



MEMORANDUM

August 27, 2003

To: Honorable Edward A. Chow, MD, President and
Members of the Health Commission

Through: Mitchell H. Katz, M.D., Director of Health

From: Anne Kronenberg, Director, Office of Policy and Planning
Marc Trotz, Director, Housing and Urban Health

Re: Annual Homeless and Housing Services Report

Attached is the Annual Homeless and Housing Services Report being presented to the Health Commission on September 2, 2003. We are pleased to provide you with a combined report on homeless and housing services in the Department, providing a comprehensive examination of services provided to the homeless and at-risk populations in San Francisco.

We look forward to presenting this report to you on September 2, 2003. If you have questions in the meantime, please call Anne Kronenberg at 554-2556 or Marc Trotz at 554-2565.

2002-03 Housing & Homeless Services Annual Report
San Francisco Health Department

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Introduction

The Department of Public Health, through its diverse work in hospital services, primary care, housing, prevention and behavioral health services, has established itself as a leader in San Francisco and the nation in caring for, and improving the lives of homeless people. Day in and day out, homeless people get excellent care at San Francisco General Hospital, Tom Waddell Health Center, Action Point, the Windsor Hotel, McMillan Stabilization Center, and scores of other locations.

Notwithstanding, the needs of homeless people far outmatch the resources available to address them. A significant number of people have little choice but to live on the streets, in shelters, in SROs, and/or revolve through institutional care. Far too many people are living with untreated medical and behavioral health problems. For those who receive services, the lack of permanent housing is a key obstacle to achieving lasting health improvements.

It is this continued reality that fuels much of the work and innovations that are currently taking place in the Health Department. With the integration of mental health and substance abuse into Community Behavioral Health Services, the attention being paid to discharge and patient flow, the continued investment in housing, and the development of new stabilization programs, the Department is in the process of re-tooling itself based on proven practices. In keeping with the growing national movement to end chronic homelessness in ten years, DPH is increasingly adopting practices geared toward ending chronic homelessness rather than managing or ameliorating conditions on the street.

Of course to accomplish these goals, the Department must continue its long tradition of partnering with a wide range of organizations including all levels of government, local, state, and national advocacy groups, housing and service providers, and all allies interested in ending homelessness.

Among the staff of the many agencies, organizations, and coalitions that have been seriously engaged with the issue of homelessness, a shared understanding of “what it will take” is emerging along with a renewed commitment to getting it done. This movement is partly evidenced by the over 1,200 people who turned out in Washington, D.C. in July 2003 for the annual National Alliance to End Homelessness Conference. Apart from the impressive turn out, there was a noticeable shift in the content of the conference. While perhaps not so new by San Francisco standards, many of the keynote addresses and workshops were stressing the importance of harm reduction practices and “housing first” approaches, breaking out of the current continuum of care model. The panelists and participants were clearly focused on the task of ending homelessness as we know it.

Homelessness as a Health Issue

There are many contributing factors that can lead to homelessness (e.g., family dissolution, lack of education, racism, poverty, high housing prices, lack of job opportunities), but health-related issues play a significant role. While it is often hard to discern whether poor health is a “cause” or “result” of homelessness, it is abundantly evident that homeless people have extremely high rates of mental illness, chemical dependency, and chronic health problems.

The prevalence of mental health disorders and drug addiction in the homeless population in San Francisco is high. In a study that surveyed 2,508 homeless people in San Francisco (Robertson, 2003; Zolopa, 1994) there was a high prevalence of mental health and substance abuse.

- Forty percent of the homeless people surveyed had been seen by a mental health specialist at some time in the past and 23 percent had a prior hospitalization for a mental health disorder.
- A total of 63 percent of the population were current or past cocaine smokers with 35 percent reporting current use.
- Thirty-nine percent had a history of using injection drugs and 14 percent had injected drugs in the previous month.
- In a combination measure that summarizes the current burden of behavioral health disorders among homeless people in San Francisco, 63 percent of the subjects surveyed had either a lifetime history of an overnight stay in an institution for a psychiatric condition or a history of heavy alcohol and/or heroin, cocaine or amphetamine use in the past month.

In addition to the significant mental health and substance abuse disorders among homeless people in San Francisco, homeless people are high utilizers of medical services. In a separate report recently published, homeless people were found to be three times more likely than the general population to use an emergency department at least once a year, with 40 percent of homeless people in San Francisco using the emergency room annually (Kushel, 2002).

Goals for the Department

Across the nation, ambitious goals are being set and significant resources are being directed to end homelessness. Similar momentum is building in San Francisco, where homelessness is the leading issue in the upcoming mayoral race and continues to be at the center of legislative efforts. The increased attention to the issue and potential resources are exciting and the Department is committed to ensuring that the efforts are realistic, appropriate and well directed.

Working to end homelessness rather than just managing it, the Department has developed strategies across all sections and in collaboration with community partners. To meet the needs of the target population the Department supports programs which:

1. Prevent homelessness through primary prevention, primary care and behavioral health services for the urban poor. (Consistent with the Department's Strategic Plan Goal 2 & 3.)
2. Provide a range of flexible and integrated housing and supportive services, which meet clients where they are and assist them to move toward better health. (Consistent with the Department's Strategic Plan Goal 1 & 3.)

DPH Strategic Plan Goals

Goal 1: San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations.

Goal 2: Disease and injury are prevented.

Goal 3: Services, programs, and facilities are cost-effective and resources are maximized.

Goal 4: Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services.

More information on the Department's Strategic Plan as it relates to housing and homeless services is included in Appendix A, page 31.

Guiding Principles

Based on years of experience serving the homeless population in San Francisco and best practices from around the country, the following concepts have emerged as important guiding principles the Department follows in providing housing and homeless services.

1. Harm Reduction

Homeless people face a number of competing life challenges. Substance use or other unsafe health behavior may not be their main concern. It is important for programs to actively engage clients where they are at any given time and assist them in making choices that reduce their physical, psychiatric or social harm. For this reason in September 2000 the Health Commission adopted an official Harm Reduction policy. All services are voluntary and respect the client's rights. For individuals who are unable or unwilling to accept offered services or to reduce harmful behavior, programs should continue to regularly engage residents in dialogue and offer services. (Refer to Appendix B, page 33)

2. Partnerships with Local, Regional and National Organizations

Many organizations are working to address homelessness in San Francisco but no one agency can solve the problem. The Board of Supervisors and the Mayor

established the Local Homeless Coordinating Board in 1996 to ensure the development and implementation of a unified homeless strategy for San Francisco. DPH plays an active leadership role on the Local Board. We also work collaboratively with the Mayor's Office on Homelessness under the leadership of George Smith and the Department of Human Services under the leadership of Trent Rohr. In addition, the Department has played a leading role in creating a number of collaborations with local and national organizations. It is our belief that homelessness can only be addressed through close partnership with others.

3. Collaboration Across the Department

Building on the importance of partnerships with other organizations, collaboration across sections of the Department is fundamental to providing effective homelessness services. Homeless clients are consuming services across all sections of the Department. By integrating or connecting services, we can eliminate duplication of efforts, develop more thorough assessments and provide more appropriate care for our clients.

4. Focus on Chronically Homeless

While the Department provides housing and homeless services for all people living in poverty, specific services are targeted to serve the needs of chronically homeless people. Not all homeless people use the same share of health services. Approximately 10 percent of the homeless people who access health services use about half of the inpatient hospital days and three-quarters of the emergency department visits (Fernandez, 2000). By tailoring housing services directed toward high-utilizing homeless people, getting a relatively modest number of people off the street and away from hospital services can free up a significant amount of healthcare services for others.

5. Services Should Be Outcomes Based

Specific, quantifiable outcomes should be identified for and integrated into every stage of the service delivery system. This will help to ensure accountability of programs to funding sources, and make certain that resources are being expended in the most efficient manner.

Accomplishments

Building on the accomplishments of previous years, the following highlights present some of the approaches that the Department has taken in addressing housing and homeless services. The programs and services detailed in this section are not a comprehensive listing of the Department's housing and homeless programs.

Included are highlights from Behavioral Health Services, Housing & Urban Health, Prevention, Primary Care, and the Hospitals (SFGH, LHH and MHRF).

Behavioral Health

The integration of substance abuse and mental health services into the new Community Behavioral Health Services (CBHS) has been a significant effort in the last year. The vision for CBHS, "Any Door, the Right Door," is a significant improvement in the ability of individuals to access mental health and substance abuse treatment services, especially for those with co-occurring disorders.

Behavioral health accomplishments in the last year include:

Patient Flow

An important objective of CBHS is to lessen the use of acute and institutional services in order to enhance the lives of clients in the community. For homeless clients who are faced with the most severe environmental stresses that negatively impact their recovery, CBHS employs services which involve a complement of case management and wrap-around services, such as access to housing and other resources, and integrated or coordinated care across different levels and systems of services. The CBHS *Patient Flow Project*, which is now the Placement division, was a successful concerted effort implemented throughout last year to find housing and/or residential placements in the community for clients who no longer required an acute level-of-care.

Advanced Access

The adoption of *Advanced Access* at outpatient mental health clinics in the last fiscal year ensures that clients have much improved access to system-of-care services, particularly for homeless clients who are difficult to reach or who may drop-in for services. The objective of Advanced Access is to provide intake

assessment and medication evaluation (as needed) in a responsive and timely fashion, within 24 to 48 hours of request.

“Hope on the Street” KQED TV Documentary

In April 2003, PBS TV stations nationwide began airing the one-hour documentary, “Building Hope on the Street: The Culture of the Homeless, Mentally Ill”, which took a look at the lives of four people who are mentally ill and have been homeless in San Francisco, and the devastating impact of their conditions on themselves and their families. The documentary revealed the possibility of hope and recovery for homeless mentally ill individuals, and shatters the stigma of mental illness. This documentary also showcased the intensive case management and wrap-around services in San Francisco delivered by the AB2034/MOST Team for homeless mentally ill and dually-disordered individuals, and portrayed the best practices employed by CBHS in making a difference in the lives of these homeless clients.

A “Hope on the Street” conference, co-chaired by the MOST Homeless Mental Health Team and KQED, took place on May 9, 2003, which included MOST staff-members as panelist speakers and group facilitators. The documentary project also features a website, <http://www.kqed.org/w/hope/> which contains information and resource guides for consumers and families. “Hope on the Street” contributed to the education of the general public about the homeless mentally ill, and the value of the behavioral health services provided to them.

Continued Success of AB2034/MOST Homeless Integrated Service Project

AB2034/MOST completed a successful third year of helping homeless mentally ill and dually-disordered clients. The Project serves 120 homeless individuals with severe psychiatric symptoms who have repeated hospitalizations and/or incarcerations and have not utilized community-based services.

In 2002-03, the AB2034 team achieved the following with its clients:

- 40 percent reduction in annual average number of days in psychiatric hospitalization
- 75 percent reduction in annual average number of days incarcerated
- 84 percent reduction in annual average number of days homeless on the streets or in shelters
- 49 percent increase in annual average number of days employed

Fifty-five formerly homeless clients have moved into permanent, supported housing at the Camelot Hotel and Star Hotel. Both hotels were recently renovated and are under the Direct Access to Housing (DAH) Program of the

Department's Housing and Urban Health. An additional 47 clients are maintaining housing in a variety of other sites.

In addition, this year the AB2034 Project began development of a Dialectical Behavior Therapy team, an evidence-based practice for individuals with the diagnosis of Borderline Personality Disorder (BPD). This approach combines skill-building groups, individual cognitive behavioral therapy, meditation practice, and respectful treatment of clients to keep them in treatment and reduce suicidal and harmful behaviors. The hope is that consumers with BPD characteristics will become more able to lead meaningful and fulfilling lives.

Consumers and staff of AB2034 are also equally excited about the program's new "Café 760" Espresso Training Program, where clients are developing the knowledge and skills needed to work in a café. Café 760 is open for business at the South of Market Mental Health Clinic on Monday mornings.

McMillan Stabilization Center

The groundwork was laid for the opening of the new Stabilization Center this July 2003, with 20 beds at the CATS McMillan Drop-in Center. The Stabilization Center diverts inebriants from hospital emergency rooms, and ensures they get needed follow-up, including medical care, clinical case management, and priority status for detox and residential bed placements. The program is a cost-effective alternative to the hospital emergency room. Approximately 1,000 homeless people in San Francisco fit into the category of chronic inebriants – and about 160 of these individuals, stuck in the revolving door between the streets and the emergency rooms, are the priority for the new Stabilization Center program.

Housing & Urban Health

In 1996, Housing & Urban Health (HUH) was created to engage, house, and stabilize chronically homeless people suffering from life on the streets and draining the resources of the public health system.

HUH developed and implemented the Direct Access to Housing (DAH) program. DAH, while constantly evolving based on new evidence and practice, includes the core principals of creative and flexible engagement, resident driven services, the necessity for healthy and affordable housing, and the belief that a person's condition can and will improve over time with the right mix of services. The DAH program currently provides 360 units of permanent supportive housing in five single room occupancy (SRO) residential hotels and an additional 33 units in a licensed residential care facility. (For more information on DAH and contracted units, refer to Appendix D and E, beginning on page 40)

The DAH program has been identified as a national model by Phillip Mangano, Executive Director of the Interagency Council on Homelessness as well as the National Alliance to End Homelessness and the Corporation for Supportive Housing. (For more information on DAH, refer Appendix C, page 36)

Over the last year, HUH has expanded the size and scope of supportive housing in San Francisco. Below are some of the highlights from the past year.

Integration of Behavioral Health Services to Direct Access to Housing

The Behavioral Health (BH) project is a collaboration between the Department of Public Health and two community-based organizations (Baker Places, Inc. and Fort Help). Overall, the project is designed to provide one-on-one mental health and substance abuse counseling, group counseling and off-site residential and detoxification services for the 393 residents of the DAH Program.

Because many of the DAH residents have chronic medical, substance abuse and mental health disorders, maintaining stability in housing demands wrap around integrated health services. At present, all six DAH sites have intensive case management services provided by community-based organizations and some medical services (either on-site or through consultation) provided by HUH. With the development of this service, Baker Places provides on-site counseling services and off-site residential behavioral health and detoxification services. Fort Help is providing methadone maintenance services.

This model of on-site case management, medical services and counseling with augmented services off-site behavioral health services is expected to assist in stabilizing the residents of the DAH facilities and reduce hospitalizations (both psychiatric and medical) as well as evictions.



first person stories

ROBERT, a 54-year-old man with a many year history of homelessness, depression and heroin use was hospitalized at St. Luke's for 8 months due to necrotizing fasciitis, poorly controlled diabetes. Upon discharge to the respite unit of the Windsor Hotel, his inpatient provider gave him 300 10 mg methadone pills. Over the first two weeks of his stay at the Windsor, his behavior was erratic and confrontational. Staff of the Windsor worked with his methadone program, to switch him off take-home methadone to directly observed therapy. He received daily insulin injections and dressing changes by the Windsor nursing staff. His sugars became under control, his behavior stabilized and his amputation stump healed. He now is getting 4 times a week take-home methadone and will soon get an electric wheelchair. He is moving from respite to permanent housing. He has not been to the emergency room since his placement.

