SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco
Mental Health Services Act (MHSA)
2017-2020 Integrated Plan

The Mental Health Services Act of San Francisco is a program of the Department of Public Health – Behavioral Health Services

Table of Contents

County Compliance Certification

County: _____

Local Mental Health Director	Program Lead
Name: Telephone Number: Email:	Name: Telephone Number: Email:
County Mental Health Mailing Address:	

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 and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

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.
All documents in the attached annual update are true and correct.

_____ _____

Local Mental Health Director/Designee (PRINT) Signature Date

County:_____

Date:_____

County Fiscal Accountability Certification[1]

☐ Three-Year Program and Expenditure Plan

County/City: _____ ☐ Annual Report

☐ Annual Revenue and Expenditure Report

Local Mental Health Director	Program Lead
Name: Telephone Number: Email:	Name: Telephone Number: Email:
County Mental Health Mailing Address:	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by the law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

_____ _____

Local Mental Health Director/Designee (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30, _____. I further certify that for the fiscal year ended June 30, _____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

_____ _____

County Auditor Controller/City Financial Officer (PRINT) Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (INSERT DATE)

Director's Message

The San Francisco Department of Public Health (DPH) continues to embrace the principles of the Mental Health Services Act (MHSA) that includes consumer and family member involvement, community collaboration, delivery of integrated services, and cultural responsiveness. The City and County of San Francisco is committed to providing quality healthcare services that are wellness and recovery driven, culturally and linguistically appropriate and client-informed. MHSA-funded programs continue to offer services at different levels of intensity that range from education in order to increase mental health awareness, to treatment services for individuals experiencing mental health challenges.

In the last Three-year Program and Expenditure Plan (Plan), in collaboration with our local stakeholders, DPH was successful in implementing most of the proposed programs that offer services around prevention and early intervention, vocational support for peers, peer-run activities, workforce development and innovative learning. This Three-year Plan (FY 17/18 – 19/20), continues to provide services under the aforementioned categories and explores innovative approaches to support consumers who are transitioning from high to low intensive levels of care. It is our goal to ensure consumers have the appropriate wellness tools and resources to support them in their recovery journey.

In support of the San Francisco Department of Public Health's mission, the MHSA program is committed to promoting and protecting the health of all San Franciscans. We will continue to work towards the reduction of health disparities, ensuring equal access for all and providing quality services that are culturally and linguistically appropriate.

We look forward to the years ahead.

Kavoos Ghane Bassiri
Director, SF Behavioral Health Services

Imo Momoh
Director, SF Mental Health Services Act

Introduction

In November 2004, California voters approved Proposition 63, now known as the Mental Health Services Act (MHSA), intended to expand and transform community mental health services throughout California. While the proposition passed with 54 percent of the vote statewide, San Francisco voted 74 percent in favor of the act. MHSA funding, revenue from a 1 percent tax on any personal income in excess of $1 million, is distributed to respective county mental health systems under regulations developed by the State.

The MHSA called upon local counties to transform their public mental health systems to achieve the goals of raising awareness, promoting the early identification of mental health problems, making access to treatment easier, improving the effectiveness of services, reducing the use of out-of-home and institutional care, and eliminating stigma toward those with severe mental illness or serious emotional disturbance. Counties were also required to collaborate with diverse community stakeholders in order to realize the MHSA's vision of recovery and wellness. This vision was based on the belief in the strengths and resiliency of each person with mental illness and has been fundamental to the development of more comprehensive, innovative, culturally responsive services for individuals and families served by local mental health systems.

WELLNESS • RECOVERY • RESILIENCE

As dictated by the law, the majority of MHSA funding that San Francisco receives is dedicated to the development and delivery of treatment services. In San Francisco, MHSA funding has allowed for expanded access to intensive treatment services, housing, employment services and peer support services for thousands of individuals with mental illness, 50 percent of whom are homeless or at-risk of becoming homeless. Promising outcomes from MHSA investments include declines in arrests, mental and physical health emergencies, school suspensions and expulsions, and the number of days in residential treatment.

Proposition 63 also stipulates that 20 percent of the funds support programs "effective in preventing mental illnesses from becoming severe" and "reducing the duration of untreated severe mental illnesses." This commitment to prevention and early intervention is historic and moves the mental health system towards a "help-first" instead of a "fail first" strategy.

It will not be money alone that transforms the public mental health system. The greatest promise of the MHSA: it is a vision of outreach and engagement, a philosophy of recovery and wellness, a belief in the strength and resiliency of each person with mental illness, and recognition that they are to be embraced as equal members of our community. Recovery from mental illness is not only possible, it is to be expected.

MHSA Guiding Principles

Five MHSA principles guide planning and implementation activities:

1. **Cultural Competence**.
   Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.

2. **Community Collaboration**.
   Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.

3. **Client, Consumer, and Family Involvement**.
   Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery and evaluation.

4. **Integrated Service Delivery**.
   Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers and families.

5. **Wellness and Recovery**.
   Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

Kim Ganade, SF DPH MHSA Program Manager, leads a CPP meeting in FY16-17.

General Characteristics of San Francisco

San Francisco ('the City') is a seven-by-seven square mile coastal, metropolitan city and county, located on the northern end of a peninsula that separates the San Francisco Bay from the Pacific Ocean. It is the cultural and commercial center of the Bay Area and is the only consolidated city and county jurisdiction in California. Though it is geographically small, it is the second most densely populated city in the nation (at 17,938 people per square mile) and fourth most populous city in the state (at 840,763 people). Between 2010 and 2015, the San Francisco population grew by 6.5%, outpacing California's population growth of 4.9% during this same time period. By 2030, San Francisco's population is expected to grow to nearly 970,000.

A proud, prominent feature of San Francisco is its culturally diverse neighborhoods, where 112 different languages are spoken. Currently, over one-third of the City's population is foreign-born and 44% of residents speak a language other than English at home. However, over the past 50 years, there have been notable ethnic shifts, including a steep increase in Asian/Pacific Islander population and decrease in Black/African American population. Over the next decade, the number of multi-ethnic and Latino residents is expected to rise, while the number of Black/African American residents is expected to continue to decline.

Housing in San Francisco is in increasingly high demand due to the recent tech industry boom. At the same time, due to geographic and zoning constraints, supply for housing is severely limited. These and other factors led to San Francisco becoming the most expensive rental housing market in the nation in 2015. This housing crisis, as it is commonly referred to today, is compounded by extremely high costs of living (at nearly 80% higher than the national average). Approximately 7,500 homeless individuals reside in San Francisco. High costs of living have contributed to huge demographic shifts in the City's population over the past decade, including a dramatic reduction in Black/African American populations and in the number of families with young children.

Although San Francisco was once considered to have a relatively young population, it has recently experienced a decrease of children and families with young children. Today it has the lowest percentage of children among all large cities in the nation. The high cost of living, prohibitive housing costs, and the young, often childless, composition of tech industry workers are assumed to be the leading causes of this population flight. In addition, it is estimated that the population of individuals over the age of 65 will increase to 20% by 2030 (from 14% in 2010). The projected growth in San Francisco's aging population has implications on the need for more long-term care options moving forward.

For additional background information on population demographics, health disparities, and inequalities, see the 2016 San Francisco Community Health Needs Assessment located at https://www.sfdph.org/dph/files/hc/HCAgen/HCAgen2016/May%2017/2016CHNA-2.pdf.

Community Program Planning & Stakeholder Engagement

The MHSA reflects a new and unique process of implementing public policy through collaboration with multiple stakeholders and advocates with a range of knowledge and experience.

From the Beginning

The San Francisco MHSA planning process began in 2005 with then-Mayor Gavin Newsom's creation of a 40-member, citywide Behavioral Health Innovation (BHI) Task Force, which was headed by the San Francisco Deputy Director of Health.

Client Council members discuss mental health needs of the community in FY16-17.

The BHI Task Force was responsible for identifying and prioritizing the greatest mental health needs of the community and developing a Three Year Program and Expenditure Plan to address these needs. The BHI Task Force held over 70 meetings over a five-month period with consumers, their families, behavioral health service providers, representatives from the criminal justice system, educational professionals, social support services providers and administrators, and members of the community. Information was collected through provider surveys, peer-to-peer interviews, penetration analyses, transcripts and summaries of meetings, as well as 80 position papers received from various constituents. This process resulted in the development of a Three Year Program and Expenditure Plan for the Community Services and Supports component. The plan was submitted to the California Department of Mental Health in November 2005 and approved in March 2006.

The planning process continued for the other MHSA funding components, following the successive releases of each component's Plan guidelines. Each of these planning processes built upon the recommendations of the respective committees and workgroups established during the 2005 community-wide planning meetings.

- **Workforce Development, Education, and Training (WDET)** planning meetings were held for eight months from April to December 2007. The Plan was submitted in March 2008 and approved in September 2008.

- **Prevention and Early Intervention (PEI)** planning meetings were held for six months from January 2008 to July 2008. The Plan was submitted to both the Department of Mental Health and the Oversight and Accountability Commission for their review and approval in February 2009. The plan was approved in April 2009.

- **Capital Facilities and Information Technology** planning processes were held separately. The Plan for the Capital Facilities component was submitted in April 2009, after a series of three community planning meetings held in February 2009. The Information Technology component CPP involved two informational meetings and six community planning meetings from November 2008 to April 2009. The Plan was submitted in March 2010 and was approved in August 2010.

- **Innovation** community meetings were held from April through August 2009. The Plan was submitted in March 2010 and approved in May 2010.

Community Program Planning & Stakeholder Engagement Activities

Exhibit 1 provides an overview of San Francisco's ongoing community program planning (CPP) activities. San Francisco MHSA employs a range of strategies focused on upholding the MHSA principles and engaging stakeholders in various ways at all levels of planning and implementation. Our CPP process provides a number of opportunities for stakeholders to participate in the development of our three-year plans and annual updates, and stay informed of our progress in implementing MHSA-funded programs.

Exhibit 1. Key Components of SF MHSA Program Planning Process

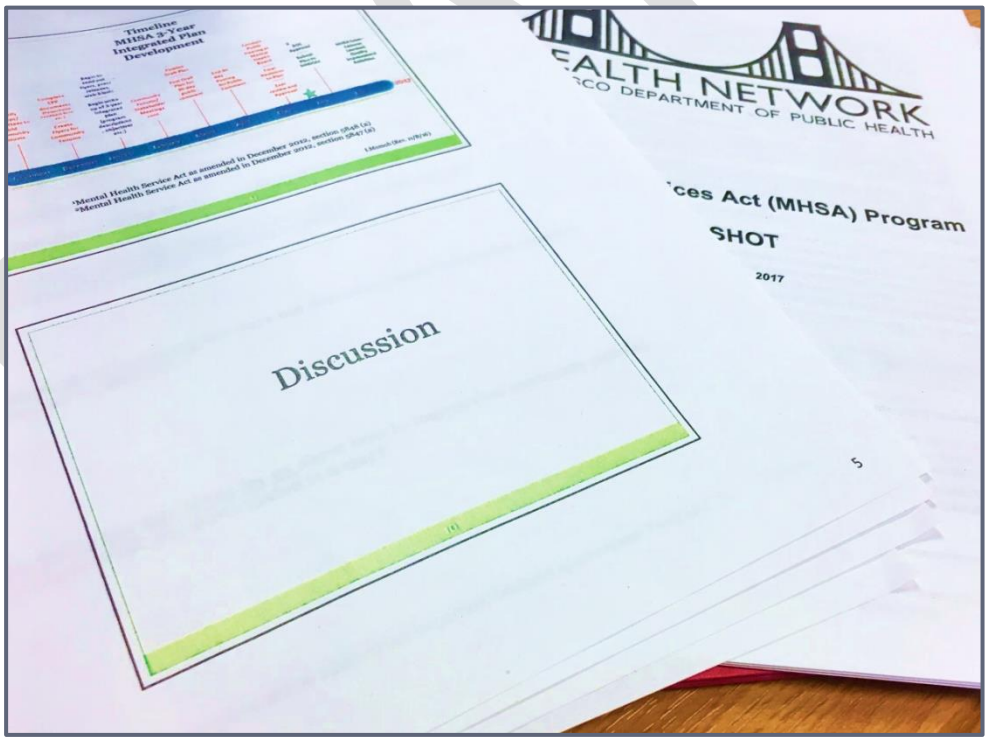
Communication Strategies	• SF BHS DPH MHSA website • Monthly CBHS Director's Report • Stakeholder updates
Advisory Committee	• Identify priorities • Monitor implementation • Provide ongoing feedback
Program Planning and Contractor Selection	• Assess needs and develop service models • Review program proposals and interview applicants • Select most qualified providers
Program Implementation	• Collaborate with participants to establish goals • Peer and family employment • Peer and family engagement in program governance
Evaluation	• Peer and family engagement in evaluation efforts • Collect and review data on participant satisfaction • Technical assistance with Office of Quality Management

MHSA Communication Strategies

San Francisco Department of Public Health seeks to keep stakeholders and the broader community informed about MHSA through a variety of communication strategies, including the SF BHS DPH MHSA website, regular communication with community groups, contributing content to the monthly Community BHS Director's Report, and providing regular updates to stakeholders.

The San Francisco MHSA webpage on the SF DPH website, https://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/default.asp, is in the process of being updated to incorporate a more user-friendly design, up-to-date information about MHSA planning processes, published documents and updates, and monthly meeting notices. The redesigned webpage hosted now through the San Francisco Department of Public Health website, will showcase frequent program highlights and successes.

The monthly BHS Director's Report provides another forum for sharing information about the implementation of MHSA with a broad group of stakeholders. Each month, MHSA provides updates about program implementation, upcoming meetings and other MHSA news.



MHSA Overview Presentation from Community Planning Meeting in FY16-17.

MHSA Advisory Committee & Our Commitment to Consumer Engagement

SF MHSA Advisory Committee

The SF MHSA Advisory Committee is an integral component of community engagement because it provides guidance in the planning, implementation, and oversight of the MHSA in San Francisco. In order to build on the previous and ongoing participation of local stakeholders, the purpose of the MHSA Advisory Committee includes the following:

SF DPH MHSA Advisory Council members meet to discuss community needs, program planning, and the MHSA 3-Year Plan in FY16-17.

- Work collaboratively with BHS to support broad community participation in the development and implementation of MHSA initiatives
- Guide MHSA resources to target priority populations as identified in existing MHSA plans
- Ensure that San Francisco's mental health system adheres to the MHSA core principles
- Hold meetings every two months
- Encourage community participation at meetings

The SF MHSA Advisory Committee's robust recruitment efforts focuses on engaging members from the mental health community, with an emphasis on the following underrepresented community members: those with expertise in law enforcement and substance use, Transitional Age Youth, transgender individuals, and family members. Our Advisory Committee currently consists of over 25 active members.

For FY 16-17, the SF MHSA Advisory Committee meeting schedule is as follows: August 17, 2016; October 19, 2016; December 7, 2016; February 15, 2017; April 19, 2017; and June 21, 2017. The purpose of these meetings are to gather Committee member feedback on MHSA programming and the needs of priority populations. Topics for these meetings include, but are not limited to, the following:

- MHSA Advisory Orientation to provide education for new committee members and explore ideas for the upcoming fiscal year
- Evaluation and Outcomes Planning
- FSP Outcomes and Input Gathering

- Transgender Health Services Outcomes and Input Gathering
- Innovations Outcomes and Input Gathering
- MHSA 3-Year Integrative and Community Planning
- MHSA Expenditure Planning
- RFQ/P Planning Efforts
- MHSA Year-End Reporting and Data Collection

Increasing Consumer Engagement

SF MHSA continues to partner with the Mental Health Association of San Francisco (MHASF), with the goal of increasing consumer representation and participation in MHSA Advisory Committee meetings.

MHASF assists with the following objectives:

- Supporting the consumer Co-Chair of the MHSA Advisory Committee to participate in developing meeting agendas and presentations for each meeting
- Identifying strategic objectives, including policy issues related to stigma/awareness and developing partnerships with community-based organizations/business leaders to reduce stigma and discrimination as it relates to mental health.

SF MHSA has also been working to foster a stronger collaboration with the BHS Client Council. The Client Council is a 100 percent consumer/client driven and operated advisory body. The mission of the Client Council is to advance the cause of the San Francisco mental health consumer/client to protect their rights, advocate their issues, and ensure their participation in all phases of systematic changes in services, implementation of programs, and treatment development. The goal of the Client Council is to advise BHS regarding policies and practices that directly influence consumers/clients in mental health and substance abuse services. As a result of this new collaboration, the Client Council and MHSA Advisory committee share some members.

Client Council members discuss mental health needs of the community in FY16-17.

Recent Community Program Planning Efforts

Community and Stakeholder Feedback

> *"A good mental health system is like a family. Where you are cared about; where you can talk to someone."*
> - Community member

The San Francisco Department of Public Health has strengthened its' MHSA program planning for the 2017-2020 Integrative Plan by collaborating with mental and behavioral health consumers, their families, peers, and service providers to identify the most pressing mental and behavioral health-related needs of the community and develop strategies to meet these needs. In early 2017, SF MHSA hosted eleven (11) community engagement meetings across the City's eleven Supervisorial Districts to collect community member feedback on existing MHSA programming and better understand the needs of the community. Attendees included mental health and other service providers, consumers of mental health services and their families, representatives from local public agencies, community- and faith-based organizations, residents of San Francisco, and other community stakeholders. Five of the eleven meetings were open to the public and all meetings were advertised on the SF DPH website and via word-of-mouth and email notifications to service providers in the SF BHS, MHSA, and San Francisco Health Network distribution networks. Printed and electronic materials were translated into Spanish, Mandarin, and other languages, and interpretation was provided at all public community meetings, as needed. The eleven CPP meetings are described in the following table:

CPP Meetings	
Date	**CPP Location**
January 5, 2017	Samoan Community Development Center 2055 Sunnydale Ave San Francisco, CA 94134
January 19, 2017	Mo' Magic Meeting/African Arts Culture Complex 762 Fulton St San Francisco, CA 94102
February 10, 2017	Chinatown Child Development Center 720 Sacramento St San Francisco, CA 94108
February 13, 2017	Filipino Mental Health Initiative/Bayanihan Center 1010 Mission St San Francisco, CA 94103
February 15, 2017	MHSA Advisory Committee/Behavioral Health Services 1380 Howard St San Francisco, CA 94103
February 21, 2017	Client Council/Behavioral Health Services 1380 Howard St San Francisco, CA 94103
March 1, 2017	Chinatown community members at Cameron House 920 Sacramento St San Francisco, CA 94108

CPP Meetings	
Date	**CPP Location**
March 7, 2017	LEGACY Peer/Community Advisory 1305 Evans Ave San Francisco, CA 94124
March 15, 2017	MHSA Providers Meeting 1453 Mission St San Francisco, CA 94103
March 24, 2017	Latino and Mayan Community Meeting/ Instituto Familiar de la Raza 2919 Mission St San Francisco, CA 94110
April 12, 2017	The Village 1099 Sunnydale Ave San Francisco, CA 94134

In each of the community meetings, MHSA staff presented an overview of the Mental Health Services Act, including its core components, guiding principles, and highlights of existing programs and services. MHSA staff then asked meeting attendees a series of open-ended questions to engage the community members in discussion on the greatest needs of the community, with a focus on mental health needs and strategies to address these needs. These discussions also addressed how SF DPH can improve existing MHSA programming. Feedback from community members at the meetings were captured live, on flip charts and via transcription, in effort to maintain a high-level of transparency. MHSA staff addressed how the feedback would be incorporated into the SF MHSA 2017-2020 Integrated Plan and inform future MHSA programming. Community members were also provided with information on the 30-day local review process in approving the SF MHSA 2017-2020 Integrated Plan.

Following each meeting, attendees were asked to complete a questionnaire; hard copies were distributed and collected at the meetings and, in effort to increase response rates, meet language needs, and collect additional feedback. Electronic questionnaires were made available to community members and stakeholders to gather feedback using other modes to collect important data. These questionnaires asked attendees to share additional information on key needs of the community around mental health, strategies to address these needs, and general feedback on improving the MHSA CPP process.

Perhaps not surprisingly, the feedback collected throughout the various community planning efforts was fairly consistent. At each community meeting, whether it was a meeting of behavioral/mental health service consumers and their families, peers, service providers, community members, or other stakeholders, all echoed the same key behavioral and mental health-related needs of the community including, but not limited to, the following needs.

- The need for safe and stable (affordable) housing, particularly for those with serious mental illness, transitional age youth, and older adults.

"Mental illness should not be a mystery. We should all be able to recognize symptoms, move past stigma, and connect people to services."
- Community member

- The need for specific behavioral/mental health services, including but not limited to: crisis response services, substance use disorder treatment, early intervention services, trauma recovery services, and behavioral health workforce development services.
- The need for community education and stigma reduction around behavioral/mental health needs, particularly cultural and linguistic needs.
- The need for a clear understanding of what behavioral/mental health (MHSA-funded) programs and services already exist.
    - The DPH website is difficult to navigate and should include a Directory of Service Providers that is routinely updated so that consumers and service providers can understand what services are currently offered/where they are available.
    - Service providers need time to collaborate to discuss intake/discharge procedures and policies, share best practices, strategize ways to meet the needs of the consumers they serve and avoid duplication of services.
    - SF MHSA should increase its presence in the local community – through advertising at health fairs and strategizing additional opportunities to work directly with service providers, community-based organizations, schools, employers, faith-based institutions – in effort to increase awareness of existing resources.
- The need for ease of access to behavioral/mental health services.
    - Consumers with serious mental illness or other disorders may have significant obstacles in attending their appointments (e.g., lack of transportation, inability to manage schedules, health-related symptoms such as anxiety or delusions, medication management issues, crisis episodes, etc.).
    - Consumers may be dis-incentivized to pursue services if they have intake procedures or program policies that are burdensome (e.g., individuals may not complete paperwork that asks for personal information as they may not possess the information or because this is seen as 'yet another barrier' for individuals who are already reluctant to participate in mental health services/treatment for cultural or other reasons).
- The need for support services for families, particularly immigrant families and newcomer youth.
    - Parenting classes and workshops with topics on dealing with trauma and emotional/behavioral challenges.
    - Individual and family therapy.
    - Promatoras, cultural workers, and community healers should be embedded in schools, community organizations to conduct outreach to families and youth, link them to/provide them with culturally-humble support services.
- The need for continuous community engagement across community stakeholders and, most importantly, SF DPH BHS and MHSA current, former, and potential consumers.

> "*We should go out to the community to recruit people to work as a service provider. They are connected to their community – they can really get this type of work done."*
>
> - Client Council Member

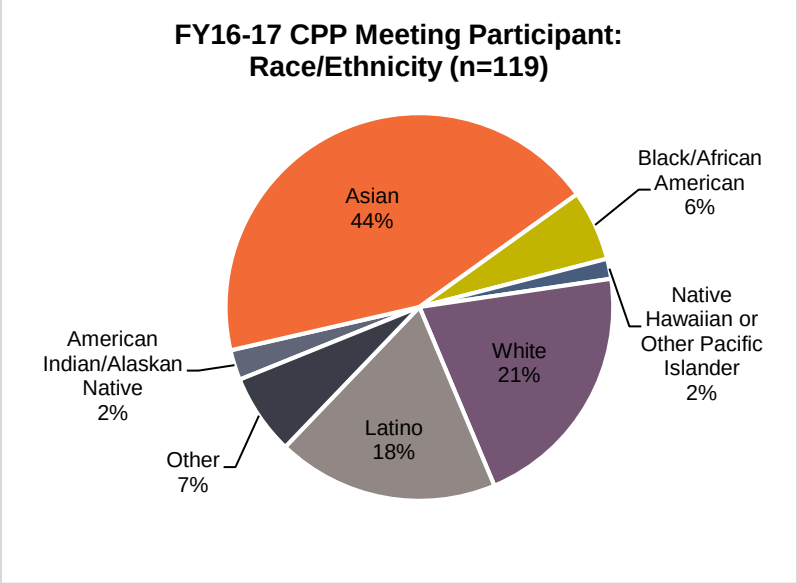
While most community members readily agreed that these were amongst the most pressing needs of the community, with regard to behavioral/mental health, many other ideas were also shared throughout the CPP process. This feedback includes, among other things, ideas to further engage unserved/underserved populations, strategies to combat cultural stigma, the importance of qualitative as well as quantitative data evaluation for programming, sensitivity/cultural humility trainings for service providers, and the threat violence poses on the community.

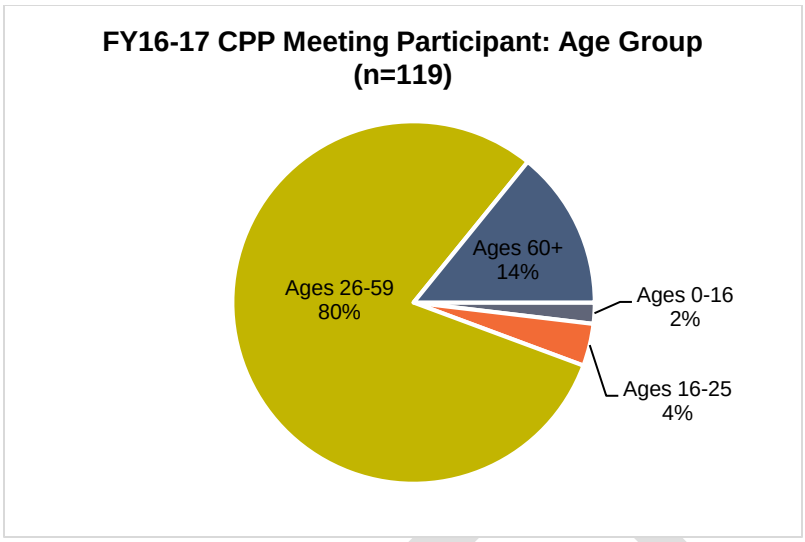
Other innovative ideas included partnering with other local counties to provide continued services, which is especially necessary with the cost of housing in San Francisco; collaborating with current and former consumers to design programs that support consumers who are transitioning from Intensive Case Management/Full Service Partnership programs to outpatient services; creating pop-up hubs across the City to promote MHSA programming and link people to services; and working with local philanthropic businesses (e.g., Twitter, Salesforce) to increase awareness and gain support of MHSA programming.

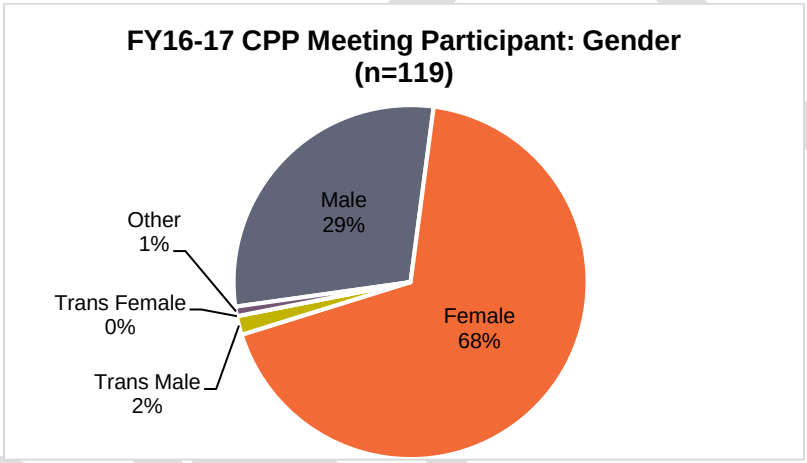
The feedback and input shared by our community stakeholders is under careful review and consideration by MHSA leaders and staff. This valuable feedback will be used to guide and refine MHSA-funded programming.

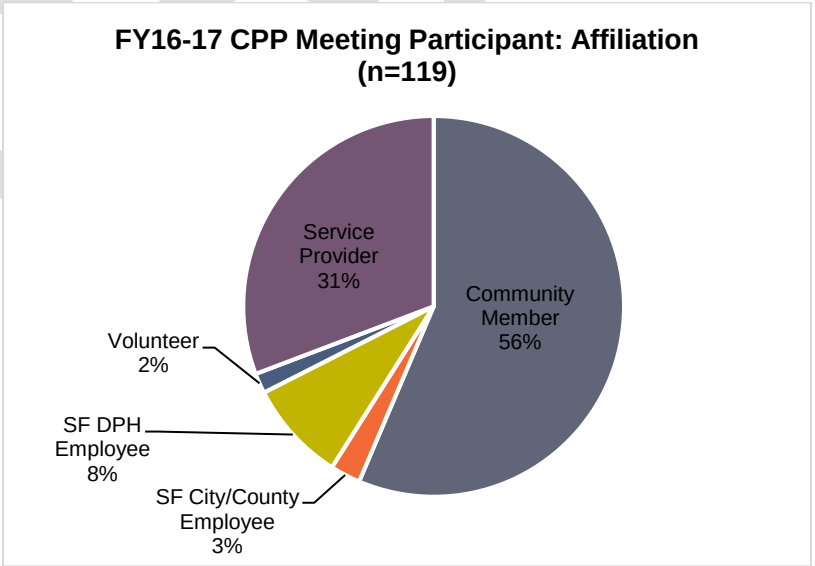
Community Program Planning Meeting Participation

Over 200 people participated in the eleven SF DPH MHSA community meetings held in early 2017. Of those attendees, SF DPH MHSA staff collected demographic data on 119 individuals and those data are reflected in the charts below.




FY16-17 CPP Meeting Participant: Age Group (n=119)
Ages 60+ 14%
Ages 0-16 2%
Ages 16-25 4%
Ages 26-59 80%


FY16-17 CPP Meeting Participant: Gender (n=119)
Male 29%
Other 1%
Trans Female 0%
Trans Male 2%
Female 68%


FY16-17 CPP Meeting Participant: Affiliation (n=119)
Service Provider 31%
Community Member 56%
Volunteer 2%
SF DPH Employee 8%
SF City/County Employee 3%

CPP with Service Provider Selection

SF MHSA includes elements of the CPP in developing and refining each of our programs. Frequently, this takes the form of an ad hoc committee or planning groups made of various stakeholders, including people with expertise or lived experience of specific populations. The MHSA principle of engaging consumers and family members is applied to all programs. The following are examples of recent CPP efforts that took place in developing Request for Proposals and contracting with service providers.

- As part of the Population-Focused Request for Qualifications (RFQ) development process, SF MHSA staff collected information from mental health consumers, family members of mental health consumers, the broader community and MHSA-funded community based organizations to better understand San Franciscans' mental health needs and desired support services. SF MHSA held three focus groups/dinners among various communities to gather feedback. The feedback revealed the need for honoring the heritage, histories, cultural and spiritual beliefs of oppressed and marginalized communities regarding health and mental health, and the need to respect community-defined practices toward wellness. These focus groups also revealed that Population Focused services should be centered on acknowledging the healing practices, ceremonies and rituals of diverse communities with an emphasis on understanding the cultural context first and working in partnership with programs to design culturally relevant and appropriate services. Programs should honor participants' cultural backgrounds and practices of mental health while also making available a variety of non-clinical support services.

- In order to inform and drive the Workforce Development RFQ, MHSA and BHS leadership developed a 5-Year Workforce Development Plan. MHSA/BHS conducted several focus groups with workforce stakeholders, consumers, and peer staff. A Steering Committee was also created to gather feedback regarding the workforce needs. These meetings provided insight and input, and also described some of the challenges that they see people of color facing at BHS. Some of the feedback included, but not limited to, the following:
    - Accessing Services is a big barrier
    - Importance of providers representing the diversity of people they serve
    - Importance of cultural humility
    - Discussion about gap in licensed supervisors
    - Discussion about pipeline development
    - Discussion about how to motivate current staff to go back to school to pursue further education

  In addition, SF DPH conducted a workforce engagement survey in the spring of 2015 to understand the issues and perspectives of their staff. This input from staff was also used to develop goals and objectives in the Workforce Development RFQ.

- MHSA Peer-to-Peer Services staff conducted several focus groups to elicit feedback to redesign existing peer programming and inform the Peer-to-Peer Employment Program RFQ. The Peer-to-Peer Services department conducted six peer, consumer, and family member focus groups to assess the needs of the community in order to redesign and better integrate the BHS peer-to-peer programs. In addition, consumers, family members and advocates consistently participated in manager meetings, staff meetings and decision-making meetings to provide valuable input in all areas of policy development, program development, implementation, budgeting, and evaluation. As a result, a new peer model was designed including streamlined services, additional training opportunities,

better supervision, increased on-the-job support, and support/consultation groups for peers.

- MHSA collected extensive information from mental health consumers, peers, family members and the broader community to determine the community needs and drive the Peer Health and Advocacy Programs RFQ. One of the leading barriers to peer wellness and recovery in the Bay Area is the lack of available career opportunities for peers in our peer educator and support programs, affected in part by the attitudes and expectations of the medical and mental health professions towards peer employment. Stakeholders noted that peer advocacy programs should work to demonstrate the benefit that peers' unique abilities and lived experiences can add to the mental health field.

- To further understand the needs of consumers and inform the Community Drop-In and Resource Support Services RFQ, MHSA gathered feedback from current providers of the existing drop-in centers. The most commonly cited barrier to the progress of participants in working toward their own wellness and recovery was the lack of affordable, stable housing in and around the City. Even with the development of market-rate housing, demand for affordable housing exceeds supply. Beyond the dire need for affordable housing, service providers noted the lack of secure storage facilities for participants' belongings during program activities as an insurmountable barrier for those who would otherwise wish to participate in the programs. Because many participants are homeless, they often carry all of their belongings with them, in carts, suitcases, and bags, but do not have an option of bringing these belongings with them to the program sites due to fire safety restrictions, pest prevention protocol, and other logistical issues. Another barrier to program participation cited by service providers is the lack of access to hygiene supplies and sanitation stations for homeless individuals. This directly affects many individuals' willingness and ability to engage in social activities.

- As part of the School-Based RFQ development process, SF MHSA staff collected information from behavioral and mental health consumers, as well as their families, peers, teachers, and service providers to better understand the needs of the community with regard to School-Based community mental health services. These efforts, as well as a mixed methods evaluation, evaluation identified the following factors as contributing to successful School-Based Mental Health Programs.
    - Alignment with the needs and resources of the schools. This includes aligning program objectives with those of the schools and respecting the culture of the school and community.
    - Staffing tenure and consistency.
    - Maintaining role clarity.
    - Creating a "safe space" for students by ensuring confidentiality and consistent attention to the students' needs.
    - Creating a "safe space" for teachers and administrators to think about the challenges they are facing, to receive professional coaching and to try out new strategies with students.
    - Agency capacity to collect, analyze and report on data that are relevant to the evaluation.

Program Implementation

The active engagement of stakeholders in planning continues into implementation. Providers and consumers are partnering with stakeholder groups to ensure programs are collaborating with other initiatives. Examples of our stakeholder engagement in implementation include the following:

- Providers from MHSA-funded agencies meet on a regular basis to discuss local MHSA program activities and to provide feedback.
- Population-Focused Mental Health Promotion Contractors Learning Circles: In order to promote a culturally competent and inclusive process, SF MHSA is holding a series of meetings called 'Learning Circles' with population-focused programs to collectively discuss and agree on service types, activities and outcomes. The shared performance objectives that have been developed are measured and reported on for the next fiscal year. The Learning Circles also provide an opportunity for programs to share their progress on implementation, goals and strategies for evaluation.
- Consumers and peers are involved in all areas of the program life-cycle. Consumers and peers participate in RFQ/P review panels, provide input as a vital stakeholder during the program planning and contract negotiation phase, and support with technical assistance during implementation to ensure the program is meeting the appropriate deliverables.

