

**2004-2005 Program Change Request**

**DEPARTMENT NAME:**

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

DPH SECTION: San Francisco General Hospital  
PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-6761  
PROGRAM / INITIATIVE TITLE: **23-Hour Chest Pain Unit**  
GENERAL FUND: (\$19,253)

TARGETED CLIENTS: Emergency room chest pain patients at low-risk for acute coronary syndrome

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

The SFGH emergency and cardiology departments propose the creation of a 4-bed 23-hour chest pain unit in 5D to decompress the ER. Currently, the ER is constantly overcrowded, causing an average monthly diversion rate of 28.2%. This results in long wait times for patients and loss of patients from those who are turned away or leave the ER after waiting too long. This plan proposes to reduce ER diversion rates by moving low-risk chest pain patients from the ER to the 23-hour chest pain unit. With this new focus, the cardiology department will develop expertise in chest pain care, the ER can re-focus on a higher volume of emergent patients, and the hospital will save money by better matching patients to their needed level of care.

**JUSTIFICATION: (required by the Mayor's Office)**

As the city's only level I trauma center and only safety net hospital, SFGH has an ER continually overcrowded with patients seeking trauma and primary care. When at capacity, the ER is forced to go on diversion, thereby turning away patients (from ambulances and those who leave without being seen, typically a 15% rate) and increasing wait times for non-urgent patients. Thus long wait times in the ER hamper access to care. The 23-hour chest pain unit proposes to alleviate some of the ER patient volume, thereby improving hospital resource utilization and improving patient satisfaction.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

The 23-hour chest pain unit will serve about 1,200 – 1,400 chest pain patients per year, thereby improving ER patient flow and making room for the hospital to see other types of ER admits and non-admits. In addition, wards which currently receive these types of patients (e.g., 5D, 4B, 5A) will free up their beds to serve other patients.

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

By moving the 1-day LOS chest pain admits and chest pain non-admits (23-hr observation) from the ER to the observation unit, SFGH expects to improve ER utilization and revenue generation, and improve revenue capture by consolidating inpatients in the Chest Pain Unit. Labor expense will increase by \$372,265, professional services will increase by \$63,000 and supply cost will increase by \$16,155. One-time equipment purchase will total \$38,800. Total net savings in general fund is \$19,253 for FY 05/06 and \$77,404 ongoing savings.

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

Increase of 3.00 FTEs RN in 05/06 and 4.00 FTEs ongoing.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: 23-Hour Chest Pain Unit**

<b>Sources:</b>	<b>FY 2004-05 (9 Months)</b>	<b>Ongoing</b>
Incremental Revenue in ED	\$ 422,337	\$ 563,116
Incremental Revenue in Chest Pain Unit	\$ 87,137	\$ 116,182
<b>Subtotal Sources</b>	<b>\$ 509,473</b>	<b>\$ 679,298</b>
<b>Uses:</b>		
Salaries and Fringes	\$ 372,265	\$ 496,353
Operating Expenses	79,155	105,540
Facilities Maint & Equip	38,800	-
<b>Subtotal Uses</b>	<b>\$ 490,220</b>	<b>\$ 601,893</b>
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>\$ (19,253)</b>	<b>\$ (77,404)</b>
<b>Total FTE's</b>	<b>3.00</b>	<b>4.00</b>

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

Class	Title	FTE's	(9 Months)
2320	Registered Nurse	3.00	270,738
P103	Premium Pay		27,074
			<u>297,812</u>
	Fringes @ 25%		74,453
	Subtotal =	3.00	<u>\$ 372,265</u>

**Operating Expenses** (List by Character)

02786	Professional Services (UC)	63,000
04000	Equip Maint Supplies (leadwear)	16,155
		<u>\$ 79,155</u>

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

06000	Phillips stand-alone monitors (4 units - one time)	24,800
06000	LifeSync Monitor Receivers (6 units - one time)	8,400
06000	LifeSync Patient Transmitters (4 units - one time)	5,600
		<u>\$ 38,800</u>

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: SFGH – Peri Operative Department

PROGRAM CONTACT NAME/PHONE: Terry Dentoni, 206-8307, Sue Currin, 206-6761

PROGRAM / INITIATIVE TITLE: **Operating Room Expansion**

GENERAL FUND: (\$195,043)

TARGETED CLIENTS: Surgical Patients: Orthopedic Surgery/General Surgery/ Podiatry/  
Neurosurgery/Trauma Services

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

The purpose of this program enhancement is to improve patient care services for those patients requiring surgery for Orthopedic/General Surgery/ Podiatry/ Neurosurgery/Trauma Services for all types of injuries and surgical conditions. The core element of this plan is to provide a ninth operating room at SFGH, improve care for patients with musculoskeletal (including podiatric prevention and treatment), neurosurgical, and surgical problems, and address the decline of resources to the trauma-related Departments at SFGH, including Trauma/General Surgery, Orthopedic Surgery, Neurosurgery, Rehabilitation, Anesthesia, and Radiology, by stabilizing the number of personnel and resources which support these services.

This initiative is critical to SFGH due to the following reasons:

- A strong Surgical Program is necessary to sustain the SFGH Level I Trauma Center.
- SFGH Surgical Programs (with an emphasis on Orthopedics) provide essential care to the poor, serving SFGH's mission.
- A 9<sup>th</sup> OR will increase operating time for surgical specialty services, including orthopedic surgery/podiatry, trauma/general surgery, neurosurgery, as well as other services.
- With the increased volume in Orthopedic Surgery resulting from the previous OR 8 Business Plan, an additional 1.4 physician FTEs are needed in FY 05/06 to continue to bring the service's physician complement to full and sustainable levels.
- Additional physiatry and therapy services are required to support the expanding need for rehabilitation, the increased volume of musculoskeletal patients, the timely discharge of post-traumatic patients, support the growing TBI program, and the combined spine program between the Departments of Orthopedic Surgery and Neurosurgery.
- Increased podiatric services (0.7 podiatry FTE) are necessary to provide care for the increasing number of diabetic, renal and vascular insufficiency patients who often wait 4 months for a new patient clinic appointment. This wait-time can result in significantly diminished preventative care, increased complications from foot and leg amputations, and increased costs; hospitals with diabetic foot services decrease the incidence of costly amputations by approximately 25-40% annually.
- Continued difficulty in the recruitment of orthopedic traumatologists due to a highly competitive market, decreasing numbers of trauma-trained sub-specialists, moderately competitive salaries at SFGH, and the high cost of living in the Bay Area.

- ❑ Waiting times for MRI studies at SFGH are 3-4 months for outpatients and 2-3 days for inpatients, preventing the timely diagnosis and treatment of physically debilitating medical conditions, including musculoskeletal and neurological problems. While sponsored patients leave SFGH to get the studies at other institutions, the uninsured patients must endure unacceptably long waiting times. A second MRI scanner is essential to correct this deficiency.
- ❑ Outreach San Mateo County through our existing Trauma MOU to establish a center of excellence for acetabular fractures and spine injuries, which will benefit the Departments at SFGH, particularly orthopedic surgery, neurosurgery, and trauma, as well as the hospital.
- ❑ The increased revenue flow generated by Orthopedic Surgery, General Surgery, and Neurosurgery will underwrite the expenses for implementing the additional operating room and providing support to key SFGH services.

**JUSTIFICATION:** (required by the Mayor's Office)

**Orthopedic services** are essential component of the health care services SFGH provides to its patient population. SFGH must also meet the requirements of a Level I Trauma Center, which includes 24 hour-7-day a week orthopedic surgeon staffing. Nearly 2/3 of the trauma patients in San Francisco sustain a musculoskeletal injury. Currently, the orthopedic service at SFGH is the busiest surgical service at SFGH, performing nearly 1,800 procedures, 25,000 outpatient visits, and 1,200 inpatient and emergency room consultations annually. In addition, with the OR8 Business Plan's successful implementation, the volume of patients seen by Orthopedics has increased nearly 25%. Currently the service is substantially understaffed, having only 4 full-time attendings. Additional resources are needed to fully staff the Department, ensure the service's robust ongoing development, and meet the hospital's broad mission of serving the poor in the City and County.

**A ninth OR suite** will provide critically needed operating block time for all surgical services and will allow for more timely completion of "add-on" cases. The OR will generate additional resources for SFGH, as well as have other fiscally positive effects, such as decreasing the number decertified days that result from a lack of available OR time.

**Podiatry services** are essential care element for patients with diabetes, renal disease and vascular insufficiency. SFGH has a growing population of these patients, and the resources available to treat these patients remains limited. If provided in a timely manner, podiatry services have been demonstrated to decrease the need for amputations and expensive wound care services.

**General Surgery Nurse Practitioner** will allow the GSU service to increase the amount of patients currently evaluated in the General Surgery Clinic. This will decrease the delay in receiving service and increase the flow and efficiency of patient care throughout the general surgery clinic.

**An additional MRI scanner** will decrease the waiting times for MRI scans that enable the timely diagnosis and treatment of physically disabling conditions.

**Pharmacist/pharmacy tech** are needed to follow up with post operative and peri operative chemotherapy regimens for surgical oncology patients.