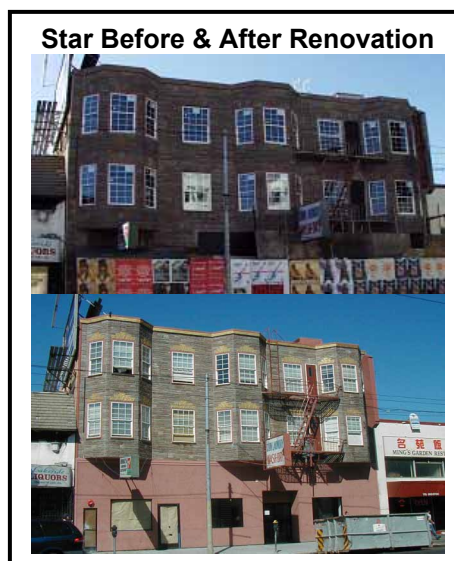
Increasing Housing and Expanding the Direct Access to Housing Model

Senior Homeless Initiative

Through Board of Supervisors add-backs, \$810,000 has been allocated for new services for homeless seniors, of which \$570,000 is earmarked to develop a new supportive housing program with approximately 100 units for homeless seniors. Housing & Urban Health is in the process of locating an appropriate building to master-lease and upgrade by January 2004 when the new senior housing program is slated for rent-up. Additionally, \$60,000 of the board add-back is designated to assure that a certain amount of the 2,000 new senior affordable housing units currently in the pipeline will be designated for homeless seniors. Housing & Urban Health will be locating a provider and administering the contract for this project as well.

The Star and Camelot Hotels

The Star and Camelot Hotels are the two newest DAH sites. The goal of the Star and Camelot Program is to support homeless and formerly homeless persons in receiving and maintaining housing, stabilizing their lives, and obtaining needed skills and resources to improve their quality of life. The target population is chronically homeless individuals with at least one of these specific, disabling conditions: mental illness, HIV/AIDS, substance abuse, and physical disabilities. For this project, HUH was able to bring together a variety of funding sources ranging from Federal Care Title I funds to State AB 2034. Consequently, the units are allocated to the target populations of those grants, many of whom have significant co-morbidities.



Interagency Council on Homelessness Funding

Housing & Urban Health submitted a proposal for \$3.5 million to the Interagency Council on Homelessness and its collaborators to expand the DAH program to provide 88 units of permanent supportive housing for chronically homeless people with disabling conditions who are high users of public resources. The supportive housing proposed in the application will stabilize chronically homeless people and dramatically reduce the “over-use” of public resources, thus freeing up capacity to serve the broader low-income community. Funds from HUD will be used to support the leasing of the site as well as a portion of property

management costs. In addition, funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) will be used to support on-site mental health, substance abuse and case management services. Funds from the Health Resources and Services Administration (HRSA) will be used to establish medical services for the residents on site; funds from the Department of Veterans Affairs (VA) will support the care of homeless veterans in this permanent supportive housing project. Overall, this housing-plus-services model will allow for successful stabilization of a group of people who not only use a large amount of precious public resources but who have not often been able to maintain permanent housing in the past.

Expansion of Emergency Housing

Different sections of DPH have placed clients in emergency hotel rooms for many years, usually as the only option to avoid discharging a client from the hospital to the street. Within Housing & Urban Health, the Department decided to consolidate these efforts. In 1999, HUH developed the first official relationship with the private owner of a 100-unit SRO hotel, renting 40 units via a contract with a social service agency to pay the monthly rent. The units had to meet certain conditions of renovation and upkeep and the owner has to provide weekly linens and towels to the DPH clients placed by several SFGH medical and psychiatric services for a short emergency stay. Length of stay ranges from several days to several months, depending on the condition of the client and the program and often has on-site or frequently visiting case managers. Since 1999, the Emergency Housing program has expanded from providing 40 monthly emergency hotel units in one hotel to over 106 units in several hotels. Additionally, the program pays for many vouchers and subsidies. Since we don't oversee the client placement and services, it is hard to estimate the number of clients served. However, it is safe to say that it is in the thousands. For example, with only 20 emergency hotel rooms for HIV-positive homeless clients in San Francisco, we were able to house about 300 unduplicated clients in FY2002-03. This year we are adding rooms for the new Stabilization Center as well as the Drug Court. We are already providing emergency housing for the Forensic AIDS Project, Prop. 36, the AIDS Emergency Housing program and many different sections of DPH. Renting the SRO units in a consolidated way allows for a better and more professional relationship with the hotel owners, which translates into cleaner and less expensive rooms as well as better treatment of clients and staff.

Medical Care for HUH Clients

Medical Care at DAH Sites

All DAH sites have access to some medical care. Most residents have primary care providers at one of the public health clinics. One residential hotel has five-day-a-week nursing services, three-day-a-week urgent care medical services

provided by an on-site nurse practitioner and a full-time on-site psychiatric social worker. The 33-bed residential care facility has around-the-clock nursing services and a dedicated primary care provider contracted from UCSF. The two sites with nurses can offer residents directly observed therapy for psychiatric and HIV medications, as well as other medications, five days a week. The other sites have access to an on-call nurse practitioner for urgent care home visits. At all sites, staff meet monthly with the medical director for the DAH program to assist with medical treatment plans and to strategize accessing appropriate medical and psychiatric care in the community.

Action Point

Action Point is designed to support homeless, symptomatic HIV-positive clients in gaining access to Highly Active Anti-Retroviral Therapy (HAART), to assist clients to adhere effectively to the complicated regimen, and to reduce the chaos and increase stability in their lives. There are two Action Point sites, one in South of Market and a second in Bayview Hunters Point, which serves predominately African American heroin users. The Action Point staff has assisted several hundred clients with adherence case management and referral and counseling services, social service needs and medical care. In 2004, in collaboration with UCSF, Action Point will participate in a randomized trial of adherence case management vs. directly observed therapy among the urban poor living with symptomatic HIV disease.

Medical Respite

The Board of Supervisor's add-back includes \$500,000 to design, locate and develop a Medical Respite Program to start up in FY2004/05. HUH is convening a working group to receive input from knowledgeable and experienced providers within DPH and the community. As currently conceived, the medical respite will provide short-term (approximately 6 month) medical and psychiatric stabilization and evaluation for approximately 100 people. Referrals will come from community-based organizations, institutions such as SFGH and LHH and other health department programs.

Nursing Services at Needle Exchange

As part of the Soft Tissue Infection Initiative, the Department has achieved the goal of providing medical care at all city-supported needle exchange sessions in San Francisco. In total, 14 needle exchange sites each week have medical services. The goals of this project are to:

- engage injection drug users

- treat urgent medical problems including soft tissue infections,
- teach HIV/HCV and abscess prevention techniques, and
- refer to ongoing primary care and drug treatment.

All non-medical needle exchange services are provided by either the HIV Prevention Project of the San Francisco AIDS Foundation funded from the HIV prevention branch of the AIDS Office or the Haight-Ashbury Free Medical clinic.

Prevention

Client directed prevention services such as:

- the Health Education Resource Center home visiting program for asthma,
- Black Infant Health outreach,
- education and care management (a joint program with Maternal Child Health),
- SevenPrinciples Project,
- Pedestrian Safety, and
- Violence Prevention community action projects

are targeted at people in neighborhoods for whom homelessness is just a step away.

The Prevention section's efforts are on building capacity and skills among community members. Prevention works to address root causes of crime and violence in the community, and to improve environmental and social conditions, which lead to unemployment, lack of education and the potential of homelessness.

For example, one program is focused on reducing falls to seniors in their homes through inspection and installation of safety devices. Reducing falls keeps seniors out of the long-term care system and mentally and physically fit in their own homes.

Another example is the Community Empowerment Center, which is based in one of the Housing Authority sites in the Bayview-Hunter's Point area. The purpose of the center is to provide intervention and counseling services to young men at risk of violence, substance abuse and related problems. This relates to housing on a deep level as it prevents an unsafe environment around low-income households and addresses root causes of poverty.

Primary Care

Tom Waddell Health Center (TWHC)

While all of the health clinics in our system of care serve homeless individuals, Tom Waddell Health Center (TWHC) focuses on care for the homeless. TWHC provides quality comprehensive health and social services to medically indigent and homeless or marginally housed residents in the Tenderloin, South of Market, and Civic Center neighborhoods. Its purpose is to alleviate the suffering of homeless people, promote their self-sufficiency, advocate for their re-integration into society and work toward the ultimate elimination of homelessness.

In addition to services provided on site at its 50 Ivy St. location, TWHC works through a series of satellite clinics in locations where there are concentrations of homeless people including A Woman's Place, A Man's Place, Hamilton Family Center, South of Market Multi-Purpose Center, Episcopal Sanctuary, Next Door, Day Labor Program, CARECEN, 1001 Polk St. Respite Unit, McMillan Drop-In Center, Santa Marta Shelter, Golden Gate Family Residence, Family Team, Connecting Point, numerous SRO hotels (Canon Kip, Cambridge, Rose, Lyric, and Hamlin), and at citywide locations through its mobile van. Services include urgent care, primary care, wound clinic, respite, telephone advice, social services, mental health, community health, community outreach and ancillary services including dental services, nutrition, acupuncture, health education, peer support, volunteer services, InternServices/Residence Program, and social services. The clinic and its off-site locations provide nearly 90,000 encounters for approximately 14,000 patients per year.

Routine HIV Testing

TWHC, in conjunction with the AIDS Office, applied for a CDC grant to include making HIV testing a routine part of medical care. TWHC will be working with the HIV Prevention Section to plan and implement HIV testing into its primary and urgent care clinics. Given the high volume of clients at TWHC and the high prevalence of HIV among its patients, routine HIV screening will allow TWHC to identify currently unidentified patients with HIV.

Expanding HIV Outreach and Services

TWHC and the Tenderloin AIDS Resource Center (TARC) have applied for a CARE Title III grant to expand their existing HIV collaboration targeting Tenderloin residents of color who are homeless or marginally housed and living with HIV/AIDS. TWHC will provide the primary health care services in

collaboration with TARC's outreach, prevention, case management, and supportive health care efforts and linkages. Services will be available at the TARC site seven days a week and are located in the Tenderloin area and in the single room occupancy (SRO) hotels where large concentrations of impoverished HIV-positive persons live.

Disability Evaluation Assistance Program

The Disability Evaluation Assistance Program (DEAP) is an off-site program of TWHC. Located in a storefront at 234 Eddy St. in the Tenderloin district, DEAP works with the most underserved SSI/SSDI eligible clients and assists them in accessing and retaining federal disability benefits, social services, and medical care.

The target population for DEAP is adults who are homeless or at risk of homelessness, who have a physical and/or mental disability that has lasted or is expected to last 12 months, who are not engaged in substantial gainful activity (i.e., not earning more than \$780 per month), and who cannot negotiate the SSI/SSDI application process independently. Active substance abusers are not turned away.

DEAP holds a weekly drop-in clinic where initial assessments are made of clients applying to the program. DEAP develops all SSI/SSDI applications and delivers them to the SSA District Office. DEAP medical and psychological providers furnish consultative evaluations for clients who are not linked to primary medical and mental health care at the time of application. DEAP's success rate has consistently been 70 to 90 percent for Initial and Reconsideration claims.

In addition, DEAP staff provides training to other DPH staff and community-based organizations serving this population. These include an overview of the forms of benefits (SSI/SSDI, SDI, Worker's Comp, etc.), case management/advocacy training, medical provider training (how to complete the SSA evaluation forms



first person stories

JOSE, a 50 year-old man, was referred to DEAP by a Medical Social Worker at TWHC. Jose was experiencing many psychiatric symptoms of paranoia and was recently homeless due to the exacerbated symptoms. Jose reported that he left his job and his housing due to "feeling unsafe" and because "people were trying to get" to him. Jose was homeless and without any form of income and desperately needed assistance applying for SSI. In addition, Jose lacked any primary medical or mental health providers and needed assistance getting documentation for his SSI claim. DEAP staff earned Jose's trust so that he would follow through with services. This was extremely difficult given his acute state of paranoia.

Staff referred Jose for a psychological evaluation, which was completed by the DEAP psychologist. She diagnosed Schizophrenia, which had been previously undiagnosed. Staff worked on an SSI claim for Jose and won the case. Jose was awarded \$836 a month in SSI monies and is presently receiving Medi-Cal benefits.

Currently, Jose is housed and in mental health treatment at Mission Mental Health, receiving SSI, is currently taking psychiatric medications, and is experiencing relief from his debilitating psychiatric symptoms.

for medical disabilities), and psychiatric/psychological provider training (how to complete the mental health evaluation forms).

Tom Waddell Awards

TENDERLOIN AIDS RESOURCE CENTER (TARC) AWARD. TWHC received the 2002 Outstanding Community Organization Award on October 28, 2002 at the Great American Music Hall in recognition of outstanding work with homeless individuals. TARC cited the constant positive feedback about the care its clients receive at TWHC as well as the high regard in which TWHC and its providers are held, as reasons for the selection.

Central City Hospitality House honored TWHC along with Media Alliance and North of Market Services, with a 2003 TenderChamp Award. This award is given annually to individuals and organizations that have provided outstanding service to the many homeless and impoverished residents of San Francisco's Tenderloin area. The award was presented during the "Bowl for Change!" at Central City's 36th Anniversary Celebration on March 10, 2003 at the Presidio Bowling Center.

Women's Health Fair

TWHC sponsored a Women's Health Fair on November 21, 2002 for homeless and low-income women. This event, planned with a special emphasis on breast and cervical health, provided an excellent opportunity for patients to receive pap smears and to learn about local community resources. Event coordinators also made arrangements for mammogram screening, women's support groups and a variety of educational opportunities.

Tom Waddell Health Center Renovation

Phase one of TWHC renovation, completed in March 2003, involved complete remodeling of the existing triage, registration and waiting areas. Phase two included the renovation of the Dental Clinic site on the second floor. Conversion of the second floor bathroom to an ADA-compliant facility has also been completed. Installation of an ADA-compliant elevator and a fire safety system is scheduled to begin in January 2004.

Homeless Van Program at Southeast Health Center

For the past several years, staff from Southeast Health Center has gone out on the homeless van on Wednesday afternoons. This unique collaboration between several agencies provides a useful service to the homeless of the Bayview-

Hunters Point community. The van is owned by the San Francisco Community Consortium, which supplies both the van and the driver. Outreach workers are Americorps volunteers. The nurse and physician are Southeast Health Center staff who give up their administrative time to ride the van.

The team treats those medical problems it can, and makes referrals to other providers, such as SFGH, the ISIS Clinic, and the VA, when necessary. As needed, the team will make appointments for clients to see these other providers. It also works with the 911 system to facilitate the transport of acutely ill patients to the emergency department.

The philosophy of the team is to give people a positive medical experience and to build trust. When they are ready, they can be seen at Southeast Health Center for primary care. The program has been successful at getting people into substance abuse treatment, mental health services, and other programs, and has been able to assist people in applying for SSI and other benefits.