Peer Employment is a Critical Element of Community Program Planning

In drafting the guidelines for Proposition 63, an emphasis was placed on the importance of consumer participation in the mental health workforce. Certification programs were created at both San Francisco State and City College of San Francisco. In addition, all programs are encouraged to hire peers as members of program staff. In FY 15-16, over half of all grantees/contracts indicated that their program employs consumers or participants through MHSA funding, totaling 174 peers as employees. Consumers could be found working in almost all levels and types of positions, including as: peer mentors, health promoters, community advocates, workgroup leaders, teaching assistants, and in management. Several programs have positions created specifically for clients and consumers, including mentoring, advocacy, and peer facilitators.

San Francisco's Integrated MHSA Service Categories

2016 SF Community Health Fair

As discussed in the introduction to this report, San Francisco's initial MHSA planning and implementation efforts were organized around MHSA funding components (e.g., Community Services and Supports (CSS), Workforce Development Education and Training (WDET), Prevention and Early Intervention (PEI), and Innovation (INN)). In partnership with different stakeholders, Revenue and Expenditure Plans were developed for each of these components. The MHSA, however, required that these plans be ultimately merged into a single Integrated Plan. Through our community planning efforts, SF MHSA realized that developing an Integrated Plan with a common vision and shared priorities is difficult when funding streams were used as the framework. In partnership with our stakeholders, SF MHSA simplified and restructured the MHSA funding components into seven MHSA Service Categories in order to facilitate streamlined planning and reporting (see Exhibit 2 below).

These MHSA Service Categories have allowed us to plan programs and services for specific populations and to expand our continuum of services with clear outcomes – including integration of peers into service delivery, promoting culturally competent care, increasing access to housing and employment, and developing high quality recovery-oriented treatment services.

It is important to note that the majority of our MHSA Service Categories include services funded by INN. INN funding is intended to provide our mental health system with an opportunity to learn from new practices or approaches that will support system change and improve client, consumer, and family outcomes.

Exhibit 2. SF MHSA Service Categories

SF MHSA Service Category	Description
Recovery-Oriented Treatment Services	• Includes services traditionally provided in the mental health system (e.g., individual or group therapy, medication management, residential treatment) • Uses strengths-based recovery approaches
Mental Health Promotion & Early Intervention Services	• Raises awareness about mental health and reduces stigma • Identifies early signs of mental illness and increase access to services

Exhibit 2. SF MHSA Service Categories	
SF MHSA Service Category	**Description**
Peer-to-Peer Support Services	• Trains and supports consumers and family members to offer recovery and other support services to their peers
Vocational Services	• Helps consumers secure employment (e.g., training, job search assistance and retention services)
Housing	• Helps individuals with serious mental illness who are homeless or at-risk of homelessness secure or retain permanent housing • Facilitates access to short-term stabilization housing
Behavioral Health Workforce Development	• Recruits members from unrepresented and under-represented communities • Develops skills to work effectively providing recovery oriented services in the mental health field
Capital Facilities/Information Technology	• Improves facilities and IT infrastructure • Increases client access to personal health information

Developing this Integrated Plan

This Three-Year Program and Expenditure Plan (Integrated Plan) was developed in collaboration with various consumers, peers and other stakeholders. Our Integrated Planning effort was coordinated by a planning group comprised of the SF MHSA Director and Program Managers, with independent consulting firms (Hatchuel Tabernik & Associates and Harder + Company Community Research) providing data analysis, program planning, report writing, and meeting facilitation services.

In these planning efforts, SF DPH MHSA incorporated the stated goals of MHSA and revisited the local priorities and needs identified in previous planning efforts. All of the Community Program Planning strategies outlined in the previous section were employed in developing this plan. Additional strategies in this process are listed below.

- Reviewed previous three-year Program and Expenditure plans submitted for each MHSA component. This was done to understand how well priorities identified in those plan have been addressed, as well as to determine if all programs had been implemented as originally intended.
- Reviewed MHSA regulations, laws and guidelines released by the State (e.g., DMH, OAC, CalHFA) to ensure all mandated information would be incorporated in this plan.
- Reviewed informational materials produced by CalMHSA, CMHDA, and OSHPD.
- Reviewed Annual Program Reports and demographic data submitted by contractors and civil service programs.
- Conducted program planning with service providers and consumers through robust RFQ and contracting efforts throughout the Department

Much of this Integrated Plan is made up of programs implemented through previous plans. Most of our CPP activities over the last year have been focused on the development of this plan.

Local Review Process

Our Community Planning Process involved various opportunities for community members and stakeholders to share input in the development of our Integrated Planning effort and learn about the process of our MHSA-funded programs, including MHSA Advisory Committee meetings, BHS client council meetings, and community engagement meetings. Please see the components on MHSA Communication Strategies and MHSA Advisory Committee for a specific list of meeting dates and topics.

30-Day Public Comment Period

In fulfillment of the provisions of the Welfare and Institutions (W&I) Code Section 5848, a 30-day public review and comment of San Francisco's MHSA 2017-2020 Integrated Plan was posted on the SF MHSA website at www.sfdph.org/dph. The 3-Year Plan was posted for a period of 30 days from July 17, 2017 to August 16, 2017. Members of the public were requested to submit their comments by email. Following the 30-day public comment and review period, a public hearing was conducted by the Mental Health Board of San Francisco on XXX. The 3-Year Plan was also presented before the Public Safety and Neighborhood Services Committee on XXXX.

Add public comments:

Public Hearing & Board of Supervisors Resolution

Insert Resolution Here

As a result of the feedback we received during our Community Program Planning efforts and due to our successful evaluation outcomes, the following programs/projects will continue to operate as approved in the previous 3-Year Program and Expenditure Plan and previous Annual Updates:

- **Recovery-Oriented Treatment Services**
  - Strong Parents and Resilient Kids (SPARK)
  - San Francisco (SF) Connections
  - Family Mosaic Project
  - Transitional Age Youth Full-Service Partnership
  - San Francisco Transitional Age Youth Clinic
  - Adult Full-Service Partnership (Bayview, Oceanview, and Western Addition neighborhoods)
  - Adult Full-Service Partnership (Tenderloin neighborhood)
  - Assisted Outreach Treatment
  - San Francisco Fully Integrated Recovery Services (SF First)
  - Forensics
  - Older Adult Full-Service Partnership at Turk
  - La Cultura Cura/Trauma Recovery and Healing Services
  - Emic Behavioral Health Services
  - Assess, Identify Needs, Integrate Information & Match to services (AIIM) Higher
  - Prevention and Recovery in Early Psychosis (PREP)
  - Behavioral Health Access Center (BHAC)
  - WRAPS Dual Diagnosis Residential Treatment
  - Integration of Behavioral Health and Primary Care
- **Mental Health Promotion and Early Intervention**
  - Sharing Our Lives, Voices and Experiences (SOLVE)
  - School-Based Mental Health Services and Wellness Centers
    - Early Intervention at Burton High School
    - Behavioral Health Services at Balboa Teen Health Center
    - Mental Health Services
    - Youth Early Intervention
    - Wellness Centers
    - Trauma and Recovery Services
  - Senior Peer Recovery Center Program
  - Older Adult Behavioral Health Screening Program
  - Ajani Program
  - Black/African American Wellness and Peer Leadership Program (formerly referenced as SF Live D10 Wellness and African American Holistic Wellness)
  - African American Healing Alliance
  - Asian/Pacific Islander Youth Family Community Support Services
  - Asian/Pacific Islander Mental Health Collaborative
  - Indigena Health and Wellness Collaborative
  - Living in Balance

    - South of Market Self-Help Center
    - Tenderloin Self-Help Center
    - Community Building Program
    - Transitional Age Youth Multi-Service Center
    - ROUTZ Transitional Age Youth Wellness
    - Early Childhood Mental Health Consultation Initiative
        - Infant Parent Program/Day Care Consultants
        - Edgewood Center for Children and Families
        - Richmond Area Multi-Services
        - Homeless Children's Network
        - Instituto Familiar de la Raza
    - Mobile Crisis
    - Child Crisis
    - Crisis Response
- **Peer-to-Peer Support Programs and Services**
    - Addressing the Needs of Socially Isolated Older Adults **(INNOVATIONS)**
    - Lifting and Empowering Generations of Adults, Children and Youth (LEGACY)
    - Peer Response Team
    - Peer to Peer, Family to Family
    - Peer Specialist Certificate, Leadership Academy and Counseling
    - Transgender Health Services
    - Hummingbird Peer Respite **(INNOVATIONS)**
    - Peer to Peer Employment
    - Peer Wellness Center
    - Transgender Pilot Project **(INNOVATIONS)**
    - Reducing Stigma in the South East (RSSE)
    - Peer-Run Warm Line
- **Vocational Services**
    - Department of Rehabilitation Co-op
    - i-Ability Vocational IT Program
    - First Impressions **(INNOVATIONS)**
    - SF Fully Integrated Recovery Services (SF First) Vocational Project
    - Peer Outreach, Engagement and Education
    - Assisted Independent Living Vocational Program
    - Janitorial Services
    - Café and Catering Services
    - Growing Recovery and Opportunities for Work through Horticulture (GROWTH)
    - Transitional Age Youth Vocational Program
- **Housing**
    - Emergency Stabilization Housing
    - Full Service Partnership Permanent Supportive Housing
    - Housing Placement and Support
    - ROUTZ Transitional Housing for TAY
- **Behavioral Health Workforce Development**
    - Community Mental Health Worker Certificate
    - Summer Bridge
    - Faces for the Future Program

- Medicinal Drumming Apprenticeship Pilot
- Trauma Informed Systems Initiative
- Adolescent Health Working Group – Adolescent Health Issues
- Fellowship for Public Psychiatry in the Adult/Older Adult System of Care
- Public Psychiatry Fellowship at SF General

- **Capital Facilities and Information Technology**
  - Recent Renovations – Capital Facilities
  - Consumer Portal – Information Technology
  - Consumer Employment - Information Technology
  - System Enhancements - Information Technology

In addition to continuing the program/project investments described above, SF MHSA will also focus efforts in a number of key areas. These areas of focus are detailed below:

- **We will take measures to respond to the upcoming No Place Like Home (NPLH) bond.** NPLH re-purposes statewide MHSA funds, and will provide $2 billion for the construction and rehabilitation of permanent supportive housing for homeless individuals with severe and persistent mental illness. In the coming months, we will monitor the roll-out of this legislation, and will prepare to participate in the competitive funding process. In the years ahead, we will work to develop and implement effective NPLH programming and services.

- **We will adjust the SF MHSA budget to more accurately align with state allocations.** These adjustments will focus on maintaining and enhancing existing programming, as no additional dollars are expected. In the years ahead, we do not anticipate any major expansions to the MHSA components outlined in this report.

- **We will place a strong emphasis on program evaluation across the MHSA components.** In the years ahead, we will work to enhance our monitoring and evaluation activities, in order to effectively meet the performance objectives of our MHSA-funded programs. SF MHSA is committed to pursuing innovative and dynamic methods of data-informed evaluation.

- **We will introduce new and innovative initiatives in programming.** These initiatives represent the only additional expenditures planned for the SF MHSA budget, and are spotlighted below.

PLANNING FOR NEW INNOVATION (INN) PROJECTS

1. Family-Centered Behavioral Health Services

In collaboration with the California Mental Health Services Oversight and Accountability Commission (MHSOAC), Behavioral Health Services (BHS) is working to develop an innovative Family-Centered and Trauma-Based Program. The program model relies on a generational approach that establishes families as the center of our work and provides integrated care to families. This generational work is a pressing issue for San Francisco, as families are being pushed out of the City due to systematic changes in the economic environment. Developing a whole family approach will ensure that the family, not the individual, is the focus of support, empowerment, and sustainability. The plan is for this initiative to be funded using Innovation (INN) dollars, following the approval of the MHSOAC**.**

2. Intensive Case Management (ICM) Flow

The ICM Flow initiative is centered on the need to support behavioral health clients who no longer require the intensive level of care and service provided by the ICM and Full Service Partnership (FSP) programs. Clients who show progress toward recovery and engagement may be more appropriately and well supported at an outpatient clinic. Unfortunately, several factors can impede a successful transition—defined as linkage and engagement—to outpatient care. With ICM Flow, more clients will transition safely to outpatient care, living more self-directed lives that support their wellness and connection to a community that has meaning for them.

ICM Flow will be driven by providers, consumers, and BHS leaders working together to bridge the wide gap between ICM and outpatient levels of care, and more effectively support clients in the transition. We expect to convene a series of discussion and planning meetings for stakeholder engagement, then identify priority areas of practice improvement to define and test. Woven throughout the project will be the integration of volunteers and peer employees. We will recruit these peers to help inform the planning, testing, data collection, interpretation, and implementation of any and all practice changes. The plan is for this initiative to be funded using Innovation (INN) dollars, following the approval of the MHSOAC.

Organization of this Report

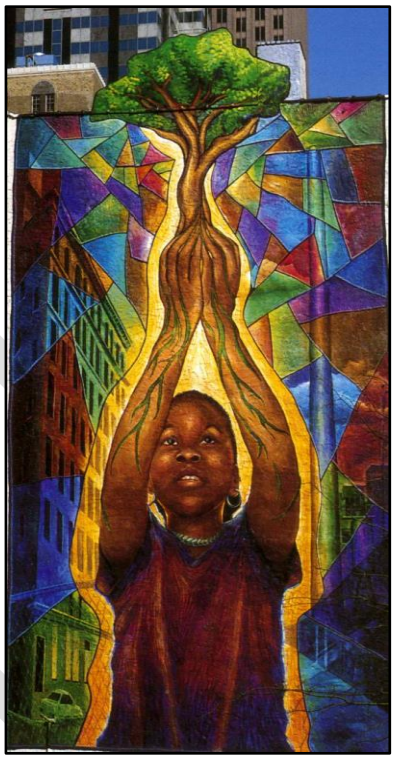
This report illustrates progress in transforming San Francisco's public mental health system to date, as well as efforts moving forward. The following seven sections describe the overarching purpose of each of San Francisco's MHSA Service Categories. Each program section includes an overview and description, the target population, highlights and successes for the following seven categories:

- Recovery-Oriented Treatment Services
- Mental Health Prevention & Early Intervention Services
- Peer-to-Peer Support Programs and Services
- Vocational Services
- Housing Services
- Behavioral Health Workforce Development
- Capital Facilities & Information Technology

Snapshot from behavioral health vocational program (GROWTH horticulture program) in FY16-17.

1. Recovery-Oriented Treatment Services

Service Category Overview



Recovery-Oriented Treatment Services include services traditionally provided in the mental health system, such as screening and assessment, clinical case management, individual and group therapy, and medication management.

The majority of MHSA funding for Recovery-Oriented Treatment Services is allocated to Full Service Partnership (FSP) Programs. The remaining funds are distributed to the following programs and initiatives.

- The Prevention and Recovery in Early Psychosis Program
- Trauma Recovery Programs
- Behavioral Health and Juvenile Justice Integration
- Dual Diagnosis Residential Treatment
- The Behavioral Health Access Center
- Behavioral Health and Primary Care Integration

Full Service Partnership Programs

Program Collection Overview

Full Service Partnership (FSP) programs reflect an intensive and comprehensive model of case management based on a client-and family-centered philosophy of doing “whatever it takes” to assist individuals diagnosed with severe mental illness (SMI) or severe emotional disturbance to lead independent, meaningful, and productive lives. FSP programs were designed under the leadership of the former California Department of Mental Health in collaboration with the California Mental Health Directors Association, the California Mental Health Planning Council, the Mental Health Services Oversight and Accountability Commission, mental health clients and their family members, mental health service providers, and other key stakeholders of the mental health system to implement more recovery-oriented treatment modalities for the clients in the public health system who require more intensive levels of support than regular outpatient clinics can provide. In existence since 2005, FSP programs continue to develop the distinguishing characteristics that lead to positive outcomes for mental health clients and their families.

Target Populations

Full Service Partnership (FSP) programs are designed to provide wraparound support services to individuals who are either not currently enrolled in the behavioral health treatment system or are not currently receiving adequate services and supports. These populations may include those who 1) are homeless or at-risk of homelessness or eviction; 2) make frequent visits to medical or psychiatric emergency services; 3) are involved in the adult criminal justice system; 4) are in Adult or Child Protective Services custody; 5) identify as Lesbian, Gay, Bisexual,

Transgender and Questioning; 6) are aging out of institutional care or foster care; 7) have been traumatized or ostracized by violence, abuse, discrimination, stigma, gang involvement, and isolation; and/or 8) have co-occurring mental health/substance use disorders.

Update on FSP Evaluation

In San Francisco, the eleven FSPs are fully integrated into the children and adult systems of care. However, due to the enhanced funding provided by the Mental Health Services Act, and the regulatory requirement to complete client outcome data in the Data Collection and Reporting (DCR) system, Quality Management launched an extensive evaluation of the FSPs in 2016.

Phase I of the FSP evaluation, the first of many, covers the following:

- FSP program descriptions of services
- Results of interviews with clients, staff and directors about the services provided
- Demographics of clients actively enrolled in FY 15-16
- Outcomes drawn from DCR data and interviews with clients, clinicians and directors from the TAY, adult and older adult FSPs

The Phase I evaluation is going through its community review process and will be disseminated to San Francisco stakeholders and the California Mental Health Services Act Oversight and Accountability Commission in May 2017. Phase II of the evaluation includes interviews and focus groups with directors, clinicians, clients and family members from the Children, Youth and Families (CYF) FSP programs and is scheduled for completion in the fall of 2017.

The FSP Evaluation Advisory Committee meets regularly (usually monthly) to decide evaluation priorities, design evaluation plans, create and review data collection methods and tools, discuss findings and generate recommendations. Members of the committee represent clinicians, program directors, peer employees and consumers with lived experience.

Priorities for evaluation to be addressed in upcoming phases are likely to include successful transitions from FSP to outpatient care, process and outcomes related to MHSA Housing, integration of peer employees into FSP programs, and evaluating the role of substance use and treatment within the FSPs.

Full Service Partnership Programs		
Target Population	**Program Name**	**Services**
Children 0-5 & Families	Strong Parents and Resilient Kids (Instituto Familiar de la Raza)	Provides trauma focused dyadic therapy, intensive case management and wraparound services to the 0 – 5 population
Children & Adolescents	SF Connections (Seneca)	Offers wraparound services to help children and their families achieve stability and increase access to community resources
	Family Mosaic Project (DPH)	Provides intensive case management and wraparound services in the Bayview, Mission, and Chinatown neighborhoods
Transitional Age Youth	TAY FSP (Family Services Agency)	Provides physical health care, mental health treatment, medication management, employment assistance, housing support, and peer support
	SF TAY Clinic (DPH)	Conducts intensive services (e.g., training on independent living skills, mental health and substance abuse counseling) with youth transitioning out of foster care and child welfare system
Adults	Adult FSP (Family Services Agency)	Conducts wellness and creative arts workshops, holds community cultural events, offers support groups, and organizes healing circles for African Americans living in the Bayview, Oceanview, and Western Addition neighborhoods
	Adult FSP (Hyde Street Community Services)	Implements mental health promotion efforts to homeless individuals in the Tenderloin who have not successfully engaged with outpatient services and frequently experience multiple co-occurring disorders
Adults/Older Adults	Assisted Outpatient Treatment (SF Behavioral Health Services & UCSF Citywide Case Management)	Improves the quality of life of participants, supports them on their path to recovery and wellness, and prevents cycling through acute services and incarceration with a particular focus on providing community-based services and multiple opportunities for an individual to engage in voluntary treatment
	SF Fully Integrated Recovery Service Team (DPH)	Provides services (e.g., individual or group therapy, medication management) to individuals with SMI who have been homeless for an extended time
	Forensics (UCSF Citywide Case Management Forensics)	Provides consultation, services, screening and assessment, and other mental health services to adults who are engaged with the Behavioral Health Court
	Older Adult FSP at Turk (Family Services Agency)	Serves older adults age 60 and above who need specialized geriatric services related to mental health and aging

Spotlight Program - Assisted Outpatient Treatment Program (AOT)

In July 2014, San Francisco's Board of Supervisors authorized Assisted Outpatient Treatment (AOT), most commonly referred to as Laura's Law, as a response to Mayor Ed Lee's 2014 Care Task Force. Laura's Law allows a relative, roommate, mental health provider, or police or probation officer to petition the courts to compel outpatient treatment of a person with mental illness. Implemented November 2, 2015, the San Francisco AOT Model is utilized as an intervention and engagement tool designed to assist and support individuals with mental illness (www.sfdph.org/aot). The program has been constructed to employ principles of recovery and wellness, and has a particular focus on community-based services and multiple opportunities for an individual to engage in voluntary treatment. The ultimate goal of the program is to improve the quality of life of participants and support them on their path to recovery and wellness, as well as prevent decompensation and cycling through acute services (e.g., psychiatric hospitalization) and incarceration.

On average, the AOT Care Team has a 1:1 rate of successful contact of referred individuals.

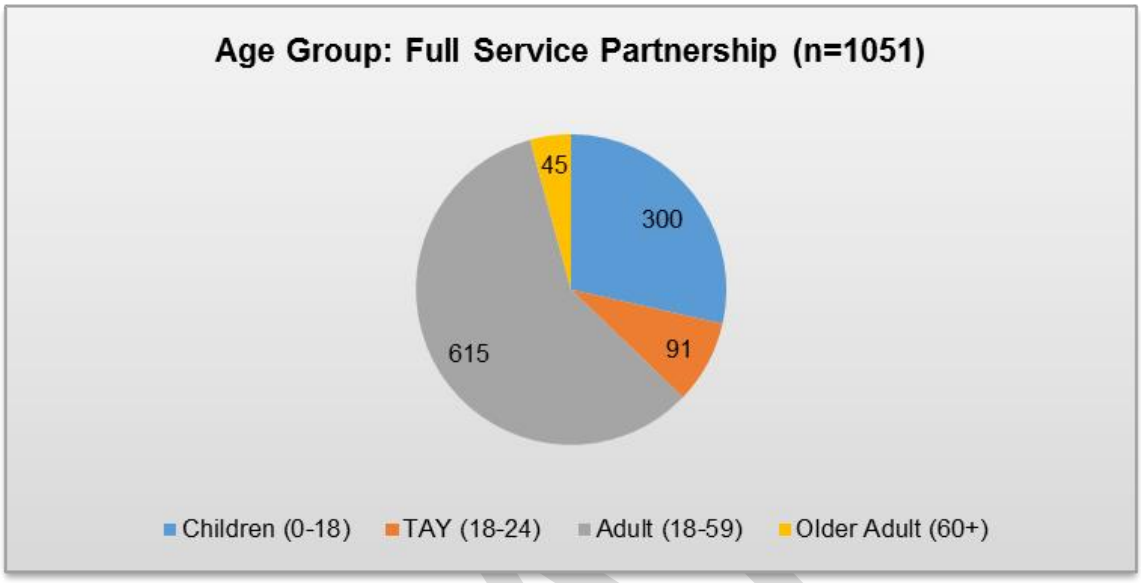
In its first year of implementation, the program has seen tremendous success in engaging people in voluntary mental health support services. Almost all of the 108 people referred to the program were flagged by relatives or mental health providers and 40% had been homeless in the past three years. Sixty percent of those referred accepted the voluntary services and, of the remaining 40 percent, some did not meet the criteria for Laura's Law and DPH opted to take the seven most severe courses to court. Three people agreed to treatment, DPH withdrew one case, and the remaining three cases were ordered into treatment by a judge. DPH relies on the court petition only in the most severe cases as a last resort. In addition to supporting positive changes for program participants and their families, San Francisco's AOT model may catalyze enhancements to various systems that affect persons prioritized by the program.

As the AOT program progresses into its second year of implementation, we intend to expand evaluation components to include the following:

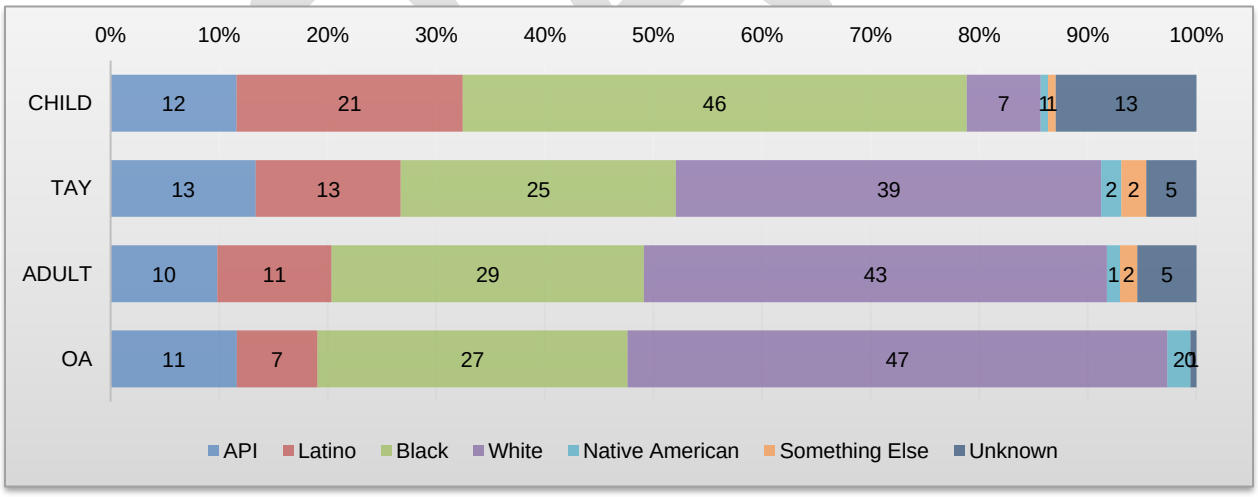
- Rates of and influences on successful treatment adherence among AOT participants.
- Social functioning and independent living among current and former AOT participants.
- Strategies to expand family support and to achieve acceptable balance between family expectations and program goals.
- AOT impact on substance use by AOT participants and substance use disorders.
- Use and results of employment service programs by AOT participants.
- Victimization and violence reduction effects of AOT.
- Best practices for engagement and intervention efforts.

Participant Demographics, Outcomes, & Cost per Client

Demographics: Full Service Partnership



Ethnicity (%) of Clients Active FY15-16, by Age Group



FSP Population	FY15-16 Key Outcomes and Highlights
Children, Youth, and Families	• For those children living with non-parental family, total days in restrictive residential treatment decreased 62% from baseline year to 1st year in FSP. • Days living in shelters and temporary housing decreased 43% for child clients. • Emergency events for child clients—such as physical health emergencies, suspensions, and expulsions—all decreased by at least 89% from baseline year to 1st year in FSP.
Transitional Age Youth (TAY)	• TAY clients enrolled in FSP showed an increase in supervised placement of 172% and an increase in SRO (lease) placement of 281%, from baseline year to 1st year. • Among TAY clients, mental health emergencies decreased from 113 events per 100 clients in baseline year, to 33 events per 100 clients in 1st year in FSP. • Arrests among TAY clients decreased 88% from baseline year to 1st year in FSP.
Adults	• From baseline year to 1st year in FSP, adult clients showed a 67% decrease in days homeless, a 55% decrease in days in a justice setting, and a 28% decrease in days hospitalized. • For adult FSP clients, days in an SRO (lease) increased 32%, and days in residential treatment increased 56%, from baseline year to 1st year in FSP. • Among adult clients, arrests decreased from 53 events per 100 clients in baseline year, to 7 events per 100 clients in 1st year in FSP. • Mental health emergencies among adult clients decreased 79% from baseline year to 1st year in FSP, while physical health emergencies decreased from 82 per 100 clients, to 14 per 100 clients.

Older Adults

- From baseline year to 1st year in FSP, older adult clients showed a 77% increase in days in residential treatment, and a 37% increase in days in supervised placement.
- Days in shelter and temporary housing decreased 16% and days homeless decreased 41%, from baseline year to 1st year in FSP.
- Among older adult clients, mental and physical health emergencies decreased 77% and 75%, respectively, from baseline year to 1st year in FSP.
- Total arrests among older adult clients decreased from 20 in baseline year, to 0 in 1st year of FSP.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[2]**
Full Service Partnership (Children)	300 clients	$1,315,782	$4,386
Full Service Partnership (TAY)	91 clients	$921,401	$10,125
Full Service Partnership (Adult)	615 clients	$4,130,918	$6,717
Full Service Partnership (Older Adult)	45 clients	$609,367	$13,541

Trauma Recovery Programs

Program Collection Overview

Children and youth impacted by trauma, including community violence, face serious risk for multiple health and social problems including physical injury, post-traumatic stress syndrome, incarceration, and social isolation. Cultural, linguistic and socially relevant services serve as vehicles in the engagement, assessment, differential diagnosis and recidivism of youth and their families. Services that integrate various interventions – e.g., crisis intervention, family support, case management and behavioral change -- within the context of values, beliefs and norms rooted in the community being served have been well-documented and underscore the importance of providing culturally proficient models of service.

Target Populations

The Trauma Recovery programs serve youth ages 12 to 25, as well as their families, with a focus on youth of color, particularly Latinos who reside in the Mission District, and youth who come from low-income and/or immigrant families. Program participants are typically individuals

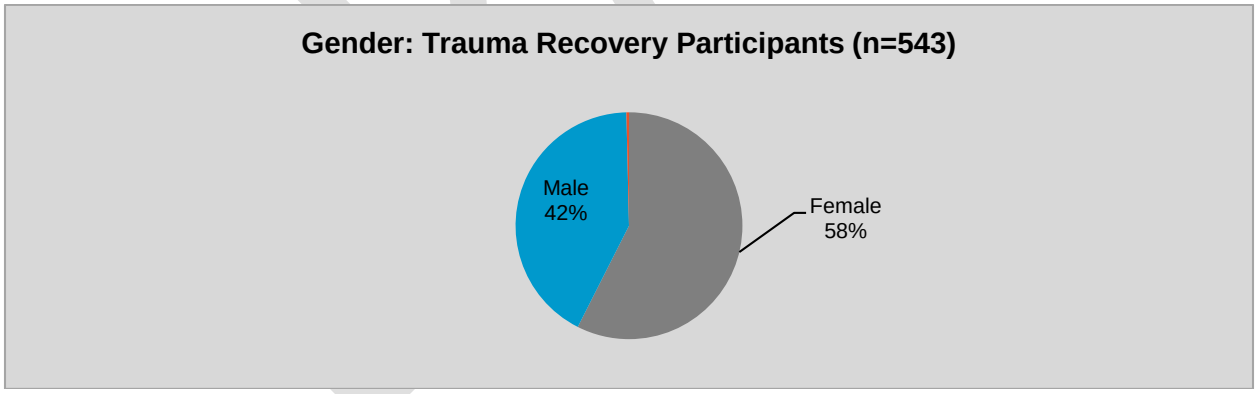
[2] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

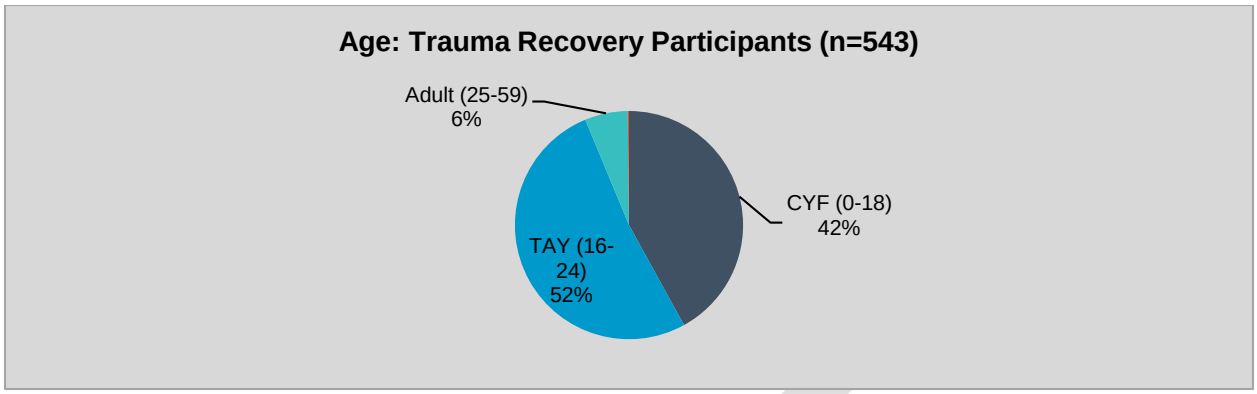
who have been affected by violence. Most often, these youth are faced with a number of additional risk factors, including lack of educational success/withdrawal from school, familial mental health and substance use disorders, multi-generational family involvement in crime, community violence, and extreme poverty.

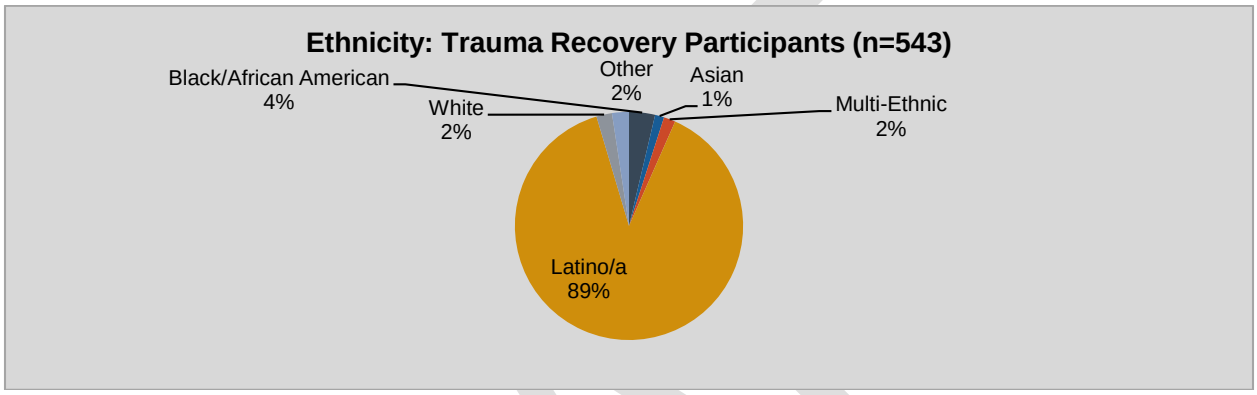
Trauma Recovery Programs	
Program Name	**Services Description**
La Cultura Cura/Trauma Recovery and Healing Services	Instituto Familiar de la Raza provides trauma recovery and healing services through its Cultura Cura Program to individuals ages 12 to 25 and their families, with an emphasis upon Mission District youth and Latinos citywide. Services include prevention and intervention modalities to individuals, agencies and the community.
Emic Behavioral Health Services	Horizon Unlimited's Emic Behavioral Health Services (EBHS) program provides services to meet the unmet mental health needs of youth and families whose problems place them at significant risk, and impede adequate functioning within their family, school, community and mainstream society. The EBHS treatment model combines culturally informed, evidence based substance abuse and mental health principles and practices that are linguistically sensitive, strength based, family focused and bio-psychosocially-oriented.

