



Edwin Lee
Mayor

SAN FRANCISCO MENTAL HEALTH BOARD

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

Adopted Minutes

Mental Health Board

Wednesday, May 8, 2013

City Hall

One Carlton B. Goodlett Place

2nd Floor, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: David Elliott Lewis, Ph D, Co Chair; Ellis Joseph, MBA, Co Chair; Virginia S. Lewis, MA, LCSW, Secretary; Terezie “Terry” Bohrer, RN, MSW, CLNC; Melody Daniel, MFT; Kara Chien, JD; Marlene Flores; Sgt. Kelly Kruger; Alyssa Landy, MA; Lena Miller, MSW; Terence Patterson, EdD, ABPP; and Alphonse Vinh, MS.

BOARD MEMBERS ON LEAVE: Wendy James, Vice Chair

BOARD MEMBERS ABSENT: Errol Wishom.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Charles Morimoto, Assistant to the Director of Health; Greg Wagner, Chief Operating Officer for the Department of Public Health; Stephanie Felder, Director of Comprehensive Crisis Services for CBHS; David Pine, MD, Mobile Crisis; and three members of the public.

CALL TO ORDER

Dr. David Elliott Lewis called the meeting of the Mental Health Board to order at 6:45 PM.

Just a few hours ago a press release from the California Senate announced that President pro Tem Darrell Steinberg had called for more funding for mental health for prompt access to mental health services for people and families in need.

Ms. Flores was sick and unable to introduce herself at her first board meeting on 4/10/2013. Tonight, she introduced herself saying that 20 years ago she immigrated to San Francisco from Bolivia. She has a college bound son with bipolar disorder. Her son is married and has a daughter. She has business administrative skills and currently works with young people.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

There were no changes to the agenda.

ITEM 1.0 DIRECTOR'S REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Please see the attached April 2013 Director's report.

Ms. Robinson was not able to attend the meeting so Ms. Brooke highlighted the following items included in the May Director's report.

San Francisco State University will be hosting a Suicide Prevention Regional Conference on October 18, 2013.

There was bipartisan support in the California Senate for three high profile mental health bills: SB 364, SB 585 and SB 664, respectively.

All SFDPH staff are required to complete the 2013 Annual Privacy Training by June 30, 2013.

Monthly Director's Report **May 2013**

1. SF ANSA

We are pleased to announce we are re-instituting the SF ANSA (Adult Strength and Needs Assessment) work group. The aim of the group is to share information and create a collaborative framework around the use of the ANSA. We ask providers to designate one (or more) representative to attend the monthly web or phone conferences. During the meetings, providers will have the opportunity to discuss ANSA reports and ask any questions or provide any input related to ANSA. We hope to launch the conference calls by May 2013. Providers please contact Rose Philipps by email rose.philipps@sfdph.org or phone at 415-255-3799 for more information.

2. SFSU's Suicide Prevention Regional Conference - October 18, 2013

San Francisco State University will be hosting a Suicide Prevention Regional Conference on October 18, 2013.

(See attachment 1).

3. Three High Profile Mental Health Bills Pass Their First Hearing in Senate Health Committee

Three Senate measures dealing with controversial mental health issues were voted out of the Senate Health Committee on Wednesday. SB 364, Senate President pro Tem Darrell Steinberg's measure to amend the Lanterman-Petris-Short Act related to involuntary "5150" holds, passed with bipartisan support. A helpful description of the various provisions in the bill can be found in the Senate Health Committee Analysis. As the bill moves next to Judiciary Committee, Senator Steinberg will be making clarifying amendments to SB 364, including an amendment CMHDA requested to reword statements in the advisements given to clients when detained that, as currently worded in the bill, imply clients will be guaranteed a choice of mental health facility and provider. Once these amendments are made, CMHDA will support the bill. Additionally, Senator Steinberg's SB 585 also received bipartisan support by the Committee, which clarifies that counties may use Prop. 63 and other county mental health funds to provide mental health services to Laura's Law participants. CMHDA supports SB 585. Finally, Senator Leland Yee's SB 664 received support from Democrats on the Committee, but the Republican Senators on the Committee voted against the measure. SB 664 would permit counties implementing Laura's Law to cap the number of participants in the program, and delete the requirements in existing law that Boards of Supervisors authorize each county's implementation of the pilot project, and make a finding that no voluntary mental health service would be reduced as a result. CMHDA's position on the bill is "Oppose Unless Amended" due to significant concerns about removing Boards of Supervisors' role in authorizing implementation of Laura's Law. CSAC has taken an Oppose position on the bill. CMHDA and other mental health advocates will be collaborating on efforts to raise concerns with the bill as it moves forward through the legislative process. (CMHDA Contact: Kirsten Barlow)

4. Transition of Healthy Families Program: Gaps Regarding Treatment of Autistic Disorders

The state's phased-in transition of Healthy Families program beneficiaries to Medi-Cal has progressed relatively well through Phase Three. However, one controversial issue that has emerged as a problem for the Department of Health Care Services (DHCS) is an apparent gap in coverage for certain children with the diagnosis of Autistic Disorder. Under the Healthy Families program, treatment interventions for this diagnostic category were covered by the contracted health plans. Under the Medi-Cal program, Pervasive Development Disorders (Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, and Pervasive Developmental Disorder, NOS) are included diagnoses under the Medi-Cal Specialty Mental Health program, contingent upon meeting medical and service necessity criteria. However, Autistic Disorder generally is an excluded diagnosis. Children with a diagnosis of Autism -- absent an additional included mental health diagnosis -- are not eligible for Medi-Cal covered services by county mental health plans. Further, Applied Behavioral Analysis (ABA), an evidence-based practice in the treatment of autistic disorder, is not a specified covered service for MHPs. Mental health plans serve children with a co-occurring diagnosis of Autistic Disorder with an array of Medi-Cal covered mental health services addressing the primary included mental health diagnosis, but provision of ABA is not customary or required. Consequently, there now are some children with the diagnosis of Autistic Disorder who do not have access to previously covered services. Clarification from DHCS confirms that mental health plans are not the designated provider for the treatment of Autism, and that ABA is not a specified service. Regional Centers have responsibility for the treatment of Autistic Disorder with required specialty services, but specific criterion for service must be met and not all children with this diagnosis meet them. This gap in coverage and how or whether to address it is being discussed by multiple state

agencies, including DHCS, the California Health and Human Services Agency, and the Department of Developmental Services. (CMHDA Contact: Suzanne Tavano)

5. Compliance Training

It's time to take your Annual Compliance Training (2013) for the San Francisco Department of Public Health. DPH is committed to promoting a strong compliance culture and encourages all DPH employees, contractors, and agents to conduct themselves with the highest legal and ethical standards. To that end, it is every individual's responsibility to be aware of key compliance issues that impact their jobs daily. As such, mandatory compliance trainings are provided to educate employees, contractors, and agents on important compliance laws and policies, including DPH Code of Conduct. We are required by state/federal law and DPH policy to regularly deliver compliance training. Training is provided through DPH on-line training modules. Please see the step-by-step instructions provided below on how to register and access the web-based training modules.

Please note:

A. The following training is **mandatory** and required of all DPH staff, contractors and agents who do business with or on behalf of the Department of Public Health. **DEADLINE: June 30, 2013**

B. The following courses are open to DPH employees and contractors who are not covered by HealthStream or Halogen. **All UCSF at SFGH, LHH and COPC employees must take HealthStream courses.**

C. **Program supervisors/managers:** please print and post copy of this presentation for any staff/interns who don't have access to a computer.

TO REGISTER:

- 1) Go to the DPH internet (public site) <http://www.sfdph.org>
- 2) Midway down, on the left side of your screen, you will see:

Education and Training


Training is integral to all aspects of public health practice. The San Francisco Department of Public Health provides and sponsors trainings and continuing education for staff, community partners, and the public. The Community Programs Training Unit and the Health Education Training Center now offer online registration.

LEARN MORE

- 3) Click on "**LEARN MORE**" this will take you to a new window
- 4) Click on the **Online Classrooms** icon, this will take you to a new window with the programs offering online classrooms.
- 5) Select **DPH Compliance Office**
- 6) Select one of the three courses:
#900: General: Non-Clinical Staff
#901: Clinical Staff
#902: Management

7) Login and follow the prompts from there.

Create an Account:

 If you do not have an account, please select one of the following to register:

DPH Employees

Non-DPH Users (Contractors, etc.)

***Non-DPH Users, please be sure to provide your full name, phone number, and e-mail address when you register, to ensure that your completion of training is recorded correctly.**

8) Once you have completed this section, it will take you back to your selected training. Follow the prompts above.

6. The 2013 Annual Privacy Training

The 2013 Annual Privacy Training is now posted in the On-line Classrooms on the DPH Public Website (www.sfdph.org).

All SFDPH staff are required to complete this training when hired, and annually thereafter. Please review the training slides, take the associated quiz, print your certificate of completion, and give this to your supervision before June 30, 2013.

To access the training, go to the Education and Training box on the main page of SFDPH.org, and click "Learn More"

In the On-line Event Registration System, select On-line Classrooms.

Select "DPH Privacy Board"

Select "Enter Classroom" for the Annual HIPPA Review Privacy and Security Training Module (2013).

Follow instructions at the bottom of the Login page to create a user name and password, or to register if you don't know your user name or password- click on DPH Employee or Non-DPH employee as appropriate.

Please complete all the requested information (name, email address etc).

Once you are registered, review all the slides before taking the quiz. A personalized certificate will be issued when you successfully pass the quiz- give this to you supervisor (if you lose it, you can go back into the system and print another copy).

Every supervisor needs to ensure that all supervised employees have completed this training when hired and every year.

DPH -Contract agencies may use this training to satisfy their annual training requirement, and copies of the certificate for each employee should be made available to DPH Business Office and Contract Compliance staff during audits.

DPH Staff who use Healthstream or Halogen should access this training through their usual process.

For Programs that do the training in a group, each staff person should still register through the on-line system to complete the quiz and receive a certificate of completion.

7. E-Prescribing

E-Prescribing for CBHS clients' prescriptions began almost three years ago when our system changed from an outdated phone, fax and paper-based methods to electronic transmission through Infoscriber. In April 2013, 140 prescribers using Infoscriber sent 10,254 prescriptions to pharmacies throughout San Francisco!

E-prescribing improves medication safety by providing drug-drug and drug-allergy checks as well as medication history and drug information for prescribers at the time medications are ordered. The electronic transmission improves accuracy and efficiency by eliminating miscommunications associated with phone and handwritten prescriptions. For clients, only one trip is needed to the pharmacy to pick up a prescription rather than one needed to drop it off and another to pick up.

E-prescribing improves our clients' coordination of care. The client's medication list and allergies is accessible to all CBHS providers providing care to the client. In Avatar, clinicians can view their clients' Medications and Allergies in:

1. Client View "Current Medications" Widget (top right corner)
2. "Med List and Allergies" Report
3. "Medication History" Report

In contrast to paper or phone prescription, e-prescribing provides CBHS with system-wide medication use information. The utilization data is already helping us to better address drug recalls, new FDA drug warnings and to form strategies for optimizing medication use and improving safety for CBHS clients.

Interested in learning more about e-prescribing?

A good reference is the "Clinician's Guide to e-Prescribing 2011" by the AMA in collaboration with other stakeholders (link: <http://www.ama-assn.org/resources/doc/hit/clinicians-guide-erx.pdf>)

CBHS specific procedures are found in the CBHS Electronic Prescribing Policy 6.00-02.

