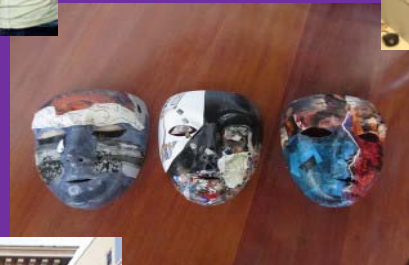




SAN FRANCISCO Mental Health Services Act



Annual Update Fiscal Year 12/13



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



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1. Introduction

Proposition 63 was approved by CA voters to provide funding to create fundamental changes to the access and delivery of mental health services in California. Proposition 63 was enacted into law in January 2005 and became known as the Mental Health Services Act (MHSA). MHSA is funded through a 1% tax on any personal income in excess of \$1 million.

The ‘system transformation’ envisioned by the MHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. MHSA provides the resources necessary for San Francisco to realize the vision of recovery for individuals and families served by the mental health system.

The MHSA provides funding for counties to “fundamentally change access to, and delivery of, mental health services.”

At its core, the MHSA promotes recovery for individuals with serious and persistent mental illness by helping expand access to treatment, housing, employment and educational opportunities, and social support systems. Another strong tenet of the MHSA is prevention and early intervention. Prevention services involve reducing risk factors or stressors and creating supports to prevent the initial onset of mental illness. The MHSA also provides resources to raise awareness, reduce stigma, promote early identification of mental health issues, and support innovation in the behavioral health system. Moreover, the MHSA makes it possible to strengthen the entire system through which mental health services are provided by investing in capital and technology improvements and workforce development.

MHSA Guiding Principles

Several guiding principles serve as benchmarks for San Francisco in its implementation of MHSA. These principles are described below:

- **Wellness and Recovery:** Central to the work supported by the MHSA is the goal to provide mental health programs and services that promote recovery and resiliency. Emphasizes clients’ participation in defining their life goals so that they can live fulfilling and productive lives.
- **Consumer and Family Involvement:** Engages consumer and families in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.
- **Service Integration:** Reinforces coordinated agency efforts to help create a seamless experience for clients.
- **Cultural Competence:** Reflects the values, customs, beliefs, and language of the population served and eliminates disparities in accessing services.
- **Collaboration:** Strengthens partnerships with diverse sectors to help create opportunities (e.g., for employment, housing, education).

SF MHSA Service Categories

Previously, MHSA was discussed in terms of funding streams, for example, Community Services and Supports (CSS), Workforce Development Education and Training (WDET), Prevention and Early Intervention (PEI), and Innovation (INN). Over the last six years these different funding components have been implemented in phases with the intention that they would be merged into an Integrated Plan. MHSA is currently in the process of preparing this plan. The Integrated Plan identifies seven core service categories under which the MHSA-funded programs and services in San Francisco are organized. These categories will help to manage planning and reporting.

Recovery-Oriented Treatment Services. This category includes services traditionally provided in the mental health system including screening and assessment, clinical case management, individual or group therapy and medication management. The bulk of services in this category involve a licensed clinician and are delivered using a strengths-based, recovery approach.

Mental Health Promotion and Early Intervention (PEI) Services. These services aim to reduce risk factors and promote a holistic view of wellness. Services are primarily delivered in community settings to increase access to mental health services.

Peer Support Services. Recovery and other support services provided by consumers and family members.

Vocational Services. Services intended to help consumers secure meaningful employment opportunities, including intake assessments, trainings, workshops, coaching and retention services.

MHSA Housing Program. This program serves individuals with serious mental illness who are homeless or at risk of homelessness by providing capital funding for permanent supportive housing, funding for services to help clients secure or retain housing, and facilitating access to short-term stabilization housing.

Behavioral Health Workforce Development. These services aim to recruit members from unrepresented and under-represented communities into the mental health field and to develop the skills and capacity of the existing behavioral health workforce.

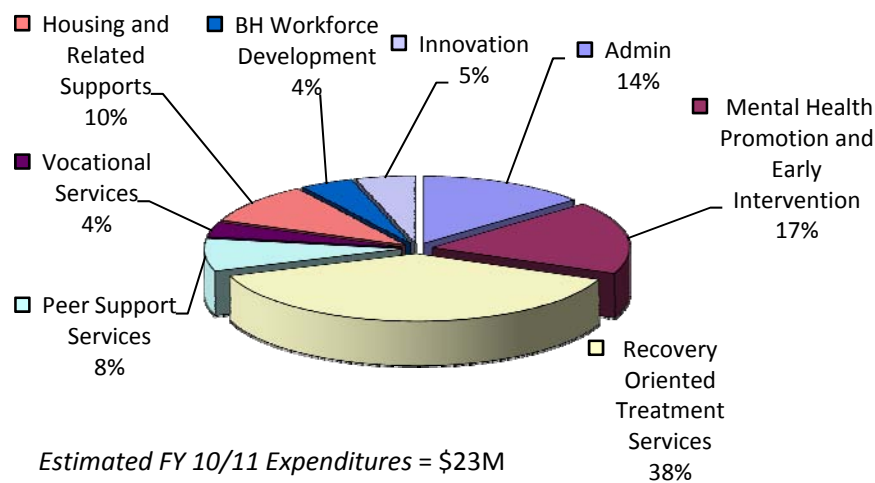
Capital Facilities/Information Technology. Projects in this category generally include facility improvements as well as information technology upgrades to improve client access to and control over their personal health information.

This report describes the main accomplishments in each of the above core service categories during fiscal year 2010/2011 (FY 10/11). Each section highlights the populations served, programmatic outcomes, and main accomplishments. MHSA requires that 5% of total funds go toward Innovations (INN) to test novel mental health practices that contribute to learning. INN-funded programs and services are integrated into each service category (e.g., Recovery-Oriented Treatment Services, Peer Support Services).

MHSA Budget

Exhibit 1 shows the percentage of MHSA funding allocated to each service category in FY 10/11. Exact FY 10/11 numbers are still being finalized, but are estimated at \$23 million. The FY 10/11 SF MHSA budget follows a similar trend as in recent years with recovery-oriented treatment services receiving the majority of funding (38%), followed by Mental Health Promotion and Early Intervention services (17%). Additional MHSA resources were spread amongst the other service sectors including Administration (14%), Housing and related supports (10%), Peer Support services (8%), Innovation (5%), Vocational services (4%), and Behavioral Health Workforce Development (4%). One time funding for capital, housing and IT received in previous years are not included. Within this budget, expenditures in these categories included 90 FTE Personnel (civil service) and 69 contracted programs (45 organizations) that were supported through MHSA.

Exhibit 1. MHSA Expenditures by Service Category (FY 10/11)



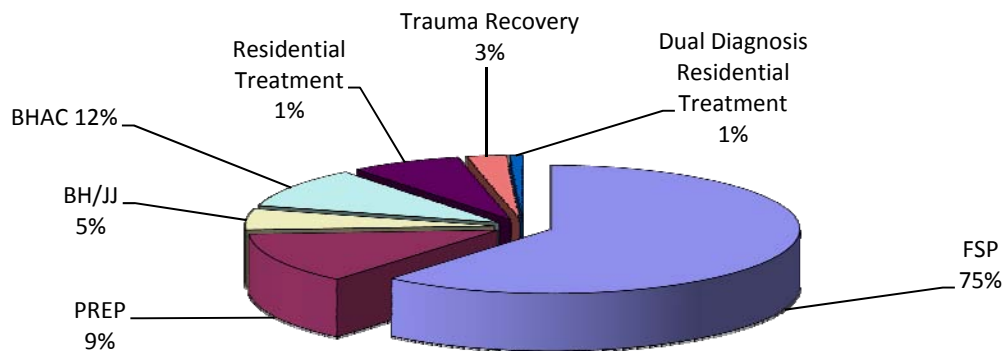
Due to the recent budget downturn that has affected California, there was a noticeable decline in MHSA revenue in FY 10/11 that continued in FY 11/12. However, current projections for FY 12/13 suggest that MHSA revenue may begin to level off.

2. Recovery-Oriented Treatment Services

Each of the recovery-oriented treatment programs discussed in this section focused on unique populations and employed different strategies. Recovery-oriented treatment programs include: (1) Full-Service Partnership (FSP) Programs, (2) integration of behavioral health and primary care, (3) integration of behavioral health into the Juvenile Justice Center, (4) Behavioral Health Access Center (BHAC), (5) Prevention and Recovery in Early Psychosis (PREP), (6) Trauma Recovery and (7) Residential Treatment. Exhibit 2 shows the percentage of MHSAs funding allocated to each recovery-oriented treatment service category in FY 10/11.

This category includes services traditionally provided in the mental health system including screening and assessment, clinical case management, individual or group therapy and medication management. The bulk of services in this category involves a licensed clinician, is delivered using a strengths-based approach.

Exhibit 2. Recovery-Oriented Treatment Services Expenditures by Category



Full Service Partnership (FSP) Programs

FSP programs reflect an intensive and comprehensive model of case management based on a client- and family-centered philosophy of doing “whatever it takes” to assist individuals with serious mental illness or serious emotional disturbance (SMI/SED) in achieving more independent, meaningful, and productive lives. There are nine FSP programs funded to date, which serve a diverse group of clients in terms of age, race/ethnicity, and stage of recovery (see Table 1).

In FY 10/11, \$9.9 million of MHSAs funds were invested in recovery-oriented services. The majority of those funds (75%) supported the work of nine FSP programs that served a total of 848 clients across the developmental spectrum, including children, transition age youth (TAY), adults, and older adults.

Table 1. Summary of Full Service Partnership Programs

Populations	Programs
<p>Children & Adolescents: Individuals up to age 18 at risk of out-of-home placements or currently in foster care.</p>	<ul style="list-style-type: none"> ■ Seneca SF Connections: Provides wraparound services to help achieve permanency and stability, increase access to community resources, facilitate transitions, and empower caregivers. ■ Family Mosaic Project: Offers intensive case management and wraparound services developed through a comprehensive care plan.
<p>Transitional Age Youth: Youth and young adults age 16-24 exiting foster care and juvenile justice systems, are homeless, and/or have run away.</p>	<ul style="list-style-type: none"> ■ Family Service Agency: Provides physical health care, mental health treatment, medication management, employment assistance, post-employment support, benefits assistance and advocacy, housing support, and peer support. ■ Community Behavioral Health Services (CBHS) – Transitional Age Youth: Provides intensive services such as mental health treatment and substance abuse counseling, linkages and referrals, and training on independent living skills.
<p>Adults: Adults age 18-59 who are either involved in the criminal justice system, homeless, or at risk of homelessness.</p>	<ul style="list-style-type: none"> ■ Family Service Agency: Focuses on underserved adults who frequently refuse services or who experience life circumstances that limit successful engagement in services. ■ University of California, San Francisco (UCSF) Citywide Case Management Forensics: Focuses on adults who are engaged with the Behavioral Health Court and/or mandated by the courts to receive mental health services. ■ Hyde Street Community Services: Serves homeless individuals in the Tenderloin who have not successfully engaged with outpatient services and frequently experience multiple co-occurring disorders. ■ SF Fully Integrated Recovery Service Team: Serves individuals with serious mental illness who have been homeless for an extended time.
<p>Older Adults: Older adults age 60 and above who are exiting from institutionalized care, homeless or at risk of homelessness, suffering from hoarding and cluttering compulsions, and/or veterans.</p>	<ul style="list-style-type: none"> ■ Family Service Agency: Serves older adults ages 60 and above who need specialized geriatric mental health services to address multiple disabilities, complex medical needs, and other needs related to mental health and aging.

