healthcare reform, Medi-Cal eligibility will be expanded and many new clients are expected to be children.

This necessary service expansion requires opening a pediatric clinic in Fairfield. Solano County FHS has chosen the 2101 Courage Drive facility for its pediatric services, because this facility only needs minimal tenant improvements to be functional.

Description of Family Health Services at 2101 Courage Drive

In December 2004, the Department was awarded a federal Healthcare for the Homeless grant. This grant from the Health Resources and Services Administration (HRSA) increases access to primary care for homeless individuals and families in Solano County.

Because the Department received this grant, the clinics became a Federally Qualified Health Center (FQHC). With this designation, FHS will need to meet a number of federal requirements. Additionally, FHS is now receiving cost-based reimbursement from Medi-Cal. This change in reimbursement for Medi-Cal patients has significantly increased the amount of revenue generated by FHS. A new infusion of additional revenue under healthcare reform, where costly hospital care devolves to cost efficient community based primary care, is providing FHS with an opportunity to expand its current operations to improve its delivery of comprehensive primary care. FHS estimates a 37% increase of children and families with new eligibility regulations issued under the State of California Medicaid Waiver and federal regulations following Healthcare Reform. With these changes in clinic operations and a strong marketing plan, the medical and dental clinics are expected to grow their patient base by an average of 12% per year over the next five years, starting with a larger and immediate increase in 2011 through the absorption of the Touro University patients.

Comprehensive primary care means caring for all people, regardless of age or clinical condition. Comprehensive primary care provides a medical home where people know they will receive the highest quality care that has easy access and continuity with a provider. The care addresses people's biological, psychological, and social needs. As part of Public Health Services in the Department of Health and Social Services (the Department), FHS provides primary care to low income and uninsured patients in a clinic setting. Services are provided at the medical clinics in Vallejo and Fairfield, and in the dental clinic in Fairfield. In addition to primary care, FHS offers public health clinics such as a Tuberculosis (TB) Chest Clinic and a sexually transmitted disease clinic, and specialty clinics in pediatrics, diabetes, viral or HIV care, and occupational health. This model of care includes provision of mental health services for children

and adults in primary care clinics, nutrition services, substance abuse counseling for parents visiting pediatric clinics, and case management for the chronically ill to ensure they receive preventive and maintenance care that avoids costly hospital visits. Some of the clinic innovations in place are highlighted as follows:

- A quality improvement infrastructure created to improve clinical and business operations through continuous monitoring, tracking, and interventions.

- A community advisory board established with broad patient representation to provide input into the quality improvement efforts.

- A marketing and outreach plan through "community health conductors" to make the community aware of FHS' new services and structure.

- FHS is a Family Pact provider.

- New services and outreach developed to care for homeless people.

- The clinic's hours expanded and new facilities built in Vallejo and Fairfield.

- Women's care, family planning, and the treatment and diagnosis of sexually transmitted diseases integrated into primary care visits.

- Part of the visit can include primary care, repair of minor lacerations, and other urgent care procedures.

- Appointment scheduling transformed into an open access model with online appointment scheduling available.

- Electronic health records (EHR) are in the process to be implemented to share medical records with hospitals, labs, individual health providers, mental health and substance abuse service providers.

- Multidisciplinary primary care teams now include a provider, medical assistant, office assistant, and nurse case manager.

- Behavioral health integrated into primary care visits through onsite behavioral health specialists (CSAC Challenge Award).

- Patients surveyed annually for their satisfaction, and the results integrated into the quality improvement plan.

- Training tracks and programs developed for family practice residents, medical students, medical assistant students, and nursing students, with a large expansion to a Medical Teaching Center expected through a planned partnership with Touro University, which the Department will present to the Board in FY 2011/12.

The number of patient encounters for the medical clinics grew from 44,220 in FY2007/08 to an expected 55,000 in FY2010/11, with an average growth of 12.5 % per year. The development of the comprehensive pediatric care model will attract even more patients and families.