**Psychologist** will provide inpatient/outpatient pediatric and adolescent therapy.

**Additional Support Staff** will allow to keep all of the programs within the initiative to proceed and maintain the goals of the plan.

**Medical Evaluation Assistants** will be allocated to the following areas (1) will be assigned to the Operating room to assist with transports, (2) will be assigned to the 3M Clinic to support the increase of providers within the 3M Clinics and (2) will be assigned to the Emergency Department to assist with facilitation of flow for the Trauma patients.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

The impact for the Operating room will provide an additional 8 hours per day of operative time, which will allow for 2-3 additional cases to be performed per day. This additional time will decrease OR wait times, decertified days, and inpatient "add-on" waiting lists. An additional MRI will accommodate an additional 35 patients per week, or 1820 patients per year. The third CT scanner will enable the surgeons to get timelier CT scans and will decrease the waiting time for CT's by at least 3 weeks from the current

4-6 weeks. This too, will increase revenue since approx. 100 patients are sent out per year to get CT scans electively due to the waiting time. These radiology enhancements will effect by providing more timely essential services, as well as allowing for the "capture" of sponsored patients.

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

This business plan is projected to provide for an additional \$4,675,905 in revenue to offset expenses of \$4,480,862 for fiscal year 05-06. Total general fund net savings will be \$195,043 for the first year and ongoing savings of \$966,724 thereafter.

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

The Department of Orthopedic Surgery will eventually need to maintain a workforce of six to seven orthopedic surgeons, as well as have one additional physiatrist and one additional podiatrist, to meet the demand for services. The Trauma service needs an additional trauma fellow to improve trauma patient care. The Department of Radiology will need additional attending physician support for the interpretation of MRI scans from the additional scanner. The Department of Anesthesia will require an additional attending to provide for the coverage of an additional OR suite.

In addition, the following SFGH staff will also be necessary to implement this business proposal for the Operating Room Expansion and Trauma Services (first year):

- 0.75 FTE - 2328 Nurse Practitioner
- 0.75 FTE - 2320 Registered Nurse (1 OR)
- 0.75 FTE - 2310 Surgical Procedures Technician
- 0.75 FTE - 2390 Sterile Processing Technician
- 0.75 FTE - 2330 Nurse Anesthetist
- 2.25 FTE - 2302 Certified Nursing Assistants
- 0.38 FTE - 2468 Digital Imaging Tech II
- 0.75FTE - 2454 Clinical Pharmacist
- 0.75 FTE - 2409 Pharmacy Technician
- 3.75 FTE - 2340 Medical Evaluation Assistants
- 0.38 FTE - 2556 Physical Therapist

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Expansion of Operating Room**

<b>Sources:</b>	<b>FY 2005-06 (9 Months)</b>	<b>Ongoing</b>
Medicare - Surgery Accounts	\$ 1,176,245	\$ 1,568,326
Medi-Cal - Surgery Accounts	\$ 678,177	\$ 904,236
Oth Pt Rev - Surgery Accounts	\$ 1,987,454	\$ 2,649,938
Oth Pt Rev - Increase in Trauma Activation Fees (Pre- and post-op visits included above)	\$ 630,000	\$ 840,000
Additional MRI capacity (reduce referrals)	\$ 204,030	\$ 272,040
<b>Subtotal Sources</b>	<b>\$ 4,675,905</b>	<b>\$ 6,234,540</b>
<b>Uses:</b>		
Salaries and Fringes	\$ 1,062,256	\$ 1,416,341
Operating Expenses	\$ 2,888,606	\$ 3,851,475
Facilities Maintenance and Equipment	\$ 530,000	\$ -
<b>Subtotal Uses</b>	<b>\$ 4,480,862</b>	<b>\$ 5,267,816</b>
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>\$ (195,043)</b>	<b>\$ (966,724)</b>
<b>Total FTE's</b>	<b>12.01</b>	<b>16.01</b>

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

Class	Title	FTE	(9 months)
2328	Nurse Practitioner	0.75	87,282
2320	Registered Nurse	0.75	67,685
2310	Surgical Procedures Technician	0.75	44,246
2390	Sterile Processing Technician	0.75	42,354
2468	Diag Imaging Tech II	0.38	28,277
2302	Certified Nursing Assistant	2.25	121,622
2330	Nurse Anesthetist	0.75	118,853
2430	Medical Evaluation Assistant	3.75	181,853
2556	Physical Therapist	0.38	31,063
2454	Clinical Pharmacist	0.75	78,633
2409	Pharmacy Tech	0.75	47,939
	Fringes @ 25%		\$ 849,805
			\$ 212,451
		12.01	\$ 1,062,256

**Operating Expenses**

Index Code	Char/Subobject Code		
HGH1HUN40061	04000/Medical Supplies	\$	598,136
HGH1HUN40061	04000/Pharmaceuticals	\$	37,131
HGH1HUN40061	04000/Other Materials & Supplies	\$	29,139
HGH1HUN40061	03100/CT Equipment Lease	\$	360,000
HGH1HUN40061	03100/MRI Equipment Lease	\$	684,000
HGH1HUN40061	02700/Professional Services (UC)	\$	1,180,200
		\$	2,888,606

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

06700	Capital Project (one-time facilities conversion for 3M radiology equipment)	\$	350,000
06000	C Arm for Operating Room (incl accessories and tax)	\$	180,000
		\$	530,000

## 2005-2006 Program Change Request

**DEPARTMENT NAME:**

- Community Health Network - HCN  
 X San Francisco General Hospital  
 Laguna Honda Hospital  
 Primary Care  
 Jail Health  
 Health At Home

- Population Health & Prevention - HPH  
 Central Administration  
 Population Health & Prevention

DPH SECTION: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **Elimination of Clinical Lab Helper Positions**

GENERAL FUND: (\$87,726)

TARGETED CLIENTS: Hospital Clinical Support Service

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Lab Helpers currently perform the following major tasks:

1. Autoclaving and disposal of laboratory biohazard waste
2. Inventory and just-in-time stocking of lab supplies both in the central lab and on hospital units including the SFBHC(old MHRF)
3. Assembly and labeling of lab supply kits
4. Sterilization of GI Flex Sigmoid Scopes

Elimination of the major job tasks of the Lab Helpers will be accommodated as follows:

1. Autoclaving will be done by other Clinical Lab staff. Biohazard waste disposal will be done by SFGH Environmental Services staff.
2. Other Clinical Lab staff will conduct the inventory of supplies. SFGH clinical units will need to place as-needed orders for lab kits.
3. Supply kits will now be purchased pre-assembled. Differential cost = 25% added
4. SFGH SPD will take over sterilization of GI Fex Sigmoid Scopes.

**JUSTIFICATION: (required by the Mayor's Office)**

In times of fiscal constraint, we need to adhere to the principles of effective cost management outlined in our strategic plan. One of these principles is to use management information to reorganize, reprioritize, reduce or eliminate services. The tasks described above can be reallocated to other existing staff and part time borrowed staff time, which will result in a more cost effective Clinical Lab operation.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

None.

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

Reduce 2.50 FTE 2402 in FY 05/06.

Add Supply Costs for purchasing pre-assembled Kits and sterilized supplies:

1. Hematology Blood Culture Kits component unit costs currently = \$12.00 x 25% x 15,000 annual volume x 10 months = \$37,500 for FY 05/06.
2. Microbiology Sterile Kits projection = \$4,167 for FY 05/06.

FY 05/06 net general fund savings will be \$87,726; and on-going net savings \$105,271 thereafter.

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

Decrease by 2.50 FTEs 2402 in FY 05/06; and on-going reduction of 3.00 FTE 2402 thereafter.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Elimination of Clinical Lab Helper Positions**

<b>Sources:</b>	<b>FY 2005-06 (10 Months)</b>	<b>Ongoing</b>
	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Salaries and Fringes	\$ (129,392)	(155,271)
Operating Expenses	41,667	50,000
Fac Maint & Equipment	-	-
Subtotal Uses	(87,726)	(105,271)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>\$ (87,726)</b>	<b>\$ (105,271)</b>
<b>Total FTE's</b>	<b>(2.50)</b>	<b>(3.00)</b>

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

Class	Title	FTE's	(10 Months)
2402	Laboratory Helper	(2.50)	\$ (112,515)
9993M	Salary Savings		9,001
	Fringe (25%)		(103,514)
		(2.50)	\$ (129,392)

**Operating Expenses (List by Character)**

04441	Hematology Blood Culture Kits (\$3 x 15,000 kits per yr.)	37,500
04441	Microbiology Sterile Kits	4,167
		\$ 41,667

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

None

2004-2005 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Sharon Kotabe, 206-2325; Chip Chambers, 206-5437

PROGRAM / INITIATIVE TITLE: **Antibiotic Infusion and Therapy Service**

GENERAL FUND: (\$25,295)

TARGETED CLIENTS: Patients requiring antimicrobial therapy for 2 weeks or more

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

We propose establishing and Antibiotic Infusion and Therapy Service to be staffed by the clinical faculty of the Division of Infectious Diseases, the Infectious Diseases Fellow, and clinical pharmacist (to be hired). Existing infectious disease service staff at SFGH will provide professional medical staff services. The clinical pharmacist will serve as the point person to identify and follow patients requiring prolonged or complicated therapies for infections. Patients on antibiotic therapy in the hospital will be monitored at once or twice weekly meetings with the Fellow, an attending physician and a representative from utilization review to coordinate discharge planning and follow-up. This group will develop a treatment plan employing evidence-based, state-of-the-art antimicrobial therapy that is safe, effective, and cost-effective that will facilitate early hospital discharge, transition to oral therapies when possible, and appropriate placement and utilization of resources for patients needing skilled nursing care.