8. Jail Psychiatric Services Intern Training Program

The Jail Psychiatric Services Intern Program offers a 10-month internship for any student pursuing a graduate degree in the field of mental health with an interest in forensics. Each year JPS receives over 120 intern applications and the program accepts between 8 to 10 interns that are assigned to either the Jail Psychiatric Service General Tract or the Jail Aftercare Tract. The interns are immersed in a 6-week intensive training with JPS before they go on to conduct individual and group therapy with the clients. The focus of the treatment is to provide the chronically mentally ill with evidenced-based individual and group therapy utilizing a supportive and recovery model paradigm. Students are

encouraged to understand the clients from a biopsychosocial perspective in addition to acknowledging the stressors associated with incarceration.

The JPS Intern Program provides the students with weekly individual clinical and group supervision as well as a two-hour weekly didactic seminar and an administrative meeting. The overarching training goals and objectives are fourfold; firstly, to provide the interns with a clinical experience that expands their therapeutic skills with an emphasis on developing the therapeutic alliance, the use of empathy and active listening. Secondly, to foster the development of rigorous diagnostic skills that are an essential precursor for determining an appropriate treatment plan and re-entry disposition. Thirdly, to encourage interns to examine transference and counter-transference issues with an emphasis on the cultural and ethnic concerns that may impact the client-therapist relationship. Lastly, to enhance the interns ability to use theoretical models and clinical research as an internal organizing framework to better understand the client and implement the appropriate treatment.

9. Katie A. Implementation

The San Francisco Human Services Agency-Family and Children's Services (FCS) and the Department of Public Health-Community Behavioral Health Services (CBHS) is partnering together to develop a wellness plan to serve the needs of foster care youth who are members of the Katie A. subclass. Under the Katie A. litigation, plaintiffs filed a class action lawsuit in 2002 alleging violations of several federal laws including Medicaid. The suit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. In 2011, a statewide settlement agreement was approved which seeks to accomplish systemic change. Through this agreement and its accompanying requirements, HSA-FCS and DPH-CBHS will develop comprehensive mechanisms to systemically deliver the highest quality, effective trauma informed, resiliency based and attachment oriented services to the at risk and foster care population.

HSA and CBHS/CYF have jointly contracted with CIMH to provide facilitation and planning services and support the agencies, family, youth and service providers to develop a shared plan meeting the Kate A. requirements and utilizing all available resources. Discussion and action items will focus on vision, principles and practices in order to complete the DHCS required Readiness Assessment Plan and design a Project Plan to complete the Service Delivery Plan for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS).

Specifically we will:

- Development of shared principles and practices to meet the Katie A. mandate
- Development of a shared vision for the development of effective treatment models designed to serve Foster Care Youth's well-being, using EPSDT to support these services when applicable
- Establishment of program and service priorities and implementation plan

- Adoption of standards for service and evidence and practice-based services that meet the needs of foster care youth, their families and the communities, and when appropriate leverage EPSDT funding.
- Identification of issues to be addressed and documented within the Joint Agency Memorandum of Understanding (e.g. goals, roles, responsibilities, risk sharing and resource commitments).
- Completion of DHCS Required Readiness Assessment and Project Plan to complete to complete the Service Delivery Plan for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)

10. Reducing Teen Drinking

Underage drinking has numerous negative consequences, which have been researched and reported in depth. Starting at age 11, for each year that a young person delays drinking alcoholic beverages they reduce by about 8% their chance of developing severe alcohol problems as an adult. Individuals who don't drink until after age 21 rarely develop serious alcohol problems. However, there has been less reporting of proven effective methods to delay underage drinking. One efficient method is school based social norm campaigns, such as implemented by Youth Leadership Institute in conjunction with CBHS at Thurgood Marshall and George Washington High Schools.

Our goal is an increase in student perceptions that most students choose not to drink alcohol, and that it is perfectly acceptable among peers NOT to drink.

A. Progress Made

Youth Participants at Thurgood Marshall and George Washington High School have built their individual and collective leadership skills by participating in ongoing development. Youth received training including data analysis to interpret school wide surveys, using data to inform message development, and campaign implementation. The data analysis training helped youth identify key areas they wanted to highlight in their positive social norms campaigns. During this quarter, youth have made the transition from the research phase and assessment phase to implementation. Youth from both sites engaged in a creative process to bring their messages to life through media creation. Each site has created three movie size posters that represent some of their most startling “actual norms.”

TMAHS Findings include:

- 87.8% of TMAHS students never or hardly ever drink (in the past 12 months).
- 79% of TMAHS students have not had a drink in the last 30 days.
- Only 5% of students (combined data) engage in binge drinking (5 or more drinks) when they do drink.

GWHS Findings include:

- 85.6% of GWHS students never or hardly ever drink (in the past 12 months)
- 79.5% of GWHS have not had a drink in the past 30 days.
- 83.1% of students (combined data) prefer not to drink alcohol at parties.

Through a combination of statistics, imagery, design, and humor youth have created a marketing campaign for their schools and community. Working together with school administrators and local community retailers youth from each site have secured space to display their media in their communities' most trafficked areas. We have researched opportunities to advertise this positive social norms campaign along with our counter ad campaign through Titan Advertising Company. We will submit our final media campaign designs to Titan who will await approval from the MTA. We hope to launch the media campaigns through media advocacy and MUNI interior bus advertising spaces on routes frequented by youth and families.

In addition, QUUAD (Thurgood Marshall Academic High School) has opted to further expand their media creation by engaging in the development of a PSA. This two-minute video shows the major flaws and consequences of practicing perceived social norms versus actual norms. The PSA goes on to explain the importance of youth/adult communication around these issues. Youth are the stars, producers, and editors of all of the media they have created.

B. Successes

Youth at GWHS and TMAHS have strengthened their existing bonds within their respective groups and across programs. Youth have also deepened their understanding of environmental factors that contribute to higher alcohol consumption of certain populations and communities through an intensive two-day retreat. Each group has continued to represent their efforts to reduce underage drinking at both school and community events. Youth created 8 different posters to support their efforts. Youth have secured local as well as potential citywide venues to display their media in an effort to reach the largest number of their target audience.

11. Transitional Care in Psychiatry Project

Half of hospital-related medication errors and 20% of adverse drug events are attributed to medication changes and poor communication at interfaces of care. Within the SF Department of Public Health, clients with psychiatric illness are at particularly high risk for medication errors during care transitions due to a lack of integration of electronic records for these clients, and their own difficulties in communicating about their care. In a 2012 survey, psychiatric prescribers within DPH reported having complete and accurate medication history information for clients who transfer to their care less than 50% of the time.

CBHS has begun a pilot program to provide transitional care for hospitalized psychiatric patients. In the initial pilot, an outpatient CBHS clinical pharmacist began meeting with the inpatient teams on the psychiatric units at SFGH during their patient care rounds to ensure access to outpatient medication records. This has resulted in increased access to and use of the outpatient electronic record for CBHS clients and improvements in facilitating contact between inpatient and outpatient providers. It has also resulted in plans for a future program to provide documentation within the outpatient record of any medication changes that occur during hospitalization and administration of long-acting injectable medications. This pilot program has been acknowledged as a best practice by

APS Healthcare, which is CBHS's External Quality Review Organization (EQRO), and will be highlighted in a statewide webinar by EQRO on June 11, 2013. For more information, contact Jeanette Cavano, Pharm.D., Clinical Pharmacist, at Jeanette.Cavano@sfdph.org.

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail reanna.albert@sfdph.org

1.2 Public Comment

No public comment.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

No updates.

2.2 Public comment

No public comment.

ITEM 3.0 ACTION ITEMS

Dr. David Elliott Lewis stated that in addition to approving the April 2013 minutes, the board will be voting on a Budget Resolution proposed by the Executive Committee. To help the board and the public understand more about the budget, Greg Wagner, the Chief Operating Officer for the Department of Public Health will give a brief overview of the budget issues. Then we will call for public comment before voting.

Greg Wagner said San Francisco City's General Fund has improved marginally but there are still projected imbalances of \$130M in the FY 2013-2014 and \$263M in FY 2014-2015 budgets, respectively. For the FY 2012-2013 there is already a \$31M deficit that required supplemental appropriation from the General Fund. Since deficits are driven by State and Federal funding, the City General Fund greatly influences Department of Public Health (DPH) programs.

DPH directors have asked the Board of Supervisors for a \$45M supplement to maintain safety net services. DPH's deficits are driven mostly by the imbalance between increasing costs and slowing revenues, the realignment, reduction in federal grants and payments, and reimbursement rate cuts in state skilled nursing.

It is expected to get worse! DPH needs a large increase in the subsidy from the City's General Fund. According to the Five -Year Projection planning, a \$290M subsidy in General Funds is needed.

Over the next few years, DPH hopes to control expenses, to maximize revenues and to lower deficits. To position itself for financial stability in the future and to prevent deterioration of safety-net services, DPH planners need to make some difficult necessary decisions today. For example, making cuts in services and/or programs that do not generate revenue.

DPH has been working with the following deadlines. May 7, 2013 was the second Health Commission budget meeting. Jun 1, 2013 DPH will submit to the Mayor's Office a balanced budget proposal and will attend Board of Supervisor budget hearings.

The proposed 20% cut from the General Fund was DPH's response to the request from the Mayor's Office. The Mayor's Office requested a budget cut of 1.5% -- 25% range from every City department, with exceptions in certain categories in children and maternal health. Although Mayor Ed Lee has been very supportive of public health, DPH still must pull its own weight just like any other non-exempt City department.

Ms. Bohrer asked for a cut comparison between DPH and other non-exempt City departments.

Mr. Wagner explained that the Mayor's Office gave a uniformed request of 1.5% as minimum cut to each City department. Each department's future viability is dependent on sound fiscal discipline.

In order to comply with the Mayor's Office minimum cut percentage, and to maintain financial and operational stability in the future, DPH has to consider more cuts in non-revenue generating programs. Thus the proposed final cuts percentage amounted to about 20% of DPH's budget.

Dr. Patterson asked for clarification on physical health and mental health, since the Obama Healthcare Act has mandatory health parity.

Mr. Wagner said that DPH has to take all care programs into consideration, and the nuance between physical health and mental health is difficult to distinguish per se. DPH also must be ready for the Affordable Care Act (ACA) in 2014, aka the Obama Healthcare Act program.

We want to ensure health parity and that services are coordinated in timely fashion. To achieve that goal, the current focus will be more on how to keep revenues on par with expenses to prevent future cuts. Non-revenue generating programs are slated to cuts. The current Director of DPH is Barbara Garcia, and she envisions parallel and coordinated care for both health systems.

3.1 Public comment

Ms. Michele Schultz is with Mental Health Association, San Francisco, (MHA-SF) and requested a copy of Mr. Wagner handouts.

Dr. David Elliott Lewis stated that the handouts will be incorporated into the meeting minutes, which is publicly available upon the board adoption of the May 2013 minutes.

Ms. Wendy Yu testified that private health insurances tend to be very parsimonious with mental healthcare. She felt her mental healthcare with CBHS is much better than when she had private health insurance when she was working. She suggested replicating San Francisco's mental healthcare system by opening up enrollments to people with private health insurance, so CBHS can

subrogate private health insurances. She felt that commercial health insurances short changed people by focusing on physical health at the expense of mental health care. She believed her proposal would be in alignment with DPH's revenue generating goal.

