

2008-2009 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: San Francisco General Hospital
PROGRAM CONTACT NAME/PHONE: Valerie Inouye 206-3599
PROGRAM / INITIATIVE TITLE: **Baseline Revenue**
GENERAL FUND: **(\$8,204,000)**

TARGETED CLIENTS: All Clients

PROGRAM DESCRIPTION: (Description of Program Change)

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

This request is to adjust the baseline revenue for SFGH. In the recent past, SFGH has been increasing its pricing across the board by 10%. The Controller's Office recently engaged Phase 2, a consulting firm, to assist DPH in maximizing revenue opportunities. Phase 2 has done a strategic pricing review, which proposes adjustments to individual items based on comparisons to the market place. Prices may be adjusted upward of 15% at the maximum or could be adjusted downward with a 5% maximum decrease. Based on preliminary analysis, implementing this strategic pricing would increase net patient revenues by approximately \$7.4 million. There has also been a favorable change in the payer mix this year, contributing to the increase in baseline revenue. Preliminarily, we are estimating this to contribute \$3.5 million to net patient revenues. These amounts are offset by a reduction in the capitation revenue budget.

JUSTIFICATION: (required by the Mayor's Office)

N/A

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Ongoing baseline revenues will increase by \$8,204,000 resulting in a reduction of General Fund support.

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

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: San Francisco General Hospital Baseline Revenue

	FY 2008-09	Ongoing
Sources:		
Net Patient Revenues	\$ 8,204,000	\$ 8,204,000
Subtotal Sources	8,204,000	8,204,000
Uses:		
Salaries and Fringes	\$ -	\$ -
	-	-
	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (8,204,000)	\$ (8,204,000)
Total FTE's	0.0	0.0

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

Class Title FTE's

Fringe (32 %)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code

- \$ -

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

2008-2009 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Laguna Honda Hospital (LHH)

PROGRAM CONTACT NAME/PHONE: Steve Koneff Klatt 759-3314

PROGRAM / INITIATIVE TITLE: **LHH Nutrition Chefs Regulatory Requirement**

GENERAL FUND: **\$61,864**

TARGETED CLIENTS: Laguna Honda Hospital residents

PROGRAM DESCRIPTION: (Description of Program Change)

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

LHH Food Service requires additional CSC 2656 Chef coverage to meet DHS regulatory requirements for Dietary Services. The additional Chef resources will provide full coverage for more shifts each day to insure complete oversight, training and monitoring for compliance to Title 22 in the areas of food preparation, quality control in temperature and food safety, food handling and sanitation, provision of wider variety of menu items including ethnic dishes and monitoring of satellite kitchens.

JUSTIFICATION: (required by the Mayor's Office)

DHS Surveys May, 2007; and in July and August 2006 resulted in significant citations in the areas of food preparation, quality control in temperature and food safety, food handling and sanitation, provision of wider variety of menu items including ethnic dishes and monitoring of satellite kitchens. Additional Chefs are needed to address the gaps identified by DHS through program development for on-going staff training, monitoring for quality control and quality improvement, and expanding food preparation to offer more daily individualized service, including ethnic foods and bilingual menus. Inability to fund more positions will result in on-going failure to meet Title 22 requirements. Current staffing level of 2 chefs' does not cover the 2 shifts per day 7 days per week as needed. This initiative adds resources required to meet minimum standards.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

1050 residents receive 3 meals plus unit-stocked nourishments 365 days a year. The Chefs oversee the food preparation process for each and every meal. .

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

\$61,864 increase in salary and benefits for the initial fiscal year and \$82,485 for subsequent fiscal years.

