

2007-2008 Program Change Request

DEPARTMENT NAME:

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

- ☐ Public Health  
☐ CBHS - Mental Health  
☐ CBHS - Substance Abuse  
☒ Community Programs

DPH SECTION: Community Programs

PROGRAM CONTACT NAME/PHONE: Judith Klain

PROGRAM / INITIATIVE TITLE: **SF Project Homeless Connect Infrastructure**

GENERAL FUND: **\$105,947**

TARGETED CLIENTS: Homeless San Francisco Individuals

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

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

Project Homeless Connect (PHC) is a bi-monthly one-stop-shop event, where homeless San Franciscans are invited to attend a site where they may access medical, mental health, substance abuse, benefits, housing and other health and human services in the same location, while also getting connected to the treatment system of care. Initiated by the Mayor in Sept 2004, PHC is now a best practice model implemented in over 100 US cities as well as Puerto Rico, Canada and Australia.

PHC occurs every other month and is staffed primarily by volunteers. Due to the significant volume of work required to both recruit and organize over a 1,000 volunteers for each event, ongoing funding is requested to support volunteer coordination, data analysis and collection, as well as related other operational functions to ensure that Project Homeless Connect continues to be a success in meeting its goals. Without volunteers, the PHC could not function at existing levels.

Current funding is only available on a one-time basis. Funding would be used to continue to staff the various functions needed to maintain PHC.

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

PHC has been a successful model for delivering services and for meeting the needs of homeless individuals in San Francisco. PHC is staffed by volunteers on the actual PHC day, and without the administrative support to both coordinate and recruit volunteers, and perform the related work to plan for this event, the project could not continue at its current level.

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

In 2006, 9,738 homeless clients were served In 2006; 1970 received benefits assistance, 1142 employment assistance, 1735 medical assistance, 1036 legal assistance, 560 methadone treatment, 1096 dental screenings, 520 mental health services and 99,089 lbs of food were given away.

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

\$105,947 in contracted services

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

None. Funding would be contractual services.

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

**INITIATIVE TITLE: Project Homeless Connect**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
027 Salaries and Fringes	\$ -	\$ -
Professional Services	105,947	105,947
	-	-
Subtotal Uses	105,947	105,947
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 105,947	\$ 105,947
<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 (35%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code

HMHMCC730515 Professional Services 02799

- \$ 105,947

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

**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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- ☒ Public Health  
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☐ CBHS - Substance Abuse  
☐

DPH SECTION: Public Health

PROGRAM CONTACT NAME/PHONE: Barbara Garcia

PROGRAM / INITIATIVE TITLE: **A&PI Health and Wellness Campaign**

GENERAL FUND: **\$125,000**

TARGETED CLIENTS: Asian and Pacific Islander (A&PI) Communities

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

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

The proposed funding would be used to implement a health and wellness campaign targeting underserved A&PI communities. The goal would be to build community awareness of A&PI mental and physical health concerns and the resources available to address them. The funding would be used work with the existing ethnic media sources for education and outreach purposes, facilitate the development of educational materials and educate A&PI communities regarding existing health resources. More specifically, the campaign will initially focus on de-stigmatizing mental health through educational media outreach on both specific mental health disorders and available treatment services. In addition, the campaign will address physical health issues that disproportionately affect A&PI populations. These issues include Hepatitis B, pre-cancer screenings, and chronic diseases. More specific physical health issues will be prioritized during the A&PIHDPG meetings in February/March 2007.

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

Asian and Pacific Islanders account for more than 31% of San Francisco County's residents, including 49 different ethnicities with over 100 different languages and dialects. Over 80% of A&PIs speak a language other than English at home. The inability to speak English is an isolating factor for low income immigrants and serves as a formidable barrier to accessing services. Over 12,000 A&PI seniors age 65 or older are living below the poverty level in the Bay area, a third of whom reside in San Francisco. There are many health concerns facing A&PI communities. AIDS cases among A&PIs in San Francisco have been rising steadily. Thirty two percent of Asians under the age of 65 are medically uninsured; 36% are currently enrolled with Medi-Cal/Healthy Families. Asians have the highest rates of liver cancer for any ethnic group and 80% of liver cancer is caused by Hepatitis B. A&PIs show the same need for mental health services as the general population, but seek help at much lower rates.

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

N/A

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

\$125,000

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

None. Funding would be allocated to 021 Professional Services.

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

**INITIATIVE TITLE: Address Asian and Pacific Islander Health Disparities**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
02789 Salaries and Fringes	\$ -	\$ -
Professional Services	125,000	125,000
	-	-
Subtotal Uses	125,000	125,000
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 125,000	\$ 125,000
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (35%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code  
 Hlth Ed 021/02789 Professional Services  
 HCHPHHLTEDGF

- \$ -

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

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital  
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☐ CBHS - Substance Abuse  
☐

DPH SECTION: Community Health Promotion and Prevention

PROGRAM CONTACT NAME/PHONE: Barbara Garcia

PROGRAM / INITIATIVE TITLE: **African American Health Disparities**

GENERAL FUND: **\$125,000**

TARGETED CLIENTS: **African Americans (Citywide)**

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

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

In an effort to improve the health of African Americans residing in San Francisco, this proposal would design strategies and action plans that address health indicators that are integral to improving the quality of life and reducing the incidence of the leading causes of death in this target population. For example, while minority and underserved populations may not be the highest users of illicit drugs, there are great differences in the consequences of drug use for racial/ethnic minorities creating a great need to better understand the unique prevention, treatment, and health services needs of these communities.

The proposed funding would be used to initiate a planning process involving partners across the community to develop strategies for addressing these disparities, including specific initiatives to target the specifically identified health disparities as well as outreach to make the community aware of available services.