3.2 PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of April 10, 2013 be approved as submitted.

Unanimously approved

3.3 PROPOSED RESOLUTION (MBH 2013 –XX) That the Mental Health Board Urges the Mayor to Withdraw His Request to Cut the Department of Public Health's Funding.

Resolution was unanimously tabled. The board proposed to have the resolution be re-drafted and discussed at the May 16 Executive Committee and to be added back to the June 12, 2013 Agenda.

ITEM 4.0 PRESENTATION: COMPREHENSIVE CRISIS SERVICES, STEPHANIE FELDMAN, MS, DIRECTOR AND THE "INTERRUPT, PREDICT & ORGANIZE INITIATIVE", CHARLES MORIMOTO, DEPUTY DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH

Dr. David Elliott Lewis introduced Stephanie Felder, Director of Comprehensive Crisis Services. The Mental Health Board highlighted her last month because she was given a Women Making History Award by the Board of Supervisors. She has spent over 18 years providing direct crisis services. She will present first, then Charles Morimoto, Assistant to the Director of Health, will present the Mayor's "Interrupt, Predict and Organize" initiative. He has been with the Department of Public Health for many years, working closely with Barbara Garcia for the past decade.

4.1: Presentation: Comprehensive Crisis Services, Stephanie Felder, MS, Director, and the "Interrupt, Predict & Organize Initiative", Charles Morimoto

Comprehensive Crisis Services (CCS): Stephanie. Felder and David Pine, MD

CCS is comprised of five different teams: Mobile Crisis, Child Crisis, Crisis Response, Crisis Wrap, and Multi-Systemic Therapy (MST) and provides a 24-hour, multilingual, crisis intervention and short-term stabilization program for families and children who are experiencing emotional distress related to family violence, physical or emotional illness, school truancy, behavioral problems and other crises. When a troubled family member or concerned observer contacts the program, the family may either arrange to come to the clinic or a crisis team may travel to the home, school or other San Francisco location to evaluate the problem. Evaluation includes assessment for inpatient hospitalization.

CCS provides Dialectical Behavior Therapy (DBT) (no fee) for youth and their families. DBT is for youth experiencing chronic suicidal feelings, self-injurious behavior, substance use and truancy. DBT is offered for adolescents between the ages 13-17 1/2 (at the initiation of treatment). DBT is for those who currently have suicidal ideation; have a recent suicide attempt/gesture; have a diagnosis of borderline personality disorder or must have three borderline personality features that have persisted for at least one-year (e.g. para-suicidal behavior, high-risk sexual practices,

substance abuse, truancy, instigating fights, or other aggressive acts); and both the youth and a significant caretaker must be willing to participate in the treatment program.

Ms. Felder introduced Dr. David Pine from the Mobil Crisis Team.

Besides operating on a 24/7 schedule on crisis evaluation and intervention, CCS has a core of 10-12 staffers along with advanced graduate students in psychology and psychiatric social work. Staffers can converse in Spanish, Cantonese, Tagalog, Russian, Vietnamese and American Sign Language (ASL). CCS is the only agency, if necessary, that can do a 5150 (72 hour hospital hold) on children.

In the Child Crisis program, children under 12 years of age are placed out-of county. Langley Porter of University California San Francisco can accept children over 12 years of age. Psychiatric beds are scarce for all ages. Having a partnership with Edgewood has allowed for 12-13 additional psychiatric beds for children.

Other programs of CCS provide schools with group services and with medication support. They also offer collaborative coordinated psychiatric care with other community programs. CCS does outreach at homeless facilities to support families. CCS does grief counseling, cognitive behavioral therapy, debriefing care in the communities and in work places that were impacted by violent, suicides and fires.

Ms. Bohrer inquired the impact of budget cuts.

Ms. Felder explained that CCS remains financially solvent through multiple funding resources. Also just as Greg Wagner mentioned earlier, CCS is in the exempted category of maternal and child health services.

Dr. Pine said that his Mobile Crisis team was relocated into the same location as CCS in December 2011. Although housed in the same location, his agency operates from Monday to Friday from 8:30 AM – 11 PM and 12 PM – 8 PM on Saturdays. Mobile Crisis responds to referrals including self-referrals.

Last year the agency responded to 1,900 calls for care and 600 field visits. In the fiscal year 2011 — 2012, 40% of field visits resulted in 5150's. The agency has a strong working relationship with the Dore Urgent Care Center (DUCC) and other psychiatric care agencies. A goal of Mobile Crisis is pre-hospitalization intervention to prevent a full-blown acute psychiatric emergency.

Ms. Bohrer wondered if Mobile Crisis responds to all critical incidents.

Mr. Morimoto stated that, according to the disaster protocols, usually the Human Services Agency (HSA) or the Red Cross will contact the San Francisco Disaster Team, which activates a group of civil service employees to respond to critical incidents.

Ms. Virginia Lewis wanted to know the funding sources for Mobile Crisis.

Dr. Pine said revenues come from Medi-Cal, Healthy Families, Healthy Kids, private insurances and sliding scale payments.

Dr. Patterson asked if Mobile Crisis responds to an apartment fire.

Mr. Morimoto said that usually such incidents would require HSA to activate a City and County of San Francisco's Disaster Responding Team.

Dr. David Elliott Lewis wanted to know about response to community violence perpetrated by gangs.

Ms. Felder said the San Francisco Police Department (SFPD) will directly request immediate response, and CCS works with Community Response Network (CRN) to de-escalate retaliation.

Sgt Kruger asked for clarification on the placement program at Edgewood.

Ms. Felder said an initial 5150 assessment is required before a diversion placement is made. She provided an example of a 16 year old without any active follow-through plans on suicide ideation but showed some attention getting evidence of superficial cuts on arms. This person would benefit more from a diversion bed than hospitalization.

Dr. David Elliott Lewis said Edgewood for children is akin to DUCC for adults.

Ms. Daniel wanted to know how the public can access CCS services.

Ms. Felder said just call 415-937-3800.

Mayor's "Interrupt, Predict & Organize" Initiative: Charles. Morimoto

Mr. Morimoto said that the Interrupt, Predict & Organize (IPO) Initiative was a work in progress with the initial-stage of the final plan completed on April 30, 2013. In the next few weeks, the final plan will be sent to City departments for comments, and CBHS had great influence on the IPO.

For example, in a homicide incident, there is a multi-response from SFPD, to hospitals to mobilization of crisis recovery. He attended and worked on, so far, 50 homicides this year. San Francisco's system of care has complex post traumatic stress disorder (PTSD) trainings and Ken Epstein, Director for the Children, Youth and Families' System of Care, is considering trauma focused trainings.

Ms. Chien was very impressed with how the IPO is being built and strengthened. She hoped the IPO will be able to respond to larger disasters.

Mr. Morimoto said the IPO is just a response to street violence. He is developing disaster trainings, although he has done trauma, psychological first aid and disaster first aid training in 2012.

Dr. David Elliott Lewis asked about holding perpetrators accountable in the no-snitching culture.

Mr. Morimoto said they work with SFPD. He gave an example of community violence where a victim's mother must maintain self composure and sit in the same room with perpetrator's mother. He has seen the wonder of resiliency and perseverance.

His power point presentation is at the end of the minutes

4.2 Public Comment

Ms Yu asked about the Metropolitan Transportation Agency (MTA) involvement in public safety, since she has seen so much vandalism. She also wanted to know about peer response care and peer-support services.

Ms Felder stated there were discussions about peer support for individuals.

Ms. Yu stated that it is great to have a team, but not so great when the team is inaccessible. She pointed out that in April 2013; there was a person who was stabbed 50 times.

Dr. Pine said that Mobile Crises will respond to field crises.

ITEM 5.0 REPORTS

For discussion

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke stated the following:

1. May 22nd, 2013 at Holiday Inn in San Francisco is MANAGING STRESS – MINIMIZING THE IMPACT OF VIOLENCE ON YOUTH
2. May 24th, 2013 at the San Francisco Public Library, Koret Theater is the 2013 Trauma Training Series – Psychophysiology of Trauma
3. May 30th, 2013 at 1800 Oakdale Ave, 1st Floor in the Alex Pitcher Community Room is a Job/Career Fair
4. Vacation Thursday May 30th – Monday June 10th

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

The next Executive Committee meeting is next Thursday, May 16, 2013 at 6:30 pm at 1380 Howard Street, Room 515. All board members are welcome to attend the meeting as well as members of the public.

5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.

None mentioned.

5.4 Report by members of the Board on their activities on behalf of the Board.

Dr. David Elliott Lewis along with several Physicians Organization Committee (POC) members just met with the director of the Mayor's Office, Ken Rich who acknowledged that Sutter Foundation (or CPMC) will move forward with their capital improvement projects which have no definitive commitment to allocation of non-privately insured psychiatric beds.

Ms. Bohrer has been running a policy group and encouraged everyone to join her policy group at noon on the 2nd Wednesday of each month at MHA-SF.

Ms. Miller said she was very encouraged for the San Francisco southeast sector as a result of her District 10 Trauma Report. City supervisors can no longer ignore the sector's plight and must respond and deploy financial resources for more services and programs.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. Miller just attended the 2013 California Local Mental Health Boards and Commissions (CALMHB/C) meeting in Ontario, California as a representative from the northern region of California. She encouraged the board to invite Cary Martin to give a presentation on the mental health component in the Obama Healthcare Act. She would like the board to follow other California counties in reviewing program contracts before doing any site visit or program review.

5.6 Public comment.

Wendy Yu suggested making SF's mental health system be open for private subscription.

ITEM 6.0 PUBLIC COMMENT

No public comment.

ADJOURNMENT

Meeting adjourned at 8:45 PM.

Mr. Wagner's power point

Mr. Morimoto's power point

DEPARTMENT OF PUBLIC HEALTH

FY 13-14 & 14-15 BUDGET

April 23, 2013

Department of Public Health Financial Position

2

□ **DPH is facing very significant financial challenges**

- City General Fund situation has improved, but still facing \$129M and \$263M deficits for FY 13-14 and FY 14-15, respectively
- \$31M current year deficit required General Fund supplemental appropriation
- Large additional draw on General Fund projected in the future
- DPH must prepare itself to be financially stable in changing health care world

□ **Causes of Financial Challenges**

- 1. Historical “Structural” Issue
- 2. Rapid cost inflation
- 3. State and Federal reductions
- 4. Revenues not keeping pace with costs

What is Causing Deficits at DPH?