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Current staff will be reassigned to the 2101 Courage Dr pediatric clinic: 2 FTE physicians, 3 FTE medical assistants, 2 FTE Office Assistants, 2 FTE Mental Health Clinicians and 1 FTE Nurse. This will open up needed exam rooms in Vallejo and Fairfield clinics to absorb the increased number of adult patients. To deliver comprehensive primary care for more children some staffing increases may be required, which are included in the Department's budget:

- 1 FTE Touro pediatrician is expected to start providing services in summer of 2011.
- 2 FTE Touro Medical Assistants are expected to start providing services in summer of 2011.
- 2 FTE Medical Assistants

Products and Services

The following clinical services will be offered at the 2101 Courage Dr Pediatric Clinic:

- Pediatric primary care: Treatment of acute and chronic medical conditions including health screenings and immunizations for children from birth to age twenty.
- Dental Services: Comprehensive and preventative dental services such as, examinations, prevention services and education, cleaning, oral surgery, and extractions when necessary.
- Specialty Clinics:
    - California Children Services' (CCS) Clinic for children enrolled in the CCS program.

Competitive Advantages

While government run clinics are typically thought of as safety net providers for the uninsured and are the last place to seek care, because of its high quality staff and the services it provides, FHS does not have this image in the community. The clinics are known to provide high quality primary care for adults and children, as well as specialty care for certain populations. The Viral Clinic is highly regarded and was awarded a Ryan White CARE Act Title III Early Intervention Services grant in September 2002. This grant allowed the clinics to provide HIV case management services and provide services to more individuals in the community. The clinics were also awarded a federal Healthcare for the Homeless grant in December 2004 to expand comprehensive primary care services to homeless individuals. Both of these federal grants have provided the clinics with opportunities to expand their services and have helped poise them to become a leader in providing primary care for the Medi-Cal and uninsured populations.

In addition to the federal grants, FHS was awarded a $44,000 grant in December 2004 from the California HealthCare Foundation to create a Continuous Quality Improvement (CQI) infrastructure. CQI is the best tool for delivering high quality care through data based decisions, and will help FHS meet FQHC quality requirements. All federal grants require a quality improvement structure, and this grant assisted FHS in creating a quality improvement plan, and helped FHS develop systems to monitor performance and improvement for patient satisfaction, access, cost, quality of clinical care, productivity, quality of the workforce/environment, and health status.

In addition to its successes in acquiring federal grant funding, FHS also has a competitive advantage in that it has the support of the Solano County Board of Supervisors and is part of a large county system. FHS can use allocated County General Fund and realignment monies to keep FHS operating where other health providers do not have those resources to keep them solvent during difficult financial times.

FHS' staff and hours of operation also give them a competitive advantage. All of the staff are dedicated to serving the neediest residents of Solano County, and FHS staff is ethnically and culturally diverse. Twenty-eight percent (28%) of the staff speak more than one language. The clinics also have expanded its hours and offer evening clinics four nights a week in Fairfield and Vallejo.

Competitive Disadvantages

As the provider of last resort, the mission of FHS is to treat the uninsured and underinsured. Because of its mission, FHS has historically seen large numbers of indigent patients. Many indigent patients require more comprehensive, complex primary care as they usually have other social or economic issues interplaying with their medical care. Because FHS does not have staff that are trained to address many of the social issues patients face, the providers usually spend part of their time trying to address these issues. The expected influx of 3,500 new Medi-Cal only patients into the County system will mitigate financial risk and help balance the Payor vs. Non-Payor ratio of the clientele.

As part of the Department of Health and Social Services, the clinics are located in County owned buildings near or with other Department programs. The Fairfield Pediatric clinic

will be in close proximity to the Women, Infants and Children program, California Children Services, Mental Health, Dental Services, Employment, Eligibility and Child Welfare Services.

Payor Sources

Medi-Cal services for managed care members are reimbursed on a per member per month (PMPM) rate through the Partnership HealthPlan. Some Medi-Cal patients are not part of the managed care system, and their services are reimbursed on a fee for service rate through the California Department of Health Services. Currently, Medi-Cal provides payment for approximately 44% of patient encounters at FHS. This ratio is expected to rise to 65% through the planned partnership with Touro University. We receive our PPS rate for PHC members as well as the cap payment.

With FQHC status, the FHS receives a cost per encounter rate for reimbursement for each Medi-Cal encounter. The theory behind the FQHC cost reimbursement policy is that the adequate reimbursement for care provided to Medi-Cal beneficiaries will allow federal and other grant funding to be used to provide care for the uninsured. FHS' FQHC reimbursement was established based on expenses from FY2005/06. The rate is currently being re-evaluated for the 365 Tuolumne and 2201 Courage Dr clinics. Once the rate is reviewed and approved, the rate will only be adjusted annually for inflation by the Medicare Economic Index (MEI). Therefore, in order to maximize future revenue, the expansions needed for FHS to operate as a FQHC must be able to absorb current patient demand.