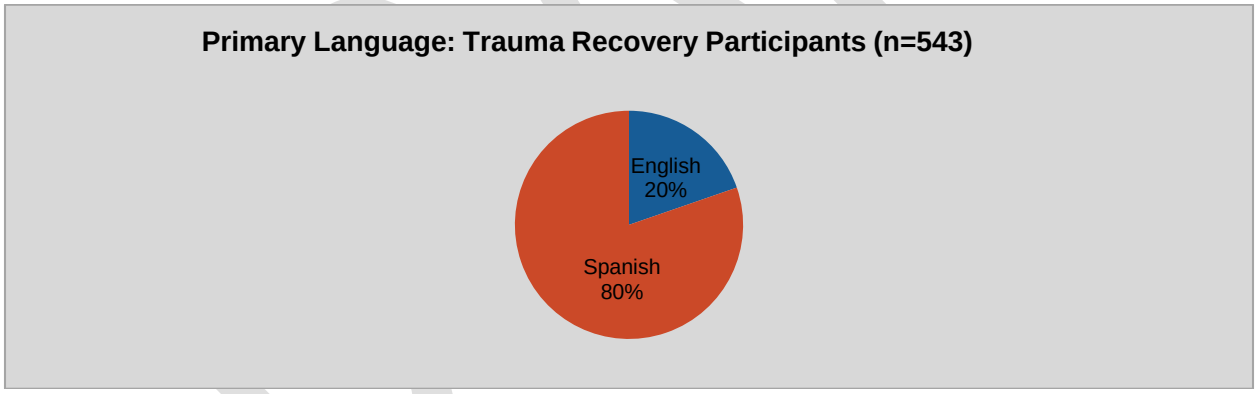
Participant Demographics, Outcomes, and Cost per Client

Demographics: Trauma Recovery




Age: Trauma Recovery Participants (n=543)
Adult (25-59) 6%
CYF (0-18) 42%
TAY (16-24) 52%


Ethnicity: Trauma Recovery Participants (n=543)
Black/African American 4%
Other 2%
Asian 1%
White 2%
Multi-Ethnic 2%
Latino/a 89%


Primary Language: Trauma Recovery Participants (n=543)
English 20%
Spanish 80%

Program	FY15-16 Key Outcomes and Highlights
La Cultura Cura – Instituto Familiar de la Raza	• In FY15-16, IFR provided trauma screening to determine eligibility for services to 267 unduplicated clients, 100% of whom received resource information, access to treatment, or triage to other programs. • 27 youth were served through individual treatment services, with 70% of youth receiving 12 months of ongoing service. • IFR's behavioral health specialists provided over 40 care manager development sessions for violence prevention case managers from La Cultura Cura and Roadmap to Peace, group facilitators, substance use treatment providers, and employment development specialists.
Horizons Unlimited – Emic Behavioral Health Services	• 94% of participants in wellness activities completed at least 10 sessions and reported an increase in their quality of life, as measured by the Quality of Life survey. • 58 clients in total received non-clinical case management services, and were referred to behavioral health and/or social services. 100% of the clients receiving non-clinical case management services completed at least one of their care goals. • EBHS attended over 10 community tabling events in FY15-16, connecting with community members, youth, and families. Staff also spoke with SFUSD Wellness Coordinators at various high schools, reaching 1,439 unduplicated students in total.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[3]**
Trauma Recovery Programs	3,071 clients	$363,552	$118

Behavioral Health and Juvenile Justice System Integration

Program Overview

Assess, Identify Needs, Integrate Information, and Match to services (AIIM) Higher serves as a single point of entry for youth involved in the San Francisco Probation System to get connected to community-based behavioral health services. AIIM Higher is a partnership among the San Francisco Juvenile Probation Department, the Child, Youth and Family System of Care, and

[3] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

Seneca. The AIIM Higher team is comprised of mental health clinicians who conduct clinical assessments and facilitate community behavioral health linkages for probation-involved youth in San Francisco.

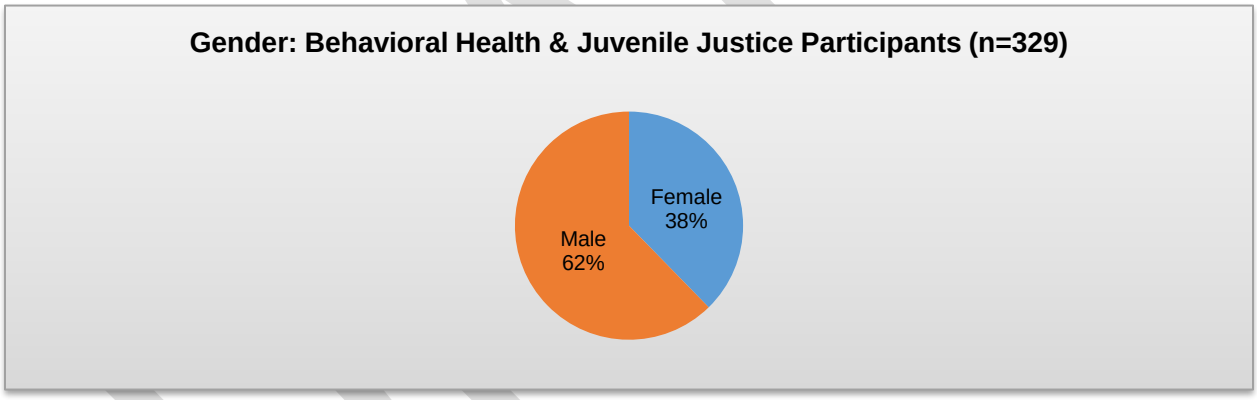
AIIM Higher and its affiliated programs operate citywide and serve youth and their families wherever they feel most comfortable whether it is at home, school, or in the community. Services are also offered at the Juvenile Justice Center and in Juvenile Hall.

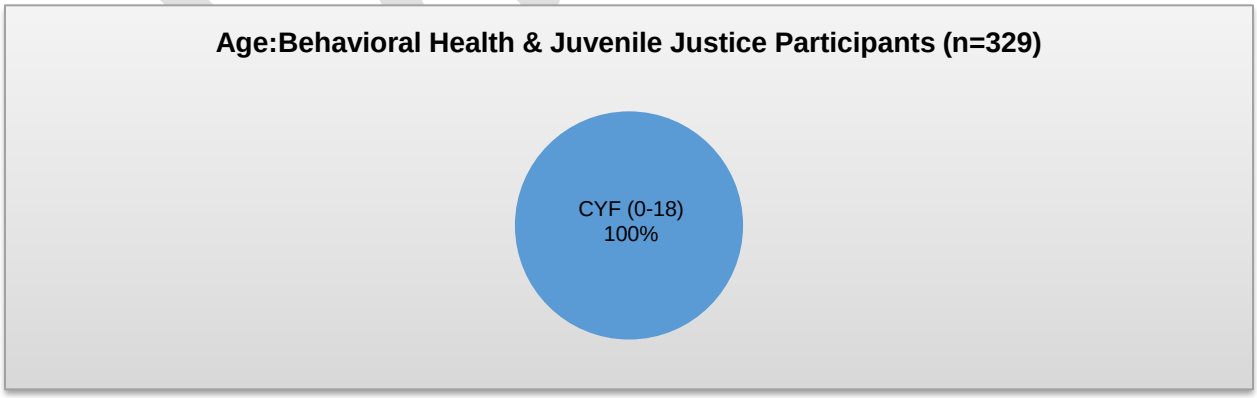
Target Populations

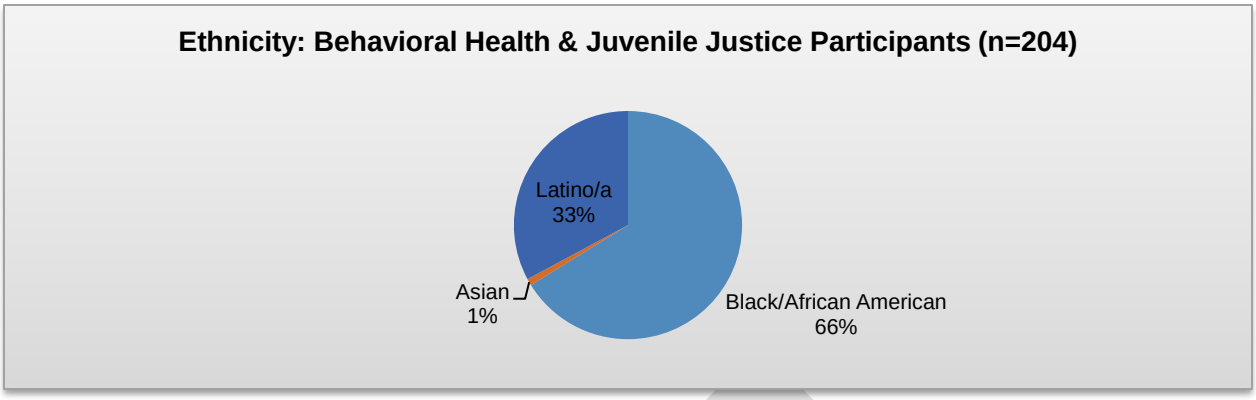
The programs making up the Integration of Behavioral Health and Juvenile Justice serve youth ages 11- 21 and their families. African American and Latino youth are overrepresented in the juvenile justice system and make up the majority of who is served. AIIM Higher and its affiliated programs operate citywide and serve youth and their families wherever they feel most comfortable whether it is at home, school, or in the community. Services are also offered at the Juvenile Justice Center and in Juvenile Hall.

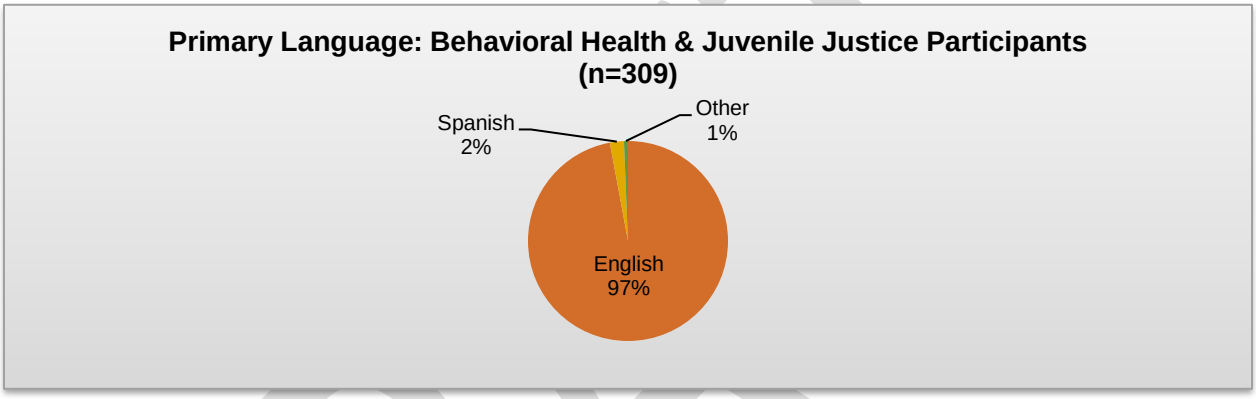
Participant Demographics, Outcomes, and Cost per Client

Demographics: Behavioral Health and Juvenile Justice Integration









Program	FY15-16 Key Outcomes and Highlights
AIIM Higher – Seneca Center, and City and County of San Francisco	• In FY15-16, of 119 eligible youth, 57 youth and their families were provided with Child Adolescent Needs & Strengths (CANS) assessment, planning, linkage and engagement services. • Of the youth who received CANS assessments and were successfully linked to services, 100% engaged in at least three follow up sessions with the newly identified provider. • In FY15-16, 100% of AIIM Higher participants indicated that services were thorough and therapeutic in nature, and that linkages were appropriate.

Cost per Client

Program	Clients Served	Annual Cost	Cost per Client[4]
Behavioral Health & Juvenile Justice Integration	329 clients	$466,070	$1,417

[4] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

Spotlight Program – Prevention and Recovery in Early Psychosis (PREP)

Program Overview

Roughly half of all lifetime mental disorders have been shown to start by the mid-teens and three-fourths by the mid-20s. Severe disorders like schizophrenia are typically preceded by earlier behavioral, social and emotional signs and symptoms that seldom receive clinical attention. Research shows that intervening during the early stages of psychosis improves outcomes. However, treatment is often not accessed until a number of years later. Missing this critical window for early intervention can lead to greater suffering, trauma, and functional deterioration.

PREP is an early intervention treatment program for schizophrenia and early psychosis for individuals between the ages of 16 and 30 to support symptoms remission, active recovery, and full engagement with family, peers, and coworkers. This model is based on established programs internationally in Australia and the United Kingdom, and nationally in the state of Maine, among other sites. PREP treatment services include the following: algorithm-based medication management, cognitive rehabilitation, cognitive behavioral therapy for early psychosis, multi-family groups (MFG), strengths-based care management, and neuropsychiatric and other advanced diagnostic services. PREP has a significant outreach component that obtains referrals of appropriate clients into the program, and that is designed to reduce the stigma of schizophrenia and psychosis in general and promote awareness that psychosis is treatable.

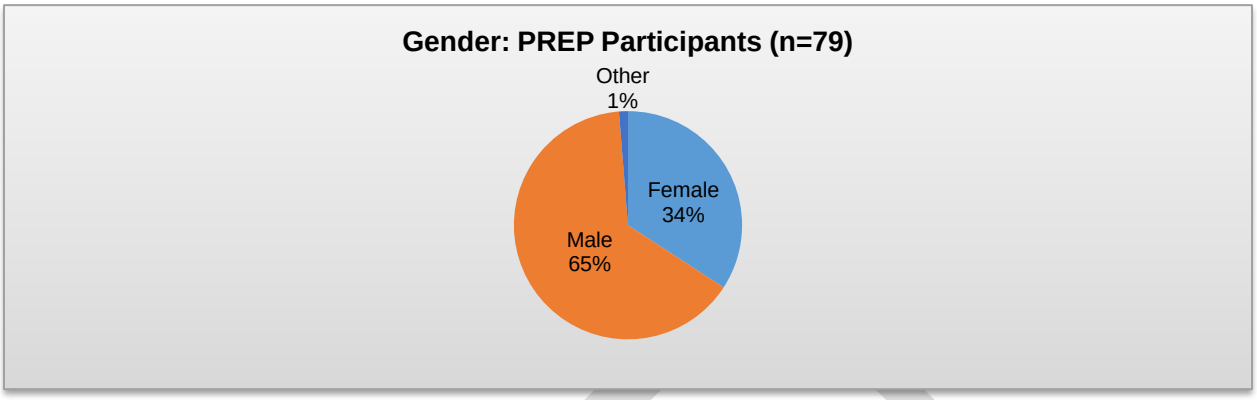
Since its launch in 2010, the PREP program has shown positive outcomes with participants demonstrating reductions in mental health symptoms and increases in functioning, quality of life, engagement in services and satisfaction with services.

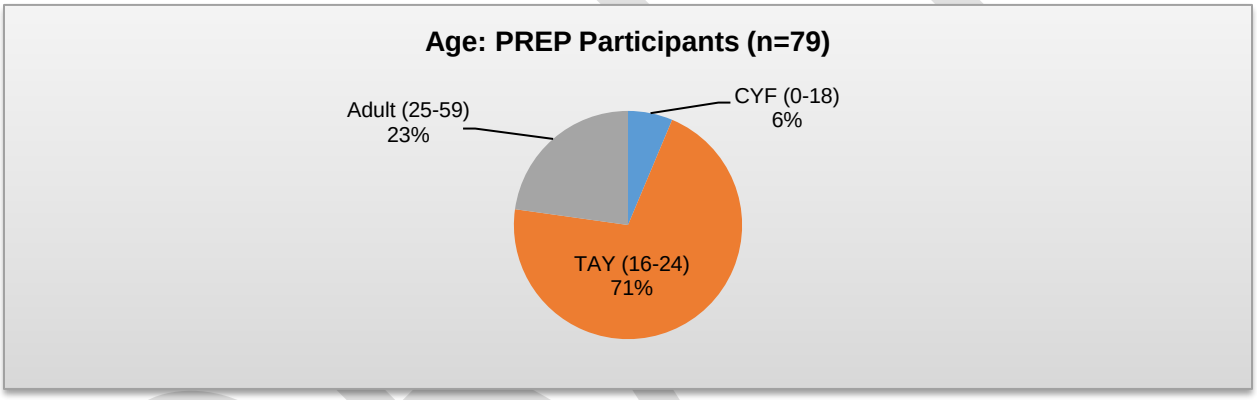
Target Populations

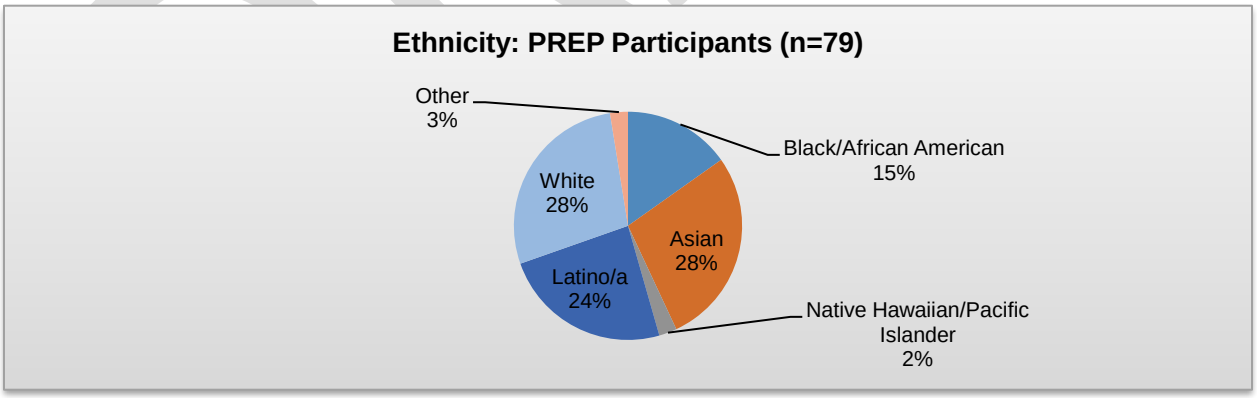
PREP serves youth and young adults between the ages of 14-35, with most clients being transitional age youth (TAY) who fall between the ages of 16 and 24. The program targets individuals who had their first psychotic episode within the previous two years or who, as identified in the PREP diagnostic assessment, are at high risk for having their first episode within two years.

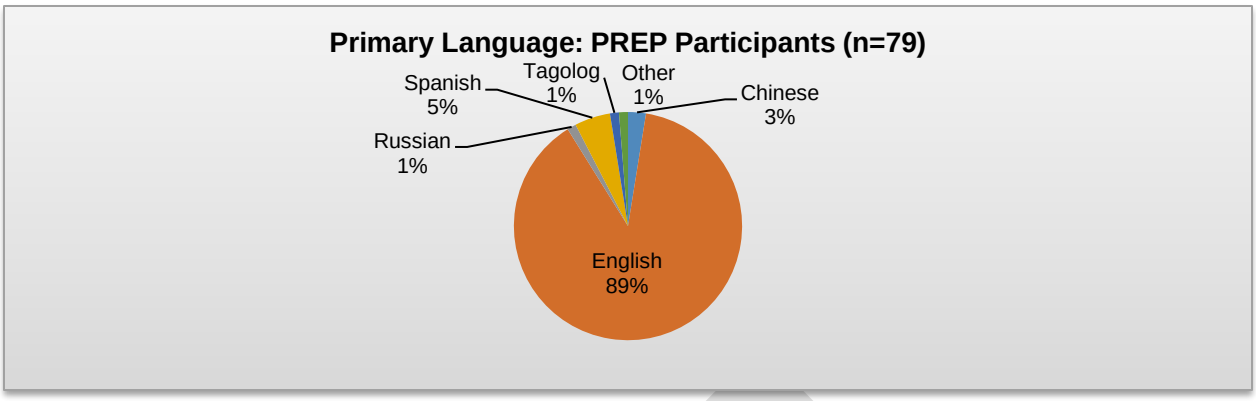
Participant Demographics, Outcomes, and Cost per Client

Demographics: PREP









Program	FY15-16 Key Outcomes and Highlights
PREP	• In FY15-16, 41 clients were enrolled in PREP for 12 months or more. Based on CIRCE and AVATAR records, 13 of these clients (32%) were enrolled in new educational and vocational activities. • By the end of FY15-16, clients with a history of acute inpatient episodes showed a 70% reduction in acute inpatient setting episodes and an 89% reduction in days hospitalized during the first 12 months of enrollment in PREP. • Of the 41 clients enrolled in FY15-16 for 12 month or more, 29 (77%) showed improvement in PCI Domain Analyses.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[5]**
Prevention and Recovery in Early Psychosis (PREP)	79 clients	$915,724	$11,591

Behavioral Health Access Center (BHAC)

Program Overview

Designed and implemented in 2008, with the goal of ensuring more timely access to behavioral health services and better coordinating intake, placement authorization, and referral processes for individuals seeking care, the Behavioral Health Access Center (BHAC) was one of the first projects funded by MHSA. The BHAC is a portal of entry into San Francisco's overall adult and older adult system of care and co-locates the following five behavioral health programs:

[5] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

1) Mental health access for authorizations into the Private Provider Network
2) The Treatment Access Program for assessment, authorization, and placement into residential treatment
3) The Offender Treatment Program to place justice mandated clients into addiction and dual diagnosis treatment
4) Centralized Opiate Placement Evaluation (COPE) and Office-Based Buprenorphine Induction Clinic (OBIC) for evaluation and placement into Opiate Replacement Therapy
5) The BHS Pharmacy that provides buprenorphine for Integrated Buprenorphine Intervention Services (IBIS) clients, methadone maintenance for Office-Based Opioid Treatment (OBOT) clients, ambulatory alcohol detoxification medications for Treatment Access Program clients, naloxone for opiate overdose prevention, specialty behavioral health medication packaging and serves as a pharmacy safety net for all BHS clients

As a program that serves clients on both a drop-in and appointment basis, BHAC seeks to provide the necessary care coordination for all San Franciscans in need of behavioral health care.

Target Populations

The BHAC target population includes multiple underserved and vulnerable populations including those with serious, chronic, and persistent mental illness, substance use disorder and dual diagnosis clients. A substantial number of clients are indigent, homeless, non-English speaking, and/or in minority populations. One of the pharmacists is bilingual and provides direct client treatment for medication management, medication review, and smoking reduction services to the Cantonese-speaking population at Chinatown North Beach Clinic and Sunset Mental Health Center. One of the Eligibility Workers is tri-lingual and able to serve clients speaking English, Spanish, and Tagalog.

Program Outcomes, Highlights and Cost per Client

Program	FY15-16 Key Outcomes and Highlights
Behavioral Health Access Center	• Provided 1,814 unduplicated care episodes with access to behavioral and physical health care in FY15-16. • BHAC staff received 20,560 calls from residents of San Francisco seeking access to mental health services. • Conducted 712 face-to-face contacts with clients accessing care and in need of concurrent primary care services. • In FY15-16, BHAC implemented enhanced overnight and out-of-hours interventions for clients in crisis, and/or in need of services during nights, weekends and holidays, creating a truly 24/7, 365 day intervention. • The BHAC Offender Treatment Program (OTP) served 309 clients referred by the Adult Probation Department and in need of behavioral health services in FY15-16.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[6]**
Behavioral Health Access Center	1,814 clients	$934,728	$515

Dual Diagnosis Residential Treatment

Program Overview

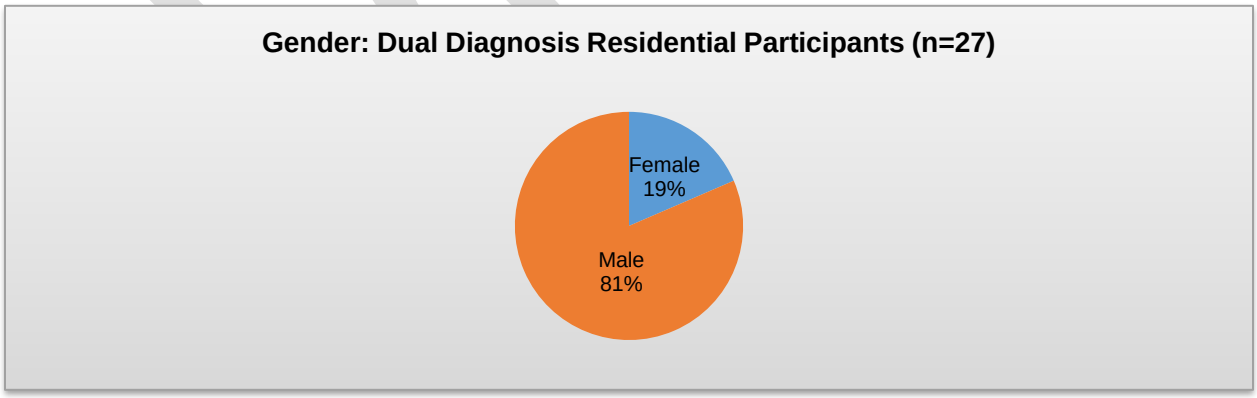
HealthRight 360 (HR 360) WRAPS provides brief residential psychiatric stabilization, designed for clients who might otherwise be diverted to Psychiatric Emergency Services or an Acute Diversion Unit setting. WRAPS is a well-established resource for clients who require residential stabilization. Clients participate in the larger structure of groups, individual services and care management that all clients in the facility receive. Groups include Wellness Recovery Action Plan, Dialectical Behavioral Therapy, Grief and Loss, Skills Training, etc. Individual services include Drug and Alcohol Counseling, Individual Therapy if needed, access to psychiatric services through the four medical clinics, case management, linkage and referral to community services.

Target Populations

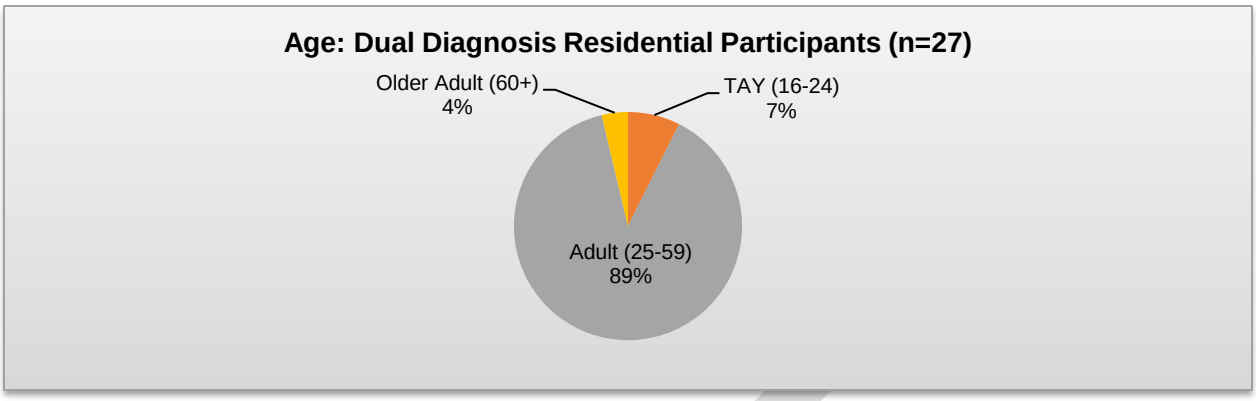
Dual diagnosis residential treatment services are provided to individuals who do not have Medi-Cal coverage and who would otherwise not be eligible for services. As a result of the Affordable Care Act (ACA), more individuals are now eligible to enroll in Medi-Cal than ever before. SF MHSA intends to partner with the service provider and other stakeholders to evaluate how ACA may impact the target population for this program.

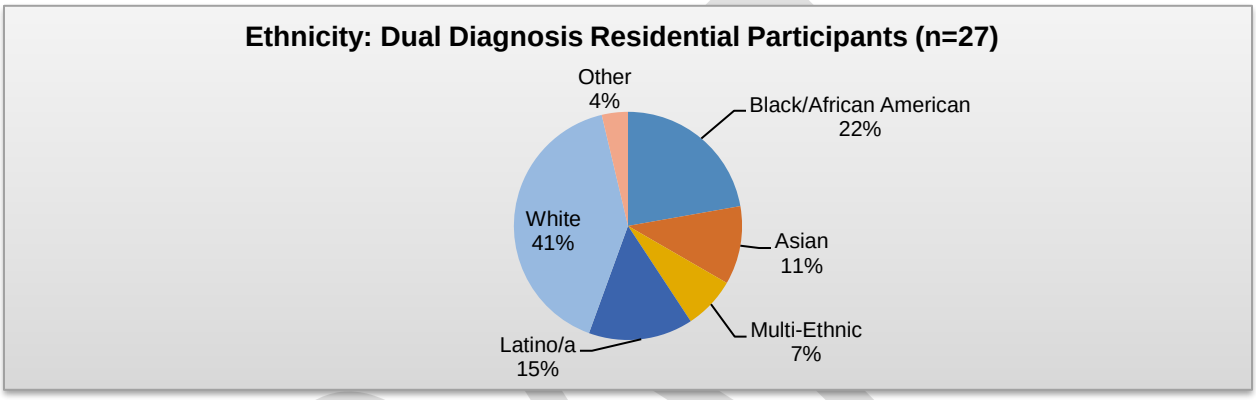
Participant Demographics, Outcomes, and Cost per Client

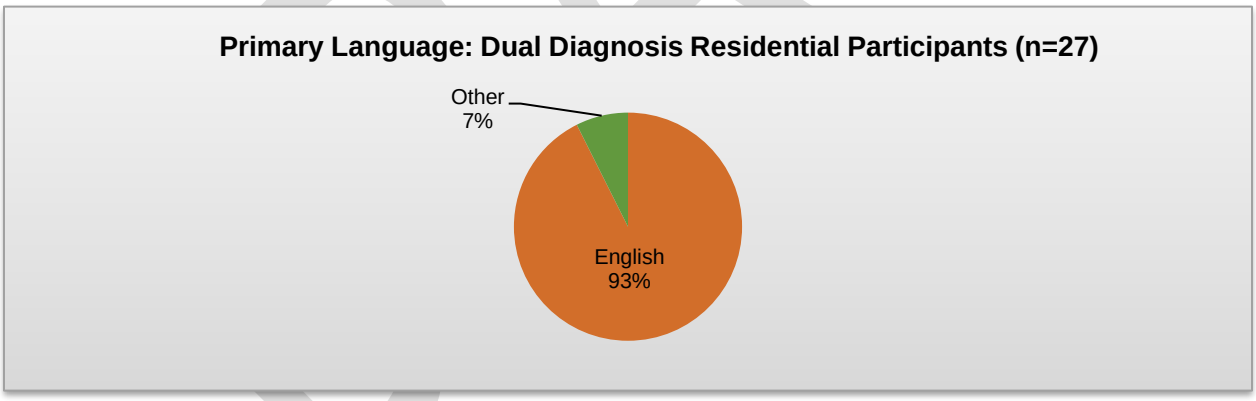
Demographics: Dual Diagnosis Residential



[6] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.







Program	FY15-16 Key Outcomes and Highlights
HR360 - WRAPS	• During FY15-16, 79% of clients who completed service were linked to an appropriate level of continuing care and support, as measured by internal outcome measurement system and documented in client files. • 85% of clients who completed service in FY15-16 were linked to a primary care home.

Program	FY15-16 Key Outcomes and Highlights
	• 93% of clients avoided hospitalization for mental health reasons for the duration of their stay in the program.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[7]**
Dual Diagnosis Residential Treatment	27 clients	$68,172	$2,525

Integration of Behavioral Health and Primary Care: San Francisco Health Network

Program Overview

The San Francisco Department of Public Health has worked toward fully integrated care in various forms for the last two decades. In 2009, after an extensive community planning process, SF DPH implemented the Primary Care Behavioral Health (PCBH) model in the majority of SF DPH primary care clinics. In this model, behavioral health clinicians work as members of the primary care team providing services to patients in primary care clinics. Services include the delivery of brief, evidence-based therapeutic interventions, consultation to primary care team members, and participation in population-based care "pathways," and self- and chronic-care management. (e.g., class and group medical visits).

MHSA supports behavioral health staff stationed at the following Primary Care Clinics:

- Chinatown Public Health Clinic – Disability Clinic
- Cole Street Clinic
- Larkin Street Youth Services – Medical Clinic
- Curry Senior Center Primary Care Clinic
- Southeast Health Center

MHSA also supports primary care staff stationed at the following mental health clinics:

- South of Market Mental Health
- Behavioral Health Access Center
- Chinatown Child Development Center

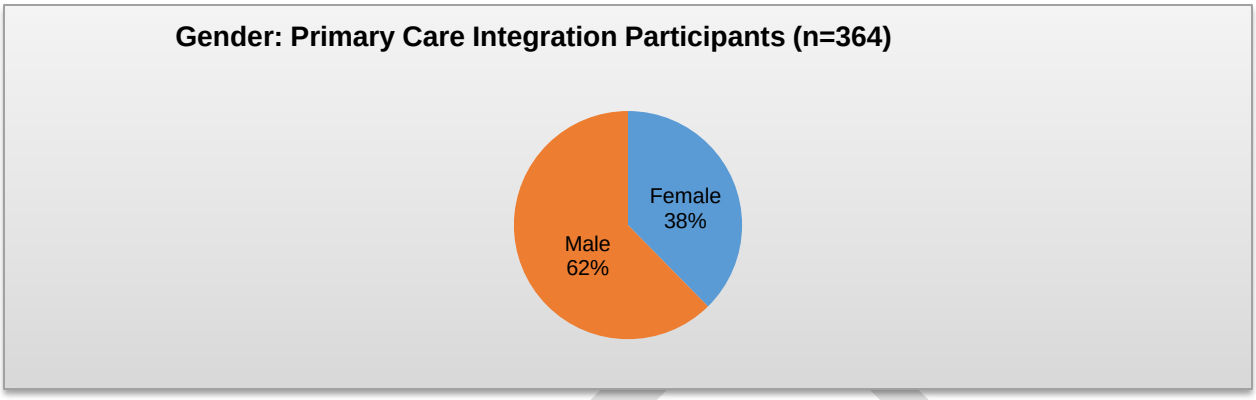
Target Populations

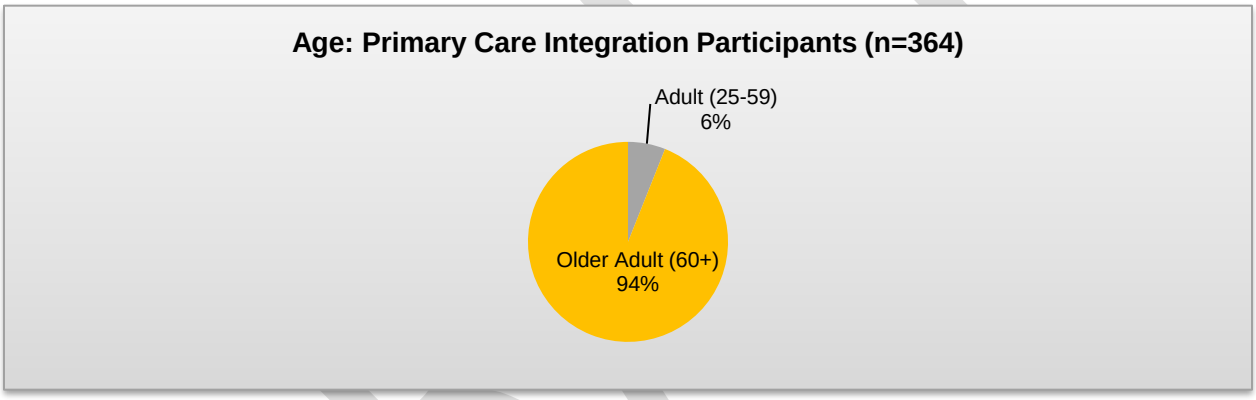
The target populations for these services are individuals and families served in primary care clinics with unidentified behavioral health concerns, as well as individuals and families served in mental health clinics with complex physical health issues or unidentified physical health concerns.