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

0.75FTE during the initial fiscal year which annualizes to 1.0 FTE subsequently.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH NUTRITION CHEFS REGULATORY REQUIREMENT

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 61,864	\$ 82,485
	-	-
	-	-
Subtotal Uses	61,864	82,485
Net General Fund Subsidy Required (Uses less Sources)	\$ 61,864	\$ 82,485
Total FTE's	0.75	1.00

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

Class	Title	FTE's	
2656	Chef	0.75	\$ 46,867
			-
			46,867
	Fringe (32%)		14,997
		0.75	\$ 61,864

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DPH SECTION: LAGUNA HONDA HOSPITAL (LHH)

PROGRAM CONTACT NAME/PHONE: Gayling Gee 759-2363

PROGRAM / INITIATIVE TITLE: **LHH Nutrition Dietitians Regulatory Requirement**

GENERAL FUND: **\$60,306**

TARGETED CLIENTS: **LHH Residents**

PROGRAM DESCRIPTION: (Description of Program Change)

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

The addition of a half time 2624 Registered Dietitian (RD) and a half time 2622 Dietetic Technician (DTR) will help provide necessary support for regulatory assessment and documentation issues identified in the May 2007, and the three 2006 DHS surveys. The RD and DTR will help conduct timely monthly reviews and quarterly assessments for all residents, and for any change of conditions; and document in Minimum Data Set (MDS) nutrition fields. RD and DTR will assess residents daily for food preferences and food substitutions and will monitor and care plan for maintaining resident ideal body weight, hydration, and specific medical conditions. The MDS is the CMS required Assessment tool used for reimbursement.

JUSTIFICATION: (required by the Mayor's Office)

The DHS surveys of May, 2007; and February, July and August 2006 resulted in citations related to untimely and incomplete nutrition documentation in the RAI/MDS records, insufficient attention to individualizing resident need preferences, less than adequate assessment and care planning for weight loss and for dialysis patients. This deficit is related to insufficient staffing to cover the resident volume and complexity. Additional positions are needed to provide timely assessments/documentation and to achieve a more individualized approach to addressing resident food preferences as required by Title 22. Inability to fund these additional positions will result in on-going failure to meet CMS and Title 22 requirements.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

1050 residents at LHH

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

\$60,306 increase for salary and fringe benefits during the initial fiscal year which would annualize to \$80,408 subsequently.

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

Increase 0.38 FTE Registered Dietitians. Increase 0.38 FTE Dietitian Technicians. Positions would annualize to 1.0 FTE for subsequent fiscal years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH NUTRITION DIETITIANS REGULATORY REQUIREMENT

	FY 2008-09	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 60,306	\$ 80,408
	-	-
	-	-
Subtotal Uses	60,306	80,408
Net General Fund Subsidy Required (Uses less Sources)	\$ 60,306	\$ 80,408
Total FTE's	0.75	1.00

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

Class	Title	FTE's	
	2624 Registered Dietitian	0.38	26,865
	2622 Dietetic Technician	0.38	18,821
			-
		<u>0.75</u>	<u>45,686</u>
	Fringe (32%)		<u>14,620</u>
			\$ <u>60,306</u>

2008-2009 Program Change Request

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| <input type="checkbox"/> Health At Home | |

DPH SECTION: Laguna Honda Hospital and Rehabilitation Center (LHHRC)

PROGRAM CONTACT NAME/PHONE: Lisa Pascual, MD, 759-2355 and John Kanaley 759-2367

PROGRAM / INITIATIVE TITLE: **LHH Rehabilitation Fall Risk Management Program**

GENERAL FUND: **\$83,761**

TARGETED CLIENTS: LHHRC residents at risk for falls.

PROGRAM DESCRIPTION: (Description of Program Change)

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

Many of the factors that increase the risk for mobility problems and falls among residents at LHHRC are preventable and even reversible through the early detection of physical impairments and functional limitations. A fall risk management team consisting of one Physical Therapist and one Occupational Therapist can effectively address fall risk assessment and intervention programs at LHHRC. The fall risk management program would use comprehensive strategies to minimize fall risk and mitigate injuries from falls. These strategies include: research based assessment and intervention, ongoing staff training, monitoring for compliance with policy and individual resident programs, ongoing literature review, and implementation of a research program to evaluate the effectiveness of emerging technologies (e.g. bed and chair alarms) for the prevention of falls.

