San Francisco Health Network
TRANSITIONS DIVISION
CARE COORDINATION

City and County of San Francisco
Edwin M. Lee, Mayor

Kelly Hiramoto, LCSW
Acting Director of Transitions
San Francisco Health Network

HIGH USERS OF MULTIPLE SYSTEMS (HUMS)

HUMS scale is 2 dimensional based on data review conducted by Maria X Martinez, SF Department of Public Health.

Dimension 1: Level of urgent/emergent service use

HUMS patients are in the Top 1% of all users over an annual time frame. Typically this is approximately 500 individuals out of approximately 50,000 who have used an urgent/emergent service. In San Francisco, the urgent/emergent spectrum of services includes:

Medical

EMS
Emergency Department
Inpatient
Medical Respite
Outpatient Urgent Care

Psychiatric

Mobile Crisis
Psychiatric Emergency Services
Inpatient
Acute Diversion Unit
Outpatient Crisis (e.g., Dore Urgent Care Center)

Substance Use

Sobering Center
Residential Medical Detox
Residential Social Detox

Dimension 2: Care fragmentation

Persons receiving services in multiple areas - medical, mental health, substance use - are more likely to become extremely high cost and have high escalating costs, low engagement, and worsening care prognosis. HUMS people appear in at least two of the three care areas. The ones most worrisome show tri-morbidity of chronic conditions and get care in three systems. They are likely to be high ambulance users and poorly engaged in ongoing care. The number averages about 300 annually.

Department of Public Health, San Francisco Health Network, 1380 Howard Street, San Francisco, CA 94103

SFDPH Urgent/Emergent Care System and HUMS Methodology for identifying high risk patients

Updated June, 2015

Kelly Hiramoto, Transitions

Urgent/Emergent Care in SFDPH

Medical System

- EMS transports
- ED medical
- Inpatient – 24hr
- Medical Respite (hospital offset)
- Urgent care clinics at TWHC, hospital

*Programs in red are the only ones studied in other communities.

Psychiatric Sytem

- PES, Dore St (PES offset)
- Psy Inpatient – 24hr
- Adult Diversion Units (hospital offset) – 24hr
- Crisis clinics at WSC, Mobile Crisis

Substance Abuse System

- Sobering Center
- Res Medical Detox – 24hr
- Res Social Detox – 24hr

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SFDPH Urgent/Emergent Care

- $2.0 billion: The annual SFDPH budget
- $200 million: The total U/E costs which remain fairly steady annually. These are estimated actual costs in constant dollars.
- 50,000: The total number of unique individuals served annually in UE which may be trending down to 45K.
- 50%: The percentage of total costs used by the top 5% of individuals (counts UE service use, then associated costs).
- 20,000: The approximate number of individuals per year who are seen only once for U/E care.

Identifying high risk patients by examining high utilizers of services

Summary of FY 14-15 (11mo)	# Patients	Total Costs	% Total Costs	**Ave Cost/Pt**	**Ave # Svcs**
Top 1%	405	$31,294,889	18%	**$77,271**	**95**
Next 2 - 5%	1,620	$50,661,102	28%	**$31,272**	**35**
Remaining 95%	38,452	$96,463,215	54%	**$2,509**	**3.3**
Totals	40,477	$196,508,475	100%		

The original presentation of high utilizers, FY 10-11

Summary of FY 10-11	# Patients	Total Costs	% Total Costs	**Ave Cost/Pt**	**Ave # Svcs**
Top 1%	511	$49,793,566	25%	**$97,443**	**89**
Next 2 - 5%	2,078	$58,527,401	30%	**$28,165**	**30**
Remaining 95%	49,207	$88,187,508	45%	**$1,792**	**2.5**
Totals	51,796	$196,508,475	100%		

Identifying risk by measuring systems used – a proxy for needing care coordination, FY14-15, 11 months