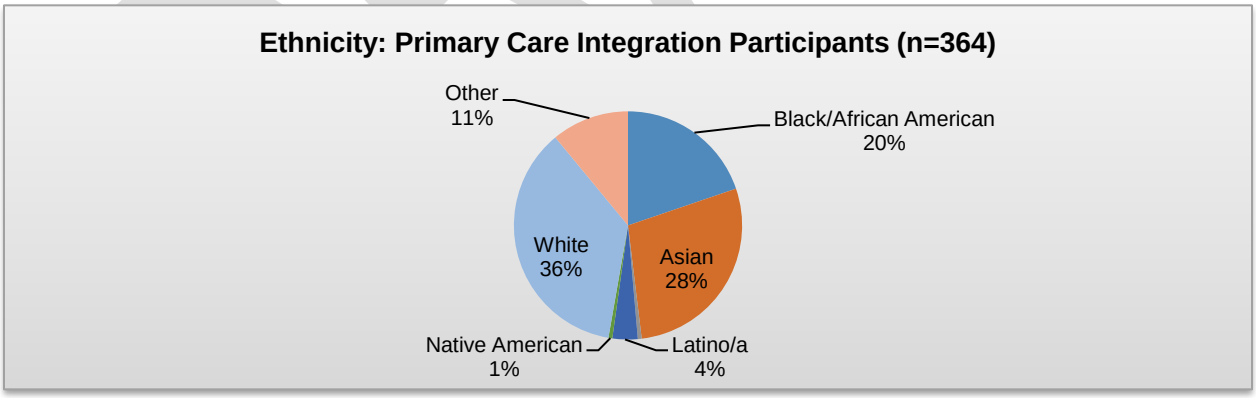
[7] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

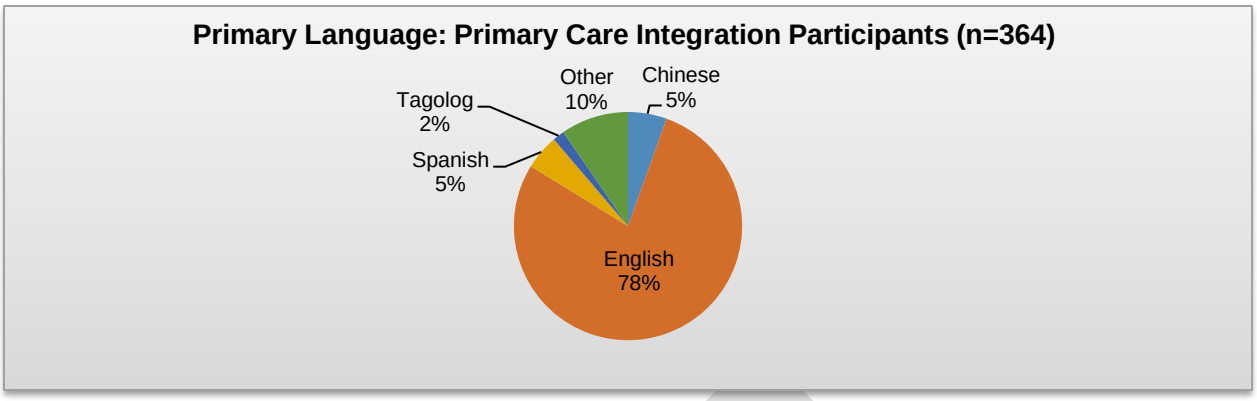
Participant Demographics, Outcomes, and Cost per Client

Demographics: Primary Care Integration









Program	FY15-16 Key Outcomes and Highlights
Primary Care Integration	• In FY15-16, 100% of MHSA clients received screening for behavioral health issues, as indicated in staff logs and notes in the clients' charts • 82% of case management program participants demonstrated an increased ability to manage symptoms, as evidenced in participants' self-report and documented in progress notes and staff logs • 100% of participating MHSA clients indicated a 'good' or higher rating of satisfaction, as measured by results from the annual Consumer Satisfaction Survey • Curry Senior Center gained access to a new rental subsidy, allowing for an (up to three-year) monthly subsidy for seniors who pay 80% or more of their monthly income for rent. This has allowed some homeless seniors to gain housing, and some seniors at-risk of losing their housing to remain living in their own room or apartment

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[8]**
Integration of Behavioral Health and Primary Care	2,100 clients	$1,474,531	$702

Moving Forward in Recovery-Oriented Treatment Services

Full Service Partnership (FSP) Programs

DPH MHSA staff are currently developing a proposal to present to the California MHSA Oversight and Accountability Commission to receive Innovations funding for a new program that

[8] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

would provide support services to clients who are transitioning from ICM-FSP programs into outpatient care. This proposed ICM-FSP Flow Program comes out of a need to support Behavioral Health clients who no longer need the intensive level of care and service provided by the ICM-FSP programs but do not successfully connect to outpatient programs and services. Read more about the proposed ICM Flow program in the "Looking Ahead" section at the end of this Integrated Plan.

In addition to this project, SF DPH MHSA staff, in collaboration with the Adult/Older Adult System of Care staff, issued a Full-Service Partnership/Intensive Case Management Request for Proposals (RFP) in the spring of 2017 and are working to contract with selected service providers. This RFP and contracting process includes most MHSA-funded FSP programs.

Behavioral Health Access Center

The Behavioral Health Access Center (BHAC) engages with vulnerable populations who seek access to care in San Francisco. BHAC has served thousands of people since 2009 and continues to be a high profile portal of entry into the system of care.

In FY17-18, BHAC will play an important part in the implementation of Drug Medi-Cal in San Francisco. As the principal point of entry for Medi-Cal beneficiaries seeking access to substance use disorder treatment, BHAC will be responsible for:

- Initial assessment and screening of clients
- Determining appropriate levels of care
- Facilitating linkages into treatment through placement and placement authorization
- Conducting utilization management and review to ensure appropriate and suitable treatment planning consistent with nest practices

The implementation of the Drug Medi-Cal waiver will establish a parity in services bringing together the strengths of the behavioral health system of care in being responsive to individuals' unique needs. BHAC will create an Eligibility Unit to provide individuals with assistance in enrolling in health care entitlements and, in partnership with the Adult Probation Department, will extend services to the Community Assessment and Services Center, which acts as a community reentry center for the formerly incarcerated. As always, BHAC will continue to take decisive steps to reduce barriers to accessing care, and to how care is provided to consumers. BHC will also continue to innovate and support people with multiple health conditions, not just a single disease.

2. Mental Health Promotion and Early Intervention

Service Category Overview

The Mental Health Promotion and Early Intervention (PEI) service category is comprised of the following five program areas:

1) Stigma Reduction,
2) School-Based Mental Health Promotion,
3) Population-Focused Mental Health Promotion,
4) Mental Health Consultation and Capacity Building, and
5) Comprehensive Crisis Services.

In half of the lifetime cases of mental health disorders, symptoms are present in adolescence (by age 14); in three-quarters of cases, symptoms are present in early adulthood (by age 24). However, there are often long delays between the onset of mental health symptoms and treatment. Untreated mental disorders can become more severe, more difficult to treat, and cause co-occurring mental illness and/or substance use disorders to develop. Currently, the majority of individuals served by BHS enter the system when a mental illness is well-established and has already done considerable harm (e.g., prison, hospitalization or placement in foster care) despite the fact that many mental health disorders are preventable and early intervention has been proven to be effective in reducing the severity of mental health symptoms.

With a focus on underserved communities, the primary goals of PEI services are to raise awareness about mental health, address mental health stigma, and increase access to services. PEI builds capacity for the provision of early intervention services in community-based settings where mental health services are not traditionally provided (e.g., community-based organizations, schools, ethnic specific cultural centers and health providers). Innovation funding also supports several programs in this MHSA service category.

Stigma Reduction

Program Overview

Sharing Our Lives, Voices and Experiences (SOLVE) is a stigma elimination program. SOLVE trains people in the community (“peer educators”) who have been living with mental health challenges to share their personal experiences to help to reduce the social barriers that prevent people from obtaining treatment.

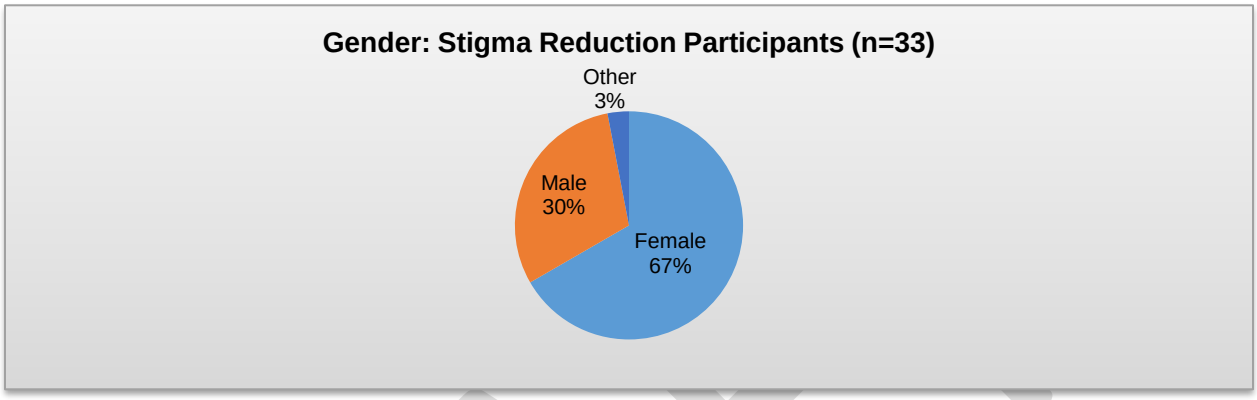
Target Populations

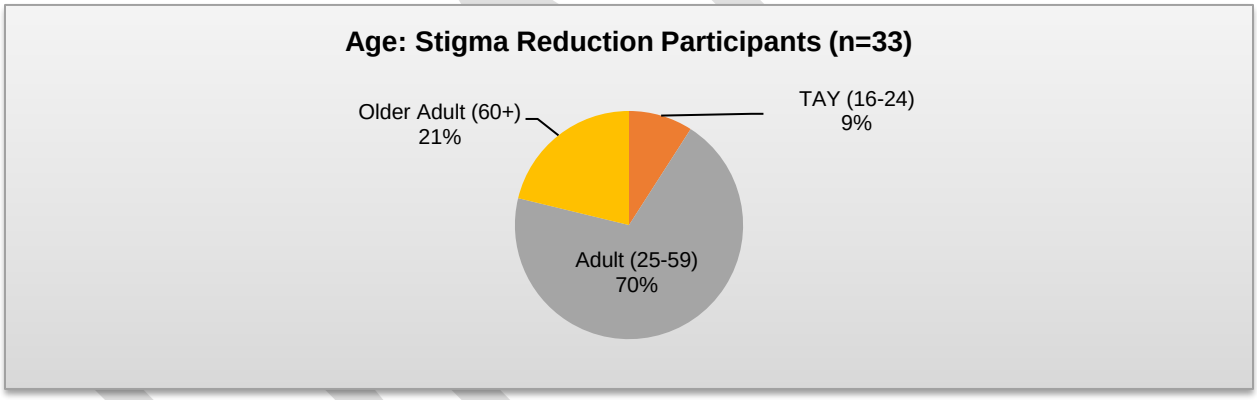
SOLVE peer educators serve a wide range of community members, including BHS consumers, public policy makers, corporate and community leaders, students, school leaders, law enforcement, emergency response service providers, health care providers, and behavioral health and social service providers. The current SOLVE team is comprised of Transition Age Youth, adults and older adults who reside in communities that are severely underserved and less likely to access or obtain support for prevention, wellness, and recovery. These areas include the Tender-

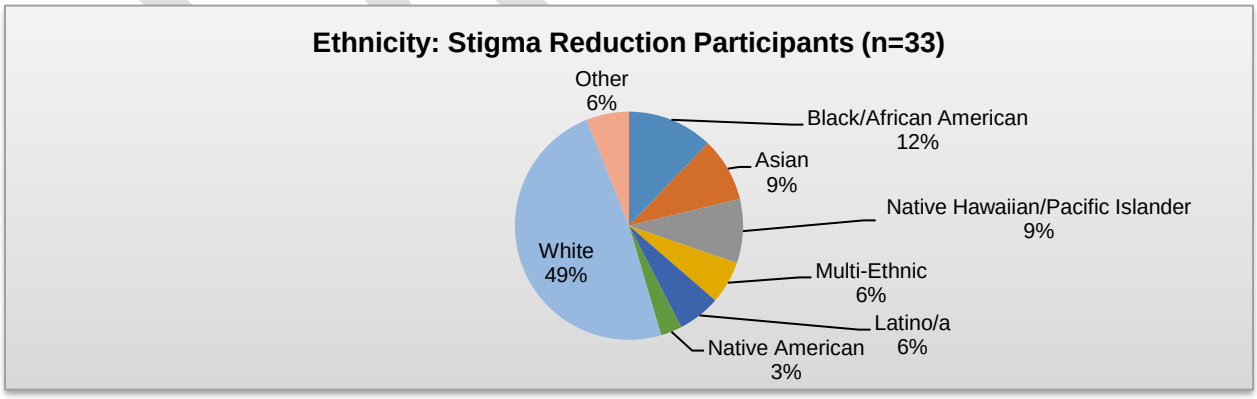
loin, Mission, Bayview/Hunter's Point, Excelsior, Chinatown, and Visitacion Valley neighborhoods in San Francisco. SOLVE also targets diverse gender-variant communities within San Francisco.

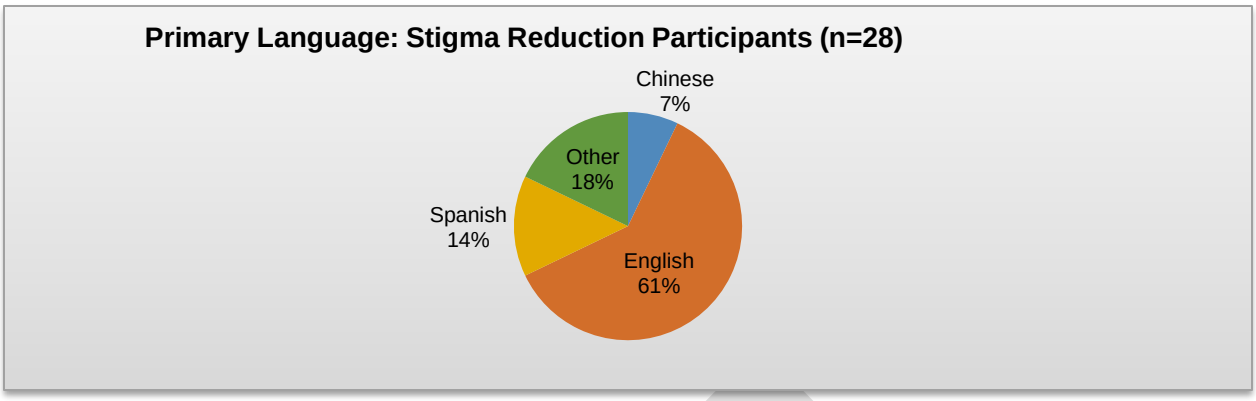
Participant Demographics, Outcomes, and Cost per Client

Demographics: Stigma Reduction









Program	FY15-16 Key Outcomes and Highlights
SOLVE	• Completed 2 NPE trainings and graduated 7 new Peer Educators in FY15-16 • Conducted 48 community presentations with over 1000 attendees • 97% of service providers and professionals who attended anti-stigma presentations delivered by Peer Educators demonstrated a better understanding of the effects of stigma on people with mental health challenges and conditions • 96% of community members who attended anti-stigma presentations delivered by Peer Educators demonstrated a better understanding of the effects of stigma on people with mental health challenges and conditions • In FY15-16 SOLVE partnered with the San Francisco Police Department's specialized Crisis Intervention Team (CIT) and the San Francisco Public Library system, to address structural stigma within systems like education, health care, and law enforcement

Cost per Client

Program	Clients Served	Annual Cost	Cost per Client[9]
Stigma Reduction	1,018 clients	$173,149	$170

[9] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

School-Based Mental Health Promotion

Program Collection Overview

School-Based Mental Health Promotion programming – a collaboration of community-based organizations and San Francisco Unified School District (SFUSD) K-12 school campuses – applies best practices that address non-academic barriers to learning. These programs offer students and their families a range of support services, which are offered on-campus during and after the school day so that they are accessible to students and their families. This coordinated, collaborative approach supports students' academic and personal successes by providing a full spectrum of prevention and early intervention behavioral health services, as well as linkages to additional support services. These programs build on the strengths of community partners and existing school support services to incorporate a wide variety of philosophies, which are rooted in a prevention or resiliency model, such as youth development, peer education, cultural or ritual-based healing, and wraparound family supports.

Services offered at the schools include leadership development, outreach and engagement, screening and assessment, crisis intervention, training and coaching, mental health consultation, and individual and group therapeutic services. Current school-based mental health programs include School-Based Wellness Promotion services at high schools, and Early Intervention Program Consultation at elementary and middle schools.

An overall goal of the school-based mental health promotion programs is to support the physical, mental, and emotional needs of the students and enhance their perception of school connectedness in effort to improve attendance, graduation rates, academic performance, and the overall school climate. To this end, these programs provide direct services to students and their families/caregivers, such as screening and assessment, community outreach and engagement to raise awareness about behavioral health topics and resources, support service resource linkages, wraparound case management, behavior coaching, crisis intervention, individual and group therapeutic services, school climate and wellness promotion workshops and activities, and family engagement and education. These programs also provide regular mental health consultation to teachers, support staff, and administrators, with particular focus on teachers and staff who are challenged by students' emerging mental health and behavioral needs.

Lowell High School, mural in hallway.

Target Populations

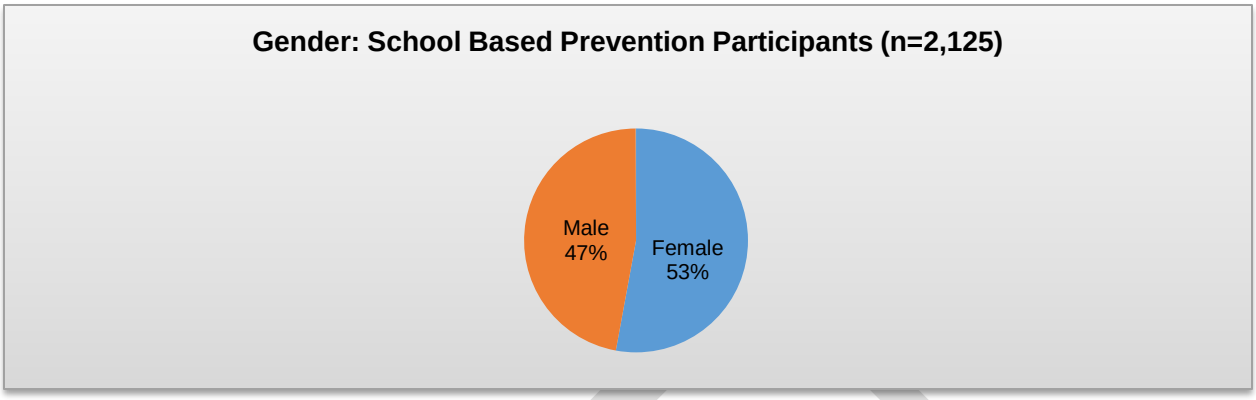
The target population for School-Based Mental Health Promotion Programs is students who are experiencing school difficulties due to trauma, immigration stress, poverty, and family dysfunction. These programs also provide services to students' families and caregivers. School-Based Mental Health Promotion programs also provide mental health consultation to school personnel.

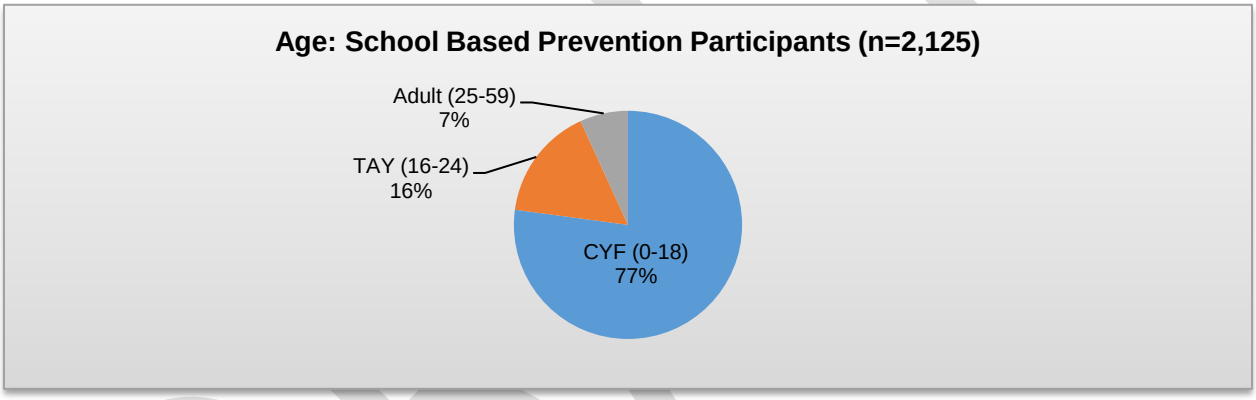
These programs are offered at the following SFUSD schools:

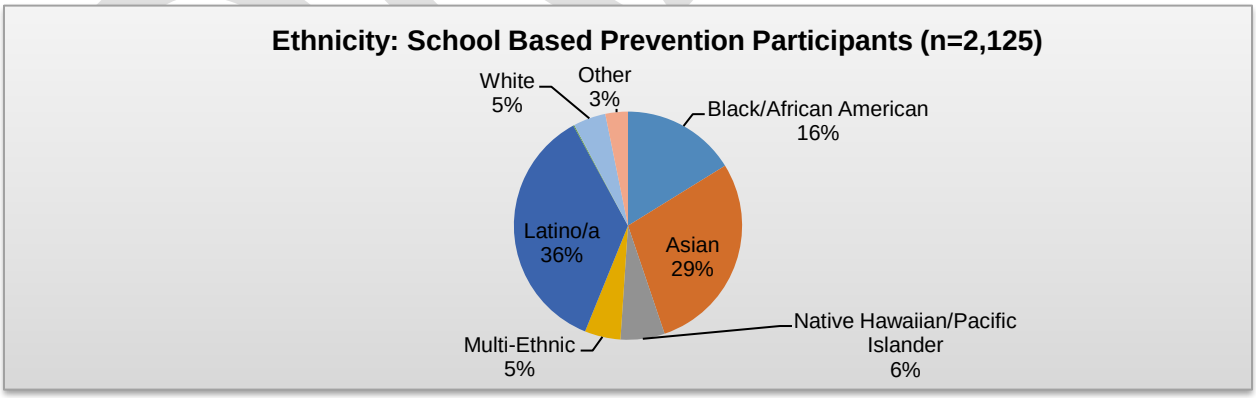
School-Based Mental Health Promotion Programs
Abraham Lincoln High School
Academy of Arts & Sciences
Balboa High School
Dr. Charles R. Drew College Preparatory Academy
Downtown High School
Galileo High School
George Washington High School
Hillcrest Elementary School
Ida B. Wells Continuation High School
James Lick Middle School
John O'Connell High School
June Jordan High School
Lowell High School
Mission High School
Philip & Sala Burton High School
Raoul Wallenberg High School
Ruth Asawa San Francisco School of the Arts High School
San Francisco International High School
School of the Arts
Thurgood Marshall High School

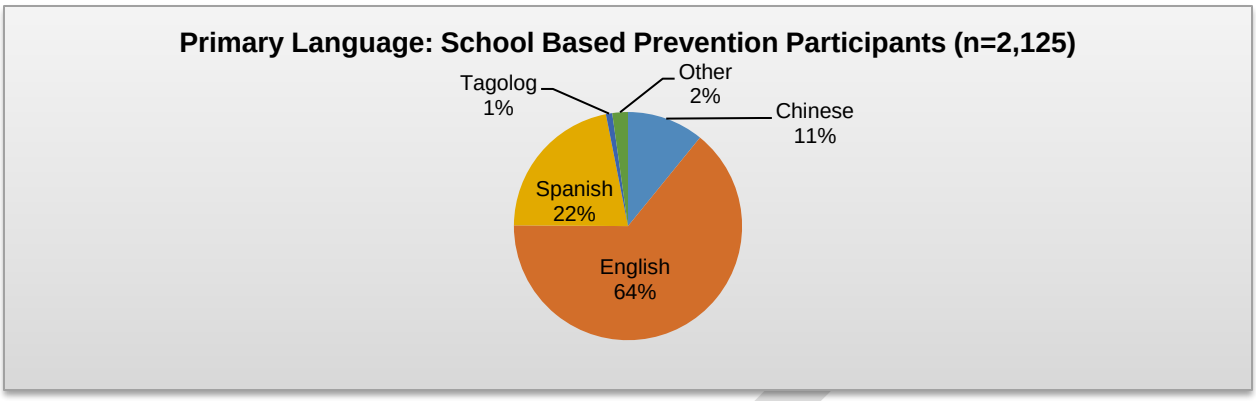
Participant Demographics, Outcomes, and Cost per Client

Demographics: School Based Prevention









Program	FY15-16 Key Outcomes and Highlights
YMCA Bayview – School Based Early Intervention at Burton High School	• 12 educational and skill building workshops were conducted for students and adults in FY15-16. • Staff provided 586.5 hours of case management to students. • 100% of students in academic and intensive Case Management showed increased ability to skillfully deal with difficulties in their lives. • 90% of participants in Healthy Workshops showed increased ability to skillfully deal with difficulties in social settings.
Bayview Hunter's Point Foundation – Behavioral Health Services at Balboa Teen Health Center	• Multilingual Behavioral Health Clinicians made Early Intervention/ Mental Health presentations at 8 English Language Learner classes in FY15-16, reaching a total of 66 students. • Behavioral Health Clinicians screened a total of 141 youth. • Group and individual Crisis Interventions were provided to 61 youth. • 100% of students surveyed who accessed 3 or more sessions of early intervention counseling services were able identify one or more skills they successfully used to reduce stress or other related symptoms, and one positive goal they are currently putting time into. • Bayview Hunter's Point Foundation provided over 2000 hours of MHSA programming to students, staff, and faculty at Balboa Teen Health Center.

Program	FY15-16 Key Outcomes and Highlights
Edgewood Center for Children and Families – School Based MH Services	• In FY16-16, 50 parents were served by the Family Advocate, who provided referrals, resources, and support for a range of services and needs. • 71% of parents reported reduced stress, increased control, and increased wellness. • 86% of teachers responding to the Year-End Teacher Satisfaction Survey reported they "feel better able to manage the stress of teaching now than earlier in the school year". • 79% of teachers reported they "feel more successful now than earlier in the school year in dealing effectively with challenging student behaviors on my own". • In FY15-16, A mindfulness initiative brought mindfulness practices into staff meetings and 7 classrooms at Edgewood Center for Children and Families.
Instituto Familiar de la Raza – School Based Youth Early Intervention	• 79% of staff at Hillcrest Elementary School and 90% of staff at James Lick Middle School, who received consultation services reported that services were beneficial for their work. • 93% of staff at Hillcrest Elementary School and 79% of staff at James Lick Middle School, who received consultation services reported that services helped them to better respond to students' behavior.
Richmond Area Multi-Services, Inc. (RAMS) – Wellness Centers	• 91% students in FY15-16 reported they had met or somewhat met their desired quality-of-life goals, as collaboratively developed between the provider and youth. • 84% of students reported improvement in coping with stress. • 83% of students reported improvements in social connections with family and friends. • 439 hours of mental health consultation were provided to 695 individuals in FY15-16, including capacity building work with school administrators, faculty, and staff, with the intention of increasing their ability to identify mental health concerns and respond appropriately.

Program	FY15-16 Key Outcomes and Highlights
YMCA Urban Services – Trauma and Recovery Services	• Staff served 38 unduplicated clients in FY15-16, 13 of whom also received targeted case management services, providing mental health assessment and treatment, as well as street outreach and community outreach interventions. • By the end of the school year, the majority of the 38 clients had reduced chronic school absenteeism by at least 50%. • By the end of the school year, 74% of clients were engaged in school.

Cost per Client

Program	Clients Served	Annual Cost	Cost per Client[10]
School-Based Mental Health Promotion	4,304 clients	$1,014,166	$236

Population-Focused Mental Health Promotion

Program Collection Overview

SF MHSA Population-Focused Mental Health Programs provide the following services:

- Outreach and engagement: Activities intended to establish/maintain relationships with individuals and introduce them to available services; and raise awareness about mental health
- Wellness promotion: Activities for individuals or groups intended to enhance protective factors, reduce risk-factors and/or support individuals in their recovery; promote healthy behaviors (e.g., mindfulness, physical activity)
- Screening and assessment: Activities intended to identify individual strengths and needs; result in a better understanding of the health and social concerns impacting individuals, families and communities, with a focus on behavioral health issues.
- Service linkage: case management, service coordination with family members; facilitate referrals and successful linkages to health and social services, including specialty mental health services
- Individual and group therapeutic services: Short-term (less than 18 months) therapeutic activities with the goal of addressing an identified behavioral health concern or barrier to wellness

[10] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

Target Populations

As a component of the SF MHSA Prevention and Early Intervention (PEI) program planning processes, a number of underserved populations were identified, including, but not limited to, the following:

- Socially isolated older adults
- Transitional Age Youth (TAY)
- Lesbian, Gay, Bisexual, Transgender, and Questioning
- Individuals who are homeless or at-risk of homelessness
- Native Americans
- Asians and Pacific Islanders
- African Americans
- Mayan/Indigenous

Many of these populations experience extremely challenging barriers to service, including but not limited to: language, culture, poverty, stigma, exposure to trauma, homelessness and substance abuse. As a result, the SF MHSA planning process called for proposals from a wide variety of qualified organizations in order to break down barriers and improve the accessibility of services through culturally tailored outreach and services. These population-focused services acknowledge and incorporate participants' cultural backgrounds, including healing practices, rituals and ceremonies, in order to honor the cultural context and provide non-clinical services that incorporate these practices. These population-focused programs focus on raising awareness about mental health needs and available services, reducing stigma, the importance of early intervention, and increasing access to services. As a result, all of the programs emphasize outreach and engagement to a very specific population group.

Population-Focused Mental Health Promotion Programs

Target Population	Program Name	Services
Socially Isolated Older Adults	Senior Peer Recovery Center Program	The Senior Peer Recovery Center program reaches hard-to-engage participants with informal outreach and relationship building; assists participants with housing, addiction treatment groups, socialization and cultural activities, and making linkages to more formal behavioral health services when feasible.
	Older Adult Behavioral Health Screening Program	The Older Adult Behavioral Health Screening program provides home-based, routine, multi-lingual and broad spectrum behavioral health screening. Screening participants also receive culturally competent clinical feedback, prevention-focused psycho-education, and linkage support to appropriate behavioral health intervention services.