3

1. Historical “Structural” Deficit

“Structural” Deficit

- DPH has historically been under-budgeted for salaries and fringe benefits
- In the past, this was less of a problem because DPH was able to cover some or most of its overspending with excess revenues
- But the imbalance has grown with salary and benefit cost increases
- As a result the General Fund has borne more of these costs

History of DPH Structural Deficit (\$ Millions)

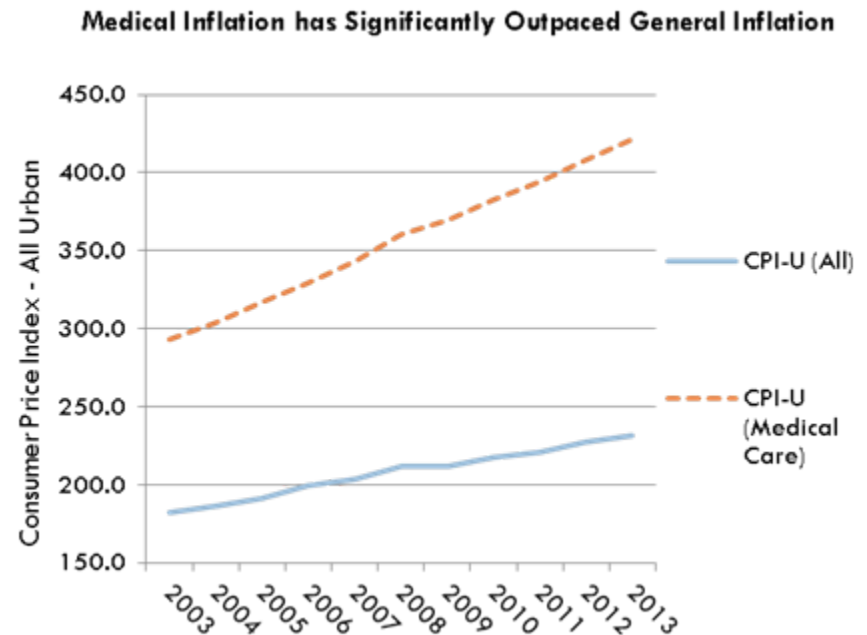
FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
\$ 23.30	\$ 16.86	\$ 14.15	\$ 20.81	\$ 29.49	\$ 41.25

What is Causing Deficits at DPH?

4

2. Rapid Cost Inflation

- Like other healthcare systems, costs are growing faster than general inflation
- **~\$50 Million per year** growth in personnel and other costs (pharmacy, medical supplies, etc) just to maintain existing service levels (5-Year Financial Plan)



What is Causing Deficits at DPH?

5

3. State and Federal Reductions

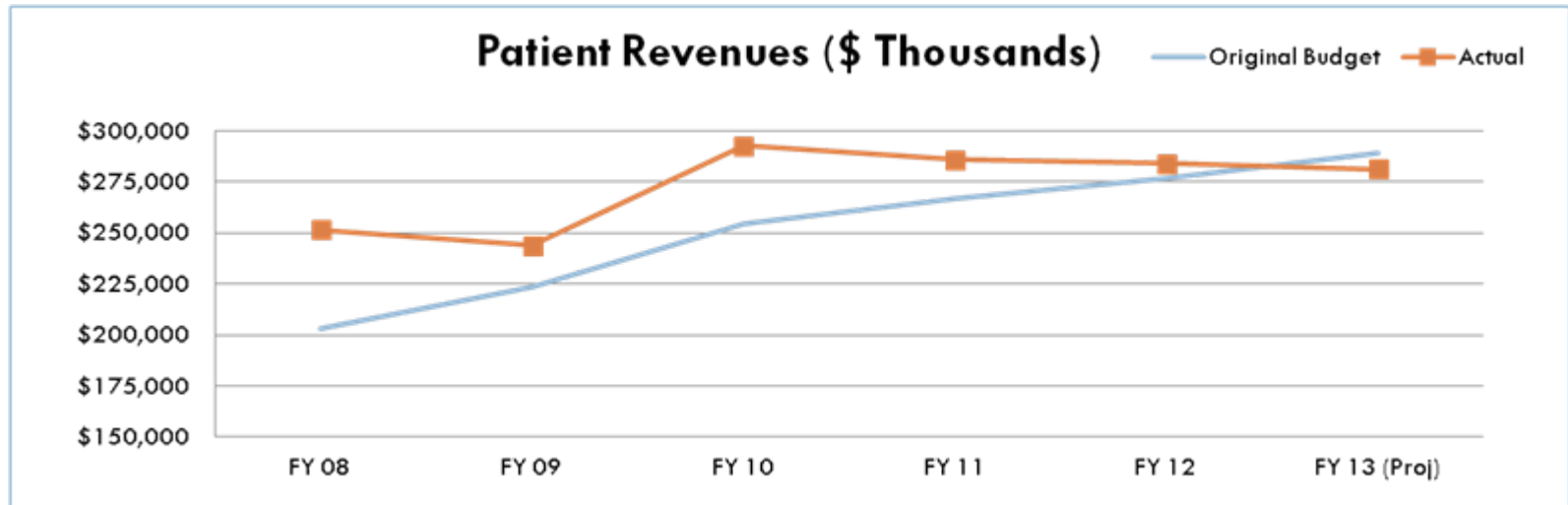
- State Skilled Nursing Facility rate cut (\$30+M)
- Failure to Approve Mental Health Reimbursement Program (\$16M)
- Managed Care rates for Seniors and Persons with Disabilities (\$19M)
- Federal Grants – HIV, TB, etc
- Realignment?

What is Causing Deficits at DPH?

6

4. Patient Revenues Not Keeping Pace with Costs

- Expiration of federally enhanced payments
- Transition to Managed Care Reimbursement Model
- More aggressive revenue budgets to minimize service reductions, but limits “upside” available to cover costs



5-Year Projection

Table 26: Base Case Projections for the Department of Public Health (DPH) FY 2014-18 (\$ in millions)

	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
SOURCES Increase / (Decrease)					
DPH Revenues	10.8	17.0	24.7	23.8	23.7
USES Decrease / (Increase)					
Salaries and Benefits	(44.6)	(35.6)	(28.6)	(30.6)	(32.3)
SFGH Rebuild on-going and one-time FF&E costs	(40.0)	(25.0)	15.0	23.8	(1.3)
Annualization of Anticipated Supplemental	(37.6)	(2.2)	(2.4)	(2.5)	(2.7)
Inflation on non-personnel costs and grants to non-profits	(6.7)	(20.7)	(20.7)	(19.9)	(19.8)
Annualize State Supplemental	(3.0)				
Health Care Reform, Regulatory and Other	(21.0)	(3.1)	(5.2)	(8.2)	(16.3)
TOTAL CHANGES TO USES	(152.8)	(86.6)	(41.8)	(37.5)	(72.5)
Projected Growth (Shortfall) vs. Prior Year	(141.9)	(69.7)	(17.1)	(13.7)	(48.8)
Cumulative Growth	(141.9)	(211.6)	(228.7)	(242.4)	(291.2)
Portion of General Fund Growth Assumed for DPH	85.0	22.4	18.6	14.3	19.4
Remaining Surplus (Shortfall) vs. Prior Year	(57.0)	(47.3)	1.5	0.6	(29.4)
Cumulative Projected Surplus (Shortfall)	(57.0)	(104.2)	(102.7)	(102.1)	(131.5)

5-Year Projection

Absent changes, DPH will require an increasing share of the General Fund:

- If no action is taken, \$291M additional General Fund need in five years
- Even after accounting for growth in the economy, DPH would need \$131M more than its proportional share of that growth
- DPH goal of reducing GF growth by \$100M over four years (compared to 5-Year Financial Plan projections)

Take-Aways:

- DPH can position itself to be successful and financially stable in the future
- But that requires making some difficult decisions today
- If we don't take action, we risk continued deficits and deterioration of safety net services

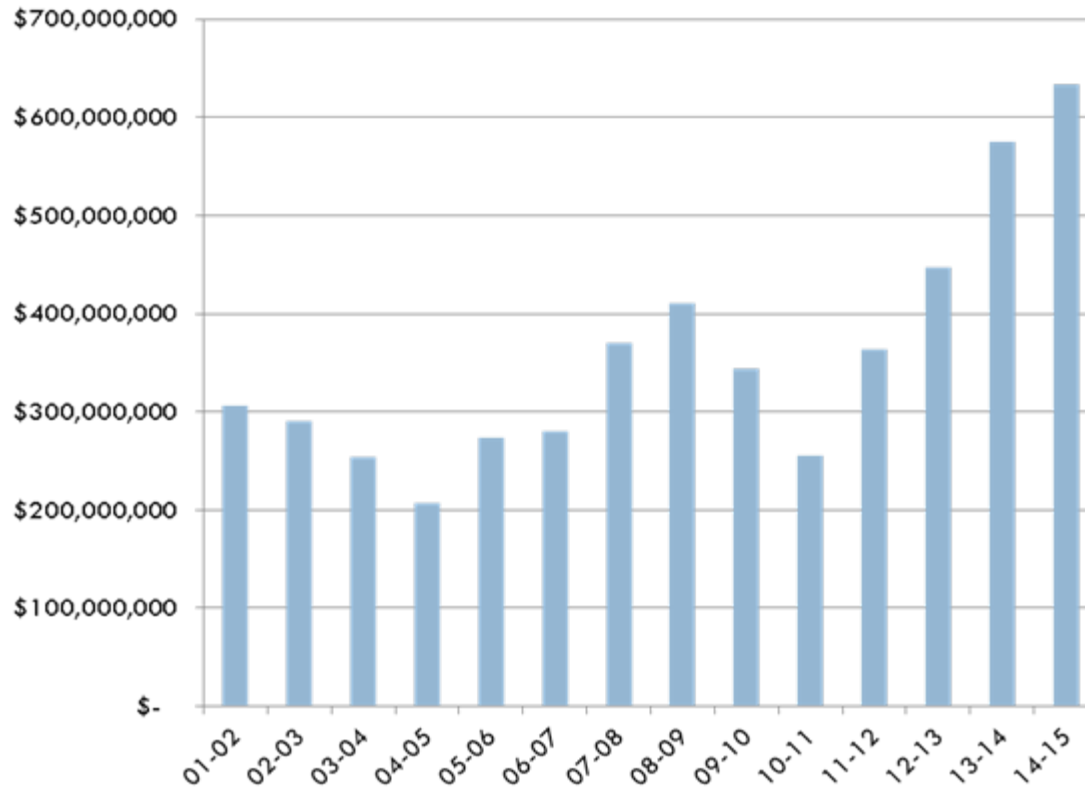
FY 13-14 and FY 14-15 Proposed Budget

Increase/(Decrease) in DHP General Fund Support Compared to FY 12-13 (\$ Millions)	13-14 Impact	14-15 Impact	Cumulative Impact
Baseline Growth*			
Salaries and Benefits	44.6	35.6	80.2
SFGH Furniture, Fixtures and Equipment	40.0	25	65.0
Structural Salary Deficit	37.6	2.2	39.8
Subtotal	122.2	62.8	185.0
Budget Proposals			
Non-Personnel Cost Inflation	7.5	8.6	16.1
Regulatory Costs	11.2	(1.1)	10.1
Revenue	(4.4)	(1.9)	(6.2)
Reductions	(13.6)	(12.1)	(25.8)
Emerging Needs	5.2	3.0	8.3
Subtotal	6.0	(3.5)	2.4
Total General Fund Support Increase (Decrease)	128.2	59.3	187.4

*Projections from City and County of San Francisco, Proposed Five-Year Financial Plan, Fiscal Years 2013-14 through 2017-18

FY 13-14 and FY 14-15 Proposed Budget

DPH General Fund Subsidy by Fiscal Year (with projections for FY 13-14 and 14-15 budgets)



FY 13-14 and FY 14-15 Proposed Budget

Proposed FTE Changes by Category

	FY 13-14	FY 14-15
Structural	66.0	87.9
Health Reform Preparedness	15.2	29.0
Other	1.5	14.3
Total FTE Change	82.7	131.2

FY 13-14 and FY 14-15 Proposed Budget

12

Other Budget Issues:

- Funding is assumed for new SFGH FF&E (\$105M over two years)
- Working with Controller's Office to on lease financing
- CBO COLA from FY12-13 remains in budget but does not increase
- HIV/AIDS funding unchanged from last year's adopted FY 13-14 budget
 - ▣ Mayor's Office restored 50% of prior federal grant reductions to Ryan White and HIV Prevention.

