

San Francisco Department of Public Health

Department of Public Health Community Behavioral Health Services

MENTAL HEALTH SERVICES ACT

FISCAL YEAR 2008 -2009

ANNUAL PLAN UPDATE

Table of Contents

COUNTY CERTIFICATION	3
FY08-09 PROGRAM WORKPLAN AND FUNDING REQUIREMENTS	5
BUDGET WORKSHEETS AND NARRATIVES	9
EXHIBIT 6: THREE YEAR PLAN QUARTERLY PROGRESS GOALS AND REPORT	40

COUNTY CERTIFICATION

Exhibit 1 Community Services and Supports FY 2008/09 Plan Update

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for <u>San Francisco</u> County and that the following are true and correct:						
This Community Services and Supports Plan Update is consistent with the Mental Health Services Act. This Plan Update is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3610 through 3650.						
This Plan Update has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, and 3315. The draft Plan Update was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.						
Mental Health Services Act funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.						
All documents in the attached Community Services and Supports Plan Update are true and correct.						
Date: SignatureRobert P. Cabaj, M.D. SF County Mental Health Director						
Executed at:						

San Francisco, California_

FY08-09 PROGRAM WORKPLAN AND FUNDING REQUIREMENTS

Overview:

The City and County of San Francisco will continue to fund all programs and services implemented in Fiscal Year 2006-2007, the first year of operations for the Community Services and Supports component of the Mental Health Services Act. Additionally, we remain committed to fostering the five main principles of MHSA, which are: (1) community collaboration; (2) cultural competency; (3) client and family driven programs; (4) wellness, recovery, and resiliency focus; and (5) integrated service delivery.

Our initial and extensive community planning process spearheaded by the Behavioral Health Innovations Task Force identified the priorities for each age group and we subsequently developed the Requests for Proposals based on these identified needs and in response to the will of our stakeholders. As a consequence, we funded eight full service partnerships (2 for children youth and families; 2 for transitional age youth; 3 for adults; and 1 for older adults) and 14 agencies to carry out eight general system development programs. The eight general system development programs initially funded were:

- Integration of Behavioral Health in Primary Care Settings
- Capacity to Increase Cultural Competency
- Peer Based Centers
- Residential Treatment for Dually Diagnosed Client Not Eligible for MediCal
- Supportive Services for Housing
- Vocational Rehabilitation
- Wellness Center
- Violence and Trauma Recovery

The FY08-09 work plan will allow us to continue funding all of these programs. We will also continue funding expansions that were requested in FY07-08 and approved by DMH. These expansion requests included:

- Inclusion of the Family and Youth Involvement Team, as a part of the CYF full service partnership, to serve as Peer Parents and Youth Development Mentors. The peer parents will be working with parents who are consumers of the mental health system, and the youth peer mentors will be working with youth and young adults to provide outreach, support, mentoring, information, advocacy, and assistance in navigating the various child and family serving systems, including the school system.
- Renovation at the 1380 Howard Street location to enable the integration of the substance abuse and mental health access services into the Behavioral Health Access Center (BHAC). The Behavioral Health Access Center will provide brief screening, assessment, and referral services,

- either in person or by phone. We anticipate that there will be more clients presenting at the 1380 Howard Street location with the presence of BHAC.
- Hiring of a part-time pharmacist who will provide medication consultation, prescription and medication management services at our newly renovated site. Our increased efforts to integrate behavioral health in primary care settings have resulted in an increased volume of referrals for drug dispensation and consultation. The additional part-time pharmacist position would be able to handle the increased volumes, both in referrals and in walk-in clients at the 1380 Howard Street location.
- Six part-time peer System Navigators who will serve as the welcoming staff at the lobby of our newly renovated site. The System Navigators will enhance our capacity to employ more consumers in the workplace and provide them with entry level positions. They will greet and screen visitors and guests at the soon to be renovated lobby at 1380 Howard Street address, usher them to the appropriate floor, escort clients to neighboring agencies, conduct brief screenings to determine where to direct visitors, provide peer support to distressed clients, coordinate with Officer of the Day to address urgent issues, operate city vehicles, and distribute and update resource materials for clients.
- Continued subscription into the Network of Care website for source of information and referrals within our county and to assist us with the introduction of the personal health record segment of the IT component.

Moreover, in FY08-09, we plan to expand on the following:

- Expand the adult full service partnership by adding SF First. SF First is a
 consolidation and restructuring of three existing agencies AB2034 ICM,
 SF Homeless Outreach Team, and McMillan Sobering Center to better
 serve homeless individuals and to streamline the referrals of the outreach
 team for behavioral health services. An additional 110 partners will be
 served by this FSP.
- Include an Adult Violence and Crisis Response Team in the Violence and Trauma Recovery initiative. The Violence and Crisis Response Team will provide immediate crisis care and follow-up case management services to family members and loved ones of victims of violence
- Provide housing units for non-FSP MHSA clients and continue funding both permanent and stabilization rooms for FSP clients through our master leases with single-occupancy hotels. We also are planning to find a building to master lease exclusively for the transition age youth, because of the dearth of available housing that are conducive to the specialized needs of this population. It is our hope that in master leasing an entire building, we would be able to tailor the services and activities to the needs

- of the tenants within the building. We plan to combine FSP and GSD clients in this building.
- Fund a newly-opened peer based center that will serve older adults MHSA clients in an area in San Francisco where majority of dually-diagnosed clients congregate. This center will also provide vocational services to adults.
- Expand the vocational rehabilitation services to include employment specialists who will be working directly with full service partnership individuals to address job placements and provide job coaching.
- Support the Pathways to Discovery Program, a peer-run Wellness Center for adults, managed by graduates of the MHSA funded Leadership track within the Peer Internship Program, which will serve as a community resource for individuals who are at a stage in their recovery when they would like to pursue reintegration within their communities. Services that will be provided will include assistance and support in their educational goals, spiritual reconnection, recreational and social activities, and rebuilding and reinforcing family and social relationships.
- Hire a Consumer Employment Manager who will coordinate and supervise all consumers hired through CBHS, facilitate training needs, and develop personnel policies and procedures to accommodate our expanding consumer employment.

FY 2008/09 Mental Health Services Act Community Services and Supports Summary Workplan Listing

 County:
 San Francisco
 7/31/2008

Workplans			Total Funds Requested		Funds Requested by Age Group						
	No.	Name	New (N)/ Approved Existing (E)	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1.	1-A	CYF- Full Service Partnerships	Е	\$1,137,963			\$1,137,963	\$1,137,963			
2.	1-B	CYF- System Development	E		\$885,661		\$885,661	\$885,661			
3.	2-A	TAY- Full Service Partnerships	E	\$1,542,846			\$1,542,846		\$1,542,846		
4.	2-B	TAY- System Development	Е		\$1,019,409		\$1,019,409		\$1,019,409		
5.	3-A	Adults- Full Service Partnerships	E	\$4,092,851			\$4,092,851			\$4,092,851	
6.	3-B	Adults- System Development	E		\$2,013,978		\$2,013,978			\$2,013,978	
7.	4-A	OA- Full Service Partnerships	E	\$951,060			\$951,060				\$951,060
8.	4-B	OA- System Development	E		\$838,449		\$838,449				\$838,449
9.							\$0				
10.							\$0				
11.							\$0				
12.							\$0				
13.							\$0				
14.							\$0				
15.							\$0				
16.							\$0				
17.							\$0				
18.							\$0				
19.							\$0				
20.							\$0				
21.							\$0				
22.							\$0				
23.							\$0				
24.							\$0				
25.							\$0				
		l: Workplans ^{a/}		\$7,724,720	\$4,757,497	\$0	\$12,482,217	\$2,023,624	\$2,562,255	\$6,106,829	\$1,789,509
27.	27. Optional 10% Operating Reserve ^{b/}					\$0					
28.	28. CSS Administration ^{c/}					\$1,938,641					
29. CSS Capital Facilities Projects ^{d/}											
30. CSS Technological Needs Projects ^{d/}											
31.	31. CSS Workforce Education and Training ^{d/}										
32.	32. CSS Prudent Reserve ^{e/}										
33.	Total Fu	ınds Requested					\$14,420,858				

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

61.89%

b/ Cannot exceed 10% of line 26.

c/ Complete Exhibit 5a.

d/ Complete budget pages from relevant guidelines for each component.

e/ Complete Exhibit 4.