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

In San Francisco, African Americans die at an alarming rate from preventable illness and injury, and have mortality and morbidity rates that are significantly worse relative to every other racial and ethnic group. Further, the connection between poverty and other societal issues that adversely affect an individual's life potential is evident in the high rates per capita of incarceration and preventable deaths due to homicide and violent crime, as well as one of the highest foster care populations in the country.

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

N/A

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

\$125,000 in Professional Services

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

None. Funding would be for 027 Professional Services

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

**INITIATIVE TITLE: Address African American Health Disparities**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
02789 Salaries and Fringes	\$ -	\$ -
Professional Services	125,000	-
	-	-
Subtotal Uses	125,000	-
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 125,000	\$ -
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (35%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code

Hlth Ed 021/02789 Professional Services  
HCHPHHLTEDGF

- \$ 125,000

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

**2007-2008 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"/> CBHS - Substance Abuse   |
| <input type="checkbox"/> Jail Health                    | <input type="checkbox"/>                          |
| <input type="checkbox"/> Health At Home                 |   |

DPH SECTION: Community Health Promotion and Prevention

PROGRAM CONTACT NAME/PHONE: Barbara Garcia 255-3525

PROGRAM / INITIATIVE TITLE: **Chicano/Latino/Mesoamericano Health Disparities**

GENERAL FUND: **\$125,000**

TARGETED CLIENTS: **San Francisco Chicanos/Latinos/Mesoamericanos (Citywide)**

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

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

In an effort to improve the health of Latinos residing in San Francisco, this proposal would design strategies and action plans that address health indicators that are integral to improving the quality of life and reducing the incidence of the leading causes of death in this target population. For example, while minority and underserved populations may not be the highest users of illicit drugs, there are great differences in the consequences of drug use for racial/ethnic minorities creating a great need to better understand the unique prevention, treatment, and health services needs of these communities. The proposed funding would be used to initiate a planning process involving partners across the community to develop strategies for addressing these disparities, including specific initiatives to target the specifically identified health disparities as well as outreach to make the community aware of available services.

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

Latinos make-up 14% of the San Francisco County residents, including immigrants and US-born. After African-Americans, Latinos suffer from preventable illnesses and injuries at a higher rate than other racial and ethnic groups. For example, Latinos have the highest asthma hospitalization rates and highest rates of lead poisoning, and second highest rate of HIV/AIDS infection. Furthermore, the connection between poverty and other societal issues that adversely affect an individual's life potential is evident in the high rates per capita of incarceration and preventable deaths due to homicide and violent crime and make up 31% of assault victims in the County.

In addition, this initiative is designed to address and reach the hardest to reach of the Latino community. Traditionally, addressing the service needs of Latinos has focused on community of Spanish-speaking immigrants or US-born Latinos while overlooking the needs Mesoamerican indigenous immigrants groups. Currently, the public health system does not address the cultural or linguistic needs of the Mesoamerican communities, which have approximately 50 dialects, whose primary language is not Spanish, and have distinct traditional cultural and spiritual beliefs from the rest of the Latinos. Mesoamericans Indians from Latin America are currently the largest immigrant group arriving from Latin America arriving to the USA and specifically San Francisco. It is estimated that there are approximately 10,000 Yucatan Mayas residing in San Francisco. However, no research has been done to determine the number of other Mesoamerican groups residing in SF along or assess their health needs from other parts of Latin America such as Central and South America. This initiative would be unique in not only acknowledging the needs of the Mesoamerican community help but in also creating a planning process for addressing the lack of data information available on Mesoamericans.

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

N/A

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

\$125,000 in Professional Services

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

None.



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

**INITIATIVE TITLE: Address Latino Health Disparities**

		<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>		\$ -	\$ -
Subtotal Sources		-	-
<b>Uses:</b>			
	Salaries and Fringes	\$ -	\$ -
02789	Professional Services	125,000	-
		-	-
Subtotal Uses		125,000	-
<b>Net General Fund Subsidy Required (Uses less Sources)</b>		\$ 125,000	\$ -
<b>Total FTE's</b>		<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (35%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code

Hlth Ed 021/02789 Professional Services  
HCHPHHLTEDGF

- \$ 125,000

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



Initiative Number 15  
(Leave blank)

**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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☐ Laguna Honda Hospital  
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☐ Health At Home

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

DPH SECTION: San Francisco General Hospital  
PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528  
PROGRAM / INITIATIVE TITLE: **QuantiFERON-TB testing at SFGH**  
GENERAL FUND: **\$51,455**

TARGETED CLIENTS: All patients who need a TB test at SFGH

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

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

Funding is requested to implement testing blood specimens at the SFGH Clinical Laboratory for detection of infection to Mycobacterium tuberculosis with the QuantiFERON-TB gold test on a weekly basis (Monday through Thursday.)

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

The QuantiFERON-Tb Gold (QFT) test is a whole-blood test for the detection of infection to Mycobacterium tuberculosis, as occurs in active and latent tuberculosis (TB) infection. If not detected and treated, latent TB may later develop into TB disease. QFT measures the patient's immune reactivity to M. tuberculosis, the bacterium that causes TB. Use of this blood test for the detection of M. tuberculosis is more sensitive than standard skin (PPD) testing in patients with active TB, more specific and less likely to be positive in patients with past exposure to BCG or atypical mycobacteria, and is not affected by possible reader bias and error when compared to the PPD test. There is only a single patient visit. A return visit in 48 to 72 hours to determine the results (as required for PPD testing) is not necessary. Importantly, results may be available faster on high-risk populations. This test could replace the PPD testing currently done at the SFGHMC clinics. The U.S. Food and Drug Administration approved the test in 2004 and there are CDC guidelines for its use.

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

In 2005, SFGH performed 5,258 PPD tests. More QFT tests may be performed since the patient does not need to return in order to complete the test.