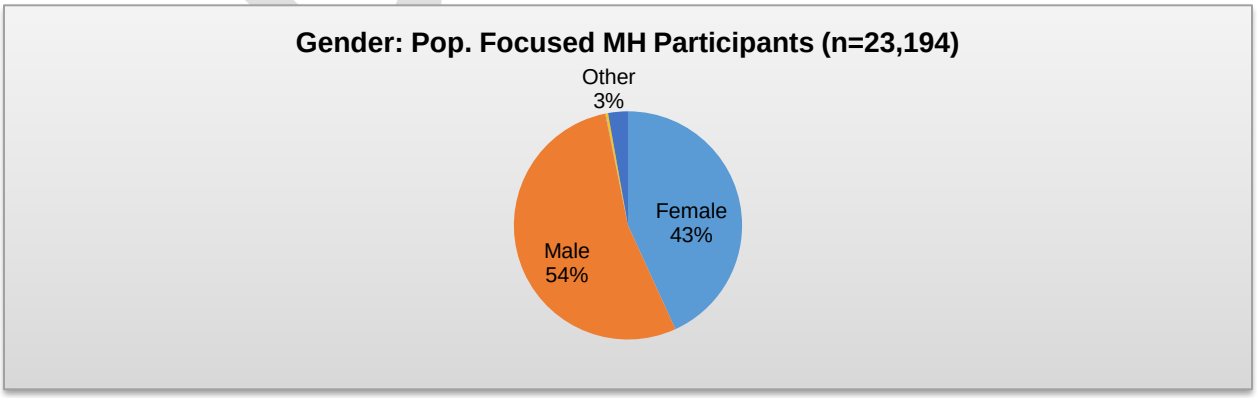
Population-Focused Mental Health Promotion Programs		
Target Population	**Program Name**	**Services**
Blacks/African Americans	Ajani Program	The Ajani program helps to build strong families by providing an understanding how healthy families function and by encouraging them to develop leadership, collective responsibility and mentoring skills.
	African American Healing Alliance	This program serves Black/African-American residents of San Francisco who have been exposed to violence and trauma. Program leaders convene a monthly AAHA membership meeting and collaboratively plan with other stakeholders such as the school district, the Department of Housing and Urban Affairs and the SF Department of Public Health.
	SF Live D10 Wellness/ Rafiki Coalition	This program delivers activities to individuals and groups who reside in District 10 of San Francisco. The program focuses on enhancing protective factors, reducing risk factors, supporting individuals in their recovery, promoting health behaviors (e.g., mindfulness, physical activity), increasing awareness and understanding of the healing effects of cultural, spiritual and traditional healing practices through walking groups, Tai Chi, water aerobics, and other activities.
	African American Holistic Wellness Program	The African American Holistic Wellness Program builds a stronger sense of community and decreases the impact of trauma among African Americans by promoting healthy lifestyles through fostering physical, mental, emotional and spiritual fitness; encouraging healthy social connections; and providing opportunities to make a meaningful contribution. Services include individual counseling, evidences based and peer-to-peer support groups, educational workshops, cultural events, and movement classes. All of our services reflect the following guided principles: trauma informed, holistic health approaches, cultural/racial humility, and outcome driven.
Asians/Pacific Islanders	API Youth Family Community Support Services	The program primarily serves Asian/Pacific Islander and Lesbian, Gay, Bi-sexual, Transgender, and Questioning youth ages 11-18 and their families. The program provides screening and assessment, case management and referral to mental health services.
	API Mental Health Collaborative	The program serves Filipino, Samoan and South East Asian community members of all ages. The API Mental Health Collaborative formed three work groups representing the Filipino, Samoan

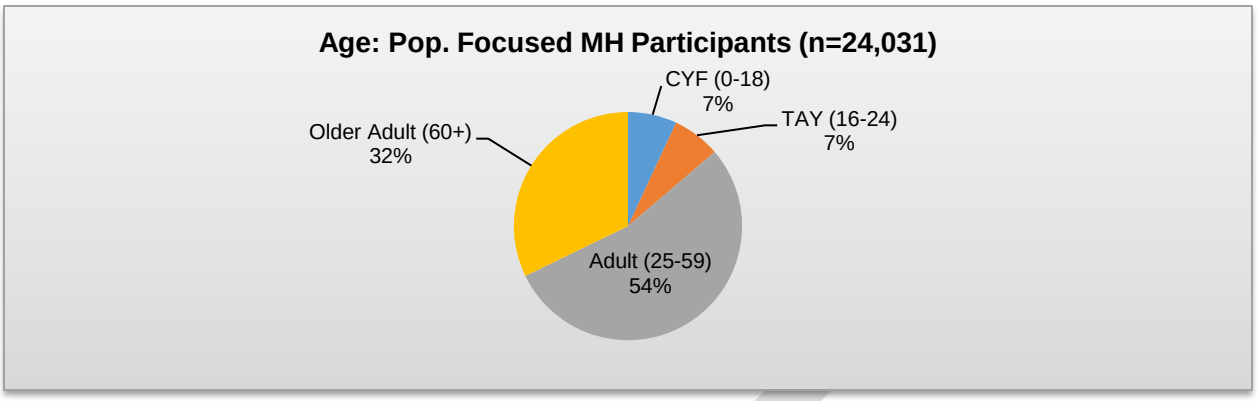
Population-Focused Mental Health Promotion Programs		
Target Population	**Program Name**	**Services**
		and Southeast Asian communities, with the Southeast Asian group serving San Francisco's Cambodian, Laotian and Vietnamese residents. Each workgroup is comprised of six to eight culturally and linguistically congruent agencies; and the Collaborative as a whole has engaged in substantial outreach and community education.
Mayans/Indigena	Indigena Health and Wellness Collaborative	The program serves Indigena immigrant families, mostly newly arrived young adults. The program works to increase access to health and social services, to support spiritual and cultural activities and community building, and social networks of support. The program also helps with early identification and interventions in families struggling with trauma, depression, addiction and other challenges.
Native Americans	Living in Balance	The program serves American Indian/Alaska Native adults and older adults who have been exposed to or at-risk of trauma, as well as children, youth, and TAY who are in stressed families, at risk for school failure, and/or at risk of involvement or involved with the juvenile justice system. The program included extensive outreach and engagement through cultural events such as Traditional Arts, Talking Circles, Pow Wows, and the Gathering of Native Americans. Services also include NextGen Assessments, individual counseling, and traditional healers.
Adults who are Homeless or At-Risk of Homelessness	6th Street Self-Help Center	The program serves adult residents facing behavioral health challenges and homelessness in the 6th Street, South of Market neighborhood. Program provides a low-threshold engagement that includes peer programs, case management, primary care access, support groups and socialization. Many are referred to mental health services prior to assessment due to the acuity of their needs.
	Tenderloin Self-Help Center	The program serves adults with behavioral health challenges and homelessness who live in the Tenderloin neighborhood. Program provides a low-threshold engagement that includes peer programs, case management, primary care access, support groups and socialization. Many are referred to mental health services prior to assessment due to the acuity of their needs.

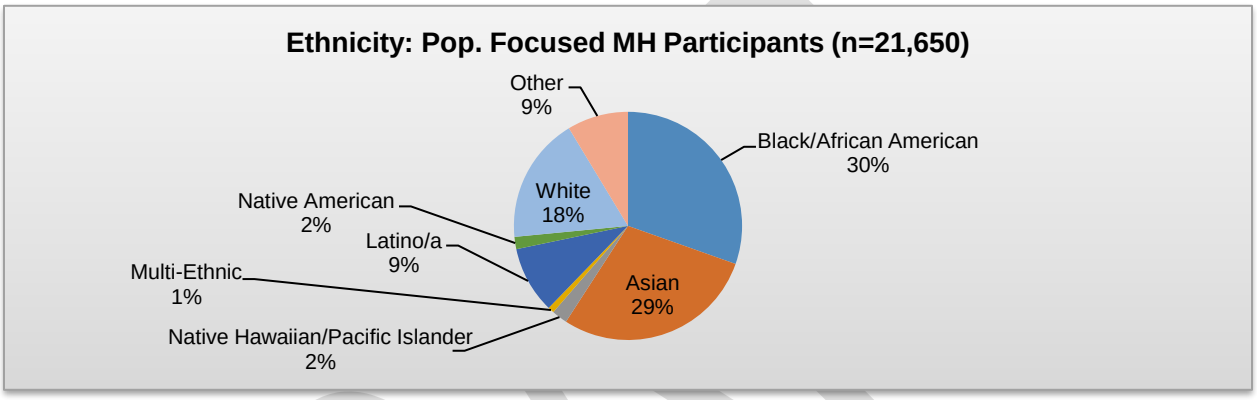
Population-Focused Mental Health Promotion Programs		
Target Population	**Program Name**	**Services**
	Community Building Program	The program serves traumatized, homeless and dual-diagnosed adult residents of the Tenderloin neighborhood. The program conducts outreach, screening, assessment and referral to mental health services. It also conducts wellness promotion and a successful 18-week peer internship training program.
TAY who are Homeless or At-Risk of Homelessness	TAY Multi-Service Center	The program serves low-income African American, Latino or Asian Pacific Islander TAY (ages 16-24) who have been exposed to trauma, are involved or at-risk of entering the justice system and may have physical and behavioral health needs. Program participants may be involved with the City's Community Assessment and Resource Center (CARC) which focuses on 16 and17 year old youth. The program conducts street outreach, mental health assessments and support, case management and positive youth development services.
	ROUTZ TAY Wellness	The program serves TAY youth with serious mental illness from all of San Francisco. This high intensity, longer term program includes supportive services, including wraparound case management, mental health intervention and counseling, peer-based counseling, and life skills development.

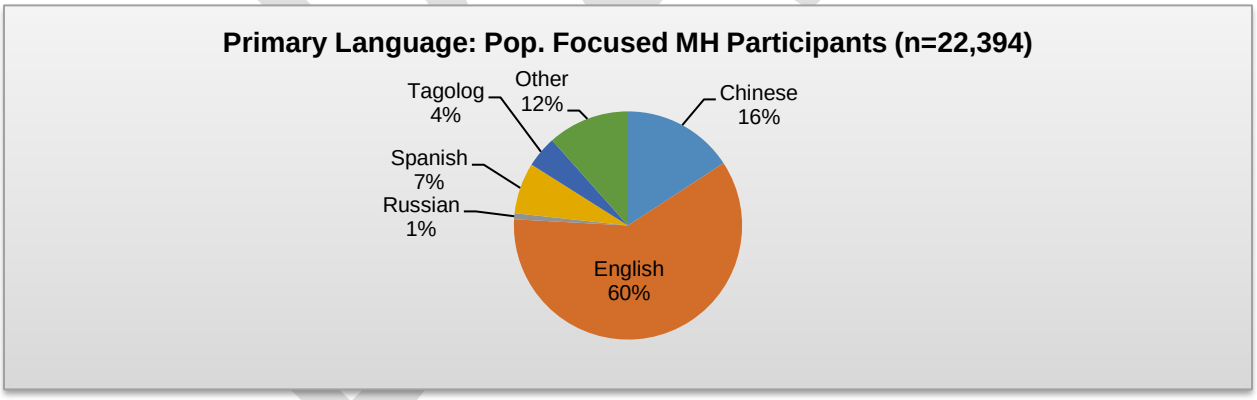
Participant Demographics, Outcomes, and Cost per Client

Demographics: Population Focused Mental Health




Age: Pop. Focused MH Participants (n=24,031)
CYF (0-18)
7%
TAY (16-24)
7%
Older Adult (60+)
32%
Adult (25-59)
54%


Ethnicity: Pop. Focused MH Participants (n=21,650)
Other
9%
Black/African American
30%
White
18%
Native American
2%
Latino/a
9%
Multi-Ethnic
1%
Asian
29%
Native Hawaiian/Pacific Islander
2%


Primary Language: Pop. Focused MH Participants (n=22,394)
Tagolog
4%
Other
12%
Chinese
16%
Spanish
7%
Russian
1%
English
60%

Socially Isolated Older Adults	FY15-16 Key Outcomes and Highlights
Felton Institute	• Felton's Bingo socialization activity served more than 450 seniors in FY15-16, with 56% of participants noting an increase in social connectedness. • The Senior Peer Recovery Center team held 15 events throughout the City, reaching an estimated 120 people, including approximately 60 staff. • 22 guests receiving case management services developed a care plan, and 100% of those participants accomplished at least one of their stated care plan goals.
Institute on Aging – Older Adult BH Screening Program	• In FY15-16, 80 individuals received culturally competent feedback about their mental health, prevention focused psycho-educational resources, and referrals to appropriate behavioral health intervention. • 462 individuals received first line "gating screening," identifying symptom domains of depression, anxiety, social isolation, chronic pain, substance abuse, sleep quality, and cognition. • 103 individuals received intensive, behavioral health screening follow up after screening positive on the "gating screen," and 100% of these clients were offered formal feedback, treatment recommendations, and referrals.

Black/ African-American	FY15-16 Key Outcomes and Highlights
Westside Community Services – Ajani Program	• At least 210 African Americans received mental health promotional information, and linkages to culturally appropriate services via outreach and engagement activities in FY15-16. • Outreach was conducted at Western Addition and Southeast housing projects, including the distribution of program information materials and referral forms, reaching 150 individuals.

YMCA Bayview – African American Holistic Wellness	• Reached 144 new individuals in FY15-16, through outreach and engagement practices. • 100% of participants regularly attending support groups maintained or increased their social connection, as self-declared on social connection surveys. • 112 participants regularly attended 5 or more specified Wellness promotion activities.
Bayview Hunters Point Foundation – SF Live D10 Wellness **Rafiki Coalition**	• In FY15-16, more than 90% of participants demonstrated increased education on disparities within the context of African American health outcomes. • Feedback from Rafiki Coalition for Health and Wellness class participants ranged from "great" to "excellent" for nearly every class offering.

Asian/ Pacific Islander	FY15-16 Key Outcomes and Highlights
Community Youth Center – API Youth and Family Community Support Services	• Nearly 100% of A&PI youth with identified mental health diagnoses were successfully linked to appropriate internal/external mental health services in FY15-16. • Over 90% of the 120 program participants surveyed reported neutral or an increased quality of life. • Over 120 A&PI youth and families enrolled in case management services have successfully attained at least one of their treatment goals.
RAMS – API Mental Health Collaborative	• APIMHC's culturally-relevant efforts reached and engaged 23,259 individuals during FY15-16. • Staff screened and assessed 148 AA & PI individuals identified as needing services/resources. • 144 individuals received basic case management, 148 individuals completed a basic case service plan, and 143 individuals had at least one stated objective or goal in their case/care plan met.

Mayan/Indígena	FY15-16 Key Outcomes and Highlights
IFR – Indígena Health and Wellness Collaborative	• 466 self-identified Mayan/indigenous individuals participated in outreach and engagement activities in FY15-16.

	• 480 self-identified Mayan/indigenous individuals participated in spiritual ceremonies and cultural activities. • 160 hours of training and coaching were provided to Peer consumers/health Promotoras.

Native American	FY15-16 Key Outcomes and Highlights
Native American Health Center – Living in Balance	• In FY15-16, 39 individuals were screened using the NextGen Intake & Assessment Tool, and 100% of screened individuals were referred to behavioral health services. • 83% of wellness promotion participants surveyed reported that they get out more and participate with community because of talking circle groups, 83% of participants have more people they can trust because of these prevention groups, and 79% of wellness promotion participants report an in increase in learning new ways to maintain wellness.

Adults who are Homeless or At-Risk for Homelessness	FY15-16 Key Outcomes and Highlights
Central City Hospitality House – 6th Street Self-Help Center	• In FY15-16, 4,809 unduplicated participants were contacted through participation in a range of socialization and wellness services (e.g., survival and support services, wrap-around services, cultural activities, case management, housing assistance). • 108 unduplicated participants attended Harm Reduction support groups, with 56% of group participants demonstrating reduced risk behaviors. • 36 unduplicated participants were screened and/or assessed for behavioral health concerns, and 100% of participants screened and/or assessed were referred to behavioral health services. • 99 unduplicated participants of behavioral health groups were referred to behavioral health services.

Central City Hospitality House – Community Building Program	• In FY15-16, 16 community events (community violence prevention events, increasing community cohesion, strength, and the ability to respond to and recover from trauma) were held, reaching 345 unduplicated participants. • 80 unduplicated participants were screened and/or assessed for behavioral health concerns, and 98% of participants screened and/or assessed were referred to behavioral health services. • 84 unduplicated individual therapy participants have a stated case plan, and 75% of participants completed at least one case plan goal.
Central City Hospitality House – Tenderloin Self-Help Center	• In FY15-16, 12,484 unduplicated participants were contacted through participation in a range of socialization and wellness services, such as immediate survival and support services, wrap-around services, socialization and cultural activities, case management, housing assistance fund, holistic behavioral health services, primary care triage. • 246 unduplicated participants attended Harm Reduction support groups conducted by the Harm Reduction Therapy Center, with 66% of participants demonstrating reduced risk behaviors. • 95 unduplicated participants were screened and/or assessed for behavioral health concerns, and 99% of participants screened and/or assessed were referred to behavioral health services as measured by creation of a harm reduction plan.

Homeless or System Involved TAY	FY15-16 Key Outcomes and Highlights
Huckleberry Youth Programs – TAY Multi-Service Center	• In FY15-16, 355 TAY were screened for behavioral /mental health concerns, 294 TAY were referred for behavioral health services, 131 TAY and/or their families had a written plan of care, and 60 TAY and/or their families achieved at least one case/care plan goal. • 4,951 duplicated TAY were engaged in street outreach and 1,821 duplicated TAY (but unduplicated by site) accessed services at the three partner sites. • 813 unduplicated TAY participated in group activities including community events, health fairs, conferences, and workshops.

Larkin Street Youth Services – ROUTZ TAY Wellness	• In FY15-16, 45 youth were screened for behavioral health needs with the Mental Status Exam. • 73% (33 of 45) of youth screened/assessed for behavioral health received subsequent referrals to internal and external behavioral health services. • 130 youth participated in Wellness Promotion activities under the Routz Day Program. • 69% of surveyed participants said they agreed or strongly agreed that they felt an increase in their social connection as a result of attending the Fruity Wednesday wellness group.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[11]**
Population-Focused Mental Health Promotion	52,549 clients	$3,149,296	$60

Mental Health Consultation and Capacity Building

Program Collection Overview

Mental health consultation and capacity building services include case consultation, program consultation, training and support/capacity building for staff and parents, referrals for specialized services (e.g., developmental and learning assessments, occupational therapy, help with Individualized Education Plans, and psychotherapy), therapeutic play groups, direct psychotherapeutic intervention with children and families, crisis intervention, parent education and support groups, and advocacy for families. These services are designed to capitalize on the important role of early intervention in enhancing the success of children and families facing early developmental challenges.

The San Francisco Early Childhood Mental Health Consultation Initiative (ECMHCI) is

[11] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

grounded in the evidence-based work[12] of mental health professionals who provide support to children, parents and caregivers of San Francisco's youngest residents (ages 0-5) and are delivered in the following settings: center-based and family child care, homeless and domestic violence shelters, permanent supportive housing facilities, family resource centers, and substance abuse treatment centers. The Initiative is made possible through a partnership between four county agencies: San Francisco's Department of Public Health/Behavioral Health Services; the Office of Early Care and Education; the Department of Children, Youth, and Their Families; and First 5 San Francisco. Funding for the Initiative is contributed by all four county departments, as well as funds provided by the MHSA.

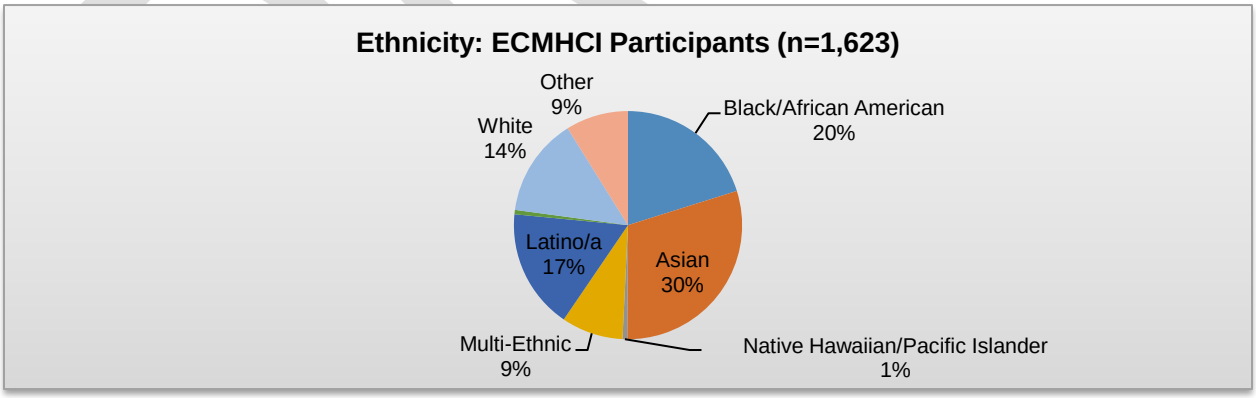
Services may include case consultation, program consultation, training and support for staff and parents, referrals for specialized services (e.g., developmental and learning assessments, occupational therapy, help with Individualized Education Plans, psychotherapy), therapeutic play groups, direct psychotherapeutic intervention with children and families, crisis intervention, parent education and support groups, and advocacy for families. These services are meant to underscore the importance of early intervention and enhance the child's success.

Target Populations

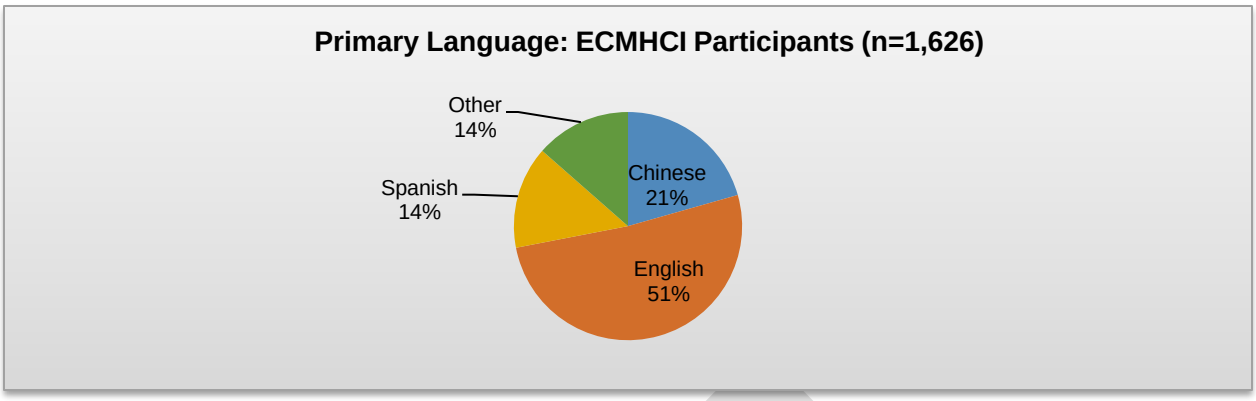
The San Francisco Early Childhood Mental Health Consultation Initiative (ECMHCI) provides support to children, parents and caregivers of San Francisco's youngest residents (ages 0-5). This program works with clients who experienced trauma, substance abuse, homelessness, and other challenges. The program works with children and families facing early developmental challenges.

Participant Demographics, Outcomes, and Cost per Client

Demographics: Early Childhood Mental Health Consultation Initiative



[12] Alkon, A., Ramler, M. & MacLennan, K. Early Childhood Education Journal (2003) 31: 91



Program	FY15-16 Key Outcomes and Highlights
Early Childhood Mental Health Consultation Initiative	• 98% of care providers surveyed at MHSA funded sites in FY15-16 reported that the mental health consultation increased their understanding and response to children's emotional and developmental needs. • 91% of care providers surveyed at MHSA funded sites reported that mental health consultation helped them improve their relationship with parents when communicating about their children's strengths and needs. • 71% of programs at MHSA funded sites reported that their mental health consultant is actively working with them to increase program flexibility to better accommodate each child's individual needs. • 89% of programs at MHSA funded sites think that mental health consultation was helpful in retaining children in their program who are at risk of expulsion. • 100% of parents surveyed at MHSA funded sites reported that mental health consultation helped them as a parent. • 94% of parents surveyed at MHSA funded sites reported that if their child received services from the consultant, they showed an improvement in behavior.

Cost per Client

Program	Clients Served	Annual Cost	Cost per Client[13]
Mental Health Consultation and Capacity Building	1,626 clients	$585,119	$360

[13] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

Comprehensive Crisis Services

Program Collection Overview

Comprehensive crisis response and stabilization services have long been considered a crucial element of public behavioral health systems. There is a considerable body of evidence suggesting that comprehensive crisis services can improve outcomes for consumers, reduce inpatient hospital stays and costs, and facilitate access to other necessary behavioral health services and supports. Crisis response to incidents of violence can reduce the long-term impact of complex trauma exposure. Due to the pressing need for services to address the needs of children, youth, adults and families impacted by violence and mental health crisis—a need that has been highlighted through various MHSA Community Program Planning efforts—MHSA PEI funding supported a significant expansion of crisis response services in 2009.

SF MHSA funds a portion of Comprehensive Crisis Services (CCS), which is a mobile, multidisciplinary, multi-linguistic agency that provides acute mental health and crisis response services. CCS is comprised of three different teams. These teams provide caring and culturally competent assistance throughout the San Francisco community. Services include: follow up contact within a 24-48 hour period of the initial crisis/incident; short term case management; and therapy to individuals and families that have been exposed to trauma. MHSA funds four members of the crisis response team.

Target Populations

The target population includes children, adolescents, adults and older adults. The program serves individuals who have been impacted by community violence and critical incidents; and works with individuals who are suicidal, homicidal, gravely disabled and out of control.

Comprehensive Crisis Services	
Program Name	**Services Description**
Mobile Crisis Services	Provides behavioral health crisis triage, in-the-field crisis assessments/interventions and short-term crisis case management for individuals age 18 years or older.
Child Crisis Services	Offers 5150 assessments & crisis intervention for suicidal, homicidal, gravely disabled and out of control children and adolescents regardless of health insurance status. Clients with publically funded health insurance or have no health insurance are provided crisis case management, hospital discharge planning, and medication support services.
Crisis Response Services	Provides mobile response to homicides, critical shootings, stabbings, and suicides; provides clinical support, therapy, and crisis case management services to individuals and families affected by community violence and critical incidents.

Program Outcomes, Highlights and Cost per Client

Program	FY15-16 Key Outcomes and Highlights
Mobile Crisis, Child Crisis, and Crisis Response	• Participants learned and used effective coping strategies to address acute mental health crisis, grief, loss, and trauma exposure. • Participants accessed mental health services within a 30-day period from being exposed to a traumatic event or an acute mental health crisis. • Staff noted an increase in participants wanting to access services, and number of clients served in FY15-16. • CRT staff provided more coordinated services to victims at SFGH by developing weekly rounds. • After being notified of a trauma exposed individual by San Francisco Police and/or San Francisco General Hospital, CRT conducted outreach within a 24-hour period. This early identification and referral led to timely intervention and a reduction in the burden of suffering caused by delay in, or lack of access to, services.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[14]**
Comprehensive Crisis Services	3240 clients	$405,221	$125

Moving Forward in Mental Health Promotion and Early Intervention

'Innovations' Project
In collaboration with the California MHSA Oversight and Accountability Commission, BHS is working to develop an innovative Family-Centered and Trauma-Based Program. Read more about this project in the "Looking Ahead" section at the end of this Integrated Plan.

Contracting with Service Providers
SF MHSA issued/will issue several Request for Qualifications (RFQs) under the Mental Health Promotion and Early Intervention Services in the spring and summer of 2017. Most of the programs in these RFQs include Prevention and Early Intervention (PEI) funding. The RFQs include the following:

- Community Drop-In and Resource Support Services RFQ
- Transitional Age Youth RFQ

SF MHSA also issued a School-Based RFQ and a Population-Focused RFQ in the fall of 2016 and has contracted with several service providers for these programs. SF DPH MHSA staff are

[14] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

currently working with these contractors, as well as consumers, peers, and other community stakeholders, to develop program designs and outcome goals.

TAY System of Care

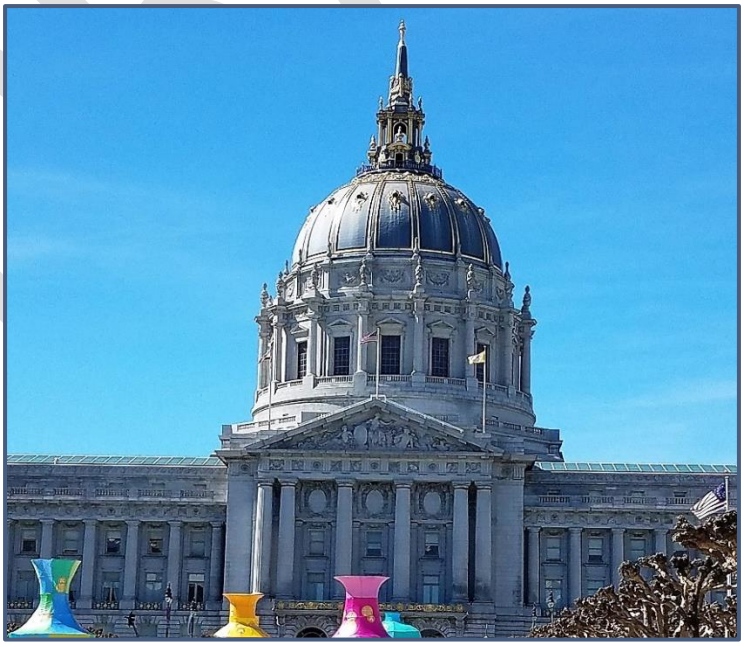
BHS has recently merged all Transitional-Age Youth (TAY) programs under the oversight of the BHS Deputy Director in order to create a TAY System of Care. Many community stakeholders are collaborating in the strategic planning process for this new system. The TAY System of Care will share best practices, leverage resources and streamline protocol in order to strengthen all of the SF DPH MHSA TAY programming. Please refer to the above section titled, “Program and Populations Planning and Service Provider Selection” for more information about this project and the corresponding CPP activities.

Technical Assistance for PEI Funding Reporting Regulations

SF DPH MHSA managers have partnered with the DPH Office of Quality Management to provide technical assistance workshops regarding the new PEI reporting regulations for all providers receiving PEI funding (these PEI regulations were passed in October 2015). These workshops will continue into the new fiscal year to ensure that proper data reporting expectations are reached.

Population-Focused Service Modalities

In the coming years, Population-Focused programming will maintain its service modality framework (Outreach & Engagement, Screening & Assessment, Wellness Promotion, Individual & Group Therapeutic Services and Service Linkage). Beginning in FY 17-18, all Population-Focused programming will provide each of these services - either by themselves, within their parent organization, or in collaboration with community program partners. These programs will continue serving our Black/African American, Latino, Mayan, Asian, Pacific Islander, Native American and Transgender communities across the lifespan, in addition to other unserved/underserved populations.



3. Peer-to-Peer Support Programs and Services: Clinic and Community Based

Service Category Overview

Peer-to-Peer Support Services are an integral part of a wellness and recovery-oriented mental health system, as individuals who have participated in mental health services, either as a consumer or as a family member, bring unique skills, knowledge, and lived experience to consumers who are struggling to navigate the mental health system. Peers also support consumers in dealing with stigma and facing economic and social barriers to wellness and recovery. These MHSA-funded services are largely supported through the Community Services and Supports and Innovations funding streams.

The scope of peer-to-peer support services includes:

- Peer training and certificate programs that provide various levels and intensity of trainings for consumers
- Peer outreach to underrepresented and underserved populations who typically face challenges in accessing services due to stigma, lack of linguistic or cultural representation, economic pressures, substance abuse, and age- or gender-related barriers
- Peer support for a variety of demographic groups, such as children and youth, non-English speakers, underrepresented ethnic groups, transgender individuals, and people with collecting challenges
- Supports for consumers who are facing legal, housing, employment, child support and other challenges
- Serving as a role model and beacon of hope to inspire consumers that wellness and recovery are attainable

There is also a key role for peer-based strategies in the ongoing work of educating the public on stigma reduction. Peer-to-Peer Support Service programs reach out to a wide range of public venues, such as health fairs, senior centers, and youth service centers, in order to demonstrate that consumers can recover and make positive contributions to the community. Through presentations and dialogue with community residents, consumers can offer a vision for wellness, especially to communities that are facing stigma and hopelessness about the possibility of recovery. The stigma of mental illness is often culturally influenced, which makes it that much more essential that peers reflect the gender, language, age groups and culture of the City and County of San Francisco.

Target Populations

Population for Peers: Peers are defined as individuals with personal lived experiences who are consumers of behavioral health services, former consumers, or family members or significant others of consumers. Peers utilize their lived experience in peer-to-peer settings, when appropriate, to benefit the wellness and recovery of the clients and communities being served.

Population Served by Peers: Peers will conduct culturally and linguistically congruent outreach, education and peer support to consumers of residential, community, mental health care and primary care settings within the Department of Public Health.

Peer-to-Peer Support Programs	
Program Name	**Services Description**
Addressing the Needs of Socially Isolated Older Adults **(INN Funded)**	The Curry Senior Center's Addressing the Needs of Socially Isolated Older Adults program provides peer outreach and engagement services along with screening and assessment services to reduce isolation among the older adult population.
Lifting and Empowering Generations of Adults, Children, and Youth	The San Francisco Department of Public Health's Lifting & Empowering Generations of Adults, Children, and Youth (LEGACY) program offers family and youth navigation services and education with a focus on stigma reduction.
Peer Response Team	The Mental Health Association of San Francisco (MHASF) Peer Response Team provides interventions and access to services that address collecting challenges. Peer Responders with lived experience with cluttering behaviors work to support individuals with similar needs. The peers use their experience to provide non-judgmental, harm reduction-based, one-on-one peer support, often including multiple home visits. In addition, the team gives community presentations that message anti-stigma and discrimination, empowerment, and the possibility of recovery.
Peer-to-Peer, Family-to-Family	The National Alliance on Mental Illness (NAMI) Peer-to-Peer, Family-to-Family program utilizes trained peers to provide outreach, engagement, navigation in the community. Peer mentors meet with an assigned person who has requested a mentor prior to leaving an acute care psychiatric hospital. Mentors are supportive of the participant by meeting weekly for 1 hour and assisting the participant with their wellness and recovery journey. Mentors also act as a community resource for helping a participant direct their own path to wellness and recovery.
Peer Specialist Mental Health Certificate and Leadership Academy	The Certificate Program (Entry and Advanced courses) prepares BHS consumers and/or family members with skills & knowledge for peer specialist/counseling roles in the systems-of-care. In addition, the program offers the Leadership Academy which is a monthly training series designed to support and educate peer providers in the behavioral health field. Trainings will also focus on building skills for participation in a variety of activities that request peer provider/consumer input (e.g., boards and advisory committees, review panels, policy development, advocacy efforts, etc.).

Peer-to-Peer Support Programs	
Program Name	**Services Description**
Transgender Health Services	The San Francisco Department of Public Health Transgender Health Services program provides access for medically necessary transition surgery to eligible uninsured residents of San Francisco through Healthy San Francisco. MHSA began funding the peer counselor positions only, to support this program as a supplemental enhancement. Peer counselors ensure proper coordination of behavioral health services and ensure all behavioral health needs are addressed.
Hummingbird Peer Respite **(INN Funded)**	*See program description below.*
Peer-to-Peer Employment Program	The Peer Counseling & Outreach facilitates wellness activities and enhances treatment services by providing peer counseling and supportive case management & resource linkage to clients of BHS clinics/programs. The services, offered by individuals with lived experience, aim to improve the level of engagement with clients, foster feelings of hope, and promote recovery & wellness. The Peer Internship offers entry-level placements in peer direct services and administrative support roles. In a collaborative learning and supported environment, peer interns work with other peer providers in a variety of SFDPH programs. The paid internships are nine months (20 hours/week) in duration.
Peer Wellness Center	The Peer Wellness Center is for adult/older adult consumers of BHS in need of additional support, with services provided by peer counselors and wellness staff who have lived experience. Consumers gain empowerment skills, engage in mindfulness practices, and participate in whole health wellness within a safe environment that utilizes empathy & peer support to help promote and inspire recovery. Also, the Center offers information for supportive services and linkages to a variety of behavioral health and primary health care resources in San Francisco.
Transgender Pilot Program **(INN Funded)**	The Transgender Pilot Program is designed to increase evaluation planning in order to better collect data on the strategies that best support Trans women of color with engaging in behavioral health services. TPP entered the pilot year of operations in FY15-16 as a MHSA Innovations Project. The two primary goals involve increasing social connectedness and providing well-ness and recovery based groups. The ultimate goal of the groups is to support clients with link-age into the mental health system and services.
Reducing Stigma in the Southeast (RSSE)	The San Francisco Department of Public Health Reducing Stigma in the Southeast program engages faith-based organizations and families in Bayview/Hunter's Point and Visitaction Valley in order to increase mental health awareness, decrease stigma, and provide social support for consumers, community members, and peers.
Peer-Run Warm Line	MHASF Mental Health Peer-Run Warm Line connects a person in emotional distress to a Peer Counselor through a phone call or chat session. The Warm Line is the first line of defense in preventing mental health crises by providing a compassionate, confidential and

Peer-to-Peer Support Programs	
Program Name	**Services Description**
	respectful space to be heard. The Warm Line existence continues to alleviate over-burdened crisis lines, law-enforcement, and mental health professionals.