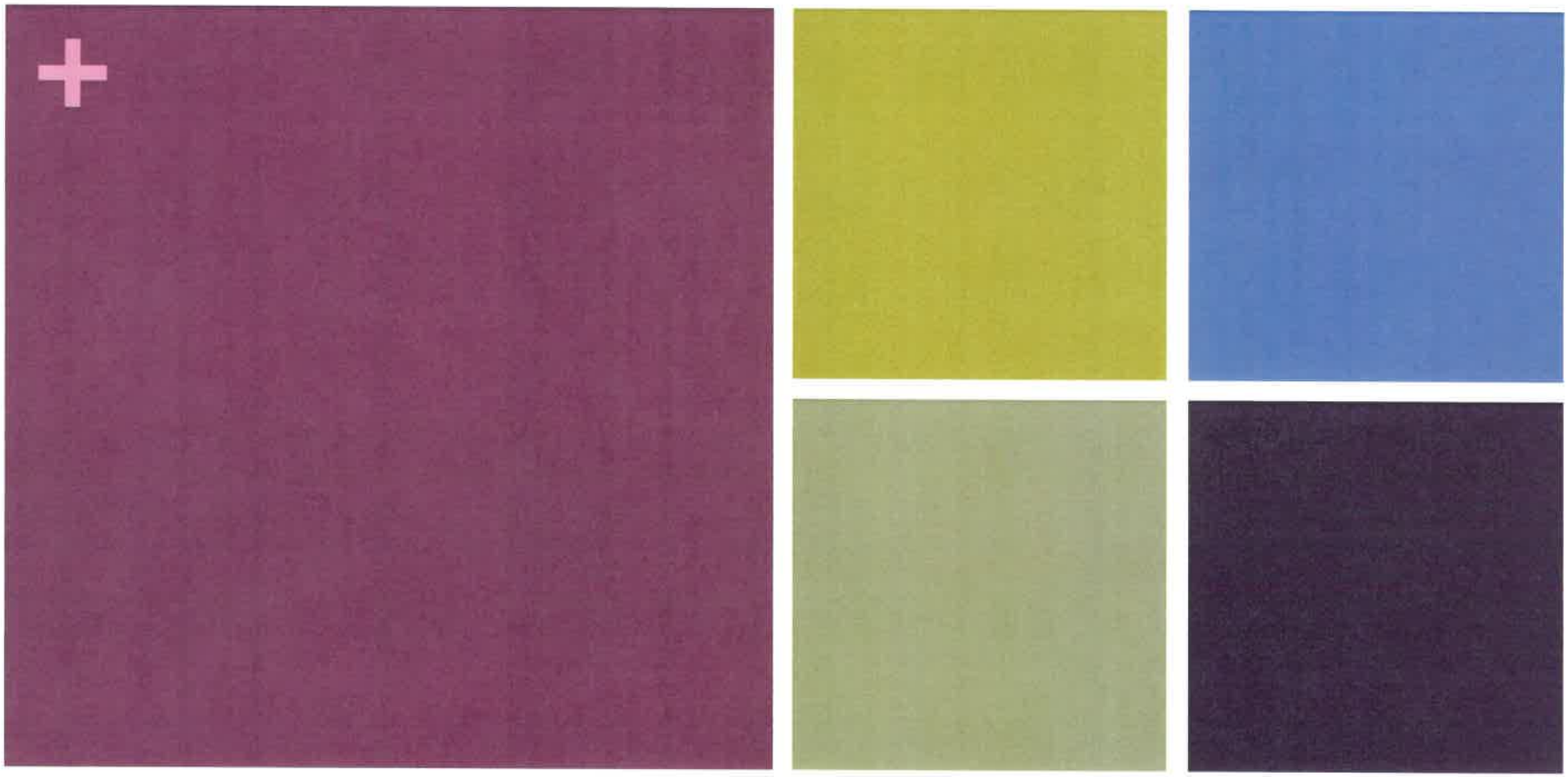
HU Single Sys. top 10	Variable	HU Multiple Sys. top 10
$1,187,200	Total Costs	$2,343,337
$118,720	Average Cost	$234,334
213	Average # Services	208
9 Med only, 1 Psy only	Systems Used	5 Med-Psy, 4 Med-SA, 1 Tri-morb
0	Deceased?	1
8M, 2F	Gender	8M, 2F
2W, 7B, 1L	Ethnicity	6W, 4B
57	Average age	61
90%	History of Homelessness	100%
3 perm hsd 1 temp hsd 1 institutional 3 homeless 2 unknown	Current Housing	4 perm hsd 2 institutional 4 homeless

Is HUMS identification and care coordination working?

- Total U/E costs have remained unchanged at approximately $200 million annually (estimated actual costs in constant dollars).
- Total unique individuals served annually in U/E is also about the same at 45,000-50,000.
- **The high risk top 1% of individuals now account for 18% of costs – a reduction from 25%.**
- **The high risk top 5% of individuals now comprise 46% of costs – a reduction from 55%.**
- Costs savings are being transferred to lower risk patients.

Conclusions

- HUMS method is useful way to identify and monitor urgent care patients.
- HUMS method helps plan care coordination to reduce costs and improve health outcomes.
- Shining spotlight on HUMS patients may be reducing their costs already.
- Further interventions and grant funding are planned.



SFHN Complex Care Management

4/28/14

Complex Care Management Integration

*For the **most frequently hospitalized** patients in **primary care**, we aim to:*

1) *Reduce hospitalizations and ED visits*

2) *Improve patient satisfaction*

3) *Improve provider and staff satisfaction*

*Using **interprofessional teams** to improve health and health care*

Programmatic Oversight/Responsibility

- Primary Care Complex Care Management
- Nurse Advice Line
- New Patient Appointment Unit
- Telephone Provider Visits Program