**JUSTIFICATION: (required by the Mayor's Office)**

A survey of patients at SFGH receiving peripherally inserted central catheters (PICC) from June 1 through July 31, 2004, indicates that an average of 450-500 patients annually undergo this procedure in order to administer antimicrobial therapy. Reports published in medical journals indicate that 50 to 60% of patients on intravenous antibiotic therapy could be successfully switched to effective oral antibiotic therapy with appropriate monitoring and review. Given monthly rotation schedules and the 80-hour workweek of housestaff, follow-up of the patients is often not optimal. By centralizing care of these patients and assuring oversight of treatment plans by specialized and highly qualified staff, patients will benefit from optimized and individualized care, the hospital will benefit by improved resource utilization, and the staff will benefit by improvement in the educational environment. Published studies indicate pharmacist interventions, such as proposed here, can decrease hospital length of stay (LOS) by 1.5 to 3.3 days. Using the most conservative figure for decrease in LOS of 1.5 days, and estimating 300 patients per year for whom LOS could be decreased, opportunity exists for additional annual inpatient bed revenue of \$214,279. An unknown additional savings may be realized from a decrease in the number of patients referred for skilled nursing care strictly for the administration of intravenous antibiotics.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

Approximately 450 - 500 patient per year will be eligible for this service.

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

The principal outlay will be for the clinical pharmacist position. A small cost increase in pharmaceuticals may result from use of slightly more costly oral agents at discharge. Year one additional revenue opportunity (based on 9 months) of \$160,709, less \$135,414 expense for labor and supplies,

results in decrease in net general fund subsidy of \$25,295. For subsequent years, additional revenue opportunity is \$214,279, less expenses of \$180,553, for net decrease in general fund subsidy of \$33,726.

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

Increase of 0.75 FTE clinical pharmacist (class 2454) position for FY 05/06; 1.00 FTE ongoing.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Antibiotic Infusion and Therapy Services**

		<b>FY 2005-06 (9 Months)</b>	<b>Ongoing</b>
<b>Sources:</b>			
	Medicare I/P Revenue	\$ 50,777	\$ 67,703
	Medi-cal I/P Revenue	93,426	124,568
	Other I/P Revenue	16,506	22,008
	<b>Subtotal Sources</b>	<b>160,709</b>	<b>214,279</b>
<b>Uses:</b>			
	Salaries and Fringes	\$ 97,914	\$ 130,553
	Operating Expenses	37,500	50,000
	Fac Maint and Equipment	-	-
	<b>Subtotal Uses</b>	<b>135,414</b>	<b>180,553</b>
<b>Net General Fund Subsidy Required (Uses less Sources)</b>		<b>\$ (25,295)</b>	<b>\$ (33,726)</b>
<b>Total FTE's</b>		<b>0.75</b>	<b>1.00</b>

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

Class	Title	FTEs	(9 Months)
2454	Clinical Pharmacist	0.75	\$ 78,332

Total Salaries and FTEs	0.75	\$ 78,332
Fringe (25%)		19,583
		<b>\$ 97,914</b>

**Operating Expenses (List by Character)**

Index Code	Char/Subobject Code	
HGH1HUN40061	04000/Pharmaceuticals (higher cost oral therapy at discharge)	\$37,500

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

None



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

DPH SECTION: CBHS – Substance Abuse Services  
PROGRAM CONTACT NAME/PHONE: James Stillwell  
PROGRAM / INITIATIVE TITLE: **Dispensing Buprenorphine – 1380 Howard Pharmacy Positions**  
GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Heroin Users

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

This proposes to add a .50 FTE Pharmacy Technician (2409) and .30 FTE Pharmacist (2450) to dispense Buprenorphine to Office Based Opiate Treatment (OBOT) clients with funds formerly budgeted to purchase Buprenorphine. Services will consist of preparation of doses and dispensing of Buprenorphine, client counseling, and records and inventory maintenance in accordance with State law.

**JUSTIFICATION: (required by the Mayor's Office)**

Buprenorphine has been found to be as effective as Methadone in treating opiate addicted individuals. The Department is proposing to dispense Buprenorphine from its Pharmacy located at 1380 Howard Street. Funding is currently provided to the SFGH Pharmacy to purchase Buprenorphine. However, inventories of Buprenorphine are well-stocked and the State will pay for Medi-Cal eligible clients' dosing. Thus, funding is freed up to pay for Pharmacy staff.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

It is anticipated that the Pharmacy will dose 100 to 125 OBOT clients on an ongoing basis.

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

There will be no expense or revenue impact since \$57,384 allocated under the Professional Services 027 line will be transferred to the Permanent Salaries 001 line.

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

This proposes adding a .50 FTE Pharmacy Technician (2409) and .30 FTE Pharmacist (2450).

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Dispensing Buprenorphine - 1380 Howard Pharmacy Positions**

	<b>FY 2005-06</b>	<b>Ongoing</b>
<b>Sources:</b>		
Subtotal Sources	-	-
<b>Uses:</b>		
001 Permanent Salaries	\$ 57,384	\$ 76,512
027 Professional Services	\$ (57,384)	\$ (76,512)
Subtotal Uses	-	-
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ -	\$ -
<b>Total FTE's</b>	<b>0.6</b>	<b>0.6</b>

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

Class	Title	FTE's		
2409	Pharmacist Technical	0.38	\$	23,969
2450	Pharmacist	0.23		21,394
				<u>45,363</u>
	Fringe (26.5%)			12,021
	Total	0.60	\$	57,384

**Operating Expenses**

Index Code Character/Subobject Code

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

**2005-2006 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"/> Mental Health   |
| <input type="checkbox"/> Primary Care                     | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health                      | <input type="checkbox"/>                 |
| <input type="checkbox"/> Health At Home                   |  |

DPH SECTION: Laguna Honda Hospital  
PROGRAM CONTACT NAME/PHONE: Sharon Kotabe 206-2325  
PROGRAM / INITIATIVE TITLE: **Improved Pharmacy TAR Approvals and Collection**  
GENERAL FUND: (\$142,806)

TARGETED CLIENTS: All Laguna Honda Hospital residents

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

New and more expensive drug therapies require complex written justification for payment by Medi-Cal. TARs not immediately approved and "deferred" by Medi-Cal require constant follow-up and monitoring that may include direct verbal or written communication with the Medi-Cal Field Office representative. The ability to re-bill and collect payment for non-TAR related claims previously denied due to billing errors is also possible through direct contact with the Medi-Cal Field Office. Pharmacy technicians are best suited to perform these functions by their training and education. This change request is to enhance and improve collection on pharmacy claims to Medi-Cal through use of a dedicated pharmacy technician.

**JUSTIFICATION: (required by the Mayor's Office)**

Drugs for which TARs were not submitted during the first two quarters of calendar 2004 averaged \$18,000 per month. TARs submitted but not paid during the same period averaged \$7,000 per month. If successful in receiving Medi-Cal payment for all drugs and TARS submitted, additional annual pharmacy TAR revenue of \$300,000 is possible. Conservative estimates assuming 50% success with TAR approval and payment leads to potential added revenue of \$150,000 annually. Non-TAR related Pharmacy claims submitted to Medi-Cal and denied for reasons related to billing errors average \$10,000 per month. Follow-up on these denials has potential to increase revenue by \$120,000 annually. Potential additional annual revenue from TARs and denial follow-up is therefore \$270,000. 1FTE pharmacy technician added to enhance TAR submission and follow-up on denied claims increases salary expense by \$79,593 (included 25% fringe.) The net potential annual increase in revenue (conservative) is \$190,407 on an ongoing basis, \$142,806 for the first year.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

No impact on residents. Needed medication will be provided even when approved TARs are not on file.

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

Conservative estimate of \$270,000 increase in annual pharmacy TAR and Medi-Cal revenue. Increase in salaries and fringe expense of \$79,593 annually. Net increase in annual pharmacy TAR revenue (conservative) of \$190,407, \$142,806 for the first year.