Dimensions Clinic: Health Services for Queer and Questioning Youth

Dimensions Clinic at Castro-Mission Health Center provides comprehensive health services to lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) youth. Approximately 35 percent of Dimensions' clients are homeless. Clients see Dimensions Clinic as a welcoming place where they finally can reveal themselves as they identify, their sexual orientation and their gender identification. Most have lived on the street at some point in their lives, sleeping in parks or in "squats" (abandoned buildings). They also stay with friends in overcrowded situations, in shelters, short-term transitional living programs, and/or with overnight dates. Most survive in the streets by trading sex for lodging, drugs, and/or money, and consequently are at high risk for HIV, Hepatitis C, and STDs. Many experience substance use and mental health problems. Transgender youth come into treatment often after years of self-treatment.

Dimensions outreach approach is based on a client-centered treatment philosophy: go physically where the client is, for as long as needed, build rapport and trust by meeting here-and-now survival needs when possible. This includes following a harm reduction approach in order to minimize the harm that comes from using addictive substances. If survival needs cannot be met, at a minimum street counseling and support is given and the health worker works with them on a survival plan that can be monitored from day to day. Suicide risk is always assessed, and the client is brought into psychiatric treatment when required.

Once a client engages in treatment at the Dimensions Clinic, an array of services is provided, from primary care to mental health and substance abuse treatment. Staffing includes physicians, nurses, medical assistants, health workers, a psychiatrist, social workers, and substance use and HIV counselors.

Dimensions' clients are also referred to three agencies that provide housing for LGBTQ youth: Larkin Street, Guerrero House, and Ark House.

Acute and Hospital Care

Laguna Honda Hospital

Laguna Honda continues to be the safety net provider for homeless San Franciscans in need of nursing facility care. A total of 132 (12.6%) Laguna Honda residents in FY 02-03 were homeless. In addition to serving homeless clients in its general patient population, Laguna Honda's Substance Abuse Treatment Services (SATS) program monitors approximately 125 residents at any given time, 90 percent of whom are homeless. SATS participants live in a stable, safe, and structured environment where alcohol and drug use is prohibited and where medical, psychiatric, and substance abuse services are available. At discharge, SATS staff places willing and motivated residents into community programs for ongoing treatment.

San Francisco General Hospital (SFGH)

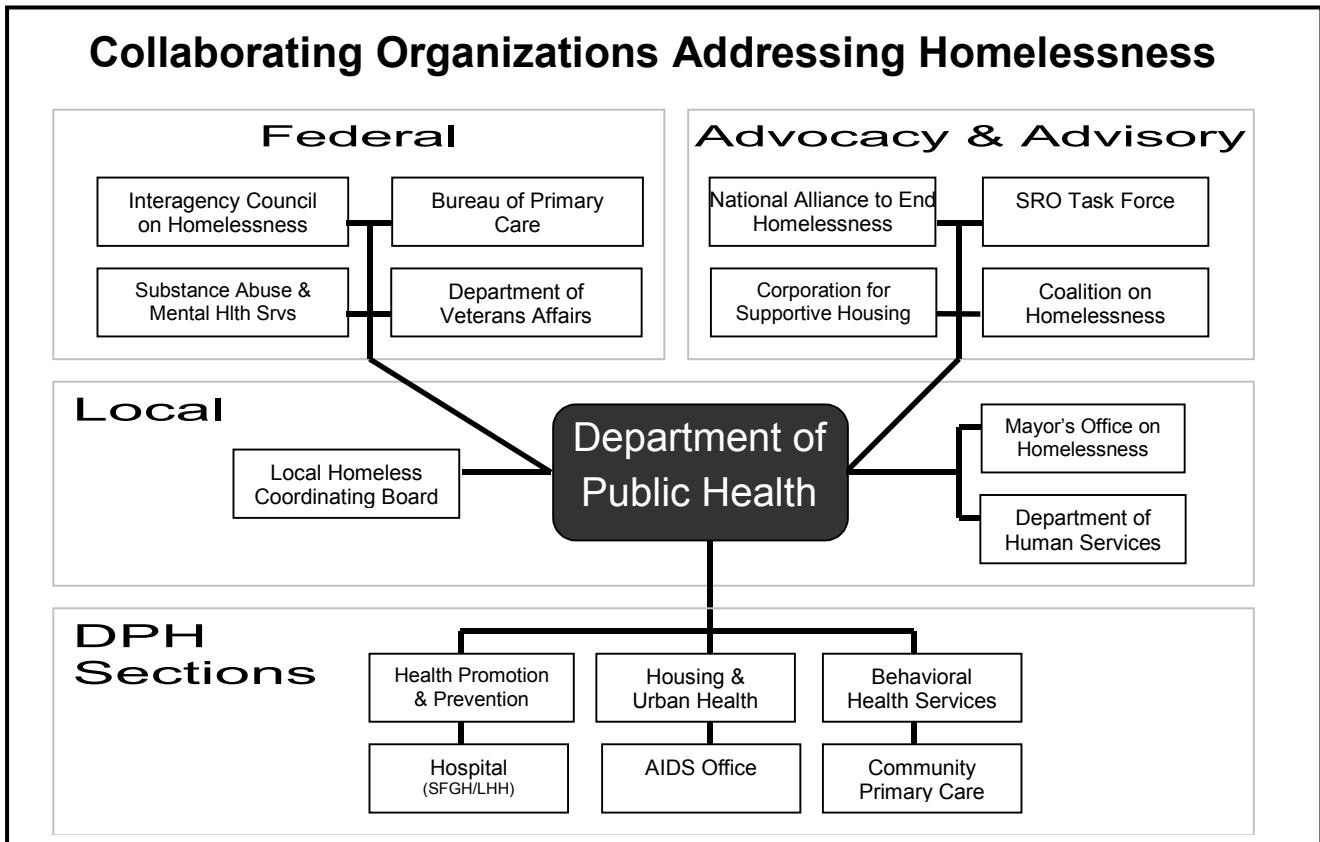
As the City's primary acute care safety net hospital, San Francisco General Hospital (SFGH) provides necessary hospital services to the City's homeless population. In FY 02-03, a total of 8,212 (8.7%) of SFGH patients were identified as homeless. In addition to treating homeless individuals as part of its regular patient population, SFGH offers a number of programs that treat populations that are exclusively or primarily homeless:

- Homeless/IVDU Case Management Follow Up – provides case management services to approximately 300 IV drug using clients annually after discharge from the SFGH inpatient care or the ISIS clinic.
- Tenderloin Outreach and Prevention Services (TOPS) – is a satellite of the tuberculosis (TB) clinic at SFGH designed to provide early detection and timely treatment of active TB, and preventive therapy for those with latent TB infection in the Tenderloin/South of Market areas.
- Emergency Department Psychiatric Case Management Program – is designed to decrease hospitalization and ED visits; decrease homelessness, substance abuse and alcohol use; improve quality of life; and get eligible patients into entitlements including Medi-Cal and SSI.
- Inpatient High Users Case Management Program – addresses the needs of frequently admitted patients (three admissions in the prior year), who have multiple chronic illnesses complicated by homelessness, substance abuse, and/or mental illness.
- ISIS Clinic – treats patient with soft tissue infections (abscesses or cellulitis) and includes patient education, access to methadone treatment,

- referral and linkage to other substance abuse treatment resources, on-site counseling, and social services.
- Trauma Recovery Program – assists victims of violent crime find safe housing and mental health services to decrease post-traumatic stress disorders. One-third of clients are homeless.
 - ED Social Service Program Expansion – offers extended hour social work services 20 hours per day (8:30 am to 3:00 am), seven days per week to respond to the needs of the homeless population who present in the ED after 5:00 pm looking for service and/or shelter, or who are brought in by the police.

Partnerships and Collaborations

To accomplish our goals, the Department must continue its long tradition of partnering with a wide range of organizations including all levels of government, local, state, and national advocacy groups, housing and service providers, and any and all allies interested in ending homelessness.



Federal Agencies

The Department has developed partnerships with the following federal funding agencies to support housing and homeless services:

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is the federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative substance abuse and mental health services. SAMHSA funding has supported the Treatment on Demand Planning Council, Homeless Addict Vocational and Educational Network (HAVEN), Methadone Van, integration of behavioral health services in supportive housing (refer to page 11), Action Point (refer to page 14), and several other projects.

Bureau of Primary Care

The Bureau of Primary Care provides Healthcare for the Homeless funding to the Department. This funding supports primary health care, substance abuse services, emergency care, mental health services, and outreach services to access difficult to reach homeless persons. Funding is also used for aid in establishing eligibility for entitlement programs and housing.

Interagency Council on Homelessness (ICH)

The ICH is responsible for providing Federal leadership for activities to assist homeless families and individuals. It is composed of representatives from SAMHSA, HRSA, VA and HUD. The Department's Housing & Urban Health (HUH) Section has a pending application for \$3.5 million to expand the Direct Access to Housing model. (refer to page 12)

Department of Veterans Affairs (VA)

The Department works with the VA to offer a wide array of special programs designed to help homeless veterans live as self-sufficiently and independently as possible. For example, the Swords to Plowshares program provides homeless veterans emergency shelter, mental health services, housing, job training and referrals, and free attorney representation.

Local Agencies

Local Homeless Coordinating Board

San Francisco's Local Homeless Coordinating Board (Local Board) is a 34-member body with membership of homeless advocates, formerly homeless persons, service providers, non-profit housing organizations, neighborhood residents, education and training, labor, business, foundations, and key City departments. DPH has a seat on the Local Board, filled by Anne Kronenberg, Deputy Director, who is serving in 2003 as Local Board Co-Chair and as Co-Chair of the Oversight and Steering Committees. The Local Board was formed in 1997 to oversee the integrated health, housing, employment, and social service system contained in the City's Continuum of Care plan. The Local Board meets monthly and is responsible for coordinating the City's homeless policy, McKinney (HUD) funding, and Continuum of Care implementation.

Department of Human Services

The San Francisco Department of Human Services (DHS) helps people who are disadvantaged or in crisis obtain the resources they need. DPH partners with

DHS by serving as first responders at SRO fires, coordinating homeless outreach and providing health services at DHS shelters and resources centers. (Refer to Proposition N, page xx for information on future projects between departments.)

Mayor's Office on Homelessness

The Mayor's Office on Homelessness is active in addressing housing and homeless services issues. DPH has worked with the Mayor's office to increase vocational training, supportive housing and welfare assistance programs, opening new shelter locations and beds, substance abuse services, and mental health programs. (refer to page 27)

Advocacy and Advisory Groups

National Alliance to End Homelessness

The National Alliance to End Homelessness (NAEH) is a nonprofit organization whose mission is to mobilize the nonprofit, public and private sectors of society in an alliance to end homelessness. The Department has played an active role in sharing best practices with NAEH.

Corporation for Supportive Housing

The Corporation for Supportive Housing (CHS) helps communities create permanent housing with services to prevent and end homelessness. CHS played a role in the development of Housing & Urban Health's Direct Access to Housing Model.

“Ending homelessness must be a job for the whole community. It requires partnerships between those who know the problems of homelessness and those who control the financial and human resources to improve housing availability, generate more income for the poorest people, and provide services to stabilize lives thrown into crisis. Partnerships like these can meet the urgent need for affordable housing and support services for people with low incomes and those living with HIV/AIDS, addictions, mental illness, and other disabilities. They can help the thousands of people who become homeless every day stay housed instead, and move people who are already homeless back into stable housing faster than ever. “

– National Alliance to End Homelessness

Coalition on Homelessness

The Coalition on Homelessness (COH) brings together poor people to participate on both the design and critique of public policy and non-profit services. The Department meets regularly with representatives from COH to solicit their ideas for shaping and formulating programs and public policy.

Single Room Occupancy Hotel Safety and Stabilization Task Force

The mission of the Single Room Occupancy Hotel Safety and Stabilization Task Force (SRO Task Force) is to monitor, develop, and present recommendations to the Mayor and Board of Supervisors regarding policies and procedures concerning fire prevention and mitigation, investigation and prosecution of SRO

violators, and stabilization of SRO tenants and residents. Comprised of advocates, SRO owners and residents, service providers, community-based organizations, and relevant City departments, the SRO Task Force has been meeting monthly since early 2000. Anne Kronenberg, Deputy Director of the Department serves as the Chair of the Task Force.

Per the implementing legislation (868-99), the Task Force is task to address five major areas of concern:

1. Emergency Response and Follow-up;
2. Fire Mitigation Programs;
3. Structural Rehabilitation of Fire Damaged SRO Hotels;
4. Long-term Tenant Stabilization; and
5. Investigation and Prosecution of Tenant Rights Abuses, Building Code, and Fire Safety Violations.

During the past year, the SRO Task Force has seen a number of successes including implementing the Visitor Policy, developing outreach and education in the SRO hotels, compiling and maintaining a hotel list to refer fire survivors, passing the Sprinkler Ordinance, prosecuting “musical rooms” violations, formalizing the voucher policy, tracking of displaced tenants, responding to the Baldwin House fire, improving efforts to reach and serve families living in SROs, securing funding for the SRO Collaboratives, and working with independent hotel owners and operators.

Emerging Issues

Proposition N/“Care Not Cash”

In November 2002, San Francisco voters approved Proposition N, the “Care Not Cash” initiative by 59 percent to 41 percent. Sponsored by Supervisor Gavin Newsom, Proposition N directed the Department of Human Services (DHS) to replace the monthly cash grant (\$320 to \$395 per month) provided to homeless individuals on the County Adult Assistance Program (CAAP), San Francisco’s General Assistance Program, with housing/shelter, food, and \$59. Funds from the General Fund appropriation for aid payments (\$13.9 million per year) would be redirected to services. If DHS could not provide the housing/shelter and food to an individual, that client would receive his or her full cash grant.

Only homeless individual CAAP clients were covered under Proposition N. Families and housed clients were not affected. Furthermore clients who moved from homeless to housed would have their full cash grant reinstated once housed. Of a caseload of approximately 8,800 CAAP clients, about 2,900 declare themselves to be homeless residents of San Francisco.

In addition, Proposition N established an annual baseline budget for services and aid payments to homeless individuals based on the amount appropriated for FY 2002-03. This appropriation, approximately \$14 million, would not be affected by future decreases in the CAAP homeless caseload, the net effect of which would be to create more funds available for services.

Proposition N was scheduled to be operational by July 1, 2003. In planning for implementation, DHS worked to have in place an identification system to ensure accountability of services provided to homeless CAAP clients and other shelter residents, a redesigned shelter system with an automated bed reservation system (both provided through the CHANGES Homeless Management Information System - see below), and an expanded Master Lease SRO hotel program designed to expand the stock of affordable permanent housing. Shelter residents were to begin enrolling in the system beginning in late spring 2003 with all new homeless CAAP applicants to be enrolled in the system beginning July 1, 2003. A phase-in of current homeless CAAP recipients would commence at that time.

On May 8, 2003, Judge Ronald Quidachay of the San Francisco Superior Court issued a stay in the implementation of Proposition N on the grounds that only the Board of Supervisors, not the voters of a county have the authority to set standards for General Assistance. While DHS has filed an appeal, “Real Housing, Real Care” legislation introduced by Supervisor Chris Daly has passed the Board of Supervisors and been signed by the Mayor, which will impact the

Personal Assisted Employment Services (PAES), Supplemental Security Income Pending (SSIP), and Cash Assistance Linked to Medi-Cal (CALM) programs. Supervisor Gavin Newsom's "Care Not Cash" legislation has been continued by the Board until September 16, 2003.