Patient Identification

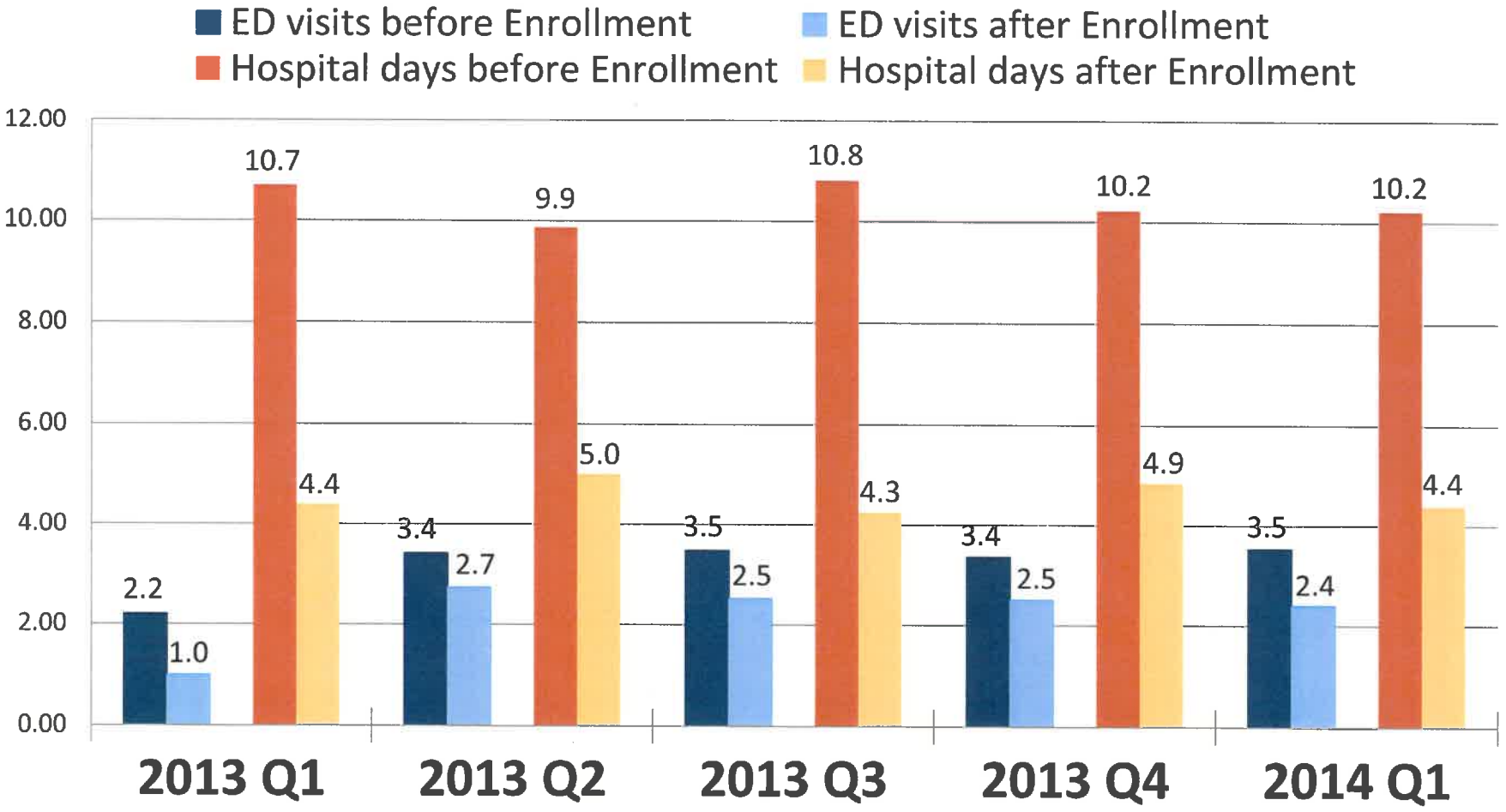
- Patients with 3 or more hospitalizations in the last year
  - SFGH
  - SFHP
- Providers review list of patients and refer those who are appropriate for CCM

Where does "Care Coordination" happen?

Low Risk Patients	In Flux	High Risk Patients

• Primary Care Medical Home Routine Care
  • RNs
  • MDs
  • BAs
	• Pathways
	• Bridge
	• Jail
	• Hospitalized
		• Complex Care Management
		• Transitions Team (Kelly's team)
		• Mental Health Homes
		• Respite
		• Hotels/SROs
		• Home Health Nurses
		• ED Case Management
		• San Francisco Health Plan

Average utilization before and after enrollment in GMC Care Management



31% decrease in ED visits 57% decrease in hosp. days

PROPOSED CARE COORDINATION
TEAM STAFFING MODEL with SERVICE COMPONENTS
June, 2015

ENTRY POINTS: TRANSITIONS, BHAC, HOSPITAL, MANAGED CARE OFFICE

PRIMARY CARE

- Primary Care Physician
- NP/RN
- Pharmacist
- Behaviorist
- Behaviorist Asst.
- **RN Care Coordinator**
- **Care Coordinator**
- Support Staff
  - MEA
  - Health Workers
  - Clerk(s)
  - Reception

BEHAVIORAL HEALTH

- Psychiatrist
- Psychologist
- NP/RN
- Pharmacist
- **Care Coordinator**
- Clinical CM
- SATS
- Health & Wellness
- Peer Specialist
- Support Staff
  - Health Worker
  - Clerk(s)
  - Reception

HIV

- Primary Care Physician
- NP/RN
- Pharmacist
- **Care Coordinator/ Care Manager**
- Support Staff
  - MEA
  - Clerk(s)
  - Reception

HOMELESS/TRANSIENT

- Primary Care Physician
- Psychiatrist
- NP/RN
- Pharmacist
- **Care Coordinator**
- **Care Manager**
- Support Staff
  - MEA
  - Clerk(s)
  - Reception

* JAIL

- Medical Physician
- Psychiatrist
- NP/RN/LVN
- HIV Services
- Pharmacist
- **Care Coordinator**
- **Care Managers**
- MH Clinicians
- Discharge Planners
- MH Workers
- Support Staff
  - MEA
  - Clerk(s)