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

Materials and supplies will increase by \$51,455.

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

None

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

**INITIATIVE TITLE: QuantiFERON-TB Testing at SFGH**

<b>Sources:</b>	<b>FY 2007-08 (9 Months)</b>	<b>Ongoing</b>
		\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Operating Expenses	51,455	68,607
Subtotal Uses	51,455	68,607
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 51,455	\$ 68,607
<b>Total FTE's</b>	<b>0.00</b>	<b>0.00</b>

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

Class	Title	FTE's	(9 Months)
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Fringes (35%)

**Operating Expenses**

Index Code	Character/Subobject Code		
HGH1HUN40061	Char 040/04000 Materials and Supplies (lab)	\$	51,455

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

2007-2008 Program Change Request

DEPARTMENT NAME:

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☐ Laguna Honda Hospital  
☐ Primary Care  
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☐ Health At Home

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

DPH SECTION: San Francisco General Hospital

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

PROGRAM / INITIATIVE TITLE: **Rapid HIV antibody testing at SFGH**

GENERAL FUND: \$66,754

TARGETED CLIENTS: All patients seeking care at SFGH

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

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

Funding is requested to implement a comprehensive rapid HIV antibody-testing program for all HIV testing performed at the SFGH Clinical Laboratories. Rapid HIV testing will be performed in batches 3 times per day between 8am and midnight, 7 days per week. This will provide same-day turn around (usually <4 hours) for results, a reduction of 2-3 days over standard HIV testing practices. High-sensitivity areas such as Labor & Delivery and the Emergency Department Rape Crisis Unit will have 24-hour access to rapid HIV testing with 1-hour turn-around through a combination of laboratory-based and point-of-care rapid testing.

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

The use of rapid of HIV antibody testing for the diagnosis of HIV infection has become the standard of care – being widely used in SF by the DPH City Clinic and the UCSF AIDS Health Project; in the Emergency Department at Highland Hospital in the East Bay; and routinely in most developing countries throughout Africa and Southeast Asia. Additionally, in September 2006 the Centers for Disease Control and Prevention issued sweeping revisions of its guidelines for HIV screening in all public and private sector health care settings, now recommending HIV screening for all individuals aged 13 to 64 years as a part of routine medical care irrespective of lifestyle, perceived risk, or local HIV prevalence. With the current HIV testing algorithm, HIV testing is effectively not offered at the SFGH Emergency Department due to the 3-5 day wait for results and inability to contact patients for disclosure. Rapid HIV testing availability at SFGH will keep us in line with community standards for testing, improve our ability to screen for individuals for HIV infection to include them in HIV prevention and care programs, and bring us closer to compliance with the recent CDC recommendations.

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

Currently, SFGH performs 600 HIV tests per month. We estimate an increase of up to 400 additional tests performed per month during the first year of the program.

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

Revenues are expected to increase by \$28,466 the first year and \$37,955 ongoing. Expenses are expected to increase by \$95,220 the first year and \$126,960 ongoing.

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

None

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

**INITIATIVE TITLE: Rapid HIV Antibody Testing**

		<b>FY 2007-08 (9 Months)</b>	<b>Ongoing</b>
<b>Sources:</b>			
	Medicare O/P Revenue	\$ 3,883	\$ 5,178
	Medi-Cal O/P Revenue	\$ 24,583	32,777
Subtotal Sources		28,466	37,955
<b>Uses:</b>			
	Materials and Supplies	95,220	126,960
Subtotal Uses		95,220	126,960
<b>Net General Fund Subsidy Required (Uses less Sources)</b>		\$ 66,754	\$ 89,005
<b>Total FTE's</b>		<b>0.00</b>	<b>0.00</b>

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

Class	Title	FTE's	(9 Months)
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Fringes (35%)

**Operating Expenses**

Index Code	Character/Subobject Code		
HGH1HUN40061	040/04000 Materials and Supplies	\$	95,220

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

232

2006-2007 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"/> CBHS - Substance Abuse   |
| <input type="checkbox"/> Jail Health                    |   |
| <input type="checkbox"/> Health At Home                 |   |

DPH SECTION: Community Health Promotion and Prevention

PROGRAM CONTACT NAME/PHONE: Tomas Aragon/554-2600

PROGRAM / INITIATIVE TITLE: **Public Health Assessment/Research Unit**

GENERAL FUND: **\$91,432**

TARGETED CLIENTS: San Francisco residents

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

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

One of the key roles of Public Health is to assess and research the health of the community. In the new millennium, San Francisco faces a unique mix of public health challenges including, an aging population, health disparities by ethnicity/ race, gender, sexual orientation and age groups, etc. At a minimum, the development of public health priorities requires taking public health vital signs: measuring and monitoring core health indicators of our communities and general population. In order to add objective evidence and direction to setting public health priorities, we need to conduct ongoing and systematic collection, analysis, interpretation, and dissemination of population-based data regarding the health of our communities.

This initiative will permit the Department to re-establish a public health assessment and research unit in order to prepare us to address top health issues in a systematic and comprehensive manner. The unit will begin to develop models for ranking public health priorities based on health-relevant outcomes; assess the burden of disease and injury using existing population-based databases; assess the distribution of high priority risk factors and determinants; develop processes for working with and supporting existing community health programs; report to the department and the public on health status of the population. Over time the unit should grow through research grants, collaborations with other public health institutions and with other Department Sections. The proposed initiative would fund an Epidemiologist who would carry out the functions identified above, as well as assist with the development of new grants to expand the capacity of the Unit.

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

Reinstating DPH's population health assessment capacity is critical to provide objective analysis of health issues, and systematic prioritization. The work that is developed by this unit will not only serve the department and the community in its prioritization of health issues, but be a springboard to research and other grant opportunities which will enhance our understanding of health issues and effective interventions.