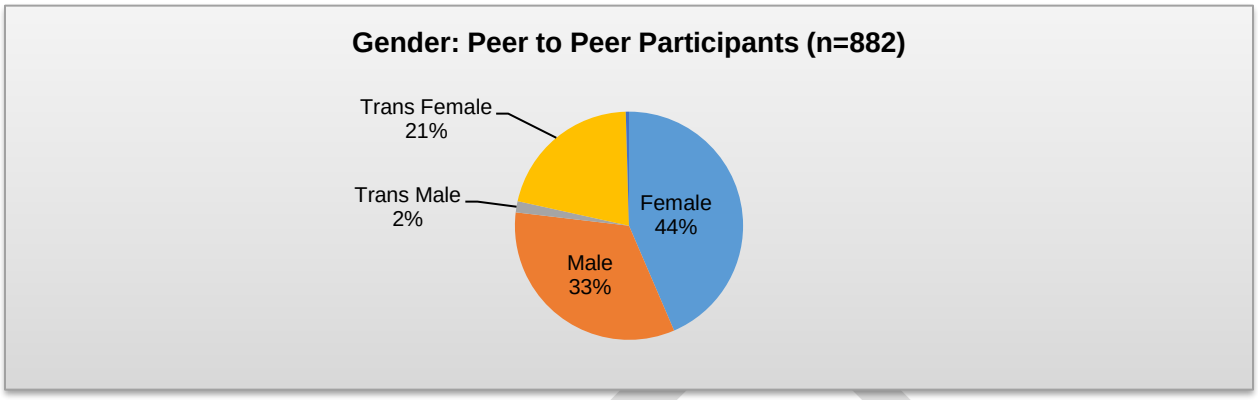
Spotlight Program – Hummingbird Peer Respite

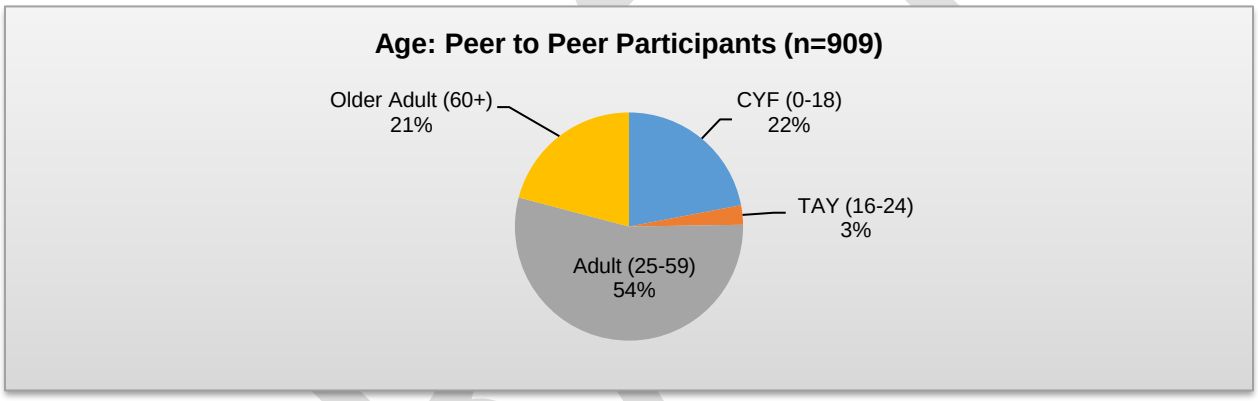
The San Francisco Department of Public Health ***Hummingbird Peer Respite*** program is a peer-run and peer-led program provides a respite and an alternative to crisis/PES services for those individuals who may inappropriately use emergent and emergency services. This program provides one-on-one peer counseling, groups, art and other peer modalities to engage individuals in need of support.

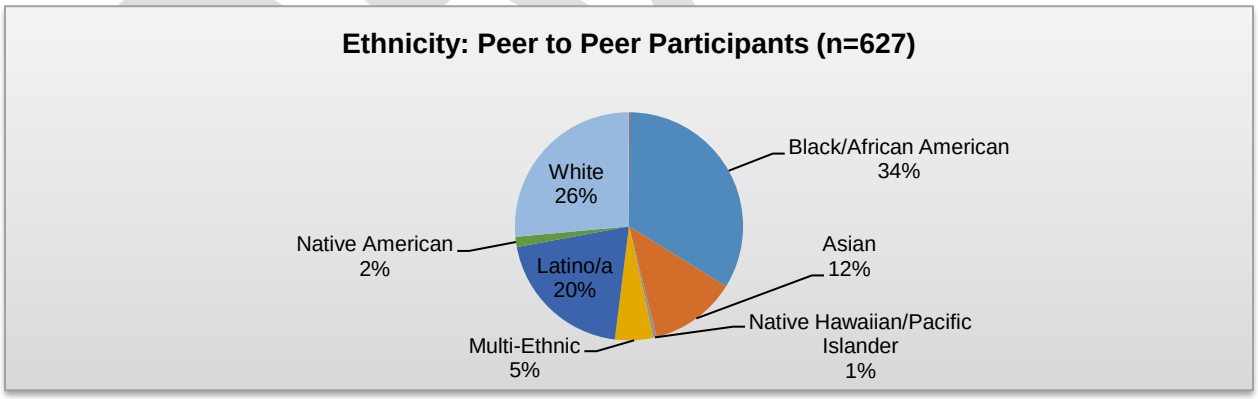
In FY 16-17, several changes took place within The Hummingbird Peer Respite. During recent program evaluation efforts, it became evident from discussions with the clients/guests that they were not interested in attending groups. One guest noted, "We are forced to attend groups everywhere." Participants wanted a safe place where they could engage with peer counselors on their own timetable. In fact, the respite staff found a mix of responses as some participants were seeking a quiet space to be alone, while others wanted to talk with a counselor. Due to an issue with the initial plan of leveraging funding with another department, the Peer Respite was not able to launch a 24-hour operation. This setback has reduced the scope of what was originally planned. The program operates daily from 10:00 a.m. to 6:00 p.m., Monday through Saturday. The daytime operation continues to show an increase in attendance and active participation of guests. Evaluation efforts continue to increase in FY 16-17.

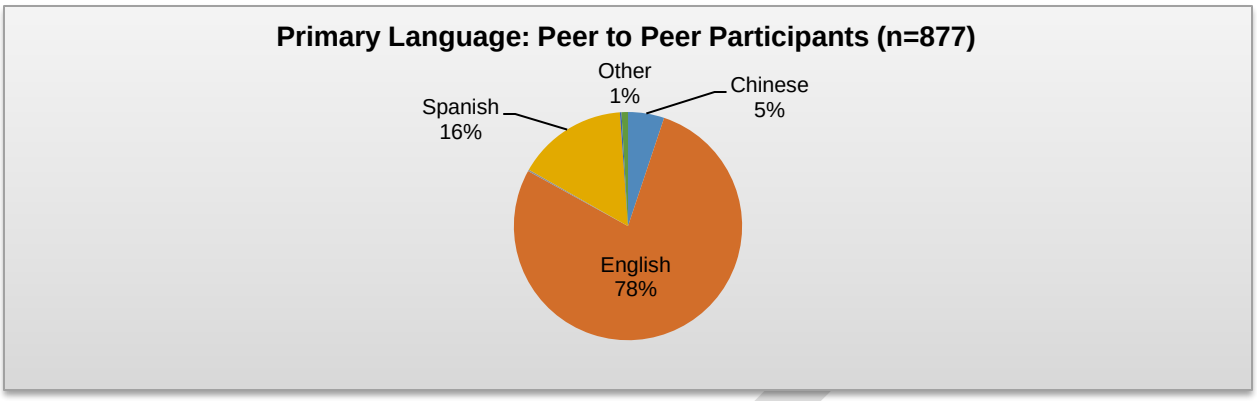
Participant Demographics, Outcomes, and Cost per Client

Demographics: Peer to Peer









Program	FY15-16 Key Outcomes and Highlights
Curry Senior Center (INN) – Addressing the Needs of Socially Isolated Older Adults	• Of the 31 isolated seniors who met with a service provider at least ten times in FY15-16, 17 (55%) were assessed at baseline and six months using the isolation scale developed by the Curry Peer Outreach Program. These data indicated a 20.8% decrease in isolation, as well as a 52% increase in social engagement. • 808 client visits were completed in FY15-16.
SF DPH - LEGACY	• In FY15-16, 12 training sessions were held for FIT, and 6 were held for the Youth Team. In addition, 2 Trauma Informed Systems workshops were held. • A total of 11 peers were employed by LEGACY in multiple and various capacities.
MHASF – Peer Response Team	• In FY15-16, 58 individuals received 1:1 support from Peer Responders. • 84% of responding project participants who engage in 1:1 support services and/or support groups reported an increase in their willingness to access services. • 82% of responding participants reported an increase in their ability to manage their collecting behavior.

Program	FY15-16 Key Outcomes and Highlights
NAMI – Peer to Peer, Family to Family	• By the end of FY15-16, 100% of Peer-to-Peer participants indicated that they had learned to recognize the signs and symptoms of their mental illness. • 93% of family members enrolled in Family-to-Family program indicated that they had learned to recognize the signs and symptoms of mental illness. • By the end of FY15-16, 86% of Peer-to-Peer participants had developed a working Relapse Prevention Plan.
RAMS – Peer Specialist Mental Health Certificate and Leadership Academy	• In FY15-16, 30 participants were enrolled in the Peer Specialist Mental Health Certificate Entry Course, with 26 graduating. In addition, 24 participants were enrolled in the Peer Specialist Mental Health Certificate Advanced Course. • In a post-program evaluation, 100% of participants indicated that they "Strongly Agree" or "Agree" with the statement: After graduation, I am planning on pursuing a career in the field of health and human services by obtaining or maintaining a job, a volunteer position, further education in the field, and/or engaging in advocacy activities. • 90% of graduates reported that they had been engaged within the health and human services field through employment, volunteer positions, career advancements, and/or pursuing further education within six months of graduation.
SF DPH – Transgender Health Services	• In FY15-16, THS processed a total of 96 referrals, and completed 73 surgeries. • Peer Navigators co-facilitated numerous transgender 101 trainings for SFDPH staff in FY15-16, as well as community education workshops for SFDPH programs.
SF DPH (INN) – Hummingbird Peer Respite	• Of Hummingbird Peer Respite's surveyed guests in FY15-16, 93% reported being satisfied with the service they had received. • 86% of guests reported an increased ability to take care of themselves, as a result of their stay with Hummingbird. • 87% of guests reported improved social connections, and 93% reported improved sense of safety.

Program	FY15-16 Key Outcomes and Highlights
RAMS – Peer to Peer Employment	• 86% of RAMS Peer to Peer clients/participants expressed overall satisfaction with services in FY15-16. • During FY15-16, 93% of program employees reached their one year employment anniversary, or advanced in their career trajectory or education.
RAMS – Peer Wellness Center	• 81% of Peer Wellness participants reported improvement in their overall quality of life in FY15-16. • Approximately 79% of clients/participants reported that they had maintained or increased feelings of social connectedness as a result of working with Peer Counselors. • 93% of participants in FY15-16 expressed overall satisfaction with services.
SF DPH (INN) – Transgender Pilot Project	• In FY15-16, the TPP served 189 unduplicated clients in group settings. • Staff also organized the Trans Health and Wellness fair, a large outreach event that drew over 120 participants. • As a result of participation in the TPP, over 75% of respondents indicated that they were more aware of services available to the transgender community, felt more connected to the transgender community, and felt more hopeful in general.
SF DPH – RSSE	• Conducted 4 workshops in FY15-16, to increase competence and awareness of mental illness, violence, and trauma. • Participated in 20 community events, and delivered 10 community presentations.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[15]**
Peer-to-Peer Programs	3,427 clients	$2,210,926	$645

[15] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

Moving Forward in Peer-to-Peer Programs and Services

SF MHSA issued a Peer Health and Advocacy Request for Qualifications (RFQ) in the Spring of 2017. This RFQ includes peer advocacy projects and peer programs that promotes education and linkage to services. The primary goals of these programs are to reduce stigma associated with mental health conditions; advocate for the rights of mental health consumers and their families; and improve and coordinate health and mental health service delivery for consumers throughout the Behavioral Health system. The Peer Health and Advocacy Programs support underserved and disenfranchised residents of San Francisco, which include individuals and their families who have lived experience dealing with mental/behavioral health challenges. The program development for these projects will take place in the summer of 2017 in collaboration with peers and peer leaders.

In addition, one of the goals of the BHS 5-Year Workforce Plan will be to "successfully integrate peers across the workforce", which has been a long-term goal of BHS. The plan has specific strategies which highlights efforts to:

- Increase capacity to provide youth-to-youth, parent-to-parent and family-to-family services
- Ensure that peers have the knowledge and skills appropriate to thrive and grow within their roles
- Double the number of qualified peers with lived experience in leadership roles within the BHS workforce
- Improve peer supervision skills

Lastly, Peer-to-Peer Services has planned the following activities to support, improve, and enhance its programming over the next three years:

- Continued expansion of peers in the mental health workforce, as peers advance into job positions that are not designated as "peer positions"
- Continued educational support and training through the RAMS entry level and advanced mental health certificate program, leadership trainings, and through the City College Mental Health Certificate Program
- A select group of peers will be providing service and billing through Medi-Cal
- An increase in community-based Peer Navigation
- An increase in Peer linkage for individuals exiting locations such as the jails, inpatient psychiatry, and stepping down from Full Service partnerships

4. Vocational Services

Service Category Overview

The San Francisco Department of Public Health incorporates vocational services within its mental health programming through MHSA funding. These vocational services ensure that individuals with serious mental illness and co-occurring disorders are able to secure meaningful, long-term employment. Research shows that supported employment programs help individuals with mental illness achieve and sustain recovery.

Presentation by First Impressions staff.

In collaboration with The California Department of Rehabilitation, the San Francisco Department of Public Health has identified a need for various training and employment support programs to meet the current labor market trends and employment skill-sets necessary to succeed in the competitive workforce. These vocational programs and services includes vocational skill development and training, career/situational assessments, vocational planning and counseling, service coordination, direct job placement, ongoing job coaching, and job retention services. These MHSA-funded services are largely supported through the Community Services and Supports and Innovations funding streams.

Target Population

The target population consists of San Francisco. Particular outreach is made to underserved populations and those interested in job readiness programs, on-the-job training, internships, competitive employment and meaningful activities leading to work.

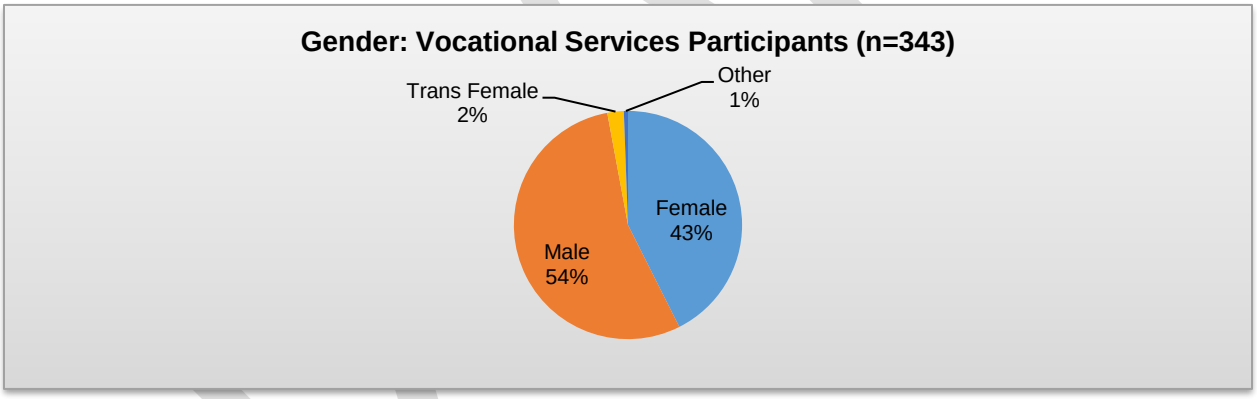
Vocational Services	
Program Name	**Services Description**
Department of Rehabilitation Vocational Co-op (The Co-op)	The San Francisco Department of Rehabilitation (DOR) and the City and County of San Francisco's Behavioral Health Services (BHS) collaborate to provide vocational rehabilitation services to consumers of mental health services. Services offered by this program include vocational assessments, the development of an Individualized Plan for Employment, vocational planning and job coaching, vocational training, sheltered workshops, job placement, and job retention services.
i-Ability Vocational IT Program	The i-Ability Vocational Information Technology training program prepares consumers to be able to provide information technology (IT) support services (e.g., Help Desk, Desktop support) at the BHS IT Department. The program includes three components:

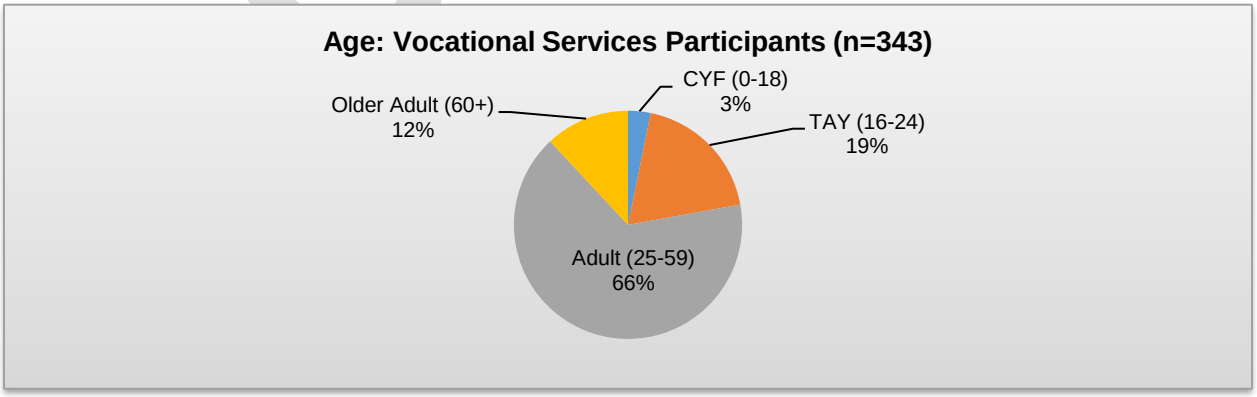
Vocational Services	
Program Name	**Services Description**
	• Desktop: a single point of contact for end-users of BHS computers and hardware to receive support and maintenance within BHS computing environment. • Help Desk: a single point of contact for end-users of the BHS electronic health record system ("Avatar") to receive technical support. • Advanced Help Desk: a single point of contact for end-users of the BHS electronic health record system ("Avatar") to receive advanced technical support. Services offered by the program include vocational assessments, vocational counseling and job coaching, vocational skill development and training.
First Impressions **(INN Funded)**	First Impressions is a vocational program that offers training in basic construction and remodeling skills, such as painting and patching walls, ceilings, and doors; changing/applying window dressings; installing and disposing of furniture and accessories; building furniture; cleaning and repairing flooring; hanging décor; and minor landscaping. Vocational services offered by this program include vocational assessments, vocational planning and job coaching, vocational training and workshops, job placement, and job retention services.
Alleviating Atypical Antipsychotic Induced Metabolic Syndrome (AAIMS)	The Alleviating Atypical Antipsychotic Induced Metabolic Syndrome (AAIMS) program provides nutrition, exercise, and health education and training. The program educates program participants on the connection between diet and health, provides healthy cooking and exercise classes, information on shopping for healthy food based on local availability with the goal of decreasing participants metabolic syndrome issues and increasing their social connectedness. AAIMS peer leaders also advocate for neighborhood food access.
SF Fully Integrated Recovery Services (SF First)	The SF Fully Integrated Recovery Services Team (FIRST) Vocational Training Program offers training and feedback regarding both practical work skills and psychosocial coping skills for job retention. Practical work skills will include learning the skills needed to work as a clerk, janitor, café worker, packaging and assembly line worker, peer group activity facilitator, as well as other positions. Supportive counseling for job retention addresses issues such as organizational skills, time management, delaying gratification, communication skills, conflict resolutions skills, goal setting and hygiene maintenance for the workplace.
Assisted Independent Living Vocational Program	The Assisted Independent Living Vocational Program supports consumer employees in building skills related to clerical/administrative support and mail distribution. This supported employment project is located on-site at Baker Places and provides training, supervision and advanced support to a team of consumers with an emphasis on professional development. The Assisted Independent Living project aims to help consumers to identify professional development goals and breakdown barriers in reaching their goals. The project also

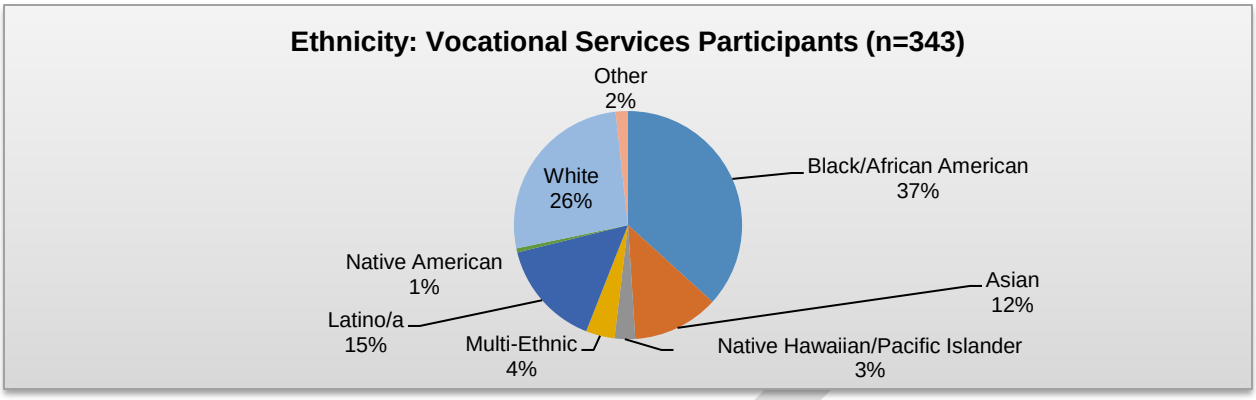
Vocational Services	
Program Name	**Services Description**
	links consumers to the Department of Rehabilitation's job placement services and other vocational programs within the BHS system.
Janitorial Services	The Janitorial Services program provides janitorial and custodial vocational training to behavioral health consumers.
Café and Catering Services	The Café and Catering Services program provides café, barista, catering and customer service vocational training to behavioral health consumers.
Growing Recovery and Opportunities for Work through Horticulture (GROWTH)	The Growing Recovery and Opportunities for Work through Horticulture (GROWTH) is a landscaping and horticultural vocational program that assists mental health consumers in learning marketable skills through on-the-job training and mentoring to secure competitive employment in the community.
TAY Vocational Program	The Transitional Age Youth (TAY) Vocational Program offers training and paid work opportunities to TAY with various vocational interests.

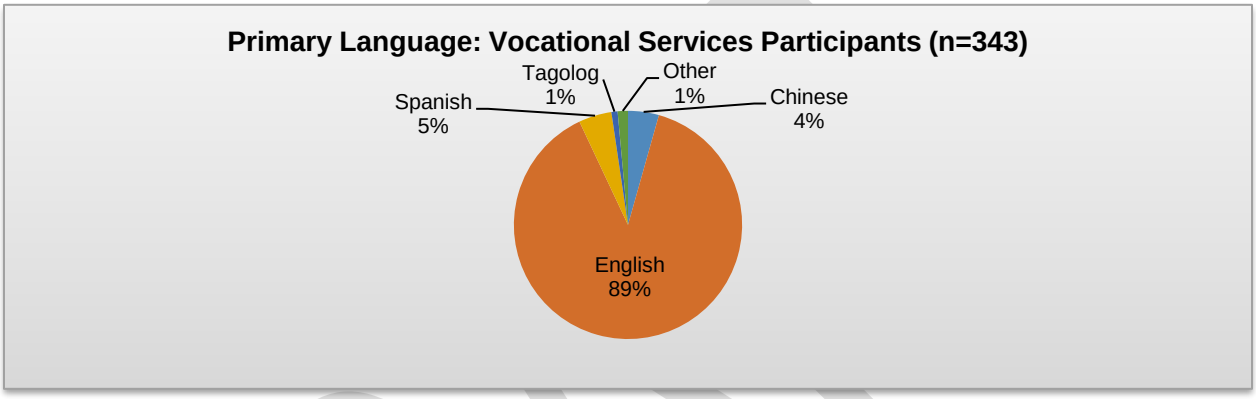
Participant Demographics, Outcomes, and Cost per Client

Demographics: Vocational Services









Program	FY15-16 Key Outcomes and Highlights
RAMS – i-Ability Vocational IT Program	• In FY15-16, 100% of trainee graduates (37 out of 37) met their vocational goals, which were collaboratively developed between the Vocational Rehabilitation Counselor and trainees. • 86.5% (32 out of 37) of trainee graduates indicated improvements to their coping abilities, which is reflected by post-program evaluations and satisfaction surveys. • 86% (37 out of 43) i-Ability trainees successfully completed the training or exited the program early, due to obtaining gainful employment or finding volunteer positions related to their vocational interests.

Program	FY15-16 Key Outcomes and Highlights
UCSF – Citywide First Impressions (INN)	• 18 consumers were enrolled in, and 8 consumers successfully graduated from, the First Impressions Program in FY15-16. • Each participant received individualized strengths-based assessments and person-centered treatment planning. • 100% of graduates met their vocational goals. • 100% of graduates indicated improvements in their coping skills.
API Wellness - AAIMS Project	• Made approximately 500 outreach contacts via rooftop garden healthy cooking program in FY15-16. • Prepared and served a total of 3,000 healthy snacks in TWUH clinic, for 60 unduplicated patients.
SF DPH – SF First Vocational Project	• Stipended Vocational Services Program served 19 participants in FY15-16, with 4 completing the program. • At 9-month program completion date, 75% of trainees had reduced barriers to employment. • SF FIRST Stipended Vocational Training Program added a doll-making project this past year. Skills learned by participants in this project include sewing, design, attention to detail, following a sequence of steps and effective communication.
Baker Places - Assisted Independent Living Vocational Program	• 0% of psychiatric inpatient hospital discharges occurring during FY15-16 had a readmission within 30 days. • 82% of consumers improved on their actionable ANSA items. • 100% of clients with an open episode had an initial Treatment Plan of Care finalized in Avatar within 60 days of episode opening. • 11 individuals successfully transitioned from co-operative living into independent living within the community.
UCSF – Citywide Café and Catering Services	• 13 BHS consumers enrolled in the Food and Catering Services Program in FY15-16. • 100% of graduates reported an improvement in development of skills.

Program	FY15-16 Key Outcomes and Highlights
	• 100% of graduates reported an improvement in confidence to use newly learned skills.
UCSF – Citywide GROWTH	• 10 BHS consumers were accepted into the training program and 9 consumers completed the classroom portion of the training. • 8 of the 9 graduates were accepted into paid work experience. • 100% of graduates of classroom portion of the program reported an improvement in skills.
RAMS – TAY Vocational Program	• In FY15-16, RAMS held 5 focus groups with high school students at SFUSD Wellness Centers, and 4 focus groups with high school students at BHS Clinic/ CBO locations.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[16]**
Vocational Programs	695 clients	$1,010,302	$1,454

Moving Forward in Vocational Services

Over the next three years, the Vocational Services has planned the following to support, improve, and enhance its programming.

- Implementation of the Consumer Portal Help Desk. The help desk will provide support for behavioral health consumers with the use of the portal, which will grant access to view selected clinical information and scheduled appointments.
- Recruitment process. The department will be reviewing the recruitment process to ensure all communities are engaged and served.
- Community Advisory Group (CAG). The department will review and restructure the format of the CAG meeting in order to improve its benefits to the Vocational Training Programs.
- Training for Staff. Additional training will be provided to program and peer staff with the goal of providing them with the tools needed to succeed in their current roles and prepare for career advancement.
- Implementation of a new Help Desk ticketing application. The implementation of the new ticketing application will provide us with information that will guide the delivery of services by our various programs.

[16] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

- Internships. Create time-limited internship opportunities for graduates of the training programs while they are looking for work.
- Employment Opportunities. Create additional part-time and/or full-time positions for gradates of GROWTH and RAMS vocational programs.
- Administrative Support. Add a vocational employment position to work at the 1380 Howard Street Administrative Office and other BHS sites for continued maintenance of plants and other tasks, supporting the GROWTH and First Impressions programs.
- Enhanced Workforce Pipeline. Continue to increase the number of consumers moving through the vocational workforce pipelines by establishing needed training and support to ensure they have what they need to advance to the next career of their choice.
- Evaluation. Work with the Department of Rehabilitation and DPH Quality Management to develop evaluation tools to better assess a client's work and wellness status after 90 days of successful employment.
- Website Enhancements. Enhance the current vocational website (http://bit.ly/SFVOC) to be a one-stop shop for consumers, Co-op alumni, and providers to learn about (1) the services offered by the different Co-op programs (2) job leads (3) additional trainings relevant to job development (4) support groups in the community for work ready consumers, and (5) client advocacy groups within BHS such as the Client Council, Stigma Busters, the MHSA Award Ceremony, etc.
- Support Groups. Create a monthly support group facilitated by working consumers to network and socialize with each other. This will also be a forum to give consumer feedback to BHS administration about emerging needs.
- Consumer Success Stories Booklet. Consumers will be provided the opportunity to submit stories or quotes regarding their vocational journey to wellness. This will be published in a simple booklet to be read at outreach and community events, with clients' signed consent.

First Impressions Vocational Construction Program

5. Housing Services

Service Category Overview

MHSA-funded housing helps address the need for accessible and safe supportive housing to help clients with serious mental illness or severe emotional disorders obtain and maintain housing. This service category includes Emergency Stabilization Housing, FSP Permanent Supportive Housing, Housing Placement and Support, ROUTZ Transitional Housing for TAY, and other MHSA Housing Services.

In 2016, BHS facilitated several population-specific resource training sessions. These sessions covered resources for preventing and ending homelessness. Provider groups participating this year included the Population Focused PEI providers, Full Service Partnerships, and the Transgender Advisory Group.

<u>No Place Like Home (AB 1618)</u>

On July 1, 2016, Governor Jerry Brown signed legislation enacting the No Place Like Home (NPLH) Program to dedicate $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are living with a severe mental illness (SMI) and are in need of mental health and/or substance use services and are experiencing chronic homelessness, or are at-risk of chronic homelessness, or homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA) Fund. Some key features of this program include: (1) counties are eligible applicants (either solely or with housing development sponsor); (2) utilization of low-barrier tenant selection; and (3) counties must commit to provide mental health services and coordinate access to other supportive services.

The NPLH program is still being developed by the State Department of Housing and Community Development. As of January 2017, the application process is still yet to be finalized. The NPLH Proposed Program Framework provides a tentative schedule of winter 2018 for the release of Notice of Funding Availability.

In San Francisco, the Mayor's Office of Housing and Community Development (MOHCD) and the Department of Homelessness and Supportive Housing (HSH), will be taking the lead on this project. The San Francisco Department of Public Health will work in partnership with MOHCD and HSH, to develop and implement the supportive services portion of the NPLH program.

The San Francisco Mental Health Services Act program will continue to monitor the development of the NPLH program and its impact on the County's Annual MHSA Revenue Allocation due to the bond repayment.

Target Population

MHSA-funded housing helps clients with serious mental illness or severe emotional disorders obtain and maintain housing. These programs serve individuals who are chronically homeless, at-risk for homelessness, enrolled in Full-Service Partnership programs, TAY, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Questioning) individuals, veterans, individuals with disabilities, older adults, extremely low income, and individuals with other needs. Some housing programs emphasize working with individuals with co-occurring mental health issues, alcohol and substance abuse problems, and/or complex medical conditions.

Housing Services	
Program Name	**Services Description**
Emergency Stabilization Housing	Emergency stabilization units (ESUs) provide short-term housing stability for clients who are homeless or have been discharged from the hospital or jail. The twenty ESUs are located within several single room occupancy (SRO) hotels in San Francisco. The units are available to Full Service Partnership clients, Intensive Case Management clients and Central City Hospitality House's housing support staff. In 2015-2016, many of the units that were previously used for ESUs have been pulled from the program. The buildings that contracted with DPH for these units have been able to lease out individual units or the entire building for higher amounts in the current rental market in San Francisco. As such, interim housing options for MHSA clients are severely limited.
FSP Permanent Supportive Housing	In 2007, the state provided counties with a one-time allocation of MHSA funds to pay for capital costs to develop 10,000 units of housing, as well operating reserves for each new unit created. San Francisco expended its full initial housing allocation of $10 million by creating many units of housing for MHSA clients that are still being operated within the provision of the MHSA. In addition, San Francisco added $2.16 million from CSS to housing in 2007-08. Currently there are a total of 66 MHSA housing units dedicated to those who are homeless or at risk of homelessness developed with capital funding located in various neighborhoods of San Francisco including the Tenderloin, Rincon Hill, and Ingleside. MHSA units are available to the transitional-aged youth and seniors in addition to single adults. Additionally, MHSA utilizes units that are scattered through a number of older affordable housing sites. This includes 21 units at three sites of the Tenderloin Neighborhood Development Corporation (TNDC); and, eight units at the Community Housing Partnership's Cambridge Hotel. The scattered site units at CHP and TNDC are part of the Direct Access to Housing (DAH) Program, now part of the Department of Homelessness and Supportive Housing (HSH) – Adult Housing Programs division.
Housing Placement and Supportive Services	Established by the San Francisco Department of Public Health in 1998, **the DAH program** is a permanent supportive housing program targeting low-income San Francisco residents who are homeless and have serious behavioral health and/or complex physical health needs. As a "low threshold" program that accepts

Housing Services	
Program Name	**Services Description**
	single adults into permanent housing directly from the streets, shelters, hospitals and long-term care facilities, DAH strives to help tenants stabilize and improve their health outcomes despite co-occurring mental health issues, alcohol and substance abuse problems, and/or complex medical conditions. DAH expanded capacity to serve MHSA clients alongside FSPs and other ICM service providers. The DAH program includes an administrative and a clinical staff person who assesses and refers clients to the most appropriate DAH individual referral prioritization system and its varied portfolio of housing sites to allow for tailored placement based on the physical and clinical needs of the population such as: • Level of medical acuity • Substance use severity • Homeless situation • Match between clients' needs and available on-site services • Availability and match of a DAH unit
ROUTZ Transitional Housing for TAY	Youth with mental health and substance abuse issues have unique and complex needs for housing. To expand the availability of housing for this population, San Francisco allocated additional General System Development (GSD) funds to develop housing for transitional- aged youth with Larkin Street Youth Services (LSYS). The MHSA ROUTZ TAY Housing Partnership provides 40 housing slots at the Aarti Hotel (located at 391 Leavenworth Street) and 10 additional slots at scattered housing sites in SF. In Fall 2011, the Aarti Hotel completed its renovation and LSYS began providing supportive services for TAY with serious mental illness including intake and assessment, life skills training, wrap-around case management, mental health interventions, and peer based counseling.