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

Increase Pharmacy staff by 1FTE pharmacy technician, class 2409, .75 increase the first year.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Improved Pharmacy TAR Approval and Collection**

	<b>FY 2004-05</b>	<b>Ongoing</b>
<b>Sources:</b>		
Additional revenue from improved Medi-Cal billing	\$ 202,500	\$ 270,000
Subtotal Sources	202,500	270,000
<b>Uses:</b>		
Salaries and Fringes	\$ 59,694	\$ 79,593
	-	-
	-	-
Subtotal Uses	59,694	79,593
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ (142,806)	\$ (190,407)
<b>Total FTE's</b>	<b>0.75</b>	<b>1.0</b>

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

Class	Title	FTE's		
2409	Pharmacy technician	0.75	\$	47,756
				-
	Fringe (25%)			47,756
				11,938.88
			\$	59,694

**Operating Expenses (List by Character)**

- \$ -

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

2005-2006 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"/> Mental Health   |
| <input type="checkbox"/> Primary Care                     | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health                      | <input type="checkbox"/>                 |
| <input type="checkbox"/> Health At Home                   |  |

DPH SECTION: Medicine

PROGRAM CONTACT NAME/PHONE: Paul Isakson, M.D., 759-2380

PROGRAM / INITIATIVE TITLE: **Ancillary Services Reorganization**

GENERAL FUND: (\$ 21,740)

TARGETED CLIENTS: LHH Patients

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

This initiative proposes to reorganize LHH Ancillary Services to achieve operational efficiencies and budget savings. Reductions in positions for Fiscal Year 2004-2005 caused gaps in essential service provision. This proposal re-prioritizes remaining personnel resources through position substitutions in order to better meet current needs. The proposed changes are as follows:

Decrease: 2 FTE 2444 Clinical Lab Tech	Increase: 2 FTE 2430 Med. Eval. Assistant
1 FTE 2537 Resp. Care Prac. II	1.5 FTE 2920 Med. Soc. Worker
1 FTE 2496 Rad Tech Supv.	1 FTE 2106 Med Staff Svcs. Dept. Spec.

**JUSTIFICATION: (required by the Mayor's Office)**

This initiative would save approximately \$21,740 during the first year in salary and fringe benefits while allowing a skill mix better suited to current needs.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

Increase efficient provision of ancillary services to the patients.

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

Expenses: Savings of \$21,740

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

This initiative would mean a net increase of 0.375 FTE during the first year which converts to 0.5 FTE thereafter.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: ANCILLARY REORGANIZATION**

<b>Sources:</b>	<b>FY 2005-06</b>	<b>Ongoing</b>
Subtotal Sources	\$ -	\$ -
<b>Uses:</b>		
<b>Deletion of Positions (Fringes Included)</b>		
Clinical Laboratory Technologists	\$ (121,365)	\$ (161,820)
Respiratory Care Practitioner II	(72,507)	(96,676)
Radiologic Technologist Supervisor	(75,199)	(100,265)
<b>Addition of Positions (Fringes Included)</b>		
Medical Evaluations Assistant	\$ 92,017	\$ 122,689
Medical Social Workers	104,081	138,775
Medical Staff Services Department Specialist	51,233	68,311
Subtotal Uses	\$ (21,740)	\$ (28,986)
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ (21,740)	\$ (28,986)
<b>Total FTE's</b>	<b>0.375</b>	<b>0.500</b>

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

Class	Title	FTE's		
2444	Clinical Laboratory Technologists	(1.500)	\$	(95,941)
2537	Respiratory Care Practitioner II	(0.750)		(57,318)
2496	Radiologic Technologist Supervisor	(0.750)		(59,446)
2430	Medical Evaluations Assistant	1.500		72,741
2920	Medical Social Workers	1.125		82,277
2106	Medical Staff Services Department Specialist	<u>0.750</u>		<u>40,501</u>
		0.375		(17,186)
	Fringe (26.5%)			<u>(4,554.20)</u>
			\$	(21,740)

**2005-2006 Program Change Request**

**DEPARTMENT NAME:**

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

DPH SECTION: Primary Care

PROGRAM CONTACT NAME/PHONE: Barbara Garcia, 255-3525

PROGRAM / INITIATIVE TITLE: **Primary Care Managed Care Growth**

GENERAL FUND: (\$105,694)

TARGETED CLIENTS: All Community Health Network Managed Care Clients

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Primary care service hours will be expanded to evenings and weekends to accommodate managed care enrollees. This will improve access and generate revenues from managed care plans.

**JUSTIFICATION: (required by the Mayor's Office)**

Primary care sites currently have limited capacity to see the increasing volume of managed care patients. Cost will be fully recovered by capitation revenue.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

Ensures that all managed care client needs can be met.

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

Labor expense will increase by \$232,111 and nonpersonal services expense will increase by \$60,000. A capitation revenue increase of \$397,805 will generate a net savings to the general fund.

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

Primary Care positions will increase by 3.75 FTE.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Primary Care Managed Care Growth**

<b>Sources:</b>		<b>FY 2005-06 (9 Months)</b>	<b>Ongoing</b>
	Capitation Revenue	\$ 397,805	\$ 471,000
<b>Subtotal Sources</b>		397,805	471,000
<b>Uses:</b>			
	Salaries and Fringes	\$ 232,111	\$ 309,481
	Operating Expense	60,000	80,000
		-	-
<b>Subtotal Uses</b>		292,111	389,481
<b>Net General Fund Subsidy Required (Uses less Sources)</b>		\$ (105,694)	\$ (81,519)
<b>Total FTE's</b>		<b>3.75</b>	<b>5.00</b>

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

Class	Title	FTE's	(9 Months)
2903	Eligibility Worker	0.75	\$ 38,954
2430	Medical Evaluation Assistant	1.50	\$ 72,741
2110	Medical Record Tech	1.50	\$ 73,994
	Fringe (26.5%)		185,689
			46,422
		3.75	\$ 232,111

**Operating Expenses**

Index Code	Character/Subobject Code	
HCHAPADMINGF	02799 Professional Translation Services (9 months)	\$ 60,000

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

NONE

2005-2006 Program Change Request

**DEPARTMENT NAME:**

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

DPH SECTION: Health at Home

PROGRAM CONTACT NAME/PHONE: Kathy Eng / 452-2138

PROGRAM / INITIATIVE TITLE: **Expanding Home Rehabilitation Services to Chronically Ill Clients of CHN**

GENERAL FUND: Cost Neutral

TARGETED CLIENTS: Home Health Clients with Chronic Diseases

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Health at Home proposes to increase its therapy capacity for home health clients with chronic diseases (including, but not limited to diabetes, congestive heart failure, and COPD). Over the past year, the demand for physical and occupational therapy for home bound clients exceeds HAH's capacity, and CHN clients are often diverted to outside agencies. A full-time physical therapist and a half-time occupational therapist will open additional cases and work with the current inter-disciplinary team of providers to monitor and improve overall functioning of clients, thereby assisting them to become more independent and involved in self-care.

**JUSTIFICATION: (required by the Mayor's Office)**

The top 4 primary diagnoses of clients served by HAH for the past several years has consistently included CHF, COPD, diabetes, and other chronic conditions such as cancer and HIV disease. Data collected on these patients have indicated substantially better outcomes for these patients when rehab therapists are included in their treatment. This will decrease further deterioration of clients, as well as the chances of recurring hospitalization.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

Increase in PT and OT services will increase services to chronically ill clients by 792 visits to another 75 unduplicated clients of Health at Home over the nine-month period.

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

Medicare revenue will be increased by \$114,761 and Medi-Cal revenue will be increased by \$10,905, totaling \$125,666. Labor and non-labor expenses to carry out the program will also increase by \$125,666 in FY 05-06.

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

Increase of 1.51 F.T.E. for FY 05/06.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Expanding Home Rehabilitation Services to Chronically Ill Clients of CHN**

<b>Sources:</b>	<b>FY 2005-06 (9 months)</b>	<b>Ongoing</b>
Medi-Cal Revenue	\$ 10,905	\$ 14,540
Medicare Revenue	114,761	\$ 153,015
<b>Subtotal Sources</b>	<b>125,666</b>	<b>167,555</b>
<b>Uses:</b>		
Salaries and Fringe	\$ 125,502	\$ 167,336
Operating Expenses	\$ 164	\$ 219
Facilities and Equipment	\$ -	-
<b>Subtotal Uses</b>	<b>125,666</b>	<b>167,555</b>
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>\$ (0)</b>	<b>\$ 0</b>
<b>Total FTE's</b>	<b>1.51</b>	<b>2.00</b>

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

Class	Title	FTE's	(9 Months)
2556	Physical Therapist	0.75	\$ 58,169
2548	Occupational Therapist	0.38	\$ 27,700
1426	Sr. Clerk Typist	0.38	\$ 16,166
	Fringe (23%)		102,034
		<b>1.51</b>	<b>\$ 125,502</b>

**Operating Expenses (List by Character)**

Index Code	Character/Subobject Code	Amount
HCHAPHOMEHGF	021/02789 Professional services	\$ 164

**Facilities Maintenance, and Equipment (List by each items by count and amount)**  
None

**2005-2006 Program Change Request**

**DEPARTMENT NAME:**

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

DPH SECTION: Community Behavioral Health Services  
PROGRAM CONTACT NAME/PHONE: Michelle Ruggels/255-3404  
PROGRAM / INITIATIVE TITLE: **Short Doyle MediCal Increase to Offset State Funding Losses**  
GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Homeless Mentally Ill, and Mentally Ill Forensic clients

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

In FY04-05, there were two funding reductions from the State. The first reduction was to the State allocation for the AB2034 program which provides intensive case management services for seriously mentally ill homeless youth and adults and provides placements to permanent housing. This program was reduced by \$86,860, or four percent due to a State change in its funding allocation methodology, which resulted in a four percent reduction to all counties receiving these funds. To preserve this program at full capacity, the Department is proposing to offset the reduction with Short Doyle MediCal revenues, which the program has demonstrated it is able to generate.