FSP Outcomes

The Data Collection and Reporting system tracks outcome indicators for all FSP clients. The types of outcomes described in this update include: (1) number of days clients spent in a residential setting and (2) rate of emergency events (measured by the number of events per person-year).

Outcomes for FSP clients can include time spent in different residential settings and the occurrence of emergency events requiring intervention. In describing outcomes related to residential settings, graphs compare the total number of days for all clients between the baseline year (the 12 months prior to entering the FSP) and the first year enrolled in the FSP. Clients may have spent days in different settings over the course of each year.

Each residential setting is then highlighted by the percent change from baseline to the first year in the FSP. In general, the residential settings are displayed from more desirable to less desirable, but this is highly variable by age group as well as for individuals. In other words, while a supervised placement may represent a setback for one client, for another client this may be a sign of progress, depending on the circumstances of their recovery.

Of note, one of the residential settings unique to San Francisco is *MHSA stabilization housing*. This option is available for TAY, adult, and older adult clients. MHSA stabilization allows a formerly homeless client to stay a maximum of 60 days in a single-room occupancy (SRO) unit while s/he accumulates tenant history and completes the application process for more permanent housing. As a result, a client's opportunities to qualify for and transition to more permanent housing are improved.

Emergency events include Arrests, Mental Health or Psychiatric Emergencies (includes substance use-related events), and Physical Health Emergencies for Adult FSP clients, as well as School Suspensions and Expulsions for young children and TAY.

The rate at which emergency events occur for clients in the baseline (pre-FSP) year is compared to the rate while in the FSP Treatment. Unlike the Residential Settings measure, which looks only at the first year in FSP treatment for all clients, the emergency events "In Treatment" measure averages the annual event rate over all treatment years. The first clients were enrolled in 2007, so several years of data are averaged together.

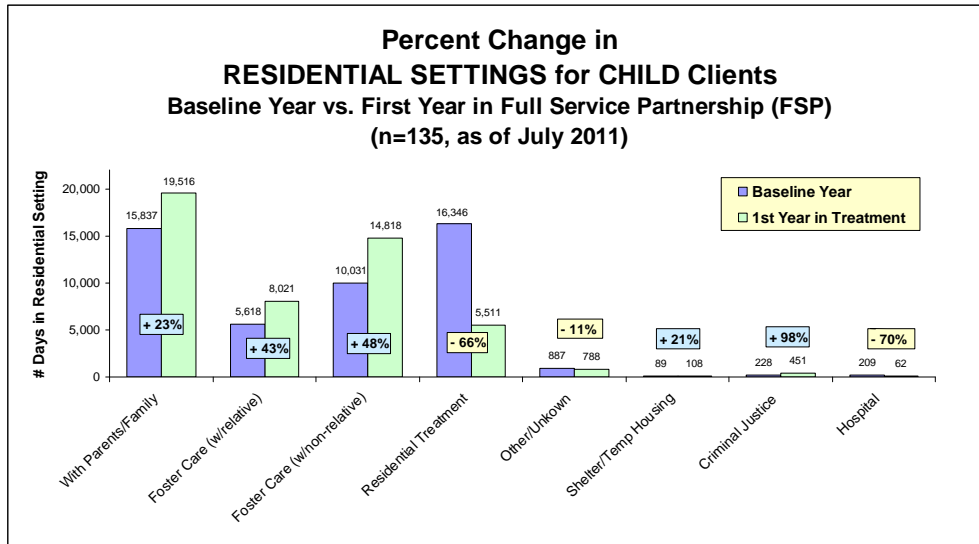
In FY 10/11, all emergency events showed rate declines for all event categories, across all age groups.

In FY 10/11, Arrests dropped 68% to 98%. Mental Health Emergencies, highest among TAY and Adults, dropped 78% to 98% across all age groups. Physical Health Emergencies, which are most common among Older Adults, dropped 70% to 83% across all age groups. For younger children and TAY, School Suspensions declined 52% and 89%, respectively, and School Expulsions, which occur much less often, declined 85% and 100%, respectively.

Outcomes for Child, Youth, and Family Clients

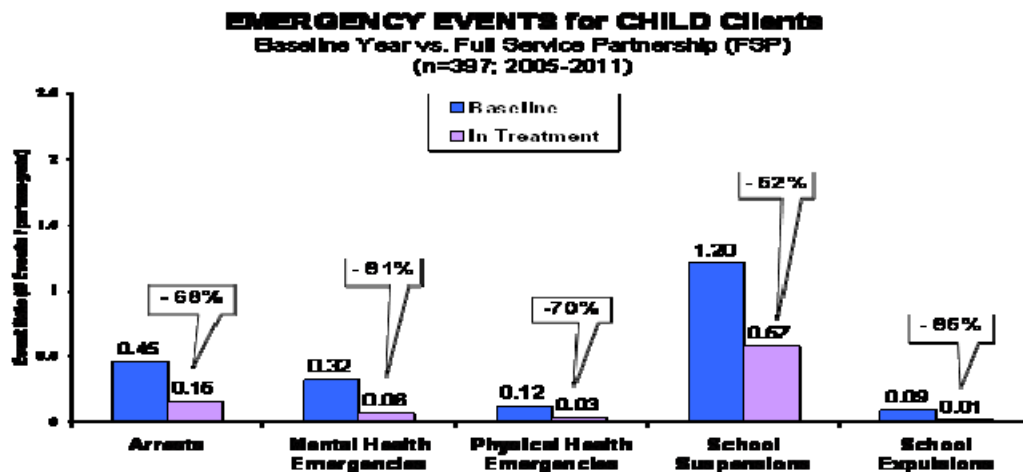
Child, youth, and family client (i.e., child) data show movement into more family-based settings during FSP treatment from restrictive settings (e.g., residential treatment). Most significantly, days in Residential Treatment dropped 66%, and increases of 23-48% appear in settings with parents or in foster care. While days in hospital settings is overall relatively low, the 70% decline is a very positive outcome for Child clients (see Exhibit 3).

Exhibit 3.



Emergency events occurred less often among child clients. There were marked declines across all types of emergency events experienced by child clients as depicted in Exhibit 4, particularly in the rate of School Expulsions (85% reduction) and Mental Health Emergencies (81% reduction).

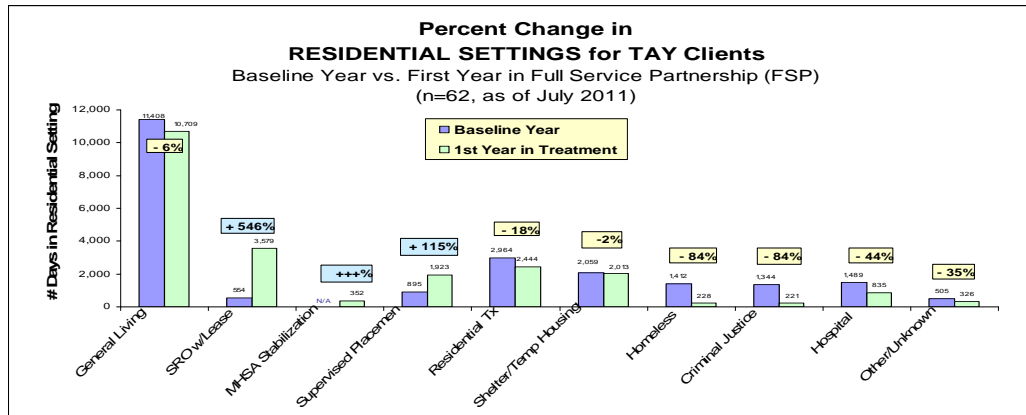
Exhibit 4.



Outcomes for TAY Clients

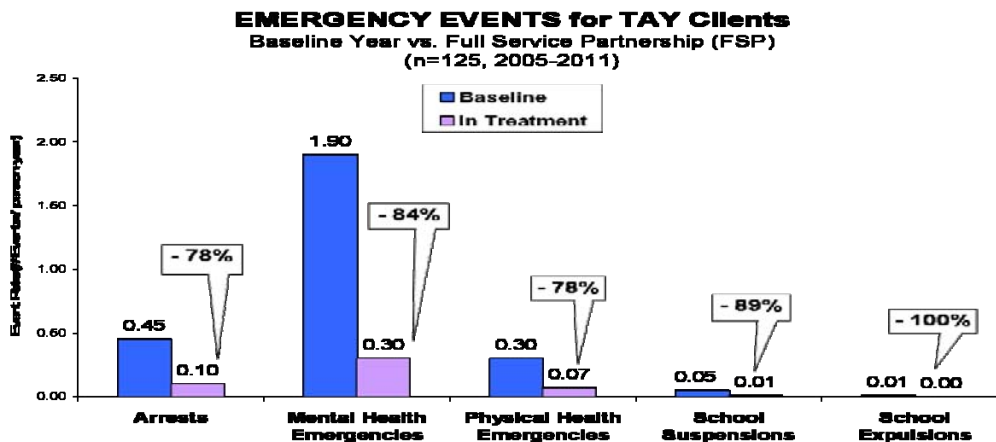
For TAY clients, several settings shift from baseline to treatment. Positive signs are evident from TAY having moved out of homelessness (84% reduction), and justice (84% reduction) and hospital settings (4% reduction) and into MSHA Stabilization units, supervised placement (115% increase), or permanent housing (SRO with Lease, 546% increase; see Exhibit 5).

Exhibit 5.



TAY clients experienced less emergency events. As shown in Exhibit 6, there were marked declines across all types of emergency events experienced by TAY clients, particularly in the rate of School Expulsions (100% reduction), School Suspensions (89% reduction) and Mental Health Emergencies (84% reduction). Mental Health Emergencies dropped from nearly 2 per person in the baseline year, to less than one out of three clients in the treatment years.