* LAGUNA HONDA

- Primary Care Physician
- CNS/RN/LVN
- Pharmacist
- **Social Worker**
- Activities
- Rehab Staff
- CNA/HHA
- Dietician
- SATS (Substance Tx)
- Support Staff
  - MEA
  - Clerk(s)

* SPECIALITY CARE

CHRONIC DISEASE
- RESPIRATORY *(ex: COPD, ASTHMA, TB)*
- CARDIAC *(ex: CHF)*
- RENAL
- ONCOLOGY

SUBSTANCE ABUSE

HEALTH at HOME

INFECTIOUS DISEASE

** COLLABORATIVE COURTS

- Care Managers (CBO & Civil)
- SATS (CVC and Drug)
- Psychiatrist (CVC)

**REGIONAL CENTERS

- Care Managers

**OTHER FORENSIC: STATE HOSPITAL PROBATION/PAROLE PRISON w/o Probation or Parole

- Primary Care Physician
- RN/LVN
- Social Work
- Probation
- Parole
- CONREP

* *Until assigned or **returned to** a Health Home/Medical Home*

** *Role to be determined but their impact needs to be included*

CCMS - SFDPH Coordinated Care Management System Patient Summary

TESTCLIENT, Summary D
DOB: XX-XX-XXXX
Age : 49
DOD: 07-01-2013
See Source Records.
Uncont by Death Reg.
Ethnicity: Multi-ethnic
MRN: XXXXXX
Avatar ID: XXXXXX
CCMS ID: 37

Go to :
- Home Page
- Hlth Svcs Summary
- Hlth Svcs Detail
- Diagnostic Summary
- Diagnostic Detail
- Progress Notes
- Housing History
- Provider History
- Source Records
- Data Dictionary
- Viewed by
- Lookup Another Patient

If you have questions about the Patient Summary, please contact Spencer Williams at 415-503-4757 or Spencer.Williams@sfdph.org.

We also welcome any feedback or suggestions about the content or design of the Patient Summary.

Health Home:
First Known Health Svc Date: **03-06-2010, BISMH**
Last Known Health Svc Date: **12-13-2013, Avtr MH**
Last Known Aid: **04-15-2013 (60) SSI/SSP - Disabled (Avatar)**
Last Community Care Plan : **08-15-2014**

Care Team Members (Active)

Role	Name, License	Program	Beginning Date	Last Visit Date	Phone	Email
CC	Luis Calderon	Transitions Care Coordination	08-15-2014	08-15-2014	(415)759-2156	luis.calderon@sfdph.org
	Montgomery, Francis (none)	SFHP CareSupport Team	05-08-2013		415-615-5185	fmontgomery@sfhp.org
	Hom, Kellee	City College of San Francisco (38IM01)	06-09-2011	10-30-2012	415-239-3979	
		FMP Screening	07-01-2010		415-206-7600	

Future Medical Appointments (LCR)

None

Risk Factors

FY	Utilz U/E Med	Utilz U/E Psy	Utilz U/E SA	Dx Predicts Early Death (Elixhauser)	Home-Less Hx	Jail Hlth Hx	Con-Srvd	U/E Costs (Ex OOMG)	OOMG Cost	Level U/E Util	HUMS Rank	HUSS Rank	# 30-Day Hosp Re-Adm
FY1415	-	-	-	**Med**	-	-	-	-	-	-	-	-	-
FY1314	-	-	-	**Med-Psy**	Y	-	Y	-	-	-	-	-	-
FY1213	-	-	-	**Med-Psy-SA**	Y	-	Y	-	-	-	-	-	-
FY1112	Y	Y	Y	**Med-Psy-SA**	Y	Y	-	$189,919	Not Avl	**Top 1%**	3	-	-
FY1011	Y	Y	Y	**Med-Psy-SA**	Y	-	-	$110,190	Not Avl	**Top 1%**	34	-	-
FY0910	-	-	-	**Med-Psy-SA**	Y	-	-	-	Not Avl	-	-	-	-
FY0809	-	-	-	**Med-SA**	Y	-	-	-	Not Avl	-	-	-	-
FY0708	-	-	-	**Med-SA**	Y	-	-	-	Not Avl	-	-	-	-

- U/E is Urgent/Emergent
- Per 42cFR, SA-related information was pulled from records OTHER THAN substance abuse treatment program records.

Urgent/Emergent Health Service Summary

Urgent/Emergent Utilization	EMS HU Trans Ports	SFGH ED Visits	OOMG ED Visits	SFGH Med Inpt Days	OOMG Inpt Days	DPH O/P Urg Visits	DPH Med Respt Days	WS+Mobl Crisis Visits	PES Visits	Dore Visits	MH Inpt Days	ADU Crisis Res Days	Sobr Ctr Visits
FY1415	-	-	-	-	-	-	-	-	-	-	-	-	-
FY1314	-	-	-	-	-	-	-	-	-	-	-	-	-
FY1213	20	81	-	83	-	-	-	-	2	-	26	-	21
FY1112	46	100	-	7	-	2	7	1	3	2	3	21	90
FY1011	32	88	-	8	-	3	3	-	1	-	-	4	70
FY0910	7	60	-	18	-	2	21	-	2	-	-	17	6
FY0809	-	8	-	8	-	-	-	-	-	-	-	-	2
FY0708	-	8	-	-	-	-	-	-	-	-	-	-	-