**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 expenditure of \$91,432.

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

Increase of 0.75 2803 Epidemiologist (annualized to 1.0 FTE in FY2008-09)



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

**INITIATIVE TITLE: Public Health Assessment and Research Unit**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
001/013 Salaries and Fringe Benefits	\$ 86,931	\$ 115,908
040 Materials and Supplies	4,501	500
Subtotal Uses	91,432	116,408
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 91,432	\$ 116,408
<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	
2803	Epidemiologist	0.75	62,815
	Fringe (35%)		24,116
			\$ 86,931

**Operating Expenses**

Index Code	Character/Subobject Code	
021'040	Materials and Supplies (desk, computer, M&S) HCHPVADMINGF	- \$ 4,501

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



**2006-2007 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"/> CBHS - Substance Abuse   |
| <input type="checkbox"/> Jail Health                    |   |
| <input type="checkbox"/> Health At Home                 |   |

DPH SECTION: Community Programs – Community Health Promotion and Prevention

PROGRAM CONTACT NAME/PHONE: Ginger Smyly, 581-2425

PROGRAM / INITIATIVE TITLE: **Violence Prevention Initiative**

GENERAL FUND: **\$242,179**

TARGETED CLIENTS: San Francisco residents, the general public, and visitors who are affected by violence.

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

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

In cooperation with other public and community efforts, the proposed Violence Prevention initiative would enhance and expand the Department of Public Health's (DPH) ability to address violence prevention. This Initiative builds upon prior DPH efforts, and coincides with the goals of the Mayor's Office of Criminal Justice's current Citywide violence prevention planning process ("Violence as a Public Health Issue") that will culminate in new city-wide prevention initiatives. The proposed initiative would establish several broad-based activities to prevent violence, and would balance the recent expansion of last year's development of a systematic DPH violence and crisis response for Bayview-Hunter's Point.

The proposed funding would be used for a mini-grant program of up to \$75,000 for at least 2-3 Community Action Teams, to promote community engagement by addressing violence as a public health issue through prevention activities. Under the sponsorship of a community-based agency and with ongoing technical assistance, and research and training, a team would assess needs, research practices and policies and their impact on the local level, and identify, implement and evaluate actions that lead to changing factors that promote violent injury into those that promote a safe neighborhood. This approach is community centered, systematic and rigorous and will promote the capacities and skills of team members and community agency personnel to improve the health of their communities, and has been a very successful model in addressing other prevention areas addressed by DPH.

Additional funding would support a (1) .5FTE 2803 Epidemiologist who would collect, analyze and report out data in manner allowing DPH to improve its understanding of violence as well as the prevention points for reducing violence and related health issues (2) a 0.5 FTE Clerical position to provide data entry, report development, dissemination and support for mini-grants, data entry and documentation, reports and other clerical and administrative support, and (3) a senior level program coordinator (1.0 FTE 2825 Health Educator) who would assume professional development and management of health education and health promotion programs related to violence prevention, and youth development/substance abuse prevention activities. This position would oversee contracts, supervise staff and manage grants and serve as a liaison to other City departments working to address the impact of violence, as well as other relevant public and community entities. This employee would organize and provide ongoing coordination, collaboration, policy analysis, development and recommendations, program and grant development, program evaluation, training, information sharing and research in violence prevention.

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

While the death toll has been around 80 or more for the last two years, many more are injured and suffer long-term disability. Whether a death or injury ensues, many people and systems are affected directly, with human and social costs as well as disproportionately high financial costs to the population as a whole. Having readily available information that can be shared with a broad spectrum of professionals and community members will allow solutions to be presented that most relate to the problems posed. Through the work of the Community Action Teams and the DPH staff, implementation and evaluation of environmental, practice or policy actions could lead to alternatives to violence behavior, the reversal or mitigation of risk factors for violence and promotion of safe, healthy neighborhoods. Over time, these changes will likely reduce the number of severely or fatally injured people, reducing the human and economic costs. Over the last ten years and in particular in the last two years, tremendous efforts have been put into incident response. However, minimal resources have been directed to preventing these activities, despite research that indicates its effectiveness. This initiative would incorporate the planning done thus far and establish a minimum level of prevention funding to foster an effective program of results oriented violence prevention.

**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 \$242,179

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

Increase of 0.38 FTE 2803 Epidemiologist, 0.38 FTE 1446 Secretary, and 0.75 FTE 2825 Health Educator for a total of 1.51 FTE in FY2007-08.

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

**INITIATIVE TITLE: Violence Prevention**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
001 Salaries	\$ 123,836	\$ 165,115
013 Fringe Benefits	43,343	57,790
021 Professional Services	75,000	100,000
Subtotal Uses	242,179	322,905
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 242,179	\$ 322,905
<b>Total FTE's</b>	<b>1.51</b>	<b>2.0</b>

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

Class	Title	FTE's	
1446	Secretary II	0.38	\$ 21,333
2825	Health Educator	0.75	\$ 67,592
2803	Epidemiologist	0.38	34,911
			123,836
	Fringe (35%)		43,343
			\$ 167,179

**Operating Expenses**

Index Code	Character/Subobject Code	
021/02700	HCHPHHLTEDGF	- \$ 75,000

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



**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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

- ☐ Public Health  
☒ CBHS - Mental Health (TCM)  
☐ CBHS - Substance Abuse  
☐ Other

DPH SECTION: Targeted Case Management

PROGRAM CONTACT NAME/PHONE: Kanwar Singh 255-3416

PROGRAM / INITIATIVE TITLE: **TCM Enhancement**

GENERAL FUND: **\$100,000**

TARGETED CLIENTS:

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

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

The purpose of the Department's Targeted Case Management (TCM) program at Laguna Honda Hospital is to provide screening and assessment of all clients referred into and already residing at LHH with the goal of developing community placement discharge plans whenever appropriate. As part of the program, the Department contracts with RTZ for the provision of all TCM data collection and analysis. RTZ is also developing and will be implementing a DPH Bed Control Database, which will facilitate the placement of clients throughout the DPH system including medical, critical care, psychiatric, AIDS, and Substance Abuse by providing accurate and up-to-date information on bed availability. RTZ is not reimbursable by the TCM funding source and has been funded in FY 2006-07 with one-time funding. The proposed request would be to continue funding for this program on an ongoing basis, as these are not functions that the Department is able to absorb with existing resources.