Regardless of the outcome, DPH has already begun to work with DHS on some of the service expansions planned under both of these pieces of legislation. DPH has entered into a workorder with DHS to expand detox, residential treatment, and methadone slots, and to provide medical and behavioral health services through roving teams at the DHS master lease hotel sites. DHS will be workordering an annualized total of between \$1.3 million and \$2 million to Community Behavior Health Services for the expanded substance abuse services and \$440,000 to Housing & Urban Health for the roving teams.

A summary of all City and County of San Francisco legislation affecting the homeless population is attached as Appendix F, page 48.

CHANGES Homeless Management Information System

In October 2002, the Mayor's Office on Homelessness (MOOH) and the Department of Telecommunications and Information Services (DTIS) launched a prototype of the *Coordinated Homeless Assessment of Needs and Guidance through Effective Services* (CHANGES) homeless management information system (HMIS). Designed to enhance the effectiveness and efficiency of homeless services, facilitate inter-agency collaboration, and gather better data to evaluate the effectiveness of programs, the prototype CHANGES system was launched in five locations including two shelters (MSC and Providence), two resource centers (Bayview Hope and South Beach), and one transportation provider (Mobile Assistance Patrol).

In January 2003, the pilot was launched with a new software system designed to provide improved functionality. Two additional sites were added. As of August 20, 2003, CHANGES is operational in the entire single adult shelter system for bed reservations. Currently 19 sites are up and running including the four resource centers, 14 shelters, and SFGH.

CHANGES will meet the U.S. Department of Housing and Urban Development (HUD) mandate for a database-driven system of tracking homeless clients by 2004. When fully operational by the end of 2003, CHANGES will link 25 providers across the City with confidential, HIPAA-compliant data that will support intake, bed reservations, referrals, and case management in order to streamline services for clients while providing City agencies with data on resource allocation, effectiveness, and efficiency. System management is being handled by both MOOH and DHS.

Ten-Year Plan to End Homelessness

In 2000, the National Alliance to End Homelessness (NAEH) called upon communities to take a series of four steps to end homelessness within the next ten years. The four steps include:

Planning for Outcomes: According to NAEH, most communities continue to plan to manage homelessness rather than to end it. NAEH claims most localities could help homeless people much more effectively by changing the mix of assistance they provide. A first step to accomplish this is to collect better data at the local level. In part, this is what the CHANGES system is designed to accomplish. A second step is to create a planning process focused on the outcome of ending homelessness, which includes not just homeless service providers, but also mainstream agencies whose clients are homeless.

Closing the Front Door: Everyday, the homeless assistance system ends homelessness for thousands of people. Others however, quickly replace them. People who become homeless are almost always current clients of public systems of care and assistance, such as mental health, public health, welfare, veterans' services, criminal justice, and child protective services. The more effective the homeless assistance system in caring for these people, the less incentive for other systems to care for the most troubled clients, and the more incentive to shift them to the homeless assistance system. NAEH recommends reversing the incentives, as an investment in prevention promises to save money downstream in expensive remedial care.

Opening the Back Door: Despite the shortage of affordable housing, most people who become homeless exit homelessness relatively quickly. A much smaller group spends more time in the system, the majority of whom are chronically homeless. These chronically homeless individuals are the heavy users of shelters, hospitals, jails, and other institutions, and generate the highest costs. NAEH recommends helping people exit homelessness as quickly as possible through a "housing first approach." For the chronically homeless, this means permanent supportive housing, including an increased emphasis on case management, a solution that will save money as it reduces the use of costlier, resource intensive services.

Building the Infrastructure: While systems can be changed to prevent homelessness and shorten the experience of homelessness, ultimately people will continue to be threatened with instability until the supply of affordable housing is adequate, incomes of the poor are sufficient to pay for basic necessities, and disadvantaged people can receive the services they need. Attempts to change the homeless assistance system must take place within the context of larger efforts to help the very poor.

A number of communities and states have adopted plans to end homelessness within ten years based on the NAEH guidelines including Atlanta, Columbus, Indianapolis, Montgomery County, MD, Georgia, and Rhode Island. Others, such as Los Angeles and Chicago are at work on their ten-year plans. San Francisco is currently considering how best to develop its ten-year plan.

Recommendations

The following recommendations reflect the Department's on-going policy and program priorities for housing and homeless services.

1. Expand housing options as a health care intervention for all people living with homelessness.
2. Expand services tailored for people living with homelessness, substance abuse, mental illness and chronic medical conditions. In addition tailor services to assist in moving people from institutional to community settings.
3. Work with DHS to assist in expanding health care (medical and behavioral health services) to formerly homeless people housed in DHS master-lease programs and to homeless people living on the streets and in shelters.
4. Expand primary care for homeless people so that all people living with homelessness have access to primary care and behavioral health services.
5. Continue to research and generate revenue from mainstream revenue sources and aggressively go after grant opportunities.
6. Continue to integrate and connect sections within DPH to more effectively marshal our resources.
7. Maintain and expand connections to state and federal advocacy organizations.

Appendix A: Linkages to the Department's Strategic Plan

The Department's Strategic Plan is designed to help the Department better fulfill its mission to "protect and promote the health of all San Franciscans." Since its adoption by the Commission in December 2000, all Sections have been asked to evaluate their programs against the strategies laid out in the Strategic Plan. This has included homeless and housing programs.

Homeless and housing programs further all four of the Department's strategic goals by meeting the following DPH strategies:

Goal 1 – San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations.

- Strategy 1.1 – Focus population-based public health services on the entire community and personal health care services on target populations.

Target populations of the Department specifically include uninsured (working and non-working), indigent, and under-insured; low-income and impoverished; and homeless. Other vulnerable populations within the Department's target population, many of whom are homeless or at risk for homelessness, include children and youth, low-income families with children, low-income racial and ethnic minority persons, mentally ill, multiply-diagnosed, people with chronic disease, and substance abusers. Homeless and housing programs all target extremely low-income, impoverished, and homeless individuals and families, many of whom are struggling with one or more disability and/or untreated medical conditions.

Goal 2 – Disease and injury are prevented.

- Strategy 2.2 – Strengthen primary prevention activities of the Department.

Many of the Department's services within the Continuum of Care, particularly those included under "Prevention" focus specifically on primary prevention, intended to prevent homelessness or prevent the effects of it. Additionally, stable housing with on-site services helps people avoid and/or manage disease as well as prevent injuries that occur from living on the streets or in other unsuitable locations.

- Strategy 2.3 – Address the social and economic determinants of health status.

DPH housing and homeless programs specifically address such issues as wages, childcare, housing, the social safety net, transportation, and education, all of which have known effects on health status.

Goal 3 – Services, programs, and facilities are cost-effective and resources are maximized.

- Strategy 3.2 – Continue to adopt a financial strategy that enhances revenue and reduces expenditures to ensure that the overall public health system operates cost-effectively.

Many of the programs for the homeless were developed and are designed specifically to provide appropriate preventive and ambulatory care in order to avoid high-cost, resource-intensive hospitalizations, emergency department visits, and psychiatric interventions. Several programs aim to enroll eligible individuals into a payer source program, such as Medi-Cal.

Supportive housing provides alternatives to costly institutional care. Resources invested in community-based housing models reduce utilization of costly services provided in jails, hospitals, and other institutions.

Goal 4 – Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services.

- Strategy 4.3 – Explore opportunities to partner with other providers and the community on common health issues.

Homeless and housing programs maintain extensive partnerships with community-based providers, housing and healthcare advocates, and policy makers to increase the availability of appropriate housing and services. Additionally, programs partner with other units within the Department, with other City departments, and with community-based organizations to provide the services currently offered.

Appendix B: Harm Reduction Policy

Policy Number	101
Policy Title	Harm Reduction Policy
Corresponding Health Commission Resolution	Resolution #10-00, adopted September 5, 2000
Review Dates	At a minimum, every year
Oversight	Director of Health
Authors	Harm Reduction Policy Committee Members and DPH Staff
Sections Affected	All Department of Public Health providers, including contractors, who deliver substance abuse, mental health, STD, and HIV/AIDS treatment and prevention services, and/or who serve drug and alcohol users in their programs.
Purpose of Policy	To promote healthy behavior and decrease the short and long term adverse consequences of risk practices, even for those who continue unsafe practices.
Definition	Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals, their family and community. Harm reduction methods and treatment goals are free of judgement or blame and directly involve the client in setting their own goals.
Guiding Principles	
<ul style="list-style-type: none"> ▪ Clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination. ▪ Service providers are responsible to the wider community for delivering interventions which attempt to reduce the economic, social and physical consequences of drug and alcohol related harm and harms associated with other behaviors or practices that put individuals at risk. ▪ Because those engaged in unsafe health practices are often difficult to reach through traditional service venues, the service continuum must seek creative opportunities and develop new strategies to engage, motivate, and intervene with potential clients. ▪ Comprehensive treatments need to include strategies that reduce harm for those clients who are unable or unwilling to modify their unsafe behavior. ▪ Relapse or periods of return to unsafe health practices should not be equated with or conceptualized as “failure of treatment”. ▪ Each program within a system of comprehensive services can be strengthened by working collaboratively with other programs in the system. ▪ People change in incremental ways and must be offered a range of treatment outcomes in a continuum of care from reducing unsafe practices to abstaining from dangerous behavior. 	

Policy & Procedures

101.01	
<i>Policy</i>	<i>Procedure</i>
Services are consistent with the harm reduction philosophy.	<ol style="list-style-type: none"> 1. Provider language shall <u>not</u> reflect bias toward personal behaviors, experiences, ethnicity, sexual orientation, or personal choices. 2. Service goals shall be determined through collaboration between the client, the staff, and the program, establishing realistic measurements of success. 3. Success shall be measured comprehensively to include incremental improvement in housing, physical and mental health, finance, employment and family and social support system. 4. Providers shall include strategies that reduce the harm for those clients who are unwilling or unable to stop unsafe health practices. 5. Providers shall recognize relapse, or a return to unsafe practices as part of the recovery process, not as a “failure of treatment.”
101.02	
<i>Policy</i>	<i>Procedure</i>
Access to services is allowed for clients who are unable or unwilling to abstain from unsafe practices.	<ol style="list-style-type: none"> a. Providers shall <u>not</u> deny services to individuals for exhibiting behaviors for which they seek help. b. Providers shall modify the intervention such that it benefits the client. In general, the provider shall acknowledge and address the client's unsafe practice as well as how it relates to the client's treatment goals and goals for that session in particular. In the event that a client is so impaired and/or uncooperative, the provider shall refer the client to a safe venue or ask that he/she return when less impaired. c. Providers shall expand service options within existing programs or collaborate with other service agencies to be able to respond to clients and their special needs. d. Providers shall make a reasonable attempt, within the context of their programs, to follow-up with clients who demonstrate an inability or unwillingness to participate in treatment; and, prior to discharge, make a reasonable attempt to find additional or alternative treatment.
Access to services is allowed for clients who take prescribed medications.	<ol style="list-style-type: none"> a. Clients shall not be denied access to, restricted from participation in, or terminated from services on the basis of their use of prescribed medications.¹ b. Programs shall broaden their treatment philosophies in order to provide quality, comprehensive care and coordinate care with other health care service providers.

¹ Medications include but are not limited to, methadone, LAAM, buprenorphine, antidepressants, and psychotropics.

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101.03 Performance Indicators and Monitoring	
Policy	Procedure
Performance measures are established to assure implementation, compliance, and continuous improvement.	To be determined

Authorizations			
Divisions	Signature	Adoption Date	Effective Date
Community Health and Safety Programs	Mitchell H. Katz, M.D., Director of Health		
Community Programs	Barbara A. Garcia, Director	April 18, 2002	July 1, 2003
San Francisco General Hospital	Gene O'Connell, C.E.O.		
AIDS Office	James Loyce, Director		
Laguna Honda Hospital	Larry Funk, Director		

References

The Process of Integrating Harm Reduction and Traditional Substance Abuse Services, The Journal of Psychoactive Drugs, Volume 33 (1), Haight Ashbury Publications, January - March 2001.

San Francisco Department of Public Health, Community Mental Health Services and Community Substance Abuse Services, Policy and Procedure "Access to Services for Individuals with Dual Disorders of Substance Abuse and Mental Illness" issued February 5, 1999.



Established in 1998, the San Francisco Department of Public Health's (SFDPH) Direct Access to Housing (DAH) program provides *permanent housing* with on-site *supportive services* for approximately 400 formerly homeless adults, most of whom have concurrent mental health, substance use, and chronic medical conditions.

SFDPH, with a budget of over \$1 Billion annually, operates a large public hospital, the largest publicly funded skilled nursing facility in the country (1,200 beds), 26 primary care and mental health clinics, and contracts for a broad array of services through community-based providers. Finding appropriate housing for individuals who have few family or community connections is a major challenge for staff of these public or community-based organizations. Without access to a stable residential environment, the trajectory for chronically homeless individuals is invariably up the "acuity ladder" causing further damage and isolation to the individual and driving health care costs through the roof.

The DAH program was developed in an attempt to reverse this trajectory through the provision of supportive housing directly targeted toward "high-utilizers" of public health system. DAH is a "low threshold" program that accepts single adults into permanent housing directly from the streets, shelter, acute hospital or long-term care facilities. Residents are accepted into the program with active substance abuse disorders, serious mental health conditions, and/or complex medical problems.

I. Permanent Housing

Currently, the DAH program provides 360 units of permanent supportive housing in five Single Room Occupancy (SRO) residential hotels and an additional 33 units in a licensed residential care facility ("board and care"). The RCF is designed to house individuals with chronic medical problems who have spent most of their adult lives in locked psychiatric institutions. The six DAH buildings range in size from 33 to 92 units. The majority of the units have private baths and shared cooking facilities. At the residential care facility, three meals per day are prepared for the residents.

SFDPH acquires sites for the DAH program through a practice known as "master leasing". The main benefits of this approach include the ability to rapidly bring units on-line and the reliance on private capital for the upfront renovation costs. In addition, the renovated buildings combined with on-site services stabilize properties that have often been problematic for the surrounding neighborhood.

The key components of SFDPH's strategy include:

1. Identifying privately-owned buildings that are vacant or nearly vacant where the building's owners are interested in entering into a long-term lease with SFDPH. These are triple net leases with the owner retaining responsibility only for large capital improvements.
2. Negotiating improvements to the residential and common areas of the building prior to executing the lease. It is the owner's responsibility to deliver the building with improvements completed and in compliance with all health and safety codes. Improvements typically include build-out of supportive service and property management offices, community meeting rooms, community kitchens, and additional bathrooms. All rooms are fully furnished prior to occupancy.
3. SFDPH contracts with one or more organizations to provide on-site support services and property management. Most buildings include a collaborative of two or more entities.

II. Supportive Services

All six sites have between three and five on-site case managers as well as a site director. Most of the case managers are bachelors level social workers though some are formerly homeless peer advocates and some have advanced social work degrees. Site directors are generally masters level, licensed social workers or registered nurses. Case managers assist residents to access and maintain benefits, provide one-on-one substance use, mental health, life skills and family counseling, assist in accessing medical and behavioral health (mental illness and substance abuse) treatment, assist with accessing food and clothes and interface with property management to assist in preventing eviction.

