

First Annual Prevention and Early Intervention (PEI) Program and Evaluation Report

Outcomes for Fiscal Year 2016/2017*



Figure - Mural in San Francisco

Mental Health Services Act (MHSA) City and County of San Francisco

*This report is in compliance with the requirements for the Annual Prevention and Early Intervention Program and Evaluation Report set forth in California Code of Regulations, Title 9, Section 3560.010(a)(1).

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Community Program Planning for Implementation of October 2015 Prevention and Early Intervention Regulations

Description of Implementation Strategies

SF-MHSA has implemented several new strategies to collect the required data, per the new Prevention and Early Intervention Regulations dated October 2015. Several stakeholders convened a work group to discuss current evaluation strategies and create a data collection tool to collect the new demographics data. This data collection tool was named the “Year End Data Program Report – FY16/17” and presented to the MHSA Advisory Committee, which includes consumers and family members, to gather input and seek approval. The data collection tool was rolled out to all PEI funded programs in July of 2016. In addition, SF-MHSA set up a series of Technical Assistance Trainings during the first few months of fiscal year 2016/2017 to provide support to program managers and providers. These training seminars answered questions about the new data collection tool and provided strategies for programs to modify their existing evaluation efforts and put concrete plans in place to collect all of the necessary data.

Description of Challenges Meeting the Reporting Requirements

With feedback from PEI stakeholders and consumers, SF-MHSA identified that the collection of all new required data could be challenging and disorganized for the large number of PEI programs (SF-MHSA’s PEI programs served 32,216 clients in FY16/17). SF-MHSA decided to roll out these changes in two phases. Phase one focused on the collection of the demographics data including age, gender identity, veteran status, disability status, sexual orientation, primary language and the new sub-categories for ethnicity. Please see Appendix A for the data collection tool titled, “Year End Data Program Report Template - FY16/17”. Phase one was rolled out at the beginning of fiscal year 2016/2017.

Phase two focuses on the collection of data that tracks referrals all the way to program linkage and the average duration of untreated mental illness. New data will include the following:

- Types of underserved populations (i.e., homeless, immigrant, communities of color, isolated older adults, etc.) that were referred to prevention program services
- Total number of referrals of underserved populations to prevention services, early intervention services, or to treatment beyond early onset
- Number of unduplicated individuals who followed through on referral and participated at least one time in referred program
- Average interval between referral and participation in at least one time in referred treatment program
- Ways the program encourages access to services and follow-through on referrals

Phase two was rolled out at the beginning of fiscal year 2017/2018.

Summary of Missing Data and Implementation Plan with Timeline

This Fiscal Year 2016/17 Prevention and Early Intervention Program and Evaluation Report is missing the data that is described above in Phase Two; data that tracks referrals all the way to program linkage and the average duration of untreated mental illness. Implementation strategies have already begun in order to collect this missing data for fiscal year 2017/2018 and for subsequent reporting years. A data collection tool has already been designed by PEI

stakeholders to collect this required data. Please see Appendix B for the data collection tool titled, “Year End Data Program Report Template - FY17/18”.

Prevention 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).

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.

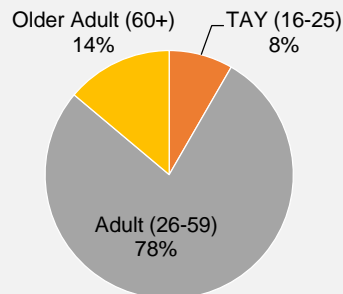
Target Populations

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

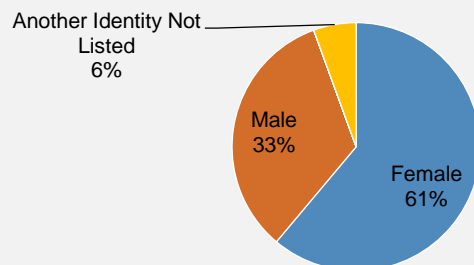
FY16-17 Participant Demographics, Outcomes, and Total Served

Demographics: Stigma Reduction

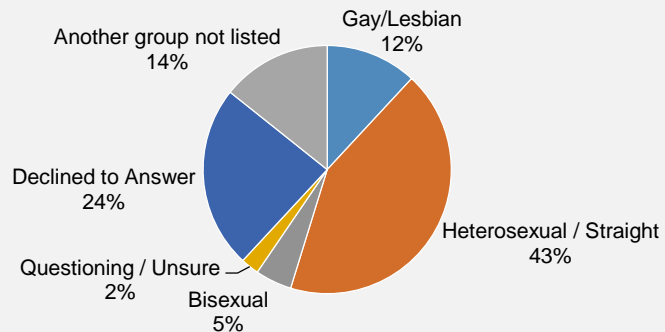
Age: Stigma Reduction Participants (n = 36)



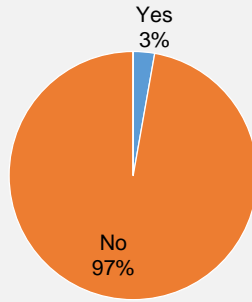
Gender Identity: Stigma Reduction Participants (n = 36)



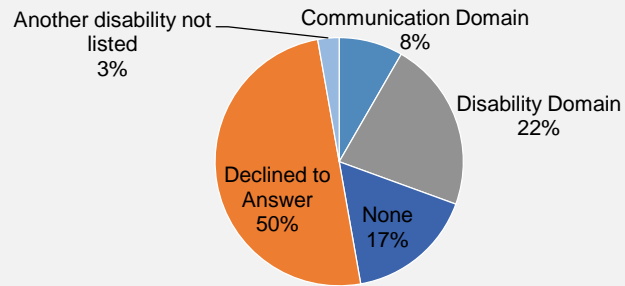
Sexual Orientation: Stigma Reduction Participants (n = 36)



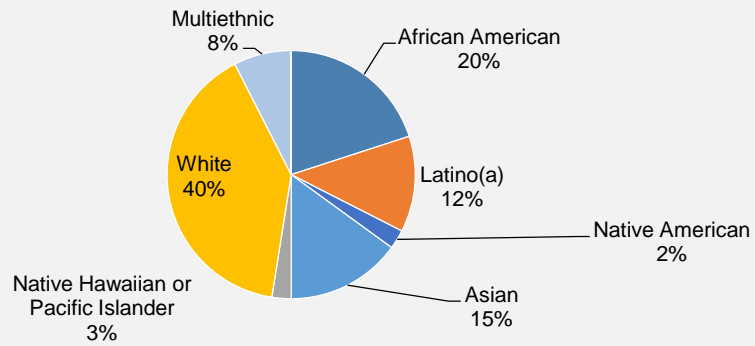
Veteran Status: Stigma Reduction Participants (n = 36)

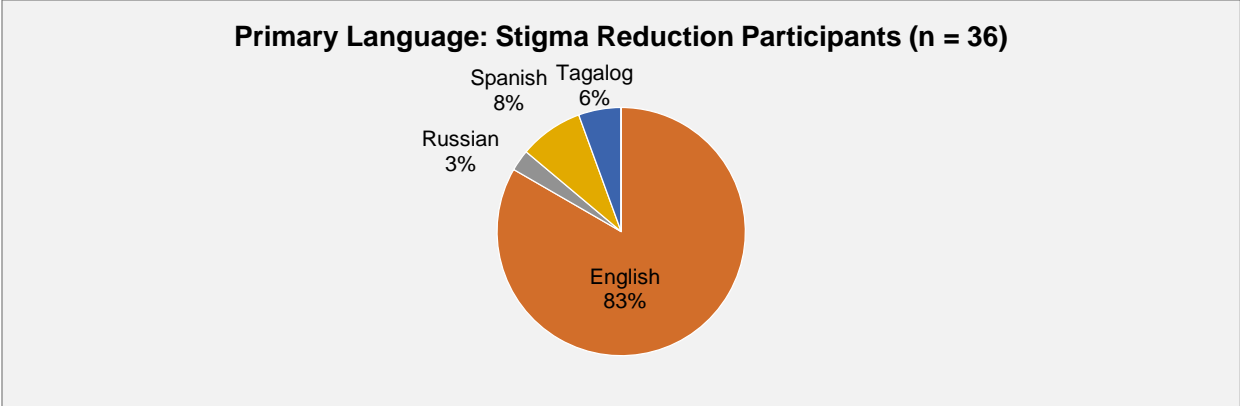


Disability Status: Stigma Reduction Participants (n = 36)



Ethnicity: Stigma Reduction Participants (n = 40)





Program	FY16-17 Key Outcomes and Highlights
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Sharing Our Lives, Voices, and Experiences (SOLVE) – Mental Health Association of San Francisco

- 36 Peer Educators participated in the SOLVE Program; 12 individuals entered the new Peer Educator training series; 3 previously inactive Peer Educators returned to the program.
- SOLVE gave 52 presentations to 1054 unduplicated individuals in FY16-17.
- 97% of community members, as a result of Peer Educator presentations, demonstrated a better understanding of mental health challenges and conditions, expressed less fear of people with mental health challenges, had a clearer idea of how stigma affects everybody, and were less inclined to engage in behaviors that discriminate or otherwise contribute to stigmatization and isolation of consumer and family members.
- 100% of Peer Educators who responded experienced reduced self-stigma, reduced risk factors, improved mental health, improved resilience and protective factors, and increased access to care and empowerment.

FY16-17 Total Served	
Program	Clients Served
Stigma Reduction	36

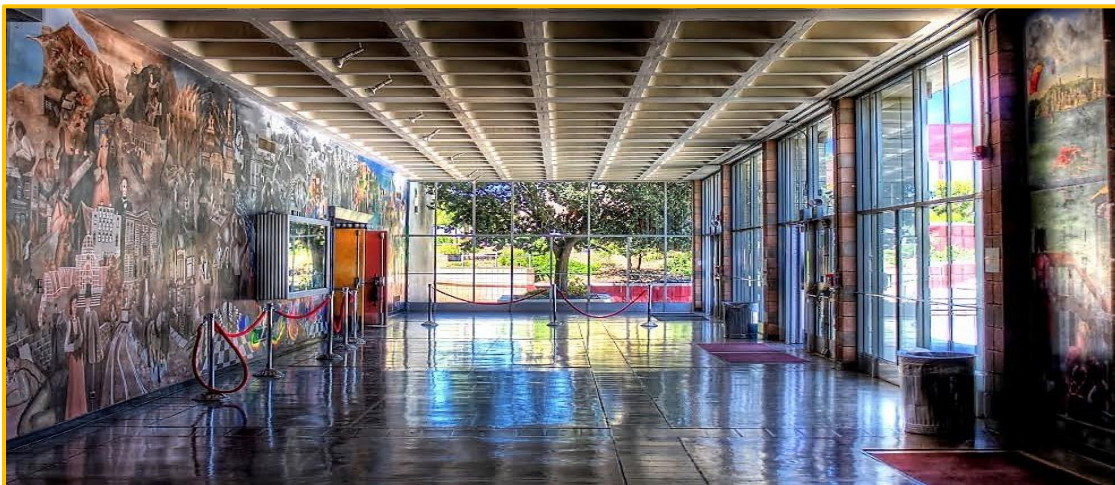
School-Based Mental Health Promotion (K-12)

Program Collection Overview

School-Based Mental Health Promotion K-12 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.