For patients with no insurance, FHS considers them private pay patients, and fees are determined based on a sliding fee scale that is approved yearly by the County Board of Supervisors. Depending on the income of the patient, fees are discounted. Fees from private pay

patients and reimbursements from Medicare and Child Health and Disability Prevention (CHDP-State Only) provide a small portion of revenue for clinic operations.

Some of the indigent patients, typically single adults, are eligible for the County Medical Services Program (CMSP). Reimbursement for this program has been fee-for-service. In 1999, the Department, in collaboration with the CMSP Governing Board and the Partnership HealthPlan, implemented a managed care pilot program for CMSP patients. Similar to managed care for Medi-Cal patients, the clinics receive a PMPM for CMSP enrollees. Because this population is typically harder to serve than the Medi-Cal population, the PMPM for CMSP patients is higher than for Medi-Cal patients. In October 2005, the CMSP pilot project was transferred to Blue Cross/Blue Shield. The Department estimates a 33% increase in CMSP reimbursed patients under the California Medicaid Waiver.

Marketing Plan

FHS is a program in the Public Health Division of the Solano County Health and Social Services Department. In partnership with the Solano Coalition for Better Health, the Public Health Division undertook a comprehensive marketing initiative to promote community health through "community health conductors". Its marketing has driven a 114 % increase in patient load since FY 2005/06. In addition, the Public Health Nurse Family Partnership program, Solano BabyFirst, the Black Infant Health program, Solano Mental Health and Solano Substance Abuse services regularly promote primary care services in their patient encounters and refer their patients to County primary care clinics due to the Solano County Health and Social Services Department Integrated Services model.

As the health system in Solano County, the Partnership HealthPlan negotiates contracts with several providers in the area to treat Medi-Cal patients. When individuals receive Medi-Cal through the Partnership HealthPlan, they choose a primary health care provider listed on the Partnership HealthPlan's provider network list. Based on enrollment and capacity of providers, some providers are closed to accepting new patients. Periodically, some providers in the community discontinue providing services to Medi-Cal patients; with recent cuts in Medicaid reimbursement, several pediatric care providers have closed their doors to Medi-Cal patients. These patients and their insurance carrier, Partnership Health Plan have sought care from FHS clinics.

Revenue Forecast

With a strong marketing plan, increased demand for services, new eligibility regulations, and the planned partnership with Touro University, FHS is projecting an average annual increase of 12% in patient encounters for the FHS pediatric clinic in Fairfield over the next five years. Medi-Cal encounters will represent approximately 92% of the total encounters, and revenue projections are based on this percentage. The projections also include anticipated psychiatric encounters. The table below shows the expected patient encounters for Medi-Cal, and the resulting revenue for the next five years.

FQHC Fairfield Pediatric Clinic Revenue Projections

Fiscal Year	FF Pediatric Clinic Number of Encounters Projected per provider per day	Number of Medi-Cal Encounters per provider per day	Anticipated FQHC revenue	Costs	Running Balance
2011/12	45	41	$2,308,912	$ 2,689,214	($380,302)
2012/13	70	64	$2,518,813	$ 2,756,445	($617,933)
2013/14	70	64	$2,896,635	$ 2,825,356	($546,654)
2014/15	70	64	$3,186,299	$ 2,895,990	($256,345)
2015/16	70	64	$3,265,956	$ 2,968,389	$41,222

Operational Plan

The Fairfield medical clinic currently has 13 full time equivalent (FTE) employees providing pediatric services. The new Fairfield pediatric clinic will be supported by 18 employees, including 2 FTE existing Mental Health Clinicians to be reassigned from Children's Mental Health outpatient clinic to the new pediatric clinic. 1 FTE pediatrician and 2 FTE Medical Assistants will be working under contract with Touro University. The partnership with Touro University is intended to expand County clinics to FQHC Medical Teaching Centers. The Department is currently planning the FHS organization chart in collaboration with the Human Resources Department and County Administrator's Office. (See Attachment 1 for a proposed organization chart for the FF pediatric clinic). Clinic hours will be from 8 a.m. to 5 p.m., Monday through Friday.

The clinics currently operate using a work unit model that includes a Medial Doctor, Nurse Practitioner and Practitioner Assistant, Clinic Nurse, Medical Assistant, and Office Assistant. Each 1.0 FTE provider is expected to care for a panel of 2,000 patients per year, based upon accepted national standards. The average number of annual visits per patient in Vallejo is 20,000, while Fairfield's average is 27,000. Providers are expected to have 2.8 patient encounters per hour.

