



Gavin Newsom
Mayor

San Francisco Department of Public Health
Community Behavioral Health Services
1380 Howard Street
San Francisco, CA 94103

MENTAL HEALTH SERVICES ACT

UPDATE TO THE FY2010-2011

ANNUAL PLAN UPDATE

JANUARY 7, 2011

(Revised with public comments on February 8, 2011)

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:		San Francisco																				
		Exhibits																				
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
Component	Previously Approved	New																				
<input checked="" type="checkbox"/> CSS	\$ 13,076,649	\$ 1,996,139				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> WET	\$ 688,379	\$ 410,447				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/> CF	\$	\$ 2,000,000						<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> TN	\$	\$						<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>					
<input checked="" type="checkbox"/> PEI	\$ 3,868,036	\$ 4,944,818				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
<input type="checkbox"/> INN	\$	\$					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		
Total	\$ 17,633,064	\$ 9,351,404																				
Dates of 30-day public review comment period:		February 9, 2010 to March 10, 2010; January 7, 2011 to February 6, 2011																				
Date of Public Hearing****:		March 10, 2010																				
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:		FY08-09 - March 4, 2010; FY09-10 - December 29, 2010																				

*Exhibit D1 is only required for program/project elimination.
 **Exhibit F - F5 is only required for new programs/projects.
 ***Exhibit G is only required for assigning funds to the Local Prudent Reserve.
 ****Exhibit H is only required for assigning funds to the MHSA Housing Program.
 *****Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: San Francisco

County Mental Health Director	Project Lead
Name: <u>Jo Robinson, MFT</u> <u>Director, CBHS</u>	Name: <u>Marc Trotz</u> <u>Acting Director, Community Programs</u>
Telephone Number: 415-255-3440	Telephone Number: 415-554-2565
E-mail: Jo.Robinson@sfdph.org	E-mail: Marc.Trotz@sfdph.org
Mailing Address: Community Behavioral Health Services 1380 Howard Street, 5 th Floor San Francisco, CA 94103	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.¹

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

Jo Robinson, MFT
Mental Health Director/Designee (PRINT)

 2-8-11
Signature Date

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Francisco

Date: 1/7/2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>The FY10-11 Annual Plan Update was developed with upper management within Community Behavioral Health Services, taking into account the overall budget impact of the proposed Governor’s cut to the mental health system. It was posted on our website for 30 day public review and comment from February 8, 2010 to March 9, 2010. It was also discussed with the MHSA Advisory Committee at their bi-monthly meeting held on February 17, 2010. Additionally, the annual plan update was discussed with MHSA funded agencies during the 30 day public comment period, wherein staff present were encouraged to submit substantive comments about the plan. Other stakeholders were notified by email and public notice posted in the San Francisco Chronicle on February 12, 2010. The Following the 30 day public comment and review period, a public hearing was conducted by the Mental Health Board on March 10, 2010. There were no substantive comments received from the public review period and hearing that required changes to the Annual Plan.</p> <p>Simultaneous with the 30 day public review and comment, the FY10-11 Annual Plan Update was submitted to the Health Commission and Board of Supervisors for their support and approval. The Board of Supervisors approved the Annual Plan on April 2, 2010.</p> <p>The proposed update to the FY10-11 Annual Plan Update includes a request to transfer \$2,000,000 from Community Services and Supports to Capital Facilities. This transfer will provide funds to renovate the ground floor of Central YMCA, a low-income housing project currently undergoing major renovation, to accommodate the Integrated Housing and Homeless Clinic (IHHC). IHHC will provide integrated physical, mental, and substance abuse services onsite as well as to residents of low income housing in the Tenderloin and neighboring areas. This proposed update to the FY10-11 Annual Plan Update will be posted on the SF Department of Public Health website for 30 day public review and comment on January 7, 2011. Community based providers, consumer advocacy groups, legislators, local Mental Health Board, MHSA Advisory Committee, DPH staff, and the general public will be advised of the opportunity to review and comment on the update by email and through publication in the SF Chronicle.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</p> <p>The following were involved and appraised of the update to the FY10-11 Annual Plan Update: Health Commission, Board of Supervisors, MHSA funded agencies, MHSA Advisory Committee, and the Mental Health Board. Members of the public and other stakeholders were notified by email and a public notice posted in the local newspaper.</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