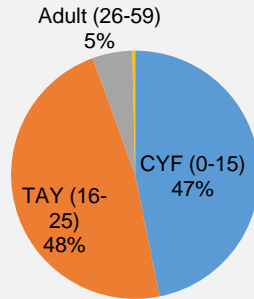
These programs are offered at the following SFUSD schools:

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

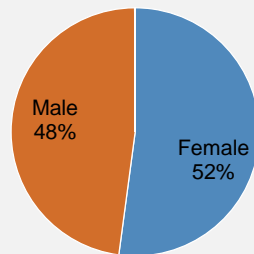
FY16-17 Participant Demographics, Outcomes, and Total Served

Demographics: School Based Prevention (K-12)

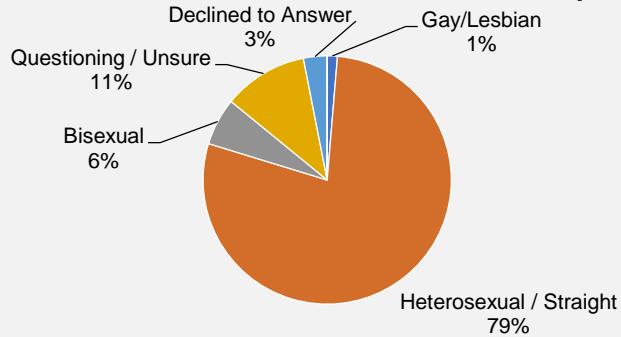
Age: School Based Prevention Participants (n = 1,349)



Gender Identity: School Based Prevention Participants (n = 1,349)



Sexual Orientation: School Based Prevention Participants (n = 314)

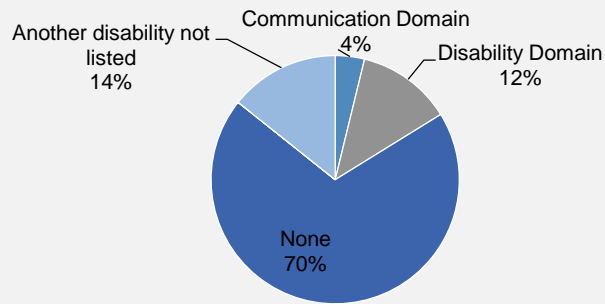


Mental Health Promotion and Early Intervention

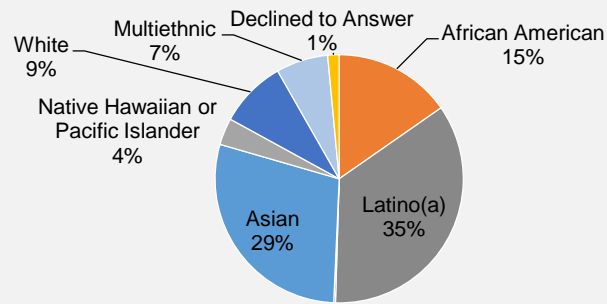
Veteran Status: School Based Prevention Participants (n = 457)

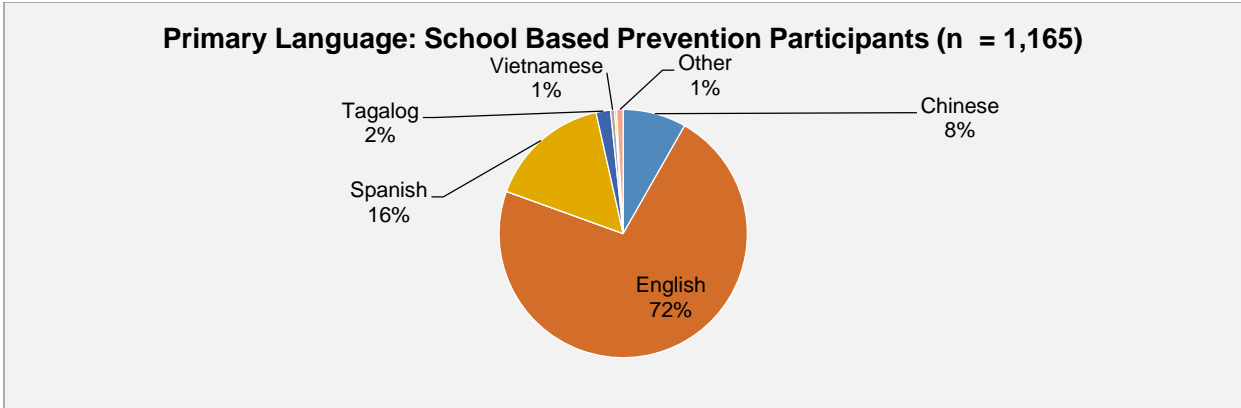


Disability Status: School Based Prevention Participants (n = 105)



Ethnicity: School Based Prevention Participants (n = 1,345)





Program	FY16-17 Key Outcomes and Highlights
<p>Early Intervention at Burton High School – YMCA Bayview</p>	<ul style="list-style-type: none"> Prevention Services Team case managed a total of 113 unduplicated clients for a total of 258 case management hours and 260 drop-in hours. Prevention Services Coordinator (PSC) case managed 8 teens, providing 78.3 case management service hours, and 151.5 drop-in hours to the larger Burton Community. Student Advocates (SA) provided 17 teens with on-going case management, for a total of 180 hours, and provided 108 drop-in hours to the larger Burton Community. PSCs and SAs delivered 19 workshops for youth and 8 workshops for parents and families, providing a total of 17 hours of service to 69 unduplicated participants.
<p>Behavioral Health Services at Balboa Teen Health Center – Bayview Hunter’s Point Foundation</p>	<ul style="list-style-type: none"> 76% of students seen for 3 or more individual therapy visits were able to identify one or more skills they can utilize to reduce stress or other symptoms, and able to identify one positive goal they were working towards. The Youth Advisory Board made a total of 31 presentations during health education classes, school health fairs, and at school wide theater events BTHC staff conducted a total of 5 parent workshops Over 130 hours of crisis intervention services were provided, for a total of 261% of the projected hours for the year.

Mental Health Services – Edgewood Center for Children and Families

- Behavior Coaching served 26 different students on an individual and/or small group basis, provided social skills support for five classes, and ran a total of five social skills groups by grade level (for grades 1, 3, and 4), ranging in size from 4-7 students.
- The Family Advocate served 25 unduplicated parents over the course of the school year.
- 96% of students receiving behavior coaching showed an increase in WMS score from pre to post-services.

Youth Early Intervention – Instituto Familiar de la Raza

- At Hillcrest, the IFR mental health consultant provided 632 hours of consultation to 24 teachers, as well as 141 hours of outreach and linkage services to school community including staff, parents, and youth.
- At James Lick Middle School, the mental health consultant provided 648 hours of consultation services to support staff, administration and teachers, as well as 113 hours of outreach to parents at two school-wide community events.

Wellness Centers – Richmond Area Multi-Services (RAMS)

- 1,044 hours of individual therapeutic services were provided to 247 students.
- 93% of clients reported they had met or somewhat met their treatment goals.
- 80% of students reported improvements in relationships with family/friends as a result of therapy.
- 95% of students report being able to cope with stress better as a result of therapy.

Trauma and Recovery Services – YMCA Urban Services

- Of 19 unduplicated severely truant clients, 14 reduced their absenteeism by at least 50%.
- 79% of clients re-engaged in school during FY16-17.
- 100% of clients received a Family Needs Assessment and were connected with appropriate supports and services.

FY16-17 Total Served	
Program	Clients Served
School-Based Mental Health Promotion K-12	3,181 clients

School-Based Mental Health Promotion – Higher Education

Program Overview

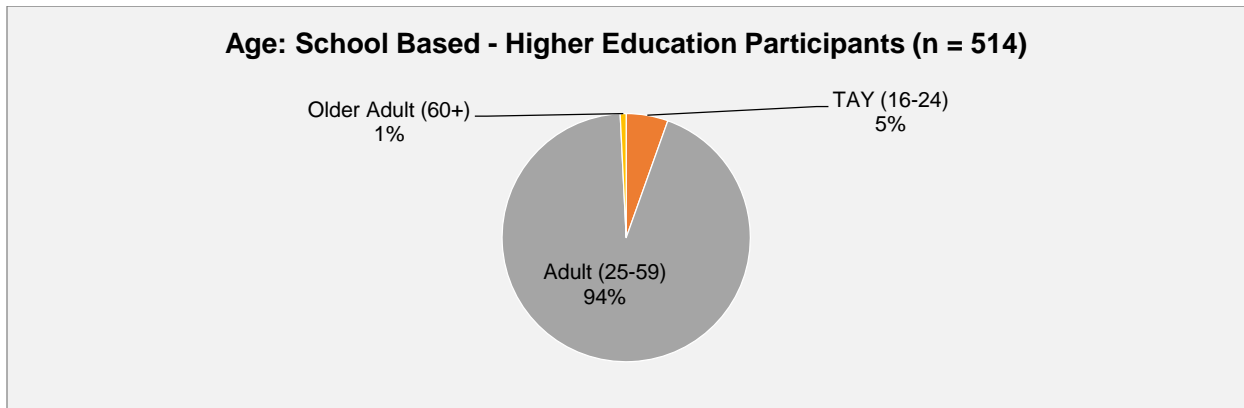
The California Institute of Integral Studies (CIIS) Masters in Counseling Psychology (MCP) program seeks to advance the development of a diverse and culturally competent mental health pool of higher education students by engaging and supporting communities who are underrepresented in licensed mental health professions. CIIS recruits and enrolls students from underrepresented communities in the university’s 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.

Target Populations

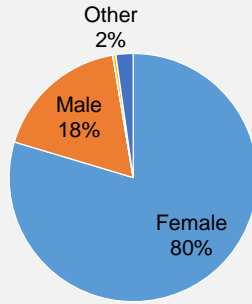
This program works with college students with populations who are currently underrepresented in licensed mental health professions; and mental health consumers, family members and individuals who come from ethnic groups that are not well represented in the mental health/behavioral professions (e.g., African American; Latino; Native American; Asian; Pacific Islander; Lesbian, Gay, Bisexual, Transgender, and Questioning communities).

FY16-17 Participant Demographics, Outcomes, and Total Served

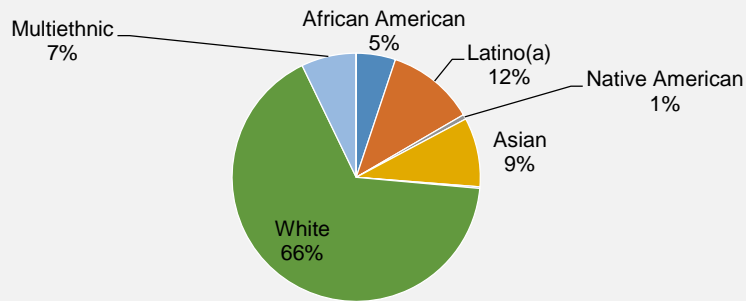
Demographics: School Based – Higher Education



Gender: School Based - Higher Education Participants (n = 491)



Ethnicity: School Based - Higher Education Participants (n = 488)



Program FY16-17 Key Outcomes and Highlights

California Institute of Integral Studies – MCP Program

- In the 2016-17 school year, CIIS recruited and enrolled 14 students from underrepresented groups into the MCP program.
- Staff organized six on-campus events in FY16-17 to attract community members of color and individuals with “mental health system” lived experiences, which drew in approximately 182 participants.
- CIIS provided academic and career development services to 184 students, linked 514 students to on and off-campus resources, counseled 119 students on educational, professional, and personal goals, provided peer-counselor support to 61 students, and held 4 campus events that challenged faculty and staff to broaden their understanding of the diverse student body.

FY16-17 Total Served	
Program	Clients Served
School-Based Mental Health Promotion - Higher Education	1,503 clients

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

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.

Mental Health Promotion and Early Intervention

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.
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.
	Black African American Wellness and Peer Leaders (BAAWPL) Project	San Francisco Department of Public Health's Behavioral Health Services and Community Health Equity & Promotion divisions partnered to spring board an initiative that focuses on the duality of whole health (physical health and mental health) for the city's Black/African American communities. Three stealthy organizations – Rafiki Coalition, YMCA Bayview and YMCA Urban Services -- were selected to bring this vision to fruition. This broad

Population-Focused Mental Health Promotion Programs		
Target Population	Program Name	Services
		scope initiative builds upon the years of community work done by the YMCA Bayview's African American Holistic Wellness program and the SF Live District 10 Wellness Collaborative performed by the Rafiki Coalition and the YMCA Bayview.
	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.
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 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

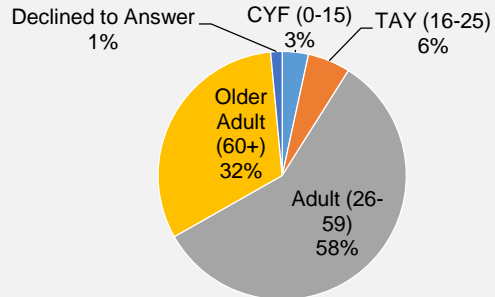
Population-Focused Mental Health Promotion Programs		
Target Population	Program Name	Services
		identification and interventions in families struggling with trauma, depression, addiction and other challenges.
Native Americans	Living in Balance	The program serves American Indian/Alaska Native adults and 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 6 th 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.
	Community Building Program	The program serves traumatized, homeless and dual-diagnosed adult residents of the Tenderloin neighborhood. The program conducts outreach,

Population-Focused Mental Health Promotion Programs		
Target Population	Program Name	Services
		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 and 17 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.