Other MHSA Housing Services
MHSA Permanent/Transitional Housing List 2016

MHSA Housing Site	Owner/ Operator	MHSA Units	Target Population	Services	Type of Project	Referral Source
1100 Ocean	Mercy	6	TAY	FSP + FPFY	MHSA Capital	BHS Placement
Aarti/Routz	Larkin St.	40	TAY	Larkin - All	MHSA GF - TH	BHS Placement
LeNain	DISH	0-5	Adults	DPH	DAH	DAH
Pacific Bay Inn	DISH	0-5	Adults	DPH	DAH	DAH
Windsor Hotel	DISH	0-5	Adults	DPH	DAH	DAH
Empress	DISH	0-5	Adults	DPH	DAH	DAH
Camelot	DISH	0-5	Adults	DPH	DAH	DAH
Star	DISH	0-5	Adults	DPH	DAH	DAH

Other MHSA Housing Services MHSA Permanent/Transitional Housing List 2016						
MHSA Housing Site	**Owner/ Operator**	**MHSA Units**	**Target Popula-tion**	**Services**	**Type of Project**	**Referral Source**
San Cristina	CHP	0-14	Adults	FSP + CHP	DAH	DAH
Cambridge	CHP	0-15	Adults	FSP + CHP	DAH	DAH
Hamlin	CHP	0-14	Adults	FSP + CHP	DAH	DAH
Richardson	CHP	12	Adults	FSP + Citywide	MHSA Capi-tal	DAH
Rene Caza-neve	CHP	10	Adults	FSP + Citywide	MHSA Capi-tal	DAH
Rosa Parks II	TNDC	3	Seniors	FSP + TNDC	MHSA Capi-tal	DAH
Polk Senior	TNDC	10	Seniors	FSP + TNDC	MHSA Capi-tal	DAH
Kelly Cullen	TNDC	17	Adults	FSP + TNDC	MHSA Capi-tal	DAH
Ritz	TNDC	2	Adults	FSP + TNDC	DAH	DAH
Ambassador	TNDC	8	Adults	FSP + TNDC	DAH	DAH
Dalt	TNDC	13	Adults	FSP + TNDC	DAH	DAH
Veterans Commons	Swords	8	Veterans	FSP + Swords/VA	MHSA Capi-tal	BHS Place-ment
TOTAL		**150-200**				

Program Outcomes and Highlights

	FY15-16 Key Outcomes and Highlights
FSP Permanent Supportive Housing	• In FY15-16, BHS began referring people to reserved MHSA units within the Community Housing Partnership portfolio. These 43 units in non-profit housing include access to services coordination staff through a contract expansion with the Community Housing Partnership. This program targets single adults with serious mental illnesses who are currently homeless.

	FY15-16 Key Outcomes and Highlights
Housing Placement and Support	• Developed by the Tenderloin Neighborhood Development Corporation and completed in FY15-16, Rosa Parks II Senior Housing (RPII) is a planned 98-unit, five-story affordable senior housing development, with three units set aside for older adults under MHSA. • The Ocean Avenue development, completed in FY15-16, is a new construction project that includes 70 units of

housing for families and transitional aged youth (TAY) and one property manager unit. The building has a mix of studios, one, two and three-bedroom units available to residents making no more than 50 percent of the area median income. Twenty-five units are restricted at 20 percent of the area median income.

FY15-16 Key Outcomes and Highlights

ROUTZ Transitional Housing for TAY

- Eighty-eight percent (88%) of placements in this program maintained housing or had a stable exit after one year, exceeding the performance goal.
- By the end of FY15-16, 90% (44 of 49) of youth remained in housing or exited to stable housing.
- 63% (13 of 20) of youth housed for at least one year showed an improvement in their ability to manage mental health issues.
- 82% (40 of 49) of youth received an average of 3 case management sessions per month they were housed.
- 92% (45 of 49) of youth received individual or group mental health services.
- 92% (45 of 49) youth had a case plan completed or updated at least once during the fiscal year.

Moving Forward in Housing Services

In November 2015, the Mayor announced the need for a central department in SF to focus exclusively on homelessness issues. As a result, the Department on Homelessness and Supportive Housing (HSH) was created and officially started in July 2016. HSH, with support from SF MHSA, now oversees the Housing Placement and Supportive Services for MHSA units. BHS work-orders its housing-specific funds to the new department to expedite placement of homeless FSP clients. This move promotes the MHSA principle of community collaboration and working with our City partners to provide the best housing services. HSH is also actively planning a Coordinated Entry System to continue providing integrated services for all permanent supportive housing programs in SF that will begin with families in 2017 and implement for single adults in 2018.

The San Francisco Moving On Initiative (MOI) is a collaboration between HSH and the SF Housing Authority (SFHA). This program is for PSH residents, who are ready to move on from supportive housing and into affordable housing with SFHA. To qualify for a referral to the SFHA Waiting List and preference points, applicants must meet certain eligibility criteria and complete an application. Participants who are eligible for the Supportive Housing preference as reviewed by HSH staff will have their names referred to the SFHA 's Waiting List. This initiative allows

people who no longer need on-site services the opportunity to move on, and makes available those Permanent Supportive Housing units for people leaving homelessness who would need that level of support. Tenants can speak to their staff at their current housing site for more information.

SF MHSA has financed MHSA Housing Projects and, as part of this 3-Year Integrative Plan, SF MHSA is submitting a "MHSA Housing Loan Program Ongoing Annual MHSA Fund Release Authorization For Future Unencumbered Funds" form **(see Attachment A)** to describe how the SF MHSA wishes to handle such funds in the future. Per attachment A, the City and County of San Francisco is requesting the annual release of MHSA funds in the City and County of San Francisco's CalHFA account be returned to the City and County of San Francisco. This may include, but not limited to; COSR funds that are no longer required by a project, funds approved for a loan that is never funded, MHSA residual receipt loan payments, and accrued interest.

6. Behavioral Health: Workforce Development

Service Category Overview

The Behavioral Health Workforce Development service category addresses the shortage of qualified individuals who provide services in San Francisco's public mental health system. This includes developing and maintaining a culturally humble/competent workforce that includes individuals with client and family member experience who are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency. This service category includes 1) the Mental Health Career Pathways Program, 2) Training and Technical Assistance, and 3) Residency and Internship Programs.

In 2009, MHSA received an initial $4.6 million allocation of MHSA funding to support Workforce, Development, Education and Training (WDET) activities. San Francisco has developed a strong collection of activities and programs designed to achieve WDET goals. Through Career Pathway Program (CPP) activities, the decision was made to sustain MHSA WDET activities, described below, with CSS funds. SF MHSA's goal is to develop a behavioral health pipeline to increase the number of individuals that are informed about, choose to prepare for, and are successful in entering and/or completing behavioral health training programs. This work involves collaboration between MHSA, BHS, SFUSD, City College of San Francisco, San Francisco State University, and California Institute of Integral Studies.

Target Populations

These programs work with college students with populations who are currently underrepresented in licensed mental health professions,: high school students who express career interests in the health care/behavioral health care industries; and mental health consumers, family members and individuals who come from ethnic groups that are not well represented in the mental health/behavioral professions (e.g., African American; Latino; Native American; Asian; Pacific Islander; Lesbian, Gay, Bisexual, Transgender, and Questioning communities).

Mental Health Career Pathway Programs	
Program Name	**Services Description**
Summer Bridge	The Summer Bridge Program is an eight-week summer mentoring program for youth ages 16-20 who are enrolled in or recently graduated from San Francisco Unified School District high schools. The program aims to 1) educate youth about people's psychological well-being; 2) reduce the stigma associated with mental health; and 3) foster youth's interests in the fields of psychology and community mental health.
Community Mental Health Worker Certificate	*See program description on below.*
California Institute of Integral Studies (CIIS) MCP Project	CIIS seeks to advance the development of a diverse and culturally competent mental health workforce by engaging and supporting communities who are underrepresented in licensed mental health professions. CIIS recruits and enrolls students from un-

Mental Health Career Pathway Programs	
Program Name	**Services Description**
	derrepresented communities in the university's Masters in Counseling Psychology (MCP) program, provides them support services, and organizes trainings, workshops and lectures to attract individuals of color, consumers of mental health services and family members of consumers so that they will graduate with a psychology education and gain licensure. In addition, each MCP student completes an extensive year-long practicum in a public or community mental health agency.
FACES for the Future Program	Faces for the Future program (FACES) is nationally recognized for healthcare career preparation work with high school students. The FACES program introduces John O'Connell High School students to career pathways in healthcare, public health and mental and behavioral health while supporting them with academic interventions, coordination of wellness services, referrals to outside agencies when needed and youth leadership development opportunities.
San Francisco State University: Student Success Program	The Student Success Program is offered through SFSU's Student Affairs and Enrollment Management, and is designed to increase student access and enrollment, enhance student retention and maximize graduation rates among mental health consumers, family members of consumers and members of underserved and underrepresented communities (e.g., Black/African American; Latino; Native American; Asian; Pacific Islander; Lesbian, Gay, Bisexual, Transgender, and Questioning), who are preparing for careers in the public behavioral health system. Workforce Development activities within the program focus on providing information about the mental health field and its professions, outreaching to underrepresented communities, and offering career exploration opportunities.

Spotlight Program – Community Mental Health Worker Certificate Program

The Community Mental Health Worker Certificate (CMHC) program at City College of San Francisco (CCSF) is a 16-unit program based on the mental health wellness and recovery model, which focuses on the process of recovery through consumer-directed goal setting and collaboration between mental health service consumers and mental health providers. The program educates and trains culturally and linguistically diverse consumers of mental health, family members of consumers and mental health community allies to enter the workforce as front-line behavioral health workers who are able to deliver culturally congruent mental health care to underrepresented populations (e.g., African American; Asian; Pacific Islander; Latino; Native American; Lesbian, Gay, Bisexual, Transgender, Questioning; and immigrant communities).

The curriculum promotes the workforce skills needed to be gainfully employed as a mental health worker, and to enhance the knowledge base of existing mental health employees. In addition, students have access to critical supports designed to facilitate student retention and success in the program, including the following:

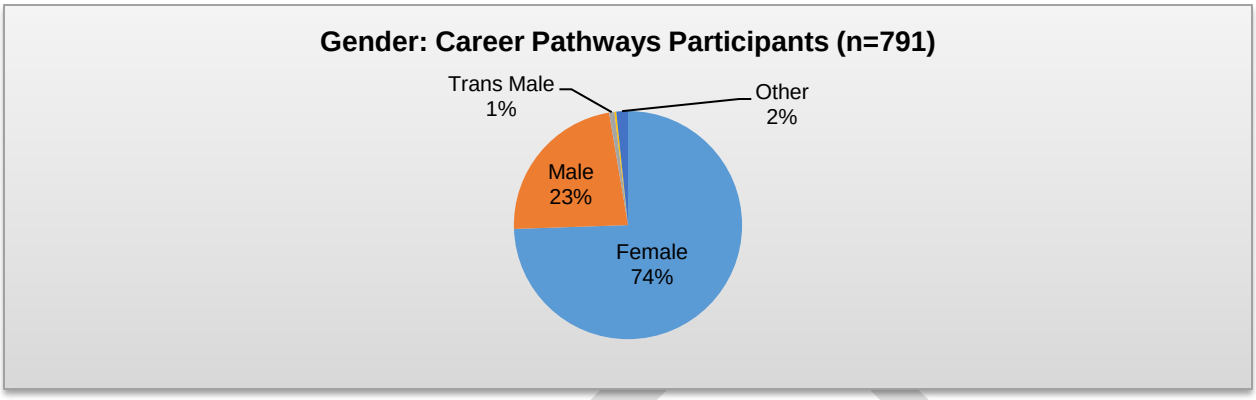
- Peer Care Manager who helps students navigate the college system, make linkages with other services, and develop personalized and comprehensive wellness and recovery action plans to support their academic participation and success
- Behavioral Health Specialist Intern who helps manage any mental health related needs
- Financial Aid Counselor who is available at the beginning and end of each semester to streamline processing of CMHC students' financial aid needs
- CCSF's Disabled Students Programs and Services (DSPS), which dedicates one DSPS counselor to CMHC so that students have expedited access to appointments
- A Career Development and Placement Center counselor, who helps students develop their resume, interview skills, and a professional portfolio, as well as provides assistance with internship placement

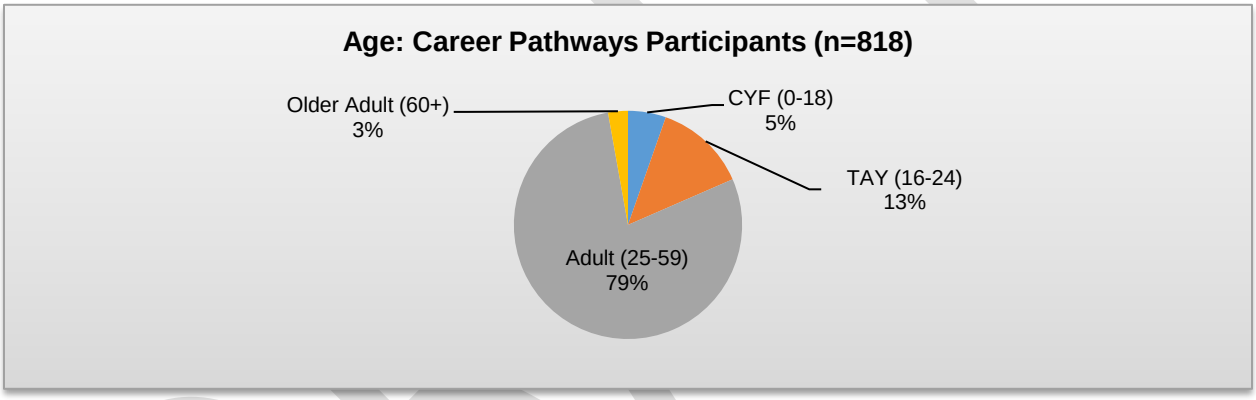
Target Population

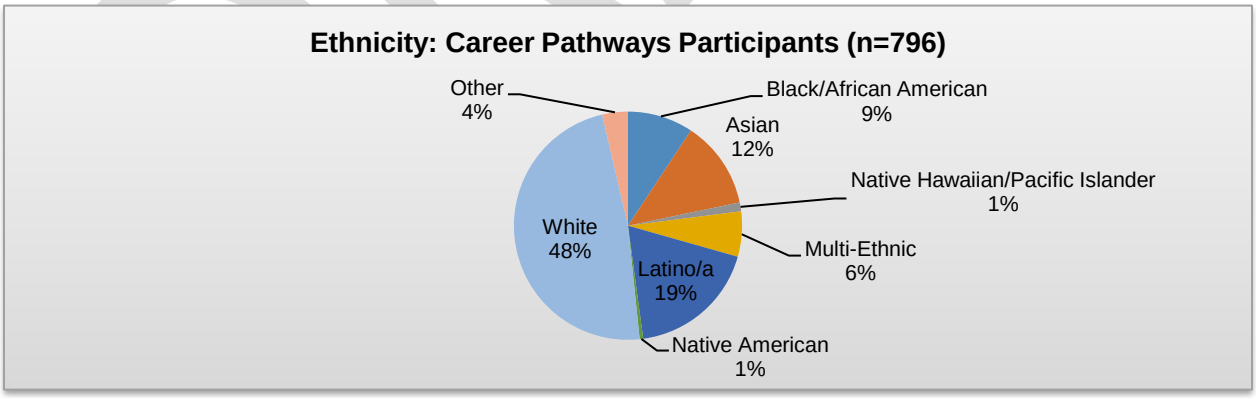
The program focuses on engaging people interested in a career in behavioral health or employment as a mental health care worker.

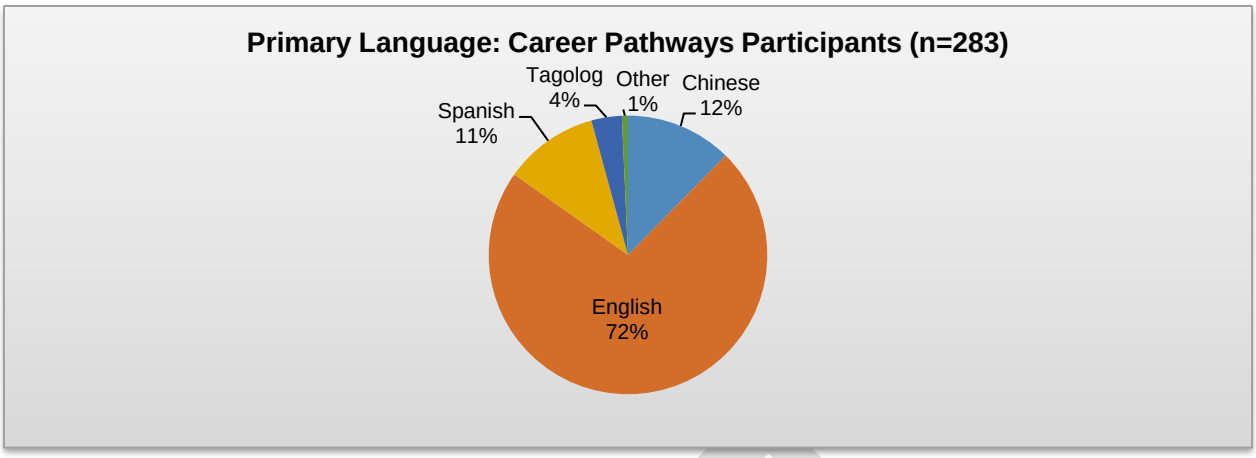
Participant Demographics, Outcomes, and Cost per Client

Demographics: Career Pathways









Program	FY15-16 Key Outcomes and Highlights
RAMS – Summer Bridge	• During FY15-16, the Summer Bridge program served 58 students and provided 120-hours of career exploration, field learning and basic counseling skills development. • In FY15-16, 100% of Summer Bridge 2015 participants (22 out of 22) completed the program and graduated. • 100% of Summer Bridge 2015 participants surveyed agreed or strongly agreed with the statement, "I know how to refer family and/or friends for mental health support and/or services" on the 2015 post-program questionnaire, vs. 26% in the pre-program questionnaire. • 82% of Summer Bridge 2015 participants surveyed agreed or strongly agreed with the statement, "I have found role models in the health & human services field" on the 2015 year-end evaluation.
City College of San Francisco – Community Mental Health Worker Certificate	• During FY15-16, the program witnessed 15 graduates, 23 students primed for internships, 66 students who completed the program's introductory course, and 27 new students in the CMHC Program's FY16-17 cohort. • During FY15-16, in collaboration with students and PCM, the CMHC facilitated 3 workshops: one in the community, and two at CCSF for students and community members. • CMHC Program graduates have obtained new employment at the RAMS Peer Wellness Center, University of California San Francisco's Citywide program, NAMI (National Alliance on Mental Illness), and the HIV/STI Education Office Management Assistant with the Health Education Department at City College of San Francisco.

California Institute of Integral Studies – MCP Program	• In the 2015-16 school year, CIIS recruited and enrolled 14 students from underrepresented groups into the MCP program. • Staff organized eight on-campus events in FY15-16 to attract community members of color and individuals with "mental health system" lived experiences, which drew in approximately 400 participants. • CIIS provided academic and career development services to 139 students, linked 523 students to on and off-campus resources, counseled 148 students on educational, professional, and personal goals, provided peer-counselor support to 98 students, and held 15 campus events that challenged faculty and staff to broaden their understanding of the diverse student body.
Public Health Institute – FACES for the Future	• In FY15-16, the program served 45 students (12 juniors and 33 seniors). • 100% of the graduating seniors have enrolled in post-secondary programs beginning in Fall 2016: 67% will attend community colleges, 24% will attend state colleges, and 6% will attend University of California schools. • During the school year, 100% of FACES students received psychosocial progress monitoring and support, which was carried out through weekly check-ins, and 100% of students participated in a two hour workshop on emotional triggers, self-care and crisis management. • All senior students engaged in 24 hours of work-based learning internships, which were spread out over 13 sites and supervised by 16 preceptors, with each preceptor investing an average of 40 hours.

Cost per Client

Program	Clients Served	Annual Cost	Cost per Client[17]
Mental Health Career Pathways	13,429 clients	$972,924	$72

[17] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

Training and Technical Assistance Programs	
Program Name	**Services Description**
Trauma-Informed Systems Initiative	The Trauma Informed Systems (TIS) Initiative focuses on the system-wide training of a workforce that will develop a foundational understanding and shared language, and that can begin to transform the system from one that asks "What is wrong with you?" to one that asks "What happened to you?." The initiative strives to develop a new lens with which to see interactions that reflect an understanding of how trauma is experienced in both shared and unique ways.
Adolescent Health Working Group	The purpose of adolescent/TAY provider capacity building is to improve communication and coordination of health related activities and services among youth/young adult providers across service sectors – including CBOs, DPH, UCSF, SFUSD, Juvenile Justice, workforce development and housing – while also building provider capacity and support systems.
Medicinal Drumming Apprenticeship Pilot	The Medicinal Drumming Apprenticeship is a pilot project designed to train community based behavioral health service providers in a culturally affirming wellness and recovery therapeutic methodology. This approach allows program participants to be supported in a culturally congruent manner, as they build and apply new skills that promote personal and community empowerment.
Street Violence Intervention and Prevention (SVIP)	The nine-month SVIP Professional Development Academy builds upon the existing skills and talents of San Francisco's brave and courageous street outreach workers/crisis responders and educates them in the areas of community mental health, trauma, vicarious trauma and trauma recovery within the frameworks of cultural sensitivity, responsiveness and humility. Participants complete a nine-month long training program, and this Academy's unique learning and application setting allows the SVIP staff to build upon their already existing talents for working with and alongside of communities. The SVIP Professional Development Academy is built upon the core curriculum of the MHSA-funded Community Mental Health Certificate Program and has additional emphases on trauma, vicarious trauma and trauma recovery.

Program Outcomes, Highlights and Cost per Client

Program	FY15-16 Key Outcomes and Highlights
SF-DPH – Trauma Informed Systems Initiative	• Coordinated 93 live trainings in FY15-16 for the DPH workforce and key community based organizations, training over 2,600 employees and contractors in the basics of trauma. • Conducted mapping, surveying, and stakeholder engagement in the planning and development of a San Francisco TAY behavioral health system of care. • Provided consultation and support for implementation of Instituto Familiar de la Raza's S.P.A.R.K. program, a Full Service Partnership designed to support the stabilization and recovery of families in crisis.
Adolescent Health Working Group – Adolescent Health Issues	• Provided over 300 hours of service in FY15-16 around capacity building among youth and young adult provider networks. • The AHWG Steering Committee met 11 times in FY15-16. An average of 15-20 members attended, giving the meetings an approximate attendance rate of 75%. • Convened annual retreat with 20 attendees for the purpose of strategic planning and brainstorming current and upcoming provider needs. • The AHWG provided 3 Trauma Trainings to more than 30 agencies in FY15-16. • AHWG convened an advisory group for the next provider toolkit that focuses on Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Health. The toolkit contains clinical guidelines, best practices in care, clinical tools and resources, as well as resources for families and youth. The toolkit's expected publication date is late 2017 and AHWG will roll out training modules to promote the implementation of the toolkit.

SF-DPH – Street Violence and Intervention Program	• 14 outreach workers, coordinators and directors were trained in FY15-16, 7 who graduated and another 7 on track to graduate in early 2017. • As a result of participation in the SVIP Professional Development Academy, 1 staff member enrolled and graduated from City College of San Francisco's Community Mental Health Certificate program, 1 applied to graduate school, and 1 re-enrolled in a bachelor's program.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[18]**
Training and Technical Assistance	4,000 clients	$1,232,293	$308

Residency and Internship Programs	
Program Name	**Services Description**
Fellowship Program for Public Psychiatry in the Adult System of Care	The goal of the Fellowship Program for Public Psychiatry in the Adult System of Care is to further develop fellows' knowledge and skills in behavioral health research (e.g., smoking cessation for Asian Pacific Islanders; health care utilization by Lesbian, Gay, Bisexual, Transgender, and Questioning individuals) and services for adults diagnosed with severe mental illness. In order to address San Francisco's behavioral health workforce shortages and supplement its existing workforce, the MHSA funds psychiatric residency and internship programs.
UCSF Public Psychiatry Fellowship at Zuckerberg SF General Hospital	The mission of the UCSF Public Psychiatry Fellowship at Zuckerberg San Francisco General Hospital is to train the next generation of public mental health care leaders who will provide patient-centered care to vulnerable populations with severe mental illness through: 1) understanding and implementing relevant, evidence-based psychosocial rehabilitation and psychopharmacological treatments, 2) promoting recovery, and 3) developing rewarding public-academic partnerships to examine their work. The UCSF Public Psychiatry Fellowship has developed a strong curriculum, which promotes leadership opportunities, a sense of community, and mentoring.

[18] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

Cost per Client			
Program	**Clients Served**	**Annual Cost**	**Cost per Client[19]**
Psychiatry Residency and Fellowships	261 clients	$391,002	$1,498

Moving Forward in Behavioral Health Workforce Development

In the coming years, the Behavioral Health Workforce Development program will transform our behavioral health workforce so that it better reflects and better serves San Francisco's communities. We will build a career pipeline with multiple entry, exits and re-entry points from high school through post-secondary education. This pipeline will have key components of 1) education and career support and 2) barrier mitigation and removal.

MHSA completed a BHS 5-Year Workforce Development Strategic Plan in the spring of 2017. The objectives of this Strategic Plan include:

- Integrating behavioral health career pipeline programs and existing training initiatives
- Establishing priorities for new workforce development initiatives within BHS
- Being driven by System of Care and staff needs
- Aligning with DPH, San Francisco Health Network, and Ambulatory Care (AC) WDET goals and priorities
- Leveraging AC WDET expertise and resources
- Identifying staffing and resources needed to implement strategies
- Defining measurable objectives and mechanisms for monitoring success

A Request for Qualifications (RFQ) including the MHSA Workforce Development programs was also published in the spring of 2017. This RFQ includes key components of the BHS 5-Year Workforce Development Plan. Implementation of the 5-Year Plan will take place in the summer of 2017.

In addition, various workforce development stakeholders made a decision to sunset the San Francisco State University's Student Success Program and the California Institute of Integral Studies' Masters in Counseling Psychology Project. These programs provided invaluable insight about best practices for mental health career pathways. The lessons learned and the successful components of the programs have been integrated into existing workforce programming to further increase capacity and best serve the San Francisco community.

[19] Cost per client is calculated by dividing the program annual budget by the total number of unduplicated clients served.

7. Capital Facilities and Information Technology

Service Category Overview

MHSA funding for Capital Facilities allows counties to acquire, develop, or renovate buildings to support the delivery of MHSA programs. Funds may also be used to develop community-based, less restrictive settings that will reduce the need for institutionalization or incarceration. MHSA funding for Information Technology (IT) supports upgrades to clinical and administrative information systems as well as improvements to consumers' and family members' access to personal health information within various public and private settings.

The 2014 – 17 Integrated Plan included projects to renovate three buildings – Silver Avenue Health Center, Redwood Center and Sunset Mental Health. Subsequent proposals were approved to support renovation projects at Southeast Health Center and a new integrated clinic at 220 Golden Gate. The plan also called for an annual investment of $300,000 in capital improvements, beginning in FY 14-15 with the South of Market Mental Health Center. The majority of the work for this project began in FY 15-16. The table below provides an update regarding the Capital Facilities and IT projects through June 30, 2017.

Capital Facilities	
Program Name	**Services Description**
Recent Renovations	On February 1st 2016, South of Market Mental Health Services (SOMMHS) resumed full operation in their newly remodeled space located at 760 Harrison Street. The SOMMHS remodel transformed an older leased clinic by applying MHSA funding and negotiated tenant improvements. The remodeled space ultimately benefits the clients' and staffs' experiences at the South of Market Clinic. This renovation allows for integrated health services and supports the Public Health Department's goal of offering seamless access to Behavioral Health and Primary Care services. The facility closed in June 2015 and clients were provided services at several locations. Offices at 1380 Howard Street, Mission Mental Health, OMI Family Center, and Tom Waddell Urgent Care Clinic at 50 Ivy were shared collaboratively. Thanks to the support of the directors and staff at sister clinics, we completed our project in a timely manner. Seven months of construction yielded the complete interior and exterior painting of the building and offices, the addition of a Wellness Center, additional offices and medical exam space, new flooring, a remodeled Pharmacy, and ADA upgrades. Additionally, upgrades to the phone systems were included.

Information Technology	
Program Name	**Services Description**
Consumer Portal	DPH decided to move forward with the NetSmart Consumer Portal, which plans to launch in FY 16-17. Current efforts include a scheduler that will be the primary source of collecting relevant data for clients. Roll-out efforts are pending and may include the implementation of kiosks. The Consumer Portal project expected outcomes include: • Increase consumer participation in care • Improve communication between consumers and/or family members and their care team • Reduce medication errors • Improve appointment attendance • Help keep consumer information up-to-date • Promote continuity of care with other providers
Consumer Employment	The Consumer Information Technology (IT) Support: Desktop and Help Desk project was modified to focus on desktop support, in order to provide participants with a more specialized and targeted vocational experience. Participants learn skills related to the steps required to deploy new workstations, including imaging, logistics of deployment, removal of old hardware, break-fix and equipment tracking.
System Enhancements	The System Enhancements program provides vital program planning support for IT system enhancements. Responsibilities include the following: • Project management of the Meaningful Use EHR implementation across BHS Division by facilitating meetings and other communications between IT staff, administrative staff and clinical staff who are responsible for EHR deployment • Ensuring that timelines and benchmarks are met by the entire EHR team • Manage dependencies by helping to ensure that equipment, personnel and other resources are deployed efficiently and according to timeline • Creating, maintaining and updating the Meaningful Use implementation plan • Managing EHR-related professional development for all BHS staff in an effective and timely manner to ensure smooth implementation across the Division. Two Peer Interns provided system enhancement support at the San Francisco Study Center in FY 15-16. Responsibilities included the following: • Preparing desktops for deployment • Removal of old hardware • Supporting Homeless Connect events • Other duties related to hardware support In FY 16-17, two Psychiatric Social Workers (Clinical Implementation Specialists) were hired on to support system enhancements. Responsibilities include the following:

Information Technology	
Program Name	**Services Description**
	• Represent System of Care (SOC) programs and administrators at the various EHR committees • Play a key role in the implementation of EHR products: Appointment Scheduling, Client Portal and Meaningful Use, among others • Clinic workflow analysis, development and implementation • Provide clinical documentation support related to project • Collaborate with clinical and administrative staff • Provide end-user training related to the projects • Provide leadership and guidance to the implementation team (HIT Coaches) • Conduct data analysis related to the projects

Program Outcomes and Highlights

FY15-16 Key Outcomes and Highlights	
Capital Facilities	• In FY15-16, South of Market Mental Health Services (SOMMHS) resumed full operation in their newly remodeled space located at 760 Harrison Street. This renovation allows for integrated health services and supports the Public Health Department's goal of offering seamless access to Behavioral Health and Primary Care services.
Information Technology	• In FY15-16, the Consumer Portal Analyst led implementation efforts for the Appointment Scheduler in the electronic health records system (EHR), Avatar, supported general Consumer Portal project initiation, developed training videos, developed forms for the collection of client information, and developed reports. • Two Peer Interns provided system enhancement support at the San Francisco Study Center in FY15-16. Responsibilities included: Preparing desktops for deployment, removal of old hardware, supporting Homeless Connect events, and other duties related to hardware support. • In FY16-17, two Psychiatric Social Workers (Clinical Implementation Specialists) will be brought on to support system enhancements. Responsibilities included: Represent SOC programs and administrators at the various EHR committees; play a key role in the implementation of EHR products, clinic workflow analysis, development and implementation; provide end-user training related to the projects; conduct data analysis; and other duties. Moving Forward

Moving Forward in Capital Facilities

The Capital Facilities Plan for FY17 – 20 will be a working plan dependent upon available funding. Several BHS mental health clinics in San Francisco have a significant need for Capital Improvements. This tentative plan calls for capital improvements at the Chinatown North Beach Mental Health Clinic. The balance of the annual capital investment will be made available pending additional CPP activities and available funding.

Below is a list of needs that were identified during the Community Planning Process. The projects will be coordinated with appropriate stakeholders to validate priority and need.

Chinatown North Beach Clinic- 729 Filbert Street

- *Remodel and Tenant Improvements of the Chinatown North Beach:* Reconfigure space to create a Primary Care examination room. Remodel the lobby and pharmacy area to provide greater access and security for the clients and staff.
- *Install ADA upgrades to the clinic for access:* Install a new motorized entry door and replace the common corridor doors, and upgrade restroom fixtures and hardware adhering to current Mayor's Office on Disability Standards.

Child Crisis and Comprehensive Mobile Crisis – 3801 Third Street

- Identify a budget to replace 3 City vehicles that support the Comprehensive Crisis Response team and the City's Intervention Team that provides 24 hour x 7 day a week activities in the community.
- Reconfigure and build out client meeting spaces for Comprehensive Crises Services and Foster Care Mental Health Team. Build out a client phone center and client meeting spaces transforming the open office space into an appropriate space for client engagement and call center activities.

Transitional Aged Youth/South Van Ness Adult Behavioral Health - 755 South Van Ness

- Reconfigure space to create 3 client engagement rooms. Resurface and install new play structure for youth engagement.

Community Justice Center / Violence intervention Program – 555 Polk St

- Reconfigure offices to accommodate a group activity space and private client engagement offices for programs relocating to this property.

Sunset Mental Health (Community Oriented Primary Care Clinic) – 24th Avenue 2nd Floor

- Remodel and configure the space for better flow for client intake and consultation activities. Remodel rooms to create a welcoming reception space that has three new client centered interview spaces.

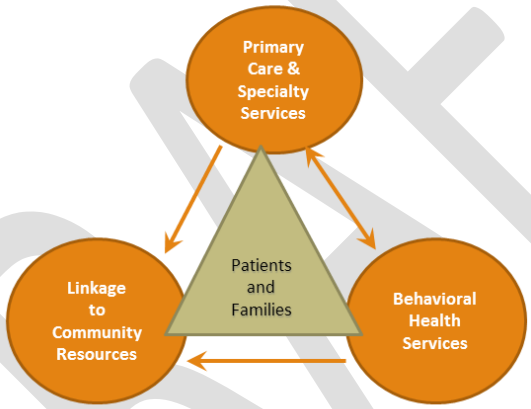
Southeast Health Center Expansion and Behavioral Health Integration Project – 2401 Keith St
This project was included in the FY16/17 Annual Update and the proposal will continue throughout the next three years. The Southeast Health Center (SEHC) is a DPH primary care clinic serving the City's historically underserved Bayview-Hunters Point neighborhood. With the goal of better and more holistically meeting the needs of Bayview-Hunters Point patients and their families, this priority DPH project will renovate and expand upon the existing facility, bringing a fuller and more integrated complement of DPH's healthcare resources and programs to one convenient campus, creating a Family Wellness Hub.

The renovation and expansion of the Southeast Health Center will implement a family-centered model of care that integrates DPH's primary care services, including office-based specialty services that target the most pressing health needs of the community, with behavioral health services and linkages to community resources.

SEHC FAMILY WELLNESS HUB

Primary Care and PC Specialty Services:
- Primary care
- Dental
- Optometry
- Non-specialty behavioral health
- Podiatry
- Targeted office-based specialty care (i.e. Pulmonary, etc.)
- Urgent care
- Geriatric care
- Wrap around HIV services

Community Resources (to be determined based on community needs and space):
- Workforce development
- Family resource center & parenting support
- Legal services
- Family support (i.e. parenting groups)
- Cooking and nutrition classes
- Therapeutic food pantry



Behavioral Health Services:
- Depression, anxiety, and other specialty mental health
- Family and individual therapy
- Family and individual case management
- Foster care and linkage
- Substance use treatment and prevention
- Older adult mental health services
- LGBT services
- Coordination with psychiatry inpatient and emergency services, and community partner agencies

Program Evaluation for All MHSA Programs

In any given year, there are between 85-95 actively funded MHSA programs. MHSA -funded staff within the BHS Office of Quality Management play an active role in supporting evaluation activities for MHSA, providing another opportunity to actively engage stakeholders. One highlight of this work, the MHSA Evaluation Impact Group, is detailed below.