Mental Health Services Act Community Services and Supports Funding Request for FY 2008/09

 Date:
 9/29/2008

 County:
 San Francisco

	Use of Funds	Source of Funds	
Total FY 2008/09 Funds Requested from line 33 of Exhibit 2	\$14,420,858		
		\$ -	FY06/07 CSS Unapproved Planning Estimates
		\$ -	FY07/08 CSS Unapproved Planning Estimates
		\$ 11,570,900	FY08/09 CSS Planning Extimates*
		\$ 2,849,958	Unspent CSS Funds (Cash on Hand)
	\$14,420,858	\$ 14,420,858	

^{*}Funds requested for lines 29, 30, and 31 on Exhibit 2 must be funded from the FY08/09 CSS Planning Estimate

BUDGET WORKSHEETS AND NARRATIVES

FY 2008/09 Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County:	San Francisco	Fiscal Year:	2008-09
		Date:	7/31/2008

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator(s)	\$96,851	\$107,042
b. MHSA Support Staff		\$47,944
c. Other Personnel (list below)		
i. Contracts Analyst	\$82,867	\$92,482
ii. Billing Staff	\$58,892	\$78,806
iii. Quality Assurance/Evaluation	\$84,486	\$93,314
iv. Information System Business Analyst	\$82,421	\$101,374
v. Program Managers	\$196,102	
vi.		
vii.		
d. Total Salaries	\$601,619	\$520,962
e. Employee Benefits	\$159,429	\$182,337
f. Total Personnel Expenditures	\$761,048	\$703,299
2. Operating Expenditures	\$34,429	\$105,217
3. County Allocated Administration		
a. Countywide Administration (A-87)	\$30,412	\$62,515
b. Other Administration (provide description in budget narrative)	\$42,639	
c. Total County Allocated Administration	\$73,051	\$62,515
4. Total Proposed County Administration Budget	\$868,528	\$871,031
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		
b. Other Revenue		
2. Total Revenues	\$0	\$0
C. Non-Recurring Expenditures		\$1,067,610
D. Total County Administration Funding Requirements	\$868,528	\$1,938,641

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all MHSA program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date:	Signature	
		Local Mental Health Director or Designee
Executed at	, Californi	a

Administration Budget Worksheet

A-1 Personnel Expenditures

\$703.299

MHSA Coordinator (1.00 FTE)

The MHSA Coordinator manages all implementation activities pertaining to the CSS initiatives and the organization of the community planning meetings for the WET, PEI, Housing, Capital Facilities and IT components; prepares all financial reports in collaboration with the DPH Fiscal Office, such as the Cash Flow Statement and Revenues and Expenditure Report; coordinates the preparation and submission of quarterly reports and the Implementation Status Report; monitors budgets and expenditures; facilitates monthly meetings with MHSA staff, agencies, and Advisory Committee; participates in hiring interviews of MHSA staff and contractual discussions; performs program reviews; interprets policies and disseminate information to stakeholders about public hearings and review; develops program policies

MHSA Support Staff (1.00 FTE)

The MHSA Support Staff assists in the implementation activities and community planning processes; processes checks for payments; maintain payment logs; develops program brochure, meeting notice flyers, and coordinates website postings with IT department; assists agencies in data entry into DCR; arranges meeting sites and prepares meeting agenda and handouts; transcribes meeting minutes; acts as a resource to the MHSA Implementation Specialists; monitors all correspondence in the Prop63 email and designated telephone number and forwards to administration for appropriate responses

Contracts Sr. Analyst (1.00 FTE)

The Contracts Analyst provides support to new programs in creating contracts and managing their budgets; assists in the RFP process and participates in technical panels to review applications; processes all contracts and contract modifications, as well as scheduling of contracts for Health Commission and Board of Supervisors hearings

Billing Clerk (1.00 FTE)

The Billing Clerk processes complex claims and evaluates billing documentation and claims data for accuracy; assists in setting up provider ID numbers and reporting unit numbers for newly funded MHSA agencies; generates billing and MediCal reports for dissemination to agencies.

Quality Assurance and Evaluation (1.00 FTE)

The CSS Epidemiologist analyzes utilization of services of MHSA funded agencies; trains FSP agencies on the web-based DCR reporting; analyzes data and submits quarterly reports to DMH; facilitates the generation of the annual Implementation Status Report; conducts consumer and program surveys to evaluate effectiveness of services and analyzes gaps in services; participates in stakeholders processes and community planning of other MHSA components.

IS Business Analyst (1.00 FTE)

This position is responsible for technology and software assessment, project planning and management, and system installation; provides technical support regarding the DCR and billing systems; participates in system wide planning for conversion to electronic health records; organize stakeholders' process for the IT component of MHSA.

A-2 Operating Expense

\$105,217

Travel and Training

Travel and training will fund mileage, conference fees, hotel accommodations for trainings/meetings/and conferences within the Bay Area and Sacramento. It also includes trainings for CBHS and community based organizations on MHSA principles, strategies for hiring, retaining, and supervising consumers in the workplace, and ongoing cultural competency education to all staff.

Office and Program Supplies

Office and program supplies include printing of brochures, newsletters, flyers for outreach, flash drives, and other program needs including annual subscription to the Network of Care website.

Rent, Utilities and Equipment

Rent, utilities and equipment includes a portion of the lease at 1380 Howard Street and general equipment lease and maintenance agreements.

A-3 County Allocated Administration

\$62,515

County administration charges or overhead rate is calculated annually by the DPH Fiscal unit. As of FY07-08, the overhead rate for mental health is 10.6% of salaries. For the purpose of this budget, we are charging only 8% of total MHSA administration salaries.

C. Non-Recurring Expenditures

\$1,067,610

Vans and Cars

Vans will be purchased for the child and adult crisis teams to allow them to respond to community crisis and violent incidents instantaneously. Vans will also be purchased for the Behavioral Health Access Team to be able to transport clients to their next appointments.

Infrastructure Development for Other MHSA Components

The infrastructure development for other MHSA components will continue funding the consultants for the WET, PEI, IT and Capital Facilities planning activities and subsequent RFP development for identified programs and activities; stipends for consumer participants of technical review panels; refreshments, site rentals, and other planning and pre-implementation activities to put the WET, PEI, and IT and Capital Facilities components into operation

Continue the renovation work at 1380 Howard, which would expand the first floor to include space for the Behavioral Health Access Team, the MH Pharmacy, and a team of welcoming system navigators. The renovation will extend to the floors vacated by these programs to relocate all MHSA staff and house a substance abuse clinic on the second floor.

County:	San Francisco		Fiscal Year:	2008-09
Program Workplan #	1A		Date:	7/31/2008
Program Workplan Name	Children, Youth and Families		Page	e1_ of8
Type of Funding	1. Full Service Partnership		Months of Operation_	12
Propo	sed Total Client Capacity of Program/Service:	222		
	Existing Client Capacity of Program/Service:		Prepared by: N	laria Iyog-O'Malley
Client Capacity	of Program/Service Expanded through MHSA:	222	Telephone Number:	415-255-3551

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports	\$91,902	\$136,233
Personnel Expenditures	\$691,769	\$756,287
Operating Expenditures	\$188,435	\$189,318
Program Management	\$70,007	\$93,068
5. Estimated Total Expenditures when service provider is not known		
Non-recurring expenditures		
7. Total Proposed Program Budget	\$1,042,113	\$1,174,906
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$36,943
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$36,943
3. Total Revenues	\$0	\$36,943
C. Total Funding Requirements	\$1,042,113	\$1,137,963

Work plan 1A - Children, Youth, and Families - Full Service Partnerships

1. Client, Family Member, and Caregiver Support Expenditures:

b. Other Supports

\$136,233

To fund contracted services which will supplement program staff in delivering culturally or linguistically appropriate psychiatric or psychological services; parent coaching to teach parent on how to deal with their difficult children; tutorial services for children who have difficulty with school work, and other needs specific to each individual's case.