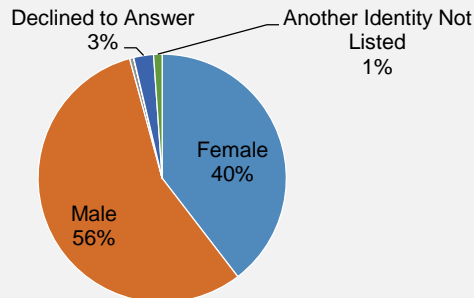
FY16-17 Participant Demographics, Outcomes, and Total Served

Demographics: Population Focused Mental Health

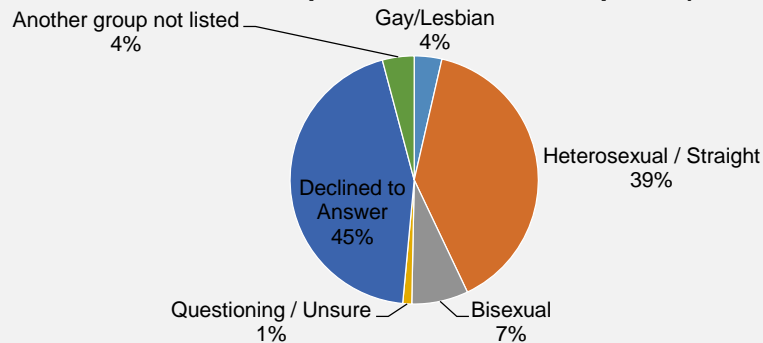
Age: Pop. Focused MH Participants (n = 45,868)



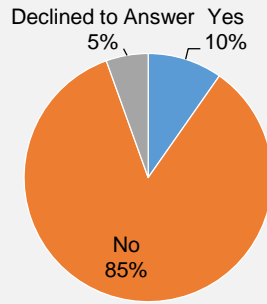
Gender Identity: Pop. Focused MH Participants (n = 25,047)



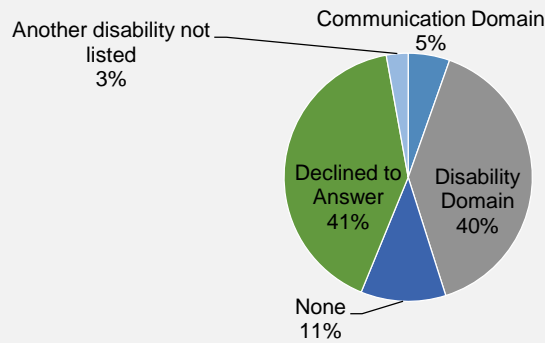
Sexual Orientation: Pop. Focused MH Participants (n = 1,113)



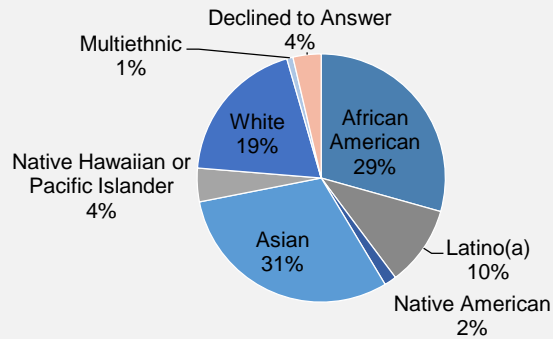
Veteran Status: Pop. Focused MH Participants (n = 18,699)



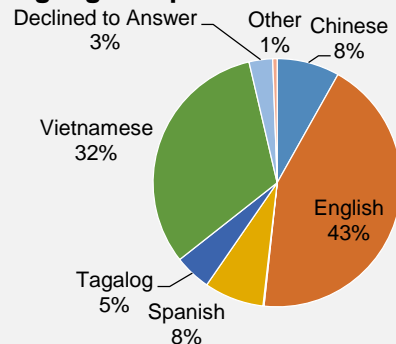
Disability Status: Pop. Focused MH Participants (n = 419)



Ethnicity: Pop. Focused MH Participants (n = 24,422)



Primary Language: Pop. Focused MH Participants (n = 5,125)



Socially Isolated Older Adults **FY16-17 Key Outcomes and Highlights**

Senior Peer Recovery Center Program – Curry Senior Center

- 33 clients were active in the program throughout the year, and 15 clients participated in the program for at least one year. Of these, more than 90% have stabilized in their socialization as demonstrated by the Curry Isolation Scale.
- Among clients who participated in the program for six months or more, social isolation decreased by 38% as demonstrated by the Curry Isolation Scale.



Older Adult Behavioral Health Screening Program – Institute on Aging

- Provided 450 unduplicated adults age 55+ first-level “Gating” screening in IOA PACE, CLF, MSSP care management programs, identifying symptom domains of depression, anxiety, social isolation, chronic pain, substance abuse, sleep quality, and cognition.
- Provided 84 adults age 55+ with intensive behavioral health batteries, including the following validated measures; PHQ-9 (depression), GAD-7 (anxiety), UCLA Loneliness Scale (loneliness/isolation), WB Faces (chronic pain), CAGE-AID (substance abuse), PSQI (sleep), and the MoCA (cognition).
- 84 case managers and 76 clients were provided formal feedback on behavioral health screening results. Clients who completed behavioral health screening were offered formal feedback regarding severity of identified problems, treatment recommendations, and referrals.

Black/ African-American **FY16-17 Key Outcomes and Highlights**

Ajani Program – Westside Community Services

- At least 83% of clients received mental health promotional information and linkages to culturally appropriate services.
- Westside attended 12 community based events focused on underserved communities.



Black/African American Wellness and Peer Leadership Program – DPH Inter-Divisional Initiative

- As part of the initiative’s African American Holistic Wellness Program, 98% of wellness promotion group participants reported maintaining or increasing their social connections in the community as a result of participating in programming, and 82 unduplicated individuals were connected to the program via outreach and engagement work.

African American Healing Alliance – Bayview Hunter’s Point Foundation

- Published the African American Healing Alliance Website along with a coordinated health and human services provider list.
- Expanded membership to include six organizations in the Western Addition through the Western Addition Wellness Coalition.
- Facilitated and convened six Membership/Planning meetings throughout the year, and facilitated and co-sponsored three Community Summit meetings in the Western Addition.

Asian/Pacific Islander

FY16-17 Key Outcomes and Highlights

API Youth Family Community Support Services – Community Youth Center

- Provided screening and assessment services to 177 A&PI youth, leading to the possible identification of mental health illness. 90% of those screened were referred to mental health and other services.
- 169 A&PI youth and families enrolled in case management service have successfully attained at least one of their treatment goals, as reported in progress notes and treatment closing forms.

API Mental Health Collaborative – Richmond Area Multi Services (RAMS)

- Outreach and engagement activities reached 58,766 individuals in FY16-17, with total direct contact to 19,198 individuals, and a social media reach of 39,568.
- Screened and assessed 90 Asian American & Pacific Islander individuals for behavioral health needs and/or basic/holistic need using an AA&PI-specific assessment tool developed by RAMS and community partners.

- 100% of individuals screened and assessed were referred to services/resources, plus an additional 148 individual intakes and referrals were made.
- Served 2,632 individuals in wellness promotion activities, educating and raising awareness on mental health through workshops, youth leadership development, anti-stigma presentations with digital stories, cultural/topic specific groups, and community gardening.

Mayan/Indígena **FY16-17 Key Outcomes and Highlights**

Indígena Health and Wellness Collaborative – Instituto Familiar de la Raza

- Provided outreach and engagement to 1,113 community members in FY16-17.
- Screened and assessed 225 unduplicated individuals, which helped the program better understand what types of services the community was in most need of.
- 65 unduplicated consumers received short-term crisis intervention, counseling on risk reduction, and clinical case management.

Native American **FY16-17 Key Outcomes and Highlights**

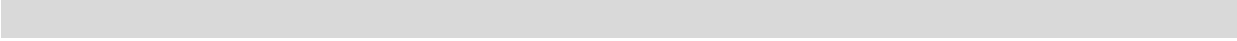
Living in Balance – Native American Health Center

- Outreached to 664 unduplicated individuals and served 236 unduplicated individuals crossing Native American, African American, Asian and White communities – with the Native American community representing the majority of participants.
- Screened 10 clients with NAHC’s customized NextGen Intake & Assessment Tool and made service linkages for all 10 clients to clinical services.
- Provided wellness promotion groups to 660 participants through Traditional Arts (e.g. Beading, Drumming, Water Hike, and Talking Circles).
- Supported 13 unduplicated consumers through crises with referrals to clinical and case management services.

Adults who are Homeless or At-Risk for Homelessness **FY16-17 Key Outcomes and Highlights**

South of Market Self-Help Center – Central City Hospitality House

- Conducted outreach and engagement activities, reaching 4,873 individuals.
- 57 participants were assessed for case management services, 53 of whom received referrals to behavioral health.
- The Harm Reduction Support Group served 200 individuals.



Tenderloin Self-Help Center – Central City Hospitality House

- Conducted outreach and engagement activities, reaching 9,365 individuals.
- 106 participants were assessed for case management services, all of whom received referrals to behavioral health.
- The Harm Reduction Support Group served 304 people, 223 of whom demonstrated reduced risk behavior.



Community Building Program – Central City Hospitality House

- Conducted outreach and engagement activities, reaching 459 individuals.
- 85 participants were assessed for case management services, 84 of whom received referrals to behavioral health.

Homeless or System Involved TAY **FY16-17 Key Outcomes and Highlights**

Transitional Age Youth Multi-Service Center – Huckleberry Youth Programs

- Outreached to and engaged with 1,875 duplicated TAY through drop-in sites (Huckleberry Youth Health Center/Cole Street Youth Clinic, 3rd Street Youth Center & Clinic and Larkin Haight Street Referral Center), tabling at 22 separate events and continuation high schools.
- 359 TAY were screened in-person for behavioral/mental health concerns and assessed for needs (e.g. housing instability, suicidal ideation, exploitation, depression, substance use), of which 355 were referred or received on-site behavioral health services.

- 139 TAY and/or their families had a written plan of care, and 87 TAY and/or their families achieved at least one care plan goal.

**ROUTZ
Transitional Age
Youth
Wellness –
Larkin Street
Youth
Services**

- Served 92 unduplicated individuals ages 16 to 24, comprised of 57 males, 23 females, one trans male, eight trans females and three who identified as other.
- Engaged youth in wellness promotion activities (e.g. Fruity Wednesdays, Routz Night Life).
- Empowered peer counselors provide individual and group counseling on issues of drug and alcohol use/abuse, provide information and make referrals, and coordinate wellness promotion activities.

FY16-17 Total Served	
Program	Clients Served
Population-Focused Mental Health Promotion	24,965 clients

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

grounded in the evidence-based work¹ 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.

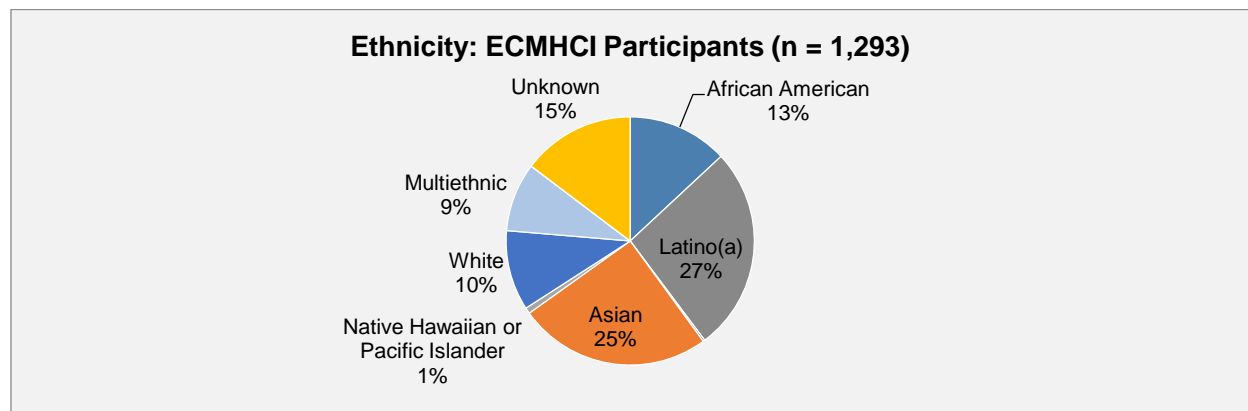
Services may include case consultation, program consultation, training and support for staff and parents, referrals for specialized services (e.g., developmental and learning assessments, occupational therapy, help with Individualized Education Plans, psychotherapy), therapeutic play groups, direct psychotherapeutic 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

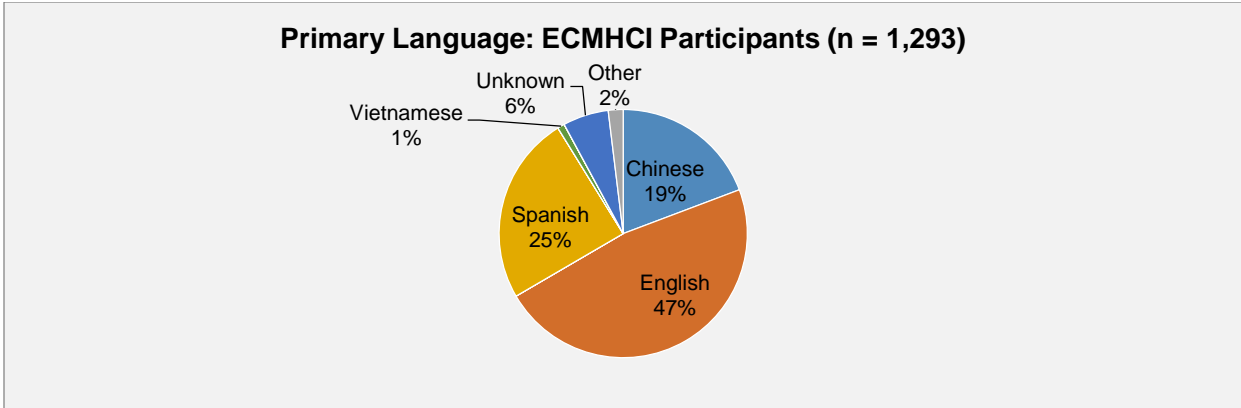
The San Francisco Early Childhood Mental Health Consultation Initiative (ECMHCI) provides support to children, parents and caregivers of San Francisco’s youngest residents (ages 0-5). This program works with clients who experienced trauma, substance abuse, homelessness, and other challenges. The program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

FY16-17 Participant Demographics, Outcomes, and Total Served

Demographics: Early Childhood Mental Health Consultation Initiative



¹ Alkon, A., Ramler, M. & MacLennan, K. Early Childhood Education Journal (2003) 31: 91



Program FY16-17 Key Outcomes and Highlights

**Early Childhood
Mental Health
Consultation
Initiative**

- 100% of care providers surveyed at MHSAs funded sites reported that the mental health consultation increased their understanding and response to children’s emotional and developmental needs.
- 100% of programs of MHSAs funded sites think that mental health consultation was helpful in retaining children in their program who are at risk of expulsion.
- 89% of parents surveyed at MHSAs funded sites reported that mental health consultation helped them as a parent.