Ten Most Recent Health Services

Begin Date	Last Svc Date	End Date	Count Of Bed Days	Type Of Care	Program	Primary Dx/ Reason	Clinician
12-13-13		12-14-13		Outpt	SOUTH OF MARKET NON MEDI-CAL (38719C)	301.81 - Narcissistic Personality Disorder	
12-13-13		12-14-13		Outpt	SOUTH OF MARKET NON MEDI-CAL (38719C)	311 - Depressive Disorder Nos	
06-13-13	12-27-13	01-01-14		Outpt	Westside Community MH SPR (8976SP)	293.83 - Mood Disorder Due To General Medical Condition	Span, Robin D
06-13-13	12-27-13	01-01-14		Outpt	Westside Community MH SPR (8976SP)	296.21 - Major Depressive Disorder Single Episode Mild	Span, Robin D
05-20-13				Sobering	**Arrival Time**: 05-20 10:00 , **Adverse Event**: No	Alcohol Intoxication	Sobering Ctr Staff
05-20-13				1171 Mission	**Arrival Time**: 05-20 00:11 , **Adverse Event**: No	Complex Chronic Care	Sobering Ctr/EST Staff
05-19-13		05-20-13	1	Sobering	**Arrival Time**: 05-19 10:00 **Disposition** : 05-20 12:00, Completed Program, discharged to Family **Adverse Event**: 05-19 10:00	Alcohol Intoxication	Sobering Ctr Staff
05-18-13		05-18-13		1171 Mission	**Arrival Time**: 05-18 08:00 **Disposition** : 05-18 16:00, Transferred to Medical Respite **Adverse Event**: No	Complex Chronic Care	Sobering Ctr/EST Staff
05-17-13		05-17-13		Sobering	**Arrival Time**: 05-17 09:00 **Disposition** : 05-17 18:00, AWOL **Adverse Event**: 05-17 18:00	Alcohol Intoxication	Sobering Ctr Staff
05-17-13				Primary Care BH	**Referred by** :BORNE, Deborah E. MD, **PCC**: Tom Waddell Health Center for: Immigration issue(s) to: bhv	Depression	TOMASHEVSKY, Irina

Go to "Health Service Detail" tab for more history.

Your session will timeout after 40 minutes of inactivity.

WILLIAMS_S en-us

INDIVIDUALIZED SERVICE LINKAGE / DISCHARGE PLAN

99

Name : TESTING, ONLY
Admission
DOB : 4/07/1945
SSN : XXX-XX-1111
MRN : 01035335
Unit :

Note:

CAP : Behavior

GOAL : Resident/client will reside in structured environment that provides appropriate level of safety and supervision.

Start Date	Need	Interventions/Services	Linkages/Discipline/Resources	Status/Outcome	Target Date
7/23/2012	Wandering/Elopement Risk	Evaluate need for secured egress.		Active/	

CAP : Finances

GOAL : Resident/client will have safe and secure money management system that can maximize household resources.

Start Date	Need	Interventions/Services	Linkages/Discipline/Resources	Status/Outcome	Target Date
7/23/2012	Inability to manage financial affairs	Acquire appropriate Rep Payee/Money Manager. 1&2		Active/	

CAP : Health

GOAL : Resident/client will maintain medical care compliance.

Start Date	Need	Interventions/Services	Linkages/Discipline/Resources	Status/Outcome	Target Date
7/23/2012	Health Practices: Frequency and adequacy of health care	Refer to appropriate PCP, nurse or other medical specialist., Referral to Adult Day Health Center site., Coordinate delivered medications/supplies with local pharmacy., Assist in securing needed transportation to get to medical appointments including referral to Paratransit., Assist in coordination of referral to medical		Active/	

INDIVIDUALIZED SERVICE LINKAGE / DISCHARGE PLAN

100

Name : TESTING, ONLY
Admission
DOB : 4/07/1945
SSN : XXX-XX-1111
MRN : 01035335
Unit :

services

CAP : Transportation

GOAL : Resident/client will have access to transportation services depending on the level of the resident/client's physical disability and need.

Start Date	Need	Interventions/Services	Linkages/Discipline/Resources	Status/Outcome	Target Date
7/23/2012	Lack of safe, affordable transportation	Complete necessary applications for Paratransit services., Acquire and/or provide escort transport.		Active/	