Documentation of care and services greatly improved since 2004 to meet FQHC requirements. With the advent of electronic medical records and health information exchange, FHS expects to implement near real time patient care and productivity monitoring. To meet FQHC requirements, FHS must meet the program expectations of Section 330 of the Public Health Care Act as amended by the Health Centers Consolidation Act of 1996. Statute requires that the health centers must provide, directly or through contracts or cooperative arrangements, basic health services including:

- Primary care
- Diagnostic laboratory and radiological services
- Preventive services including prenatal and perinatal services
- Cancer and other disease screening
- Well child services
- Immunizations against vaccine preventable diseases
- Screening for elevated blood lead levels
- Communicable diseases and cholesterol
- Eye, ear and dental screening for children

- Family planning services
- Preventive dental services
- Emergency medical and dental services
- Pharmaceutical service

All health centers must also provide services that help ensure access to the above basic health services as well as facilitate access to comprehensive health and social services. Specifically, the health centers must provide case management services, services to assist the health center's patients gain financial support for health and social services, referrals to substance abuse and mental health services, services that enable patients to access health center services such as outreach, transportation and interpretative services, and education of patients and the community regarding the availability and appropriate use of health services. As a recipient of the Healthcare for the Homeless Grant, the clinics must also provide substance abuse services for the homeless individuals and families.

Statute also requires that FHS create an advisory board for the clinics. According to legislative requirements, the advisory board must meet at least once a month and the board should consist of a majority of whom FHS serves. The role of the advisory board is to provide oversight, and ensure that the health center is functioning within its mission, goals, and operating plan. To ensure that the clinic is meeting its goals, patient surveys were developed and periodically distributed. The survey results are communicated to the advisory board, the CQI committee, the Health Officer, Department Head and Assistant Directors for input and review.

Currently, FHS provides a majority of the medical services as required by Section 330. Service expansion is needed to make the provision of the primary care services more

comprehensive and include women's care, family planning, obesity prevention and the treatment and diagnosis of sexually transmitted diseases for juveniles. Other services not currently provided as part of a pediatric primary care visit will be added such as primary care orthopedics, primary care ear, nose and throat (ENT), primary care ophthalmology, repair of minor lacerations, and other urgent care procedures for children. Primary care physicians will provide prenatal care, and care will be transferred to local obstetricians at the appropriate time for delivery.

In addition to expanding the scope of medical services provided, FHS expanded services to include behavioral health. The pediatric clinic will deepen this integration of psychiatric services and includes psychiatric visits in FQHC revenue projections.

FQHCs must also have a Continuous Quality Improvement (CQI) system that includes both clinical services and management. The current award winning FHS CQI meets the following federal requirements:

- Maintain an approved Quality Improvement/Management Plan.
- Identify who is responsible for the plan.
- Create a functioning quality improvement/management committee that meets regularly and reports regularly to the FHS advisory committee.
- Maintain systems to monitor performance and improvement for patient satisfaction, access, cost, quality of clinical care, productivity, quality of workforce/environment, and health status.

The plan includes data-driven, evidence-based diabetes prevention and treatment following the American Diabetes Association best practices guidelines. A CQI technical assistance team from UCSF team evaluated the project to include:

- A 50% improvement in at least two process or clinical outcomes identified in the ADA diabetes management guidelines.
- Pre- and post-test knowledge of CQI principles in clinic providers and staff.
- Pre- and post-test provider, staff, and patient satisfaction surveys.

Facility Changes

The current facilities do not support the provision of comprehensive primary care, and FHS plans to add 11 exam and treatment rooms for pediatric services at 2101 Courage Drive, Fairfield located on the Health and Social Services campus. Tenant Improvements utilize the existing cabinetry of this previous primary care clinic, the charting / medical assistant's room, and the front desk. Changes to the facility include outfitting the rooms based on new State building code requirements, American Disability Act barrier removals and cabling for electronic medical records.

Equipment includes suture and minor surgery equipment and exam tables as well as a portable audio testing machine. The estimated total cost for improvements including furniture, fixtures and equipment is $719,004. The costs will be offset by FQHC revenues for FY 2010/11 and one time reimbursement from the State of California for CalWORKs expenditures incurred in prior years.