The second State reduction resulted from the end of the State Mentally Ill Offenders grant. This program provides intensive case management to clients involved in the criminal justice system, and has demonstrated its success in reducing recidivism and stabilizing its clients. The Department has worked with the contractor to reallocate funding between three programs to preserve this service. However, the proposed funding amount of \$130,000 would enable the contractor, Citywide Case Management, to maintain the same client capacity.

**JUSTIFICATION: (required by the Mayor's Office)**

Both of these programs have demonstrated their success in meeting the objectives of their programs, and in treating and stabilizing homeless clients. Both programs have demonstrated their capacity to generate MediCal revenues. The Department provided MediCal to these contractors in FY04-05 from new contractors that were not able to use the funds until FY05-06 when the programs are fully up and running.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

If not approved, this would impact the client capacity in each program.

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

Increase in Short Doyle MediCal revenues by \$326,748 and increase in expenditures by \$326,748

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

N/A



2005-2006 Program Change Request

**DEPARTMENT NAME:**

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

DPH SECTION: Housing and Urban Health  
PROGRAM CONTACT NAME/PHONE: Josh Bamberger/554.2664  
PROGRAM / INITIATIVE TITLE: **MediCal Eligibility Determination at Housing and Urban Health Clinic**  
GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: N/A

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

In FY 03-04, Housing and Urban Health received grant monies from the Interagency Council on Homelessness (ICH) to open both a seventh Direct Access to Housing (DAH) site, the Empress Hotel, and clinic to provide medical services to all DAH residents and other supportive housing residents. Housing and Urban Health's seven Direct Access to Housing (DAH) sites include: the Empress Hotel, the Star Hotel, the Camelot Hotel, the Le Nain Hotel, the Windsor Hotel, the Pacific Bay Inn and Broderick Street Residential Care Facility. Together these seven DAH sites provide 481 bed slots of service-enriched subsidized housing to homeless persons who have been living on the streets and revolving through emergency care settings, with a goal of enabling these individuals to achieve greater levels of residential stability and improved health status. The medical clinic located at the Windsor Hotel, which is a Federally Qualified Health Center (FQHC), opened in July 2004.

Because the clinic is an FQHC site, MediCal revenues can be generated when serving MediCal eligible clients. To determine the MediCal eligibility of the patients or other forms of assistance they may be eligible to receive there is a 1.0 FTE 2908 Hospital Eligibility Worker on staff funded by the ICH grant. However, the ICH grant funding decreases in its third year (FY05-06), therefore, Housing and Urban Health is requesting to continue funding for this position through FQHC MediCal. The position is essential to the clinic's long-term ability to maximize FQHC revenues, which will offset the cost of operating the clinic and Empress Hotel, particularly as each year of the grant there is an expectation that the County share of the cost will increase.

**JUSTIFICATION: (required by the Mayor's Office)**

The 2908 Hospital Eligibility Worker is essential to determining the MediCal eligibility status of DAH residents, and for assisting clients in becoming MediCal eligible. The revenue generated by providing medical services to MediCal eligible clients will offset the cost of this position.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

N/A

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

Total expenditures will increase by \$62,519 but revenue will increase by an equal amount, or \$62,519, therefore, the net impact on the General Fund is zero dollars.

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

Moving 0.83 FTE for a 2908 Hospital Eligibility Worker from grant to General Fund.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: MediCal Eligibility Determination at Housing & Urban Health Clinic**

<b>Sources:</b>	<b>FY 2005-06 (12 Months)</b>	<b>Ongoing</b>
FQHC MediCal	\$ 62,519	\$ 62,519
Subtotal Sources	\$ 62,519	\$ 62,519
<b>Uses:</b>		
Operating Expenses		
Salaries and Fringes	\$ 62,519	\$ 62,519
	-	-
Subtotal Uses	62,519	62,519
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ -	\$ -
<b>Total FTE's</b>		

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

Class	Title	FTE's	
2908	Hospital Eligibility Worker		\$ 49,422
			-
	Fringe (26.5%)		49,422
			13,097
	<b>Operating Expenses (List by Character)</b>		\$ 62,519

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

\$ -



**2005-2006 Program Change Request****DEPARTMENT NAME:**

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

DPH SECTION: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Marc Trotz/554.2565

PROGRAM / INITIATIVE TITLE: **Housing and Urban Health Clinic Operating Costs**

GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: N/A

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

In FY 03-04, Housing and Urban Health received grant monies from the Interagency Council on Homelessness (ICH) to open both a seventh Direct Access to Housing (DAH) site, the Empress Hotel, and clinic to provide medical services to all DAH residents and other supportive housing residents. Housing and Urban Health's seven Direct Access to Housing (DAH) sites include: the Empress Hotel, the Star Hotel, the Camelot Hotel, the Le Nain Hotel, the Windsor Hotel, the Pacific Bay Inn and Broderick Street Residential Care Facility. Together these seven DAH sites provide 481 bed slots of service-enriched subsidized housing to homeless persons who have been living on the streets and revolving through emergency care settings with the goal of enabling these individuals to achieve greater levels of residential stability and improved health status. The medical clinic located at the Windsor Hotel, which is a Federally Qualified Health Center (FQHC), opened in July 2004.

In FY 04-05, the ICH grant funded clinic operating costs, which consist of site lease expenses and property management costs. Housing and Urban Health (HUH) currently contracts with John Stewart Company to provide the on-site property management services. Property management includes janitorial services, maintenance and repair of the clinic facility as well as managing all utility needs and expenses. The ICH grant funding decreases in its third year because there is an expectation that the County share of the project costs will increase. Because the clinic is an FQHC site, MediCal revenues can be generated revenue when serving MediCal eligible clients and these revenues can be used to offset related expenses. Therefore, HUH in FY 05-06 is proposing to fund the clinic rent (\$38,670) and the property management costs (\$55,045) through FQHC MediCal.

**JUSTIFICATION: (required by the Mayor's Office)**

The revenue generated by providing medical services to MediCal eligible clients will offset the operating costs for the HUH clinic.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

N/A

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

Total expenditures will increase by \$93,715 but revenue will increase by an equal amount, or \$93,715, therefore, the net impact on the General Fund is zero dollars.

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

None





2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Marc Trotz/554.2565

PROGRAM / INITIATIVE TITLE: **Folsom-Dore Hotel Rooms For Chronic Homeless**

GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Chronic Homeless

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

In FY 03-04, Housing and Urban Health received grant monies from the Interagency Council on Homelessness (ICH) to open both a seventh Direct Access to Housing (DAH) site, the Empress Hotel, and clinic to provide medical services to all DAH residents and other supportive housing residents. Because the Empress Hotel had existing clients, Housing and Urban Health (HUH) had to locate 20 additional rooms to meet the grant requirements to provide 88 additional DAH bed slots for chronically homeless individuals (the existing SRO Empress residents cannot be considered homeless for the ICH grant purposes). HUH is currently contracting with Episcopal Community Services for 20 supportive housing units at the Folsom-Dore affordable housing development. Together with the other seven DAH sites HUH provide 481 bed slots of service-enriched subsidized housing to homeless persons who have been living on the streets and revolving through emergency care settings with the goal of enabling these individuals to achieve greater levels of residential stability and improved health status.

In FY 04-05, the ICH grant funded the Folsom-Dore contract costs. The ICH grant funding decreases in its third year because there is an expectation that the County share of the project costs will increase. Because the HUH clinic is an FQHC site, MediCal revenues can be generated revenue when serving MediCal eligible clients and these revenues can be used to offset related expenses. Therefore, HUH in FY 05-06 is proposing to fund the Folsom-Dore contract costs (\$227,766) through the FQHC MediCal.

**JUSTIFICATION: (required by the Mayor's Office)**

The revenue generated from providing medical services to MediCal eligible clients will offset the cost of the Folsom-Dore contract costs. Without these funds, HUH will not be able to provide these 20 supportive housing units and would be in violation of the ICH grant terms until the ICH grant ends, on September 29, 2006.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

The number of clients served is twenty, which translates into twenty-two unduplicated clients. The total units of service, represented as supportive housing days, is 7,832 annually.

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

Total expenditures will increase by \$227,766 but revenue will increase by an equal amount, or \$227,766 therefore, the net impact on the General Fund is zero dollars.

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

None

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Folsom-Dore Hotel Rooms For Chronic Homeless**

<b>Sources:</b>	<b>FY 2005-06 (12 Months)</b>	<b>Ongoing</b>
FQHC MediCal	\$ 227,766	\$ 227,766
Subtotal Sources	227,766	227,766
<b>Uses:</b>		
Operating Expenses	\$ 227,766	\$ 227,766
Salaries and Fringes	-	-
Subtotal Uses	227,766	227,766
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ -	\$ -
<b>Total FTE's</b>		

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

Class Title FTE's

	-
Fringe (26.5%)	-
	-
	\$ -

**Operating Expenses** (List by Character)

027	Medical Services contract-HCHSHHOUSGGF	\$ 227,766
		\$ 227,766

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



2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Laguna Honda Hospital  
PROGRAM CONTACT NAME/PHONE: Valerie Inouye 206-3599  
PROGRAM / INITIATIVE TITLE: **Lab Billing**  
GENERAL FUND: (\$44,854)

TARGETED CLIENTS: All Laguna Honda Hospital residents

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

LHH sends its lab specimens to the SFGH lab for processing. LHH has been recording the revenues received from these billings on their books, although this is not technically correct. This initiative would correct this technicality by removing the budgeted patient revenues from LHH's books and reflecting the same revenues on SFGH's books.  
Also, LHH reimburses SFGH for the estimated cost of performing these lab tests. This reimbursement of costs by LHH would no longer be necessary.