FY16-17 Total Served	
Program	Clients Served
Mental Health Consultation and Capacity Building	1,293 clients

Comprehensive Crisis Services

Program Collection Overview

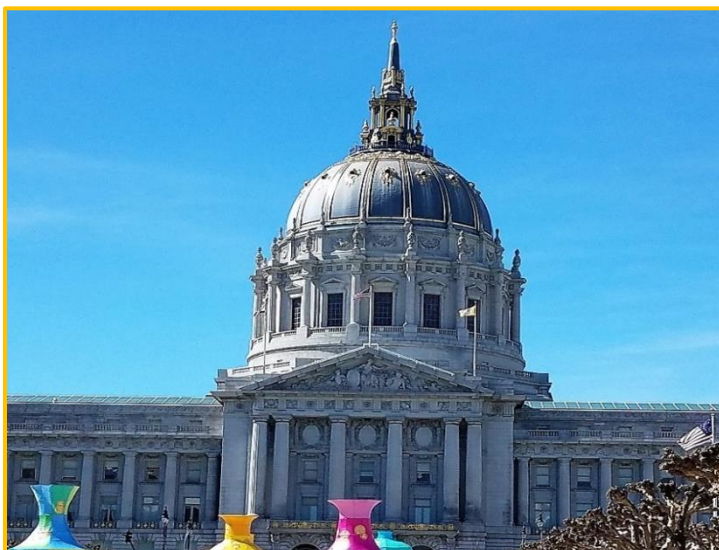
Comprehensive crisis response and stabilization services have long been considered a crucial element of public behavioral health systems. There is a considerable body of evidence suggesting that comprehensive crisis services can improve outcomes for consumers, reduce inpatient hospital stays and costs, 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 MHSAs Community Program Planning efforts—MHSAs PEI funding supported a significant expansion of crisis response services in 2009.

SF MHSF 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. MHSF 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.

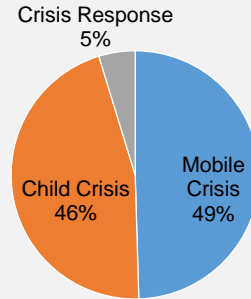
Comprehensive Crisis Services	
Program Name	Services Description
Mobile Crisis Services	Provides behavioral health crisis triage, in-the-field crisis assessments/interventions and short-term crisis case management for individuals age 18 years or older.
Child Crisis Services	Offers 5150 assessments & 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.



FY16-17 Program Outcomes, Highlights and Total Served

Demographics: Comprehensive Crisis Services

Total Participants: Comprehensive Crisis Services (n = 3,827)



Program

FY16-17 Key Outcomes and Highlights

Comprehensive Crisis Services

- Mobile Crisis Team served 1,896 individuals, providing behavioral health crisis triage, in-the-field crisis assessments/interventions, & short-term crisis case management
- Child Crisis Team served 1,750 individuals, offering 24/7 mobile 5150 assessments & crisis intervention for suicidal, homicidal, gravely disabled and out of control children and adolescents
- Crisis Response Team served 181 individuals, providing 24/7 mobile response to homicides, critical shootings, stabbings, suicides and pedestrian fatalities
- Crisis Intervention Specialist served 5 individuals, providing 24/7 mobile response to assist the police in the event of a crisis negotiation situation where there is a behavioral health component
- Comprehensive Crisis Services recently implemented a new pilot program initiated from the Mayors/SFPD Office's Crisis Intervention Specialist Team and the pedestrian fatalities which is a part of the Vision Zero initiative.

FY16-17 Total Served

Program	Clients Served
Comprehensive Crisis Services	3,827 clients

Appendix A: Year-End Data Program Report Template FY16/17

MHSA PEI INN FUNDED PROGRAMS
 YEAR END DATA PROGRAM REPORT - FY16/17
 July 1, 2016 through June 30, 2017

For PEI & INN Programs only

Instructions: This program report should include program participants served by MHSA-funded activities conducted between July 1, 2016 through June 30, 2017. A separate report must be submitted for each program. **School-based and Population-focused Mental Health Promotion & Early Intervention, and Innovations Programs** are required to complete this report. **Fill in each blue box with the appropriate information.** The new PEI & INN state regulations require additional data to be collected by PEI & INN programs. However, programs will be able to provide a brief explanation if your program is unable to collect data for any part of this report.

Please remember that this program report is separate from other fiscal, performance, and compliance monitoring conducted by San Francisco Department of Public Health, Behavioral Health Services.

Please note that this is PART 1 of the program report, which consists of two parts. PART 2 includes the Program Narrative Report.

This report needs to be completed and submitted via e-mail to Kathleen Minioza, kathleen.minioza@sfdph.org by **Friday, September 1, 2017.** Thank you for all your great work this year!

MHSA Program Name:	
Organization:	
Staff Preparing Report:	
Phone:	
Email:	

Box A: Please provide the total number of individuals served through MHSA funding in FY16/17. For any blue box left empty, please provide a brief reason explaining why the data was not collected.

Total number of individuals (including duplicates) served in FY16/17:	
Total number of unduplicated individuals served in FY16/17:	
Total number of unduplicated individuals at risk (see endnote #1) for mental illness served in FY16/17:	
Total number of unduplicated individuals with early onset of a mental illness served in FY16/17:	

Box B: Please provide the numbers in the blue boxes for the demographic data as listed below:

AGE CATEGORIES	
0-15 yrs	
16-25 yrs	
26-59 yrs	
60+	
Declined to answer	
TOTAL	

CURRENT GENDER IDENTITY	
Female	
Male	
Trans female*	
Trans male**	
Declined to answer	
Another identity not listed	
TOTAL	
If another identity is counted, please specify:	

SEXUAL ORIENTATION	
Gay/Lesbian	
Heterosexual/straight	
Bisexual	
Questioning/unsure	
Declined to answer	
Another group not listed	
TOTAL	
If another group is counted, please specify:	

VETERAN STATUS	
Yes	
No	
Declined to answer	
TOTAL	

DISABILITY STATUS	
Communication Domain	
Vision	
Hearing/Speech	
Another type not listed	
Communication Domain Subtotal	
Disability Domain	
Cognitive (exclude mental illness; include learning, developmental, dementia, etc.)	
Physical/mobility	
Chronic health condition	
Disability Subtotal	
None	
Declined to answer	
Another disability not listed	
TOTAL	
If another disability is counted, please specify:	

* Trans female – transgender women, transfeminine, or transwomen, sometimes referred to as male-to-female or MTFs

** Trans male - transgender men, transmasculine, or transmen, sometimes referred to as female-to-male or FTMs

Please report on the following major ethnic categories of participants (OK to choose more than one category). If appropriate to your program, please report on the respective ethnicity subcategories under each major category.

ETHNICITY	
African American	
Caribbean African	
African	
Another ethnicity not listed	
African American Subtotal	
Latino(a)	
Mexican	
Central American	
South American	
Chicano/Mexican American	
Puerto Rican	
Cuban	
Another ethnicity not listed	
Latino(a) Subtotal	
Native American	
American Indian (United States)	
Alaska Native	
First Nation (Canada)	
Indigena (Mexico, Central, & South)	
Another ethnicity not listed	
Native American Subtotal	
Asian	
Asian Indian	
Chinese	
Japanese	
Korean	
Filipino	
Cambodian	
Hmong	
Laotian	
Thai	
Vietnamese	
Another ethnicity not listed	
Asian Subtotal	
Native Hawaiian or Pacific Islander	
Native Hawaiian	
Pacific Islander	
Guamanian	
Samoan	
Tongan	
Another ethnicity not listed	
Native Hawaiian or Pacific Islander Subtotal	

ETHNICITY (CONTINUED)	
White	
Russian	
Other European	
Middle Eastern	
Arab/North African	
Another ethnicity not listed	
White Subtotal	
Multi-Ethnic	
Declined to answer	
ETHNICITY TOTAL	
If another ethnicity is counted, please specify:	

PRIMARY LANGUAGE	
Chinese	
English	
Russian	
Spanish	
Tagalog	
Vietnamese	
Declined to answer	
Another language not listed	
TOTAL	
If any other languages, please specify:	

For any demographic data not collected in Box B, please provide a brief reason why in the blue boxes below:

Type of demographic data not collected	Reason not collected

Box C: If your program serves families, please provide the total number of family members served through MHSA funding in FY16/17. For any blue box left empty, please provide a brief reason explaining why the data was not collected.

Total number of unduplicated family members served in FY16/17:	
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Box D: For programs that perform outreach activities, please provide information for unduplicated potential responders (i.e., those who are in a position to identify early signs of potentially severe mental illness (see endnote #2), provide support, and or refer individuals who need treatment) reached in FY16/17. For any blue box left empty, please provide a brief reason explaining why the data was not collected.

Types of responders (i.e., employers, nurses, school personnel, promotores, etc.) reached & types of settings (i.e., schools, senior centers, churches, etc.) where potential responders were engaged in FY16/17:	<i>Example: 2 nurses at schools, 15 parents at schools, 15 parents at community centers, 15 teachers at schools, 5 police officers at community centers, & 1 police officer at a school.</i>
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THANK YOU FOR COMPLETING THIS REPORT

Endnotes - Definitions as provided by the PEI & INN Regulations

(1) Examples of risk factors include, but are not limited to, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

(2) Severe mental illness: a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.



Appendix B: Year End Data Program Report Template FY17/18

Mental Health Service Act (MHSA)

YEAR END DEMOGRAPHIC PROGRAM REPORT - FY17/18

July 1, 2017 through June 30, 2018

Instructions: This program report should include program participants served by MHSA-funded activities conducted between July 1, 2017 through June 30, 2018. A separate report must be submitted for each program. **All MHSA-funded programs, except Full Service Partnership Programs,** are required to complete this report. Fill in each blue box with the appropriate information. However, programs will be able to provide a brief explanation if your program is unable to collect data for any part of this report.

Please remember that this program report is separate from other fiscal, performance, and compliance monitoring conducted by San Francisco Department of Public Health, Behavioral Health Services.

Please note that this is PART 1 of the program report, which consists of two parts. PART 2 includes the Program Narrative Report.

This report needs to be completed and submitted via e-mail to Kathleen Minioza, kathleen.minioza@sfdph.org by **Friday, September 3, 2018.** Thank you for all your great work this year!

MHSA Program Name:	
Organization:	
Staff Preparing Report:	
Phone:	
Email:	

Box A: Please provide the total number of individuals served through MHSA funding in FY17/18. For any blue box left empty, please provide a brief reason explaining why the data was not collected.