The MHSA Evaluation Workgroup, renamed to the MHSA Impact Group, provides technical assistance (TA) on evaluation and program improvement activities for non-full service partnership MHSA-funded programs in a group setting. Specifically, the Impact Group is a workshop where programs come to design evaluations, develop measurement tools and learn how to carry out evaluation activities. As needed, MHSA evaluators also follow-up with programs on a one-on-one basis to increase a program's capacity in carrying out specific evaluations. The evaluators also conduct workshops to enhance communication, reporting and dissemination of outcomes and program impact, particularly to the client community.

The Impact Group has created a collaborative, supportive forum for BHS to facilitate high quality evaluation activities in a peer discussion format. The program representatives have expressed their appreciation for technical training that is delivered in a conversational, understandable format, as well as the peer-to-peer support and engagement between programs. Impact Group meetings allow the MHSA program evaluation team from Quality Management providing technical assistance (TA) on county or state requirements, evaluation and program improvement activities. Impact Group meetings also provide an opportunity for program providers and consumers to learn about various MHSA programs, share challenges to program implementation, lessons learned, evaluation plans, and consumer success stories with one another. Consumers are invited to present on their experience with the program, highlighting the program’s successful impacts on their lives.

Impact Group meeting attendance usually ranges from 20-30 people, including program providers and consumers. A list of meeting topics in FY 2016-17 include:

- July: MHSA Orientation session for new MHSA funded staff
- August: TA session to Vocational Programs in preparation for the Vocational Summit
- September: Presentation by the Alleviating Anti-psychotic Induced Metabolic Syndrome Program
- December: Presentation by Community Youth Center’s Asian Pacific Islander Youth and Family Support Services
- January: State regulations TA session and discussion with PEI Programs
- February: State regulations TA session and discussion with INN Programs
- March: How to do Focus Groups
- April: Collection of consumer social identity data
- May: Client Satisfaction & data-driven program improvement activities
- June: Completing MHSA Year-End Program Reports

Statewide Evaluation Efforts

MHSA funded staff within the BHS Office of Quality Management also play an active role in supporting statewide evaluation efforts and activities for MHSA, providing another opportunity to actively engage a broader range of stakeholders. Notable activities in 2015-16 are listed below.

- Serving on the MHSOAC Evaluation Committee, representing San Francisco DPH, for a two-year term
- Serving on an advisory group for an evaluation contracted by the MHSOAC to University of California, San Diego of the Recovery Orientation of MHSA programs across California
- Participating, as one of three counties, in the MHSOAC-contracted evaluation of the Recovery Orientation of Community Services & Support (CSS) Programs
- Serving on an advisory group for an evaluation contracted by the MHSOAC to design and pilot and new system to replace the existing Data Collection and Reporting (DCR) and CSS data collection systems
- Serving on the CalMHSA Statewide Evaluation Expert (SEE) Team to provide research and evaluation guidance and consultation to CalMHSA programs and RAND.
- Participating in a Latino stakeholders' focus group as part of the California Reducing Disparities Project's Strategic Plan for Reducing Mental Health Disparities
- Contributing actively to the County Behavioral Health Directors Association (CBHDA) effort to identify MHSA activities and measureable outcomes for the Measurements, Outcomes and Quality Assessment (MOQA)
- Attending and contributing to MHSOAC-sponsored discussions in Sacramento and the Bay Area to address new requirements in the regulations regarding demographic and outcome data collection for Prevention and Early Intervention (PEI) programs

National Evaluation Efforts

The BHS Office of Quality Management presented at the Feb 2-5, 2017 USPATH Inaugural Conference, sponsored by the US branch of the World Professional Association for Transgender Health (WPATH), in Los Angeles. The presentation focused on the department's evaluation efforts of the MHSA-funded Transgender Health Services program.

"Looking Ahead for SF-MHSA"

In the three years ahead, we will continue in our mission of transforming San Francisco's public mental health system. The MHSA will play an important role in strengthening and expanding the provision of mental health services locally, and throughout the state of California. Our future efforts will include the dissemination of the 2017-20 Integrated Plan, which brings together a vision for implementation of all the MHSA components.

In the next three years, SF MHSA will work to implement and enhance the programming described in detail in this report. We will also strive to integrate all of the valuable feedback received in CPP meetings and other stakeholder engagements. We are committed to weaving this feedback into the core of MHSA programming.

In implementing the MHSA components over the next three years, we will also focus efforts in a number of key areas. These areas of focus are detailed below:

- **We will take measures to respond to the upcoming No Place Like Home (NPLH) bond.** NPLH re-purposes statewide MHSA funds, and will provide $2 billion for the construction and rehabilitation of permanent supportive housing for homeless individuals with severe and persistent mental illness. In the coming months, we will monitor the roll-out of this legislation, and will prepare to participate in the competitive funding process. In the years ahead, we will work to develop and implement effective NPLH programming and services.

- **We will adjust the SF MHSA budget to more accurately align with state allocations.** These adjustments will focus on maintaining and enhancing existing programming, as no additional dollars are expected. In the years ahead, we do not anticipate any major expansions to the MHSA components outlined in this report.

- **We will place a strong emphasis on program evaluation across the MHSA components.** In the years ahead, we will work to enhance our monitoring and evaluation activities, in order to effectively meet the performance objectives of our MHSA-funded programs. SF MHSA is committed to pursuing innovative and dynamic methods of data-informed evaluation.

- **We will introduce three new and innovative initiatives in programming.** These three initiatives represent the only additional expenditures planned for the SF MHSA budget, and are spotlighted below.

Family-Centered Behavioral Health Services

In collaboration with the California Mental Health Services Oversight and Accountability Commission (MHSOAC), Behavioral Health Services (BHS) is working to develop an innovative Family-Centered and Trauma-Based Program. The program model relies on a generational approach that establishes families as the center of our work and provides integrated care to families. This generational work is a pressing issue for San Francisco, as families are being pushed out of the City due to systematic changes in the economic environment. Developing a whole family approach will ensure that the family, not the individual, is the focus of support, empowerment, and sustainability. The plan is for this initiative to be funded using Innovation (INN) dollars, following the approval of the MHSOAC.

Intensive Case Management (ICM) Flow

The ICM Flow initiative is centered on the need to support behavioral health clients who no longer require the intensive level of care and service provided by the ICM and Full Service Partnership (FSP) programs. Clients who show progress toward recovery and engagement may be more appropriately and well supported at an outpatient clinic. Unfortunately, several factors can impede a successful transition—defined as linkage and engagement—to outpatient care. With ICM Flow, more clients will transition safely to outpatient care, living more self-directed lives that support their wellness and connection to a community that has meaning for them.

ICM Flow will be driven by providers, consumers, and BHS leaders working together to bridge the wide gap between ICM and outpatient levels of care, and more effectively support clients in the transition. We expect to convene a series of discussion and planning meetings for stakeholder engagement, then identify priority areas of practice improvement to define and test. Woven throughout the project will be the integration of volunteers and peer employees. We will recruit these peers to help inform the planning, testing, data collection, interpretation, and implementation of any and all practice changes. The plan is for this initiative to be funded using Innovation (INN) dollars, following the approval of the MHSOAC.

MHSA Budget – FY17/18 through FY19/20 Three-Year Mental Health Services Act Expenditure Plan

	MHSA Funding						
	A	B	C	D	E	F	G
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	Total
A. Estimated FY 2017/18 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	8,525,778	2,146,033	4,032,580	-	-		14,704,390
2. Estimated New FY2017/18 Funding	19,903,163	4,975,791	1,309,419				26,188,373
3. Transfer in FY2017/18a/	(5,477,519)			2,564,196	2,163,323	750,000	-
4. Access Local Prudent Reserve in FY2017/18						-	-
5. Estimated Available Funding for FY2017/18	22,951,422	7,121,823	5,341,999	2,564,196	2,163,323		40,142,763
B. Estimated FY2017/18 MHSA Expenditures	15,924,821	6,018,825	2,584,838	2,564,196	2,163,323		29,256,002
C. Estimated FY2018/19 Funding							-
1. Estimated Unspent Funds from Prior Fiscal Years	7,026,602	1,102,999	2,757,161	-	-		10,886,761
2. Estimated New FY2018/19 Funding	22,040,000	5,510,000	1,450,000				29,000,000
3. Transfer in FY2018/19a/	(5,344,428)			2,546,062	2,048,365	750,000	-
4. Access Local Prudent Reserve in FY2018/19						-	-
5. Estimated Available Funding for FY2018/19	23,722,174	6,612,999	4,207,161	2,546,062	2,048,365		39,136,761
D. Estimated FY2018/19 Expenditures	16,301,726	5,869,008	2,234,838	2,546,062	2,048,365		29,000,000
E. Estimated FY2019/20 Funding							-
1. Estimated Unspent Funds from Prior Fiscal Years	7,420,448	743,990	1,972,323	-	-		10,136,761
2. Estimated New FY2019/20 Funding	22,040,000	5,510,000	1,450,000				29,000,000
3. Transfer in FY2019/20a/	(5,586,643)			2,546,062	2,048,365	992,215	-
4. Access Local Prudent Reserve in FY2019/20						-	-
5. Estimated Available Funding for FY2019/20	23,873,805	6,253,990	3,422,323	2,546,062	2,048,365		38,144,546
F. Estimated FY2019/20 Expenditures	16,301,726	5,869,008	2,234,838	2,546,062	2,048,365		29,000,000
G. Estimated FY2019/20 Unspent Fund Balance	7,572,079	384,982	1,187,485	-	-		9,144,546

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	1,005,681
2. Contributions to the Local Prudent Reserve in FY 2017/18	750,000
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	1,755,681
5. Contributions to the Local Prudent Reserve in FY 2018/19	750,000
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	2,505,681
8. Contributions to the Local Prudent Reserve in FY 2019/20	992,215
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	3,497,896

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS)

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS Full Service Partnership 1. CYF (0-5)	342,392	220,570	-	-	-	121,822
2. CSS Full Service Partnership 2. CYF (6-18)	4,062,981	767,435	106,368	118,513	1,551,586	1,519,078
3. CSS Full Service Partnership 3. TAY (18-24)	1,051,342	750,566	231,126	998	67,150	1,502
4. CSS Full Service Partnership 4. Adults (18-59)	11,040,436	2,326,774	1,677,156	2,026,863	-	5,009,644
5. CSS Full Service Partnership 5. Older Adults (60+)	769,948	504,034	152,077	13,001	-	100,836
6. CSS Full Service Partnership 6. AOT	1,708,390	161,575	162,461	547,213	-	837,141
7. CSS FSP Permanent Housing (capital units and master lease)	612,923	612,923	-	-	-	-
8. Budget allocated to FSP clients served by CSS Other Non-FSP 7. Peer-to-Peer Supports: Clinic and Community-Based (50% FSP)	1,934,528	1,243,949	-	110,936	-	579,644
9. Budget allocated to FSP clients served by CSS Other Non-FSP 8. Vocational Services (45% FSP)	1,427,881	179,270	177,390	329,946	-	741,276
10. Budget allocated to FSP clients served by CSS Other Non-FSP 9. Emergency Stabilization Housing (50% FSP)	138,186	138,186	-	-	-	-
11. Budget allocated to FSP clients served by CSS Other Non-FSP 10. Housing Placement and Supportive Services (Direct Access to Housing) (20% FS	91,543	89,012	2,532	-	-	-
12. Budget allocated to FSP clients served by CSS Other Non-FSP 11. ROUTZ TAY Transitional Housing (50% FSP)	557,898	557,898	-	-	-	-
Non-FSP Programs	-	-				
1. CSS Other Non-FSP 1. Behavioral Health Access Center	1,080,503	905,631	149,872	-	-	25,000
2. CSS Other Non-FSP 2. Prevention and Recovery in Early Psychosis (PREP)	1,292,356	1,026,116	86,353	5,175	64,829	109,883
3. CSS Other Non-FSP 3. Trauma Recovery	418,477	411,995	3,241	148	3,093	-
4. CSS Other Non-FSP 4. Integration of Behavioral Health and Primary Care	1,461,982	1,225,069	236,914	-	-	-
5. CSS Other Non-FSP 5. Integration of Behavioral Health Into the Juvenile Justice System	1,826,692	428,474	1,378	642	117,422	1,278,776
6. CSS Other Non-FSP 6. Dual Diagnosis Residential Treatment	83,285	83,285	-	-	-	-
7. CSS Other Non-FSP 7. Peer-to-Peer Supports: Clinic and Community-Based (50% FSP)	1,934,528	1,243,949	-	110,936	-	579,644
8. CSS Other Non-FSP 8. Vocational Services (45% FSP)	1,745,188	219,108	216,809	403,267	-	906,003
9. CSS Other Non-FSP 9. Emergency Stabilization Housing (60% FSP)	92,124	92,124	-	-	-	-
10. CSS Other Non-FSP 10. Housing Placement and Supportive Services (Direct Access to Housing) (30% FSP)	213,601	207,694	5,907	-	-	-
11. CSS Other Non-FSP 11. ROUTZ TAY Transitional Housing (60% FSP)	371,932	371,932	-	-	-	-
12. CSS Other Non-FSP 12. Expanding Outpatient MH Clinic Capacity	436,483	177,529	258,954	-	-	-
CSS Administration	1,562,250	1,562,168	81	-	-	-
CSS Evaluation	417,555	417,555	-	-	-	-
CSS MHSA Housing Program Assigned Funds	-					
Total CSS Program Estimated Expenditures	36,675,404	15,924,821	3,468,619	3,667,637	1,804,080	11,810,248
FSP Programs as Percent of Total	55%	estimated CSS funding over total CSS expenditures				

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS Full Service Partnership 1. CYF (0-5)	347,612	225,790	-	-	-	121,822
2. CSS Full Service Partnership 2. CYF (6-18)	4,081,144	785,599	106,368	118,513	1,551,586	1,519,078
3. CSS Full Service Partnership 3. TAY (18-24)	1,069,106	768,330	231,126	998	67,150	1,502
4. CSS Full Service Partnership 4. Adults (18-59)	11,095,506	2,381,843	1,677,156	2,026,863	-	5,009,644
5. CSS Full Service Partnership 5. Older Adults (60+)	781,877	515,963	152,077	13,001	-	100,836
6. CSS Full Service Partnership 6. AOT	1,712,214	165,399	162,461	547,213	-	837,141
7. CSS FSP Permanent Housing (capital units and master lease)	627,429	627,429	-	-	-	-
8. Budget allocated to FSP clients served by CSS Other Non-FSP 7. Peer-to-Peer Supports: Clinic and Community-Based (50% FSP)	1,963,969	1,273,390	-	110,936	-	579,644
9. Budget allocated to FSP clients served by CSS Other Non-FSP 8. Vocational Services (45% FSP)	1,432,124	183,513	177,390	329,946	-	741,276
10. Budget allocated to FSP clients served by CSS Other Non-FSP 9. Emergency Stabilization Housing (50% FSP)	141,456	141,456	-	-	-	-
11. Budget allocated to FSP clients served by CSS Other Non-FSP 10. Housing Placement and Supportive Services (Direct Access to Housing) (20% FS	93,650	91,119	2,532	-	-	-
12. Budget allocated to FSP clients served by CSS Other Non-FSP 11. ROUTZ TAY Transitional Housing (50% FSP)	571,103	571,103	-	-	-	-
Non-FSP Programs		-		-	-	-
1. CSS Other Non-FSP 1. Behavioral Health Access Center	1,101,937	927,065	149,872	-	-	25,000
2. CSS Other Non-FSP 2. Prevention and Recovery in Early Psychosis (PREP)	1,316,642	1,050,402	86,353	5,175	64,829	109,883
3. CSS Other Non-FSP 3. Trauma Recovery	428,228	421,746	3,241	148	3,093	-
4. CSS Other Non-FSP 4. Integration of Behavioral Health and Primary Care	1,490,977	1,254,063	236,914	-	-	-
5. CSS Other Non-FSP 5. Integration of Behavioral Health Into the Juvenile Justice System	1,836,833	438,615	1,378	642	117,422	1,278,776
6. CSS Other Non-FSP 6. Dual Diagnosis Residential Treatment	85,256	85,256	-	-	-	-
7. CSS Other Non-FSP 7. Peer-to-Peer Supports: Clinic and Community-Based (50% FSP)	1,963,969	1,273,390	-	110,936	-	579,644
8. CSS Other Non-FSP 8. Vocational Services (45% FSP)	1,750,374	224,294	216,809	403,267	-	906,003
9. CSS Other Non-FSP 9. Emergency Stabilization Housing (50% FSP)	94,304	94,304	-	-	-	-
10. CSS Other Non-FSP 10. Housing Placement and Supportive Services (Direct Access to Housing) (20% FSP)	218,517	212,610	5,907	-	-	-
11. CSS Other Non-FSP 11. ROUTZ TAY Transitional Housing (50% FSP)	380,735	380,735	-	-	-	-
12. CSS Other Non-FSP 12. Expanding Outpatient MH Clinic Capacity	440,685	181,731	258,954	-	-	-
CSS Administration	1,599,223	1,599,141	81	-	-	-
CSS Evaluation	427,437	427,437	-	-	-	-
CSS MHSA Housing Program Assigned Funds	-	-		-	-	-
Total CSS Program Estimated Expenditures	37,052,310	16,301,726	3,468,619	3,667,637	1,804,080	11,810,248
FSP Programs as Percent of Total	54%	estimated CSS funding over total CSS expenditures				

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS Full Service Partnership 1. CYF (0-5)	347,612	225,790	-	-	-	121,822
2. CSS Full Service Partnership 2. CYF (6-18)	4,081,144	785,599	106,368	118,513	1,551,586	1,519,078
3. CSS Full Service Partnership 3. TAY (18-24)	1,069,106	768,330	231,126	998	67,150	1,502
4. CSS Full Service Partnership 4. Adults (18-59)	11,095,506	2,381,843	1,677,156	2,026,863	-	5,009,644
5. CSS Full Service Partnership 5. Older Adults (60+)	781,877	515,963	152,077	13,001	-	100,836
6. CSS Full Service Partnership 6. AOT	1,712,214	165,399	162,461	547,213	-	837,141
7. CSS FSP Permanent Housing (capital units and master lease)	627,429	627,429	-	-	-	-
8. Budget allocated to FSP clients served by CSS Other Non-FSP 7. Peer-to-Peer Supports: Clinic and Community-Based (50% FSP)	1,963,969	1,273,390	-	110,936	-	579,644
9. Budget allocated to FSP clients served by CSS Other Non-FSP 8. Vocational Services (45% FSP)	1,432,124	183,513	177,390	329,946	-	741,276
10. Budget allocated to FSP clients served by CSS Other Non-FSP 9. Emergency Stabilization Housing (60% FSP)	141,456	141,456	-	-	-	-
11. Budget allocated to FSP clients served by CSS Other Non-FSP 10. Housing Placement and Supportive Services (Direct Access to Housing) (30% FS	93,650	91,119	2,532	-	-	-
12. Budget allocated to FSP clients served by CSS Other Non-FSP 11. ROUTZ TAY Transitional Housing (60% FSP)	571,103	571,103	-	-	-	-
Non-FSP Programs		-		-	-	-
1. CSS Other Non-FSP 1. Behavioral Health Access Center	1,101,937	927,065	149,872	-	-	25,000
2. CSS Other Non-FSP 2. Prevention and Recovery in Early Psychosis (PREP)	1,316,642	1,050,402	86,353	5,175	64,829	109,883
3. CSS Other Non-FSP 3. Trauma Recovery	428,228	421,746	3,241	148	3,093	-
4. CSS Other Non-FSP 4. Integration of Behavioral Health and Primary Care	1,490,977	1,254,063	236,914	-	-	-
5. CSS Other Non-FSP 5. Integration of Behavioral Health Into the Juvenile Justice System	1,836,833	438,615	1,378	642	117,422	1,278,776
6. CSS Other Non-FSP 6. Dual Diagnosis Residential Treatment	85,256	85,256	-	-	-	-
7. CSS Other Non-FSP 7. Peer-to-Peer Supports: Clinic and Community-Based (50% FSP)	1,963,969	1,273,390	-	110,936	-	579,644
8. CSS Other Non-FSP 8. Vocational Services (45% FSP)	1,750,374	224,294	216,809	403,267	-	906,003
9. CSS Other Non-FSP 9. Emergency Stabilization Housing (60% FSP)	94,304	94,304	-	-	-	-
10. CSS Other Non-FSP 10. Housing Placement and Supportive Services (Direct Access to Housing) (30% FSP)	218,517	212,610	5,907	-	-	-
11. CSS Other Non-FSP 11. ROUTZ TAY Transitional Housing (60% FSP)	380,735	380,735	-	-	-	-
12. CSS Other Non-FSP 12. Expanding Outpatient MH Clinic Capacity	440,685	181,731	258,954	-	-	-
CSS Administration	1,599,223	1,599,141	81	-	-	-
CSS Evaluation	427,437	427,437	-	-	-	-
CSS MHSA Housing Program Assigned Funds	-	-		-	-	-
Total CSS Program Estimated Expenditures	37,052,310	16,301,726	3,468,619	3,667,637	1,804,080	11,810,248
FSP Programs as Percent of Total	54.2%	estimated CSS funding over total CSS expenditures				

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI)

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI 1. Stigma Reduction	186,752	186,752	-	-	-	-
2. PEI 2. School-Based Mental Health Pomotion (K-12) (50% Prevention)	658,412	538,707	211	146	37,556	81,792
3. PEI 3. School-Based Mental Health Pomotion (Higher Ed) (50% Prevention)	-	-	-	-	-	-
4. PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention)	2,870,475	1,688,496	-	19,482	57,820	1,104,678
5. PEI 5. Mental Health Consultation and Capacity Building (75% Prevention)	2,996,478	500,889	-	-	-	2,495,590
6. PEI 6. Comprehensive Crisis Services (10% Prevention)	58,660	53,983	4,677	-	-	-
7. PEI 7. CalMHSA Statewide Programs	100,000	100,000	-	-	-	-
PEI Programs - Early Intervention						
8. PEI 2. School-Based Mental Health Pomotion (K-12) (50% Prevention)	658,412	538,707	211	146	37,556	81,792
9. PEI 3. School-Based Mental Health Pomotion (Higher Ed) (50% Prevention)	-	-	-	-	-	-
10. PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention)	2,870,475	1,688,496	-	19,482	57,820	1,104,678
11. PEI 5. Mental Health Consultation and Capacity Building (75% Prevention)	998,826	166,963	-	-	-	831,863
12. PEI 6. Comprehensive Crisis Services (10% Prevention)	527,939	485,846	42,093	-	-	-
PEI Administration	69,987	69,987	-	-	-	-
PEI Evaluation	-	-	-	-	-	-
PEI Assigned Funds	-					
Total PEI Program Estimated Expenditures	11,996,416	6,018,825	47,192	39,255	190,751	5,700,393

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI 1. Stigma Reduction	182,025	182,025	-	-	-	-
2. PEI 2. School-Based Mental Health Pomotion (K-12) (50% Prevention)	644,776	525,071	211	146	37,556	81,792
3. PEI 3. School-Based Mental Health Pomotion (Higher Ed) (50% Prevention)	-	-	-	-	-	-
4. PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention)	2,827,736	1,645,757	-	19,482	57,820	1,104,678
5. PEI 5.Mental Health Consultation and Capacity Building (75% Prevention)	2,983,800	488,210	-	-	-	2,495,590
6. PEI 6. Comprehensive Crisis Services (10% Prevention)	57,293	52,616	4,677	-	-	-
7. PEI 7. CalMHSA Statewide Programs	100,000	100,000	-	-	-	-
PEI Programs - Early Intervention			-	-	-	-
8. PEI 2. School-Based Mental Health Pomotion (K-12) (50% Prevention)	644,776	525,071	211	146	37,556	81,792
9. PEI 3. School-Based Mental Health Pomotion (Higher Ed) (50% Prevention)	-	-	-	-	-	-
10. PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention)	2,827,736	1645757.203	-	19,482	57,820	1,104,678
11. PEI 5.Mental Health Consultation and Capacity Building (75% Prevention)	994,600	162,737	-	-	-	831,863
12. PEI 6. Comprehensive Crisis Services (10% Prevention)	515,641	473,548	42,093	-	-	-
PEI Administration	68,215	68,215	-	-	-	-
PEI Evaluation	-	-	-	-	-	-
PEI Assigned Funds	-	-	-	-	-	-
Total PEI Program Estimated Expenditures	11,846,599	5,869,008	47,192	39,255	190,751	5,700,393

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI 1. Stigma Reduction	182,025	182,025	-	-	-	-
2. PEI 2. School-Based Mental Health Pomotion (K-12) (50% Prevention)	644,776	525,071	211	146	37,556	81,792
3. PEI 3. School-Based Mental Health Pomotion (Higher Ed) (50% Prevention)	-	-	-	-	-	-
4. PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention)	2,827,736	1,645,757	-	19,482	57,820	1,104,678
5. PEI 5.Mental Health Consultation and Capacity Building (75% Prevention)	2,983,800	488,210	-	-	-	2,495,590
6. PEI 6. Comprehensive Crisis Services (10% Prevention)	57,293	52,616	4,677	-	-	-
7. PEI 7. CalMHSA Statewide Programs	100,000	100,000	-	-	-	-
PEI Programs - Early Intervention			-	-	-	-
8. PEI 2. School-Based Mental Health Pomotion (K-12) (50% Prevention)	644,776	525,071	211	146	37,556	81,792
9. PEI 3. School-Based Mental Health Pomotion (Higher Ed) (50% Prevention)	-	-	-	-	-	-
10. PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention)	2,827,736	1,645,757	-	19,482	57,820	1,104,678
11. PEI 5.Mental Health Consultation and Capacity Building (75% Prevention)	994,600	162,737	-	-	-	831,863
12. PEI 6. Comprehensive Crisis Services (10% Prevention)	515,641	473,548	42,093	-	-	-
PEI Administration	68,215	68,215	-	-	-	-
PEI Evaluation	-	-	-	-	-	-
PEI Assigned Funds	-	-	-	-	-	-
Total PEI Program Estimated Expenditures	11,846,599	5,869,008	47,192	39,255	190,751	5,700,393

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN)

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN 11. WAIST Nutrition Project	-	-	-	-	-	-
2. INN 14. First Impressions	350,000	350,000	-	-	-	-
3. INN 15. Building a Peer-to-Peer Support Network for Socially Isolated Older Adult	260,000	260,000	-	-	-	-
4. INN 16. Building a Peer-to-Peer Support Network for Transgender Individuals	265,000	265,000	-	-	-	-
5. INN 17. Hummingbird Place - Peer Respite	325,529	325,529	-	-	-	-
6. INN 18. Intensive Case Management Flow	750,000	750,000				
7. INN 19. Family-centered & Trauma-based Program	400,000	400,000				
INN Administration	86,000	86,000	-	-	-	-
INN Evaluation	148,309	148,309	-	-	-	-
Total INN Program Estimated Expenditures	2,584,838	2,584,838	-	-	-	-

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN 11. WAIST Nutrition Project	-	-	-	-	-	-
2. INN 14. First Impressions	-	-	-	-	-	-
3. INN 15. Building a Peer-to-Peer Support Network for Socially Isolated Older Adult	260,000	260,000	-	-	-	-
4. INN 16. Building a Peer-to-Peer Support Network for Transgender Individuals	265,000	265,000	-	-	-	-
5. INN 17. Hummingbird Place - Peer Respite	325,529	325,529	-	-	-	-
6. INN 18. Intensive Case Management Flow	750,000	750,000				
7. INN 19. Family-centered & Trauma-based Program	400,000	400,000				
	-	-	-	-	-	-
INN Administration	86,000	86,000	-	-	-	-
INN Evaluation	148,309	148,309	-	-	-	-
Total INN Program Estimated Expenditures	2,234,838	2,234,838	-	-	-	-

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN 11. WAIST Nutrition Project	-	-	-	-	-	-
2. INN 14. First Impressions	-	-	-	-	-	-
3. INN 15. Building a Peer-to-Peer Support Network for Socially Isolated Older Adult	-	-	-	-	-	-
4. INN 16. Building a Peer-to-Peer Support Network for Transgender Individuals	-	-	-	-	-	-
5. INN 17. Hummingbird Place - Peer Respite	-	-	-	-	-	-
6. INN 18. Intensive Case Management Flow	750,000	750,000				
7. INN 19. Family-centered & Trauma-based Program	400,000	400,000				
8. TBD through CPP		850,529				
	-	-	-	-	-	-
INN Administration	86,000	86,000	-	-	-	-
INN Evaluation	148,309	148,309	-	-	-	-
Total INN Program Estimated Expenditures	1,384,309	2,234,838	-	-	-	-

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET)

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and TA	1,921,728	734,328	-	92,820	180,949	913,631
2. Career Pathways	1,143,950	1,143,950	-	-	-	-
3. Residency and Internships	499,721	499,721	-	-	-	-
WET Administration	167,134	167,134	-	-	-	-
WET Evaluation	19,062	19,062	-	-	-	-
Total WET Program Estimated Expenditures	3,751,596	2,564,196	-	92,820	180,949	913,631

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and TA	1,916,535	729,135	-	92,820	180,949	913,631
2. Career Pathways	1,135,860	1,135,860	-	-	-	-
3. Residency and Internships	496,187	496,187	-	-	-	-
WET Administration	165,953	165,953	-	-	-	-
WET Evaluation	18,928	18,928	-	-	-	-
Total WET Program Estimated Expenditures	3,733,462	2,546,062	-	92,820	180,949	913,631

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and TA	1,916,535	729,135	-	92,820	180,949	913,631
2. Career Pathways	1,135,860	1,135,860	-	-	-	-
3. Residency and Internships	496,187	496,187	-	-	-	-
WET Administration	165,953	165,953	-	-	-	-
WET Evaluation	18,928	18,928	-	-	-	-
Total WET Program Estimated Expenditures	3,733,462	2,546,062	-	92,820	180,949	913,631

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN)

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Silver Avenue FHC/South East Child & Family Therapy Center						
2. Redwood Center Renovation						
3. Sunset Mental Health						
4. IHHC at Central YMCA (Tom Waddell)						
5. Southeast Health Center	750,000	750,000	-	-	-	-
6. South of Market Mental Health	-	-				
7. Behavioural Health Clinic Remodel	300,000	300,000	-	-	-	-
CFTN Programs - Technological Needs Projects						
8. Consumer Portal	59,034	59,034	-	-	-	-
9. Vocational IT	729,167	729,167	-	-	-	-
10. System Enhancements	174,756	174,756	-	-	-	-
CFTN Administration	150,365	150,365	-	-	-	-
Total CFTN Program Estimated Expenditures	2,163,323	2,163,323	-	-	-	-

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Silver Avenue FHC/South East Child & Family Therapy Center						
2. Redwood Center Renovation						
3. Sunset Mental Health						
4. IHHC at Central YMCA (Tom Waddell)						
5. Southeast Health Center	750,000	750,000	-	-	-	-
6. South of Market Mental Health						
7. TBD through CPP	300,000	300,000	-	-	-	-
CFTN Programs - Technological Needs Projects						
8. Consumer Portal	52,938	52,938	-	-	-	-
9. Vocational IT	653,876	653,876	-	-	-	-
10. System Enhancements	156,711	156,711	-	-	-	-
CFTN Administration	134,839	134,839	-	-	-	-
Total CFTN Program Estimated Expenditures	2,048,365	2,048,365				

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Silver Avenue FHC/South East Child & Family Therapy Center						
2. Redwood Center Renovation						
3. Sunset Mental Health						
4. IHHC at Central YMCA (Tom Waddell)						
5. Southeast Health Center	750,000	750,000	-	-	-	-
6. South of Market Mental Health						
7. TBD through CPP	300,000	300,000	-	-	-	-
CFTN Programs - Technological Needs Projects						
8. Consumer Portal	52,938	52,938	-	-	-	-
9. Vocational IT	653,876	653,876	-	-	-	-
10. System Enhancements	156,711	156,711	-	-	-	-
CFTN Administration	134,839	134,839	-	-	-	-
Total CFTN Program Estimated Expenditures	2,048,365	2,048,365	-	-	-	-

Appendix A

ATTACHMENT A

MHSA HOUSING LOAN PROGRAM
ONGOING ANNUAL MHSA FUND RELEASE AUTHORIZATION FOR FUTURE UNEUNCUMBERED FUNDS

City/County: City and County of San Francisco

Until otherwise directed by City/County, and pursuant to Welfare and Institutions Code (W&I) Section 5892.5, City/County hereby request the annual release of MHSA funds in City/County's CalHFA MHSA account ("Account"). Said Account may include deposits of unencumbered MHSA Housing funds, MHSA residual receipt loan payments, and accrued interest (collectively referred to as "Funds"). As of May 1st of each calendar year, please:

- ☒ **Release and return all Funds to the City/County; OR**
- ☐ **Release and assign all Funds to the CalHFA administered Local Government Special Needs Housing Program.**

On behalf of the City/County listed above, I hereby certify the following:

The City/County will use any released MHSA Funds returned to the City/County to provide housing assistance to the target populations identified in W&I Section 5600.3. Housing assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless; and

The City/County will administer released and returned MHSA Funds in compliance with the requirements of the MHSA including, but not limited to, the following:

- The City/County will follow the stakeholder process identified in (W&I Section 5848), when determining the use of the funds;
- The City/County will include the use of the funds in the County's Three-Year Program and Expenditure Plan or Annual Update, (W&I Section 5847);
- The City/County will account for the expenditure of those MHSA Funds in the City/County's Annual Revenue and Expenditure Report (W&I Section 5899) Reporting will begin in the fiscal year when the MHSA Housing Program funds are returned to the City/County by CalHFA; and
- The City/County will expend the returned funds within three years of receipt or the funds will be subject to reversion. (W&I Section 5892 (h)).

By: _____ Date: 4/18/17

Name: Kavoos Ghane Bassiri Title: Behavioral Health Director

1

ATTACHMENT A

MHSA HOUSING LOAN PROGRAM
ONGOING ANNUAL MHSA FUND RELEASE AUTHORIZATION FOR FUTURE UNEUNCUMBERED FUNDS

Make check payable to (if applicable): San Francisco Department of Public Health

Address: 101 Grove Street, Room 110
San Francisco, CA 94102

Must attach evidence of City/County Board of Supervisors Approval

---

State of California Use Only:

REVIEWED BY:

Department of Health Care Services Agency		**California Housing Finance**	
Signature	Date	Signature	Date
Name		Name	
Title		Title	

2

In San Francisco, MHSA-funded programs are administered by Behavioral Health Services, under the San Francisco Department of Public Health. We utilize existing networks within the Department of Public Health and in other civil services agencies, to provide high quality behavioral health services to children, transitional age youth, their families, adults and older adults. These services are provided in partnerships with clients, families, other agencies and community providers. **www.sfmhsa.org/about_us.html**