2. Personnel Expenditures

\$756,287

Family Mosaic Project – Full Service Partnership (20 clients)

The Family Mosaic Project (FMP) provides wrap-around services to children who are at risk of out of home placements and/or separation from their families. FMP receives the top 3% of the most difficult children's cases in the city and it serves as a provider of last resort for children who are at the edge of being separated from the family. The services are coordinated with a team comprised of a care manager, family advocate from the Family and Youth Involvement team, psychiatrist, and other support providers specifically needed and requested by the family. The MHSA activities funded within FMP focus on children and families who are not eligible for Medi-Cal coverage.

Psych Social Worker (1 FTE) – provides clinical mental health assessment, diagnosis, and therapy to children, youth, and their families; actively participates in service planning and case management and coordination of services; provides authorization of appropriate treatment services and linkages to other community resources

Health Worker III (2 FTEs) – conduct interviews with clients; assist in the initial screening and intake evaluation of clients; under supervision, provide individual and group counseling, case management, crisis intervention and care management; provide psycho-education services to families and community education and information

Family and Youth Involvement Team (63 clients)

Family and Youth Involvement Team (1 FTE Health Program Coordinator; 1 FTE Health Worker IV; 4 FTEs Health Worker I)

This six-member team will be comprised of peer parents who will be working with parents who are consumers of the mental health system and youths who will serve youths and young adults by providing outreach, support, mentoring, information, advocacy, and assistance in navigating the various child and family serving systems, including the school system. This program will build on the strengths of the families and youth to take control of their lives and treatment by giving them the necessary skills and tools and support; strengthens relationships within families; augments services available to children, youth and their families;

and present a positive impact on the culture of the services provided within the system.

MHSA Implementation Specialists

MHSA Implementation Specialist (0.08 FTE) – provide assistance, when needed, with program implementation, outreach efforts, escort services, and data entry requirements; conduct consumer survey in collaboration with the Evaluation unit; participate in staff meetings, identify meeting sites, order refreshments, provide meeting minutes, agenda, and handouts; assist in program documentation review; includes supervision of all peers hired through CBHS

3. Operating Expenditures

\$189,318

Seneca Center – Full Service Partnership (139 clients)

For continuance of a work-order with Human Service Agency to supplement their funding of Seneca Center, another CYF full service partnership. Seneca Center provides wrap-around services to children and adolescents in the Child Welfare, Probation, and mental health systems who are transitioning from group home care to a family-like setting or are at risk of group home care. The wrap-around team consists of a clinical coordinator, support counselor, and family partner. MHSA funding is used to leverage the agency's SB163 funding.

4. Program Management (0.50 FTE)

\$93,068

The CYF Program Manager provides overall program management and supervision of the full service partnership agencies; negotiates with these agencies to develop their contractual budgets; participates in program planning, implementation, and evaluation program activities; develops policies and procedures regarding provision of care

County: _	San Francisco		Fiscal Year: _	2008-09
Program Workplan #_	1B		Date:_	7/31/2008
Program Workplan Name _	Children, Youth and Families		Page ₋	_2_ of _8
Type of Funding 2	. System Development		Months of Operation_	12
Proposed ⁻	Total Client Capacity of Program/Service:	366		
Exi	sting Client Capacity of Program/Service:		Prepared by: N	/laria lyog-O'Malley
Client Capacity of Pro	ogram/Service Expanded through MHSA: _	366	Telephone Number:	415-255-3551

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
Personnel Expenditures	\$241,986	\$337,858
Operating Expenditures	\$441,490	\$454,735
4. Program Management	\$70,007	\$93,068
Estimated Total Expenditures when service provider is not known		
Non-recurring expenditures		
7. Total Proposed Program Budget	\$753,483	\$885,661
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$753,483	\$885,661

Work plan 1B - Children, Youth, and Families - System Development

2. Personnel Expenditures

\$337,858

Integration of Behavioral Health in Primary Care (22 clients)

This is a collaborative partnership with the Chinatown Health Center, Chinatown Child Development Center, and the Golden Gate Regional Center. The Golden Gate Regional Center, the state-authorized assessment and funder for the greater Bay Area, provides personnel, space and in-kind support. Chinatown Child Development (the mental health partner) provides child psychiatry diagnostic assessment of patients referred to the clinic, the initiation of medication trials for problematic behaviors (e.g. self injury), ongoing medication services and consultation with the team of pediatricians, et al., who are providing medical and social services to these children. Chinatown Public Health Center & Golden Gate Regional Center, a general medical clinic, will identify children within Asian families, ages 2 to 18 yrs age, previously unidentified or identified but underserved, who, upon assessment, are found to have diagnoses of Autism or Pervasive Developmental Disorder.

MHSA Implementation Specialists

MHSA Implementation Specialist (1.50 FTE) – provide assistance, when needed, with program implementation, outreach efforts, escort services, and data entry requirements; conduct consumer survey in collaboration with the Evaluation unit; participate in staff meetings, identify meeting sites, order refreshments, provide meeting minutes, agenda, and handouts; assist in program documentation review; includes supervision of all peers hired through CBHS

3. Operating Expenditures

\$454.735

For continuance of contracts with:

Community Youth Center (CYC) – Enhance Ability to Provide Culturally Appropriate Services (31 clients)

CYC works with Asian Pacific Islanders, API Indigenous Youth, API LGBTQQ with early signs and symptoms of mental health issues to increase community resources & access to services & early identification for A&PI youth & LGBTQQ youth; increase numbers of A&PI youth to access early intervention services, especially those who are demonstrating symptoms of SED and other MH disorders; and increase participation of youth & their families in peer-led activities & other support services

Instituto Familiar de la Raza (IFR) – Violence and Trauma Recovery Services - (120 youths and families)

IFR works with youth and families within the Mission District of San Francisco affected by street and gang violence to reduce violence among youth, utilizing EBP and traditional cultural/spiritual practices; provides increased access to mental health services for youth/families needing emotional & psychological support; and works with youth in debriefing and de-escalating incidents, leading peer support groups & street outreach activities

Urban Services YMCA – Violence and Trauma Recovery Services - (45 clients)

Urban Services YMCA provides MH services & comprehensive case management services to youth and their families affected by violent events in order to reduce levels of untreated trauma; outreach services to the Bay View/Hunters Point and OMI/Excelsior neighborhoods & schools & establish relationships & informational meetings about YMCA's services; establish contact points for referrals to YMCA and receive referrals from foster care & CBHS programs

Richmond Area Multi-Services (RAMS) - Wellness Center at School of the Arts – (20 outreach; 148 MH services)

RAMS funding expanded the Wellness Program to School of the Arts H.S. It provides wellness presentations and in-service trainings to school site faculty about services provided by the Wellness Center and on specific issues pertaining to adolescent BH; crisis intervention; mental health assessments, therapy, and targeted case management services

4. Program Management (0.50 FTE)

\$93,068

The CYF Program Manager provides overall program management and supervision of the full service partnership agencies; negotiates with these agencies to develop their contractual budgets; participates in program planning, implementation, and evaluation program activities; develops policies and procedures regarding provision of care

County:	San Francisco		Fiscal Year: _	2008-09
Program Workplan #	2A		Date:_	7/31/2008
Program Workplan Name	Transitional Age Youth		Page	3 of8
Type of Funding	1. Full Service Partnership		Months of Operation_	12
Proposed T	otal Client Capacity of Program/Service:	114		
Exis	ting Client Capacity of Program/Service:		Prepared by: N	Maria Iyog-O'Malley
Client Capacity of Pro	gram/Service Expanded through MHSA:	114	Telephone Number:	415-255-3551

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$236,950	\$744,059
b. Other Supports		\$30,000
2. Personnel Expenditures	\$345,482	\$512,297
3. Operating Expenditures	\$279,306	\$443,430
Program Management		
5. Estimated Total Expenditures when service provider is not known		
Non-recurring expenditures		
7. Total Proposed Program Budget	\$861,738	\$1,729,786
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$186,940
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$186,940
3. Total Revenues	\$0	\$186,940
C. Total Funding Requirements	\$861,738	\$1,542,846

Work plan 2A – Transitional Age Youth – Full Service Partnerships

1. Client, Family Member, and Caregiver Support Expenditures:

a. Housing -

\$744.059

Larkin Street Youth Services (13 clients)

As the housing service partner (HSP), Larkin Street Youth Services will provide 13 permanent housing units to full service partners and intake and assessment, move-in assistance, rent payment/savings plan, eviction prevention, coordination with property management, life skills training related to maintaining housing & access to Larkin Street's full continuum of supportive services

TBD (50 clients)

Master lease an entire building to house transitional age youth, both from FSP and GSD programs, to better service the needs of this population; renovate the community activities and support services areas to create a conducive space for this population. We plan to lease a building that will house between 40-50 youths in studio apartments, with space for an on-site property manager, support services, and community activities.

b. Other Supports

\$30,000

Flexible funds for the CBHS-TAY FSP for outreach and engagement activities, daily living assistance, housing expense supports, social and recreational activities for full service partners, and stipends for youth peer mentors or life coaches.