All six sites also have access to a roving behavioral health (BH) team made up of three BH specialists. The BH team is available to residents for scheduled one-on-one counseling and groups and can be available five days a

week for rapid intervention and placement of residents in off-site mental health and/or substance use residential treatment. The primary goal of the BH team is to prevent eviction resulting from exacerbation of mental health and substance use disorders. The residential slots are "pre-paid" to circumvent the usual queuing necessary to access these services. While in residential treatment, a resident's permanent room is held for them for the duration of the treatment. BH counselors follow patients while in residential treatment and assist in reintegrating them back into the community after treatment.

All sites have access to some medical care. Most residents have primary care providers at one of the public health clinics. At the RCF, there is around the clock nursing services. One residential hotel has five-day-a-week nursing services, three-day-a-week urgent care medical services provided by an on-site nurse practitioner and a full time on-site licensed social worker. The two sites with nurses can offer residents directly observed therapy for psychiatric and HIV medications, as well as other medications, five days a week. The other sites have access to an on-call nurse practitioner for urgent care home visits. At all sites, staff meet monthly with the medical director for the DAH program to assist with medical treatment plans and to strategize on how to access appropriate medical and psychiatric care in the community.

III. Eligibility and Referral

Residents are specifically recruited into the DAH program if they are high users of the public health system and have on-going substance abuse, mental illness and/or medical problems. Residents do not need to be recipients of SSI or general assistance. Building staff work to "screen in" prospective tenant rather than looking for reasons to deny housing. People with a history of a felony conviction (including child sexual abuse or endangerment), fire starting, drug and alcohol use or undocumented status are not restricted from access to a DAH facility. Many of the individuals housed in the DAH program have been unable or unwilling to maintain permanent housing for any extended period of time in their adult lives. Persons who are gravely disabled and/or have a skilled nursing need are not able to be accommodated in DAH housing. DAH works with specific

“access points” that provide care to chronically homeless people. These referral points include street outreach teams, emergency shelters, high-utilizer case management teams, primary care clinics, and institutional settings. Each unit in the DAH buildings is “attached” to specific referral point. As new buildings come on line, the building’s units are assigned to specific agencies depending on funding source for the building and the needs of the public health system at the time of rent-up. For example, the first DAH facilities were designed to house people directly from the streets and therefore a large percentage of the units are controlled by agencies such as Healthcare for the Homeless and other outreach teams that serve people who are street based or staying in emergency shelters. For the residential care facility, residents are referred from the city-run locked psychiatric rehabilitation facility, the public skilled nursing facility, and the acute psychiatric ward at San Francisco General Hospital.

IV. Practicing Low-Threshold Supportive Housing

All residents in the DAH facilities have tenant rights and all services offered to residents are voluntary. On-site support service staff actively engage residents and attempt to assist individuals in making choices that reduce their physical, psychiatric or social harm. Over time, as residents develop trust in the on-site staff, the resident is able to work with the staff to develop and adhere to an individualized treatment plan. For residents that are unable or unwilling to accept offered services and/or to reduce harmful behavior, staff continue to regularly engage residents in dialogue and continue to offer services. A considerable amount of staff meeting time and supervision is spent supporting staff to maintain empathy and engagement with residents despite some resident’s poor choices and outcomes. One rule that support staff try to adhere to is that if the staff is working harder for a resident’s health than the resident is working for him or herself, it is a good opportunity to step back and reassess.

V. Financial Information

Funding for the DAH program comes predominantly from the city general fund. Other

revenue sources for the project include state money targeted toward homeless mentally ill persons, Ryan White Care Funds, SAMHSA, and reimbursement through the Federally Qualified Health Center system for a portion of the medical and mental health related expenses. Approximately 80% of DAH residents receive SSI and Medi-Cal (California’s Medicaid system) benefits. The buildings also receive revenue from tenant rent. Residents pay fifty percent of their income towards rent not exceeding a ceiling of \$745/month. To date, no resident has paid more than \$400/month towards rent. Total cost to provide permanent housing and support services in DAH buildings (excluding the one licensed residential care facility) is approximately \$1,200 per month per resident. The average rent received from residents is \$300 per month therefore requiring a \$900 per month subsidy from governmental sources.

VI. Outcomes

The main goal of the DAH program is to provide housing to a group of people that have rarely, if ever, maintained stable housing as adults. Since opening the first DAH site in 1998, over two-thirds of the residents have remained housed in the DAH program. Of the people who have left the facility approximately one-third have left to market rate housing (some with Section 8 vouchers), to other supportive housing or to housing with family or friends. Fifteen percent of move-outs have been to higher level facilities such as skilled nursing facilities, acute hospital or residential care facilities. Mortality has been high in the DAH residents as would be expected among a cohort selected because they have advanced medical conditions. Approximately 3% of residents die each year with 11% of residents having died since the program began. Overtime, approximately 8% of all residents are evicted. Evictions usually result from repeated non-payment of rent (despite money management), violence or threats to staff or residents or destruction of property.

As the DAH program is a program of the health department, an important outcome measure is health care utilization before and after placement in the program. Overall, DAH

residents used a considerable amount of health care services prior to entering the DAH facility. Each DAH resident averaged 10 visits to outpatient medical services in the year prior to placement in the facility. After placement, there was little change in outpatient visits in part because on-site case managers encourage residents to maintain primary care appointments. On the other hand, emergency department use was reduced significantly after housing. Approximately three-quarters of the residents went to the ED at least once in the two years prior to entering the DAH facility. In the two years after placement in the DAH facility, less than half of the DAH residents went to the ED. Similarly, approximately one third of the DAH residents were hospitalized for medical conditions in the two years prior to placement and less than one-quarter were hospitalized in the two years after placement.

Exacerbations of psychiatric illness resulting in visits to the psychiatric emergency department or resulting in inpatient stays in a psychiatric facility were rare among residents. However, utilization of psychiatric emergency department and inpatient psychiatric episodes changed little after placement. Fifteen percent of the residents visited the psychiatric emergency department in the two years prior to placement and twelve percent visited the psychiatric emergency department in the two years after placement. Eight percent of the residents were admitted to the acute psychiatric hospital in the two years before and after entering the program. While the percent of residents who had inpatient psychiatric hospitalizations did not change after placement in the DAH facility, the number of days per hospitalization did decrease significantly after placement. This is not surprising as discharge from psychiatric hospitalization is often delayed due to lack of available housing, a problem overcome by holding a resident's permanent housing unit during a period of acute exacerbation of their mental illness.

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Appendix D: DAH Buildings, Units and Referring Agencies

The Department of Public Health - Housing and Urban Health Section has opened up six Direct Access to Housing (DAH) Programs with 393 units/beds since 1999. Five of these buildings are SRO buildings where people live independently in their own units, but have support services on site as well as 24 hour desk clerks. The sixth building, the Broderick, is a Residential Care Facility, with a higher level of support on site and shared rooms.

Buildings and Units

Pacific Bay Inn (1999)	75
Windsor (1999)	92
Le Nain (2000)	86
Broderick Street Residential Care Facility (2001)	33
Star (2003)	54
Camelot (2003)	53
Total	393

Pacific Bay Inn (GF; in the first three years also Hilton Grant)

Access Point	Units Allocation
Baker Places, Inc.	10
SFGH	9
DHS – Street Outreach Team	3
Dolores Street Com. Service	4
Tom Wadell Homeless DPP	3
Episcopal Community Services	10
CATS/A Man’s Place	4
MOST Team	3
MSC South	4
THC-PAES	25
Total	75

Windsor Hotel (GF; in the first three years also Hilton Grant)

Access Point	Unit Allocation
TWHC	13
SFGH Psych & HIV	10
CHN/SFGH Medical	8
Westside ACT/MOST	7
Tenderloin Housing Clinic	31
Laguna Honda Hospital	7
Respite	16
Total	92

Le Nain Hotel (GF)

Access Point	Unit Allocation
DPH	41
DHS – Street Outreach Team	11
Episcopal Comm. Services	30
Public Guardian	4
Total	86

Broderick Street Residential Care Facility (GF)

Access Point	Unit Allocation
Laguna Honda	12
MHRF/CMHS	16
SFGH	5
Total	33

Star Hotel (GF, AB2034, CARE Title I)

Access Point	Unit Allocation
DPH – HUH*	2
MHRF	8
Most Team (AB 2034)	25
Baker Places	2
HIV/AIDS Service Providers**	17
Total	54

Camelot Hotel (GF, AB2034, CARE Title I)

Access Point	Unit Allocation
DPH – HUH*	1
Most Team (AB 2034)	30
Baker Places***	6 (plus 1**)
HIV/AIDS Providers**	16
Total	53

* DPH-HUH fills these units based on highest need.

The HIV Providers who have units allocated at the Star/Camelot are: Mission Health Center, Glide, Tenderloin AIDS Resource Center, Ward 86, Catholic Charities, Forensic AIDS Project, Castro Mission Health Center, Tom Waddell Health Center, API Wellness Center, St. Mary’s HIV Clinic, Haight Ashbury Free Clinic, Lyon Martin Women’s Health Clinic, Baker Places (see below*), TLC-Continuum, SF AIDS Foundation, Black Coalition on AIDS. Originally, each provider was allocated 2 units; except Baker Places, who was allocated one HIV unit. Agencies unable to submit applications loose those units for the time being to be filled via DPH-HUH with the same target population.

***Baker Places has an additional unit as an HIV/AIDS Provider, which is earmarked for a Baker client living w/HIV.

Appendix E: DAH 2002-03 Contracts

	Agency	Program	Level of Care	Target Population	Contract Amounts
1	Ark of Refuge, Inc.	Restoration House	Trans'l S.A.	Women w/HIV	\$ 272,123.00
2	Ark of Refuge, Inc.	The Ark House	Trans'l Hsg.	LGBTQQ Young Adults	\$ 636,208.00
3	Baker Places, Inc. ¹	Star	Supp.Hsg	Homeless w/specialneeds, incl.HIV	\$ 285,740.00
4	Baker Places, Inc. ¹	Camelot	Supp.Hsg	See Above	\$ 285,740.00
5	Baker Places, Inc. ²	I. Ferguson Place (Tx)	Trans'l S.A.	HIV	\$ 487,074.00
6	Baker Places, Inc. ¹	II. Supportive Living Program	Case Mgmt.	HIV	\$ 1,088,578.00
7	Baker Places, Inc. ¹	III. Residential Subsidies	Hsg.	HIV	\$ 81,001.00
8	Baker Places, Inc.	Integrated Services Network -HHISN	supp.hsg	Homeless	\$ 519,186.00
9	Baker Places, Inc.	ISN - San Christina/Senator	supp.hsg	Homeless	\$ 28,173.00
10	Baker Places, Inc.	Kean Hotel	Em.Hsg./C.M.	Homeless	\$ 74,235.00
11	Baker Places, Inc. ³	Emergency Hotels-SFGH Medical and Psych./CRT	Rent Paymt. Only	Homeless	\$ 285,516.00
12	Baker Places, Inc.	Emergency Hotels-AIDS Emergency Housing	Rent Paymt. Only	Homeless	\$ 168,563.00
13	Baker Places, Inc.	Emergency Hotels for AB 2034	Rent Paymt. Only	Homeless	\$ 83,492.00
14	Baker Places, Inc.	Emergency Hotels for Prop 36	Rent Paymt. Only	Homeless	\$ 318,853.00
15	Baker Places, Inc.	Emergency Hotels for forensic AIDS	Rent Paymt. Only	Homeless	\$ 1,800.00
16	Baker Places, Inc.	Emergency Hotels Dept of Psychiatry*	Rent Paymt. Only	Homeless	\$ 159,000.00
17	Baker Places, Inc.	Emergency Hotels for ED High End Used Program	Rent Paymt. Only	Homeless	\$ 68,135.00
18	Black Coalition on AIDS	Rafiki Case Mgmt. Progr.	C.M.	HIV	\$ 75,942.00
19	Black Coalition on AIDS	Brandy Moore Transitional Program	Trans'l Hsg.	HIV	\$ 294,260.00
20	Caduceus Outreach Services	(COR)	C.M.	Homeless	\$ 98,901.00
21	Catholic Charities	Rita da Cascia	C.M.	HIV	\$ 68,266.00
22	Catholic Charities	Derek Silva Community	Supp.Hsg	HIV	\$ 741,350.00
23	Catholic Charities	Asstd Hsng Prog (PRS)	Hsg.	HIV	\$ 549,529.00

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24	Catholic Charities	Peter Claver Community	RCFCI	AIDS	\$ 431,729.00
25	Chinatown Community Development Corporation	Chinatown SRO Collaborative	COOP/C.M.	Chinatown SRO tenants	\$ 250,000.00
26	Chinatown Community Development Corporation	SRO Families Collaborative	COOP/C.M.	SRO Families	\$ 50,000.00
27	Conard House	Jordan Apartments	supp.hsg.	homeless/MH	\$ 125,000.00
28	Episcopal Community Services	Rose Hotel	supp.hsg.	Homeless	\$ 121,669.00
29	Episcopal Community Services	Canon-Kip Community House	supp.hsg.	Homeless	\$ 101,626.00
30	Episcopal Community Services	Pacific Bay Inn	supp.hsg.	Homeless	\$ 956,781.00
31	Episcopal Community Services	Le Nain	supp.hsg.	Homeless	\$ 223,000.00
32	Institute for Comm. Hlth. Outreach (ICHO)	Action Point II Project; Bayview Hunters Point	COOP/C.M./Med.Adherence	HIV	\$ 100,254.00
33	John Stewart Company	Windsor Hotel	Prop.Mgmt.in Supp.Hsg.	Homeless	\$ 177,240.00
34	John Stewart Company	Camelot Hotel: (\$126,062)	Prop.Mgmt.in Supp.Hsg.	Homeless	\$ 127,323.00
35	John Stewart Company	Star Hotel (\$129,521)	Prop.Mgmt.in Supp.Hsg.	Homeless	\$ 130,816.00
36	John Stewart Company	Le Nain	Prop.Mgmt.in Supp.Hsg.	Homeless over 55 y.o.	\$ 149,791.00
37	Larkin Street Youth Center	Comprehensive Housing For Youth	Hsg.	HIV	\$ 553,890.00
38	Larkin Street Youth Center	Case Management for Youth	CM in Hsg.	HIV	\$ 65,508.00
39	Larkin Street Youth Center	Attendant Care Services for Youth with HIV	Home Health Care	AIDS	\$ 23,995.00
40	Lutheran Social Services	Rent Subs & Supp. Svcs	Hsg.	HIV	\$ 35,683.00
41	Lutheran Social Services	Hazel Betsey	supp.hsg.	Women w/HIV	\$ 111,253.00
42	Lutheran Social Services	De Paul House	tran'l hsg.	Women Survivors of DV w/Children	\$ 132,966.00
43	Mission Housing Dev. Corp.	Mission SRO Coll.	COOP/C.M.	Mission SRO Residents	\$ 250,000.00
44	Network Ministries Housing Corporation	Safe House	Trans'l Hsg.	Women seeking to leave prostitution	\$ 49,172.00
45	Page Street Guest House	Broderick Street RCF	RCFCI	Homeless w/special Needs	\$ 832,424.00