**JUSTIFICATION: (required by the Mayor's Office)**

This initiative would properly reflect revenues from lab billings in the proper DPH entity.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

No impact on any clients and no change in the units of service.

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

There is no net impact to DPH as a whole. SFGH would reflect a net loss of revenues of \$44,854 (more general fund subsidy), but LHH would reflect a net loss of expenses over revenues of \$44,854 (less general fund subsidy).

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

No impact on the workforce.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Lab Billing**

<b>Sources:</b>	<b>FY 2005-06 (12 Months)</b>	<b>Ongoing (12 Months)</b>
Loss of Medicare Net Patient Revenues	(168,900)	(168,900)
Loss of Medi-cal Net Patient Revenues	(303,936)	(303,936)
<b>Subtotal Sources</b>	<b>(472,836)</b>	<b>(472,836)</b>
<b>Uses:</b>		
Operating Expenses	(517,690)	(517,690)
<b>Subtotal Uses</b>	<b>(517,690)</b>	<b>(517,690)</b>
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>(44,854)</b>	<b>(44,854)</b>
<b>Total FTE's</b>	<b>0</b>	<b>0</b>

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

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

**Operating Expenses** (List by Character)

02789 Other Medical Services	(517,690)
------------------------------	-----------

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

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: San Francisco General Hospital  
PROGRAM CONTACT NAME/PHONE: Valerie Inouye 206-3599  
PROGRAM / INITIATIVE TITLE: **Lab Billing**  
GENERAL FUND: \$44,854

TARGETED CLIENTS: All Laguna Honda Hospital residents

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

LHH sends its lab specimens to the SFGH lab for processing. LHH has been recording the revenues received from these billings on their books, although this is not technically correct. This initiative would correct this technicality by removing the budgeted patient revenues from LHH's books and reflecting the same revenues on SFGH's books.  
Also, LHH reimburses SFGH for the estimated cost of performing these lab tests. This reimbursement of costs by LHH would no longer be necessary.

**JUSTIFICATION: (required by the Mayor's Office)**

This initiative would properly reflect revenues from lab billings in the proper DPH entity.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

No impact on any clients and no change in units of service.

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

There is no net impact to DPH as a whole. SFGH would reflect a net loss of revenues of \$44,854 (more general fund subsidy), but LHH would reflect a net loss of expenses over revenues of \$44,854 (less general fund subsidy).

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

No impact on the workforce.



2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Health Epidemiology and Disease Control

PROGRAM CONTACT NAME/PHONE: Susan Fernyak, MD 554-2845/Lorna Garrido 554-2859

PROGRAM / INITIATIVE TITLE: **Adult Immunization Clinic**

GENERAL FUND: Revenue neutral

TARGETED CLIENTS: All San Francisco adults, with special emphasis to target populations such as restaurant workers, gay and bisexual men, students, the underinsured, and travelers.

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

The Adult Immunization Clinic, by providing affordable vaccines, will:

- (1) Improve the health of San Francisco adults by reducing the incidence of vaccine-preventable disease, such as hepatitis A, hepatitis B, influenza, pneumococcal disease, and tetanus.
- (2) Provide immunization services for travelers at a reasonable cost.
- (3) Streamline disease control activities by providing an additional site where people can be referred for prophylaxes against communicable disease, such as hepatitis A, rabies, rubeola and varicella.
- (4) Provide a convenient, pleasant site to administer related health services, such as tuberculosis testing and serological testing.
- (5) Serve as a site for emergency mass prophylaxis, such as prophylaxis against anthrax or for smallpox vaccinations.
- (6) Serve as a base from which to provide off-site influenza, hepatitis, and travel immunization clinics.

**JUSTIFICATION: (required by the Mayor's Office)**

Revenues: The Adult Immunization Clinic (AIC) is completely covered by fees. Fees are adjusted annually to remain competitive with similar clinics in the San Francisco Area. Revenue projections are based on expected growth in client visits, as well as fee increases and marketing/outreach/advertising efforts.

2320: The proposed decrease of .2 FTE 2320 Registered Nurse allows AIC to cover its baseline nursing time needs with a total of 1.0 FTE classified nursing time. An analysis of the minimum nursing time required to meet baseline clinic client flow needs indicates that the reduction of .2 FTE RN time, leaving a total of 1.0 FTE RN time, accurately reflects the need. The use of 2320 time reduces nursing costs and allows sufficient staffing flexibility to respond to fluctuations in clinic flow by utilizing as-needed per diem RN staffing when staffing needs rise above baseline. The combination of 2320 and as-needed per diem staffing is essential in a practice which has seasonal fluctuations. During 03/04 and 04/05 the RN staffing need has risen as high as 2.5 FTE, varying with the travel and flu seasons. Currently the clinical services are staffed with part-time contributions by the 2320 RN and as-needed per diem RN staff. Currently the drop-in travel and general immunization clinic is not able to adequately staff its shifts to meet client demand within its allocated nursing FTEs. Additional highly qualified as-needed per diem RNs are hired to cover the gaps. The travel medicine service provided by AIC requires that we staff our shifts with highly trained, reliable RNs. Maintaining a partial 2320 and partial per diem clinical staff

allows us the most staffing flexibility while utilizing highly trained and reliable RN staff. Maintaining a partial 2320 and partial as-needed per diem staff allows AIC the most staffing flexibility with highly qualified, well trained and qualified personnel. Additional personnel costs will be covered by AIC revenues.

2312: The proposed increase of a .3FTE as-needed LVN provides AIC with a clinical position dedicated to providing only routine immunizations such as hepatitis and flu (immunizations that do not require travel consultations), tb skin testing, and phlebotomy services during seasons of high demand (such as flu season and the busy travel seasons). More expensive RN time is not necessarily needed for this function, and the LVN staff will be available on an as-needed basis. This staffing situation makes for better use of the the RN vs. LVN skill set and is a fiscally smart approach for AIC. Additional personnel costs will be covered by AIC revenues.

2591: Currently, the 2589-Health Program Coordinator I functions as the clinic manager for the AIC. Over the last 5 years, as the clinic has grown from 3 to 12 staff, from \$222,000 to over \$929,000 in revenues, and has increased the scope of its services, the responsibilities of the clinic manager have also grown. The substitution of a 2591-Health Program Coordinator II for a 2589 more accurately reflects the job functions performed currently by the clinic manager. Additional personnel costs will be covered by AIC revenues.

2328: The proposed increase of a .1875 as-needed 2328 Nurse Practitioner position will allow the AIC to continue to provide a medication furnishing service for anti-malarials and other prescription medications for travel as well as a serology service to its clients. Travel immunization services account for approximately 60% of clinic visits and AIC has been furnishing anti-malarials since June, 2004. In the State of California only physicians and nurse practitioners can furnish medications. Handling this service requires an average of 1.5 hours of a licensed and certified nurse practitioner's time per day. The most cost-effective means of providing this service is to pay an as-needed 2328 Nurse Practitioner for up to 1.5 hours (averaging 1 hour) per day to furnish antimalarials and other prescription medications for travel and to order labs for serologies. The furnishing and serology services are both revenue-generating components of the clinic program. Additional personnel costs will be covered by AIC revenues.

2588: Currently, the clinic has one 2586-Health Worker II position that focuses on outreach and marketing for the clinic. As the clinic has grown, the scope of this position has grown exponentially. The minimum qualifications for a 2586 position are no longer adequate to address the skill level required to address the outreach/marketing needs of the clinic, nor the needs for logistical and operational assistance for setting up off-site clinics for seasonal demands such as flu vaccine. Upgrading this position to a 2588-Health Worker IV will allow us to hire staff that can perform the needed functions of this position. Additional personnel costs will be covered by the State-funded Immunization Grant.

#### **IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

Between July and December of fiscal year 03-04, AIC served 3,870 clients. For the same time period in fiscal year 04-05, AIC has served 5,012\* clients and we project that there will be approximately an increase to 6,014-6,516 clients served for the same time period in fiscal year 05-06. (\*These numbers exclude the number of clients seen for flu vaccine as this year's vaccine crisis had a severely negative impact on AIC's ability to offer flu shots to the public).

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

General Fund request is 0 (zero).