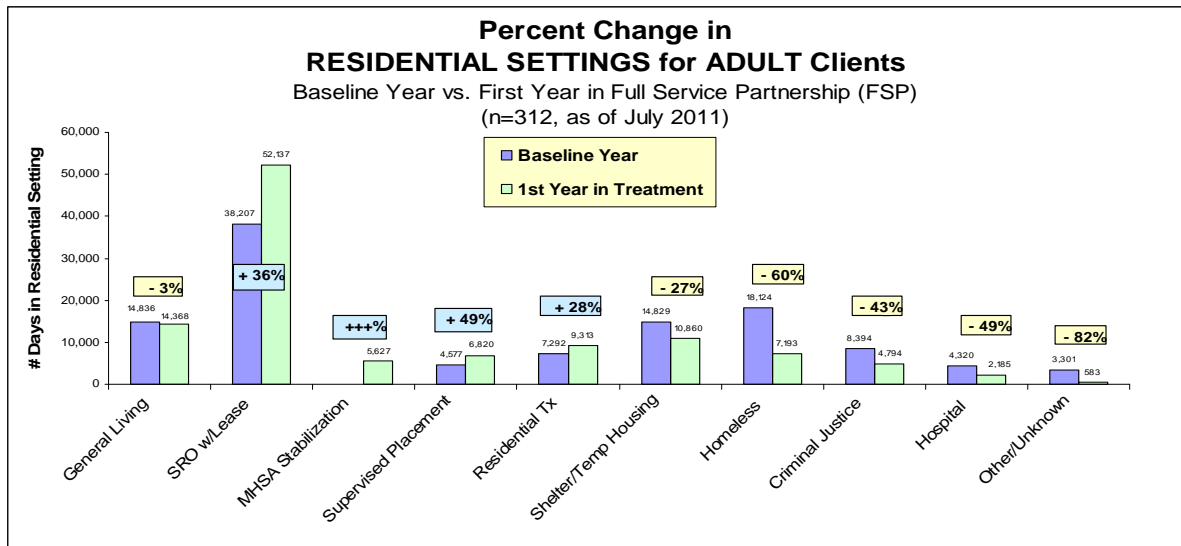
Exhibit 6.



Outcomes for Adult Clients

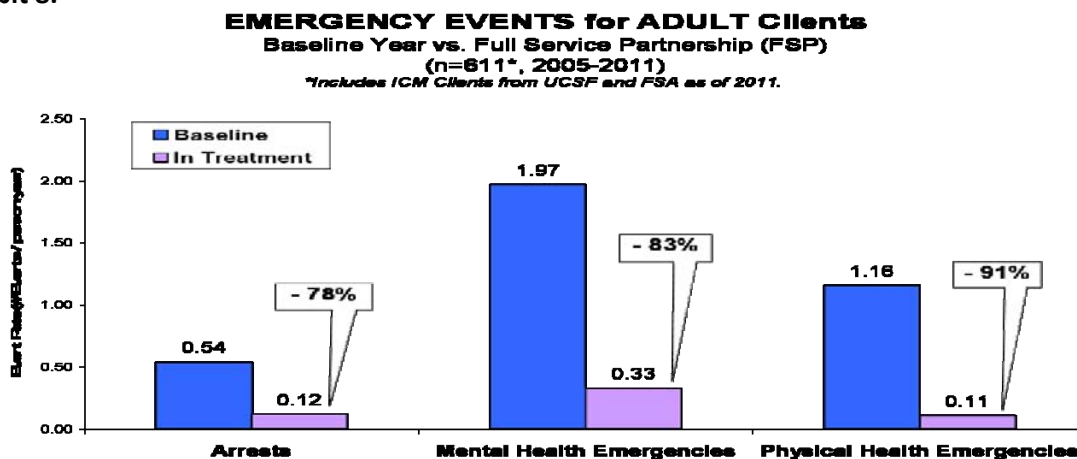
Among adult clients, improvements are reflected in the shift in days away from Shelter/Temporary Housing, Homeless, Criminal Justice, and Hospital settings to more stable settings. These stable settings include SRO with Lease, MHSA stabilization, Supervised Placement, and Residential Treatment (see Exhibit 7). The number of days in General Living remained steady from baseline to treatment, but this could mask some volatility in the exact clients represented. It would be interesting to investigate what percentage of these days are different clients, and where they shifted in from and away to. While General Living days decreased in the treatment year, it is unclear if this is due to clients getting overdue treatment in Supervised Placement, moving out of a high risk household situation to live independently in an SRO, or to some other situation.

Exhibit 7.



Adult clients experienced fewer emergency events since enrollment in FSP programs. As depicted in Exhibit 8, there were substantial declines across all types of emergency events experienced by adult clients, particularly in the rate of physical (91% reduction) and mental health (83% reduction) emergencies. Physical Health Emergencies refer to substance use related emergency medical events. Like the TAY group, adults' Mental Health Emergencies dropped from nearly two per person in the baseline year, to one out of three clients in the treatment years. Arrests declined from one of two clients in the baseline year to one in eight.

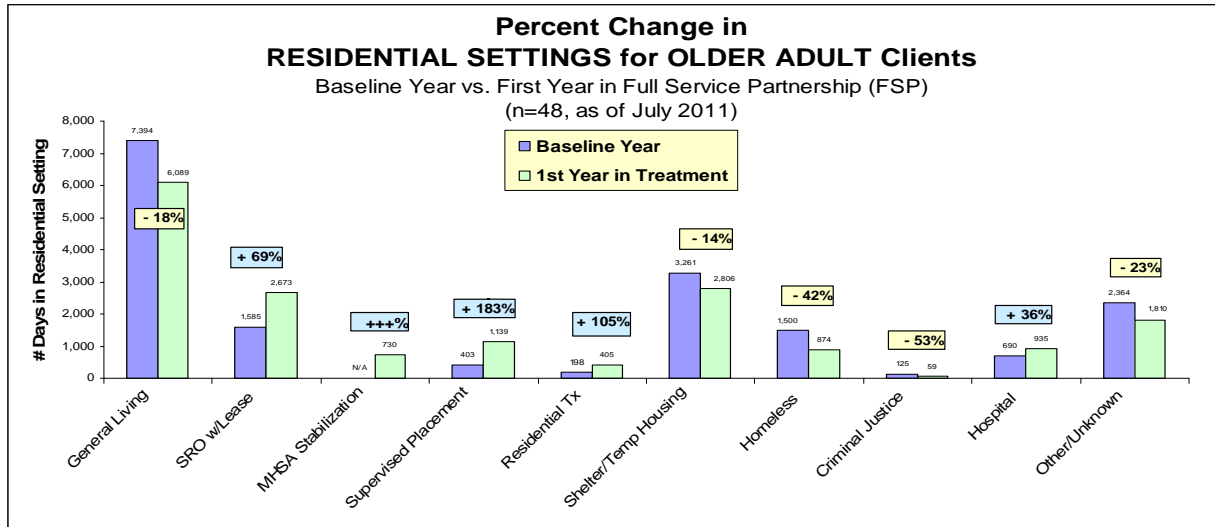
Exhibit 8.



Outcomes for Older Adult Clients

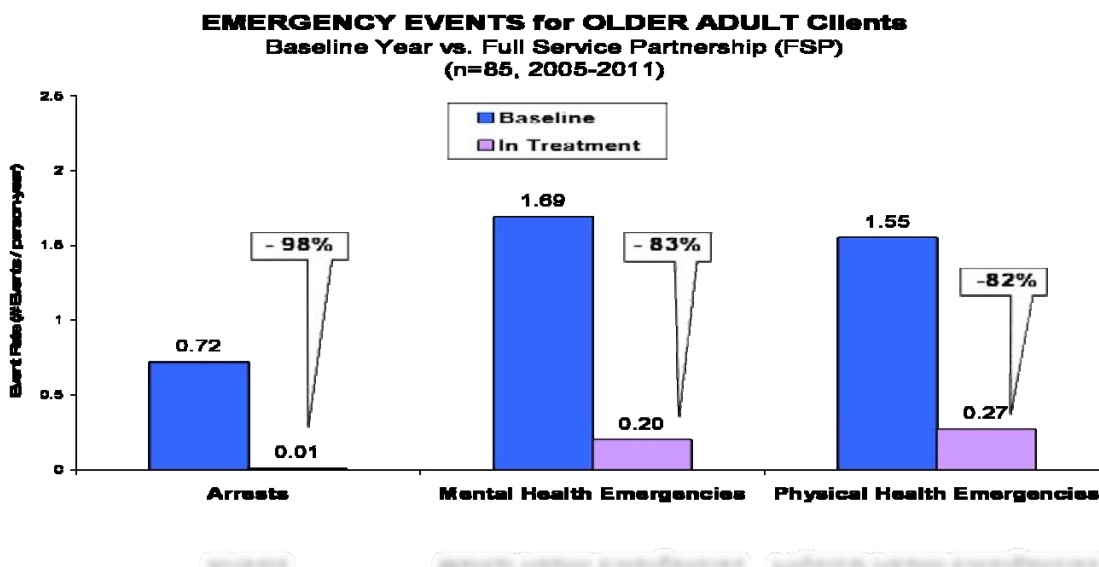
Unlike other age groups, Older Adults experienced a greater decrease in General Living (by 18%) and a 36% increase in Hospital days (see Exhibit 9). For some clients, the first year in FSP treatment may include access to long-overdue medical care due to previously untreated conditions combined with advancing age. Similar to the other age groups, increases appear for SRO with Lease, MHSA Stabilization, Supervised Placement, and Residential Treatment, suggesting very positive outcomes, especially as days in shelter/temporary housing, homelessness, and criminal justice all declined in FSP treatment. The older adults are often relocating either into special care settings or permanent housing, which reflects improved stability and care for their needs.

Exhibit 9.



Older adult clients experienced fewer emergency events since enrollment in FSP programs. Similar to other age groups, older adult clients experienced major declines across all emergency event types, particularly in the rate of arrests (98% reduction; see Exhibit 10), although the volume of Mental and Physical Health Emergencies also dropped dramatically.

Exhibit 10.



Engaging FSP Stakeholders

MHSA encourages consumer participation in the development of treatment plans that incorporate an individual's strength, goals, cultural background, and social beliefs. As one of the primary components of MHSA, FSP programs aim to involve diverse stakeholders in their planning, implementation, and evaluation efforts. Highlighted below are the FSP collaborative efforts accomplished in FY 10/11.

FSP Partnership Highlights

- + **MHSA Evaluation Workgroup:** Launched in January 2010, this workgroup brought together client advocates, staff from civil services and MHSA-funded programs, and SFDPH administrative and evaluation staff. In this bi-monthly forum, MHSA-funded programs received technical assistance and feedback on their evaluation plans. This group has also strengthened linkages between county and agency staff, bolstered capacity for evaluation, and integrated consumer voices in program design and outcomes. The success of meetings was further reflected in consistent participant attendance, active participant dialogue, and requests to increase meeting frequency.
- + **DCR Meetings:** These monthly meetings provided an opportunity for program directors and clinical supervisors to share best practices and challenges in meeting FSP goals. Outcomes data were shared regularly and discussed, generating innovative suggestions on improving client recovery and program performance. Although consumer input has been encouraged, consumer attendance was sporadic. Thus, greater attention to publicizing and encouraging client advocates is warranted.
- + **FSP Graduation Pilot:** In Spring 2011, greater emphasis was placed on improving the process by which FSP clients successfully transition to less intensive care and towards a more independent phase of recovery. A team of MHSA administrators, evaluators, and clinical supervisors implemented a series of rapid cycle experiments, known as Plan-Do-Study-Act (PDSAs), to develop a process for identifying adult clients nearing readiness for graduation to community-oriented outpatient programs. A "Graduation Checklist" was drafted, which reflects recovery-oriented rather than clinical services language, include the effective self-management of the following:
 - Productive / meaningful activity outside the center (e.g., employment, volunteering)
 - Finances, housing, non-health appointments
 - Behavioral and medical health concerns or conditions, medications and appointments
 - Any involvement with criminal justice with minimal new criminal events
 - Activities of Daily Living (ADLs) and iADLs (instrumental) – with or without assistance
 - Functioning with minimal or no substance abuse
 - Overall physical, mental and spiritual recovery with optimism and hope for the future

Future pilot activities will tailor the above checklist in a larger effort to develop a clear set of process guidelines for graduating clients and evaluate a strengths-based model of transition services. Pilot efforts will eventually expand to adult non-FSP Intensive Case Management (ICM) programs, as well as to FSPs and ICMs that serve Older Adult, TAY and Children, Youth and Family clients.