N/A

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The update to the FY10-11 Annual Plan Update was posted on the DPH public website for public review and comment, wherein members of the public were requested to submit their comments either by email or by regular mail. It was circulated by email to all community based mental health organizations, substance abuse organizations, housing agencies, prevention agencies, community and primary care clinics, consumer groups, and advocacy groups. Furthermore, an announcement was made at the monthly behavioral health providers meeting on January 7, 2011. A public notice was also posted in the local newspaper from January 9-11, 2011.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

There were three comments received through the local MHSA email. Below are the comments and responses:

Comment #1: "I am writing to express my support for the request to transfer \$2M from Community Services & Support to Capital Facilities to develop an Integrated Housing & Homeless Clinic at Central YMCA. As a former street outreach worker and homeless services provider and a resident of San Francisco I know how badly space for TWHC and HUH clinics is needed and how urgently the central city population needs integrated behavioral and physical health services. The proposed clinic will be an asset to the community."

Comment #2: "I feel that it is not good for the programs that are helping people to take the money from the MHSA program for this because the program I am working for is helping people in the community, yes they need more low income housing for people but not at the cost of the programs that are supporting them in finding housing, and Medical care that they may need and also Mental health care they may also need, I feel that the work that we do here in the program I work for is helping people get these things and to have a good Case Worker and a place that they know where they can get it is very important, so the City Of San Francisco should rise the funds for the YMCA housing program."

Comment #3: "This is an exciting project, but I am unclear how the transfer of \$2 million from MHSA Community Services to Capital Facilities might affect our MHSA future funding? Is there going to be a community meeting to discuss this project?"

Response:

The transfer of \$2M from Community Services and Support to Capital Facilities will not in any way affect the funding for treatment services and supports. The FY10-11 Annual Plan Update had already included \$400,000 for funding minor renovations at Central YMCA to accommodate a small clinic to be staffed by Housing and Urban Health (HUH) clinic personnel. The original request was to add doors/cubicles, furniture, and equipment. However, during the course of the construction work at Central YMCA, it became clear that the ground floor could accommodate a much larger clinic space. This site provided the obvious solution to the

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

current overcrowding at the HUH and Tom Waddell clinics. It is ideally situated since it is in close proximity to both clinics and residential buildings where most of the patients of these clinics are housed.

Also included in the FY10-11 Annual Plan Update was an operating reserve of \$1,053,676. A 10% operating reserve is allowable under the guidelines promulgated by the CA Department of Mental Health for unexpected increases or decreases in costs associated with approved programs within each MHSA component.

This proposed \$2M transfer is funded by the already approved afore-mentioned programs \$1,453,676 and a reduction in administrative costs of \$546,324. Thus, no services were cut to fund this request.

The projected cost of this project is \$3M. DPH has committed another source of funding for the other \$1M.

The comments received during the 30 day public review and comment period from January 7, 2011 to February 7, 2011 did not require changes to the proposed update to the Annual Plan Update.

CSS BUDGET SUMMARY

County: San Francisco

Date: 3/19/2010

CSS Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group					
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs												
1.	2	Transitional Age Youth (TAY)	\$3,507,965	\$1,500,670	\$2,007,295		\$3,507,965					
2.	3	Adult	\$7,392,929	\$5,142,752	\$2,250,177			\$7,392,929				
3.	4	Older Adult	\$2,175,754	\$1,169,034	\$1,006,720					\$2,175,754		
4.			\$0									
5.			\$0									
6.			\$0									
7.			\$0									
8.			\$0									
9.			\$0									
10.			\$0									
11.			\$0									
12.			\$0									
13.			\$0									
14.			\$0									
15.			\$0									
16.	Subtotal: Programs ^{a/}		\$13,076,648	\$7,812,456	\$5,264,192	\$0	\$0	\$0	\$3,507,965	\$7,392,929	\$2,175,754	Percentage
17.	Plus up to 15% County Administration		\$1,401,776									11%
18.	Plus up to 10% Operating Reserve											0.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$14,478,424									
New Programs												
1.	1	Children, Youth, and Families (CYF)	\$1,996,139	\$1,479,786	\$516,353		\$1,996,139					
2.			\$0									
3.			\$0									
4.			\$0									
5.			\$0									
6.	Subtotal: Programs ^{a/}		\$1,996,139	\$1,479,786	\$516,353	\$0	\$0	\$1,996,139	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration		\$213,980									10.7%
8.	Plus up to 10% Operating Reserve											0.0%
9.	Subtotal: New Programs/County		\$2,210,119									
10.	Total MHSA Funds Requested for CSS		\$16,688,543									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 61.60%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