Timeline

13

- May 7 – Second Health Commission Budget Hearing
- June 1 – Mayor’s Balanced Budget Submission
- June – Board of Supervisors Budget (BOS) Hearings
- June 28 – BOS Budget and Finance Committee approves amended budget
- Mid-July – Final BOS approval of Budget

Initiative Back-Up Detail: CBO Across-the Board Reductions. Agencies with no reductions are not included. If an agency has any reduction, then the entire agency is included in the detail.												
as of 05-02-13												
Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH svcs converted to hours from minutes)
SA Adult	Asian & Pacific Islander Wellness Center	Wellness Promotion & Prevention	Special Project: Trans-Females who have Sex with Men (SP TFMS)	250,000								
SA Adult	Asian & Pacific Islander Wellness Center	Prevention	Health Education Risk Reduction (HERR)	152,865	152,865	31,847	6,369	38,216	25%	144	576	2,055
Asian & Pacific Islander Wellness Center Total				402,865	152,865	31,847	6,369	38,216	9%	144	576	2,055
MH/SA	Asian American Recovery Svcs.	Fiscal Intermediary	Payment to Board and Care facility operators, out-of-county foster care providers, and misc. programmatic payments	19,135,535								
MH Child	Asian American Recovery Svcs.	Outpatient	SOC - Project Reconnect	13,860								
MH Child	Asian American Recovery Svcs.	Outpatient	SOC - Project Reconnect	1,156								
MH Child	Asian American Recovery Svcs.	Outpatient	SOC - Project Reconnect	8,085								
MH-Adult	Asian American Recovery Svcs.	Outpatient	SOC - Adapt MH	164,340	111,338	23,195	4,639	27,835	17%	22	130	1,064
SA Adult	Asian American Recovery Svcs.	Outpatient	SOC - Project ADAPT	272,214	247,014	51,461	10,292	61,754	23%	26	115	2,686
SA Adult	Asian American Recovery Svcs.	Outpatient	SOC - Lee Woodward Counseling Center	278,286	278,286	57,976	11,595	69,572	25%	20	80	2,731
SA Adult	Asian American Recovery Svcs.	Prevention	SOC - COPPASA	132,685	132,685	27,643	5,529	33,171	25%	500	2,000	1,302
SA Adult	Asian American Recovery Svcs.	Residential Treatment	SOC - Residential Therapeutic Community	611,590	518,235	64,779	64,779	129,559	21%	8	36	5,977
SA Child	Asian American Recovery Svcs.	Outpatient	SOC - Project Youth Reconnect	235,761								
COPC	Asian American Recovery Svcs.	Primary Care	Asian American Recovery Services (TWHC)	40,000	40,000							
COPC	Asian American Recovery Svcs.	Primary Care	Asian American Recovery Services (Medical Respite Clinic)	116,177	116,177							
HUH	Asian American Recovery Svcs.	Fiscal Intermediary	Check Writing Services - Emergency Hotels	2,822,767	1,756,000							
Asian American Recovery Svcs. Total				23,832,456	3,199,735	225,055	96,835	321,890	1%	576	2,361	13,760
MH-Adult	Baker Places, Inc.	Residential Treatment	San Jose Place	822,805	339,995	42,499	42,499	84,999	10%	19	180	5,814
MH-Adult	Baker Places, Inc.	Residential Treatment	Baker Street House	853,671	194,795	24,349	24,349	48,699	6%	8	148	7,032
MH-Adult	Baker Places, Inc.	Residential Treatment	Grove Street House	1,120,431	319,500	39,938	39,938	79,875	7%	11	150	3,285
MH-Adult	Baker Places, Inc.	Residential Treatment	Jo Ruffin Place	1,041,104	284,964	35,621	35,621	71,241	7%	14	200	7,032
MH-Adult	Baker Places, Inc.	Residential Treatment	Robertson Place	784,845	284,937	35,617	35,617	71,234	9%	17	192	6,342
MH-Adult	Baker Places, Inc.	Supportive Housing	Odyssey House	419,085								
MH-Adult	Baker Places, Inc.	Supportive Services in Supportive Housing	AILP (Assisted Independent Living)	1,171,164								
MH-Adult	Baker Places, Inc.	Residential Treatment	CODB	118,670	118,670	14,834	14,834	29,668	25%	-		
SA Adult	Baker Places, Inc.	Residential - Medical Detox	Joe Healy Medical Detox	100,895								
SA Adult	Baker Places, Inc.	Residential - Medical Detox	Joe Healy Medical Detox	3,520,534							520	8,376
SA Adult	Baker Places, Inc.	Residential Treatment	Acceptance Place	622,290	622,290	77,786	77,786	155,573	25%	15	60	3,468
HUH	Baker Places, Inc.	Residential Treatment	Ferguson Place	203,745	-							
HUH	Baker Places, Inc.	Residential	Supportive Living, Residential Subsidies	720,370	-							
HUH	Baker Places, Inc.	Residential Treatment	Ferguson Place	342,303	-							
HUH	Baker Places, Inc.	Residential	Supportive Living, Residential Subsidies	10,917	-							
Baker Places, Inc. Total				11,852,829	2,165,151	270,644	270,644	541,288	5%	84	1,450	41,349
MH Child	Bayview Hunters Point Foundation	Fiscal Intermediary	Family Mosaic	365,879								
MH Child	Bayview Hunters Point Foundation	Outpatient	outpatient	454,031								
MH Child	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	PEI school-based services	231,101								
MH-Adult	Bayview Hunters Point Foundation	Outpatient	Adult Behavioral Health	1,019,346	304,059	63,346	12,669	76,015	7%	45	600	5,906
MH-Adult	Bayview Hunters Point Foundation	Outpatient	Anchor Program	201,565	201,565	41,993	8,399	50,391	25%	33	132	1,346
SA Adult	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	HIV Set Aside: Routine Opt-Out HIV Screening, Counseling, and Placement	25,000								
SA Adult	Bayview Hunters Point Foundation	Residential Treatment	Jelani House Residential	631,417	262,420	32,803	32,803	65,605	10%	2	15	4,914
SA Adult	Bayview Hunters Point Foundation	Residential Treatment	Jelani Family Program Residential	572,315	572,315	71,539	71,539	143,079	25%	5	18	1,971
SA Child	Bayview Hunters Point Foundation	Outpatient	Youth Moving Forward Bayview	503,970								
SA Child	Bayview Hunters Point Foundation	Outpatient	Youth Moving Forward Potrero Hill	195,241								
SA Child	Bayview Hunters Point Foundation	Prevention	LGBT Youth Services	4,211								
SA Child	Bayview Hunters Point Foundation	Prevention	Youth Services	105,245								
SA Adult	Bayview Hunters Point Foundation	Methadone	Narcotic Treatment Program: MM	1,247,249								
SA Adult	Bayview Hunters Point Foundation	Methadone	Jail Methadone Courtesy Dosing Program	239,578								
CHPP	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	Bayview Hunter's Point Foundation	1,250,142	840,749	175,156	35,031	210,187	17%	-	-	36
Bayview Hunters Point Foundation Total				7,046,290	2,181,108	384,836	160,441	545,277	8%	84	765	14,173
HUH	Catholic Charities	Medical Case Management	Rita de Casia and Hazel Betsey	175,072	-				0%		40	1,555
HUH	Catholic Charities	Medical Case Management	Derek Silva	391,848	4,266	889	178	1,067	0%	0	68	2,784

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HUH	Catholic Charities	Residential Care Facility / Long Term Care	Peter Claver	451,378	-				0%		34	10,512
HUH	Catholic Charities	Supportive Services in Supportive Housing	Edith Witt Senior Community	120,913	120,913	25,190	5,038	30,228	25%	7	29	1,488
HUH	Catholic Charities	Housing Subsidies	Assisted Housing	927,368	-							
Catholic Charities Total				2,066,579	125,179	26,079	5,216	31,295	2%	7	171	16,339
SA Adult	CATS	Hospital/ED Stepdown	Medical Respite and Sobering Center	1,521,751							367	34,279
SA Adult	CATS	Residential Treatment	Golden Gate for Seniors	266,895	266,895	33,362	33,362	66,724	25%	9	36	591
SA Adult	CATS	Wellness Promotion & Prevention	A Woman's Place	236,881								
SA Adult	CATS	Transportation	Mobile Assistance Patrol	300,000								
SA Adult	CATS	Transportation	Mobile Assistance Patrol	496,392								
SA Adult	CATS	Self Help/Drop In Center	Women's Drop-in-OSHUN	832,884								
SA Adult	CATS	SFHOT	SF Homeless outreach Team	2,510,529								
CATS Total				6,165,332	266,895	33,362	33,362	66,724	1%	9	403	34,870
MH Child	Community Vocational Enterprises	Vocational Services	Vocational Services	12,889								
MH-Adult	Community Vocational Enterprises	Peer & Intern Employment	Empowerment Services	209,767								
MH-Adult	Community Vocational Enterprises	Vocational Services	Vocational Services	663,930	663,930	138,319	27,664	165,983	25%	100	400	44,113
MH-Adult	Community Vocational Enterprises	Vocational Services	Vocational Services	215,970								
MH-Adult	Community Vocational Enterprises	Vocational Services	IME Janitorial Services	432,286								
MH-Adult	Community Vocational Enterprises	Vocational Services	SF FIRST RCI	35,668								
MH-Adult	Community Vocational Enterprises	Vocational Services	SF FIRST SFPL-OP	31,541								
MH-Adult	Community Vocational Enterprises	Vocational Services	Former Baker Places Employees	157,532								
MH-Adult	Community Vocational Enterprises	Vocational Services	Prompt! Staffing Services	91,068								
Community Vocational Enterprises Total				1,850,651	663,930	138,319	27,664	165,983	9%	100	400	44,113
MH-Adult	Curry Senior Center	Outpatient	Older Adult Integrated Full Service Outpatient	73,995	12,225	2,547	509	3,056	4%	4	95	171
MH-Adult	Curry Senior Center	Outpatient	Behavioral Health Primary Care Integration	307,127								
SA Adult	Curry Senior Center	Outpatient	Older Adult BH IFSO	165,369	165,369	34,452	6,890	41,342	25%	13	51	33
COPC	Curry Senior Center	Outpatient	Curry Senior Center	361,541	361,541							
Curry Senior Center Total				908,032	539,135	36,999	7,400	44,399	5%	17	146	204
HUH	Dolores Street Community Services	Supportive Services in Supportive Housing	Support Services at Casa Quezada	325,423	325,423	67,796	13,559	81,356	25%	42	167	3,381
Dolores Street Community Services Total				325,423	325,423	67,796	13,559	81,356	25%	42	167	3,381
MH Child	Family Service Agency	Outpatient	outpatient	315,881								
MH Child	Family Service Agency	Outpatient	EPSDT Full Circle	423,225								
MH Child	Family Service Agency	Wellness Promotion & Prevention	Quality Childcare mental health	252,751								
MH Child	Family Service Agency	Outpatient	Deaf Community Counseling svc	19,363								
MH-Adult	Family Service Agency	Outpatient	POPS-ASO	191,176	30,375	6,328	1,266	7,594	4%	N/A	N/A	N/A
MH-Adult	Family Service Agency	Outpatient	Older Adult FSP	1,141,632	71,269	14,848	2,970	17,817	2%	8	528	7,480
MH-Adult	Family Service Agency	Outpatient	Geriatric Gough	930,257	260,819	54,337	10,867	65,205	7%	96	1,375	4,961
MH-Adult	Family Service Agency	Outpatient	Geriatrics Services	961,836	166,315	34,649	6,930	41,579	4%	51	1,180	5,389
MH-Adult	Family Service Agency	Outpatient	Adult Full Service Partnership	1,343,184	122,226	25,464	5,093	30,557	2%	17	750	8,604
MH-Adult	Family Service Agency	Outpatient	Transitional Age Youth	424,867								
MH-Adult	Family Service Agency	Wellness Promotion & Prevention	Senior Drop-In Center	185,400								
MH-Adult	Family Service Agency	Wellness Promotion & Prevention	Prevention & Recovery in Early Psychosis	994,073								
MH-Adult	Family Service Agency	Outpatient	Deaf Community Counseling svc	397,495	192,688	40,143	8,029	48,172	12%	51	420	2,386
Family Service Agency Total				7,581,140	843,692	175,769	35,154	210,923	3%	224	4,253	28,820
SA Adult	Friendship House	Residential Treatment	Friendship House	217,741	217,741	27,218	27,218	54,435	25%	2	9	2,957
SA Adult	Friendship House	Residential Treatment	Friendship House	187,375								
Friendship House Total				405,116	217,741	27,218	27,218	54,435	13%	2	9	2,957
HUH	Glide Community Housing	Supportive Services in Supportive Housing	149 Mason Street Housing Project	358,670	358,670	74,723	14,945	89,668	25%	15	61	18,117
Glide Community Housing Total				358,670	358,670	74,723	14,945	89,668	25%	15	61	18,117
MH-Adult	HAFC dba HealthRIGHT 360	Outpatient	Adult Outpatient	325,405	169,156	35,241	7,048	42,289	13%	28	215	2,043
MH-Adult	HAFC dba HealthRIGHT 360	Outpatient	Crisis Intervention	16,696	16,696	3,478	696	4,174	25%	N/A	N/A	4
MH-Adult	HAFC dba HealthRIGHT 360	Residential Treatment	WRAPS	82,400								
MH-Adult	HAFC dba HealthRIGHT 360	CODB	CODB	8,108	6,534	1,361	272	1,634	20%	-		
SA Adult	HAFC dba HealthRIGHT 360	Outpatient	AA Family Healing Center	311,059	311,059	64,804	12,961	77,765	25%	25	101	3,684
SA Adult	HAFC dba HealthRIGHT 360	Outpatient	Adult OP	1,240,223	1,210,223	252,130	50,426	302,556	24%	99	407	13,644
SA Adult	HAFC dba HealthRIGHT 360	Outpatient	BASN Outpatient	100,183								
SA Adult	HAFC dba HealthRIGHT 360	Vocational Services	HAFCI Admin Services	99,522								
SA Adult	HAFC dba HealthRIGHT 360	Fiscal Intermediary	Project Homeless Connect - Everyday Connect	367,965								