Integration of Behavioral Health and Primary Care

The MHSAs investment in DPH integration efforts expanded in FY 10/11. MHSAs is now funding behavioral health staff located at eight Primary Care Clinics:

- Chinatown Child Development Center
- Cole Street Clinic
- Curry Senior Center
- Larkin Street Youth Clinic
- Southeast Health Center
- Potrero Hill Health Center
- Third Street Youth Clinic
- Tom Waddell

Recognizing recovery encourages more recovery and ultimately helps de-stigmatize mental illness.

South of Market Mental Health and the CBHS Behavioral Health Access Center also receive funding to support their capacity to address primary care needs on site.

Innovation Highlight in Treatment: Tele-Psychiatry

This new CBHS program seeks to improve access to psychiatric consultation at DPH Primary Care clinics; and it was brought to fruition by MHSAs partnering with DPH clinics to fund a portion of this project. As part of a larger initiative to improve access to medical specialties for DPH Primary Care clinics, this program offers an interactive network of high-speed, high-definition video units that will be installed at each Primary Care clinic. Through close collaboration between Behavioral Health and on-site Primary Care providers, including medical doctors, behaviorists, and behaviorist assistants, it is hoped that the treatment of behavioral health problems within the Primary Care setting will be improved. The Tele-Psychiatry Program has had a year-long successful pilot project with the Maxine Hall Health Center.

Behavioral Health and Juvenile Justice Integration

Beginning in FY 10/11, with support from MHSAs, all youth detained for more than 72 hours at the San Francisco Juvenile Justice Center were screened for behavioral health issues. Staff then worked in partnership with the Juvenile Probation Department and the courts to ensure that any identified needs are incorporated into case planning. MHSAs also funded therapy and psychiatry services, mentoring services, and linkages to community-based services after release.

There are two contracted programs funded in this category. The achievements of these programs are described below.

Seneca's AIIM (Assess, Identify Needs, Integrate Information, and Match to Services) Higher program connected youth to a variety of resources. AIIM Higher is a collaboration between the San Francisco Juvenile Probation Department, San Francisco Department of Public Health's Child, Youth and Family System of Care and Seneca Center. Ninety probation-involved youth and families received assessments and linkages to relevant service supports. A total of 63 caregivers were connected with community-based agencies to assist

in the development of their families via mental health services, case management services, parenting support, assistance with housing/improvement, kinship services, and other community resources. Sixty-nine youth were connected with academic, housing, employment, and recreational, mental health, and behavioral services to help address their needs.

Participants of the Youth Justice Institute (YJI) experienced positive outcomes. YJI provides comprehensive mental health, mentoring and after care services for youth involved in the juvenile justice system as a means to address mental health needs. A total of 72 young men received therapy and mentoring services in FY 10/11. Of those who received services, twelve young men (16%) have exited probation successfully without any additional violations or charges. Twelve young men who were transferred out of detention also reported that they accomplished the goals they set upon their entry into the program.

Behavioral Health Access Center (BHAC)

BHAC is a centralized referral and linkage to service site that co-locates five behavioral health programs including: 1) Mental Health Access for authorizations into the Private Provider Network, 2) the Treatment Access Program for assessment and placement into addiction and dual diagnosis treatment, 3) the Offender Treatment Program (formerly SACPA Prop 36) to place mandated clients into addiction and dual diagnosis treatment, 4) Centralized Opiate Placement Evaluation (COPE) and Office-Based Buprenorphine Induction Clinic (OBIC) for evaluation and placement into Opiate Replacement Therapy, and 5) the CBHS Pharmacy.

An expanded team of staff that includes an MHSA funded psychiatrist, nurse practitioner, eligibility workers, and pharmacist provided enhanced supports for the 3,609 individuals served by the CBHS Behavioral Health Access Center (BHAC) in FY 10/11.

Prevention and Recovery in Early Psychosis (PREP)

PREP is an early-intervention treatment program for schizophrenia and early psychosis. The program includes a public education campaign as well as an array of services designed to reduce and control symptoms associated with psychosis. This program involves a partnership between Family Service Agency, UCSF, the Mental Health Association of San Francisco, Larkin Street Youth Services, and the Sojourner Truth Foster Care Agency. PREP treatment services include the following: algorithm-based medication management, cognitive rehabilitation, evidence-based individual therapy, multi-family groups, strengths-based care management, and neuropsychiatric and other advanced diagnostic services as needed.

In FY 10/11, significant achievements were made in three programmatic areas: (1) outreach and education, (2) intake and assessment, and (3) treatment and training.

Outreach and Education

Collaborative efforts aimed to increase awareness about PREP reached different segments of San Francisco’s communities. Exhibit 11 reflects the outputs from the outreach efforts of PREP. A total of 2,090 hours of outreach and education services about early psychosis were provided to a diverse body of stakeholders, including health and mental health providers, schools, community organizations, and at-risk youth. Outreach efforts were influenced by the following:

Exhibit 11. PREP Outreach and Education Activities

	Estimated Reach
Presentations	863 attendees at 16 schools, 4 primary care clinics, 14 mental health clinics, and 27 community groups at 61 presentations
Community Events	215 attendees at 6 presentations
Informational Contacts	486 individuals from 19 schools, 13 primary care clinics, 60 mental health clinics, and 56 community groups and youth service providers
Media Coverage	1 television broadcast (<i>News Hour with Jim Lehrer</i>)

- **Tailoring of outreach materials.** Printed materials for youth, foster youth, families, clinicians, and other stakeholders were developed or revised.
- **Improvements to the PREP website.** In January 2011, the PREP website was updated with more robust information about the program and its partners, comprehensive content on schizophrenia and psychosis, and links to resources for youth and families. The PREP Screening Survey was also posted on the website and includes resources for those who are ineligible for the PREP program.

Intake and Assessment

A total of 546 calls were received by the PREP referral line. Of the 340 individual calls received, 61% (n=206) were related to San Francisco residents who are potentially eligible for PREP services. Of these eligible residents, 69% were male and 31% were female. The mean age of these eligible participants was 20 years. The majority reported having health insurance coverage (66%), either private insurance (46%) or Medi-Cal or other public insurance (28%).

Treatment and Training

Staff from PREP’s five partner agencies provided 1,615 hours of treatment services. Citywide, PREP served clients from diverse ethnic backgrounds, including 31% of whom were Caucasian, 24% were Asian/Pacific Islander, 19% were Latino, 15% were African American, and 11% were of other races/ethnicities. In addition, PREP was able to provide services to family members in Spanish and Cantonese if this was their preferred language.

Trauma Recovery

This program addresses the need for community-based, client-driven therapeutic interventions for individuals, families and communities who are impacted by violence. Funded agencies partner with community response networks and front line violence response programs, to provide mental health services to young people impacted by violence.

The project consists of two community-based trauma and recovery programs:

- La Cultura Cura Trauma Recovery and Healing Services, which is administered by Instituto Familiar de la Raza, provides trauma recovery and healing services to young people under age 25 and their families, particularly Latinos and multicultural individuals living in the Mission district.

- YMCA Trauma and Recovery Services, which is administered by the Urban Services YMCA, offers comprehensive behavioral health, case management, and outreach services to youth and their families who are affected by violent events.

In FY 10/11, Trauma recovery and healing services were provided to 97 young people and their families impacted by violence. Recently, capacity to provide services to non-Medi-Cal Spanish-speaking youth was expanded. In FY 11/12, MHSA is exploring options for expanding trauma services to the Southeast sector of San Francisco.

Dual Diagnosis Residential Treatment

Walden House provides dual diagnosis residential treatment and support for individuals who do not have Medi-Cal coverage. Prior to MHSA funding, these clients would have been placed on waitlists before receiving services. In FY 10/11, Walden served 27 clients.

Innovation Highlight: Celebrating Success in Recovery

The very first MHSA Awards Ceremony took place October 14th, 2011 at San Francisco's First Unitarian Church. It was an amazing event and the excitement in the air was palpable. A total of 92 individuals were recognized for their personal achievements. Three different MHSA-funded organizations were recognized as Teams of the Year. Some awardees later shared that this was their first recognition in more than 30 years and that they will always cherish that moment.

This awards ceremony was coordinated by the Mental Health Association of San Francisco and MHSA staff in order to honor recipients of MHSA services for their recovery in a public celebratory forum. Approximately 10 to 12 members were involved in the Planning Committee, almost all of whom were consumers and survivors. Four consumers received stipends for their work on this project. This committee worked diligently on all aspects of event planning, from award criteria selection, to site logistical coordination, to emceeding the entire event. It was a wonderfully moving experience for all involved.

MHSA plans to make this an annual event.

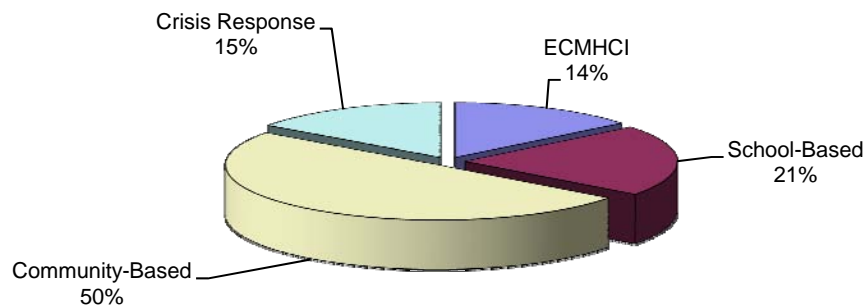
3. Mental Health Promotion and Early Intervention (PEI) Services

Services in this category aim to reduce risk factors, promote a holistic view of wellness, and reduce mental health-related stigma. PEI services are provided in settings that people would not normally access for mental health services. These settings include child care centers, family resource centers, community centers, elementary, middle and high schools. PEI programs primarily target populations that are most at-risk and underserved including children and youth who are at risk for school failure or juvenile justice involvement, from stressed families, from underserved cultural populations, and those who have been exposed to trauma.

FY 10/11 marked the first full year of implementation for many PEI programs with significant work done on training and recruiting staff, developing data collection and evaluation tools, and strengthening partnerships. PEI Programs include : (1) Early Childhood Mental Health Consultation, (2) School-Based Mental Health Promotion, (3) Crisis Response Services, and (4) Community-Based Wellness Promotion (targeting specific populations such as African Americans, Mayans, LGBTQ, Transitional Age Youth, Juvenile Justice).