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46	SF AIDS Foundation	Partial Rent Subsidies	Hsg.	HIV	\$ 202,569.00
47	SF AIDS Foundation	Rental Subsidies	Hsg.	HIV	\$ 302,575.00
48	SF AIDS Foundation	Rental Subsidies	Hsg.	HIV	\$ 2,530,659.00
49	SF AIDS Foundation****	Action Point	COOP/C.M./Med.Adherance	HIV	\$ 232,605.00
50	Self Help for the Elderly	Autumn Glow	RCF	Srs.w/Alzheimer	\$ 117,278.00
51	Tenderloin AIDS Resource Cnter	Emergency Hsg.Progr.	Case Mgmt.	HIV	\$ 89,496.00
52	Tenderloin Housing Clinic	Central City SRO Coll.	COOP/C.M.	TL/6th Str.SRO tenants	\$ 200,000.00
53	Walden House, Inc.	Planetree Hsg. Program	Supp.Hsg	HIV	\$ 72,979.00
TOTAL EXPENDITURES:					\$ 15,419,946.00

Appendix F – PENDING HOMELESS LEGISLATION IN THE CITY AND COUNTY OF SAN FRANCISCO

Item No.	Author(s)	Date Introduced	Summary	Status or Committee Location	Next Hearing
031361	Hall	07/30/03	General Assistance-in-Kind Assistance; Department of Human Services Care Fund: Ordinance modifying the City's General Assistance (GA) Program by amending San Francisco Administrative Code Sec. 20.57 to reflect the current grant amount; amending Administrative Code Sec. 20.59.3 to provide in-kind housing, utilities and meals to homeless applicants and recipients; amending Administrative Code Sec. 20.57.1 to value housing, utilities and meals provided to homeless recipients as in-kind assistance; adding Administrative Code Sec. 20.57.6A. to provide a special needs allowance to homeless recipients; adding Administrative Code Sec. 20.60.12 to establish a baseline GA budget; adding Administrative Code Sec. 20.60.13 to require a Controller's evaluation; adding Administrative Code Sec. 20.60.14 to establish an operative date for these amendments of on or before July 1, 2003; and amending the San Francisco Administrative Code by adding Section 10.100-77, to establish a Department of Human Services Care Fund, defining terms, identifying revenues, restricting permissible uses, providing for verification and adjustment of appropriations, and limiting expenditures in excess of the fund cap.	Full Board, Continued	09/16/03
031241	McGoldrick	07/15/03	Expanding Eligibility to Participate in Annual Joint Fundraising Drive: Ordinance amending Section 16.93-2 of the San Francisco Administrative Code to allow the Cash for Care Special Account to participate in the annual joint fundraising drive.	Full Board, Continued	09/16/03
031240	McGoldrick	07/15/03	Establishing Cash for Care Special Account: Ordinance amending Section 10.100 of the San Francisco Administrative Code to establish the Cash for Care Special Account to receive, administer and fund programs for the homeless of San Francisco.	Full Board, Continued	09/16/03
030848	Newsom, Duffy, Sandoval, McGoldrick, Peskin	05/13/03	General Assistance-in-Kind Assistance: Ordinance modifying the City's General Assistance (GA) Program by amending San Francisco Administrative Code Sec. 20.57 to reflect the current grant amount; amending Administrative Code Sec. 20.59.3 to provide in-kind housing, utilities and meals to homeless applicants and recipients; amending Administrative Code Sec. 20.57.1 to value housing, utilities and meals provided to homeless recipients as in-kind assistance; adding Administrative Code Sec. 20.57.6A. to provide a special needs allowance to homeless recipients; adding Administrative Code Sec. 20.60.12 to establish a baseline GA budget; adding Administrative Code Sec. 20.60.13 to require a Controller's evaluation; adding Administrative Code Sec. 20.60.14 to establish an operative date for these amendments of on or before July 1, 2003.	Full Board, Continued	09/16/03
031324	Gonzalez, Daly	07/29/03	Condemn Hotel Council anti-panhandling advertisements campaign and urge MUNI to develop guidelines for political campaign advertisements on MUNI property: Resolution condemning the Hotel Council's unsubstantiated and malicious anti-panhandling political ad campaign and urging MUNI to develop a comprehensive set of policy guidelines for dealing with ads that pertain to political campaigns.	City Services	Not Scheduled

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status or Committee Location	Next Hearing
031237	Hall	07/15/03	Implement Regulations for Section 17001.51 of the California Welfare and Institutions Code and Residency Requirements: Resolution urging the Department of Human Services to implement regulations for Section 17001.51 of the California Welfare and Institutions Code, which allows for the screening of alcohol and substance abuse, urging the Department to implement regulations strengthening the residency requirements for GA, CALM, PAES, and SSIP recipients, and urging the Department to hold hearings with the Human Services Commission before implementing these new regulations.	Finance and Audits, Continued to Call of the Chair	Not Scheduled
031062	Newsom, Duffy	06/10/03	Services in-lieu of cash payment programs: Motion directing the Budget Analyst of the Board of Supervisors to analyze how the other 57 counties in the State of California have implemented services in-lieu of cash payment programs.	Rules	Not scheduled
030921	Daly	05/20/03	Homeless Spending: Hearing to consider spending in Fiscal Years 2002-2003 and 2003-2004 on direct services to the homeless in San Francisco.	Budget, continued to the call of the chair	Not scheduled
030873	Gonzalez	05/13/03	Closed Session - Existing Litigation - Care Not Cash Initiative, City as Defendant (Respondent): Motion that the Board of Supervisors convene in closed session with the City Attorney for the purpose of conferring with, or receiving advice from, the City Attorney regarding the following existing litigation in which the petitioners challenge the validity of Proposition N, "Care Not Cash Initiative," which was approved by the voters of San Francisco at the November 5, 2002, consolidated general election in San Francisco.	Full Board	Not scheduled
030863	Gonzalez	05/13/03	Creating a Care Not Cash Select Committee: Motion creating a Care Not Cash Select Committee.	Rules	Not scheduled
030136	McGoldrick	01/27/03	Status of Proposition N Implementation: Hearing to consider progress by City departments in meeting the deadline of July 1, 2003 for implementation of requirements of Proposition N, recently passed by voters in November 2002. This hearing should include presentations by department heads with implementation of Proposition N, including any new and existing programs designated by any City department as implementing the provisions of the initiative, policies adopted or under consideration by any City department as implementing the provisions of the initiative, policies adopted or under consideration by any department to assist in the implementation of the initiative, current projected cost savings or increases associated with plans for implementation, any projected increases or decreases in resources currently going to other City programs that will result from implementation proposals, any collateral effects of implementation proposals on other populations served by the City, projected numbers of persons who will be affected by proposed changes in policies with an explanation of such effects, and a timetable for full implementation of each of the initiative's provisions. This hearing should be scheduled on a monthly basis until City departments certify that the provisions of Proposition N have been successfully implemented.	Heard in Rules, transferred to City Services	Not scheduled

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status or Committee Location	Next Hearing
022038	Sandoval	12/16/02	Equitable Distribution of funds by the DHS: Hearing on the equitable and appropriate distribution of funds by the Department of Human Services.	Budget	Not scheduled
020594	Newsom	05/20/03	Rental Deposit Matching Fund: Ordinance amending S.F. Administrative Code Chapter 20 to create a rental deposit matching fund to assist people moving from shelter, residential treatment, or transitional housing into permanent housing.	City Services	Not scheduled
020491	Newsom	05/20/03	Interdepartmental Coordination of Homeless Services: Ordinance amending S.F. Administrative Code Chapter 20 to create a plan for the coordination of services and accountability between the city departments and agency responsible for the delivery of services to the homeless population of San Francisco, and to establish an advisory committee to monitor city contracts for homeless shelters and drop-in centers.	City Services	Not scheduled
020415	Newsom	05/20/03	Homeless Outreach: Ordinance amending S.F. Administrative Code Chapter 20 to establish a coordinated, geographically based outreach program for homeless services.	City Services	Not scheduled
020042	City and School District Committee	01/07/02	Homeless Students and Families: Hearing on the support for homeless students and families, including those living in SRO's.	City and School District Select Committee	Not scheduled

Appendix F – PENDING HOMELESS LEGISLATION IN THE CITY AND COUNTY OF SAN FRANCISCO

Item No.	Author(s)	Date Introduced	Summary	Status
020915	Hall	05/28/02	Continuum of Care Plan – Homeless Board Membership: Resolution amending the Continuum of Care Plan to reduce the size of the Local Homeless Coordinating Board to sixteen members; eight of whom are appointed by the Mayor and eight of whom are appointed by the Board of Supervisors.	Filed 08/14/03
021918	Ammiano	11/18/02	Increasing the membership for SRO Hotel Safety and Stabilization Task Force: Resolution expanding the Single Room Occupancy Hotel Safety and Stabilization Task Force increasing the current membership by two seats.	Filed 08/14/03
031305	Daly	07/22/03	Extending the regular meetings of the Homeless Senior Task Force: Resolution amending Resolution No. 682-02 to extend the regular meetings of the Homeless Senior Task Force for an additional four months.	Enacted 08/08/03; No. 504-03
030072	McGoldrick	01/13/03	Serial Inebriate Program: Hearing inquiring into the desirability of instituting a Serial Inebriate Program patterned after the interagency program operated by the City of San Diego, whereby persons who continue to repeatedly convicted of severe public inebriation as a result of engaging in behavior disruptive to the peace and tranquility of public spaces are eventually forced to make a choice between long-term incarceration and addition treatment.	Filed 08/05/03
030737	McGoldrick	05/06/03	Preservation of Emergency Nature of Shelter; Prevention of Displacement, Prioritization, or Set-Asides of Shelter Beds Based Solely on Income: Ordinance adding Article II to Chapter 20 of the San Francisco Administrative Code to preserve the emergency nature of the City's shelter system; to prevent displacement of an individual from a shelter bed based solely on that individual's income, and to prohibit prioritization or set-asides of shelter beds based on income.	Enacted 08/01/03; No. 198-03
030871	Daly, Ma, Maxwell	05/13/03	General Assistance – In-Kind Assistance: Ordinance amending Administrative Code sections 20.57, 20.59.3, and 20.57.1; adding Administrative Code sections 20.57.6A., 20.60.12, Sec. 20.60.13, and 20.60.14.	Enacted 07/25/03; No. 193-03
031066	Ammiano	06/10/03	SRO Hotel Safety and Stabilization Task Force: Resolution expanding the Single Room Occupancy Hotel Safety and Stabilization Task Force increasing the current membership by two seats.	Enacted 06/27/03; No. 411-03
022039	Sandoval	12/16/02	Public Safety Policies Regarding Individuals Living in their Vehicles: Hearing on public safety policies regarding individuals living in their vehicles.	Filed 06/27/03

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
021901	Maxwell	11/12/02	City's Plan for Residents "Timing Out" from CalWORKS: Hearing on the City's plan for residents "timing out" from CalWORKs beginning in January 2003, including those residents who speak English as a second language.	Filed 06/27/03
031042	Daly	06/05/03	Supporting National Coalition for the Homeless: Resolution supporting the National Coalition for the Homeless recommendations to combat hate crimes and/or acts of violence against people experiencing homelessness	Enacted 06/20/03; No. 392-03
030926	Newsom	05/20/03	Homeless Death Count: Resolution urging the Medical Examiner and the Director of the Department of Public Health, in collaboration with the Mayor's Office of Homelessness, to reactivate the Homeless Death Prevention Community Advisory Board or some other appropriate policy-making group to track and analyze the death of homeless individuals.	Enacted 06/20/03; No. 400-03
030639	Mayor	04/15/03	Federal Funding – Community Development Grant: Resolution approving the 2003 Community Development Program; and authorizing the Mayor, on behalf of the City and County of San Francisco, to accept and expend the City's 2003 Community Development Block Grant (CDBG) entitlement from the U.S. Department of Housing and Urban Development, and Program Income of \$34,246,928 which include indirect costs of \$150,000, and approving expenditure schedules for recipient departments and agencies and for indirect costs; placing \$567,262 on reserve.	Enacted 05/16/03; No. 301-03
030640	Mayor	04/15/03	Federal Funding - Emergency Shelter Grants Program: Resolution approving the 2003 Emergency Shelter Grants Program and Expenditure Schedule; and authorizing the Mayor on behalf of the City and County of San Francisco to accept, and expend a \$867,000 entitlement under the Emergency Shelter Grants Program from the U. S. Department of Housing and Urban Development.	Enacted 05/16/03; No. 302-03
030641	Mayor	04/15/03	Federal Funding – HOME Program: Resolution authorizing the Mayor of the City and County of San Francisco to accept and expend a grant from the U.S. Department of Housing and Urban Development for a total amount of \$8,804,657 which include indirect cost of \$10,000 for the HOME Program authorized under TITLE II of the National Affordable Housing Act of 1990, Public Law Number 101-625, and approving the HOME Program description as described in the 2003 Action Plan for San Francisco's Consolidated Plan.	Enacted 05/16/03; No. 303-03

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
030695	Daly	04/22/03	Commend Laura Ware: Resolution commending Laura Ware for fourteen years of leadership, commitment, and dedicated service to improving the lives of homeless people in San Francisco.	Enacted 05/09/03; No. 284-03
030396	DHS	03/11/03	Accept/Expend Federal Funding - McKinney 2002 Continuum of Care Homeless Assistance Programs: Resolution authorizing the Department of Human Services to accept and expend a grant in the amount of \$1,916,317 from the U.S. Department of Housing and Urban Development for the McKinney Continuum of Care Homeless Assistance Programs.	Enacted 05/02/03; No. 263-03
030397	DHS	03/11/03	Accept-Expend State Grant - Supportive Housing Initiative Act: Resolution authorizing the Department of Human Services to retroactively accept and expend a grant in the amount of \$708,761 from the California Department Of Mental Health Supportive Housing Initiative Act for supportive housing targeting adults with disabilities.	Enacted 05/02/03; No. 264-03
030412		03/13/03	Appointment: Hearing to consider appointing two members to the Local Homeless Coordinating Board. 2 seats being considered Vacant seat, succeeding Diane Burke, resigned, seat 1, must represent homeless or formerly homeless, for the unexpired portion of a two year term ending May 15, 2003. Vacant seat, succeeding Joyce Miller, resigned, seat 3, must represent area of advocacy, for the unexpired portion of a two year term ending May 15, 2003. 2 seats/5applicants <i>Jennifer Friedenbach, Steven Chester, seat 1</i> <i>Christina Gomez, seat 1 or 3</i> <i>Stuart Berger, seat 3</i> <i>Song Lee Detoc, seat undeclared</i>	Enacted 05/02/03; No. 266-03