Financial Plan

FHS plans to maximize and leverage the influx of new pediatric patients from Touro University, current increased pediatric services demand, and increased number of eligible patients under healthcare reform. The projected operating revenue are analyzed in Figure 1 in the Appendices.

Projected Five Year Income Statement

Below are the major findings of the five-year fiscal analysis:

- A break even is projected to occur during FY 2014/15 including realignment for indigent patients.
- Breakeven for FHS is expected to occur with an average daily patient volume of 70 visits per day.
- FHS is expected to reach optimum operating capacity (70) pt/day, 3 months after opening the Fairfield pediatric clinic.
- FHS Fairfield Pediatrics is expected to earn $ 2.4 million in the first year of FQHC operations, and an average $2.9 million in the years after.

The Five Year Projected Income Statement is based on the following assumptions:

Patient Visits – Number of patient visits is based upon historical utilization. Projected visits will gradually increase from an average of 45 per day during the first year, to a maximum of 70, which will be reached in the third month of operation. This level of 70 patients per day is projected to continue throughout the remaining five-year period.

Patient Revenues Per Visit – The projection assumes that the revenue per visit will average $248 in the first year of FQHC operation in each year after the first year of operation, a projected

approximate 2.5% increase in prices will be tied to the reimbursement as medical cost inflation factor.

Reserves Deductions - FHS will request payment from each patient at the time of service except in the cases where a commercial insurance carrier can be billed or if a client has no share of cost Medi-cal. This will avoid various contractual deductions and maintain bad debts at approximately 2% of gross revenues. A 9% cost claim disallowance for gross revenues will be added to reserves for later year cost settlements with the State of California. This disallowance percentage is based on actuarials.

Overhead Expenses – Overhead expenses consist of personal mileage, county garage, movement/freight/towing, meals, travel, special department expense, building rents & leases, equipment rents & leases, books and subscriptions, cash/inventory shortage, building maintenance & improvements, maintenance equipment, liability insurance, and risk management insurance, estimated at $39,001 per year per FTE. An inflation factor of 2.5% is forecasted each subsequent period.

Building Debt Service – The Debt Service expense is based on a monthly cost of $1.67 per square foot. The projection assumes fixed debt service payments constant throughout the five-year plan.

Implementation

Once the Board of Supervisors has approved the project and appropriation of Tenant Improvements for the Pediatric Clinic at 2101 Courage Dr, the following schedule is tentatively adopted:

Complete design and plan checking / permitting: one to two months

Construction: two months

Close out: up to one month.

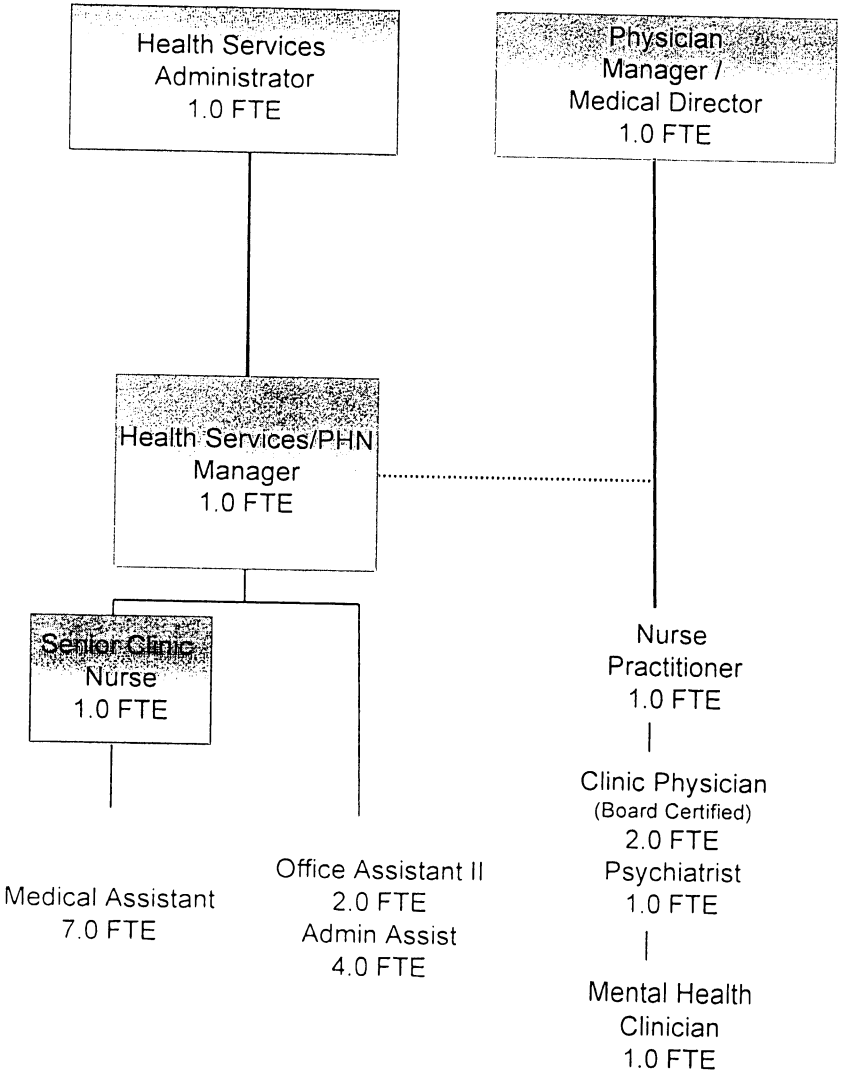
Three months after move in, the pediatric clinic is expected to reach full capacity.