2. Personnel Expenditures

\$512,297

Community Behavioral Health Services (CBHS) TAY – Full Service Partnership (21 clients)

The CBHS TAY FSP provides comprehensive assessment, mental health treatment, substance abuse counseling, referrals to employment/job coaching/placement, education, training on independent living skills, referrals to legal assistance, recreation and social activities, and coordination with HSP for transitional and supportive housing. It is estimated that this program will generate \$106,195 in Medi-Cal revenues.

- Sr. Psychiatric Social Worker (1 FTE) supervises the FSP team and personally perform the more difficult psychiatric case work; assigns and direct work of interviewing, assessing, treating, and providing mental health services to clients; reviews psychiatric welfare cases processed by other workers; ensures compliance with State and local service program reporting and evaluation requirements
- Sr. Physician Specialist (0.30 FTE) develops and provides integrated psychiatric services for youth with serious mental illness and co-occurring disorders; provides medication support and consultation services

Psychiatric Social Worker (1 FTE) – develops client-driven treatment care plans; provides individual and group therapy and targeted case management services; participates in case conferencing

Health Worker II (1 FTE) – supports case management and other duties in the program to improve client support services and capacity to serve the community; acts as liaison between the community and the program Sr. Clerk Typist (0.50 FTE) – provides administrative support to the programs; schedules appointments; data entry responsibilities; supplies ordering and inventorying; receptionist duties

MHSA Implementation Specialists

MHSA Implementation Specialist (0.08 FTE) – provide assistance in group and recreational activities for youths; occasional mentoring; includes supervision of all peers hired through CBHS

3. Operating Expenditures

\$443,430

Family Service Agency (FSA) – Full Service Partnership (30 clients)
For renewal of the contract with Family Service Agency, to provide full service partnership services. FSA provides physical health care, mental health treatment, medication management, substance abuse treatment, employment assistance, post-employment support, benefits assistance and advocacy, and peer support through its integrated CONSUMER SERVICES TEAM; works closely with HSP and support this service through established referral arrangements with other supportive services; provides flexible funding to purchase specialized services and supports; stipends for youth peer mentors or life coaches. It is estimated that this program will generate \$80,745 in Medi-Cal revenues.

County: _	San Francisco		Fiscal Year:	2008-09
Program Workplan # _	2B		Date:	7/31/2008
Program Workplan Name _	Transitional Age Youth		Page	4 of8
Type of Funding 2	2. System Development		Months of Operation_	12
Proposed To	otal Client Capacity of Program/Service:	762		
Exist	ing Client Capacity of Program/Service:		Prepared by:	Maria Iyog-O'Malley
Client Capacity of Prog	gram/Service Expanded through MHSA: _	762	Telephone Number:	415-255-3551

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$234,109
b. Other Supports		
2. Personnel Expenditures	\$162,602	\$270,300
3. Operating Expenditures	\$500,000	\$515,000
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$662,602	\$1,019,409
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$662,602	\$1,019,409

Work plan 2B - Transitional Age Youth - System Development

1. Client Family Member and Caregiver Support Expenditures

\$234,109

- **a.** Housing (17 youths) for housing for general system development youth provided through a master lease with the Housing and Urban Health unit of DPH (7 units) and through a contractual agreement with Larkin Street to provide 10 transitional, safe and stable housing for up to 24 months to homeless youths or youths at risk of homelessness.
- 2. Personnel Expenditures

\$270,300

Integration of Behavioral Health in Primary Care (394 youths)

The integration of behavioral health services are located at the Cole Street Clinic and the Youth Guidance Center. In concert with primary care staff through Community Health Program for Youth, the Cole Street Clinic (1) offers assessment for behavioral health issues, (2) conduit to psychiatry as needed, (3) provides short term individual counseling, case management and referral, (4) group work as determined. The Youth Guidance Center provides psychiatric assessments to incarcerated youths.

MHSA Implementation Specialists

MHSA Implementation Specialist (1.50 FTE) – provides mentoring to youths at the Youth Guidance Center and youths who have been released to group homes and the community; provides supports to youths during court appearances; includes supervision of all peers hired through CBHS

3. Operating Expenditures

\$515,000

For continuance of contracts with:

Larkin Street Youth Services – Peer Based Center (118 youths)

Provide with a daily milieu of activities that promote peer support, youth empowerment, and youth engagement activities to youth who need daily and structured drop-in activities

Larkin Street Youth Services – Supportive Services for Housing (233 youths)

Provide an array of supportive services including wrap around case management, peer-based counseling, life skills including money management, vocational training and employment counseling, and emergency financial assistance to homeless, at risk of homelessness, or marginally housed youths.

County: _	San Francisco		Fiscal Year:	2008-09
Program Workplan #_	3A		Date:	7/31/2008
Program Workplan Name _	Adults		Page	5_ of8_
Type of Funding 1	. Full Service Partnership		Months of Operation_	12
Proposed	Total Client Capacity of Program/Service:	327		
Ex	xisting Client Capacity of Program/Service:		Prepared by: N	Maria Iyog-O'Malley
Client Capacity of P	rogram/Service Expanded through MHSA: _	327	Telephone Number:	415-255-3551
			_	

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$176,145	\$487,226
b. Other Supports		\$212,592
Personnel Expenditures		\$1,939,057
Operating Expenditures	\$1,102,824	\$1,563,468
Program Management	\$70,007	\$93,068
5. Estimated Total Expenditures when service provider is not known		
Non-recurring expenditures		
7. Total Proposed Program Budget	\$1,348,976	\$4,295,411
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$202,560
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$202,560
3. Total Revenues	\$0	\$202,560
C. Total Funding Requirements	\$1,348,976	\$4,092,851

Work plan 3A – Adult – Full Service Partnerships

1. Client, Family Member, and Caregiver Support Expenditures:

a. Housing -

\$487,226

DPH Housing and Urban Health (55 clients)

The Housing and Urban Health (HUH) unit of the Department of Public Health serves as the gateway to all housing available throughout the entire department. HUH executes master leases with single-room occupancy hotels throughout the city to provide 55 permanent units and stabilization rooms; contracts with a third party payor service for money management for clients in permanent housing units and perform credit check services; and will be the point of entry into the new developments funded through the MHSA Housing Program.

b. Other Supports

\$212,592

Flexible funds for the SF First FSP for outreach and engagement activities, daily living assistance, housing expense supports, social and recreational activities for full service partners, and other needs identified by partners.

2. Personnel Expenditures

\$1,939,057

SF First Full Service Partnership (110 clients)

SF First is a civil service recovery and integration full service partnership targeting homeless individuals with severe mental illness and co-occurring disorders. The team is comprised of the Health Program Coordinator (1.00 FTE) who functions as the team leader and supervises the health workers and rehabilitation counselors; the Senior Physician Specialist (.50 FTE) who serves as the Medical supervisor of the team and is also responsible for supervising and overseeing the Psychiatric Nurse Practitioner in the team; Psychiatric Nurse Practitioner (.80 FTE) who is responsible for the initial psychiatric evaluation of clients as well as for the follow up psychiatric care; Nurse Manager (1.00 FTE) is responsible for the medical services coordination within the team and functions as one of the team leaders supervising five clinicians and one rehabilitation counselor; Registered Nurse (1.00 FTE) functions as a Case Manager and oversees the medication support services in the team. In addition to the medical team, SF First is staffed with the following:

Marriage Family Therapist (2.00 FTEs) who function as Case Managers; they carry a caseload of 15-17 clients. These clinicians provide the initial psychosocial assessments, when clients are first referred to SF First. These positions are responsible for wrap around services for their clients; including housing and benefit advocacy.