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

TCM program costs are reimbursable by the Federal Government via the State, and to ensure this reimbursement, it is critical that adequate data collection and analysis be available. The annual cost of the contract is \$100,000.

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

None

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

\$100,000 in Professional Services

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

None

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

**INITIATIVE TITLE: TCM Enhancement**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
027 Salaries and Fringes	\$ -	\$ -
Professional services	100,000	100,000
Subtotal Uses	100,000	100,000
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 100,000	\$ 100,000
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

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

Fringe (35%)

-
-
-
\$ -

**Operating Expenses**

Index Code Character/Subobject Code

HCHTCMBDGTGI 027 Professional services

- \$ 100,000

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

242



**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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

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

DPH SECTION: Community Programs

PROGRAM CONTACT NAME/PHONE: Rajesh Parekh, MD, (415) 748-0672

PROGRAM / INITIATIVE TITLE: **Intensive Stabilization Program for Homeless Individuals with Alcohol Dependence (Serial Inebriate Program)**

GENERAL FUND: \$654,966

TARGETED CLIENTS: Homeless Individuals with Chronic Alcoholism

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

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

The Department proposes an intensive stabilization program in an SRO/Studio-type building with approximately 25 units with on-site medical and behavioral health treatment, including comprehensive case management services, to homeless individuals struggling with chronic alcoholism. The program is designed to improve health outcomes and psychosocial conditions for this severely debilitated and vulnerable population, with the goals of reducing mortality rates, increasing rates of successful placement into permanent housing and/or community treatment, reducing institutionalization, and reducing reliance on urgent and emergent health services. Medical and behavioral services offered will include diagnostic evaluations, medication management, primary care, psychotherapy, motivational enhancement, recovery-oriented case management, and recreational therapy. Individuals who are able to return to work will be engaged in vocational retraining and employment searches. Benefits advocacy will be provided.

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

The aggregate experience of the McMillan ICM Team, the San Francisco Homeless Outreach Team, the San Francisco Fire Department's HOME Team and clinicians from clinics serving the homeless population demonstrates a gap in the type and amount of services available for the comprehensive care of the homeless population with chronic alcoholism. The Office of the Mayor asked the Department of Public Health to submit a proposal for a program that would help close this gap; this initiative is a response to this request.

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

50 clients to be served annually.

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

\$654,966 for 6-month FY0708 (implementation January 1, 2007) costs, including start-up costs

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

This initiative proposes an increase of 3.25 FTEs (6.5 FTE annualized) for the Department of Public Health.

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

**INITIATIVE TITLE: Serial Inebriate Program**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>		
Subtotal Sources	-	-
<b>Uses:</b>		
Salaries and Fringes	\$ 321,035	\$ 642,069
027 Other Professional Services	87,438	164,875
030 Rent	124,200	248,400
040 Supplies	59,794	7,444
040 Medications	62,500	125,000
Subtotal Uses	654,966	1,187,788
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	<b>\$ 654,966</b>	<b>\$ 1,187,788</b>
<b>Total FTE's</b>	<b>3.25</b>	<b>6.50</b>

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

Class	Title	FTE's	
2932	Sr. Licensed Clinical Social Worker	0.50	\$ 40,873
2587	Health Worker III	1.50	84,603
2328	Nurse Practitioner	0.25	36,508
2930	Licensed Clinical Social Worker	0.50	39,111
1822	Administrative Analyst	0.50	36,710
	Fringe @ 35%		83,232
	Total	3.25	\$ 321,035

**Operating Expenses**

Index Code See above

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

**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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

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

DPH SECTION: Community Behavioral Health Services – Substance Abuse

PROGRAM CONTACT NAME/PHONE: Barbara Garcia 255-3500

PROGRAM / INITIATIVE TITLE: **13<sup>th</sup> Street Drop-in**

GENERAL FUND: **\$1,062,756**

TARGETED CLIENTS: Adult Substance Abusers

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

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

As a result of programmatic changes, ongoing funding for the Department's 24-hour drop-in center and McMillan Drop-in Center was reallocated to fund medical respite beds consistent with the Department's goal of reducing hospital usage by developing alternative placements. The reallocation was effective April 1, 2007.

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

The Department agrees with community advocates that a 24-hour drop-in capacity is critical for the system. Accordingly, the Department provided one-time funding to Haight Ashbury Free Clinic, Inc. to provide 24-hour drop-in services at its new location on 13<sup>th</sup> and Mission Streets. This funding is effective March 19, 2007. The Department therefore requests the requisite annual funding of \$1,062,756.

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

Funding will provide service to as many as 1,200 unduplicated clients with an equivalent of 59,000 units of service.

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

\$1,062,756 in Medical Services Contracts

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

None

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

**INITIATIVE TITLE: 13th Street Drop-in Center**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Salaries and Fringes	\$ -	\$ -
027 Medical Services Contracts	1,062,756	1,062,756
	-	-
Subtotal Uses	1,062,756	1,062,756
<b>Net General Fund Subsidy Required</b> <b>(Uses less Sources)</b>	\$ 1,062,756	\$ 1,062,756
<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 (35%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code

HMHSCCRES227 027 Medical Services Contracts

- \$ 1,062,756

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

2007-2008 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: CBHS Mental Health

PROGRAM CONTACT NAME/PHONE: Michelle Ruggels/255-3404

PROGRAM / INITIATIVE TITLE: **Safe House**

GENERAL FUND: **\$315,000**

TARGETED CLIENTS: Sexually exploited/trafficked girls under 18 years.