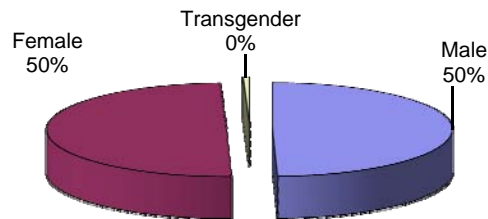
MHSA funds supported various PEI service categories (see Exhibit 12). Community Based Mental Health Promotion received the largest percentage of MHSA funds for PEI programs (50%) followed by School-Based (21%), Crisis Response (15%) and ECMHCI (14%).

Exhibit 12. Percentage of MHSA Funds Allocated to PEI Services, FY 10/11



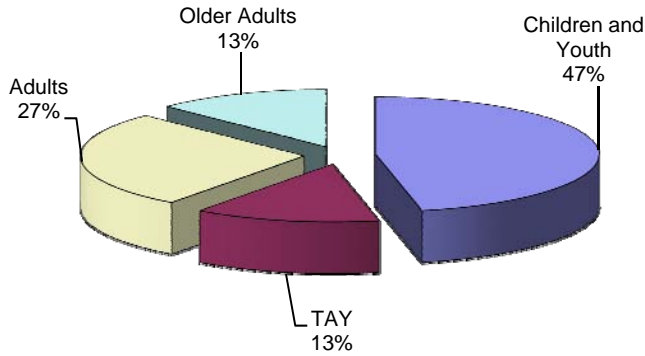
In FY 10/11, PEI programs reached over 26,141 individuals. Of those who participated in these programs, 50% were male and 50% were female (see Exhibit 13).

Exhibit 13. Gender of PEI Program Participants, FY 10/11



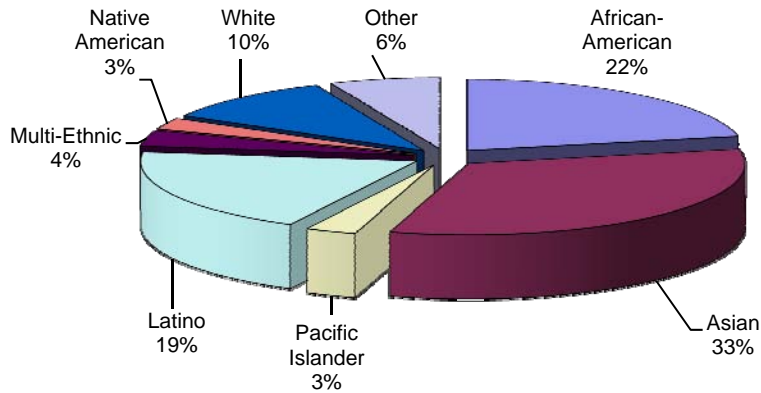
PEI programs also served participants across the developmental spectrum as shown in Exhibit 14. The majority of PEI program participants (47%) were children and youth.

Exhibit 14. Age of PEI Program Participants, FY 10/11



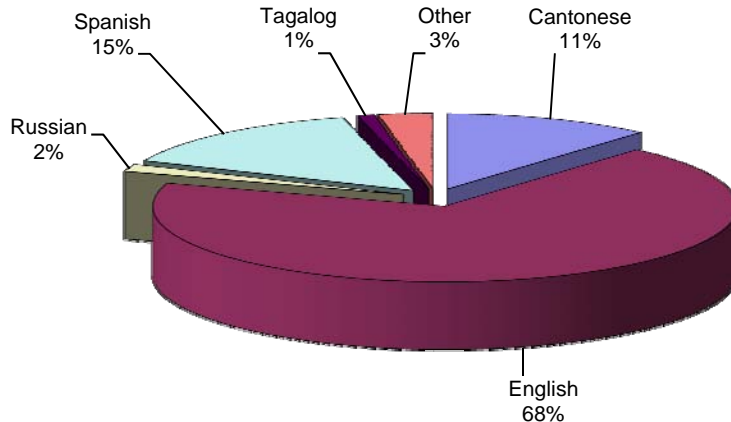
As seen in Exhibit 15, PEI programs reached diverse populations, the majority of whom were Asian (33%) or African American (22%).

Exhibit 15. Race/Ethnicity of PEI Program Participants, FY 10/11



PEI program participants also spoke languages other than English as shown in Exhibit 16, including Spanish (15%) and Cantonese (11%).

Exhibit 16. Languages Spoken by PEI Program Participants, FY 10/11



Early Childhood Mental Health Consultation Initiative (ECMHCI)

The services provided by the ECMHCI are meant to underscore the importance of early intervention and enhance a child’s success. Behavioral health professionals are located in child care settings so that they can provide consultation, training, and support for program staff and parents (see Table 2).

Table 2. Summary of ECMHCI Services

Focus Area	Programs
Early Childhood Mental Health Consultation (ECMHCI): Services include case and program consultation, staff and parent training, referrals, therapeutic play groups, direct psychotherapeutic intervention, crisis intervention, parent education and support groups, and family advocacy.	■ Infant Parent Program/Day Care Consultants
	■ RAMS/Fu Yau Project
	■ Homeless Children’s Network
	■ Instituto Familiar de la Raza
	■ Jewish Family and Children’s Services

Outcomes

Expanded services. MHSAs funds made it possible for the ECMHCI to provide services at an additional 21 sites including family resource centers, family day care networks, and substance abuse day treatment programs (see Exhibit 17).

Served diverse populations. Mental health consultation services were provided to 3,011 children, 191 teaching staff, and 2,420 caregivers that included parents or other family members.

Launched the ECMHCI Training Institute. Three primary components of the ECMHCI Training Institute, which were implemented in 2011, were supported by the MHSAs. These components are described below.

- + *Orientation for “newer” consultants:* Geared toward consultants who have been involved in consultation for one year or less. The cohort consisted of 13 consultants who completed a nine-month long program as a unit, and they were guided by a curriculum that focuses on the core concepts of mental health consultation service delivery.
- + *Supervisors/Program Directors support groups:* Allowed for deeper process and discussion around issues related to the field of mental health consultation and fostered a unified model of service delivery across all San Francisco ECMHCI provider agencies.
- + *Ongoing professional development trainings:* A kick-off event was held in October for both new and experienced consultants, as well as supervisors/program directors. Dr. Deborah Perry from Georgetown University presented her national research to the early childhood mental health consultation cohort; and consultants were able to discuss the impact of this research on their current practice.

Exhibit 17. ECMHCI Service Locations, FY 10/11

Site	Agencies <i>n</i>
Child care center	10
Family resource center	5
Family day care network	3
Substance abuse day treatment program	3

School-Based Mental Health Promotion

The School-Based Mental Health Promotion Program – a collaboration of community-based organizations and San Francisco K-12 campuses – applies school-based best practices that address non-academic barriers to learning. With public schools serving as hubs, this initiative offers a range of supports and opportunities to children, youth, and their families. Moreover, these services are provided during and after the school day to accommodate working families’ schedules. The precision of this coordinated approach is designed to support student success by combining the full spectrum of prevention, early intervention, and linkages to behavioral health services with existing supports already housed in school settings. The gamut of available services reflect the breadth of expertise that each initiative partner brings – e.g., philosophies rooted in a prevention and resiliency, youth development approaches, peer education paradigm, cultural or ritual-based healing, and family support.

The activities supported through the School-Based Programs involve:

- Crisis intervention
- Family engagement and support
- Wellness promotion workshops
- School climate activities (e.g., Anti-Bullying and Good Citizen Campaigns)
- Student leadership and peer education
- Teacher training and support
- Mental health consultation services
- Case management
- Short-term individual and group behavioral health services (e.g., screening and assessment and early intervention).

In FY 10/11, 4,973 students were served by MSHA-funded school-based programs located at five schools – Charles Drew College Preparatory Academy, Hillcrest Elementary, James Lick Middle School, Balboa High School, and Phillip & Sala Burton High School.

Table 3. Summary of School-Based Mental Health Promotion Services

Focus Area	Programs
<p>School-Based Mental Health Promotion: Services focus on students in kindergarten through twelfth grade.</p>	<ul style="list-style-type: none"> ■ Edgewood Center for Children and Families <ul style="list-style-type: none"> ● Charles Drew College Preparatory Academy
	<ul style="list-style-type: none"> ■ Instituto Familiar de la Raza <ul style="list-style-type: none"> ● Hillcrest Elementary and James Lick Middle Schools
	<ul style="list-style-type: none"> ■ Bayview Hunters Point Foundation <ul style="list-style-type: none"> ● Balboa High School
	<ul style="list-style-type: none"> ■ Bayview YMCA <ul style="list-style-type: none"> ● Burton High School
	<ul style="list-style-type: none"> ■ RAMS <ul style="list-style-type: none"> ● San Francisco Unified School District (SFUSD) High School Wellness Centers

Populations Served

As seen in Exhibit 19, PEI programs reached diverse students, the majority of whom were Asian (32%), Latino (31%) and African American (22%) (see Exhibit 18).

Outcomes

School and program staff fostered positive relationships and strong partnerships.

One partnership that continued to gain momentum during FY 10/11 involved the Edgewood Center for Children and Families and the Charles Drew College Preparatory Academy. This partnership focuses on (1) building the capacity of Drew College Preparatory Academy teachers so that they can positively handle students' behavioral issues; and (2) building the capacity of families so that they can support their children to succeed.

During FY10/11 Charles Drew College Preparatory Academy felt that the program deserved a private space to perform services and activities in an appropriate confidential setting, so they were able to dedicate a room on the school campus specifically for this program. In addition, because of teachers' high desire for training and support in mental health approaches, Edgewood Center for Children and Families was able to offer them practical skills for utility in their classroom.

School staff feedback about the mental health strategies and supports they received was positive. Staff reported high satisfaction with the trainings they received and their interactions with consultants. For instance, the communication between Instituto Familiar de la Raza (IFR) mental health service staff, Hillcrest Elementary and James Lick Middle School was positively regarded. In this past academic school year, consultants provided weekly classroom "push-in" supports for teachers. Push-in techniques can help to strengthen relationships with teachers and peers, it is inclusive, and it enables more learning time versus pulling students out of the class, which isolates students and takes away from valuable classroom activities and engagement.

IFR consultants were also available to respond to many crisis situations, and help staff address critical incidents by intervening, modeling, consulting after the crisis situations and providing opportunities for school staff to debrief and learn from the situation. Also, follow up with families was provided when the consultant was identified by the team as the best person to reach out to the students' parents.

Innovative strategies were employed to further engage students, parents, and families. At the Edgewood Center for Children and Families, 12 families participated in the Triple P training program and an anti-bullying campaign was rolled out. The Triple P Parenting Program is a multi-level, preventively-oriented parenting and family support strategy. The program aims to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. With regards to the anti-bullying campaign, the program's Behavior Coach helped to create and facilitate an anti-bullying program, delivered on a class-wide weekly basis during the last month of the school year.