Total number of individuals (including duplicates) served:	
Total number of unduplicated individuals served:	
Total number of unduplicated individuals at risk (see endnote #1) for mental illness (prevention) served:	
Total number of unduplicated individuals with early onset of a mental illness (early intervention) served:	

Box B: Please provide the numbers in the blue boxes for the demographic data as listed below:

AGE CATEGORIES	
0-15 yrs	
16-25 yrs	
26-59 yrs	
60+	
Declined to answer	
Unknown	
TOTAL	

CURRENT GENDER IDENTITY	
Female	
Male	
Trans female*	
Trans male**	
Declined to answer	
Unknown	
Another identity not listed	
TOTAL	
If another identity is counted, please	

SEX AT BIRTH	
Male	
Female	
Declined to answer	
Unkown	
TOTAL	

SEXUAL ORIENTATION	
Gay/Lesbian	
Heterosexual/straight	
Bisexual	
Questioning/unsure	
Declined to answer	
Unknown	
Another group not listed	
TOTAL	
If another group is counted, please specify:	

DISABILITY*** STATUS	
Communication Domain	
Vision	
Hearing/Speech	
Another type not listed	
Communication Domain Subtotal	
Disability Domain	
Cognitive (exclude mental illness; include learning, developmental, dementia, etc.)	
Physical/mobility	
Chronic health condition	
Disability Subtotal	
None	
Declined to answer	
Unknown	
Another disability not listed	
TOTAL	
If another disability is counted, please specify:	

* Trans female – transgender women, transfeminine, or transwomen, sometimes referred to as male-to-female or MTFs

** Trans male - transgender men, transmasculine, or transmen, sometimes referred to as female-to-male or FTMs

*** See endnote #2 for definition of disability

Please report on the following major ethnic categories of participants (OK to choose more than one category). If appropriate to your program, please report on the respective ethnicity subcategories under each major category.

ETHNICITY	
African American	
Caribbean African	
African	
Another ethnicity not listed	
African American Subtotal	
Latino(a)	
Mexican	
Central American	
South American	
Chicano/Mexican American	
Puerto Rican	
Cuban	
Another ethnicity not listed	
Latino(a) Subtotal	
Native American	
American Indian (United States)	
Alaska Native	
First Nation (Canada)	
Indigena (Mexico, Central, & South	
Another ethnicity not listed	
Native American Subtotal	
Asian	
Asian Indian	
Chinese	
Japanese	
Korean	
Filipino	
Cambodian	
Hmong	
Laotian	
Thai	
Vietnamese	
Another ethnicity not listed	
Asian Subtotal	
Native Hawaiian or Pacific Islander	
Native Hawaiian	
Pacific Islander	
Guamanian	
Samoan	
Tongan	
Another ethnicity not listed	
Native Hawaiian or Pacific Islander Subtotal	

ETHNICITY (CONTINUED)	
White	
Russian	
Other European	
Middle Eastern	
Arab/North African	
Another ethnicity not listed	
White Subtotal	
Multi-Ethnic	
Declined to answer	
Unknown	
ETHNICITY TOTAL	
If another ethnicity is counted, please specify:	

PRIMARY LANGUAGE	
Chinese	
English	
Russian	
Spanish	
Tagalog	
Vietnamese	
Declined to answer	
Unknown	
Another language not listed	
TOTAL	
If any other languages, please specify:	

VETERAN STATUS	
Yes	
No	
Declined to answer	
Unknown	
TOTAL	

For any demographic data marked as unknown or not collected in Box B, please provide a brief reason why in the blue boxes below:

Type of demographic data unknown or not collected	Reason not collected

Box C: If your program serves families, please provide the total number of family members served through MHSA funding in FY17/18. For any blue box left empty, please provide a brief reason explaining why the data was not collected.

Total number of unduplicated family members served:	
---	--

Box D: For programs that perform outreach activities, please provide information for unduplicated potential responders (i.e., those who are in a position to identify early signs of potentially severe mental illness [see endnote #3], provide support, and or refer individuals who need treatment) reached in FY17/18. For any blue box left empty, please provide a brief reason explaining why the data was not collected.

Types of responders (i.e., employers, nurses, school personnel, promotores, etc.) reached & types of settings (i.e., schools, senior centers, churches, etc.) where potential responders were engaged:	<i>Example: 2 nurses at schools, 15 parents at schools, 15 parents at community centers, 15 teachers at schools, 5 police officers at community centers, & 1 police officer at a school.</i>
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Box E: For programs that refer (see endnote #4) individuals with severe mental illness in FY17/18, please provide information for the categories below (for any blue box left empty, please provide a brief reason explaining why the data was not collected):

Unduplicated number of individuals with severe mental illness referred to treatment:	
Types of treatment individuals were referred to:	
For internal referrals only. Unduplicated number of individuals who followed through on referral and participated at least one time in referred program:	

<p>For internal referrals only. Average duration of untreated mental illness for persons who are referred to treatment and who have not previously received treatment:</p>	
<p>For internal referrals only. Average interval between referral and participation in at least one time in referred treatment program:</p>	

<p>Box F: For programs that <u>refer underserved populations to services in FY17/18</u>, please provide information for the categories below (for any blue box left empty, please provide a brief reason explaining why the data was not collected):</p>	
<p>Please specify the types of underserved populations (i.e., homeless, immigrant, communities of color, isolated older adults, etc.) that were referred to prevention program services:</p>	
<p>Total number of referrals of underserved populations to prevention services (see endnote #5), early intervention services (see endnote #6), or to treatment beyond early onset:</p>	
<p>For internal referrals only. Number of unduplicated individuals who followed through on referral and participated at least one time in referred program:</p>	
<p>For internal referrals only. Average interval between referral and participation in at least one time in referred treatment program:</p>	
<p>Please describe ways your program encourages access to services and follow-through on referrals:</p>	

THANK YOU FOR COMPLETING THIS REPORT

Endnotes - Definitions as provided by the PEI Regulations

(1) Risk factors for mental illness: include, but are not limited to, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

(2) Disability: physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.

(3) Severe mental illness: a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.

(4) Referral: Process by which an individual is given a recommendation in writing to one or more specific service providers for a higher level of care and treatment. Distributing a list of community resources to an individual does not constitute a referral.

(5) Prevention services: a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

(6) Early intervention services: treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.

Appendix C: Complete PEI Demographics Data

Stigma Reduction Programs			Age					Language						
Organization	Program	Total Served	CYF (0-15)	TAY (16-25)	Adult (26-59)	Older Adult (60+)	Total Age	Chinese	English	Russian	Spanish	Tagalog	Other	Total Language
Mental Health Association of SF	Sharing Our Lives, Voices and Experience (SOLVE) - Mental Health Association of San Francisco	36	0	3	28	5	36	0	30	1	3	2	0	36

Stigma Reduction Programs			Current Gender Identity					Sexual Orientation								
Organization	Program	Total Served	Female	Male	Trans Male	Trans Female	Other	Another Identity Not Listed	Total Gender	Gay / Lesbian	Heterosexual / Straight	Bisexual	Questioning / Unsure	Declined to Answer	Another group not listed	Total Sexual Orientation
Mental Health Association of SF	Sharing Our Lives, Voices and Experience (SOLVE) - Mental Health Association of San Francisco	36	22	12	0	0	0	2	36	5	18	2	1	10	6	36

Stigma Reduction Programs			Veteran Status				Disability Status							
Organization	Program	Total Served	Yes	No	Declined to Answer	Total	Communication Domain		Disability Domain		None	Declined to Answer	Another disability not listed	Total
Mental Health Association of SF	Sharing Our Lives, Voices and Experience (SOLVE) - Mental Health Association of San Francisco	36	1	35	0	36	3		8		6	18	1	36
							Vision	1	Cognitive	4				
							Hearing / Speech	1	Physical / Mobility	0				
							Other	1	Chronic health condition	4				

Stigma Reduction Programs			Ethnicity									
Organization	Program	Total Served	African American	Latino(a)	Native American	Asian	Native Hawaiian or Pacific Islander	White	Multicultural	Declined to Answer	Ethnicity Total	
Mental Health Association of SF	Sharing Our Lives, Voices and Experience (SOLVE) - Mental Health Association of San Francisco	36		8	5	1	6	1	16	3	0	40

School-Based Mental Health Services and Wellness Centers

			Age							Language							
Organization	Program	Total Served	CYF (0-15)	TAY (16-25)	Adult (26-59)	Older Adult (60+)	Declined to Answer	Total Age	Chinese	English	Russian	Spanish	Tagalog	Vietnamese	Declined to Answer	Other	Total Language
	SUMS	3181	622	642	70	5	0	1349	96	842	0	186	22	6	3	10	1165
YMCA Bayview	Early Intervention at Burton High School	289	25	182				211		88	0	28	10	2		4	132
Bayview Hunter's Point Foundation	Behavioral Health Services at Balboa Teen Health Center	1830	365	275	7	1		648	91	392		142	10	4	3	6	648
Edgewood Center for Children and Families	Mental Health Services	690	49	2	63	4		118	4	109		3	2				118
Instituto Familiar de la Raza	Youth Early Intervention	105	105					105									0
Richmond Area Multi-Services (RAMS)	Wellness Centers	246	66	180				246		235		11					246
YMCA Urban Services	Trauma and Recovery Services	21	18	3	0	0		21	1	18	0	2	0	0	0	0	21

School-Based Mental Health Services and Wellness Centers

			Current Gender Identity						Sexual Orientation							
Organization	Program	Total Served	Female	Male	Trans Female	Trans Male	Declined to Answer	Another Identity Not Listed	Total Gender	Gay / Lesbian	Heterosexual / Straight	Bisexual	Questioning / Unsure	Declined to Answer	Another group not listed	Total Sexual Orientation
	SUMS	3181	703	645	0	1	0	0	1349	3	178	14	25	7	0	314
YMCA Bayview	Early Intervention at Burton High School	289	89	122	0	0			211	1	9	0	1	1	0	12
Bayview Hunter's Point Foundation	Behavioral Health Services at Balboa Teen Health Center	1830	346	302					648	2	85	14	3	6		197
Edgewood Center for Children and Families	Mental Health Services	690	70	48					118							0
Instituto Familiar de la Raza	Youth Early Intervention	105	36	69					105		84		21			105
Richmond Area Multi-Services (RAMS)	Wellness Centers	246	154	92					246							0
YMCA Urban Services	Trauma and Recovery Services	21	8	12	0	1	0		21							0

School-Based Mental Health Services and Wellness Centers

			Veteran Status				Disability Status						
Organization	Program	Total Served	Yes	No	Declined to Answer	Total	Communication Domain	Disability Domain	None	Declined to Answer	Another disability not listed	Total	
	SUMS	3181	0	457	0	457	4	13	73	0	15	105	
YMCA Bayview	Early Intervention at Burton High School	289	0	211	0	211	0	0	0	0	0	0	
Bayview Hunter's Point Foundation	Behavioral Health Services at Balboa Teen Health Center	1830	0	0	0	0	0	0	0	0	0	0	
Edgewood Center for Children and Families	Mental Health Services	690				0						0	
Instituto Familiar de la Raza	Youth Early Intervention	105		0		0	4	13	73		15	105	
							Vision Hearing / Speech Other						
								Cognitive Physical / Mobility Chronic health condition					
Richmond Area Multi-Services (RAMS)	Wellness Centers	246		246		246						0	
YMCA Urban Services	Trauma and Recovery Services	21				0						0	

School-Based Mental Health Services and Wellness Centers			Ethnicity										
Organization	Program	Total Served	African American	Latino(a)	Native American	Asian	Native Hawaiian or Pacific Islander	White	Multiethnic	Declined to Answer	Ethnicity Total		
	SUMS	3181	206	473	3	387	47	118	91	20	1345		
YMCA Bayview	Early Intervention at Burton High School	289	37	85	3	56	13	4	9	20	207		
			Caribbean African African Other	Mexican Central American South American Chicano/Mexican American Puerto Rican Cuban Another ethnicity not listed	American Indian Alaska Native First Nation (Canada) Indigena Other	3 3 18 Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	Russian Other European Middle Eastern Arab/North African Other					
Bayview Hunter's Point Foundation	Behavioral Health Services at Balboa Teen Health Center	1830	40	201	0	277	26	36	60	8	648		
			Caribbean African African Other	Mexican Central American South American Chicano/Mexican American Puerto Rican Cuban Another ethnicity not listed	American Indian Alaska Native First Nation (Canada) Indigena Other	0 1 214 Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	Russian Other European Middle Eastern Arab/North African Other					
Edgewood Center for Children and Families	Mental Health Services	690	71	7	0	15	2	21	2	118			
			Caribbean African African Other	Mexican Central American South American Chicano/Mexican American Puerto Rican Cuban Another ethnicity not listed	American Indian Alaska Native First Nation (Canada) Indigena Other	Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	Russian Other European Middle Eastern Arab/North African Other					
Instituto Familiar de la Raza	Youth Early Intervention	105	20	67	0	6	2	4	6	105			
			Caribbean African African Other	Mexican Central American South American Chicano/Mexican American Puerto Rican Cuban Another ethnicity not listed	American Indian Alaska Native First Nation (Canada) Indigena Other	Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	Russian Other European Middle Eastern Arab/North African Other					
Richmond Area Multi-Services (RAMS)	Wellness Centers	246	36	104	0	30	2	48	14	12	246		
			Caribbean African African Other	Mexican Central American South American Chicano/Mexican American Puerto Rican Cuban Another ethnicity not listed	American Indian Alaska Native First Nation (Canada) Indigena Other	Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	Russian Other European Middle Eastern Arab/North African Other					
YMCA Urban Services	Trauma and Recovery Services	21	2	9	0	3	2	5	0	0	21		