1.0 Psychiatric Social Worker, this position functions as Case Manager, he/she carry a caseload of 15-17 clients. This clinician makes the initial psychosocial assessments, when clients are first referred to us. This position is responsible for wrap around services for their clients; including housing and benefit advocacy.

- 3.0 Health Worker III, These positions function as Case Managers, they carry a caseload of 15-17 clients. These positions are responsible for wrap around services for their clients; including housing and benefit advocacy.
- 2.5 Health Worker I, These positions function as peer counselors, they carry the message of wellness and recovery to our clients. They attend activities with our clients; accompany them to their appointments if necessary. They are responsible for running our socialization groups.
- 2.0 Rehabilitation Specialist, These positions are our employment & rehabilitation specialist. They are responsible for the training, hiring, referring, linking, and coaching our clients to various employment, vocational, schools, and rehabilitation programs. They assist our clients with resume writing and interview coaching.
- 1.0 Clerk Typist, Clerical support for the team, responsible for opening and closing charts, responsible for front desk coverage.

Housing and Urban Health (HUH) Administration & Support Health Program Planner (0.65 FTE)

The HUH Program Planner will negotiate all operating subsidy contracts with SRO property management and the soon to be constructed developments funded through the MHSA Housing Program. HUH facilitates monthly meetings with property management, FSPs, MHSA staff to discuss ongoing concerns with placements, vacancies, and other tenant issues. HUH develops program tenancy protocols for permanent and stabilization units.

Nurse Practitioner (0.50 FTE)

The Nurse Practitioner will provide medication management and consultation for tenants placed in permanent housing. This person will also provide routine medical consultations to tenants.

MHSA Implementation Specialists

MHSA Implementation Specialist (0.08 FTE) – provide assistance, when needed, with program implementation, outreach efforts, escort services, and data entry requirements; conduct consumer survey in collaboration with the Evaluation unit; participate in staff meetings, identify meeting sites, order refreshments, provide meeting minutes, agenda, and handouts; assist in program documentation review; includes supervision of all peers hired through CBHS

3. Operating Expenditures

\$1,563,468

Family Service Agency (FSA) – Full Service Partnership (47 clients)
For renewal of our contract with the Family Service Agency, to provide full service partnership services to clients who are homeless or who are at risk of homelessness. FSA provides conduct outreach to homeless encampments, parks, homeless shelters and food programs, & other service locations; address immediate needs of potential clients such as food, shelter, clothing & other amenities; provide health screening and first aid, dispense minor medications, prescribe psychotropic medications with supervision from a psychiatrist & arrange for medical treatment; assist with initial applications for food stamps, general

assistance & Medi-Cal, SSI & other benefits; crisis assessments & interventions 24/7; and stipends for peer mentors and life coaches. It is estimated that this program will generate \$101,280 in Medi-Cal revenues.

University of California (UC) Citywide Forensics – Full Service Partnership (37 clients)

For renewal of our contract with the UC Citywide Forensics, to provide full service partnership services to clients referred by the San Francisco Behavioral Health Court. UC Citywide Forensics work closely with Behavioral Court in finding appropriate treatment and judicial disposition for clients; actively participate in discharge planning from jail or hospital; link client to services on day of discharge; support clients in educational, pre-vocational and vocational activities and placements; provide case management services; develop wellness and recovery action plan specifying goals for increased skills & functioning, increased personal resources and illness management; involve client in group therapy, dual diagnosis groups, and other social activities; 24/7 coverage; stipends for peer mentors and life coaches

Hyde Street Services – Full Service Partnership (38 clients)

For renewal of our contract with Hyde Street Services, to provide full service partnership services to clients in the Tenderloin neighborhood who present with dual diagnosis and multiple complex issues. Hyde Street will provide clients with individualized plan of care in collaboration with staff; case management focusing on entitlements, social benefits, housing, primary care, & coordination with other social services, criminal justice, mental health & substance abuse services; 24/7 coverage; bi annual evaluation for continued need for intensive services & progress of care plan objectives; and stipends for peer mentors and life coaches. It is estimated that this program will generate \$101,280 in Medi-Cal revenues.

Pathways to Discovery – Wellness Center (40 clients)

Pathways to Discovery is a peer-run Wellness Center that will work with all full service partnership and system development agencies to provide services to clients wanting to connect to their spiritual needs and those who want to pursue their educational goals. Staff will work with clients in connecting with local community spiritual services, invite guest speakers to talk about spiritual needs and resources, assist clients with enrollment at local colleges and universities, accessing public libraries, providing resource materials about community college offerings, study groups, and tutorial assistance, as well as other community-run recreational and social activities.

4. Program Management (0.50 FTE)

\$93,068

The Adult Program Manager provides overall program management and supervision of the full service partnership agencies; negotiates with these agencies to develop their contractual budgets; participates in program planning, implementation, and evaluation program activities; develops policies and procedures regarding provision of care

County: _	San Francisco		Fiscal Year:	2008-09
Program Workplan #	3B		Date:	7/31/2008
Program Workplan Name _	Adults		Page	_6 of8
Type of Funding	2. System Development		Months of Operation	12
Proposed To	otal Client Capacity of Program/Service:	2,698		
Exis	ting Client Capacity of Program/Service:		Prepared by:	Maria Iyog-O'Malle
Client Capacity of Pro	gram/Service Expanded through MHSA:	2,698	Telephone Number:	415-255-3551

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$33,720
b. Other Supports		
Personnel Expenditures		\$901,555
Operating Expenditures	\$571,490	\$735,635
4. Program Management	\$70,007	\$93,068
5. Estimated Total Expenditures when service provider is not known		
Non-recurring expenditures		\$250,000
7. Total Proposed Program Budget	\$641,497	\$2,013,978
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$641,497	\$2,013,978

Work plan 3B – Adult – System Development

1. Client, Family Member, and Caregiver Support Expenditures:

a. Housing

\$33.720

DPH Housing and Urban Health (4 clients)

The Housing and Urban Health (HUH) unit of the Department of Public Health serves as the gateway to all housing available throughout the entire department. HUH executes master leases with single-room occupancy hotels throughout the city to provide 4 permanent units and/or stabilization rooms to system development clients in supportive services for housing agencies: contracts with a third party payor service for money management for clients in permanent housing units and perform credit check services

2. Personnel Expenditures

\$901,555

Housing and Urban Health (HUH) Administration & Support

Health Program Planner (0.06 FTE)

The HUH Program Planner will negotiate all operating subsidy contracts with SRO property management and the soon to be constructed developments funded through the MHSA Housing Program. HUH facilitates monthly meetings with property management, FSPs, MHSA staff to discuss ongoing concerns with placements, vacancies, and other tenant issues. HUH develops program tenancy protocols for permanent and stabilization units.

Behavioral Health ACCESS Team and Medication Delivery System (1,500 clients)

The Behavioral Health ACCESS team (BHAT) will provide an integrated service delivery system to individuals with serious mental illness. The team acts as our system's first gateway in accessing mental health and substance abuse services.

Eligibility Workers (2.00 FTE)

The Eligibility Workers will conduct brief screenings and assessments of potential clients, either in person or by phone, and refer them to appropriate services and treatment. The eligibility workers will help field approximately 2,700 calls per month for eligibility and reauthorizations of services. This number is expected to grow as Healthy San Francisco expands coverage for SF residents.

Psychiatric Nurse Practitioner (1.00 FTE)

The Psychiatric Nurse Practitioner would be able to provide medical and mental health evaluation and diagnoses to mental health clients presenting at BHAT. The Psych NP is projected to serve 1,305 clients who need medical or mental health medication supports annually.