JUSTIFICATION: (required by the Mayor's Office)

Two regulatory issues are addressed. The Licensure Surveys in 2006 and 2007 found deficiencies related to fall prevention at LHH. The Centers for Medicare and Medicaid Services announced a reimbursement rule change published on 8/22/07 that states that they will no longer pay for care related to facility acquired falls. Injuries sustained as a result of a fall in a skilled nursing facility are classed as a medical error and the new rules disallow payment for convalescent care that could last several weeks.

In surveys of nursing home populations, the percentage of residents who fall each year ranges from 16% to 75%, with an overall mean of 43%. In the United States, nursing home residents 85 years and older account for one out of five fatal falls. More than 40% of those hospitalized for hip fractures never return home or live independently again and 25% will die within one year. State surveyors repeatedly cite fall risk assessment and prevention at LHHRC as cause for concern. A recent RAND meta-analysis of fall prevention interventions revealed that structured programs reduced fall rates on average by 23%. The most effective program types included multi-factorial risk assessment and management (40% reduction in fall rates).

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Additional staff will augment falls prevention and restraint reduction activities and could potentially add 645 (3%) to the 21,500 annual units of service provided by the LHHRC Rehabilitation Program.

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

\$98,870 for salaries and fringe benefits offset by \$15,110 in revenues from additional visits to therapists. Net impact of \$83,761. Annual cost is \$111,681.

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

0.75 in FY 2008-09 which annualizes to 1.0 FTE

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH REHABILITATION SERVICES - FALL RISK MANAGEMENT PROGRAM

	FY 2008-09	Ongoing
Sources:		
Medi-Cal Reimbursement Skilled Therapies	\$ 15,110	\$ 20,146
Subtotal Sources	15,110	20,146
Uses:		
Salaries and Fringes	\$ 98,870	\$ 131,827
	-	-
Subtotal Uses	98,870	131,827
Net General Fund Subsidy Required (Uses less Sources)	\$ 83,761	\$ 111,681
Total FTE's	0.75	1.0

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

Class	Title		
2556	Physical Therapist	0.38	0.50
2548	Occupational Therapist	0.38	0.50
		0.75	1.00
	Cost of position 2556	37,451	49,935
	Cost of position 2548	37,451	49,935
	Total Cost	74,902	99,869
	Fringe (32%)	23,969	31,958
		\$ 98,870	\$ 131,827

2008-2009 Program Change Request Update

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DPH SECTION: SFGH-Pharmacy Services

PROGRAM CONTACT NAME/PHONE: Sharon Kotabe/206-2325

PROGRAM / INITIATIVE TITLE: **SFGH Pharmacy Staffing**

GENERAL FUND: **\$810,029**

TARGETED CLIENTS: All clients and residents receiving care at SFGH

PROGRAM DESCRIPTION: (Description of Program Change)

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

Recent surveys by licensing, regulatory and accrediting bodies (e.g. California Department of Health Services [DHS], Centers for Medicare/Medicaid Services [CMS], the Joint Commission [JC] on Accreditation of Healthcare Organizations) have focused on medication use and pharmacy services. Several deficiency citations resulted in past surveys as a result of this focus. Compliance to the plans of corrections for these deficiencies, as well as additional and more stringent medication use and pharmacy services requirements from these groups necessitate increased pharmacy staffing for a department that provides services 24-hours per day, 7-days per week. Non-compliance puts SFGH at risk of losing Medicare/Medicaid funds. This request is to add a total of 5.63 FTEs the first year and 7.50 FTE's ongoing, to the San Francisco General Hospital Pharmacy. Although requests were made, and partially approved in previous fiscal years to add staff to the Pharmacy department to support regulatory requirements, more resources are needed to support other clinical areas and address new and additional responsibilities expected of pharmacists who practice in a health-system setting.