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

As a result of the additional 0.30FTE 2312 and .1875 FTE 2328 and reduction of 0.20FTE 2320-Registered Nurse,

the net increase in FTE's will be covered by AIC revenues. For the substitution of the 1.00FTE 2586 to 1.00FTE 2588, the funding for 0.20FTE 2588 of the 1.00FTE 2588 will be covered by the State Immunization grant (HCPD29). The remaining 0.80FTE 2588 of the 1.00FTE 25 8 will be covered by AIC revenues.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Adult Immunization Clinic**

		<b>FY 2005-06</b>	<b>Ongoing</b>
<b>Sources:</b>			
	Adult Immunization Clinic - Base Revenues	\$ 929,090	\$ 929,090
	Increase Revenues	278,641	278,641
<b>Subtotal Sources</b>		<b>1,207,731</b>	<b>1,207,731</b>
<b>Uses:</b>			
	Salaries and Fringes	\$ 500,568	\$ 500,568
	Materials and Supplies	678,389	678,389
	Other Professional Services	19,025	19,025
	Other Current Services	6,449	6,449
	Reproduction	\$ 3,300	\$ 3,300
<b>Subtotal Uses</b>		<b>1,207,731</b>	<b>1,207,731</b>
<b>Net General Fund Subsidy Required (Uses less Sources)</b>		<b>\$ -</b>	<b>\$ -</b>
Base FTE		<b>5.1100</b>	<b>5.1100</b>
Increase FTE		<b>0.5075</b>	<b>0.5075</b>
<b>Total FTE's</b>		<b>5.6175</b>	<b>5.6175</b>

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

Class	Title	FTE's	
Base Positions	Total	5.11	
New Position	Senior Clerk Typist	0.51	
	Total Salaries	5.62	-
	Fringe		-
			\$ -

**Operating Expenses**

Index Code	Character/Subobject Code		
HCHPDIMMSVGF	040/04000 Materials and Supplies	678,389	
HCHPDIMMSVGF	021/02799 Other Professional Services	19,025	
HCHPDIMMSVGF	021/03500 Other Current Services	6,449	
HCHPDIMMSVGF	081/081PR Reproduction	3,300	
			\$ 707,163

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

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Primary Care-Maternal and Child Health

PROGRAM CONTACT NAME/PHONE: Twila Borwn, 575-5712

PROGRAM / INITIATIVE TITLE: CCS-Medical Therapy Program

GENERAL FUND: Revenue Neutral

TARGETED CLIENTS: Children with Disabilities, Handicapped conditions and with Special Needs

PROGRAM DESCRIPTION: (Description of Program Change)

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

The department can claim 100% to the State, total annual amount of \$180,963 as revenue (includes fringes of 26.5%) to offset the cost of creating 1.75 FTE or 1.50 FTE for nine months based on the State Children's Medical Services review of 100% State-Funded Position staffing formula.

In addition to the county matched positions- 10FTE 2556 and 11FTE 2548, the State approved 100 percent funding for 1 FTE, 2548-Occupational Therapist) and .75 FTE, 2556-Physical Therapist at no cost to the general fund to implement the interagency regulations (known as AB3632) between the Department of Education,. Special Education Division, and the Department of Health Services, CCS Program.

JUSTIFICATION: (required by the Mayor's Office)

The staff for this program provides services of liaison activities and coordination between the CCS County MTP and the Special Education Local Planning Areas (SELPA) in San Francisco County; ensure Medical Therapy Unit therapists have time to attend individualized Education Program (IEP) meetings when requested and on-site classroom consultation by therapy staff when requested. The county CCS Program Quarterly Report of Expenditures for the MTP is to be used to invoice for this positions.

CCS Program mandated County CCS Programs to continue reporting and identifying the total number of children that qualify for the MTP, and out of that total, the number of children with IEPs, and the number of children in the MTP who are under three years of age and have an Individual Family Service Plan (IFSP). This is 100% State funded positions. It will not cost anything to general fund but will benefit the City and County of San Francisco.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None

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

Increase of expenditures of \$129,260 for 9 month and increase in revenue of \$129,260.

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

Create 1FTE 2548-Occupational Therapist and .75FTE 2556 Physical Therapist positions effective 7/1/05 (1.25 FTE effective 10/1/05).

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: CCS Medical Therapy Program**

	<b>FY 2005-06</b>	<b>Ongoing</b>
<b>Sources:</b>		
CCS-MTU 100% State funded	\$ 129,260	\$ 180,963
Subtotal Sources	129,260	180,963
<b>Uses:</b>		
001 Salaries	\$ 102,182	\$ 143,054
013 Fringes	27,078	37,909
	-	-
Subtotal Uses	129,260	180,963
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ -	\$ -
<b>Total FTE's</b>	<b>1.5</b>	<b>1.75</b>

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

Class	Title	FTE's		
2548	Occupational Therapist	0.75	\$	61,309
2556	Physical Therapist	0.50		40,873
				-
	Fringe (26.5%)			102,182
				27,078
			\$	129,260

**Operating Expenses**

Index Code	Character/Subobject Code		
		-	\$ -

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

0

2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Community Behavioral Health Services  
PROGRAM CONTACT NAME/PHONE: Michelle Ruggels 255-3416  
PROGRAM / INITIATIVE TITLE: **3<sup>rd</sup> Party Reimbursement Revenues**  
GENERAL FUND: (\$150,000)

TARGETED CLIENTS: Funding to be used to address overall deficit

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Due to new program initiatives implemented in FY03-04 and FY04-05, the Department anticipates receiving an additional \$150k in revenues as follows:

Medicare-\$50,000

The CBHS Billing Unit has been working closely with non-certified providers to assist them in becoming Medicare certified, so that services to clients with Medicare will become billable. Medicare claims are expected to increase by 40 percent, and billings are expected to increase by 30 percent. Of the total expected increase of \$180k, \$130k in expected additional revenues will go towards meeting the existing Medicare budget, which had a shortfall in FY03-04, and \$50k will go towards increasing the \$600k budget to \$650k to address the overall deficit. This projection is based on the expected increase in billable services.

Private Insurance -\$100,000

Due to changes in the billing codes used at CBHS which has resulted in standardization between CBHS and private insurance carriers, CBHS is now able to bill these insurers for reimbursement. The Department anticipates an additional \$100k in revenues. These revenues will be used to offset the Department's FY04-05 deficit.

**JUSTIFICATION: (required by the Mayor's Office)**

The Department anticipates receiving these funds without the need for additional staffing beyond the current staffing level. The current staffing level must be maintained, including filling vacancies, or these revenues will not be achieved.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

N/A

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

65103 Medicare- \$50k revenue increase. 65101 Patient Payments -\$100k

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

N/A



**2005-2006 Program Change Request**

**DEPARTMENT NAME:**

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

DPH SECTION: Community Behavioral Health Services  
PROGRAM CONTACT NAME/PHONE: Michelle Ruggels/255-3404  
PROGRAM / INITIATIVE TITLE: **Short Doyle MediCal Deficit**  
GENERAL FUND: \$1,119,817

TARGETED CLIENTS: N/A

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Short Doyle MediCal (SD/MC) revenue is a funding source used for eligible mental health services. SD/MC Federal revenue is matched by the State or County with General Fund based on a sharing ratio established each year. In FY04-05, the Department budgeted an anticipated increase in Federal SD/MC revenues due to the increase in the Federal sharing ratio from approximately 50% to 53%. These revenues were budgeted to offset both the Department and the Citywide deficits. In FY05-06, the Federal Sharing ratio will be 50/50, so the Department will face a structural deficit if this is not adjusted.

**JUSTIFICATION: (required by the Mayor's Office)**

These revenues were budgeted to address an overall deficit resulting from structural issues. These revenues were not tied to any specific expenditures, so there are no specific expenditures to reduce to address this deficit.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

N/A

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

General Fund increase of \$1,119,817 to offset Short Doyle MediCal decrease of \$1,119,817.

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

N/A



**2005-2006 Program Change Request**

**DEPARTMENT NAME:**

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

DPH SECTION: San Francisco General Hospital  
PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599  
PROGRAM / INITIATIVE TITLE: **SFGH Revenue Build-Up**  
GENERAL FUND: (\$18,898,682)

TARGETED CLIENTS: N/A

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

Each year, SFGH Finance projects the expected revenue for the following year through a detailed analysis called the revenue build-up. Each revenue source is analyzed and projected separately and the final result is the year to year change in the total revenue baseline, which equals the general fund impact of baseline revenue change. This excludes revenue from budget initiatives.

**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 revenue will increase by \$18,898,682, resulting in a reduction in general fund support.

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

None



**2005-2006 Program Change Request**

**DEPARTMENT NAME:**

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

DPH SECTION: San Francisco General Hospital  
PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599  
PROGRAM / INITIATIVE TITLE: **Loss of First 5 Commission Funding for Healthy Kids**  
GENERAL FUND: \$488,000

TARGETED CLIENTS: Children insured through Healthy Kids program.

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

The Healthy Kids program provides medical coverage for San Francisco youth who would otherwise be uninsured. Due to reduced tobacco tax revenue and county census changes, funding to the First 5 Commission through Prop 10 for the Healthy Kids program will be reduced by \$488,000 in FY 05/06. Without replacement of these funds, the Healthy Kids program membership will have to a capped at a sustainable level. Healthy Kids membership has been steadily growing and the program was recently expanded to cover 19 to 24 year olds.

**JUSTIFICATION: (required by the Mayor's Office)**

Lost funding must be replaced in order to cover all projected eligible San Francisco children and youth. Otherwise, a membership cap will have to be imposed to meet funding limits.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

The reduced funding would cover approximately 800 members annually.

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

General fund support to the Healthy Kids program would increase by \$488,000.

