

2007-2008 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"/> CBHS - Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input checked="" type="checkbox"/> Community Programs |
| <input type="checkbox"/> Health At Home | |

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

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
027 Salaries and Fringes	\$ -	\$ -
Professional Services	105,947	105,947
	-	-
Subtotal Uses	105,947	105,947
Net General Fund Subsidy Required (Uses less Sources)	\$ 105,947	\$ 105,947
Total FTE's	0.0	0.0

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:

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

- ☒ Public Health
☐ CBHS - Mental Health
☐ 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

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

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
Hlth Ed	021/'02789 Professional Services
	HCHPHHLTEDGF

-	\$	-
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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**

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

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

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	- \$ 125,000
	HCHPHHLTEDGF	

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

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

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	- \$ 125,000
	HCHPHHLTEDGF	

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

Initiative Number K5
(Leave blank)

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: 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

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

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:

- | | |
|--|---|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input 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: 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

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

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)

2006-2007 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 – 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

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
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
Net General Fund Subsidy Required (Uses less Sources)	\$ 242,179	\$ 322,905
Total FTE's	1.51	2.0

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
☐ CBHS - Substance Abuse
☐

DPH SECTION: Community Behavioral Health Services (CBHS)
PROGRAM CONTACT NAME/PHONE: Sai-Ling Chan-Sew 255-3439
PROGRAM / INITIATIVE TITLE: **CYF-Wellness Centers**
GENERAL FUND: **\$288,160**

TARGETED CLIENTS: High school students referred to Wellness programs for suspected mental health and/or substance use issues. Proposed sites: Washington High School (2,306 students), Wallenberg (647 students), June Jordan (371 students), and Newcomer (274 students).

PROGRAM DESCRIPTION: (Description of Program Change)

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

The Department of Children, Youth and Families (DCYF) is proposing to implement the final four Wellness Centers in the remaining four comprehensive high schools that don't yet have one. A Wellness Center is a drop-in center based on a high school campus providing students with access to health, behavioral health and other services. Up to now, DCYF has funded the behavioral health component of each Wellness Center. However, in FY07-08, DCYF has requested that DPH fund the behavioral health component for the remaining four sites, or approximately \$80k per school for a total of \$320k which is offset by \$32k. The behavioral health services are provided by a non-profit agency, so the funding would be an expansion of contractual services.

JUSTIFICATION: (required by the Mayor's Office)

SFUSD, through Proposition H funding, is proposing to contribute \$768,000 to fund 3 of the 4 core Wellness staff at the new sites. The behavioral health service providers are core staff who represent a critical and unfunded component of the proposed new Centers.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

On average, a 1.0 FTE Wellness behavioral health counselor serves 125 students/year and provides 534 hours of service. The total projected number of clients=500 unduplicated clients (125x4.) The total projected units of service=2,136 hours of service (534x4.)

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

Increase to General Fund of \$288,160

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

No impact on DPH workforce because services are contracted through a CBO.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: CYF Wellness Centers

		FY 2007-08	Ongoing
Sources:			
	Federal Short-Doyle Medi-Cal	\$ 16,000	\$ 21,333
	EPSDT State Match	15,840	\$ 21,120
Subtotal Sources		31,840	42,453
Uses:			
021/02789	Salaries and Fringes		
	Operating Expenses	\$ 320,000	\$ 426,667
		-	\$ -
		-	-
Subtotal Uses		320,000	426,667
Net General Fund Subsidy Required (Uses less Sources)		\$ 288,160	\$ 384,213
Total FTE's		0.0	0.0

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

Class	Title	FTE's	
			\$ -
			-
			-
	Fringe (35%)		-
			\$ -

Operating Expenses

Index Code	Character/Subobject Code	
HMHMCP751594	021/02789 Professional Services	- \$ 320,000

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 type="checkbox"/> Public Health |
| <input type="checkbox"/> Laguna Honda Hospital | <input checked="" type="checkbox"/> CBHS - Mental Health (TCM) |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health At Home | |

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

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

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)

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 in General Fund with an additional \$69,500 added to the Sheriff's Workorder for Jail Health**

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)

Community Programs (\$654,966)

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.

Jail Health Services (\$69,500 increase in Jail Health Workorder)

Based on the experience of San Diego's Serial Inebriate Program, which is the model adopted for the development of the San Francisco proposal, there will be an increase in intoxicated individuals brought to the county jail. To address the additional health needs, this proposal would add funding to support "on-call" registered nursing hours (termed P103s) which would be utilized on an as-needed basis to accommodate census spikes. Since the Department's funding for Jail Health Services is obtained via a workorder from the Sheriff, approval of this initiative would result in funding being added to the Sheriff's Department, who in turn would workorder the dollars back to DPH.

JUSTIFICATION: (required by the Mayor's Office)

The aggregate experience of the McMillan Intensive Case Management (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 with an additional \$69,500 added to the Sheriff's Workorder.

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

	FY 2007-08	Ongoing
Sources:		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 390,535	\$ 781,070
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
Workorder Recovery	(69,500)	(69,500)
Subtotal Uses	654,966	1,257,289
Net General Fund Subsidy Required (Uses less Sources)	\$ 654,966	\$ 1,257,289
Total FTE's	3.25	6.50

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
	P103 in Jail Health		\$	69,500

Operating Expenses

Index Code	See above		
	Workorder Recovery	\$	(69,500)

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

Initiative Number K11

(Leave blank)

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: **13th 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 13th 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: 24-Hour Drop-in Center

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ -	\$ -
027 Medical Services Contracts	1,062,756	1,062,756
	-	-
Subtotal Uses	1,062,756	1,062,756
Net General Fund Subsidy Required (Uses less Sources)	\$ 1,062,756	\$ 1,062,756
Total FTE's	0.0	0.0

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)

442

2007-2008 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: 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

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

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

Class Title FTE's

Fringe (35%)

-
-
-
\$ -

Operating Expenses

Index Code	Character/Subobject Code	
HMHMCP751594	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.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Dependency Drug Court

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

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)

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

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

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

Class Title FTE's

Fringe (35%)

-
-
-
\$ -

Operating Expenses

Index Code Character/Subobject Code

HMHMCC730515 027 Professional Services

- \$ 220,000

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: 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

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

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)