Current pharmacy staff of 95 FTEs provide 24 hours per day inpatient and emergency department pharmacy services, 12 hours per day outpatient prescription services, and 12 hours per day pharmacy purchasing services to the hospital, hospital-based and COPC clinics. Of the current budget, ten (10) were 'new' FTEs in the FY 07-08 budget. The positions requested in the previous budget, when requisitions to hire are released, will provide Joint Commission and Title 22 compliant pharmacist service to the Emergency Department, Operating Rooms, and adverse drug event follow-up. There were also positions to address increased use and demand for technology-related solutions to medication management and safe medication use issues. The positions included in this modified request are to address new Joint Commission requirements for anticoagulant use in all care settings, State and CMS regulatory changes for review of drug therapy for patients in skilled nursing locations, improve controlled substances accountability and monitoring, augment pharmacist services in the Operating rooms with a pharmacy technician to help with record keeping and drug distribution requirements, and assure the availability of City and County staff in the Inpatient Pharmacy to address preparation, distribution and oversight for administration of all IV admixtures, in accordance to regulatory requirements

JUSTIFICATION: (required by the Mayor's Office)

- 1 FTE ongoing to comply with major changes to State and CMS regulations regarding drug regimen review for patients in skilled nursing beds, and provide pharmacist expertise for geriatric-focused units and care. This request will add one-half pharmacist to augment drug regimen review to comply

with new standard , as required, 8 hours per day, 5 days per week for 25 beds medical-surgical short-term skilled nursing beds

- 2 FTE ongoing to address new Joint Commission National Patient Safety Goal for pharmacist management of all anticoagulant use in inpatient and ambulatory care settings. This request will add one pharmacist to the inpatient setting, and one pharmacist in ambulatory care to provide anticoagulant therapy monitoring services 8 hours/day, 5 days/week.
- 0.5 FTE ongoing to support drug distribution and augment current pharmacy services to the operating rooms. This request will add one pharmacy technician to assist with record keeping and drug distribution activity in the operating rooms, 4 hours per day, 5 days per week.
- 2 FTE ongoing to address increased medication use audits and controlled substances monitoring required by accrediting and licensing agencies. This request adds one pharmacy technician 8 hours per day, 5 days per week to comply with regulatory requirements for auditing, storage and monitoring of controlled substances and other medication.
- 2 FTE ongoing to augment 24 hours/day, 7 day per week operations and address increased workload resulting from requirements for pharmacist oversight of all IV admixtures preparation. This request adds one pharmacist 8 hours per day, 5 days per week to address increased IV admixture preparation and distribution workload which results from Joint Commission and Title 22 requirements.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Number of clients served and units of service provided will not substantially change. Clients will, however, be impacted if compliance to licensing, regulatory and accrediting body requirements are compromised and the hospital loses Medicare and Medicaid funding.

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

Revenue will be negatively impacted if Medicare and Medicaid funding is lost or information systems are not maintained to assure compliance to 3rd party billing and manufacturer patient drug assistance program requirements.

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

Addition of 5.63 FTEs the first year and 7.50 FTE's ongoing to the department's workforce.

2.25 FTEs 2409 Pharmacy Technician

2.25 FTEs 2450 Pharmacist

1.13 FTEs 2454 Clinical Pharmacist

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH PHARMACY STAFFING

Sources:	FY 2008-09 (9 Months)	Ongoing
		\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 810,029	\$ 1,080,039
Operating Expenses	\$ -	\$ -
Subtotal Uses	810,029	1,080,039
Net General Fund Subsidy Required (Uses less Sources)	\$ 810,029	\$ 1,080,039
Total FTE's	5.63	7.50

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

Class	Title	FTE's	(9 months)
2409	Pharmacy Technician	2.25	\$ 160,621
2450	Pharmacist	2.25	\$ 292,032
2454	Clinical Pharmacist	1.13	\$ 161,006
		5.63	613,658
Fringe (32%)			196,371
			\$ 810,029

Operating Expenses

Index Code Character/Subobject Code

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

2008-2009 Program Change Request

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DPH SECTION: SFGH

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

PROGRAM / INITIATIVE TITLE: **Staff COLA for UCSF Affiliation Agreement**

GENERAL FUND: **\$2,187,324**

TARGETED CLIENTS: All SFGH Patients

PROGRAM DESCRIPTION: (Description of Program Change)

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

This request is to fund the anticipated increase to the staff salaries and benefits, and materials and supplies falling under the UCSF Affiliation Agreement budget. UCSF is contractually obligated to implement salary and benefit increases for represented staff in accordance with negotiated MOUs. The requested amount is based upon expected increases for FY 08-09, as negotiations are ongoing. The amount requested is approximately 5% of the current year budget for staff salaries, fringes and materials and supplies.