Another notable accomplishment in FY 10/11 was the youth involvement in all levels of planning, implementation, and evaluation on the Balboa High School Youth Advisory Board.

Exhibit 18. Race/Ethnicity of Students (for whom demographic info was collected) Served (N=2,268), FY 10/11

	Population (%)	n
Race/Ethnicity		
Asian	32	726
Latino	31	703
Black/African American	21	476
White	6	136
Multi-ethnic	6	136
Pacific Islander	4	91

Capacity to provide cultural and linguistic services has increased. A Spanish-speaking staff person was added to the SFUSD High School Wellness Centers. As a result, behavioral health support services were provided to Spanish-speaking youth.

Crisis Response

Crisis Response services are immediate, initial and short term; and they directly address individual, interpersonal, and community-related crises. Crisis Response represents a wide range of services, from a telephone response service system to a mobile crisis outreach team (see Table 4).

Table 4. Crisis Response Services

Focus Area	Programs
<p>Crisis Response: Strengthens early intervention services that are delivered to individuals, families and communities who have been subjected to violence and trauma.</p>	<ul style="list-style-type: none"> ■ Comprehensive Child Crisis: This mobile crisis response unit provides comprehensive psychiatric assessments to youth and children 24 hours/7 days a week. ■ CBHS – Crisis Response Team: Provides immediate crisis care and follow-up case management services to victims of gun violence and homicide.

Comprehensive Child Crisis is a 24 hours 7 days a week, mobile crisis response unit. All children and youths needing a comprehensive psychiatric assessment from CCCS are provided with a face to face assessment on the same day the request was made. All CCCS staff responds to crisis evaluation requests, and they travel to clients’ locales (rather than making clients go to staff’s offices). These locations include home, school, primary care office, police station, hospitals' emergency department, day treatment and residential settings, jail, or wherever the client may be.

The CBHS Crisis Response Team (CRT) provides caring and culturally competent assistance to the families and loved ones of victims of gun violence and homicides. The CRT provides immediate crisis care and follow-up case management services to those affected by violence, in conjunction with the SFPD and other city agencies. The CRT services include: crisis support; short term case management; and brief therapy to victims and families. Case management services are tailored to the needs of each family and can encompass a host of services such as: debriefing sessions for families and loved ones; organizing neighborhood donation drives to provide financial assistance to the victim’s family; linking families to grief support and therapy; educating the community about the impact of violence and trauma; and connecting families to services within the neighborhood where the incident occurred. The CRT also assists families with funeral services and arrangements and with securing general assistance through federal- and state-funded programs. An important component of the CRT approach is facilitating the involvement of additional community-based agencies or response organizations to wrap supportive services around the family. The CRT also participates in a variety of community healing events to support positive efforts leading to a healthier community.

The team responds to all violence-related incidents after receiving a call from the SF Police Department. These incidents occur throughout the city. However, the greatest numbers of violent incidents occur in neighborhoods that have historically been economically depressed, have high rates of truancy among youths, and have active territorial gang rivalries. Violent incidents have occurred in the Tenderloin, Bayview-Hunters Point/Visitation Valley, South of Market, and Chinatown neighborhoods, where 40% of the residents are low

income (at or below 200% of the federal poverty level): CRT has also responded to incidents in the Mission and North Beach neighborhoods, where over 30% of these neighborhood populations is low income. Our data also shows that in 2009, 90% of young homicide victims were either African-American (54%) or Latino (37%). Therefore, it is not surprising that the vast majority of families served are African-American and Latino, followed by Asian/Pacific Islander.

Community-Based Mental Health Promotion

Services in this category are typically delivered in community settings, as opposed to clinical, and promote wellness from a holistic point of view (see Table 5). Community-based mental health promotion raises awareness about mental health, facilitates referrals and linkages to health and social services, identifies individual and family strengths and needs, increases problem solving capacity, and develops trusted community networks.

Table 5. Summary of Community-Based Mental Health Promotion Services

Focus Area	Programs
<p>Youth-Focused Mental Health Promotion</p>	<ul style="list-style-type: none"> <li data-bbox="560 821 1443 961">■ Community Youth Center: Adopts a multi-systemic therapy approach to address mental health stigma, limited access to linguistically and culturally appropriate services, and co-factors affecting Asian & Pacific Islander youth. <li data-bbox="560 972 1443 1108">■ Youth Agency Mental Health Consultation: Seeks to improve the lives of at-risk youth by providing direct services (e.g., crisis intervention, short-term therapy) and facilitating a sustainable change process within the systems through which youth receive services. <li data-bbox="560 1119 1443 1226">■ Transitional Age Youth (TAY) Multi-Service Center: Provides community outreach and education, direct services and service linkage to reduce risk factors and build protective factors to improve outcomes for TAY.
<p>Holistic Wellness Promotion: Services address the impacts of trauma, including outreach and education, pro-social community building events, community wellness promotion activities and traditional healing, service linkages for individuals and families and time-limited behavioral health services.</p>	<ul style="list-style-type: none"> <li data-bbox="560 1247 1443 1346">■ Bayview YMCA’s African American Holistic Wellness Program: Aims to build a stronger sense of community among African Americans living in San Francisco. <li data-bbox="560 1356 1443 1520">■ Central City Hospitality House’s Holistic Violence Prevention and Wellness Promotion Project: Targets the homeless population in the Tenderloin by strengthening positive social and psychological development and preventing the need for more intensive mental health services. <li data-bbox="560 1530 1443 1793">■ Instituto Familiar de la Raza’s Indígena Health Wellness Collaborative: As a partnership between Instituto Familiar de la Raza and Asociacion Mayab, this program aims to improve the health and well-being of Indígena immigrant families through increasing access to health/social services, supporting spiritual and cultural activities, strengthening social networks of support, and providing opportunities for healing and early interventions with families who are struggling to overcome trauma, depression, addictions and other health/mental health problems.

**Holistic Wellness
Promotion (continued)**

- **Native American Health Center’s Living in Balance program:** Targets American Indian/Alaska Native children, youth, TAY, adults and older adults who have been exposed to trauma or are at risk of trauma; children, youth and TAY who are in stressed families, at risk for school failure, and/or at risk of involvement or are involved with the juvenile justice system; and links them with behavioral health and support services that are congruent with Native American values and traditions.

Populations Served

While various racial/ethnic groups were served by PEI-funded programs and services, most community-based services reached Black/African-Americans (35%) and Asians (29%). Agencies served smaller proportions of other racial/ethnic groups.

Outcomes

Community Youth Center (CYC) served diverse populations. CYC and its partnering agencies served 85 face-to-face unduplicated clients and conducted outreach to 906 youth. Furthermore, more than 90% of youth and families who were enrolled in case management services reached their treatment goals.

TAY Multi-Service Center served TAY and families. Prevention services were provided to 428 TAY and 50 families. Intervention services were provided to 127 TAY and 22 families.

Youth Agency Mental Health Consultation (YAMHC) strengthened its capacity to provide consultation and training services. A new intensive consultation program was established at Larkin Youth Services, an agency providing a continuum of services for homeless and at-risk youth. Through training and consultation, program staff and managers have become more aware of their clients’ needs and possible mental health issues; and they are better able to serve and support their clients. At Huckleberry Youth Programs, an agency consultant developed very strong relationships with the case managers; and as a direct result of this, the consultant and staff have been able to collectively and successfully engage more youth and their families in therapy. Significant progress has also been made towards marketing the mid-level consultation program through the development of a program brochure, webpage, and intervention menu.

Participants of the Bayview YMCA’s African American Holistic Wellness Program reported positive outcomes. As a result of their involvement in Community Groups and Healing Circles, 100% of participants reported an increase in knowledge about making better health and wellness choices. Following involvement in Wellness Workshops, 100% of participants reported improved ability to deal with life difficulties.

Central City Hospitality House’s Holistic Violence Prevention and Wellness Promotion Project strengthened its capacity to provide services. Fourteen interns were selected to participate in the Healing, Organizing, and Leadership Development (HOLD) program. A total of 189 individual screenings were conducted by the Program Therapist. Among those who were screened, 149 (79%) individuals received therapeutic services.

Instituto Familiar de la Raza’s Indígena Health and Wellness Collaborative reached diverse populations. A total of 158 indigenous individuals participated in ceremonies and group activities. Moreover, 56 participants learned about the root causes and effects of trauma on their and their families’ overall health and wellness. Health Promotoras provided 235 Mayan individuals information, referrals, assistance in navigating service systems, and linguistic interpretation support.

Native American Health Center’s Living in Balance program improved participants’ communication skills. This program offered eight sessions with community members and traditional healers. A total of 629 individuals received intervention and direct prevention services with mental health specialists. Of those who received prevention services, 46% reported improvement in communicating with others.

PEI Innovation Pilots Highlights:

- + **Adapt the WRAP (ATW):** Groups of TAY between the ages of 18 and 22 were trained to develop a Wellness Recovery Action Plan (WRAP). WRAP is a system developed and used successfully by people with a variety of physical and emotional symptoms. It helps individuals use self care skills more easily to monitor their symptoms, decrease the severity and frequency of symptoms, and improve the quality of their lives. After completing the WRAP training, small groups worked together for 8 weeks to re-create the WRAP in a youth friendly manner, using a variety of artistic and creative outlets. At the close of their 8-week project, youth presented their final products in a showcase. Also as part of this pilot, ATW staff also provided this training to TAY-serving organizations.
- + **Seedling Resilience Garden Project:** Pilot to learn how to utilize community gardens and urban farm spaces to support homeless, formerly homeless and individuals with severe mental health issues through the use of: (1) skill shares and (2) employment training. Since skill shares encourage underserved populations and stakeholders to lead and share information as equals in a safe environment, it is predicted that “skills shares” learning will enable individuals –who have been unable to access clinical forms of mental health care- to become more invested in their health, increase their self sufficiency, increase community engagement.
- + **Digital Storytelling for Adults:** During a Digital Story Workshop, individuals share their personal stories in a facilitated circle and then bring their stories to life by writing their story, recording it in their own voice and supporting it with images and music. Stories help individuals symbolize their experience and contribute to their healing in the process. In addition to the process, the workshop results in a wonderful community outreach tool. The goal of this pilot project is to recruit participants with lived experiences of mental illness. Participants produced three digital stories that could be used as teaching tools. The digital stories included: *“Voices from Behavioral Health, Family-Driven Care”*, *“Partnering with families who are survivors of violence and trauma”*, and *“Youth Violence Prevention Curriculum”*.
- + **Mindfulness-based Intervention for youth and providers:** Pilot to understand how Mindfulness-based approaches may improve adjustment among chronically stressed and disadvantaged youth by enhancing self-regulatory capacities. This is 10-week, group-based intervention for youth in high school. Activities teach youth strategies to help reduce stress and reactive behaviors and gain greater self-control. Adult youth-workers (e.g., therapists, social workers, nurses, and outreach workers) received a similar group intervention. A select number of participants will receive additional train-the-trainer instruction to assist in the teaching of other agency staff and youth groups.