Signature: _____ Date: 7/23/2012

San Francisco Health Network
TRANSITIONS DIVISION
Community Placement

Community Placement
San Francisco Health Network

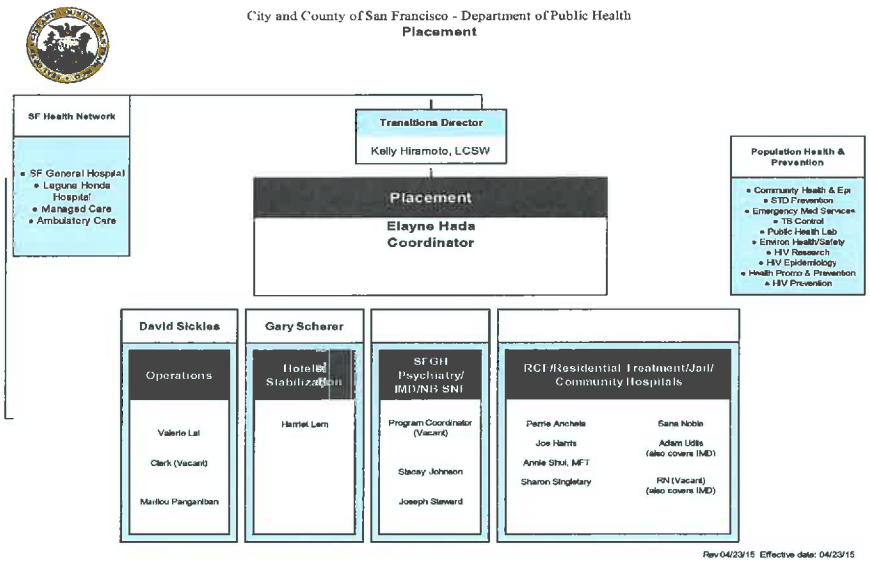
Presented by: Kelly Hiramoto, LCSW, Acting Director of Transitions
July 29, 2015

Not the Bed Committee!

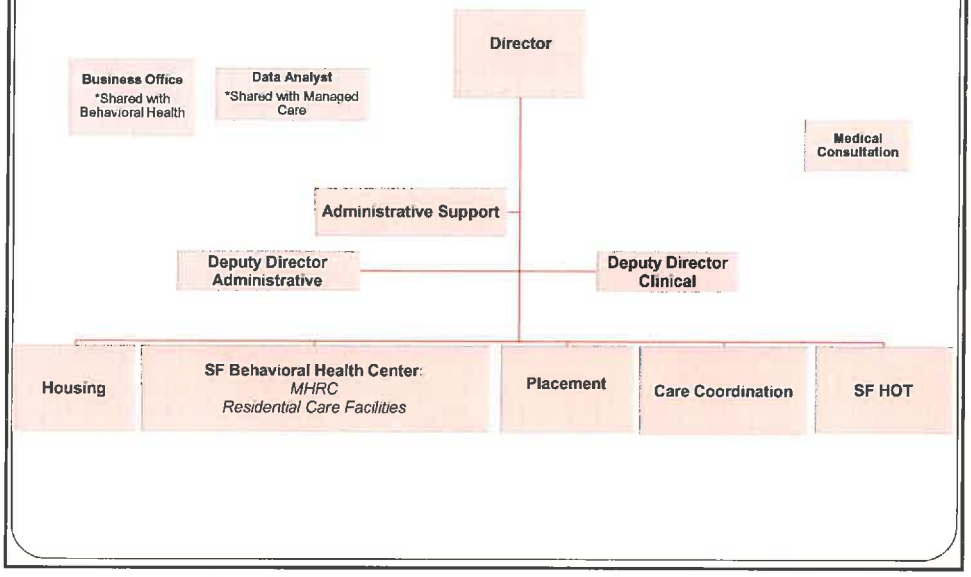
Goal of Placement

The goal of the Placement division is to ensure clients are stabilized in the *most appropriate*, least restrictive setting in the most cost effective manner