School-Based Mental Health Promotion - Higher Education

School-Based Mental Health Promotion - Higher Education			Age					Language						
			CYF (0-18)	TAY (16-24)	Adult (25-59)	Older Adult (60+)	Total Age	Chinese	English	Russian	Spanish	Tagalog	Other	Total Language
Organization	Program	Total Served												
California Institute of Integral Studies (CIIS)	Masters in Counseling Psychology Project	1503	0	28	482	4	514							0

School-Based Mental Health Promotion - Higher Education

School-Based Mental Health Promotion - Higher Education			Current Gender Identity						Ethnicity							
			Female	Male	Trans Female	Trans Male	Other	Total Gender	African American	Latino(a)	Native American	Asian	Native Hawaiian or Pacific Islander	White	Multiethnic	Other
Organization	Program	Total Served														
California Institute of Integral Studies (CIIS)	Masters in Counseling Psychology Project	1503	391	87	0	2	11	491	25	56	3	44	1	324	35	488

Population-Focused Mental Health Promotion Programs			Age							Language									
Organization	Program	Total Served	CYF (0-15)	TAY (16-25)	Adult (26-59)	Older Adult (60+)	Declined to Answer	Total Age	Chinese	English	Russian	Spanish	Tagalog	Vietnamese	Declined to Answer	Other	Total Language		
SUMS		24965	1589	2591	26971	14792	696	45668	417	2229	7	398	244	1636	157	30	5125		
Curry Senior Center	Senior Peer Recovery Center Program	61	0	0	1	50	10	61	0	41	0	2	2	0	8	1	61		
Institute on Aging	Older Adult Behavioral Health Screening Program	450	0	0	61	389	0	450	101	245	7	67	7	4	19	450			
Westside Community Services	Ajani Program	400	84	15	70	19	24	212	14	144	0	3	0	2	31	4	198		
DPH Interdivisional Initiative (collaborative between African American Holistic Wellness and SF Live D10 Wellness)	Black/African American Wellness and Peer Leadership Program	1086	198	144	590	451		1383		83		5				1	89		
Bayview Hunter's Point Foundation	African American Healing Alliance	N/A						0									0		
Community Youth Center	Asian/Pacific Islander Youth Family Community Support Services	806	435	371				806	293	505	0	3	3	0	0	2	806		
Richmond Area Multi-Services	Asian/Pacific Islander Mental Health Collaborative	90	729	441	1564	1270		4004	5	384	0	2	232	1630			2253		
Instituto Familiar de la Raza	Indigena Health and Wellness Collaborative	3197	52	51	132	35		270				270					270		
Native American Health Center	Living in Balance	236	8	22	81	24		135		130		5					135		
Central City Hospitality House	South of Market Self-Help Center	3714	13	140	6904	1556	101	8714									0		
Central City Hospitality House	Tenderloin Self-Help Center	13661	63	498	17281	10859	555	29256									0		
Central City Hospitality House	Community Building Program	401	7	48	285	139	6	485									0		
Huckleberry Youth Programs	Transitional Age Youth Multi-Service Center	771	771					771	4	606		40			118	3	771		
Larkin Street Youth Services	ROUTZ Transitional Age Youth Wellness	92	92		2			92		91		1					92		

Population-Focused Mental Health Promotion Programs			Current Gender Identity							Sexual Orientation						
Organization	Program	Total Served	Female	Male	Trans Female	Trans Male	Declined to Answer	Another Identity Not Listed	Total Gender	Gay / Lesbian	Heterosexual / Straight	Bisexual	Questioning / Unsure	Declined to Answer	Another group not listed	Total Sexual Orientation
SUMS		24965	9912	14075	128	6	647	279	25047	40	438	82	13	494	46	1113
Curry Senior Center	Senior Peer Recovery Center Program	61	16	38	1	0	6	0	61	8	41	2	1	9	0	61
Institute on Aging	Older Adult Behavioral Health Screening Program	450	255	192	2	0	1	0	450	11	51	1	0	5	0	68
Westside Community Services	Ajani Program	400	128	62	0	0	22	0	212	0	12	0	0	14	0	26
DPH Interdivisional Initiative (collaborative between African American Holistic Wellness and SF Live D10 Wellness)	Black/African American Wellness and Peer Leadership Program	1086	1010	232	4			1246	1	46	2		3		52	
Bayview Hunter's Point Foundation	African American Healing Alliance	N/A						0							0	
Community Youth Center	Asian/Pacific Islander Youth Family Community Support Services	806	427	379				806							0	
Richmond Area Multi-Services	Asian/Pacific Islander Mental Health Collaborative	90	2214	1225	0	4		3447							0	
Instituto Familiar de la Raza	Indigena Health and Wellness Collaborative	3197	165	105				270							0	
Native American Health Center	Living in Balance	236	52	83	0	0		135					135		135	
Central City Hospitality House	South of Market Self-Help Center	3714	751	2692	10		31	3495							0	
Central City Hospitality House	Tenderloin Self-Help Center	13661	4143	8618	91		567	13661							0	
Central City Hospitality House	Community Building Program	401	175	212	7		5	401							0	
Huckleberry Youth Programs	Transitional Age Youth Multi-Service Center	771	553	180	5	1	15	771	20	288	77	12	328	46	771	
Larkin Street Youth Services	ROUTZ Transitional Age Youth Wellness	92	23	57	8	1		92							0	

Population-Focused Mental Health Promotion Programs			Veteran Status				Disability Status								
Organization	Program	Total Served	Yes	No	Declined to Answer	Total	Communication Domain		Disability Domain		None	Declined to Answer	Another disability not listed	Total	
SUMS		24965	1818	15856	1025	18699	21		162		43	159	11	419	
Curry Senior Center	Senior Peer Recovery Center Program	61	4	45	12	61	6		24		9	16	6	61	
Institute on Aging	Older Adult Behavioral Health Screening Program	450		70	70		Vision		Cognitive		15	130		145	
							Hearing / Speech		Physical / Mobility						
							Other		Other health condition						
Westside Community Services	Ajani Program	400	0	11	6	17	Vision		Cognitive		10	7	0	17	
							Hearing / Speech		Physical / Mobility						
							Other		Chronic health condition						
DPH Interdivisional Initiative (collaborative between African American Holistic Wellness and SF Live D10 Wellness)	Black/African American Wellness and Peer Leadership Program	1086	1	52	53		Vision		Cognitive		23	8	24	1	61
							Hearing / Speech		Physical / mobility						
							Other		Chronic health						
Bayview Hunter's Point Foundation	African American Healing Alliance	N/A				0								0	
Community Youth Center	Asian/Pacific Islander Youth Family Community Support Services	806		806		806	0		0					0	
Richmond Area Multi-Services	Asian/Pacific Islander Mental Health Collaborative	90				0	0		0					0	
Instituto Familiar de la Raza	Indigena Health and Wellness Collaborative	3197				0	0		0					0	
Native American Health Center	Living in Balance	236			135	135	0		0		135			135	
Central City Hospitality House	South of Market Self-Help Center	3714	476	2987	32	3495	0		0					0	
Central City Hospitality House	Tenderloin Self-Help Center	13661	1317	11507	837	13661	0		0					0	
Central City Hospitality House	Community Building Program	401	20	378	3	401	0		0					0	
Huckleberry Youth Programs	Transitional Age Youth Multi-Service Center	771				0	0		0					0	
Larkin Street Youth Services	ROUTZ Transitional Age Youth Wellness	92				0	0		0					0	

Population-Focused Mental Health Promotion Programs

Population-Focused Mental Health Promotion Programs			Ethnicity															
Organization	Program	Total Served	Ethnicity															
			African American	Latino(a)		Native American	Asian		Native Hawaiian or Pacific Islander		White	Multiethnic	Declined to Answer	Ethnicity Total				
			#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!		
Curry Senior Center	Senior Peer Recovery Center Program	2893	61	13 0	Mexican Central American	11 4	American Indian Alaska Native	1 1	Asian Indian Chinese	5 3	Native Hawaiian Pacific Islander	1 1	Russian Other European	21	33	0	62	5598
				0	South American	4	First Nation (Canada)	1	Japanese	1	Guamanian		Middle Eastern					
				0	Chicano	6	Indigena		Korean		Samoan		Arab/North African					
				0	Puerto Rican	1	Other		Filipino	1	Tongan		Other					
				0	Cuban				Cambodian		Other							
				0	Other				Hmong									
				0					Laotian									
				0					Thai									
				0					Vietnamese									
				0					Other									
Institute on Aging	Older Adult Behavioral Health Screening Program	450	450	82 1	Mexican Central American	117 10	American Indian Alaska Native	1 1	Asian Indian Chinese	194 150	Native Hawaiian Pacific Islander	7 5	Russian Other European	141 8	6	15	542	
				0	South American	4	First Nation (Canada)		Japanese	4	Guamanian		Middle Eastern	4				
				81	Chicano	6	Indigena		Korean	3	Samoan	1	Arab/North African					
				0	Puerto Rican	1	Other		Filipino	15	Tongan	1	Other	124				
				0	Cuban	1			Cambodian	1	Other							
				0	Other	101			Hmong									
				0					Laotian									
				0					Thai									
				0					Vietnamese	8								
				0					Other	7								
Westside Community Services	Ajani Program	400	400	273 1	Mexican Central American	31 2	American Indian Alaska Native	2 1	Asian Indian Chinese	20 14	Native Hawaiian Pacific Islander	2	Russian Other European	12 1	6	30	376	
				0	South American	4	First Nation (Canada)		Japanese	1	Guamanian		Middle Eastern					
				272	Chicano	1	Indigena		Korean	2	Samoan	2	Arab/North African					
				0	Puerto Rican	1	Other	3	Filipino		Tongan		Other	11				
				0	Cuban				Cambodian		Other							
				0	Other	28			Hmong									
				0					Laotian									
				0					Thai									
				0					Vietnamese	3								
				0					Other									
DPH Interdivisional Initiative (collaborative between African American Holistic Wellness and SF Live D10 Wellness)	Black/African American Wellness and Peer Leadership Program	1086	1086	541 538	Mexican Central American	49 4	American Indian Alaska Native	6 5	Asian Indian Chinese	100 5	Native Hawaiian Pacific Islander	6	Russian Other European	45 44			747	
				3	South American	1	First Nation (Canada)		Japanese	4	Guamanian		Middle Eastern					
				0	Chicano	1	Indigena		Korean		Samoan	5	Arab/North African					
				0	Puerto Rican		Other	1	Filipino		Tongan		Other	2				
				0	Cuban				Cambodian		Other	1						
				0	Other	3			Hmong									
				0					Laotian									
				0					Thai									
				0					Vietnamese									
				0					Other	100								
Bayview Hunter's Point Foundation	African American Healing Alliance	N/A	N/A		Mexican Central American		American Indian Alaska Native		Asian Indian Chinese		Native Hawaiian Pacific Islander		Russian Other European				0	
					South American		First Nation (Canada)		Japanese		Guamanian		Middle Eastern					
					Chicano		Indigena		Korean		Samoan		Arab/North African					
					Puerto Rican		Other		Filipino		Tongan		Other					
					Cuban				Cambodian		Other							
					Other				Hmong									
									Laotian									
									Thai									
									Vietnamese									
									Other	100								
Community Youth Center	Asian/Pacific Islander Youth Family Community Support Services	806	806	12 0	Mexican Central American	39 4	American Indian Alaska Native	1 1	Asian Indian Chinese	541 5	Native Hawaiian Pacific Islander	170	Russian Other European	14 44	21	8	806	
				0	South American	1	First Nation (Canada)		Japanese	4	Guamanian		Middle Eastern					
				0	Chicano	1	Indigena		Korean		Samoan		Arab/North African					
				0	Puerto Rican		Other	1	Filipino		Tongan		Other					
				0	Cuban				Cambodian		Other							
				0	Other				Hmong									
				0					Laotian									
				0					Thai									
				0					Vietnamese									
				0					Other									
Richmond Area Multi-Services	Asian/Pacific Islander Mental Health Collaborative	90	90	6 0	Mexican Central American	16 4	American Indian Alaska Native	0 1	Asian Indian Chinese	2291 5	Native Hawaiian Pacific Islander	723	Russian Other European	30 44			3066	
				0	South American	1	First Nation (Canada)		Japanese	4	Guamanian		Middle Eastern					
				0	Chicano	1	Indigena		Korean		Samoan		Arab/North African					
				0	Puerto Rican		Other		Filipino		Tongan		Other					
				0	Cuban				Cambodian		Other							
				0	Other				Hmong									
				0					Laotian									
				0					Thai									
				0					Vietnamese									
				0					Other									