4. Peer Support Services

MHSA works to include consumers in all aspects of its work, from planning all the way to evaluation. One of the priority goals in this area is to increase the number of peers involved in actual service delivery methods. Peer support is an integral element of a recovery-oriented behavioral health system; and provision of behavioral health support by persons who have had experience with these issues innately brings empathy and empowerment that can inspire recovery in others. These types of programs give peer providers, who have significantly recovered from their illnesses, the opportunity to assist others by teaching how to build the skills necessary that lead to meaningful lives. Peer support services have demonstrated effective outcomes such as reduced isolation and increased empathic responses. Research has also shown that outcomes improve when consumers serve as peer specialists on case management teams.

In 10/11, we expanded the number of peers who are paid to provide recovery support and services (see Table 6). Peer support services are provided by well-trained consumers and family members to other consumers who are working on their own recovery. The FY 10/11 accomplishments in this area are highlighted in this section.

Table 6. Summary of Peer Support Services

Focus Area	Programs
Professional Development for Peer Support Providers	<ul style="list-style-type: none"> ■ Peer Specialist Mental Health Certificate Program. This 12-week certificate program focuses on developing the skills and knowledge necessary for entry-level positions in the behavioral health system. This program enrolls consumers, family members and members of underrepresented communities interested in providing clinical and support services to those affected by mental illness. <i>(also related to Workforce Development)</i>
Peer Support Staff integrated in CBHS Systems of Care	<ul style="list-style-type: none"> ■ System Navigators: Assist in coordination of outpatient services for clients, facilitate wellness groups for special populations in mental health clinics and community centers, advocate for mental health and dual diagnosis clients, and perform administrative tasks for CBHS medical records division, Treatment Access Program, and the Office of Cultural Competence and Client Relations. System Navigators also collaborate with the Officer of the Day to mediate problems involving clients receiving services in the building. ■ Clinic-Based Staff: Assist clients in navigating services, facilitate support groups, and perform administrative duties in clinic settings. ■ Family and Youth Involvement Team: Assists clients from the Family Mosaic Project and the Children’s System of Care to navigate the network of services available to children, youth, and families.
Community-Based Peer Support Centers	<ul style="list-style-type: none"> ■ Central City Hospitality House: Provides a range of holistic health and wellness services at its peer-run centers in the Tenderloin and on Sixth Street.

Community-Based Peer Support Centers (continued)	<ul style="list-style-type: none"> ■ Curry Senior Center: Operated by the Family Service Agency, this peer-based center serves the Tenderloin community and offers health care, wellness, and housing support services to older adults.
	<ul style="list-style-type: none"> ■ Office of Self-Help: Uses peers to provide socialization, recreational activities, employment development, and a warm line.
Other Peer Support Programs	<ul style="list-style-type: none"> ■ Pathways to Discovery: A peer-run wellness and recovery team supports FSPs, mental health clinics, and housing providers by facilitating therapeutic art activities, conducting one-to-one peer counseling, escorting clients to other services, and assisting with daily living.
	<ul style="list-style-type: none"> ■ Larkin Street Youth Services: Uses peers to provide socialization, recreational activities, and employment development to at-risk TAY.

Outcomes

MHSA funded Peer Support Staff are assigned to five CBHS clinics. Peer staff provides recovery services alongside licensed clinicians in the Civil Service Behavioral Health Clinics. New staff members worked in the following clinics: Mission ACT, OMI Family Center, Sunset Mental Health, CBHS/TAY and the Behavioral Health Access Center. These staff received trainings in AVATAR and basic clerical skills to increase their ability to provide program support. In addition to those generalized skills, staff received intensive trainings about how to effectively work with clients in group and individual settings. Peer staff provided a variety of services, including: facilitation of a Transgender focus group, mentorship of severely mental ill TAY participants, implementation of WRAP trainings at clinics and collaborative agencies, client navigation, and assistance for crisis services.

A peer staff person was dedicated to assist in the transition of clients in their transition from Board and Care Residential Homes to back into the community. This new role was filled in 2011 since these services were previously performed exclusively by social workers. As advocated by the principles of Wellness and Recovery, it was critical for care home residents to be properly educated to the wide variety of peer support services available. Due to illness that affected the new hire in FY 10/11, the project duties were transferred to the peer-led Pathways to Discovery program.

Trainings improved staff development. In 2011, the Consumer Employment Program focused on increasing peer staff's professional skills, including instruction on delivering culturally sensitive services to consumers. Peer staff members received monthly in-house trainings as well as external trainings. The content areas for these trainings included: boundaries, motivational interviewing, stress management, HIPAA and privacy, sexual harassment, and creating a Wellness and Recovery Action Plan. Furthermore, peer staff received individual supervision, monthly peer support, and job coaching.

At-A-Glance

Peer Support Services Highlights
<ul style="list-style-type: none"> ■ Expenditures for Peer Support Services grew more in FY 10/11 than in any other MHSA category
<ul style="list-style-type: none"> ■ 783 individuals were served at four Peer-Based Centers
<ul style="list-style-type: none"> ■ 209 individuals were served at two other peer-run wellness programs

Peer Specialist Mental Health Certificate Program. Thirty participants successfully completed the course in FY10-11. Within six months of graduation, 73% of students reported having worked, volunteered, engaged in advocacy and/or pursued additional education in the counseling/social work disciplines.

Innovation Highlights in Peer Support

Peer-Led Hoarding and Cluttering Support Team (PLST): The aim of this peer-based project was to increase San Franciscans' abilities to access services that can help them with their serious hoarding and cluttering issues. Peer Responders with first-hand experience of hoarding and cluttering collaborated with support staff to provide interventions and access to therapeutic services, so that consumers can avoid eviction and maintain their homes.

5. Vocational Services

This category comprises programs and job opportunities that assist consumers and family members in preparing for meaningful employment. Services include assessments, training, workshops, coaching and retention. Table 7 below lists the types of MHSAs-funded vocational services. FY 10/11 vocational services highlighted in this section underscore the importance of wellness and recovery among consumers and family members.

Table 7. Summary of Vocational Services

Focus Area	Programs
<p style="color: red; text-align: center;">Vocational Services</p>	<ul style="list-style-type: none"> ■ Department of Rehabilitation. Through CBHS' Cooperative Agreement with the Department of Rehabilitation, each dollar of MHSAs funding is matched with three dollars of federal funding used to create a continuum of vocational services. This continuum, provided by Citywide Case Management, Community Vocation Enterprise and Richmond Area Multi-Services, Inc. (RAMS), includes vocational intake assessments, vocational training, sheltered workshops and other employment opportunities (e.g., job development and placement, job coaching, retention services).
	<ul style="list-style-type: none"> ■ Central City Hospitality House. The 6th Street Center Employment Resource Center (ERC) provides job search support and assistance by offering access to computers, job leads, internet, copying and faxing. Staff support is also available to assist with job searches, creation of resumes and cover letters, and job applications.
	<ul style="list-style-type: none"> ■ Vocational Information Technology. This training program prepares consumers to provide information technology (IT) support services (i.e., desktop, help desk). Participants receive paid, part-time work experience and on-the-job training at the CBHS IT Department. RAMS was contracted to begin work on the program in March 2011.

Outcomes

CBHS's Cooperative Agreement with the Department of Rehabilitation (DOR) leveraged \$200,000 of MHSAs funding. Through CBHS's Cooperative Agreement with the DOR, \$200,000 of MHSAs funding was used to leverage \$600,000 of federal funding, which then in turn provided a continuum of vocational services. This continuum, provided by Citywide Case Management, Community Vocation Enterprise and RAMS, included vocational intake assessments, vocational training, sheltered workshops and other employment opportunities, such as job development and placement, and job coaching and retention services. A total of 462 clients received services through the DOR collaborative.

RAMS was contracted to begin work on the consumer-focused, information technology (IT) training program. In March 2011, a new Vocational Information Technology training program was launched. The aim of this training is to prepare consumers for the role of providing IT support services. Four participants completed an initial six-week pilot training program, which focused on responding to AVATAR Help Desk inquiries; and each participant received paid, part-time work experience and on-the-job training at the CBHS IT Department. Both staff and participants provided positive feedback about this program. i-Ability is a program of the RAMS Hire-Ability Vocational Services which offers a full spectrum of vocational training and employment services.

Central City Hospitality House's Employment Resource Center was well utilized. Based on tallies from sign-in sheets, the Employment Resource Center was accessed 2,669 times.

The Peer Specialist Mental Health Certificate Program successfully graduated 30 participants. A total of 22 participants (73 %of graduates) reported that within six months after completing the program, they worked, volunteered, engaged in advocacy activities, and/or pursued additional education in the counseling/social work disciplines.

Innovation Highlight in Vocational Services: Support Employment and Cognitive Training (SECT) Project

The Supported Employment and Cognitive Training Project (SECT) addresses the need for functional recovery in persons with serious mental illness. SECT harnesses two evidence-based interventions in order to empower individuals with serious mental illness to obtain competitive jobs in the community. In this project, SECT combines state-of-the-art Supported Employment practices with cutting-edge computerized cognitive training that sharpens clients' thinking, memory, and problem-solving skills.

Clients participate in daily computerized cognitive training exercises to improve their brain information processing abilities. They then enter individualized job placement and support. Then SECT helps clients determine whether an improvement in cognitive functioning will allow them to make use of other recovery-based programs such as job placement and support, and then ultimately they can re-integrate themselves into their communities.

6. MHSA Housing Program

The MHSA Housing Program serves individuals with serious mental illness who are homeless or at risk of homelessness. The primary components of this program that will be discussed in this section include: (1) emergency stabilization units, (2) permanent housing, and (3) other housing supports.

MHSA’s housing investment is made in close collaboration with the Housing and Urban Health (HUH) Section of the Department of Public Health. HUH makes countless contributions to supporting the wellness and recovery of MHSA beneficiaries by helping MHSA build relationships with housing developers, leveraging local resources, managing master leases, and coordinating the referral and screening of new resident.

Emergency Stabilization Units (ESUs)

Intended for short-term stays, the 32 emergency stabilization units (located within four hotels) provide housing stability for clients discharged from the hospital, jail or life on the street. These ESUs have been integral in increasing the number of participants who obtain housing. For example, these units often assist clients who need a place to stay while waiting for longer-term housing to become available.

FSP Clients Served

A total of 73 FSP clients were placed in ESUs for a total of 3,174 nights. The average stay of an FSP client was 43 nights (see Exhibit 19).

Of note, it was particularly challenging to find permanent housing solutions for undocumented individuals residing in ESUs in FY 10/11. As a result of an undocumented status, these individuals are often ineligible for traditional permanent housing options. Several clients who met this profile were housed in an ESU for approximately 300 days. While these cases are in the minority, they skew the average length of stay of an FSP client in an ESU. However, by the end of FY 10/11, SF MHSA and FSP staff placed two undocumented clients placed in permanent housing at the Richardson apartment.

Exhibit 19. Age Groups of FSP Clients Served (N=73), FY 10/11

	Number of clients	Number of nights
Age Group		
TAY	8	217
Adult	57	1,981
Older adult	8	976

Non-FSP Clients Served

Starting in FY 10/11, all CBHS-funded Intensive Case Management (ICM) and Central City Hospitality House (CCHH) clients were placed in ESUs on a case-by-case basis. Due to this recent development, only data for the second half of FY 10/11 were available.