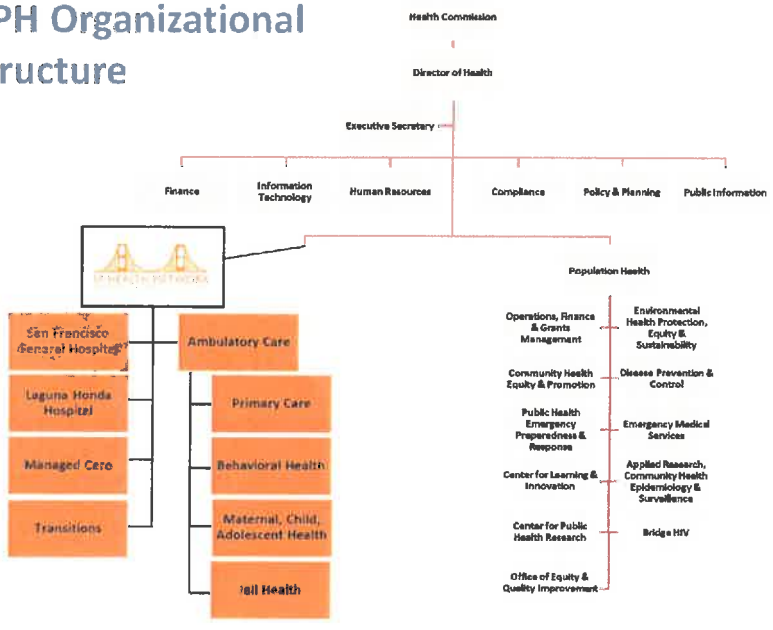
Who We Are



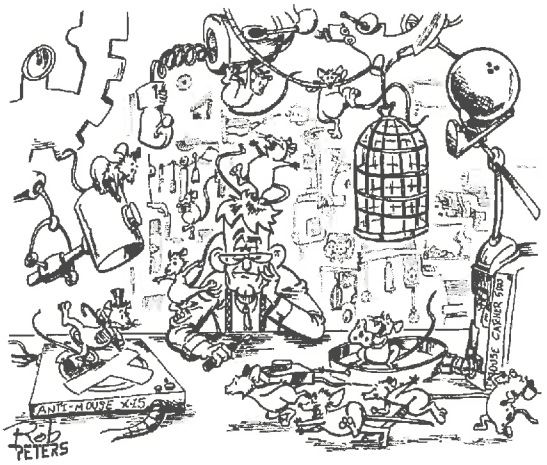
SFDPH Transitions Division



DPH Organizational Structure



How It Works



The Lingo

- ADU: Acute Diversion Unit
- LSAT: Locked Sub Acute Treatment
- "L": Locked setting
- IMD: Institute for Mental Disease
- MHRC: Mental Health Rehabilitation Center
- RCF/E: Residential Care Facility/for Elderly
  (also referred to as "Board and Care")
- TCM: Targeted Case Management
- LTC: Long Term Care = IMD/MHRC, RCF/E, SNF
- SNF: Skilled Nursing Facility

Identifying Appropriate Referrals

- SF Residency
- Low/No income
- Treatment Ready & Willing if not Conserved
- Conserved clients who are Low/No income
- In need of subsidized placement to leave the hospital
- Complex discharges

Where We Do It

- Acute Psychiatric and Medical Units at SFGH and Community Hospitals
- Acute Diversion Units, Residential Treatment (Mental Health, Substance Use and Dual Diagnoses), Transitional Residential
- Residential Care Facilities (Board & Care)
- Locked settings: IMD/MHRC/Neurobehavioral SNF
- Laguna Honda Hospital
- Community Settings
- Jail
- Emergency Departments: Psychiatric & Medical
- State Hospitals

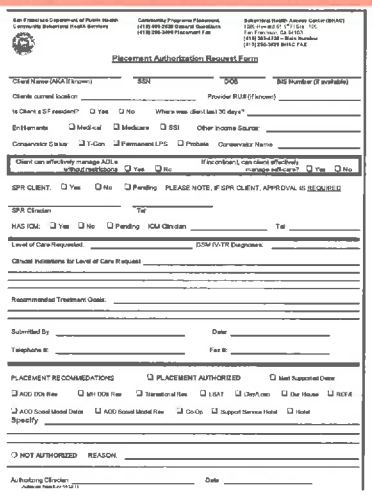
Collaborations

- Baker, Conard, Progress Foundation, HealthRight360
- Canyon Manor
- Crestwood Behavioral Health Services: converted beds in 2 facilities from IMD level of care to Residential Care; established Dialectical Behavioral Therapy in every facility
- Community Behavioral Health Services to link to Care Management and Primary/Behavioral Health Care
- Behavioral Health Access Center: Treatment Access Program
- Jail Re-Entry Services
- Direct Access to Housing

Levels of Care

- Treatment
- Shelter
- Hotel *aka SRO, Stabilization Room*
- Support Service Hotels
- Co-operative Housing
- Direct Access to Housing and Shelter + Care
- Residential Care *aka "Board & Care"*
  - *RCF/ARF: 18 y.o. – 59 y.o.*
  - *RCFE: 60 y.o. and older*
- MHRC/IMD/LSAT
- Neuro-Behavioral SNF
  - *Chronic Inebriate Program*
- Medical SNF
- State Hospital

Placement Authorization Referral



Placement Authorization Request Form

Client Name (AKA if known) SSN DOB BIS Number (if available)

Client's current location Provider RUB (if known)

Is Client a SF resident? ☐ Yes ☐ No Where was client last 30 days?

Entitlements ☐ Medi-cal ☐ Medicare ☐ SSI Other Income Source:

Conservator Case ☐ T-Con ☐ Permanent LPS ☐ Probate Conservator Name

Client can effectively manage ADLs without assistance ☐ Yes ☐ No If no/don't, can client effectively manage self-care? ☐ Yes ☐ No

SPR CLIENT. ☐ Yes ☐ No ☐ Pending PLEASE NOTE, IF SPR CLIENT, APPROVAL IS REQUIRED

SPR Clinician Tel

HAS ICM: ☐ Yes ☐ No ☐ Pending ICM Clinician Tel

Level of Care Requested DSM IV/TR Diagnoses:

Clinical Indications for Level of Care Request

Recommended Treatment Goals:

Submitted By Date

Telephone # Fax #

PLACEMENT RECOMMENDATIONS ☐ PLACEMENT AUTHORIZED ☐ Meet Supported Dates

☐ ADO DDI Res ☐ MH DDI Res ☐ Transitional Res ☐ LSAT ☐ ClenAmen ☐ Our House ☐ RICR

☐ ADO Sceed Model Detox ☐ ADO Sceed Model Res ☐ Co-Op ☐ Support Service Hotel ☐ Hotel

Specify

☐ NOT AUTHORIZED REASON:

Authorizing Clinician Date

What We Do

- Assessment, Authorization and Utilization Management and Utilization Review at every level of care for placement in the most appropriate, least restrictive level of care to support client flow
- Assist with discharges
- Bridge Care Management to provide transitional care management coverage to facilitate client stability and movement
- Medi-Cal and Short Doyle Authorization for acute hospital payments throughout California