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
030170		01/28/03	<p>Appointment: Hearing to consider appointing six members to the Local Homeless Coordinating Board.</p> <p>6 seats being considered</p> <p>Vacant seat, succeeding Jennifer Friedenbach, term expired, seat 4, must represent area of advocacy, for a two year term ending 5/15/04.</p> <p>Vacant seat, succeeding Gail Gilman, term expired, seat 6, must be a service provider, for a two year term ending 5/15/04.</p> <p>Vacant seat, succeeding Barry Hermanson, term expired, seat 8, must represent the business community, for a two year term ending 5/15/04.</p> <p>Vacant seat, succeeding Laura Ware, term expired, seat 9, must represent education and/or training, for a two year term ending 5/15/04.</p> <p>Vacant seat, succeeding Marcia Argyris, term expired, seat 10, must represent a foundation, for a two year term ending 5/15/04.</p> <p>Vacant seat, new position, seat 11, must represent Labor, for a two year term ending 5/15/04.</p> <p>6 seats/10 applicants</p> <p><i>Jennifer Friedenbach, seat 4</i></p> <p><i>Steven Chester, seat 4 or 6</i></p> <p><i>Christina Gomez, seat 4 or 6</i></p> <p><i>Stuart Berger, seat 4 or 6</i></p> <p><i>Leon Winston, Gail Gilman, seat 6</i></p> <p><i>Barry Hermanson, seat 8</i></p> <p><i>Marcia Argyris, (residency waiver required) seat 10</i></p> <p><i>Song Lee Detoc, seat undeclared</i></p> <p><i>Rick Munsinger, seat 8.</i></p>	Enacted 05/02/03; No. 257-03
030587	Ammiano, Duffy	04/08/03	<p>Strategies for Homeless Individuals with Mental Health and Dual Diagnoses: Resolution urging the Director of Public Health, in consultation with community organizations, to develop a report addressing "Comprehensive Strategies to Serve Homeless Individuals with Mental Health Diagnoses, Substance Abuse Diagnoses and Chronic Medical Conditions."</p>	Enacted 04/25/03; No. 252-03
030050	Hall	01/13/03	<p>Dissolving the Abandoned Shopping Cart Task Force: Resolution repealing Resolutions Nos. 357-98 and 847-98, to dissolve the "Abandoned Shopping Cart Task Force."</p>	Enacted 04/03/03; No. 184-03

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
021351	Newsom	07/29/02	<p>CALWORKS Program: Hearing to discuss the CalWORKS program currently administered by the Department of Human Services (DHS), including, but not limited to: (1) Number of CalWORKS clients to be affected by the expiration of this program; and (2) Any proposed plans by DHS to transition clients to other social services.</p>	Filed 03/28/03
030440	McGoldrick	03/18/03	<p>Proposition N Implementation Plans: Motion directing the Office of Budget Analyst of the Board of Supervisors to analyze information submitted by the Director of Human Services and/or the Mayor's Office related to plans for implementation of Proposition N, enacted by the voters in November 2002, by July 1, 2003.</p>	Passed 03/25/03; No. M03-54
021985	DPH	12/16/02	<p>Expand Treatment for Homeless Addicts: Resolution authorizing the San Francisco Department of Public Health (SFDPH) to accept and expend retroactively a grant in the amount of \$499,999 for the first year of a three year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish the homeless addict vocational and educational network (HAVEN) and to enter into an agreement for the use of these funds; for the period of September 30, 2002 to September 29, 2003</p>	Passed 01/31/03, No. 52-03
022054		12/17/02	<p>Appointment: Hearing to consider appointing four members to the Homeless Senior Task Force. 4 Seats Being Considered:</p> <ul style="list-style-type: none"> • Vacant seat, new position, seat 5, must be familiar with disability issues, term to be determined; • Vacant seat, new position, seat 6, must have expertise in transitional housing especially shelter operations, term to be determined; • Vacant seat, new position, seat 7, must have expertise in the development of permanent affordable housing, term to be determined; • Vacant seat, new position, seat 8, must have expertise in the development of permanent affordable housing, term to be determined 	Passed 01/30/03, No. 27-03
020880	Ammiano	05/20/02	<p>Single Room Occupancy Task Force: Hearing to review the status and receive an update on the Single Room Occupancy Task Force.</p>	Filed 01/29/03