A Joint Planning Committee consisting of the Assistant Director-Operations, Health Officer, Health Administrator, and designated County Architect will meet weekly to oversee implementation ensuring that task lists are developed and assignments completed leading towards the successful expansion and operation of the County's FQHC pediatric clinic in Fairfield.

APPENDICES

Attachment I:	Proposed Org Chart
Attachment II:	Tenant Improvements Schedule
Attachment III:	Sketch of proposed improvements
Figure I:	Income Statement

Family Health Services
2101 Pediatric Clinic

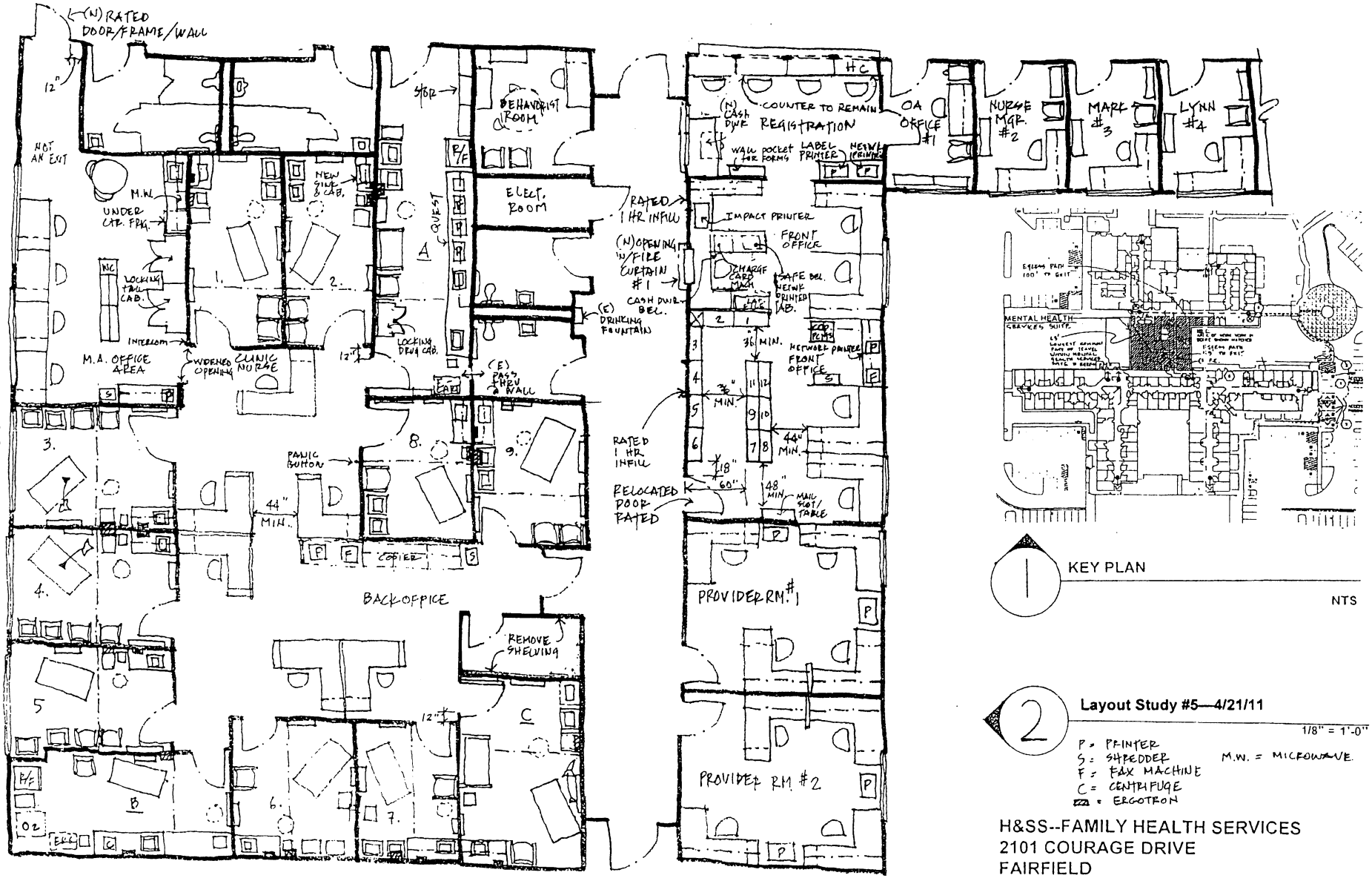


Family Health Services/Pediatric Clinic—5/31/11
2101 Courage Drive, Fairfield, CA

12 Exam Rooms; 3 Treatment Rooms; 5 Enclosed Offices; 28 Work Stations

Item #	Description	Prelim./Estimated Cost	Comments
1	New Casework at Two Rooms—Include sink and upper cabinets at each location, 60" length ea.	$ 4,000	Exam Room #2 & one (1) ADA Treatment Room (C)—DAS Will Verify With Building Division
2	Demo Existing Casework/Discard—Patch Walls, Temporarily cap plumbing	$13,000	
3	Install New Casework (Base & Upper Cabinets)	$35,000	Exam Rooms #1, 3, 4, 5, 6, 7, 8, 9 and Treatment Rooms A & B
4	Provide New Sinks/Faucet Controls	$15,000	Reconnect Plumbing
5	Modify Existing Casework at Medical Assistants' Room	$ 5,000	At MA Office Area
6	Demo Other (E) Casework, Patch Wall Where Occurs	$ 2,000	At M.A. Office Area
7	Widen M.A. Office Door to Back Office	$ 2,500	
8	Expand/Lengthen Exam Rooms #6 & #7. Re-Use Existing Doors/Frames	$ 8,000	