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

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

The Safe House is a six-slot residential treatment program for sexually exploited/trafficked girls under 18 years. The program was created as a collaboration of several City departments, including the District Attorney to provide mental health treatment and life skill training to young women who have been sexually exploited through trafficking or through a pimp, or a pimp-like adult in their life.

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

The Safe House program was initially set up to offer day treatment services, which are MediCal reimbursable. However, with the two-year experience of operating the program, it has been determined that the girls need more individualized treatment therapy and less day treatment, which doesn't result in as much MediCal reimbursement. As a result, to keep the program in operation and focused on meeting their individual needs more effectively, an amount of \$315k in General Fund monies is required to replace the existing MediCal budget. These funds were replaced in FY2006-07 with one-time funds. The proposed General Fund allocation is critical to the overall program, and the program will close without it.

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

This is a six slot residential program offering day and individualized treatment. Without the proposed funding, an estimated 10 to 12 girls annually will no longer receive these services.

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

This request will increase the General Fund allocation for Professional Services by an amount of \$315,000. The current MediCal allocation will be reallocated to other contract programs, and will therefore not be decreased from the CBHS budget.

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

N/A

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

**INITIATIVE TITLE: Safe House**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Salaries and Fringes	\$ -	\$ -
027 Professional Services	315,000	315,000
	-	-
Subtotal Uses	315,000	315,000
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 315,000	\$ 315,000
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (35%)

-  
 -  
 -  
 \$ -

**Operating Expenses**

Index Code Character/Subobject Code  
 HMMCP751594 027 Professional Services

- \$ 315,000

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

**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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

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

DPH SECTION: Community Programs

PROGRAM CONTACT NAME/PHONE: James Stillwell, 255-3717

PROGRAM / INITIATIVE TITLE: **Dependency Drug Court**

GENERAL FUND: **\$190,000**

TARGETED CLIENTS: Substance Abusing Female Parents

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

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

The Superior Court in collaboration with HSA and CBHS is implementing a Dependency Drug Court for parents whose children have been removed due to substance abuse. The Dependency Drug Court will set up a process to support and monitor the progress of participants. This is to request funds to increase residential treatment services with case management capacity for the target population.

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

Drug court in the families and dependency courts is now verified as an evidence based practice. This program reduces the time of out-of-home placement for participants' children, reduces the failure rate for family reunifications, and improves parental substance abuse treatment outcomes. Child out-of-home placements and foster care are huge human and financial costs for San Francisco residents, both of which have been shown to be reduced significantly by implementing a dependency drug court with adequate treatment resources.

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

Funding is requested for 10 residential slots equivalent to 3,650 units of service and 40 unduplicated clients.

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

Increase of \$190,000 to General Fund

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

This will be no impact.

249

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

**INITIATIVE TITLE: Dependency Drug Court**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Salaries and Fringes	\$ -	\$ -
Medical Services Contracts	190,000	190,000
	-	-
Subtotal Uses	190,000	190,000
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 190,000	\$ 190,000
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (35%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code

HMHSCCRES227 027

190,000 \$ 190,000

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

250



**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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

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

DPH SECTION: CBHS-Mental Health and Housing and Urban Health (HUH)

PROGRAM CONTACT NAME/PHONE: Marc Trotz (HUH) 554-2565;Michelle Ruggels (CBHS) 255-3404

PROGRAM / INITIATIVE TITLE: **Master Lease Hotel Operating Shortfall**

GENERAL FUND: **\$220,000**

TARGETED CLIENTS: Severely Mentally Ill clients receiving support services while living in supported housing units.

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

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

The Department of Public Health (DPH) contracts with various non-profit agencies to both operate and provide supportive services in single resident occupancy (SRO) hotels. The supportive services are provided to individuals with a primary severe mental illness and many of those with a secondary substance abuse and/or medical issue with the goal of stabilizing these clients enough to remain in housing. This proposal would address a structural shortfall in two hotels that house a total of 98 DPH clients.

Due to operating cost overruns (rent not covering standard operating costs), neither the Aarti Hotel (40 beds) or the Lyric Hotel (58 beds) will be able to continue at their current operating level. In the case of the Aarti, if Conard House, the non-profit agency currently providing the support services, is unable to assume the operations responsibility (and the operating deficit) from the hotel owner, (\$140k DPH operating subsidy required), the hotel owner will cease its relationship with the non-profit, will discontinue support services, and will change the target population. Operations functions include such items as front desk coverage, security, repairs, etc.

In the case of the Lyric Hotel, (\$80k DPH subsidy required) where Conard House currently provides both operating and support services, the support services will have to be reduced by \$80k to cover unavoidable operating costs resulting in decreased client stability, as well as a loss of MediCal generated by these services. The deficit in the Lyric is the result of three years of flat contract rents (controlled by the Housing Authority following regulatory constraints imposed by HUD Section 8) and expenses increasing at three to four percent annually.

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

It is the Department's belief that the provision of housing with supportive services is critical to stabilizing severely mentally ill clients, and even more necessary for those with substance abuse and/or medical issues. Without the proposed structural fix, up to 98 clients will be at risk both to remain in their housing, and to continue to receive stabilization support services on-site. Destabilized clients often end up in Psych Emergency Services (PES) or in hospital inpatient units. Therefore, it is cost effective to address this shortfall rather than pay for more expensive services later.