Population-Focused Mental Health Promotion Programs

Population-Focused Mental Health Promotion Programs			Ethnicity										
Organization	Program	Total Served	African American	Latino(a)	Native American	Asian	Native Hawaiian or Pacific Islander	White	Multiethnic	Declined to Answer	Ethnicity Total		
Instituto Familiar de la Raza	Indigena Health and Wellness Collaborative	3197	Caribbean African African Other	Mexican Central American South American Chicano Puerto Rican Cuban Other	270 American Indian Alaska Native First Nation (Canada) Indigena Other	Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	Russian Other European Middle Eastern Arab/North African Other			270		
Native American Health Center	Living in Balance	236	Caribbean African African Other	6 Mexican Central American South American Chicano Puerto Rican Cuban Other	19 American Indian Alaska Native First Nation (Canada) Indigena Other	96 Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	1 Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	0 Russian Other European Middle Eastern Arab/North African Other	8	5	135		
Central City Hospitality House	South of Market Self-Help Center	3714	Caribbean African African Other	1565 Mexican Central American South American Chicano Puerto Rican Cuban Other	375 American Indian Alaska Native First Nation (Canada) Indigena Other	14 Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	169 Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	3 Russian Other European Middle Eastern Arab/North African Other	1067	18	91	3495	
Central City Hospitality House	Tenderloin Self-Help Center	13661	Caribbean African African Other	4154 Mexican Central American South American Chicano Puerto Rican Cuban Other	1098 American Indian Alaska Native First Nation (Canada) Indigena Other	216 Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	3051 Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	21 Russian Other European Middle Eastern Arab/North African Other	2576	38	557	13661	
Central City Hospitality House	Community Building Program	401	Caribbean African African Other	125 Mexican Central American South American Chicano Puerto Rican Cuban Other	59 American Indian Alaska Native First Nation (Canada) Indigena Other	2 Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	58 Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	0 Russian Other European Middle Eastern Arab/North African Other	116	3	3	401	
Huckleberry Youth Programs	Transitional Age Youth Multi-Service Center	771	Caribbean African African Other	105 Mexican Central American South American Chicano Puerto Rican Cuban Other	168 American Indian Alaska Native First Nation (Canada) Indigena Other	4 Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	189 Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	15 Russian Other European Middle Eastern Arab/North African Other	117	75	76	770	
Larkin Street Youth Services	ROUTZ Transitional Age Youth Wellness	92	Caribbean African African Other	28 Mexican Central American South American Chicano Puerto Rican Cuban Other	14 American Indian Alaska Native First Nation (Canada) Indigena Other	2 Asian Indian Chinese Japanese Korean Filipino Cambodian Hmong Laotian Thai Vietnamese Other	3 Native Hawaiian Pacific Islander Guamanian Samoan Tongan Other	1 Russian Other European Middle Eastern Arab/North African Other	28	9	92		

Early Childhood Mental Health Consultation Initiative			Ethnicity										
Organization	Program	Total Served	African American	Latino(a)	Native American	Asian	Native Hawaiian or Pacific Islander	White	Multiethnic	Declined to Answer	Unknown	Ethnicity Total	
Various Agencies Infant Parent Program/Day Care Consultants Edgewood RAMS/Fu You Project Homeless Children's Network Instituto Familiar de la Raza	Early Childhood Mental Health Consultation Initiative	1293	169	345	3	325	10	135	116		190	1293	

Early Childhood Mental Health Consultation Initiative			Language									
Organization	Program	Total Served	Chinese	English	Russian	Spanish	Tagalog	Vietnamese	Declined to Answer	Unknown	Other	Total Language
Various Agencies Infant Parent Program/Day Care Consultants Edgewood RAMS/Fu You Project Homeless Children's Network Instituto Familiar de la Raza	Early Childhood Mental Health Consultation Initiative	1293	249	612		318		12		77	25	1293

Comprehensive Crisis Services

Organization	Program	Total Served
Comprehensive Crisis Services	Mobile Crisis	1896
	Child Crisis	1750
	Crisis Response	181

Appendix D: FY 16/17 Prevention and Early Intervention Estimated Budget

					Prevention							
Component	Program	IP ID	Program Name	Provider	Sum of MHA Portion Medi-Cal FFP	Sum of 1991 Realignment	Sum of 2011 Realignment	Sum of Other Funds	Estimated MHA FY 16/17 Expenditures	Total Prevention	Total Estimated MHA FY 16/17 Expenditures	Grand Total
PEI	PEI 1. Stigma Reduction	218	SOLVE (Sharing Our Lives: Voices and Experiences)	Mental Health Association-SOLVE (B-1)	-	-	-	-	-	-	211,706	211,706
	PEI 1. Stigma Reduction Total				-	-	-	-	-	-	211,706	211,706
	PEI 2. School-Based Mental Health Pomc	152	Balboa (School-Based Centers)	BVHP - Balboa Teen (B-9)	-	-	-	-	131,739	131,739	263,478	263,478
		171	MHSA PEI School-Based Centers (Drew)	Edgewood Center - School-based Well Being (B-10)	-	-	-	-	80,194	80,194	160,388	160,388
		213	School-Based Youth-Center MHSA	IFR - School-based Youth Centered (B-7)	-	-	-	-	102,305	102,305	204,610	204,610
		236	School Based Wellness	RAMS Children-School-Based Wellness Center (B-3c)	-	-	-	-	142,947	142,947	285,894	285,894
		237	Children Outpatient SD	RAMS Children-SED (B-1b1)	-	146	37,556	81,792	26,928	146,421	53,855	292,842
		277	School-Based Wellness at Burton H.S.	YMCA-BVHP-Burton High School (B-2)	-	-	-	-	94,427	94,427	188,854	188,854
		140	School-Based MH Triage	Sr. Psych Social Worker	-	-	-	-	6,765	6,765	13,530	13,530
	PEI 2. School-Based Mental Health Pomotion (K-12) (50% Prevention) Total				-	146	37,556	81,792	585,305	704,798	1,170,609	1,409,596
	PEI 3. School-Based Mental Health Pomc	157	Student Support Services	California Institute of Integral Studies	-	-	-	-	89,997	89,997	179,993	179,993
	PEI 3. School-Based Mental Health Pomotion (Higher Ed) (50% Prevention) Total				-	-	-	-	89,997	89,997	179,993	179,993
	PEI 4. Population Focused Mental Health	153	African American Holistic Wellness	BVHP-FI	-	-	-	-	65,789	65,789	131,578	131,578
		154	BVHP Wellness	BVHP-FI	-	-	-	-	123,867	123,867	247,733	247,733
		164	APIYFCSS	CYC-APIYFCSS (B-3)	-	-	-	7,590	67,319	74,909	134,638	149,817
		203	Huckleberry TAY Multi Service Center	Huckleberry - TAY (B-2)	-	-	-	-	107,710	107,710	215,420	215,420
		206	Older Adult Clinic and Pilot Program	Institute on Aging	-	-	-	-	134,622	134,622	269,243	269,243
		214	Indigena Health & Wellness COLL	IFR - Indigena (B-3)	-	-	-	-	139,802	139,802	279,604	279,604
		216	Routz TAY Wellness Services	Larkin Street - Routz Tay Wellness (B-2)	-	-	-	-	112,538	112,538	225,075	225,075
		222	Living in Balance	NAHC-Living in Balance (B-1)	-	-	-	-	128,101	128,101	256,201	256,201
		234	API Health Parity Coalition	RAMS Adult-API Health Parity Coalition (B-5)	-	-	-	-	174,826	174,826	349,652	349,652
		248	Peer & Intern Employment	SF Study Center-PIE (B-2)	-	-	-	320	16,838	17,158	33,676	34,316
		276	MH Promotion	Westside Community Services - Ajani (B-4)	-	19,482	57,820	267,066	13,632	357,999	27,264	715,998
		278	African American Holistic Wellness	YMCA-BVHP-American Holistic Wellness (B-1)	-	-	-	-	148,470	148,470	296,940	296,940
		87	B/AA-HOPE SF Collective Impact Support Coordinator	Health Program Coordinator II	-	-	-	-	13,074	13,074	26,148	26,148
		314	Pacific Islander Taskforce	San Francisco Public Health Foundation	-	-	-	-	10,000	10,000	20,000	20,000
	PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention) Total				-	19,482	57,820	274,975	1,256,586	1,608,863	2,513,172	3,217,725
	PEI 5. Mental Health Consultation and C	170	Early Childhood Mental Health	Edgewood Center - ECMHCI (B-9)	-	-	-	-	22,564	22,564	30,085	30,085
		184	Early Childhood Mental Health Initiative	HCN - ECMHCI (B-2)	-	-	-	302,269	186,904	489,173	249,205	652,230
		211	MHSA PEI ECMHC Training	IFR - PEI ECMHC Training (B-10)	-	-	-	-	12,846	12,846	17,128	17,128
		212	MHSA PEI (ECMHC)	IFR - ECMHC Consultation (B-8)	-	-	-	-	61,058	61,058	81,411	81,411
		235	Fu Yau Project	RAMS Children-Fu Yau Project (B-4)	-	-	-	852,671	33,511	886,181	44,681	1,181,575
		273	Spring Project	UC - IPP-Spring Proj (B-2)	-	-	-	-	58,233	58,233	77,644	77,644
		18	Supports ECMHCI (Early Childhood Mental Health Consultation Initiative)	Junior Administrative Analyst	-	-	-	-	71,932	71,932	95,910	95,910
		85	Parent Training Institute	Health Program Coordinator II	-	-	-	-	23,533	23,533	31,378	31,378
		313	Western Addition Wellness Coalition activities	DCYF Work Order	-	-	-	-	18,750	18,750	25,000	25,000
	PEI 5. Mental Health Consultation and Capacity Building (75% Prevention) Total				-	-	-	1,154,939	489,331	1,644,270	652,441	2,192,360
	PEI 6. Comprehensive Crisis Services (10	94	Crisis Response	Health Program Coordinator III	-	-	-	-	13,567	13,567	135,666	135,666
		119	Crisis Response	Psychiatric Social Worker	-	-	-	-	13,432	13,432	134,317	134,317
		121	Child Crisis Response	Psychiatric Social Worker	-	-	-	-	12,055	12,055	120,551	120,551
		132	Child Crisis Response	Marriage, Family Therapist	-	-	-	-	40,295	40,295	402,952	402,952
		133	Child Crisis Response	Marriage, Family Therapist	-	-	-	-	10,000	10,000	100,000	100,000
	PEI 6. Comprehensive Crisis Services (10% Prevention) Total				-	-	-	-	89,349	89,349	893,486	893,486
	PEI 7. CalMHSA Statewide Programs	158	N/A	CalMHSA	-	-	-	-	-	-	70,508	70,508
	PEI 7. CalMHSA Statewide Programs Total				-	-	-	-	-	-	70,508	70,508
	PEI Admin	316	PEI Program Manager	Senior Administrative Analyst	-	-	-	-	-	-	73,530	73,530
		95	PEI Program Manager	Health Program Coordinator III	-	-	-	-	-	-	130,740	3,265,838
	PEI Admin Total				-	-	-	-	-	-	204,269	3,339,367
	PEI Total				-	19,628	95,376	1,511,706	2,510,567	4,137,276	5,896,185	11,514,742