A total of 57 non-FSP clients (32 ICM clients and 25 CCHH clients) were placed in ESUs for a 3,617 nights (see Exhibit 20). The average stay of a non-FSP client was 63 nights.

Exhibit 20. Age Groups of Non-FSP Clients Served (N=57), FY 10/11

	Number of clients	Number of nights
Age Group (ICM Clients)		
TAY	2	75
Adult	27	1,884
Older adult	3	137
Age Group (CCHH Clients)		
TAY	--	--
Adult	22	1,241
Older adult	3	280

Permanent Housing

Doctors Julian and Raye Richardson Apartments

This new four-story building opened in October 2011 to provide 120 studio units of housing for extremely low income, formerly chronic homeless individuals. Twelve units were reserved for the MHSA Housing Program. The UCSF Citywide Case Management program was contracted to provide residents with onsite integrated recovery and treatment services. The property, located at Fulton and Gough, is managed by Community Housing Partnership (CHP).

Aarti Hotel

In 2009, Larkin Street Youth Services was awarded a contract to expand their Routz program, which provides housing and wraparound support services for TAY who have mental health needs. With capital funding from the Mayor's Office of Housing and MHSA, Larkin Street Youth Services partnered with Tenderloin Neighborhood Development Corporation (TNDC) to renovate the 40-unit Aarti Hotel located at Leavenworth and Ellis. The Routz program's capacity to house TAY more than doubled when youth began moving into the Aarti Hotel during the fall of 2011. MHSA funding also made possible the Routz program's ability to maintain 10 youth in scattered-site apartments in the community.

New Projects in the Pipeline

Funding applications and service plans were submitted to the state for several new projects to construct additional permanent housing units over the next few years, including the first ever MHSA housing units for qualifying veterans.

Other Housing Supports

Through contracts with Larkin Street Youth Services and Central City Hospitality House, additional supports such as case management are provided to help individuals access and retain housing.

Central City Hospitality House (CCHH)

A total of 121 individuals received counseling and case management support. Weekly Supportive Services for the Housing Group provided individuals with the opportunity to connect with their peers and staff for guidance and resource information. The topics included the following: building a successful landlord-tenant relationship, budgeting and money management, dealing with difficult neighbors, living independently, coping with mental illness, eating healthy with limited resources, and preparing for a natural disaster.

A total of 73 individuals accessed the Housing Assistance Fund. This Fund provided housing assistance (e.g., motel vouchers, security deposit, move-in costs), eviction prevention support (e.g., rental payment to avoid eviction), operating support (e.g., minor repairs and maintenance, limited utilities assistance), and other related costs (e.g., dishes, linens, cleaning supplies) to enhance the quality of life for participants who are housed.

Larkin Street Youth Services

A total of 85 clients were served by the Larkin's Housing Program. The majority of the youth served were linked to stable housing.

7. MHSA Behavioral Health Workforce Development

The MHSA supports the development of a diverse and competent workforce inclusive of consumers, family members and individuals from unrepresented and under-represented communities. Career Pathways strategies target high school, undergraduate, and graduate students in order to cultivate a workforce that can effectively meet the rigor and demands of San Francisco’s communities and reflect the diversity of its consumer populations. Workforce development also includes efforts to develop the skills and capacity of the existing behavioral health workforce including efforts to promote MHSA goals with a focus on the principles of recovery (see Table 8). FY 10/11 achievements in this MHSA-funded category will be described in this section.

Table 8. Summary of Behavioral Health Workforce Development Services

Programs	Programs
<p>Mental Health Career Pathways Program: Creates avenues through which individuals become members of the behavioral health workforce.</p>	<ul style="list-style-type: none"> ■ Summer Bridge Program: An eight-week summer program for SFUSD high school students where they explore their interests in behavioral health careers and learn about entry points into post-secondary education tracks to behavioral health fields. ■ Community Mental Health Certificate Program: A 16-unit program based on the wellness and recovery model in mental health; and is taught by City College of San Francisco. The curriculum is designed to train front-line health workers to provide culturally responsive mental health and recovery services in San Francisco. ■ Supported Education at Institutions of Higher Education: Through a partnership between the California Institute for Integral Studies (CIIS) and San Francisco State University (SFSU), students receive support to overcome barriers to graduate and ultimately enter mental health/behavioral health fields with respective licenses and certificates. ■ Mental Health Loan Assumption Program (administered by the State): A statewide loan forgiveness program that allows the public mental health system to retain qualified mental health professionals in hard-to-fill or hard-to-retain positions.
<p>Training</p>	<ul style="list-style-type: none"> ■ Training: Harm Reduction Therapy Center provided a series of trainings to staff, consumers, and family members of CBHS-funded clinics and organizations on cultural sensitivity, community violence, family-friendly policies, crisis intervention and integration, and professional development of consumers in the workplace.

Mental Health Career Pathways Program

MHSA has made great strides in developing a workforce pipeline that will usher in the next generation of mental health & behavioral health practitioners. Workforce investments range from a career exploration program for high school students all the way to bachelors and masters programs. These programs include outreach and recruitment activities as well as on campus wellness supports designed to help students succeed in school. Target populations include underserved communities as well as individuals with lived experience as consumers or family members of consumers. Our thought and implementation partners are City College of San Francisco, Richmond Area Multi-Services, San Francisco State University and California Institute of Integral Studies.

California Institute of Integral Studies: Student Support Services

- Outreached to over 2,500 community members and new potential students throughout the San Francisco Bay Area
- CIIS's "Pay It Forward" program matched local high school students with CIIS graduate students to provide real world learning opportunities about the field of mental health services

City College of San Francisco: Community Mental Health Certificate Program

- School year ended with (21) students in the cohort & a student retention rate of 100%
- Partnered with (21) internship sites, and continues to identify other potential stakeholders to host Community Mental Health Certificate Program students

RAMS Peer Specialist Certificate Program

- Enrolled (32) students
- Within six months of graduation, 73% of students reported they were involved with counseling/social work disciplines (e.g., engaging in advocacy, working, volunteering)

RAMS: Summer Bridge Program

- Recruited (39) high schools students
- RAMS Youth Council: three of the council members applied for and won a Youth Empowerment Fund mini-grant that would allow them to expand on the knowledge they gained from Summer Bridge program, to conduct outreach in high schools and to do presentations for youth about mental health issues and how their mental health impacts their physical health.

San Francisco State University: Student Success Program

- Presented on mental health and stigma reduction to 918 students through departmental orientations and interactive classroom-based experiences.
- Trained 10 peer mentors who collaborated in outreach and provided ongoing, one-on-one support to other students.
- Provided case management and support – through intakes, assessments & ongoing counseling groups – to (77) unduplicated SFSU students. Seventy-five percent of these students reported a significant improvement in mental health and well-being, 76% were able to get back on track academically after set-backs related to life stressors, 74% expressed increased confidence in their academic performance, and 86% affirmed an enhancement in their social connections and a reduction in their feelings of loneliness and isolation.

Outcomes

A total of 111 awardees received an average of \$8,667 each from the Mental Health Loan Assumption Program (MHLAP). This statewide loan forgiveness program allows the public mental health system to retain qualified mental health professionals in hard-to-fill or hard-to-retain positions. The City and County of San Francisco was allocated \$92,000 for MHLAP. Through a competitive process, 53 applications were submitted.

The MHSA Training Institute delivered a range of services. Coordinated by the Harm Reduction Therapy Center, this institute offered trainings on various mental health topics. A total of 665 participants from 107 different agencies in San Francisco were served. There were 17 trainings that focused on cultural sensitivity when working with Asians and Pacific Islanders, African Americans, Native Americans, Latinos, older adults, Russian-speaking populations, LGBTQIQ, and TAY. In addition, 25 hours of follow-up technical assistance were provided to eight agencies and 81 individuals.

Several cultural sensitivity trainings were provided. The following trainings were offered to promote the development of a well-educated and diverse behavioral health workforce: *Family Support via Family-Friendly Practices in the Workplace, Crisis Intervention for Consumers in the Workplace, Integration of and Professional Development of Consumers, Community Violence, and cultural competency.*

8. Capital Facilities/Information Technology

Projects in this category include facility improvements and information technology (IT) upgrades. For example, county-owned buildings under renovation will be used to deliver civil service or contracted mental health services to clients and their families or for administrative offices. Some projects addressed IT upgrades to improve clients' access to and control over their personal health information. FY 10/11 accomplishments in strengthening the infrastructure of MSHA-funded programs are described in this section.

Capital Facilities

In coordination with the Department of Public Works, progress is being made on the following renovation projects in order to improve delivery of civil service or contracted to mental health services to clients and families. The following facilities improvements took place in FY 10/11:

- + Started renovation of the *Sunset Mental Health Clinic* to provide structural updates.
- + Started renovation of the *Redwood Center* to allow for the conversion to dual diagnosis services and compliance with the Americans with Disabilities Act (ADA).
- + Started renovation of the ground floor of the *Central YMCA*. This project will accommodate the Integrated Housing and Homeless Clinic, which provides integrated physical, mental, and substance abuse services (opening soon!).

Information Technology

The integration of administrative and clinical information systems advanced to provide clients and their families secure access to and control over their personal health information. Work continues to make the necessary upgrades and lay the groundwork for the web-based AVATAR electronic health information system (known as *Consumer Connect*), which will enable mental health clients to view their electronic health records. This secure system will possess appointment scheduling features as well.

9. Looking Ahead: SF MHSAs Integrated Plan



San Francisco’s accomplishments in FY 10/11 serve as a springboard to chart the course for MHSAs-funded programs and services in the years immediately ahead. In addition to thoughtful consideration of programmatic outcomes, we have engaged the community by gathering feedback from FSP workgroups, provider quarterly meetings, the SF MHSAs Advisory Committee, ad hoc groups (e.g., focus groups for older adults), and the CBHS Evaluation Group.

We are working alongside these stakeholders to design the **San Francisco MHSAs 2012-2015 Integrated Program and Expenditure Plan**. This single plan will bring together all of the SF MHSAs components and is an opportunity for us to update existing plans, improve the quality of existing plans, and integrate them into a single planning cycle. This work will be:

- + Guided by MHSAs and State regulations
- + Rooted in MHSAs principles and goals, as well as previous community planning priorities
- + Informed by program outcome data and specific community needs and strengths
- + Included with the CBHS Systems of Care

Key Stakeholders	
■	Consumers
■	SF MHSAs Advisory Committee
■	CBHS and DPH Leadership
■	Providers
■	Program Participants

While a plan in and of itself is only as good as its implementation, we believe that we are continuing a transformative process of San Francisco’s mental health system. Those who will turn to San Francisco’s mental health programs and services tomorrow and in the years ahead will continue to find the life-changing programs that have become our hallmark. They will also find a collaborative network of individuals and organizations that are energized and responsive to the mental health needs in San Francisco.