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

Up to 98 severely mentally ill clients, of which all clients at the Lyric, or 58 clients by admissions criteria, have a secondary diagnosis which is usually substance abuse and many also have HIV/AIDS or other chronic medical condition.

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

Increase of \$220,000 Professional Services.

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

None.

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

**INITIATIVE TITLE: Master Lease Hotel Operating Shortfall**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Salaries and Fringes	\$ -	\$ -
027 Professional Services	220,000	220,000
Subtotal Uses	220,000	220,000
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 220,000	\$ 220,000
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (35%)

-  
-  
-  
\$ -

**Operating Expenses**

Index Code Character/Subobject Code  
 HMMCC730515 027 Professional Services

- \$ 220,000

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



**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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

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

DPH SECTION: HUH

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

PROGRAM / INITIATIVE TITLE: **New Stabilization Units at the Dolores Hotel for SFHOT**

GENERAL FUND: **\$312,000**

TARGETED CLIENTS: Chronically Homeless Individuals

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

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

The Dolores Hotel has been vacated for several years. The Mayor's Office of Housing (MOH) has asked the Health Department to take responsibility for developing a program that is appropriate to the small SRO unit size and that would help fill a health-related housing need. MOH will take responsibility for securing the site and covering the renovation costs. The Department has determined that the best use of the site is to support the housing stabilization needs of the homeless clients being engaged by the SFHOT team. The project, as proposed, would provide approximately 55 stabilization units for persons coming right off the street and serve as a bridge between homelessness and permanent housing. Given the location of the building (the Inner Mission), this site will be of great use to SFHOT as they continue their expansion outside the Tenderloin and South of Market.

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

SFHOT is continuing to expand as San Francisco continues to strive toward ending chronic homelessness. The availability of stabilization rooms has been key to the success of SFHOT thus far. Adding 55 rooms in the Mission will greatly increase their effectiveness in this neighborhood. The Mayor's Office of Housing is generously coordinating and funding the capital portion of the project and relying on the Health Department as their support service partner.

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

This request will create 55 new stabilization units for chronically homeless individuals

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

Total expenses for general fund will increase by \$312,000 in FY 07/08

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

N/A

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

**INITIATIVE TITLE: New Stabilization Units at the Dolores Hotel for SFHOT**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Operating Expenses	\$ 312,000	\$ 312,000
	-	-
	-	-
Subtotal Uses	312,000	312,000
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 312,000	\$ 312,000
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (35%)

-  
 -  
 -  
 \$ -

**Operating Expenses**

Index Code Character/Subobject Code  
 HCHSHHOUSGGF 021 / 02700

\$ 312,000

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

**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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

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

DPH SECTION: HUH

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

PROGRAM / INITIATIVE TITLE: **New Licensed Residential Care Facility at 1500 Page Street**

GENERAL FUND: **\$150,000**

TARGETED CLIENTS: Psychiatrically Complex Patients Discharged from SFGH

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

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

The Mayor's Office of Housing, at the request of the Department of Public Health, has loaned approximately \$2 million to AgeSong to purchase the residential care facility at 1500 Page Street. Known as Page Street Guest House, this building has been providing residential care to mentally ill adults for over 50 years. The long time operator/owner of that facility is retiring and getting out of the business. In order to preserve this valuable resource and to create a state of the art permanent housing site that will be able to house psychiatrically and medically complex patients discharged from higher levels of care, DPH has teamed up with AgeSong to purchase, renovate, and operate this site.

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

AgeSong completed the purchase in February 2007. DPH will work with AgeSong to relocate the existing residents by June 2007. This is necessary because the building needs extensive renovation to meet current license and code requirements. That renovation will happen in FY 2007-08 and will be financed by additional funds from the Mayor's Office of Housing and other state and federal affordable housing sources. The funds requested at this time are to pay for certain holding costs and predevelopment expenses that will be incurred by AgeSong prior and during renovation.

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

55 units of affordable supportive housing are included in this initiative. With the purchase and renovation of the building, DPH and the city receives access to a high quality residential site for at least the next 50 years.

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

Total expenses for General Fund will increase by \$150,000 in FY 2007-08

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

N/A

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: New Licensed Residential Care Facility at 1500 Page Street**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>		
	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Operating Expense	\$ 150,000	\$ 150,000
	-	-
	-	-
Subtotal Uses	150,000	150,000
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 150,000	\$ 150,000
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class	Title	FTE's
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Fringe (35%)

-
-
-
\$ -

**Operating Expenses**

Index Code	Character/Subobject Code
HCHSHHOUSGGF	021 / 02700

\$ 150,000
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**Facilities Maintenance, and Equipment** (List by each items by count and amount)



2007-2008 Program Change Request

DEPARTMENT NAME:

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

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

DPH SECTION: Housing and Urban Health

PROGRAM CONTACT NAME/PHONE: Marc H. Trotz, 554-2565

PROGRAM / INITIATIVE TITLE: **Funding for Existing Stabilization Rooms for Project Homeless Connect**

GENERAL FUND: **\$72,000**

TARGETED CLIENTS: Chronically Homeless People attending Project Homeless Connect

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

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

Funding request for funding for ten Stabilization Rooms that were formerly funded by Goodwill.

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

Housing and Urban Health provides housing with on-site integrated health care services with the goal of ending chronic homelessness in San Francisco. These funds will be used to cover an additional 10 stabilization rooms for Project Homeless Connect (PHC) clients. These chronically homeless clients are prioritized and housed immediately at the bi-monthly PHC events with the goal of stabilizing them in the rooms with wrap-around Intensive Case Management and then moving them into permanent housing. This approach has been extremely successful in housing the chronically homeless population that has rejected the usual service approaches.