Component	Program	IP ID	Program Name	Provider	Early Intervention					Total Early Intervention	Total Estimated MHS FY 16/17 Expenditures	Grand Total
					Sum of MHS A Portion Medi-Cal FFP	Sum of 1991 Realignment	Sum of 2011 Realignment	Sum of Other Funds	Estimated MHS FY 16/17 Expenditures			
PEI	PEI 1. Stigma Reduction	218	SOLVE (Sharing Our Lives, Voices and Experiences)	Mental Health Association-SOLVE (B-1)	-	-	-	-	-	-	211,706	211,706
	PEI 1. Stigma Reduction Total				-	-	-	-	-	-	211,706	211,706
	PEI 2. School-Based Mental Health Promotion (K-12) (50% Prevention)	152	Balboa (School-Based Centers)	BVHP - Balboa Teen (B-9)	-	-	-	-	131,739	131,739	263,478	263,478
		171	MHSA PEI School-Based Centers (Drew)	Edgewood Center - School-based Well Being (B-10)	-	-	-	-	80,194	80,194	160,388	160,388
		213	School-Based Youth-Center MHSA	IFR - School-based Youth-Centered (B-7)	-	-	-	-	102,305	102,305	204,610	204,610
		236	School Based Wellness	RAMS Children-School-Based Wellness Center (B-3c)	-	-	-	-	142,547	142,547	285,094	285,094
		237	Children Outpatient SD	RAMS Children-SED (B-1b1)	-	-	146	37,556	81,792	26,928	146,421	53,855
		277	School-Based Wellness at Burton H.S.	YMCA BVHP-Burton High School (B-2)	-	-	-	-	94,427	94,427	188,854	188,854
		340	School-Based MH Trriage	Sr. Psych Social Worker	-	-	-	-	6,265	6,265	12,530	12,530
	PEI 2. School-Based Mental Health Promotion (K-12) (50% Prevention) Total				-	-	146	37,556	81,792	585,305	704,798	1,170,609
	PEI 3. School-Based Mental Health Promotion (Higher Ed) (50% Prevention)	157	Student Support Services	California Institute of Integral Studies	-	-	-	-	89,997	89,997	179,993	179,993
	PEI 3. School-Based Mental Health Promotion (Higher Ed) (50% Prevention) Total				-	-	-	-	89,997	89,997	179,993	179,993
	PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention)	153	African American Holistic Wellness	BVHP-FI	-	-	-	-	65,789	65,789	131,578	131,578
		154	BVHP Wellness	BVHP-FI	-	-	-	-	123,867	123,867	247,733	247,733
		164	APIFYCS	CVC-APIFYCS (B-3)	-	-	-	7,590	67,319	74,909	149,817	149,817
		203	Huckleberry TAY Multi-Service Center	Huckleberry - TAY (B-2)	-	-	-	-	107,710	107,710	215,420	215,420
		206	Older Adult Clinic and Pilot Program	Institute on Aging	-	-	-	-	134,622	134,622	269,243	269,243
		214	Indigena Health & Wellness COLL	IFR - Indigena (B-3)	-	-	-	-	139,802	139,802	279,604	279,604
		216	Route TAY Wellness Services	Larkin Street - Route TAY Wellness (B-2)	-	-	-	-	112,538	112,538	225,075	225,075
		222	Living in Balance	NAHC Living in Balance (B-1)	-	-	-	-	128,101	128,101	256,201	256,201
		234	API Health Parity Coalition	RAMS Adult-API Health Parity Coalition (B-5)	-	-	-	-	174,826	174,826	349,652	349,652
		248	Peer & Intern Employment	SF Study Center-PE (B-2)	-	-	-	320	16,838	17,158	34,316	34,316
		276	MH Promotion	Westside Community Services - Ajani (B-4)	-	19,482	57,820	267,066	13,632	357,999	27,264	715,998
		278	African American Holistic Wellness	YMCA BVHP-American Holistic Wellness (B-1)	-	-	-	-	148,470	148,470	296,940	296,940
		87	B/AA-HOPE SF Collective Impact Support Coordinator	Health Program Coordinator II	-	-	-	-	13,074	13,074	26,148	26,148
		314	Pacific Islander Taskforce	San Francisco Public Health Foundation	-	-	-	-	10,000	10,000	20,000	20,000
	PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention) Total				-	19,482	57,820	274,975	1,265,096	1,608,863	2,518,172	3,217,725
	PEI 5. Mental Health Consultation and Capacity Building (75% Prevention)	170	Early Childhood Mental Health	Edgewood Center - ECMHCI (B-9)	-	-	-	-	7,521	7,521	30,085	30,085
		184	Early Childhood Mental Health Initiative	HCN - ECMHCI (B-2)	-	-	-	100,756	163,058	163,058	249,205	652,230
		211	MHSA PEI ECMHC Training	IFR - PEI ECMHC Training (B-10)	-	-	-	-	4,282	4,282	17,128	17,128
		212	MHSA PEI (ECMHC)	IFR - ECMHC Consultation (B-8)	-	-	-	-	20,353	20,353	81,411	81,411
		235	Fu Yau Project	RAMS Children-Fu Yau Project (B-4)	-	-	-	284,224	11,170	295,394	44,681	1,181,575
		273	Spring Project	UC - IPP-Spring Proj (B-2)	-	-	-	-	19,411	19,411	77,644	77,644
		18	Supports ECMHCI (Early Childhood Mental Health Consultation Initiative)	Junior Administrative Analyst	-	-	-	-	23,977	23,977	95,910	95,910
		85	Parent Training Institute	Health Program Coordinator II	-	-	-	-	7,844	7,844	31,378	31,378
		313	Western Addition Wellness Coalition activities	DCVF Work Order	-	-	-	-	6,250	6,250	25,000	25,000
	PEI 5. Mental Health Consultation and Capacity Building (75% Prevention) Total				-	-	-	384,980	163,110	548,090	652,441	2,192,360
	PEI 6. Comprehensive Crisis Services (10% Prevention)	94	Crisis Response	Health Program Coordinator III	-	-	-	-	122,099	122,099	135,666	135,666
		119	Crisis Response	Psychiatric Social Worker	-	-	-	-	120,866	120,866	134,317	134,317
		121	Child Crisis Response	Psychiatric Social Worker	-	-	-	-	108,495	108,495	120,551	120,551
		132	Child Crisis Response	0 Marriage, Family Therapist	-	-	-	-	362,657	362,657	402,952	402,952
		133	Child Crisis Response	Marriage, Family Therapist	-	-	-	-	80,000	80,000	100,000	100,000
	PEI 6. Comprehensive Crisis Services (10% Prevention) Total				-	-	-	-	804,138	804,138	893,486	893,486
	PEI 7. CalMHSA Statewide Programs	158	N/A	CalMHSA	-	-	-	-	-	-	70,508	70,508
	PEI 7. CalMHSA Statewide Programs Total				-	-	-	-	-	-	70,508	70,508
	PEI Admin	316	PEI Program Manager	Senior Administrative Analyst	-	-	-	-	-	-	73,530	73,530
		95	PEI Program Manager	Health Program Coordinator III	-	-	-	-	-	-	130,740	2,265,930
	PEI Admin Total				-	-	-	-	-	-	204,269	3,339,397
	PEI Total				-	19,628	95,376	741,747	2,899,135	3,755,885	5,896,185	11,514,742

						Other						
Component	Program	IP ID	Program Name	Provider	Sum of MHA Portion Medi- Cal FFP	Sum of 1991 Realignment	Sum of 2011 Realignment	Sum of Other Funds	Estimated MHA FY 16/17 Expenditures	Total Other	Total Estimated MHA FY 16/17 Expenditures	Grand Total
PEI	PEI 1. Stigma Reduction	218	SOLVE (Sharing Our Lives, Voices and Experiences)	Mental Health Association-SOLVE (B-1)	-	-	-	-	211,206	211,206	211,206	211,206
	PEI 1. Stigma Reduction Total				-	-	-	-	211,206	211,206	211,206	211,206
	PEI 2. School-Based Mental Health Promotion (K-12) (50% Prevention)	152	Balboa (School-Based Centers)	BVHP - Balboa Teen (B-9)	-	-	-	-	-	-	263,478	263,478
		171	MHSA PEI School-Based Centers (Drew)	Edgewood Center - School-based Well Being (B-10)	-	-	-	-	-	-	160,388	160,388
		213	School-Based Youth-Center MHSA	IFR - School-based Youth-Center (B-7)	-	-	-	-	-	-	204,610	204,610
		236	School Based Wellness	RAMS Children-School-Based Wellness Center (B-3c)	-	-	-	-	-	-	285,894	285,894
		237	Children Outpatient SD	RAMS Children-SED (B-1b1)	-	-	-	-	-	-	53,855	292,842
		277	School-Based Wellness at Burton H.S.	YMCA-BVHP-Burton High School (B-2)	-	-	-	-	-	-	188,854	188,854
		140	School-Based MH Triage	Sr. Psych Social Worker	-	-	-	-	-	-	13,530	13,530
	PEI 2. School-Based Mental Health Promotion (K-12) (50% Prevention) Total				-	-	-	-	-	-	1,170,609	1,409,596
	PEI 3. School-Based Mental Health Promotion (Higher Ed) (50% Prevention)	157	Student Support Services	California Institute of Integral Studies	-	-	-	-	-	-	179,993	179,993
	PEI 3. School-Based Mental Health Promotion (Higher Ed) (50% Prevention) Total				-	-	-	-	-	-	179,993	179,993
	PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention)	153	African American Holistic Wellness	BVHP-FI	-	-	-	-	-	-	151,578	151,578
		154	BVHP Wellness	BVHP-FI	-	-	-	-	-	-	247,733	247,733
		164	APIFYCSS	CYC-APIFYCSS (B-3)	-	-	-	-	-	-	134,638	149,817
		203	Huckleberry TAY Multi Service Center	Huckleberry - TAY (B-2)	-	-	-	-	-	-	215,420	215,420
		206	Older Adult Clinic and Pilot Program	Institute on Aging	-	-	-	-	-	-	269,243	269,243
		214	Indigena Health & Wellness COLL	IFR - Indigena (B-3)	-	-	-	-	-	-	279,604	279,604
		216	Routz TAY Wellness Services	Larkin Street - Routz Tay Wellness (B-2)	-	-	-	-	-	-	225,075	225,075
		222	Living in Balance	NAHC-Living in Balance (B-1)	-	-	-	-	-	-	256,201	256,201
		234	API Health Parity Coalition	RAMS Adult API Health Parity Coalition (B-5)	-	-	-	-	-	-	349,652	349,652
		248	Peer & Intern Employment	SF Study Center-PE (B-2)	-	-	-	-	-	-	33,676	34,316
		276	MH Promotion	Westside Community Services - Ajani (B-4)	-	-	-	-	-	-	27,264	715,998
		278	African American Holistic Wellness	YMCA-BVHP-American Holistic Wellness (B-1)	-	-	-	-	-	-	296,940	296,940
		87	B/AA-HOPE SF Collective Impact Support Coordinator	Health Program Coordinator II	-	-	-	-	-	-	26,148	26,148
		314	Pacific Islander Taskforce	San Francisco Public Health Foundation	-	-	-	-	-	-	20,000	20,000
	PEI 4. Population Focused Mental Health Promotion and Early Intervention (50% Prevention) Total				-	-	-	-	-	-	2,513,172	3,217,725
	PEI 5. Mental Health Consultation and Capacity Building (75% Prevention)	170	Early Childhood Mental Health	Edgewood Center - ECMHC (B-9)	-	-	-	-	-	-	30,085	30,085
		184	Early Childhood Mental Health Initiative	HCN - ECMHC (B-2)	-	-	-	-	-	-	249,205	652,230
		211	MHSA PEI ECMHC Training	IFR - PEI ECMHC Training (B-10)	-	-	-	-	-	-	17,128	17,128
		212	MHSA PEI (ECMHC)	IFR - ECMHC Consultation (B-8)	-	-	-	-	-	-	81,411	81,411
		235	Fu Yau Project	RAMS Children-Fu Yau Project (B-4)	-	-	-	-	-	-	44,681	1,181,575
		273	Spring Project	UC - IPP-Spring Proj (B-2)	-	-	-	-	-	-	77,644	77,644
		18	Supports ECMHC (Early Childhood Mental Health Consultation Initiative)	Junior Administrative Analyst	-	-	-	-	-	-	95,910	95,910
		85	Parent Training Institute	Health Program Coordinator II	-	-	-	-	-	-	31,378	31,378
		313	Western Addition Wellness Coalition activities	DCYF Work Order	-	-	-	-	-	-	25,000	25,000
	PEI 5. Mental Health Consultation and Capacity Building (75% Prevention) Total				-	-	-	-	-	-	652,441	2,192,860
	PEI 6. Comprehensive Crisis Services (10% Prevention)	94	Crisis Response	Health Program Coordinator III	-	-	-	-	-	-	135,666	135,666
		119	Crisis Response	Psychiatric Social Worker	-	-	-	-	-	-	134,317	134,317
		121	Child Crisis Response	Psychiatric Social Worker	-	-	-	-	-	-	120,551	120,551
		132	Marriage, Family Therapist	Marriage, Family Therapist	-	-	-	-	-	-	402,952	402,952
		133	Child Crisis Response	Marriage, Family Therapist	-	-	-	-	-	-	100,000	100,000
	PEI 6. Comprehensive Crisis Services (10% Prevention) Total				-	-	-	-	-	-	893,486	893,486
	PEI 7. CalMHSA Statewide Programs	158	N/A	CalMHSA	-	-	-	-	70,508	70,508	70,508	70,508
	PEI 7. CalMHSA Statewide Programs Total				-	-	-	-	70,508	70,508	70,508	70,508
	PEI Admin	316	PEI Program Manager	Senior Administrative Analyst	-	-	-	-	73,530	73,530	73,530	73,530
	PEI Admin Total	95	PEI Program Manager	Health Program Coordinator III	-	39,255	190,751	2,905,092	130,740	3,265,838	130,740	3,265,838
	PEI Admin Total				-	39,255	190,751	2,905,092	294,269	3,339,367	294,269	3,339,367
	PEI Total				-	39,255	190,751	2,905,092	486,483	3,621,581	5,896,185	11,514,742