9	Relocate Wall at Exam Rms. #1 & #2, Re-use Existing Doors/Frames	$ 8,000	ADA Clearance at push side of door
10	Rated 1-Hr. Infill at Two (2) (E) Door Locations at Front Office	$ 4,000	Rated Wall & Door/Frame Assembly
11	28 Work Stations/Tel-Data-Network & Electrical	$35,000	Elect./Data Only. See FF&E Schedule Re: Systems Furn. & Equip. Req'mts. & Est. Costs
12	5 Enclosed Offices/Tel-Data Network & Electrical	$ 5,000	Elect./Data Only. See FF&E Schedule Re: Equip. Req'mts. & Est. Costs.
13	Ergotron Computer/Monitors—Blocking at Wall & Elect./Data/Network (12 locations)	$15,000	Elect./Data & Blocking Only. See FF&E Schedule Re: Equipment. Req'mts & Est. Costs
14	Wait Area New Carpet/Base/Paint	$10,000	
15	Audible Panic Button from Rear Office to Front Office	$ 2,000	
16	Paint All Walls & Door Frames--Repair & Patch; Incl Wait Area	$22,000	Remove Accessories from Walls/Patch & Paint
17	Two (2) Locking Cash Drawers	$ 1,000	New—Purchase/install
18	Soft Music Piped Throughout	$ 8,000	Install speakers @ 4 locations
19	Patch VCT in Spots --100 sq. ft. Tot. Match (E) as closely as possible	$ 2,000	Replace broken or substantially stained
20	Replace Floor Finish at Suite	$25,000	
21	Replace 4" Rubber Base Throughout Total Project Area	$ 5,000	Remove (E), Replace (N)
22	Ceiling T-Bar Repair—Replace Tiles	$ 3,000	Replace stained tiles; repair/replace at relocated walls
23	Room Signage (Allowance)	$ 1,500	
24	Privacy Curtains and Tracks (12)	$ 3,000	
25	Remove Power Pole at MA Room	$ 2,000	Terminate/Cap