Clinical Pharmacist (0.50 FTE)

The Clinical Pharmacist will dispense psychotropic medications and provide consultations onsite at 1380 Howard and would be able to handle the expected increase in numbers of walk-in clients and referrals from primary care clinics

where behavioral health services have been integrated. In the past, the Mental Health Pharmacy only delivered medications to offsite clinics and served substance abuse clients needing buprenorphine. The Clinical Pharmacist is expected to serve 1,500 unduplicated clients.

System Navigators (3.00 FTE)

The six part-time as needed System Navigators will be integrated in the new Welcoming Center at the renovated lobby of our building, staffed by consumers and would provide a warm and friendly entry for visitors in our building. These system navigators will greet and direct visitors to the appropriate floor, conduct brief screenings to direct visitors for assistance, and provide peer support to distressed clients; includes supervision of all peers hired through CBHS

Violence and Crisis Response Team (Health Program Coordinator – 1.00 FTE. Psychiatric Social Worker – 2.00 FTE. Total FTEs = 3.00) (200 clients) The Violence and Crisis Response Team will provide 24/7 immediate crisis care and follow-up case management services to family members and loved ones of victims of violence, in conjunction with the SFPD and other city agencies. The team will also be available for deployment for other types of crisis and disaster behavioral health services (such as for other types of violence incidents like domestic violence, and for other disaster behavioral health responses needed like hotel fires and other critical incidents). The staff will be deployed coordinate with the Community Response Networks to identify violence issues for different communities involved, and assist with follow-up services as needed. When not responding to an urgent crisis, staff will follow-up on case management work with families and victims, such as getting people signed up for entitlements, designing and implementing support groups for victims and families, and related project. The Violence and Crisis Response Team will provide 24 hour on call coverage and assistance to emergency personnel and to approximately 200 individuals affected by community and domestic violence as well as traumatic incidents.

3. Operating Expenditures

\$735,635

For renewal of the following contracts:

Central City Hospitality House (CCHH) – Peer Based Center (425 clients)
The CCHH Peer Based Center provides a spectrum of holistic health and wellness services including: drop in access to weekly acupuncture services; drop in access to weekly massage services; drop in access to weekly groups focusing on self care practices including meditation, yoga, tai chi, basic nutrition education, & breath work; expansion of on site drop in BH clinic services; expansion of drop in artistic access to community arts studio; and expansion of socialization activities

San Francisco Study Center (SFSC) – Peer Based Center (247 clients) With MHSA funding, SFSC Peer Based Center will increase the language capabilities and/or services to underserved population and outreach to people of color as well as underserved populations and those with language needs; hold culturally specific groups as each culture decides what services for their community should look like; extend peer support services by phone till 8:30 pm, five days a week; transport families of individuals with mental illness to out of county IMD facilities where their loved ones are receiving treatment

Central City Hospitality House (CCHH) – Supportive Services for Housing (152 clients)

CCHH provides case management support to help client maintain and/or obtain housing; provide aftercare once they are housed, such as money management, behavioral health services, socialization, vocational & employment support, & access to many other services offered in-house; and provide alumni support component, including specific groups and social events for those who have successfully obtained & maintained housing. CCHH Supportive Services for Housing plans to deliver case management to 50 clients and assist with housing and/or rental payments to 10 clients.

Walden House – Residential Treatment for Dually Diagnosed Clients not eligible for Medi-Cal (24 clients)

Walden House provides recovery-oriented residential treatment services for chronically mentally ill, poly-substance abusers or dependent on drugs and/or alcohol who have no insurance, Medi-Cal/Short Doyle coverage or are in the process of applying for benefits; undergoing acute psychiatric episodes and are legal residents of SF who are homeless and/or indigent to enable them to receive support towards stabilization and to engage in a partnership with the system; provide intake assessment 24-48 hours of referral; provide medication evaluation (if needed) within 24-48 hours of request; develop a detailed treatment plan & coordinate with internal and external psychiatric services & enroll clients in relevant clinical groups & activities. Walden House proposes to serve 16 unduplicated clients annually.

Richmond Area Multi-Services (RAMS) – Vocational Rehabilitation (23 clients)

For renewal of our contract with RAMS to provide intensive, supportive, quality, relevant and time-limited training in information technology to 20 individuals

LEVELI – IT CERTIFICATE - 210 hours of training that will focus on basic computer skills for use in administrative, clerical & entry-level positions that involve computer familiarization; includes Microsoft applications and Internet; passing score of 75% or more

LEVEL II – IT CERTIFICATE - Prerequisite completion of Level I IT Certificate Program; 210 hours of training will focus on more advanced computer skills, basic data entry, help desk methods & web programming for use in entry level IT positions; includes HTML fundamentals, intro to SQL, DreamWeaver

Community Vocational Enterprise (CVE) – Vocational Rehabilitation (35 clients)

For renewal of our contract with CVE to provide adult clients who are receiving MH services who wish to learn work skills. MHSA will fund the IME (Industrial Maintenance Engineers) Spanish Bi-lingual job coach who will provide paid hands on work experience between 2 to 20 hours per week for a period of 12 months to 10 unduplicated clients annually.

Central City Hospitality House (CCHH) – Vocational Rehabilitation (70 clients)

Will provide assistance with internet job search, job coaching, resume development and assistance, interviewing techniques to clients at the newly opened 6th Street Center

TBD – Vocational Rehabilitation (18 clients)

Will provide supported employment services to all the FSP referred clients; supported employment uses an evidence based practice of securing competitive employment "consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals with the most significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability".

4. Program Management (0.50 FTE)

\$93,068

The Adult Program Manager provides overall program management and supervision of the full service partnership agencies; negotiates with these agencies to develop their contractual budgets; participates in program planning, implementation, and evaluation program activities; develops policies and procedures regarding provision of care

6. Non-Recurring Expenditures

\$250,000

Development of a proprietary Self-Administered Assessment software to be used by the Behavioral Health Access Team, that would be compatible with the current billing and clinical management software used by our network of care.

County:	San Francisco		Fiscal Year:	2008-09
Program Workplan #	4A		Date:	7/31/2008
Program Workplan Name	Older Adults		Page	.7 of8
Type of Funding	1. Full Service Partnership		Months of Operation_	12
Proposed To	otal Client Capacity of Program/Service:	60		
Exist	ing Client Capacity of Program/Service:		Prepared by: N	Maria Iyog-O'Malle
Client Capacity of Prog	ram/Service Expanded through MHSA:	60	Telephone Number:	415-255-3551

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$160,924	\$204,971
b. Other Supports		
2. Personnel Expenditures		\$95,719
3. Operating Expenditures	\$558,612	\$825,181
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$719,536	\$1,125,871
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$174,811
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$174,811
3. Total Revenues	\$0	\$174,811
C. Total Funding Requirements	\$719,536	\$951,060

Work plan 4A - Older Adult - Full Service Partnerships

1. Client, Family Member, and Caregiver Support Expenditures:

a. Housing

\$204.971

DPH Housing and Urban Health (18 clients)

The Housing and Urban Health (HUH) unit of the Department of Public Health serves as the gateway to all housing available throughout the entire department. HUH executes master leases with single-room occupancy hotels throughout the city to provide 18 permanent units and/or stabilization rooms to system development clients in supportive services for housing agencies; contracts with a third party payor service for money management for clients in permanent housing units and perform credit check services; and will be the point of entry into the new developments funded through the MHSA Housing Program.

2. Personnel Expenditures

\$95,719

Housing and Urban Health (HUH) Administration & Support

Health Program Planner (0.29 FTE)

The HUH Program Planner will negotiate all operating subsidy contracts with SRO property management and the soon to be constructed developments funded through the MHSA Housing Program. HUH facilitates monthly meetings with property management, FSPs, MHSA staff to discuss ongoing concerns with placements, vacancies, and other tenant issues. HUH develops program tenancy protocols for permanent and stabilization units.