JUSTIFICATION: (required by the Mayor's Office)

The staff working at SFGH through the UCSF Affiliation Agreement are essential to the operation of the medical center. If the COLA is not funded, there would most likely be a reduction in the work force, with an associated reduction in service. The service reduction would likely impact clinical services, possibly necessitating a reduction in SFGH personnel as well.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If this COLA is funded, there will be no impact on the number of clients served or the units of service provided.

If the COLA is not funded, it is not yet possible to determine the impact upon clients and units of service until the actual service reductions are determined through negotiation with SFGH administration.

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

Expenses will increase by \$2,187,324.

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

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

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: UCSF Staff COLA

	FY 2008-09	Ongoing
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Operating Expenses	\$ 2,187,324	\$ 2,187,324
	-	-
	-	-
Subtotal Uses	2,187,324	2,187,324
Net General Fund Subsidy Required (Uses less Sources)	\$ 2,187,324	\$ 2,187,324
Total FTE's	0.0	0.0

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

Class Title FTE's

Fringe (32.1%)

-
 -
 -
 \$ -

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02700 Professional Services (UC)	- \$ 2,187,324

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

2008-2009 Program Change Request

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|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input checked="" type="checkbox"/> Public Health |
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| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: HUH

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

PROGRAM / INITIATIVE TITLE: **Annualization of 31 Senior Housing Units**

GENERAL FUND: **\$192,772**

TARGETED CLIENTS: Homeless and Frail Seniors

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Health Department and the Human Services Agency are partners with the Mayor's Office of Housing and the San Francisco Redevelopment Agency on many new projects that are in the affordable housing development "pipeline". Housing and Urban Health, on behalf of DPH, has negotiated 81 units in three new construction project targeted toward seniors. DPH's set-asides will be for homeless and frail elderly living on the streets and in shelters and those being discharged from higher levels of care, including Laguna Honda Hospital. Specifically, the set-asides are as follows: 50 units in Citizens Housing's 990 Polk Street project; 20 units in Chinese Community Development Center/Northern California Presbyterian Homes and Services' Octavia Boulevard site known as Parcel A; and 11 units in Citizens Housing's 18th and Alabama site. All three of these developments are scheduled to open in the last quarter of FY 07/08. Partial funding was included in the FY 07/08 budget to ensure services would be available to residents during rent up and initial program operation. The funding request for FY 08/09 annualizes the funding for 31 of the 81 units with the remaining 50 units being annualized by other funding sources.

JUSTIFICATION: (required by the Mayor's Office)

These developments are part of a long-range partnership between the City's housing capital agencies (MOH and SFRA) and the Health Department. Tens of Million of local capital dollars have been invested in the acquisition and construction of these developments. DPH's partnership is integral to the success of these three projects, which have been in the planning and development stages for five years. Additionally, the funding secures and maintains access to 31 much needed units of senior housing for the Health Department that will assist us in meeting the requirements of the Chambers settlement and our overall goal of housing people in community-based settings.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

This request will create 31 new permanent supportive housing units for homeless and frail seniors

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

Total expenses for general fund will increase by \$192,772 in FY08/09

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

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Annualization of 31 Senior Housing Units

		FY 2008-09	Ongoing
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Operating Expenses		\$ 192,772	\$ 192,772
		-	-
		-	-
Subtotal Uses		192,772	192,772
Net General Fund Subsidy Required (Uses less Sources)		\$ 192,772	\$ 192,772
Total FTE's			

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

Class Title FTE's

		0.00	-
	Fringe (32%)		-
Index Code		\$	-

Operating Expenses

Index Code	Character/Subobject Code		
HCHSHHOUSGGF	021/02700	192,772	\$ 192,772

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