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as of 05-02-13												
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SA Adult	H AFC dba HealthRIGHT 360	Fiscal Intermediary	HIV Set-Aside Coordinator	120,000								
SA Adult	H AFC dba HealthRIGHT 360	Fiscal Intermediary	Project Homeless Connect	464,726								
SA Adult	H AFC dba HealthRIGHT 360	Outpatient	Bridges Outpatient	730,438								
SA Adult	H AFC dba HealthRIGHT 360	Outpatient	2nd Chance Case Mgmt	506,598								
SA Adult	H AFC dba HealthRIGHT 360	Outpatient	SHOP grant	329,773								
SA Adult	H AFC dba HealthRIGHT 360	Outpatient	Family Strength Outpatient (Connections)	200,457	200,457	41,762	8,352	50,114	25%	29	115	53
SA Adult	H AFC dba HealthRIGHT 360	Outpatient	Rep Payee Case Mgmt	77,614								
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	BASN Residential	432,525								
SA Adult	H AFC dba HealthRIGHT 360	Residential Detox	Social Detox Res (SVDP Lucille Withe Center)	840,112								
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	Satellite Residential	303,983	303,983	37,998	37,998	75,996	25%	21	84	6,898
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	WHITS Residential	313,899	313,899	39,237	39,237	78,475	25%	6	22	1,643
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	SFGH Residential	427,162	427,162	53,395	53,395	106,791	25%	11	45	3,285
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	Transgender Residential	348,841	348,841	43,605	43,605	87,210	25%	9	36	2,628
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	Adult Residential	3,680,484	950,437	118,805	118,805	237,609	6%	29	444	41,721
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	Bridges Residential	130,439								
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	HIV Women's Residential (Lodestar)	190,973								
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	CARE Variable Length Residential	217,326								
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	CARE MDSP Residential	355,411								
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	CARE Residential Detox	211,834								
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	Women's Hope Residential (Pomeroy)	645,619	645,619	80,702	80,702	161,405	25%	9	35	5,256
SA Adult	H AFC dba HealthRIGHT 360	Residential Treatment	Criminal Justice Residential (AB109 WO)	311,858								
SA Adult	H AFC dba HealthRIGHT 360	Supportive Housing	Criminal Justice ONPD (AB109 WO)	351,642								
SA Adult	H AFC dba HealthRIGHT 360	Methodone	Buprenorphine Medical Monitoring	50,437								
HUH	H AFC dba HealthRIGHT 360	Medical Case Management	Planetree Housing Program	70,766								
H AFC dba HealthRIGHT 360 Total				13,864,478	4,904,066	772,519	453,498	1,226,017	9%	265	1,504	80,859
MH-Adult	Hyde Street	Outpatient	Hyde Street	2,243,543	381,174	79,411	15,882	95,294	4%	132	3,110	12,654
MH-Adult	Hyde Street	Outpatient	Adult FSP	595,561	39,813	8,294	1,659	9,953	2%	4	253	3,413
Hyde Street Total				2,839,104	420,987	87,706	17,541	105,247	4%	136	3,363	16,067
MH Child	Instituto Familiar de la Raza, Inc	Outpatient	outpatient	569,585								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	Paul Revere	193,629								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	PEI Violence Trauma Recovery Svcs	214,381								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	Early childhood MH	596,711								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	PEI Early Childhood MH	42,000								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	ECMHC Training	13,729								
MH-Adult	Instituto Familiar de la Raza, Inc	Outpatient	Adult Outpatient-MH Svcs	543,123	273,914	57,065	11,413	68,479	13%	108	855	2,935
MH-Adult	Instituto Familiar de la Raza, Inc	Outpatient	BH/PC Integration	86,866	86,866	18,097	3,619	21,717	25%	99	395	33
MH-Adult	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	Indigena Health & Wellness COLL	254,775	-	-	-	-	0%	-	-	-
Instituto Familiar de la Raza, Inc Total				2,514,799	360,780	75,163	15,033	90,195	4%	207	1,250	2,968
SA Adult	Jelani, Inc. (BVHP FY 11-12)	Residential Treatment	Jelani House Residential	99,872	1,872	234	234	468	0%	0	6	777
Jelani, Inc. (BVHP FY 11-12) Total				99,872	1,872	234	234	468	0%	0	6	777
SA Adult	Latino Commission	Residential Treatment	Casa Quetzal & Casa Ollin - Adult Male Residential	643,172	643,172	80,397	80,397	160,793	25%	12	48	4,679
SA Adult	Latino Commission	Residential Treatment	Casa Xochitl & Casa Ollin - Perinatal Residential	374,294	374,294	46,787	46,787	93,574	25%	3	10	1,734
SA Adult	Latino Commission	Residential Treatment	Aviva House - Adult Male HIV Residential	175,184							9	1,040
Latino Commission Total				1,192,650	1,017,466	127,183	127,183	254,367	21%	15	67	7,453
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	Mosaica	54,359	54,359	11,325	2,265	13,590	25%	3	11	1,198
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	990 Polk Street Senior Housing	213,537	213,537	44,487	8,897	53,384	25%	13	50	6,313
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	Folsom Dore	197,934	197,934	41,236	8,247	49,484	25%	10	40	5,622
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	3rd Party Payer	735,000	735,000	153,125	30,625	183,750	25%	328	1,313	13,640
HUH	Lutheran Social Services of Northern California	Emergency Housing	Emergency Housing	271,880					0%			
HUH	Lutheran Social Services of Northern California	Emergency Housing	Emergency Housing	9,417								
HUH	Lutheran Social Services of Northern California	Emergency Housing	Emergency Housing	99,607								
Lutheran Social Services of Northern California Total				1,581,734	1,200,830	250,173	50,035	300,208	19%	354	1,414	26,773
SA Adult	Mission Council	Outpatient	Outpatient	254,775	254,775	53,078	10,616	63,694	25%	90	360	5,180
SA Adult	Mission Council	Outpatient	Outpatient	254,775	254,775	53,078	10,616	63,694	25%	13	51	2,295
Mission Council Total				509,550	509,550	106,156	21,231	127,388	25%	103	411	7,475
COPC	Mission Neighborhood Health Center	Outpatient	Mission Neighborhood Health Center	302,628	302,628	63,048	12,610	75,657	25%	N/A	N/A	3,106