MHSA Implementation Specialists

MHSA Implementation Specialist (0.08 FTE) – provide assistance, when needed, with program implementation, outreach efforts, escort services, and data entry requirements; conduct consumer survey in collaboration with the Evaluation unit; participate in staff meetings, identify meeting sites, order refreshments, provide meeting minutes, agenda, and handouts; assist in program documentation review; includes supervision of all peers hired through CBHS

3. Operating Expenditures

\$825,181

Family Service Agency (FSA) – Full Service Partnership (42 clients)
For renewal of our contract with the Family Service Agency, to provide 24/7 services to dually and multiply diagnosed SMI older adults ages 60. Core program activities will include the following, most of which will be delivered in non-office settings such as streets, shelters, SRO hotels or wherever clients may be found: assessment & evaluation; MH treatment, including dual disorder services both individual & group; case management; crisis intervention; purchasing of basic needs; vocational assessment & rehabilitation services; linkages to housing & continued follow-up in-home services; and stipends for peer mentors or life coaches. It is estimated that this program will generate \$174,811 in Medi-Cal revenues.

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-Approved Workplans

County:	San Francisco		Fiscal Year:	2008-09
Program Workplan #	4B		Date:	7/31/2008
Program Workplan Name	Older Adults		Page	_8 of8
Type of Funding	2. System Development		Months of Operation_	12
Proposed To	otal Client Capacity of Program/Service:	645		
Exist	ing Client Capacity of Program/Service:		Prepared by:	Maria Iyog-O'Malley
Client Capacity of Prog	ram/Service Expanded through MHSA:	645	Telephone Number:	415-255-3551

Client Capacity of Program/Service Expanded through MHSA	645 Telep	hone Number: <u>415-255-3551</u>
	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures	\$114,005	\$200,274
Operating Expenditures	\$480,000	\$638,175
Program Management		
5. Estimated Total Expenditures when service provider is not known		
Non-recurring expenditures		
7. Total Proposed Program Budget	\$594,005	\$838,449
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$594,005	\$838,449

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Narrative

Work plan 4B – Older Adult – System Development

2. Personnel Expenditures

\$200,274

Integration of Behavioral Health in Primary Care (40 clients)

Hiring a gero-psychiatrist proved to be the biggest hurdle in initiating the implementation of this particular initiative in FY07-08. As soon as this staff is on board, we plan to pilot behavioral health services at two clinics serving older adults in San Francisco. The gero-psychiatrist will provide mental health diagnostic assessment of patients referred to the clinic, the initiation of medication trials, ongoing medication services and consultation with the providers who are providing medical and social services to these older adults.

MHSA Implementation Specialists

MHSA Implementation Specialist (0.17 FTE) – provide assistance, when needed, with program implementation, outreach efforts, escort services, and data entry requirements; conduct consumer survey in collaboration with the Evaluation unit; participate in staff meetings, identify meeting sites, order refreshments, provide meeting minutes, agenda, and handouts; assist in program documentation review; includes supervision of all peers hired through CBHS

3. Operating Expenditures

\$638,175

Family Service Agency (FSA) – Peer Based Center (377 clients)

For renewal of our contract with FSA – Peer Based Center. This Center serves clients over the age of 60 with SMI and/or substance abuse. Operating at Curry Senior Center & integrating with their existing meal program: will offer programming Wednesday through Sunday during breakfast, lunch & early afternoon hours; provide group & one-to-one activities, peer support mentoring & assistance, socialization & skill development, and a safe place with friends; link to treatment, medical care, support services, and other resources in the community, while providing low threshold, supportive, non-judgmental environment; provide volunteer, with stipends, and regular employment opportunities including self-help peer support groups

Central City Hospitality House – Peer Based Center (100 clients)

This will be a new peer based center for older adults in FY08-09. Central City Hospitality House will open this center at the 6th Street corridor of San Francisco. This center will identify clients belonging to the older adult population and will provide a safe and low-threshold space for older adults; offer recreational activities and holistic services; group activities focusing on self-care

Curry Senior Center – Supportive Services for Housing (128 clients)

For renewal of our contract with Curry Senior Center, to help SMI older adults and above who are homeless or who are housed but at risk of homelessness, obtain or maintain permanent housing and to sustain independent living in the community; provide a full spectrum of supportive services, including onsite case management services, primary care, medication management; referrals to mental health & psychiatric care, & substance abuse; referrals to meal site & community

programs; assistance with entitlements, housing resources & referrals to other home and community based services

COMMUNITY PROGRAM PLANNING PROCESS AND 30 DAY REVIEW PROCESS

All MHSA funded programs in San Francisco were identified as priority needs for our county through an extensive planning process initiated in 2005, and were awarded in response to a Request for Proposal for MHSA services issued on May 26, 2006. These programs and services were subsequently awarded in Fiscal Years 2006-2007 and expansions to our initial Revenue and Expenditure Plan were implemented in Fiscal Year 2007-2008 with the approval of DMH. San Francisco County has elected to continue to fund all programs and services that have been in effect in the last two years; some of these programs will be expanded in Fiscal Year 2008-2009. We will also continue to support programs that have been planned and approved but are not yet implemented due to delays beyond our control (i.e. facilities and hiring issues).

Ongoing community participation is actively engaged in through bi-monthly meetings with the MHSA Advisory Committee. This committee is comprised of twenty-nine members of the original planning process in 2005 and eight are individuals with past or present histories of mental illness. Meetings alternate between committee and public forum formats to discuss ongoing implementation, updates, and other opportunities available through MHSA. Time is reserved on each agenda to allow for public comment, and an opportunity to ask questions about MHSA related issues. Public forum meetings are held in various community settings to create awareness of MHSA activities in these neighborhoods. Inclusion of the MHSA Update is also part of the monthly Director's Report to the Mental Health Board and the CBHS Director's Report. All of these meetings are widely advertised and public participation is strongly encouraged. In addition, we meet with our funded agencies on a monthly basis to discuss policies, progress with the individual program implementation, and other updates related to MHSA. Separate meetings are held for FSP and non-FSP programs; a joint FSP/non-FSP meeting is held on a guarterly basis.

The Fiscal Year 2008-09 Annual Update was originally posted for thirty day public review and comment from May 5, 2008 to June 4, 2008_in fulfillment of the requirements of the provisions of Welfare and Institutions (W&I) Code Section 5848. This posting was retracted because the budget was revised resulting in a new budget of \$14,420,856 compared to the previous total of \$12,032,304. The majority of the difference between these two budgets was due to: (1) the addition of another adult full service partnership, SFFirst; (2) elimination of the 10% operating reserve; (3) addition of planned TAY housing; (4) addition of a peer based center that will serve both adults and older adults; (5) addition of another adult vocational rehabilitation services while at the same time reducing the funding for existing services that were not put up for bid thus limiting their funding to \$50,000; (6) one-time administration costs for continuing renovation at the 1380 Howard site, purchase of vehicles, and planning for the other components of MHSA.

The Annual Update was reposted from **August 4, 2008 to September 3, 2008**. No comments were received from the general public. However, administration

staff noted that the unduplicated client count in the Quarterly Progress Goals and Report (Exhibit 6) did not closely reflect the actual numbers reported in the last fiscal year. We believe this was due to two factors: First, the MHSA-delivered services exceeded original projections of Unduplicated Client Counts; therefore we revised our UDC estimates upward to match actual numbers. Second, non-FSP providers have differed in their methods for collecting UDC counts, therefore we have worked with providers to develop a more standard process to obtain accurate figures. As a result, the unduplicated client count projections included in this submission were corrected based on the Fiscal Year 2007-2008 actual count and improved data collection strategies.

The Mental Health Board held a public hearing on **May 14, 2008**, specifically to discuss the Fiscal Year 2008-09 Annual Plan Update and the 2007 Implementation Status Report. The Annual Plan presented at this public hearing was a previous version that has since been modified. Subsequently, the Mental Health Board was notified of the revision and reposting of this plan. No further comments were received from the Mental Health Board regarding the changes to the plan.

The following questions and comments were raised by the Mental Health Board members and the public about the Annual Plan Update during the public hearing:

MHB Member: "Are administrative expenses on target at 12% rather than the current 15% level?"

Response: "Yes."

(Note: The current Administrative Expense ratio is 13.4%. Administrative Expenses include one-time expenditures such as: van purchase, unfinished renovation costs for the Behavioral Health Access Center relocation and reconfiguration of the 2nd floor administrative offices at 1380 Howard Street; and planning costs for the Prevention and Early Intervention, and IT components. Without these one-time expenditures, the Administrative Expense ratio is much lower at 6%)

MHB Member: "We are having severe budget cuts and many programs are scrambling to find funding. If the 6th Street Drop-in Center were to be closed due to the budget crisis, what happens to the Proposition 63 money when it is no longer open?"