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
022034	Gonzalez	12/16/02	Urging SF Federal Legislative Delegation Allocation of HUD McKinney Funds: Resolution urging San Francisco's Federal legislative delegation to advocate for allocation of HUD McKinney funds at the 2002-03 level to support employment, education and training services to homeless services in San Francisco.	Passed 01/24/03, No. 23-03
021891		11/07/02	Appointment: Resolution appointing Melvin Beetle, John Melone, Delbert Scott, and Lynne Armstrong, terms to be determined, to the Homeless Senior Task Force. residency requirement waived <ul style="list-style-type: none"> • Melvin Beetle, new position, seat 1, must be a senior who is currently homeless or marginally housed, term to be determined; • John Melone, new position, seat 2, must be a senior who is currently homeless or marginally housed, term to be determined; • Delbert Scott, new position, seat 3, must be a senior who is currently homeless or marginally housed, term to be determined; • Lynne Armstrong (residency requirement waived), new position, seat 4, must have extensive experience providing direct services to homeless seniors, term to be determined 	Passed 01/24/03, No. 13-03
030073	McGoldrick	01/13/03	Legislative Analyst Request – Serial Inebriation: Motion requesting the Legislative Analyst to analyze the best practices of other local jurisdiction with regard to dealing with the problem of serial inebriation in public and evaluating the effectiveness of such programs in reducing the incidence of repeated public inebriation by the same persons. Please consider the interagency program operated by the City of San Diego called the Serial Inebriate Program (SIP). In-depth report on this topic, delivered by May 2003.	Passed 01/21/03
020656	Ammiano	04/22/02	Direct Access to Housing Program: Hearing to consider proposed plan offered by the Department of Human Services and the Department of Public Health to expand the Direct Access to Housing program and the Single Room Occupancy Hotel Master Lease Program by 1,000 units.	Filed 12/31/02
020491	Newsom	03/25/01	Interdepartmental Coordination of Homeless Services: Ordinance amending S.F. Administrative Code Chapter 20 to create a plan for the coordination of services and accountability between the city departments and agency responsible for the delivery of services to the homeless population of San Francisco, and to establish an advisory committee to monitor city contracts for homeless shelters and drop-in centers.	Filed 12/31/02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
020416	Newsom	03/11/02	Coordinated Intake for Homeless Programs: Ordinance amending S.F. Administrative Code Chapter 20 to establish a coordinated, centralized intake process for homeless services.	Filed 12/31/02
020415	Newsom	03/11/02	Homeless Outreach: Ordinance amending S.F. Administrative Code Chapter 20 to establish a coordinated, geographically based outreach program for homeless services.	Filed 12/31/02
020294	Hall	02/19/02	"Quality of Life" Offenses: Ordinance amending the San Francisco Administrative Code by adding Section 2A.86 to require the Chief of Police to provide information to the District Attorney on citations issued for "Quality of Life" offenses and to require the District Attorney to prepare and post on the District Attorney's website monthly reports showing the outcome of proceedings involving persons cited for these offenses.	Filed 12/31/02
020292	Hall	02/19/02	Prohibiting Sleeping or Lying on the Sidewalk: Ordinance amending Police Code sections 22, 23 and 24 to prohibit sleeping or lying on the sidewalk.	Filed 12/31/02
020291	Hall	02/19/02	Maximum Shelter Beds: Ordinance amending Administrative Code Chapter 20 by adding Sec. 20.300 to establish a maximum number of homeless shelter beds.	Filed 12/31/02
020033	Newsom	01/07/02	Extension of Winter Shelter Beds: Hearing to investigate the permanent extension of winter beds in San Francisco. Specifically, the hearing will examine annualizing the Ella Hill Hutch shelter beds and the possibility of annualizing other winter shelters.	Filed 12/31/02
020019	Newsom	01/07/02	Median Strips: Ordinance adding Section 79 to the San Francisco Traffic Code prohibiting loitering in median strips on City highways and thoroughfares.	Filed 12/31/02
020018	Newsom	01/07/02	City-owned parking garages: Ordinance adding Section 20 to the San Francisco Police Code regulating permitted activities in City-owned parking garages.	Filed 12/31/02
012242	Newsom	12/17/01	Closure of Select Decaux Automatic Pay Toilets: Resolution directing the San Francisco Police Department and the Department of Public Works to jointly develop a Pilot Program in which four Decaux Automatic Pay toilets sites shall close during the recommended hours of 11:00 PM to 6:00 AM in order to mitigate the illegal use of Decaux Automatic Pay toilets for shelter and/or for illegal activity, including drug use, prostitution and acts of vandalism.	Filed 12/31/02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
012164	Newsom	12/03/01	Mobile Assistance Patrol: Hearing to examine the procedures and protocols of the Mobile Assistance Patrol (MAP) dispatch along with the prospect of expanding the level of contracted services for outreach in order to increase capacity between the hours of midnight and 8:00 AM.	Filed 12/31/02
012163	Newsom	12/03/01	Centralized Referral System of Homeless Shelters: Hearing to discern the feasibility of extending the City's centralized referral system of homeless shelter and services beyond the current operating hours of 6:00 PM and 12:00 AM.	Filed 12/31/02
012161	Newsom	12/03/01	City Resource Center: Hearing to explore the prospect of extending the operational hours of the City's Resources Centers beyond the current operation hours so that those person(s) seeking out assistance are not turned away from receiving referral and/or services.	Filed 12/31/02
012022	Newsom	11/05/01	Centralized Intake for Homeless Services: Hearing to discuss the current method in which single homeless persons are introduced, assessed, and referred to citywide support services. This discussion will include, but not limited to: (1) The development of a centralized intake system for single homeless persons; (2) The development of a more efficient utilization of resources and expeditious bed assignment effort; (3) Current and/or future efforts to decrease eligibility and assessment time periods; (4) Current and/or future efforts to increase the accuracy of client identification through the utilization of improved information technology systems.	Filed 12/31/02
012021	Newsom	11/05/01	Homeless Shelters: Hearing to discuss the hours of operations for all homeless shelters operated by the City and County of San Francisco. This discussion shall include, but not limited to: (1) Homeless shelter hours of operations; (2) MOUs of professional and non-professional staff who staff these shelters; (3) How do current operational hours contribute to the number of homeless persons being turned away due to closure of these shelters for clean up efforts.	Filed 12/31/02
011680	Gonzalez	09/24/01	Continuum of Care Plan: Resolution amending the Continuum of Care Plan to provide that the Board of Supervisors shall appoint a representative of the veteran's advocacy community and shall appoint all neighborhood/community representatives to the Local Homeless Coordinating Board.	Filed 12/31/02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
021841	DPH	11/15/02	Behavioral Health Treatment for Homeless: Resolution authorizing the San Francisco Department of Public Health (SFDPH) to accept and expend retroactively \$599,769 for the first year of a three year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide behavioral health services for formerly homeless persons living at supportive housing sites in San Francisco and to enter into an agreement for the use of these funds; for the period of September 30, 2002 to September 29, 2003.	Enacted 12/20/02; No. 845-02
020661	Gonzalez	04/29/02	Homeless Shelter Monitoring Committee: Resolution establishing a committee to monitor health and safety standards in homeless shelters funded by the City.	Filed 12/02/02
020613	Ammiano	04/15/02	Single Room Occupancy Task Force: Hearing to review the status and receive an update on the Single Room Occupancy Task Force.	Filed 12/02/02
011498	Daly	08/13/01	Identification and Use of Surplus City Property for Housing: Ordinance adding San Francisco Administrative Code Chapter 23A to identify and establish Board policy regarding unutilized and underutilized City real property for housing for the homeless.	Enacted 11/26/02, No. 227-02
021603	Daly, Leno	09/23/02	Create 12 member Homeless Senior Task Force: Resolution establishing a 12 member Homeless Senior Task Force	Enacted 10/11/02, No. 682-02
021615	Hall	09/23/02	Legislative Analyst Request: Motion asking the Legislative Analyst to compare and contrast San Jose's recently enacted "Blight Ordinance" to San Francisco's Planning Code; compare and contrast the enforcement procedures and enforcement capabilities of the City of San Jose to the City and County of San Francisco.	Approved 09/30/02
020301	Hall	02/19/02	Special Court and Public Reports Regarding "Quality of Life" Offenses: Resolution urging the San Francisco Superior Court to establish a Special Court to hear "Quality of Life" offenses, the District Attorney to assign Assistant District Attorneys to appear at the hearings or to delegate this responsibility to the City Attorney's Office, and the San Francisco Superior Court to provide the District Attorney with information about court proceedings involving "Quality of Life" offenses.	Filed 09/17/02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
020310	Newsom	02/19/02	Food Stamp Program: Hearing regarding Food Stamp Program, currently run by the Department of Human Services, to discern and efforts to automate the program with the Link Card or any other type of debit card.	Filed 09/04/02
012109	Newsom	11/19/01	Annual Homeless Count: Hearing to consider the Mayor's Office Homelessness' annual homeless count of November 16th, 2001.	Filed 09/04/02
020930	Daly	05/28/02	Civil Grand Jury Report – Homelessness in San Francisco: Presentation from the Civil Grand Jury on its May 2002 Homeless report.	Heard and Filed 08/15/02
021302	Ammiano	07/22/02	Extending the operations of the SRO Task Forces to August 31, 2003: Resolution extending the operations of the Single Room Occupancy (SRO) Hotel Safety and Stabilization Task Force through August 31, 2003.	Enacted 08/08/02, Number 520-02
020443	Newsom	03/18/02	Requirements for Automatic Sprinklers in Residential Hotels: Ordinance amending the San Francisco Fire Code Section 9001.1.3 and the San Francisco Housing Code Section 904 to modify the requirements regarding installation of automatic sprinkler systems in residential hotels, as defined in the ordinance; providing findings as to local conditions pursuant to the California Health and Safety Code; and making this Ordinance retroactive to June 30, 2002.	Filed 08/06/02
021218	Newsom	07/08/02	Requirements for automatic sprinklers in residential hotels: Ordinance amending the San Francisco Fire Code Section 9001.1.3 and the San Francisco Housing Code Section 904 to extend compliance with requirements regarding installation of automatic sprinkler systems in residential hotels, as defined in the Ordinance, to January 31, 2003; providing findings as to local conditions pursuant to the California Health and Safety Code; and making this Ordinance retroactive to June 30, 2002.	Enacted 08/02/02, Number 170-02
021049	Ammiano	06/10/02	Lease of Property – Camelot Hotel: Resolution authorizing and approving the lease by and between the City and County of San Francisco, for the Department of Public Health, as Tenant, and 124 Turk Street, LP, as Landlord, for the Camelot Hotel located at 124 Turk Street, San Francisco, CA 94102.	Enacted 08/02/02, Number 502-02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
020593	Ammiano	04/15/02	Residential Rent Assistance Pilot Program: Ordinance establishing a General Fund residential rent assistance program for tenants whose federal rent subsidy in San Francisco has been reduced or revoked due to a failure to meet federal immigration status verification requirements imposed under Section 592 of the federal Quality Housing and Work Responsibility Act of 1998 ("QHWRA," Public Law 105-276, 42 U.S.C. 1436a), including tenants in San Francisco Housing Authority units and Section 8 units; providing criteria and procedures for disbursement of funding, with disbursements available commencing July 1, 2002; providing two outreach grants of \$5,000 each; and identifying companion legislation that would provide funding of \$ 349,000 from the City's General Fund for the first year of the Program (July 2002 through June 2003).	Enacted 07/19/02, Number 162-02
020293	Hall	02/19/02	Prohibiting Urination and Defecation: Ordinance amending Article 2 of the San Francisco Police Code by adding Section 153 to prohibit public urination and defecation, providing an exemption for persons with a verified medical condition.	Enacted 07/19/02, Number 160-02
021214	Clerk	07/15/02	Hearing – Automatic sprinklers in residential hotels: Hearing on the proposed ordinance amending the San Francisco Fire Code Section 9001.1.3 and the San Francisco Housing Code Section 904 to extend compliance with requirements regarding installation of automatic sprinkler systems in residential hotels, as defined in the Ordinance, to January 31, 2003; providing findings as to local conditions pursuant to the California Health and Safety Code; and making this Ordinance retroactive to June 30, 2002. (Companion measure to File 021218.)	Heard and Filed 07/15/02
020754	Daly	05/06/02	City Resource Center on 6th Street: Resolution urging the Department of Health and Human Services to develop a plan to establish a City Resource Center on 6 th Street.	Enacted 07/12/02, Number 466-02
020300	Hall	02/19/02	Public Toilets: Resolution urging the Mayor to request the Department of Public Works, the Recreation and Parks Department and any other city departments with restrooms to open such facilities and to the greatest extent possible establish new public restroom facilities.	Enacted 07/12/02, Number 475-02
020839	Human Services Dept.	05/20/02	Accept - Expend Federal Funding – Stewart B. McKinney Supportive Housing 2001 Grant: Resolution authorizing the Department of Human Services to accept and expend a grant in the amount of \$8,483,623 from the U.S. Department of Housing and Urban Development for Stewart B. McKinney Supportive Housing Program.	Enacted 07/01/02, Number 421-02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
020598	Daly	04/15/02	Homeless Seniors: Resolution endorsing the creation of Homeless Shelters, transitional housing strategies and housing solutions appropriate for senior homeless populations within the City and County of San Francisco.	Enacted 06/07/02, Number 352-02
020763	Daly	05/13/02	Legislative Analyst Request: Motion asking the Legislative Analyst to prepare a study to identify the most appropriate role of law enforcement in addressing homelessness, specifically focused on how misdemeanors and infractions is advisable, appropriate diversion programs or innovative approaches, and the cost of using law enforcement to respond to homeless people.	Passed 05/28/02
020762	Daly	05/13/02	Directing the Clerk of the Board to Distribute Reports: Motion directing the Clerk of the Board to distribute reports requested by the Board of Supervisors from the Controller, Budget Analyst and Legislative Analyst on homeless expenditures and best practices to various City departments heads, elected officials and other policymakers.	Passed 05/28/02, Number M02-81
020731	Newsom	05/06/02	Senate Bill 1751 – Mandatory Homeless Death Count Reporting: Resolution urging the California State Legislature to adopt and Governor Gray Davis to sign Senate Bill (SB) 1751 authored by State Senator John Burton, which would mandate local municipalities to report the deaths of homeless persons for each calendar year, institute the creation of a state homeless death count and providing public access to said information.	Enacted 05/24/02; Number 314-02
012134	Newsom	12/03/01	Department of Homeless Services: An ordinance amending the San Francisco Administrative Code by adding Chapter 92, encompassing Sections 92.1 through 92.11, to create a Department of Homeless Services under the Mayor responsible for establishing a Homeless Services Advisory Board; regularly convening an Interagency Coordinating Council; developing a Five Year Plan and Quarterly Reporting protocol; implementing a City-run Centralized Case Management Information System and Case Management Services; detailing shelter standards and developing a compliance inspection system; establishing standards for the award and administration of contracts, including incentive clauses with outside entities for the delivery of homeless services; and operating a Long-Term Housing Resource Clearinghouse.	Filed 05/22/02
020703	Daly	04/29/02	Supporting Assembly Bill 2972: Resolution acknowledging support of Assembly Bill 2972 (Aroner) which will allow targeting of youth ages 18-24 for state funded housing programs.	Enacted 05/17/02; Number 303-02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
020617	Mayor	04/22/02	Grant - HOME Program: Resolution authorizing the Mayor of the City and County of San Francisco to accept and expend a grant from the U. S. Department of Housing and Urban Development for a total amount of \$7,865,000 for the Home Program authorized under Title II of the National Affordable Housing Act of 1990, Public Law Number 101-625, and approving the Home Program description as described in the 2002 Action Plan for San Francisco's Consolidated Plan. Indirect costs associated with the acceptance of these grant funds will be paid by the Community Development Block Grant funds.	Enacted 05/17/02; Number 287-02
020616	Mayor	04/22/02	Grant - Emergency Shelter: Resolution approving the 2002 Emergency Shelter Grants Program and Expenditure Schedule; and authorizing the Mayor on behalf of the City and County of San Francisco to accept, and expend a \$879,000 entitlement under the Emergency Shelter Grants Program from the U. S. Department of Housing and Urban Development.	Enacted 05/17/02; Number 286-02
020753	Daly	05/06/02	Efficient Delivery of Homeless Services: Resolution supporting efficient delivery of the City's services for homeless and marginally housed individuals and families.	Filed 05/16/02
020299	Hall	02/19/02	Continuum of Care Plan - Homeless Board Membership: Resolution amending the Continuum of Care Plan to add four new members to the Local Homeless Coordinating Board: two representatives of the hospitality industry, one to be appointed by the Board of Supervisors, the other to be appointed by the Mayor; and two representatives of Merchants' Associations, one to be appointed by the Board of Supervisors, the other to be appointed by the Mayor.	Tabled by Health and Human Services, 05/16/02
020079	Daly	01/14/02	Management Audit of Homeless Programs: Hearing to consider the Controller's management audit of homeless programs.	Heard in Health and Human Services 05/16/02
012156	Ammiano	12/03/01	Establishing Homeless Services Department: Hearing on establishing a Department of Homeless Services.	Heard in Health and Human Services 05/16/02
012061	Newsom	11/13/01	Families in SROs Census: Hearing (1) to discuss the findings of the recent Report on the Census of Families in Single Room Occupancy Hotels in San Francisco; and (2) to receive an update on the progress made pursuant to File No. 011157, Families in SROs Workgroup.	Heard in Health and Human Services 05/16/02
012020	Ammiano	11/05/01	Storage Facilities for Homeless: Hearing on the feasibility of providing more storage facilities for the homeless.	Heard in Health and Human Services 05/16/02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
010464	Ammiano	03/12/01	Self-Managed Shelters: Hearing on Self-managed Shelters, a small, efficient and neighborhood-based means of providing essential services to our homeless population.	Heard in Health and Human Services 05/16/02
010463	Ammiano	03/12/01	Surplus Property for Housing: Hearing on the use of federal, state, and local surplus property for much-needed housing as intended under the Federal McKinney Act, State Law SB-120 1992, and possible local legislation.	Heard in Health and Human Services 05/16/02
020602	Leno	04/15/02	SB 1227 - Housing and Emergency Shelter Trust Fund Act of 2002: Resolution urging Governor Gray Davis to sign SB 1227, the Housing and Emergency Shelter Trust Fund Act of 2002, which will provide \$2.1 billion for housing programs in California through the sale of State bonds.	Enacted 05/03/02, Number 269-02
020343	Daly	02/25/02	Residential Hotel Visitor Policies: Ordinance amending Administrative Code Chapter 41D "Residential Hotel Visitor Policies" to allow operators of residential hotels to adopt Supplemental Visitor Policies in addition to the Uniform Visitor Policy for Residential Hotels, upon approval of the San Francisco Residential Rent Stabilization and Arbitration Board (Rent Board), providing that the Rent Board may amend the Uniform Visitor Policy form time to time, and providing for hotel occupants to petition the Rent Board for hearing and rent reduction for violation of Chapter 41D; amending Administrative Code Section 37.6 and adding Section 37.13 to authorize the Rent Board to effectuate the provisions of Chapter 41D; and, amending Police Code Section 919.1 to provide that imposition or collection of a charge for a visitor or restriction of a visitor in violation of Section 919.1 is (in addition to any available civil remedies), an infraction.	Enacted 05/03/02, Number 62-02
020297	Ammiano	02/19/02	Direct Access to Housing and Master Lease Program Expansion: Resolution directing the Department of Public Health and the Department of Human Services to provide the Board of Supervisors with a proposed expansion plan for 500 additional units in the Direct Access to Housing Program and 500 additional units in the SRO Master Lease program by March 31, 2002.	Enacted 05/03/02, Number 275-02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
020267	Newsom	02/11/02	SSIP – In Kind Assistance: Ordinance amending Administrative Code Sec. 20.206 to reflect current grant amounts and to provide in-kind shelter and meals to homeless applicants and recipients; amending Administrative Code Sec. 20.206.3 to value shelter and meals to homeless recipients as in-kind assistance; adding Administrative Code Sec. 20.226 to establish a baseline SSIP budget; adding Administrative Code Sec. 20.227 to provide for an independent evaluation; adding Administrative Code Sec. 20.228 to provide that these amendments will sunset in two years; and adding Administrative Code Sec. 20.229 to establish an operative date for these amendments of on or before January 1, 2003.	Filed 04/24/02
020266	Newsom	02/11/02	CALM – In Kind Assistance: Ordinance amending Administrative Code Sec. 20.106 to reflect current grant amount and to provide in-kind shelter and meals to homeless applicants and recipients; amending Administrative Code Sec. 20.106.3 to value shelter and meals to homeless recipients as in-kind assistance; adding Administrative Code Sec. 20.125 to establish a baseline CALM budget; adding Administrative Code Sec. 20.126 to provide for an independent evaluation; adding Administrative Code Sec. 20.127 to provide that these amendments will sunset in two years; and adding Administrative Code Sec. 20.128 to establish an operative date for these amendments of on or before January 1, 2003.	Filed 04/24/02
020265	Newsom	02/11/02	General Assistance – In Kind Assistance: Ordinance amending Administrative Code Sec. 20.59.3 to provide in-kind shelter and meals to homeless applicants and recipients; amending Administrative Code Sec. 20.57.1 to value shelter and meals to homeless recipients as in-kind assistance; adding Administrative Code Sec. 20.57.6A to provide a special needs allowance to homeless recipients; adding Administrative Code Sec. 20.30.12 to establish a baseline GA budget; adding Administrative Code Sec. 20.60.3 to provide for an independent evaluation; adding Administrative Code Sec. 20.60.14 to provide that these amendments will sunset in two years; and adding Administrative Code Sec. 20.60.15 to establish an operative date for these amendments of on or before January 1, 2003.	Filed 04/24/02
020263	Newsom	02/11/02	PAES – In Kind Assistance: Ordinance amending Administrative Code Sec. 20.76 to reflect the current stipend amount and to provide in-kind shelter and meals to homeless applicants and recipients; amending Administrative Code Sec. 20.76.3 to value shelter and meals to homeless recipients as in-kind assistance; adding Administrative Code Sec. 20.94 to establish a baseline PAES budget; adding Administrative Code Sec. 20.95 to provide for an independent evaluation; adding Administrative Code Sec. 20.96 to provide that these amendments will sunset in two years; and adding Administrative Code Sec. 20.97 to establish an operative date for these amendments of on or before January 1, 2003.	Filed 04/24/02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
012235	Newsom	12/17/01	Shopping Cart Identification and Unauthorized Removal: Ordinance amending the San Francisco Public Works Code by adding Article 24, consisting of Section 1400 through 1409, to require business with 25 or more carts to (1) permanently affix identification on the carts; and (2) develop and implement plans to prevent the unauthorized removal of carts from the premises.	Filed 04/24/02
020425	Newsom	03/11/02	Senate Bill 1528: Resolution urging the State Legislature to adopt Senate Bill 1528 introduced by Senator Edward Vincent, relating to an act to amend Section 22435.7 of the Business and Professions Code, relating to shopping carts.	Enacted 3/29/02, Number 168-02
012234	Newsom	12/17/01	Shopping Carts: Ordinance amending the San Francisco Public Works Code by adding Article 24, consisting of Sections 1400 through 1409, to declare unattended empty shopping carts on either public property or on private property without the owner's consent to be a nuisance, and authorizing the Department of Public Works to seize such shopping carts and charge impound and storage costs where the shopping carts are not retrieved by their owner within three days from the receipt of notice of the seizure.	Enacted 3/22/02, Number 32-02
020356	Newsom, Daly	02/25/02	Homeless Death Prevention Community Advisory Board: Resolution urging the Mayor to request that the Medical Examiner and the Director of the Department of Public Health reactivate the Homeless Death Prevention Community Advisory Board of some other appropriate policy-making group to track and analyze the death of homeless individuals.	Enacted 3/15/02, Number 167-02
020303	Newsom, Daly	02/19/02	Shelter Bed Vacancy Reports: Resolution urging the Department of Human Services to coordinate with the Mayor's Office of Homelessness and the Department of Public Health to develop a weekly shelter report, which details the total number of beds, the total number of available beds and the total number of used beds in our shelter system, including, but not limited to, our emergency Winter Shelter Program.	Enacted 3/5/02, Number 147-02
012241	Newsom	12/17/01	Request for Exemption from State Statute-Shopping Carts: Resolution urging the California State Legislature to exempt the City and County of San Francisco from the requirements of Section 22435.7 of the Business and Professions Code, limiting the ability of local governments to establish requirements for recovery and retrieval of abandoned Shopping and Laundry Carts.	Enacted 3/5/02, Number 130-02

**PENDING HOMELESS LEGISLATION
IN THE CITY AND COUNTY OF SAN FRANCISCO (continued)**

Item No.	Author(s)	Date Introduced	Summary	Status
020206	Maxwell	02/4/02	Supporting S.F. Summit on Homelessness: Resolution supporting the San Francisco Summit on Homelessness, scheduled for March 7, 2002 and designed to discuss the Continuum of Care plan with the goal of coordinating the efforts from all community stakeholders to meet the goal of eradicating homelessness in San Francisco.	Enacted 2/22/02, Number 100-02
020161	Hall, Newsom, Maxwell	01/28/02	Centralized Intake Homeless Management Information System: Resolution urging the Mayor's Office of Homelessness to explore the possibility of creating and implementing a centralized intake homeless management information system.	Enacted 2/15/02, Number 88-02
012191	Ammiano, Daly, Newsom	12/10/01	Definition of Homelessness: Resolution establishing an official citywide definition of homelessness for San Francisco to enable all City Departments and community based organizations to communicate and share information on the homeless population using the same terms and parameters.	Enacted 12/28/01, Number 997-01
012179	Newsom	12/03/01	Legislative Analyst Request: Motion asking the Legislative Analyst to prepare a report comparing the best practices and/or models, on Cash Assistance Programs utilized in Alameda County and surrounding Bay Area counties.	Enacted 12/10/01, Number M01-176
012178	Newsom	12/03/01	Legislative Analyst Request: Motion asking the Legislative Analyst to prepare a report comparing the best practices and/or models, otherwise known as Intermediary Care Facilities, used in other major cities in the treatment of public inebriates, including but not limited to the cities of Portland, Oregon; Seattle, Washington; and Denver, Colorado.	Enacted 12/10/01, Number M01-177
020886	Daly	05/20/02	Charter Amendment - Homeless Policy: Charter amendment (Second Draft) to require a vote of not less than two-thirds (2/3) of the members of the Board of Supervisors to change any enactment regarding homeless policy or services within the same any fiscal year in which such enactment was adopted; to add Section 4.134 to establish a Local Homeless Coordinating Board to advise the Mayor and the Board of Supervisors on the development, implementation and evaluation of homeless policy; and to amend Section 10.104 to authorize not more than five (5) staff members for the Local Homeless Coordinating Board who shall be exempt from civil service rules.	Withdrawn