Item #	Description	Prelim./Estimated Cost	Comments
26	Electrical/Tel-Data per Equipment Schedule	$20,000	Cut wall/patch, wire/cable, and finish
27	Remove (e) Pencil Drawer at ADA Registration Desk/Repair	$ 200	
28	Main Entry Landing--ADA	$20,000	Required Per Building Official
29	2nd Exit Landing at Exterior--ADA	$15,000	Required Per Building Official
30	Install 100 Pair Cable (Tel/Data)	$ 2,000	
31	Honeywell (Card Readers) -- 2	$9,000	At 4 Suite Doors-Vender
32	Window Coverings	$3,000	Vender
33	Moving Costs	$10,000	Vender
34	Master-keying—Doors & Cabinets	$2,500	Fac. Ops.
35	Cisco Phones and Voice Mail (VoIP)	$20,000	DoIT, Single Solutions (Assumes 2101 courage is upgraded and VoIP is available)
36	Coax Cabling at TV at One (1) Lobby	$1,000	Cable Only, TV Mount & TV Not Included.
37	Re-Route Cabling from Electrical Room to MDF Room	$2,000	
38	Provide/Install Patient Notification (Paging) System	$17,000	
39	Contractor's Mobilization & Demobilization	$15,000	
40	**Subtotal #1**	**$372,700**	
41	Project Contingency	$75,000	
42	Soft Costs—Family Health Services (from March 15, 2011 thru end of 1-Year Warranty)	$44,200	Design ($34,000), $13,600 expended; permit ($4,200); and Gordian Group Fees ($6,000)
43	**Subtotal #2**	**$491,900**	
44	Amount Expended on Project—Mental Health through December 20, 2010.	$43,214	Design ($21,428.75). Fees ($5,805.64) & Construction ($15,979.43)
45	**Subtotal #3**	**535,114**	
46	FF&E Procurement (Purchase/ Freight), Assembly/Installation)	183,890	ALLOWANCE (to be confirmed)
47	**Total Estimated Project Costs**	**$719,004**	



1 KEY PLAN

NTS

2 **Layout Study #5—4/21/11**

1/8" = 1'-0"

P = PRINTER
S = SHREDDER
F = FAX MACHINE
C = CENTRIFUGE
ERGOTRON
M.W. = MICROWAVE

H&SS--FAMILY HEALTH SERVICES
2101 COURAGE DRIVE
FAIRFIELD

Expenditures for Operations at 2101 Courage Dr, Pediatric Clinic

Annual Average

Staff

Classification	Payment / hour	FTE	Hours / FTE (*)	Total hours	Total payment
Clinic Physician	$ 136.22	2	2,080.00	4,160.00	$ 566,675.20
Office Asst	$ 32.62	2	2,080.00	4,160.00	$ 135,699.20
Medical Asst	$ 32.56	7	2,080.00	14,560.00	$ 474,131.84
Adm Asst	$ 27.79	4	2,080.00	8,320.00	$ 231,212.80
Nurse Case Mgr	$ 42.65	1	2,080.00	2,080.00	$ 88,712.00
MH Clinician	$ 66.72	2	2,080.00	4,160.00	$ 277,555.20
Staff		18			$ 1,773,986.24

Contract:

Classification	Contract payment per hour	FTE	Hours / FTE (*)	Total hours	Total payment
Clinic Physician	$ 135.00	1	1,749.60	1,749.60	$ 236,196.00
Staff and Contract					$ 2,010,182.24

County:					
Pat Acct Mgr	$ 105.50	0.15	2,080.00	312.00	$ 32,916.00
Accountant	$ 42.50	0.25	2,080.00	520.00	$ 22,100.00
Sub-Total Salaries					$ 55,016.00
Annual Overhead:					
Average cost per FTE	39,001.00	16			$ 624,016.00
Grand Total Expenditures					$ 2,689,214.24
Less: Projected Revenues					(2,518,813.25)
Net loss (net gain)					$ 170,400.99

One time expenditures for Tenant Improvements:

Construction	$ 297,700.00
Contingency	$ 50,000.00
FFE	$ 283,890.00
Direct Costs	$ 631,590.00
Design and Fees	$ 87,414.00
Total Cost TI and FFE	719,004.00
Current Year Earned Revenue and One Time Social Services reimbursement from prior years:	$ 719,004.00
Balance	$ -

FIGURE 1