Other Funding Sources

	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	62%

County: San Francisco

Program Number/Name: Workplan 3- Adult

Date: 3/19/2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><u>Populations served:</u></p> <ul style="list-style-type: none"> • Adults involved in the criminal justice system • Homeless adults • Adults living in the Tenderloin area • Adults cycling in and out of the behavioral health system • Dually diagnosed adults with multiple complex issues • Veterans <p>Four full service partnerships (FSPs) will continue to be funded through this work plan. Two full service partnerships serve those who are homeless or at risk of homelessness and clients who have long histories of unmet needs as evidenced by a continuous cycle of entering and exiting through several behavioral health agencies. One focuses on individuals living in the Tenderloin where most clients served by the behavioral health system are housed in single room occupancy hotels located in the area. Another full service partnership targets individual referred by the Behavioral Health Court. All of these agencies access housing through the housing service partner and at times, access emergency housing using their flexible funds. The Pathways to Discovery staff, a peer run wellness and recovery team, will work in tandem with the full service partnerships to support and assist their clients in integrating within their communities through educational, spiritual, recreational, and social activities.</p> <p>In FY10-11, \$400,000 will be redirected to GSD Housing for Adults, to partially fund an integrated clinic at 220 Golden Gate, which is a capital project development also funded through the MHSA Housing Program. 220 Golden Gate is a 9 story high rise building located in the Tenderloin. Once the building rehabilitation is completed, it will house 172 chronically homeless individuals in studio apartments, 17 of which will be designated for MHSA FSP clients. The expected rent up will be in 2012. In the course of the renovation, the design was changed to include a full-service integrated behavioral health and primary care clinic to serve residents of the building and the Tenderloin area. Many of the individuals served through the MHSA FSP and GSD programs reside in this neighborhood and will benefit significantly from the proposed inclusion of this clinic within 220 Golden Gate. Funding became available for this project due to the transfer of the Crisis Response Team support to the PEI component.</p>									

PREVIOUSLY APPROVED PROGRAM

1/7/2011 Revision - This request is being transferred to Capital Facilities as the project has grown since its original estimate. Originally, we had estimated to help fund the furniture and equipment, as well minor renovations to the ground floor to accommodate a clinic for the residents of this building. The project now involves relocating two clinic sites in this housing site. With this planned relocation, this housing site will have a federally qualified health center onsite that will serve formerly homeless residents housed in supportive housing (approximately 60 buildings) as well as continue to serve homeless clients currently served by Tom Waddell Clinic.

Populations served: • Adults living in the Tenderloin

- Adults living in the 6th Street Corridor
- Adults in recovery
- Adult affected by violence
- Homeless or at risk of homelessness

Services/strategies:

- The Behavioral Access Center – an integrated assessment and referral to behavioral health services and an onsite pharmacy to provide medication consultation and prescription and medication management
- Three Peer Run Centers serving different neighborhoods, providing alternative therapies such as massage, art therapy, group activities, access to computers, warm line, and van service to visit families in out of city home placements
- Residential treatment to dually-diagnosed clients who do not have Medi-Cal coverage
- Supportive Services for housing to assist clients in securing and maintaining housing
- Four stabilization units to assist clients with establishing SF residency to qualify for permanent housing within the city
- Four vocational rehabilitation services, 3 of which are leveraged with the CA Dept. of Rehabilitation, to provide Spanish-speaking capability, computer classes in basic Microsoft Office applications and internet and website design, basic typing skills, access to computers with specialized software for clients with learning disabilities, and supported employment services.