The ten Stabilization units were added at the request of the Mayor's Office in October 2005 for Project Homeless Connect. Since DPH had not budgeted for the additional units, Goodwill Industries financed the units for an intermittent period through private donations. The invoices went directly to Goodwill for payment. The Executive Director of Project Connect informed us that these funds will no longer be available in FY2007-08. Therefore, DPH will have to terminate the ten units unless the units are funded through the General Fund.

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

50 unduplicated chronically homeless clients housed in the ten Stabilization Units during a 12-month period

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

\$72,000 in contractual services

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

None

**ATTACHMENT B  
SUMMARY OF PROGRAM COST**

**INITIATIVE TITLE: Funding for Existing Stabilization Rooms for Project Homeless Connect**

	<b>FY 2007-08</b>	<b>Ongoing</b>
<b>Sources:</b>		
	\$ -	\$ -
Subtotal Sources	-	-
<b>Uses:</b>		
Operating Expenses	\$ 72,000	\$ 72,000
	-	-
	-	-
Subtotal Uses	72,000	72,000
<b>Net General Fund Subsidy Required (Uses less Sources)</b>	\$ 72,000	\$ 72,000
<b>Total FTE's</b>	<b>0.0</b>	<b>0.0</b>

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

Class Title FTE's

Fringe (35%)

**Operating Expenses**

Index Code Character/Subobject Code  
HCHSHHOUSGGF 021 / 02700

-  
-  
-  
\$ -  
\$ 72,000

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

**2007-2008 Program Change Request**

**DEPARTMENT NAME:**

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

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

DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Sue Currin 206-3670

PROGRAM / INITIATIVE TITLE: **Developing a full time Hospitalist Service**

GENERAL FUND: **\$849,870**

TARGETED CLIENTS: All clients

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

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

This request is to develop a full time hospitalist service to care for patients on the inpatient medicine wards and on clinical services requesting medical consultation.

The goals of the hospitalist program are:

- Expand the role of medicine consult to support the care of seriously medically ill patients on orthopedic surgery, trauma surgery and psychiatry.
- Reduce the reliance on volunteers to adequately staff the inpatient wards with medical attending physicians.
- Leverage the familiarity and expertise of the hospitalists to actively engage as physician leaders in hospital systems improvement processes.

Clinical responsibilities will include

- Attending on the inpatient wards - 4 months (7 days a week)
- Attending on the medicine consult service - 4 months (7 days a week)
- Staffing 2 half day ambulatory care sessions

Participate in hospital and departmental patient care committees and initiatives

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

Currently, 62 separate physicians work between 0.5 – 4 months each to fulfill the necessary supervision of care on the wards. Volunteers currently cover 20% of the attending months. Only 18% of the months are covered by hospitalists who are dedicated to hospital based care. The remaining months are covered by faculty who take up to 8 weeks away from their primary responsibilities to care for patients in the hospital. Since active enforcement of the 80 hour house staff work week rules, the trainees are spending less time in the hospital. A significant amount of the clinical care, as a result, is performed by the attending physicians. As a result volunteers are increasingly less interested in offering their services.

Importantly, just as the reduction in housestaff duty hours has impacted the medical service, the impact has been even greater on surgical services. The limited number of surgical housestaff spend much of their days in the OR, leaving much of the pre- and post-operative coverage to be provided by non-physician providers (NPs, pharmacists), working under limited MD supervision. The need is great for a more robust medicine consult service allowing the surgical services to spend more time performing procedures.

The proposed hospitalist service will address these needs while also form a core of physician leaders who will support the SFGH Mission “. . . to deliver humanistic, cost-effective and culturally competent health services . . .” The hospitalists will have great knowledge of hospital systems and ongoing working relationships with nursing, social services, physical rehabilitation and the outpatient settings. This experience will inform their support of the SFGH organizational goals:

1. Promote patient safety – hospitalists will initiate and participate in hospital wide projects, collaborate with other services in patient centered care.
2. Promote organizational and staff cultural competency – focus on hospital care will increase familiarity of hospital systems and the unique needs of vulnerable patient populations.
3. Improve access to care – hospitalists currently have a shorter length of stay which improves patient flow.
4. Improve staff retention – will stabilize pool of inpatient attendings, improve interactions with nursing and other services.

Comply with all regulatory Standards – hospitalists will be critical in the execution and maintenance of accreditation by JCAHO, CMS and other regulatory agencies.

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

Inpatient medicine: Approximately 1,100 acutely ill patients each year

Medicine Consult: Approximately 1,050 patients each year.

Ambulatory encounters: The 5 hospitalists will participate in 4,800 patient encounters.

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

General Fund will increase by \$849,870 that includes \$80,370 for labor expenses and \$769,500 for the UCSF professional services in FY 2007-08.

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

Increasing by 0.75 FTE Healthcare Analyst in FY 2007-08 and 1.00 FTE ongoing.

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

**INITIATIVE TITLE: Developing A Full Time Hospitalist Service**

<b>Sources:</b>		<b>FY 2007-08 (9 Months)</b>	<b>Ongoing</b>
		\$ -	\$ -
Subtotal Sources		-	-
<b>Uses:</b>			
	Salaries and Fringes	\$ 80,370	\$ 107,160
	Professional Services	769,500	1,026,000
Subtotal Uses		849,870	1,133,160
<b>Net General Fund Subsidy Required (Uses less Sources)</b>		\$ 849,870	\$ 1,133,160
<b>Total FTE's</b>		<b>0.75</b>	<b>1.00</b>

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

Class	Title	FTE's	(9 Months)
2119	Healthcare Analyst	0.75	\$ 59,534
			59,534
	Fringe (35%)		20,837
			\$ 80,370

**Operating Expenses**

Index Code	Character/Subobject Code	
HGH1HUN40061	021/02700 Professional Services (UC - 5.00 FTEs hospitalists)	\$ 769,500

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