Initiative Back-Up Detail: CBO Across-the Board Reductions. Agencies with no reductions are not included. If an agency has any reduction, then the entire agency is included in the detail.												
as of 05-02-13												
Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH svcs converted to hours minutes)
Mission Neighborhood Health Center Total				302,628	302,628	63,048	12,610	75,657	25%	-	-	3,106
MH Child	Mt. St. Joseph's - St. Elizabeth's	Outpatient	outpatient	62,627								
SA Adult	Mt. St. Joseph's - St. Elizabeth's	Residential Treatment	Epiphany House	334,618	334,618	41,827	41,827	83,655	25%	8	30	3,285
SA Adult	Mt. St. Joseph's - St. Elizabeth's	Residential Treatment	Epiphany Residential	334,617	334,617	41,827	41,827	83,654	25%	8	30	3,285
Mt. St. Joseph's - St. Elizabeth's Total				731,862	669,235	83,654	83,654	167,309	23%	15	60	6,570
HUH	Parkview Terraces	Supportive Services in Supportive Housing	Permanent Housing for Homeless Frail Senior	53,069	53,069	11,056	2,211	13,267	25%	6	22	2,446
Parkview Terraces Total				53,069	53,069	11,056	2,211	13,267	25%	6	22	2,446
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Cortland	781,549	167,469	20,934	20,934	41,867	5%	4	80	8,355
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Dore Street Urgent Care Clinic	2,429,692	769,918	96,240	96,240	192,480	8%	79	1,000	35,000
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Ashbury	973,398	180,511	22,564	22,564	45,128	5%	1	24	8,551
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Avenues	1,421,593	466,442	58,305	58,305	116,611	8%	41	498	7,445
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Clay	1,161,211	157,557	19,695	19,695	39,389	3%	1	40	12,750
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Dore Street Residential	1,462,163	471,217	58,902	58,902	117,804	8%	44	550	8,689
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Dorine Loso House	1,207,884	68,354	8,544	8,544	17,089	1%	1	36	12,314
MH-Adult	Progress Foundation, Inc.	Residential Treatment	La Amistad	822,140	322,118	40,265	40,265	80,530	10%	15	150	10,583
MH-Adult	Progress Foundation, Inc.	Residential Treatment	La Posada	1,179,878	377,367	47,171	47,171	94,342	8%	32	394	6,206
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Progress House	791,895	165,293	20,662	20,662	41,323	5%	4	80	8,414
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Seniors Program	1,113,384	103,372	12,922	12,922	25,843	2%	2	88	11,569
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Shrader	1,216,722	438,108	54,764	54,764	109,527	9%	45	498	7,001
MH-Adult	Progress Foundation, Inc.	Supportive Housing	Supportive Living	661,849								
Progress Foundation, Inc. Total				15,223,358	3,687,726	460,966	460,966	921,932	6%	269	3,438	136,877
HUH	Providence Foundation	Supportive Services in Supportive Housing	Armstrong Place	98,681	98,681	20,559	4,112	24,670	25%	6	25	2,112
Providence Foundation Total				98,681	98,681	20,559	4,112	24,670	25%	6	25	2,112
MH Child	RAMS	Outpatient	outpatient	570,065								
MH Child	RAMS	Outpatient	outpatient	1,033,785								
MH Child	RAMS	Outpatient	SED partnership	303,951								
MH Child	RAMS	Wellness Promotion & Prevention	PEI school-based services	270,529								
MH Child	RAMS	Wellness Promotion & Prevention	MHSA WDET Summer Bridge	68,280								
MH Child	RAMS	Wellness Promotion & Prevention	PEI Early Childhood MH	25,478								
MH Child	RAMS	Wellness Promotion & Prevention	Early childhood MH	934,779								
MH-Adult	RAMS	Outpatient	Adult Outpatient Services Clinic	1,861,035	34,554	7,199	1,440	8,639	0%	6	1,200	10,440
MH-Adult	RAMS	Outpatient	Broderick Street Residential Program	565,187	10,593	2,207	441	2,648	0%	0	36	2,455
MH-Adult	RAMS	Training	Peer Specialist Mental Health Certificate	135,545								
MH-Adult	RAMS	Vocational Services	Employee Development Program	111,341	111,341	23,196	4,639	27,835	25%	9	35	1,561
MH-Adult	RAMS	Vocational Services	IT	510,000								
MH-Adult	RAMS	Outpatient	API Health Parity Coalition	100,000								
MH-Adult	RAMS	Vocational Services	SF FIRST RCI	5,096								
MH-Adult	RAMS	Vocational Services	SF FIRST SFPL-OP	4,421								
MH-Adult	RAMS	Vocational Services	Former Baker Places Employees	22,505								
MH-Adult	RAMS	Vocational Services	Prompt! Staffing Services	13,010								
MH-Adult	RAMS	Vocational Services	Empowerment Services	29,967								
MH-Adult	RAMS	Vocational Services	Vocational Services	125,785	125,785	26,205	5,241	31,446	25%	N/A	N/A	N/A
MH-Adult	RAMS	Vocational Services	IME Janitorial Services	61,755								
MH Child	RAMS	Vocational Services	Vocational Services	1,841								
SA Child	RAMS	Outpatient	Wellness substance abuse services	190,072								
MH-Adult	RAMS	Outpatient	PAES - SSI Advocacy Support Service	85,178								
MH-Adult	RAMS	Outpatient	PAES Vocational svc	90,854								
MH-Adult	RAMS	Outpatient	PAES Counsel. & Pre Counseling	1,876,140								
HUH	RAMS	Residential	Broderick Street RCF	933,706	933,706				0%		36	11,081
RAMS Total				9,930,305	1,215,979	58,807	11,761	70,568	1%	14	1,307	25,537
HUH	Regents of California (UC)	Supportive Services in Supportive Housing	Parcel G	631,988	499,695	104,103	20,821	124,924	20%	13	67	180,671
HUH	Regents of California (UC)	Vocational Services	Dept. of Psychiatry Vocational Rehabilitation Program	43,556	43,556	9,074	1,815	10,889	25%	1	5	12,452
Regents of California (UC) Total				675,544	543,251	113,177	22,635	135,813	20%	14	72	193,123
MH-Adult	San Francisco AIDS Foundation	Outpatient	Lyon Martin	386,820	317,940	66,238	13,248	79,485	21%	19	93	1,996
MH-Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project	85,604	1,604	334	67	401	0%	0	20	650
SA Adult	San Francisco AIDS Foundation	Outpatient	Subcontract to Lyon-Martin Health Services	171,100	171,100	35,646	7,129	42,775	25%	4	15	774

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as of 05-02-13												
Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH svcs converted to hours from minutes)
SA Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project HIV Intervention	157,741						-		
SA Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project IFSO	410,432	402,432	83,840	16,768	100,608	25%	23	95	4,004
SA Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project IFSO	140,152	140,152	29,198	5,840	35,038	25%	-	-	-
SA Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project PROP	122,399	122,399	25,500	5,100	30,600	25%	13	50	1,012
HUH	San Francisco AIDS Foundation	Housing Subsidies	Rental Subsidies	2,956,528								
HUH	San Francisco AIDS Foundation	Housing Subsidies	Rental Subsidies	625,955								
San Francisco AIDS Foundation Total				5,056,731	1,155,627	240,756	48,151	288,907	6%	59	273	8,436
MH-Adult	San Francisco Study Center	Clients' Rights Advocacy	SFMHCRA (SF MH Clients Rights Advocacy)	370,927	370,927	77,276	15,455	92,732	25%	150	600	9,172
MH-Adult	San Francisco Study Center	Peer & Intern Employment	Peer & Intern Employment	990,654								
MH-Adult	San Francisco Study Center	Wellness Promotion & Prevention	OSH (OFFICE OF SELF-HELP)	577,910	444,010	92,502	18,500	111,003	19%	38	200	14,526
MH-Adult	San Francisco Study Center	Innovation	Fiscal Intermediary for Innovation	307,178								
MH-Adult	San Francisco Study Center	CODB	CODB	18,122	15,565	3,243	649	3,891	21%	-	-	-
CHPP	San Francisco Study Center	Wellness Promotion & Prevention	San Francisco Study Center	1,352,460	330,520	68,858	13,772	82,630	6%	-	-	72
San Francisco Study Center Total				3,617,251	1,161,022	241,880	48,376	290,256	8%	188	800	23,770
MH-Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Citywide Suicide Intervention / Crisis Counseling / Off-hours Coverage for Behavioral Health SOC, BHAC Line Coverage	181,960								
SA Adult	San Francisco Suicide Prevention	Training	Fiscal Intermediary-Training Fund	45,860								
SA Adult	San Francisco Suicide Prevention	Training	Fiscal Intermediary-Training Fund	199,489	199,489	41,560	8,312	49,872	25%	-	-	4,160
SA Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Drug Line/Relapse Prevention Line	100,459								
SA Adult	San Francisco Suicide Prevention	Methadone	Fiscal Intermediary-Harm Reduction Therapy	35,385								
San Francisco Suicide Prevention Total				563,153	199,489	41,560	8,312	49,872	9%	-	-	4,160
MH-Adult	SF Mental Education Funds	Training	Mental Health Board	129,691	100,924	21,026	4,205	25,231	19%	230	1,183	834
MH-Adult	SF Mental Education Funds	Training	CBHS CME Training Fund	18,046	18,046	3,760	752	4,512	25%	296	1,183	116
MH-Adult	SF Mental Education Funds	Training	CBHS SOC Training Fund	40,603	40,603	8,459	1,692	10,151	25%	296	1,183	262
SF Mental Education Funds Total				188,340	159,573	33,244	6,649	39,893	21%	822	3,549	1,212
HUH	SteppingStone	Outpatient	Mission Creek	259,790	259,790	54,123	10,825	64,948	25%	39	156	5,670
SteppingStone Total				259,790	259,790	54,123	10,825	64,948	25%	39	156	5,670
MH Child	The IRIS Center	Outpatient	Mental Services	35,669								
SA Adult	The IRIS Center	Outpatient	IFSO Perinatal Program	711,933	368,846	76,843	15,369	92,212	13%	10	81	17,157
The IRIS Center Total				747,602	368,846	76,843	15,369	92,212	12%	10	81	17,157
MH-Adult	UCSF Alliance Health Project	Outpatient	Transgender	26,197	26,197	5,458	1,092	6,549	25%	100	400	74
MH-Adult	UCSF Alliance Health Project	Outpatient	Integrated Full Service Outpatient	718,702	10,924	2,276	455	2,731	0%	3	903	3,696
MH-Adult	UCSF Alliance Health Project	Outpatient	CODB	14,228	14,228	2,964	593	3,557	25%	-	-	-
SA Adult	UCSF Alliance Health Project	Outpatient	Integrated Full Service Outpatient	151,440								
UCSF Alliance Health Project Total				910,567	51,349	10,698	2,140	12,837	1%	103	1,303	3,770
MH-Adult	UCSF Citywide CM & CRT	Outpatient	Citywide Linkage	833,813	414,382	86,330	17,266	103,596	12%	39	315	6,925
MH-Adult	UCSF Citywide CM & CRT	Outpatient	NOVA	165,094								
MH-Adult	UCSF Citywide CM & CRT	Outpatient	Roving Team	814,517								
MH-Adult	UCSF Citywide CM & CRT	Supportive Services in Supportive Housing	Services for Supportive Housing	845,387								
SA Adult	UCSF Citywide CM & CRT	Outpatient	UCSF Citywide Outpatient	64,917	13,917	2,899	580	3,479	5%	3	60	1,855
UCSF Citywide CM & CRT Total				2,723,728	428,299	89,229	17,846	107,075	4%	42	375	8,780
MH-Adult	UCSF SPR	Outpatient	Citywide Focus	6,169,650	213,857	44,554	8,911	53,464	1%	4	480	36,875
MH-Adult	UCSF SPR	Outpatient	Citywide Forensics	1,638,379	92,930	19,360	3,872	23,233	1%	2	173	9,792
UCSF SPR Total				7,808,029	306,787	63,914	12,783	76,697	1%	7	653	46,667
Misc.	Unallocated- TBD	Unallocated	Unallocated	4,571,705		48,771	32,451	81,221				
Unallocated Total				4,571,705	-	48,771	32,451	81,221		-	-	-
MH Child	Westside Community Mental Health	Outpatient	outpatient	1,125,054								
MH Child	Westside Community Mental Health	Outpatient	SED partnership	181,741								
MH Child	Westside Community Mental Health	Outpatient	Teens for Understanding and Compassion Program	-								
MH-Adult	Westside Community Mental Health	Emergency Crisis	Westside Crisis	1,354,366	440,711	91,815	18,363	110,178	8%	273	3,350	317,715
MH-Adult	Westside Community Mental Health	Outpatient	Westside IFSO Outpatient	1,256,330	157,999	32,916	6,583	39,500	3%	28	900	6,553
MH-Adult	Westside Community Mental Health	Outpatient	Westside Crisis Care	-								
MH-Adult	Westside Community Mental Health	Outpatient	Westside IFSO ACT	1,761,584	68,096	14,187	2,837	17,024	1%	6	570	10,520

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as of 05-02-13												
Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH svcs converted to hours from minutes)
SA Adult	Westside Community Mental Health	Outpatient	Westside CTL (HIV Counseling, Testing & Linkages)	70,000		-	-	-	0%	-	300	1,667
MH-Adult	Westside Community Mental Health	Outpatient	CalWORKs PROGRAM	1,972,305	11,460	2,388	478	2,865	0%	4	2,434	8,912
SA Adult	Westside Community Mental Health	Methadone	Westside Methadone Maintenance	1,398,670								
SA Adult	Westside Community Mental Health	Methadone	Westside Methadone Maintenance Long-term Detox	18,610								
Westside Community Mental Health Total				9,138,660	678,266	141,305	28,261	169,567	2%	310	7,554	345,367
Grand Total				147,998,573	30,794,692	4,765,369	2,212,670	6,978,038	5%	4,288	38,445	1,197,270