Gender: Male & Female Race/Ethnicity: White, Black, Latino, Asian, Pacific Islander, Other/Unknown

Language: English, Spanish, Cantonese, Filipino, and Other

For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

CFTN BUDGET SUMMARY

County: San Francisco

Date: 12/31/2010

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 10/11 Required MHSA Funding	Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	4 Integrated Housing and Homeless Clinic	New (N)	\$ 2,000,000	\$2,000,000		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans/Projects		\$2,000,000	\$2,000,000	\$0	
27.	Plus up to 15% County Administration		0			
28.	Plus up to 10% Operating Reserve		0			
29.	Total MHSA Funds Requested		\$2,000,000			

Percentage
0.0%
#DIV/0!

County: San Francisco

Date: 12/31/2010

Program/Project Name and #: Integrated Housing and Homeless Clinic (#4)

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs	\$166,448			\$166,448
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction	\$2,428,125			\$2,428,125
5. Repair/Replacement Reserve	\$305,427			\$305,427
6. Other Expenditures*	\$100,000			\$100,000
7. Total Proposed Expenditures	\$3,000,000	\$0	\$0	\$3,000,000
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Francisco

Date: 12/31/2010

Program/Project Name and #: Integrated Housing and Homeless Clinic (#4)

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue	\$1,000,000			\$1,000,000
2. Total Revenues	\$1,000,000	\$0	\$0	\$1,000,000
C. TOTAL FUNDING REQUESTED	\$2,000,000	\$0	\$0	\$2,000,000

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification: Clinic furniture/equipment = \$100,000

Please include your budget narrative on a separate page.

Prepared by: Maria Iyog-O'Malley

Telephone Number: 415-255-3551

CAPITAL FACILITIES NEW and EXISTING PROJECT DESCRIPTION

County: San Francisco

Select one:

New

Existing

Project Number/Name: #4 – Integrated Housing and Homeless Clinic

Project Address: 220 Golden Gate Avenue, San Francisco, CA 94102

Date: 1/7/2011

Type of Building (Check all that apply)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Acquired with Renovation	<input type="checkbox"/> Acquired without Renovation
<input type="checkbox"/> Existing Facility	<input type="checkbox"/> County owned	<input checked="" type="checkbox"/> Privately owned
<input type="checkbox"/> Leasing (Rent) to Own Building	<input type="checkbox"/> Restrictive Setting	<input type="checkbox"/> Land only

NEW PROJECTS ONLY

1. Describe the type of building(s). Include (as applicable):

- Prior use and ownership.
- Scope of renovation.
- When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
- When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
- If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property

The proposed site, 220 Golden Gate, is currently being renovated to provide 174 units of permanent supportive housing, with a budget of \$83M. The Mayor's Office of Housing contributed \$22M towards the capital development costs. MHSA Housing funded \$3.4M of the capital development costs and operating subsidies for 17 housing units for MHSA FSP clients. The Tenderloin Neighborhood Development Corporation (TNDC) is overseeing the renovation of the entire building, which when finished, will also include property management and social worker offices, a community serving retail space and this proposed Integrated Housing and Homeless Clinic (IHHC).

This capital project funding request will build-out 11,300 square feet of space on the ground floor to relocate two federally qualified health centers into this singular site. The identified health centers, Housing and Urban Health Clinic and Tom Waddell Clinic, will provide staffing for this proposed site. The clinic will include offices for 27 IHHC staff (4 clerks, 10 nurse practitioners, 4 nurses, 7 physicians, 1 acupuncturist and one social worker), 17 exam rooms, 1 group behaviorist office, 2 nursing/vitals offices, 7 counseling spaces, 3 intake/benefits stations, a pharmacy, a phlebotomy lab, storage areas, staff lounge area, restrooms, a large group meeting room and a waiting area with reception desk that can accommodate approximately 30 patients

The existing space was formerly a childcare center and locker rooms for a fitness facility. Improvements will focus on compliance with current fire, health, and safety codes, as well as accessibility under the Americans with Disability Act (ADA). Complete tenant improvements within the 11,300 square foot clinic space include:

- concrete under-layer at floor level
- rubber flooring
- establishment of non-load bearing walls
- code compliant fire sprinkler system
- new plumbing (including sinks in all exam rooms; 4 ADA-compliant restrooms, including one with shower and a staff kitchen)
- new HVAC with 100% outside air recovery
- new electrical wiring
- interior signage
- new cabinetry
- new window treatments
- paint and other finishes
- a ramp at the front entrance to ensure compliance with ADA

This renovation will result in expansion of capacity to provide integrated behavioral health and primary care medical services to people living in supportive housing for low income residents and those in close proximity to supportive housing sites within the

Tenderloin and neighboring area. Integrated services will include physical, mental health, and substance abuse services. The goal of this project is to reach patients who might otherwise not seek medical attention.