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

None



2005-2006 Program Change Request

DEPARTMENT NAME:

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

DPH SECTION: Laguna Honda Hospital  
PROGRAM CONTACT NAME/PHONE: Valerie Inouye 206-3599  
PROGRAM / INITIATIVE TITLE: **Out Patient Facility Fee and Pro Fee Revenue**  
GENERAL FUND: (\$203,820)

TARGETED CLIENTS: Certain Laguna Honda Hospital residents

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

LHH is currently not billing the Medi-cal program for the facility fees of the outpatient clinics and not billing the Medicare program for the professional component of the outpatient clinic services. Both of these are billable items.

**JUSTIFICATION: (required by the Mayor's Office)**

To maximize revenues from billable services.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

No impact on any clients and no change in the units of service.

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

There would be increased revenue of \$203,820 on an annual basis.

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

No impact on the workforce.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: O/P Facility Fees and Pro Fees**

<b>Sources:</b>	<b>FY 2005-06 (12 Months)</b>	<b>Ongoing (12 Months)</b>
Medicare Physician Revenue	130,880	130,880
Medi-cal O/P Clinic Revenue	72,940	72,940
<b>Subtotal Sources</b>	<b>203,820</b>	<b>203,820</b>
<b>Uses:</b>		
Operating Expenses		
<b>Subtotal Uses</b>	<b>0</b>	<b>0</b>
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>(203,820)</b>	<b>(203,820)</b>
<b>Total FTE's</b>	<b>0</b>	<b>0</b>

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

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

**Operating Expenses** (List by Character)

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

2005-2006 Program Change Request

**DEPARTMENT NAME:**

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

- Population Health & Prevention - HPH
- Central Administration
  - Population Health & Prevention

DPH SECTION: Laguna Honda Hospital  
PROGRAM CONTACT NAME/PHONE: Serge Teplitsky 415-759-2350  
PROGRAM / INITIATIVE TITLE: **ACUTE UNIT M7A**  
GENERAL FUND: (\$235,722)

TARGETED CLIENTS: LHH skilled nursing residents with infectious diseases and other medical conditions, which require administration of Intravenous (IV) antibiotic or IV hydration as part of the clinical management.

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

To enhance existing patient transfer and clinical management process to assure timely transition of the residents to the higher level of care, i.e. from the skilled-nursing unit to the acute care unit, for initiation or completion of the medical procedures and treatments by:

- Utilizing InterQual admission review criteria by LHH Utilization Management staff and LHH clinicians to determine necessity for the transfer of residents to the higher level of care
- Utilizing InterQual concurrent review criteria by LHH Utilization Management staff and LHH clinicians to determine necessity for daily acute care services
- Ongoing education and training for LHH clinical staff on InterQual required severity of illness and intensity of service criteria for transfer to the higher level of care and necessity for acute care services
- Expediting the discharge process from the acute care unit through assessment, care planning and utilization of discharge criteria to the lower level of care in order to achieve shorter lengths of stay
- Ensuring timely admission to the skilled-nursing unit

**JUSTIFICATION: (required by the Mayor's Office)**

LHH residents have multiple chronic medical conditions that periodically exacerbate and require acute level of care. A timely diagnosis and development of the therapeutic strategies is the standard of care. LHH has medical and rehabilitation acute care units, which are utilized for treatment of the acute medical conditions, especially infectious diseases, when intravenous antibiotic therapy or hydration is required.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

- Improvement in patient care outcomes by providing services at the most appropriate level within the organization
- Improvement in staff utilization on acute and skilled-nursing units
- Reduction in ambulance transfers to the acute care facilities
- Revenue generation from billable services provided on the acute care units
- Revenue generation from the billable services provided under Medicare Part A on the skilled-nursing units after discharge from the acute care unit

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

Revenue projection for 2005-2006 is based on the analysis of potential M7A utilization from 6-04 through 11-04. During this time IV antibiotics and/ or hydration was prescribed to 35 residents on the different skilled-nursing units throughout LHH. All 35 residents remained on their units to complete IV course. All residents met acute admission criteria. The projection based on 5 days length of stay on M7A for every patient. 14 residents had Medical with Medicare A eligibility and 21 residents had Medical eligibility only. The net revenue enhancement related to care of these patients in the acute setting, rather than as skilled nursing unit residents, is \$478,272 when projected for an entire year. However, the acute unit currently is experiencing a projected budget deficit of 242,550 because it is running at less than full capacity. This initiative would, therefore, increase the net revenues for the unit by \$235,722.

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

- None





**2005-2006 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"/> Mental Health   |
| <input type="checkbox"/> Primary Care                     | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health                      | <input type="checkbox"/>                 |
| <input type="checkbox"/> Health At Home                   |  |

DPH SECTION: Laguna Honda Hospital  
PROGRAM CONTACT NAME/PHONE: Valerie Inouye 206-3599  
PROGRAM / INITIATIVE TITLE: **Inpatient Professional Fees**  
GENERAL FUND: (\$64,441)

TARGETED CLIENTS: Certain Laguna Honda Hospital residents

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

A review of billings indicate that not all professional fees are being captured for discharge summaries, as well as annual assessments.

**JUSTIFICATION: (required by the Mayor's Office)**

The medical staff is implementing procedures to assure that all services are captured and billed.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

No impact on any clients and no change in the units of service.

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

Professional fee revenues will increase by \$64,441 on an annual basis.

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

No impact on the workforce.



**2005-2006 Program Change Request**

**DEPARTMENT NAME:**

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

DPH SECTION: LAGUNA HONDA HOSPITAL  
PROGRAM CONTACT NAME/PHONE: VALERIE INOUYE 206-3599  
PROGRAM / INITIATIVE TITLE: **PARKING REVENUE SHORTFALL**  
GENERAL FUND: (\$129,180)

TARGETED CLIENTS: LAGUNA HONDA HOSPITAL RESIDENTS

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

A new revenue generation program was begun in Fiscal Year 2004-2005 that was to charge Laguna Honda Hospital employees, for the first time, for parking in the campus parking lots.

**JUSTIFICATION: (required by the Mayor's Office)**

The planning phase of the program was complicated by changes related to hospital reconstruction. This led to an overestimate of the number of parking permits that could be sold for the evening shift. The projected revenue from parking was based on \$55/Month X 596 spaces X 2 shifts X 10 months. A more current estimate reduces the number of spaces to be sold for the evening shift to 200, and the second year of the program spans 12 months.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

There is no impact on the number of clients or the amount of services provided by Laguna Honda Hospital.

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

Less parking permits will be sold and \$129,180 less in parking revenue is projected.

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

There is no change in the number of Laguna Honda Hospital employees.

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: PARKING REVENUE SHORTFALL**

	<b>FY 2005-06</b>	<b>Ongoing</b>
<b>Sources:</b>		
Reduced Parking Revenue	\$ (129,180)	\$ (129,180)
Subtotal Sources	(129,180)	(129,180)
<b>Uses:</b>		
	\$ -	\$ -
	-	-
	-	-
Subtotal Uses	-	-
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 129,180	\$ 129,180
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class	Title	FTE's	
			-
			-
	Fringe (26.5%)		-
			\$ -

**Operating Expenses**

Index Code	Character/Subobject Code	
HLHMISCREV	75301 HOSPITAL RENTS/CONCESSIONS	\$ (653,220)
HLHMISCREV	35232 CITY PARKING FACILITIES	524,040
		(129,180)

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

**2005-2006 Program Change Request**

**DEPARTMENT NAME:**

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

DPH SECTION: ENVIRONMENTAL HEALTH  
PROGRAM CONTACT NAME/PHONE: RAJIV BHATIA / 415-252-3931  
PROGRAM / INITIATIVE TITLE: **Consumer Protection Fee Increases in FY 2004-05**  
GENERAL FUND: (\$19, 250)

TARGETED CLIENTS: PERMITTED SAN FRANCISCO BUSINESSES

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

The BOS approved an increase in Food and Tattoo Program fees to fully fund the program cost.

**JUSTIFICATION: (required by the Mayor's Office)**

Program Fees are required to pay for 100% of program-related costs.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

N/A

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

Increase in Food and Tattoo Program revenues of \$947,250 for the 05/06 however \$928,000 was used to restore mid-year reductions. There are no additional expenditures being requested.

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

N/A



**2005-2006 Program Change Request**

**DEPARTMENT NAME:**

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

DPH SECTION: ENVIRONMENTAL HEALTH

PROGRAM CONTACT NAME/PHONE: RAJIV BHATIA / 415-252-3931

PROGRAM / INITIATIVE TITLE: **Hazardous Materials and Medical Waste Program Fee Increase**

GENERAL FUND: (\$354,858)

TARGETED CLIENTS: PERMITTED SAN FRANCISCO BUSINESSES

**PROGRAM DESCRIPTION: (Description of Program Change)**

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

The fee increases for hazardous materials and medical waste programs represent the second year of a three year programmed fee increase. The fees are pursuant to an ordinance passed in 2004. After the 2006-07 budget year, fees will increase per the CPI.

**JUSTIFICATION: (required by the Mayor's Office)**

Program Fees are required to pay for 100% of program-related costs.

**IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED**

N/A

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

Increase in revenues of \$354,858 for the 05/06. There are no additional expenditures being requested.

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

N/A