Response: "The available money from the 6th Street drop-in center, should the center be closed, will be placed in Prudent Reserve or will be rolled over toward next year's operation."

MHB Member: "Is there a mechanism in place for these unspent funds to be redistributed to other programs or services?"

Response: "We are in the middle of a Request for Proposal (RFP) process for all services provided through the Community Behavioral Health Services (CBHS). All CBHS programs are up for bid. We are looking at this process to incorporate possible changes for MHSA funded agencies after carefully looking at utilization rates and other factors that would indicate a restructuring of current funding levels."

MHB Member: "The Southeast sector has not received much of the MHSA funding. Can there be an even distribution of the funding?"

Response: "We will bring this concern to the attention of the CBHS leadership."

MHB Member: "The MHB is concerned about the lack of new agencies applying. The Board wants more outreach to be done so there can be an even distribution of funding to more communities."

Public Participant: "Can you clarify what constitutes unspent funds?"

Response: "We have three years to spend money down for each fiscal year funding for the CSS component. When a fund sunsets (after three years), there could be some left-over monies because we did not spend these funds according to our budget. The reasons why these funds were not spent could be because of late implementation of contracted services or late hiring of employees. These so-called "unspent funds" could either be placed in the Prudent Reserve funds or returned to the State. By putting back the unspent funds into Prudent Reserve, we can have additional resources for future expenditures to be utilized for mental services and supports should MHSA funding decrease."

This revised plan was approved by the Board of Supervisors on September 16, 2008 under Resolution No. <u>391-08</u> and signed by Mayor Newsom on September 19, 2008.

EXHIBIT 6: THREE YEAR PLAN QUARTERLY PROGRESS GOALS AND REPORT

EXHIBIT 6:THREE-YEAR PLAN - QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Francisco

Program Work Plan #: 1A

Program Work Plan Name: CYF Program – Full Service Partnership

Fiscal Year: 08-09

CYF Full	Service Partnerships	Qt	r 1	Qt	r 2	Qt	r 3	Qt	r 4	To	tal
	Description of Initial										
Age Group	Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Children	SED Children:	130		10		10		9		159	
Youth &	In YGC/Juvenile Justice						ļ				
Families	In Foster Care						•				
	In CPS										
TOTAL TO	Exposed to Violence						!				
BE SERVED:	In homeless families										
	In Special Education						<u> </u>				
222											
	Family and youth	49		5		5	!	4		63	
	involvement team to										
	provide life-building skills										
	to parents, youths, and										
	young adults with mental						!				
	illness and assistance with										
	navigating through a										
	complex web of services						!				
							İ				
							•				
							!				
							!				
							;				

Work Plan # 12 Development	B: CYF System	Qt	r 1	Qt	r 2	Qt	r 3	Qt	r 4	То	tal
Total Number to be served	Services/Strategies	Target	Actual								
366	Integration of psychiatric services within pediatric settings for early identification of MH/Psych problems;	19		1		1		1		22	
	Community-based violence and trauma recovery services, including peer component;	105		20		20		20		165	
	Organizational and clinical capacity for youth targeting ethnic/cultural populations	21		3		3		4		31	
	 LGBTQ API Indigeno us Latino African America n; 										
	And School-based services (wellness centers)	69		26		26		27		148	

	CYF Outr	each and Engagement	Qt	r 1	Qt	r 2	Qt	r 3	Qtı	r 4	То	tal
_	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	None	Outreach, engagement, consumer/family involvement, is in all of above system development services and strategies	373		373		373		373		1492	

EXHIBIT 6:THREE-YEAR PLAN - QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Francisco

Program Work Plan #: 2A

Program Work Plan Name: TAY Program – Full Service Partnership

Fiscal Year:08-09

TAY Fu	ull Service Partnerships	Qt	r 1	Qt	r 2	Qt	r 3	Qt	r 4	To	tal
	Description of Initial										
Age Group	Populations	Target	Actual								
Transitional											
Age Youth											
TOTAL TO	SED TAY:	40		4		4		3		51	
BE SERVED:	Exposed to violence		:								
	Homeless										
114	Immigrant		:								
	Aging out of Foster Care		:								
	YGC/Juvenile Justice		:								
			:								
			:								
	Housing	10		3	!					63	
			!					50			

	Work Plan #2	2B: TAY System Development	Qt	r 1	Qt	r 2	Qt	r 3	Qt	r 4	То	tal
-	Total Number to be served	Services/Strategies	Target	Actual								
	762	Integrated Behavioral Health services within primary care settings that serve TAY;	197		66		66		65		394	
		Supported services for housing • Co-op housing	113		40		40		40		233	
		Independent living										
		Board & Care And Youth run/developed services/Youth Development Model Peer Based Center +	27		30		30		31		118	
		Outreach and Engagement Housing	7		0		3		7		17	

TAY Ou	utreach and Engagement	Qt	r 1	Qt	r 2	Qt	r 3	Qt	r 4	То	tal
Total Number to be served	Services/Strategies	Target	Actual								
None	Outreach, engagement, consumer/family involvement, is in all of above system development services and strategies	113		113		113		114		453	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Francisco

Program Work Plan #: 3A

Program Work Plan Name: Adult Program Full Service Partnership

Fiscal Year: 08-09

Adult F	'ull Service Partnerships	Q	tr 1	Qt	r 2	Qt	r 3	Qt	r 4	To	tal
Age Group	Description of Initial Populations	Target	Actual								
Adults											
TOTAL TO BE SERVED:	Homeless* Veterans Women with children Victims of violence	95		33		33		34		195	
327	Adults in jail** Adults in "revolving door"	31		2		2		2		37	
	Housing	47		2		3		3		55	
	Peer-run Wellness & Recovery	5		10		10		15		40	

	Work Plan #3	BB: Adult System Development	Qt	r 1	Qt	r 2	Qt	r 3	Qt	r 4	То	tal
-	Total Number to be served	Services/Strategies	Target	Actual								
	2610	Supportive services for housing	65		29		29		29		152	
		Vocational Rehabilitation	38		36		36		36		146	
		Peer-run Center & Warm Line, Including van trips to IMDs	183		163		163		163		672	
		Residential Treatment	3		7		7		7		24	
		Housing	0		2		2		0		4	
		BH Access Team & Medication Delivery System	900		200		200		200		1,500	
		Violence & Crisis Response Team	50		50		50		50		200	

	Adult O	utreach and Engagement	Qtr 1	Q	tr 2	Qt	r 3	Qt	r 4	То	tal
-	Total Number to be served	Services/Strategies	Target Actu	al Target	Actual	Target	Actual	Target	Actual	Target	Actual
	None	Outreach, engagement, consumer/family involvement, is in all of above system development services and strategies	107	107		107		108		429	

EXHIBIT 6:THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Francisco

Program Work Plan #: 4A

Program Work Plan Name: Older Adult Program Full Service Partnership

Fiscal Year: 07-08

OA Ful	ll Service Partnerships	(Qtr 1	Qt	r 2	Qt	r 3	Qt	r 4	To	tal
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Older Adults											
TOTAL TO	Older adults hospitalized in	42								42	
BE SERVED	high level of care								!		
	Older adults in Adult										
60	Protective Services						-		i ! !		
	Older adults in homeless								!		
	shelters								:		
	Homeless older adults						-		i !		
	Monolingual older adults								!		
	Isolated older adults								<u> </u>		
									!		
				10		1		0	!		
	Housing	7							<u> </u>		
										18	

	Work Plan #4B: System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
-	Total Number to be served	Services/Strategies	Target	Actual								
	645	Senior Recovery Center w/ Peer Support/Outreach;	373		34		34		36		477	
		Supportive services for housing (including peer case mgt.);	50		26		26		26		128	
		And	_		_							
		Mental health services in primary care settings (incldg for dementia behavioral mgt.)	0		0		20		20		40	
	OA Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual								
	None	Outreach, engagement, consumer/family involvement, is in all of above system development services and strategies	65		65		66		66		262	