The Mayor’s Office of Housing contributed approximately \$22M to the capital development of the entire building. With this investment, the entire building is subject to a 55-year regulatory deed-restriction agreement stipulating that this building be used for low-income supportive housing and a health clinic for the Department of Public Health. In addition, the Department of Public Health will lease the proposed clinic site for a minimum 20 years, with the terms of the lease reiterating the Mayor’s Office restrictions and the responsibilities of the parties involved. All the leasehold improvements associated with the interior build-out of this clinic will be factored in the calculation of the lease. The monthly lease will not exceed the actual costs of maintaining the clinic space.

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.

IHHC will provide preventive, medical, and psychiatric care to onsite residents and tenants in supportive housing within the Tenderloin and neighboring area. It will also offer on-site medication management, diabetes education, and substance abuse treatment. Virtually all people who have experienced chronic homelessness have been exposed to trauma. With this in mind, the additional space at the IHHC will afford the opportunity to expand the availability of group services, mental health counseling, substance use counseling, and other recovery services. With a holistic approach to health care, the onsite clinic and wellness center will combine traditional and non-traditional medicine along with innovative preventive care services aimed at significantly improving the overall well being and health status of community members.

The table below indicates the number of individuals projected to be served by IHHC:

Age Group	Projected Client/Family Capacity
<input type="checkbox"/> Children	
<input checked="" type="checkbox"/> TAY	550
<input checked="" type="checkbox"/> Adults	1,575
<input checked="" type="checkbox"/> Older Adults	375

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The Integrated Housing and Homeless Clinic (IHHC), is located in the Tenderloin neighborhood of San Francisco, at the corner of Golden Gate Avenue and Leavenworth Street. Three blocks to the north of the building is the Boeddecker Park, which offers refuge to many in the Tenderloin and the Glide Memorial Church, which has, for 40 years, been a strong advocate for the disenfranchised citizens of San Francisco. Two blocks south is the Civic Center Plaza, which is surrounded by government offices, public library, museum, and public auditorium. Commercial businesses also surround the building.

Several public transportation bus lines operated by the Metropolitan Transit Authority ply the four square block area of 220 Golden Gate Avenue - the 16X line runs along Golden Gate Avenue and one block north on Turk Street; the 19 line travels a block west on Hyde Street; the 31 line runs one block north on Turk and the 5 line one block south on McAllister. Three blocks south is Market Street, where several city buses operate and where BART and Muni Rail stations are located.

4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

Integrated services will include physical, mental health, and substance abuse services. The addition of behavioral health services at this site is consistent with the CSS objective to integrate primary care and behavioral health services within the City’s system of care. In addition, it will expand the integration effort to another site which would have the capacity to meet the patient volume and deliver a holistic and recovery oriented approach to care. Integrating behavioral health services and primary care in one site will realize the MHSA principles of providing an integrated service delivery system to assure a seamless approach to services and delivering a client and family centered services that truly meet clients’ behavioral and medical needs in one setting.

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSAs programs/services for a minimum of twenty (20) years.

The Department of Public Health will lease the proposed clinic site for a minimum 20 years. The terms of the lease will reiterate the Mayor’s Office of Housing’s 55-year regulatory deed-restriction agreement with TNDC. The 55-year deed restriction limits the use of this building for low-income supportive housing and a health clinic for the Department of Public Health. The Dept. of Public Health intend to address the on-going staffing and operating needs of the IHHC through annual appropriations in the City’s budget process.

6. If proposing Leasing (Rent) to Own Building provide a justification why “leasing (rent) to own” the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.

N/A

7. If proposing a purchase of land with no MHSAs funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County’s infrastructure.

N/A

8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)

N/A

9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.

N/A

EXISTING PROJECTS ONLY

1. Provide a summary of the originally approved CF project.

2. Explain why the initial funding was insufficient to complete the project.

3. Explain how the additional funds will be used.

4. Explain how the stakeholders were provided an opportunity to participate in the request for additional funds.

--