Restorations Following April 23, 2013 Health Commission Hearing

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Restoration (10 mos.)	FY14-15 Non-Matched General Fund Restoration (2 mos.)	Total General Fund Restorations		Total UDC	Total UOS (Mode 15 MH svcs converted to hours from minutes)	
CHPP	Bayview HERC	Wellness Promotion & Prevention	Bayview HERC	303,944	303,944	63,322	12,664	75,986		509	5,084	
SA Adult	City College of San Francisco	Training	SA Certificate Program	132,088	132,088	27,518	5,504	33,022		30	9,638	
SA Adult	Harm Reduction Coalition	Outpatient	DOPE Project	174,070	137,712	28,690	5,738	34,428		1,576	2,316	
COPC	Lighthouse for the Blind and Visually Impaired	Transportation	Lighthouse for the Blind and Visually Impaired	51,497	51,497	10,729	2,146	12,874		100	1,650	
MH-Adult	NICOS	Wellness Promotion & Prevention	Chinese Community Problem Gambling Project	68,280	68,280	14,225	2,845	17,070		529	1,067	
MH-Adult	SAGE Project	Outpatient	Survivors of Trauma, Violence, and Sexual Abuse	71,337	71,337	14,862	2,972	17,834		48	855	
SA Adult	SAGE Project	Outpatient	Survivors of Trauma, Violence, and Sexual Abuse	132,483	132,483	27,601	5,520	33,121		50	2,358	
COPC	San Francisco Consortium	Primary Care	San Francisco Consortium (Internship Program)	41,000	41,000	8,542	1,708	10,250		N/A	N/A	
MH-Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Citywide Suicide Intervention / Crisis Counseling / Off-hours Coverage for Behavioral Health SOC, BHAC Line Coverage	181,960	181,960	37,908	7,582	45,490		5,000	4,150	
SA Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Drug Line/Relapse Prevention Line	100,459	100,459	20,929	4,186	25,115		1,400	3,185	
COPC	Shanti Lifelines	Transportation	Shanti Lifelines	64,548	64,548	13,448	2,690	16,137				
COPC	Tides Center	Primary Care	Tides Foundation aka Women's Comm.Hlth Clnc	50,955	50,955	10,616	2,123	12,739		520	591	
				1,372,621	1,336,263	278,388	55,678	334,066	-	-	9,762	30,894

Grand Total of All DPH CBO Professional Services Funding Impact

				Total Funding	Total General Fund	Total General Fund Reduction*	Percent GF Reduction of Total GF	Total Prof. Services. Reduction (all funding sources)**	Percent Professional Services Reduction of Total Professional Services		
				268,808,145	116,881,303	10,011,018	9%	13,263,179	5%		

* Included in this reduction is the projected loss of \$3,032,981 in General Fund monies that were used to backfill Ryan White HIV Funding in FY12-13, but of the total this portion was not ongoing in FY13-14. Added to Across-the-Board reduction.
 ** Included in this reduction is the additional Federal grant losses to HIV Health Services and HIV Prevention in FY13-14 and 14-15.
 Reduction to total Professional Services would decrease from 5% to 3% if HIV funding losses not included..



City & County of San Francisco
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Mayor Edwin M. Lee
“Interrupt, Predict, and Organize for a Safer San Francisco”:



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In July 2012 Mayor Lee announced a new violence prevention and intervention initiative-
“Interrupt, Predict, and Organize for a Safer San Francisco” (IPO). As a part of the IPO, multiple goals and objectives are outlined to ensure public safety.



IPO Strategy

- Interrupt the violence through enforcement.
- Predictive policing for an effective violence prevention strategy.
- Organize social service agencies, enforcement agencies, non-profit organizations, faith-based organizations, and businesses to work collaboratively in providing violence prevention services and in promoting a safer San Francisco.



Interrupt: Targeted Enforcement Zone Strategy 2.0

- Violence Response Teams (e.g. street crime suppression, robbery abatement, saturation and decoy operations)
- “Ceasefire” meetings
- Fugitive Recovery Enforcement
- Get the Guns! (enforcement and gun source tracing with ATF, gun buybacks, and incentives for information)
- Youth and family programs (e.g. Family and Education over Everything, and Our Kids ‘O.K.’)



Predict: Predictive Policing

- Technology for real-time crime analysis and information sharing to rapidly deploy resources to areas where crimes are likely to occur (e.g. forwarding updated hot spot maps to mobile units).
- Promising software implemented by LA, Chicago, Charleston, Memphis, San Cruz and others.
- Declared on the Best Inventions of 2011 by Time Magazine.



Organize: For a Safer San Francisco

- Organize social service agencies, enforcement agencies, non-profit organizations, faith-based organizations, and businesses to work collaboratively and coordinated in providing violence prevention services in high crime neighborhoods.
- Implement coordinated enforcement and prevention strategy.
- Implement a coordinated service strategy targeting high crime neighborhoods and addressing early intervention and workforce needs.
- Implement a public messaging campaign promoting a “stop to violence.”
- Education and community mobilization through community gatherings, events, and faith based gatherings.

Interrupt, Predict, and Organize for a Safer San Francisco

Interrupt

SFPD Zone Strategy

Gang Enforcement Interventions

School Based Interventions

Violence Response Teams

Public Housing Outreach

Availability of Firearms

Targeted Street Outreach and Intervention

Supervision of Probationers, PCRS

Predict

Predictive Policing Strategies

Reentry Risk Assessments / Release Plans

Organize

City and County Coordination

Enforcement and Prevention Strategy

Social Service Strategy

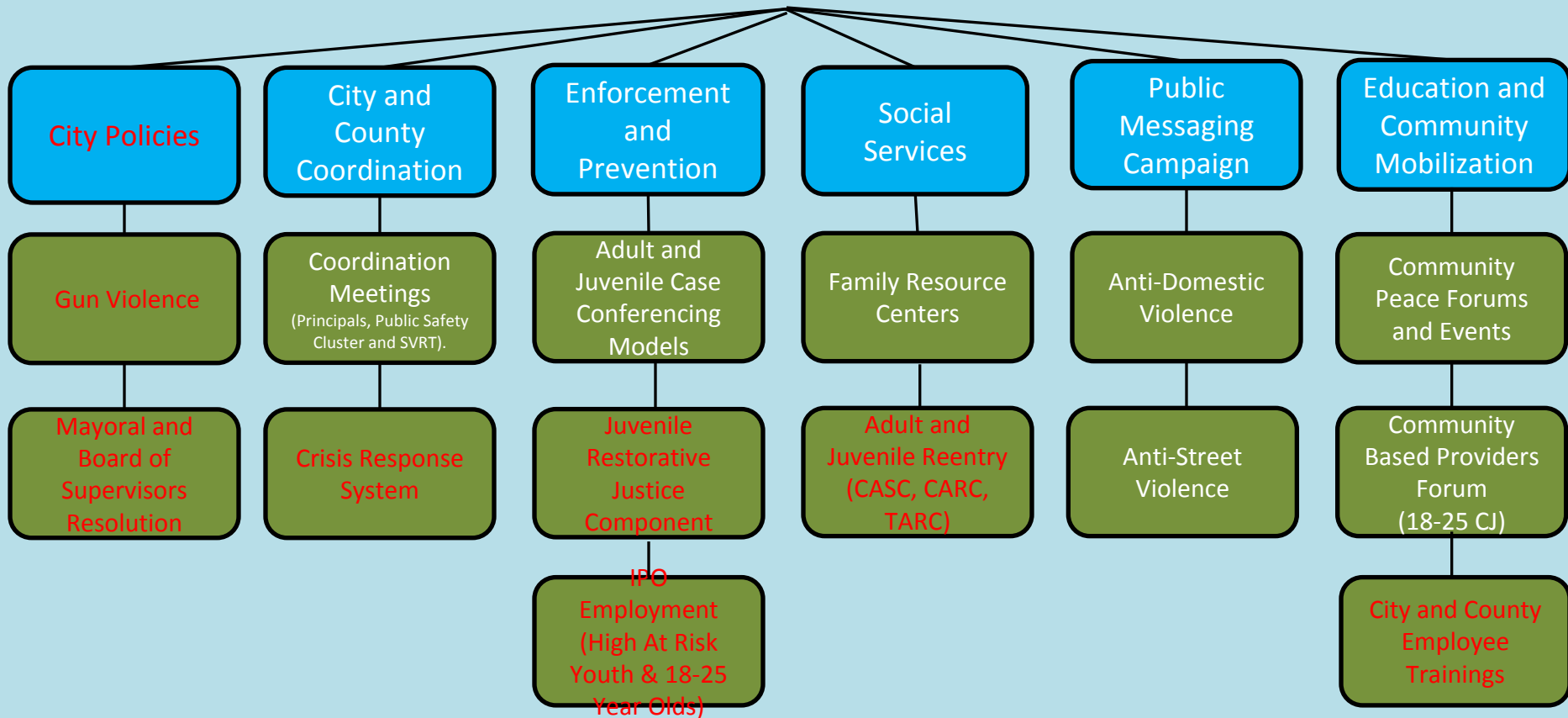
Public Messaging Campaign

Education and Community Mobilization

DRAFT



Organize





IPO Planning Timeline

Item (s)	Deadline(s)
City Agency Input and Feedback	December 31, 2012
Community Input	February 28, 2013
<i>OMI Peace Forum</i>	<i>November 15th, 2012</i>
<i>Bayview Peace Forum</i>	<i>TBD</i>
<i>Mission Peace Forum(s)</i>	<i>January 31st & February 28th, 6-8pm, Good Samaritan</i>
<i>Western Addition Peace Forum</i>	<i>February 7th Location and Time TBD</i>
First Draft Review	March 31, 2013
Final IPO Plan	April 31, 2013



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Street Violence Response Team



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“Organize for a Safer San Francisco”

Objective 1. Improve Overall Coordination

One of the major objectives is to “improve overall coordination” amongst city and county leadership, social services and public safety entities.

The *Street Violence Reduction Team* meetings will be one of the service coordination meetings organized to address the violence prevention and enforcement needs of San Francisco.

Purpose: To identify successful enforcement and prevention strategies for San Francisco.

Goal: To effectively plan an effective street violence response for any neighborhood impacted by a critical violent incident and/or homicide (s).



Street Violence Response Team Activation Process: Homicide

Activation

- SFPD provides criteria to Mayor's Violence Prevention Services Unit in 24 hours (Description of incident, victim(s) age and demographics, and geographic area).
- Mayor's Director of Violence Prevention Services assesses and determines meeting date/time. Meeting will take place 2 days after the incident (HOMICIDE)
SVRT will meet every Tuesday Room 288, 2:30pm-3:30pm (CRITICAL ASSAULTS)
- General alert that SVRT meeting will take place and to prepare schedules or select a stand-in.

Follow-up

- SVRT meeting and rapid response planning
- Separate confidential briefing(s) by enforcement, social agencies and community based providers.

Outcome

- Follow-up with victim and/or family
- Scheduling next steps for community event (i.e. forum, town hall, street fair etc.).



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San Francisco Police Department Current Trends