Assessment, Utilization Management & Review

- LOCUS: Level of Care Utilization System
  Deerfield Behavioral Health
  - Risk of Harm
  - Functional Status
  - Medical, Addictive and Psychiatric Co-Morbidity
  - Recovery Environment
    - Sub-scale: A – Stressors
      B – Supports
  - Treatment and Recovery History
  - Engagement
- Chart Review
- BioPsychosocial Assessment: EMRD90 Form

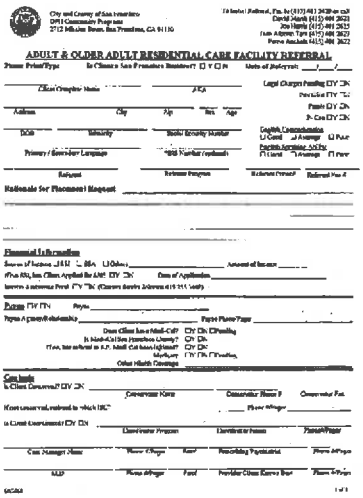
Factors Considered

- Current state of behavioral health issues
- Recent history
- What has changed
- Treatment readiness
- Recovery & Wellness path
- If unwilling to agree to the Treatment Plan, what is the impact to move them against their will

Residential Care

- 2 types of Facilities:
  - Adult Residential
  - Elderly
- In order to receive DPH subsidy, individuals must have a Representative or Third Party Payee
- Very few non-ambulatory facilities in SF
- Very few delayed egress facilities in SF
- Limiting factors: diabetes management, wound care, oxygen, active substance use, behaviors: aggressive, agitated, intrusive, non-compliance

RCF/E Packet



ADULT & OLDER ADULT RESIDENTIAL CARE FACILITY REFERRAL

Locked/Secure Placement

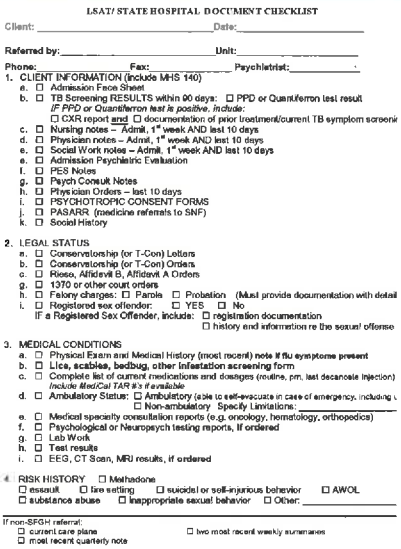
LOCKED

- Able to participate in treatment but not demonstrating good insight or judgment regarding safe behaviors in an open setting
- Level of cognitive impairment puts the person at high risk for victimization
- Limiting factors: behaviors: aggressive, agitated, intrusive, non-compliance; 1:1

SECURE

- Wandering
- Level of cognitive impairment puts the person at high risk for victimization
- Limiting factors: behaviors: aggressive, agitated, intrusive, non-compliance; 1:1

LSAT Checklist



LSAT/ STATE HOSPITAL DOCUMENT CHECKLIST

Client: _____ Date: _____

Referred by: _____ Unit: _____

Phone: _____ Fax: _____ Psychiatrist: _____

1. CLIENT INFORMATION (include MHS 140)
   a. ☐ Admission Face Sheet
   b. ☐ TB Screening RESULTS within 90 days: ☐ PPD or Quantiferon test result
      IF PPD or Quantiferon test is positive, include:
      ☐ CXR report and ☐ documentation of prior treatment/current TB symptom screenir
   c. ☐ Nursing notes – Admit, 1st week AND last 10 days
   d. ☐ Physician notes – Admit, 1st week AND last 10 days
   e. ☐ Social Work notes – Admit, 1st week AND last 10 days
   f. ☐ Admission Psychiatric Evaluation
   g. ☐ PES Notes
   h. ☐ Psych Consult Notes
   i. ☐ Physician Orders – last 10 days
   j. ☐ PSYCHOTROPIC CONSENT FORMS
   k. ☐ PASARR (medicine referrals to SNF)
   l. ☐ Social History

2. LEGAL STATUS
   a. ☐ Conservatorship (or T-Con) Letters
   b. ☐ Conservatorship (or T-Con) Orders
   c. ☐ Riese, Affidavit B, Affidavit A Orders
   g. ☐ 1370 or other court orders
   h. ☐ Felony charges: ☐ Parole ☐ Probation (Must provide documentation with detail
   i. ☐ Registered sex offender: ☐ YES ☐ No
      IF a Registered Sex Offender, include: ☐ registration documentation
      ☐ history and information re the sexual offense

3. MEDICAL CONDITIONS
   a. ☐ Physical Exam and Medical History (most recent) **note if flu symptoms present**
   b. ☐ **Lice, scabies, bedbug, other infestation screening form**
   c. ☐ Complete list of current medications and dosages (routine, prn, last decanoate injection)
      Include MediCal TAR #'s if available
   d. ☐ Ambulatory Status: ☐ Ambulatory (able to self-evacuate in case of emergency, including
      ☐ Non-ambulatory Specify Limitations: _____
   e. ☐ Medical specialty consultation reports (e.g. oncology, hematology, orthopedics)
   f. ☐ Psychological or Neuropsych testing reports, **if ordered**
   g. ☐ Lab Work
   h. ☐ Test results
   i. ☐ EEG, CT Scan, MRI results, **if ordered**

4. RISK HISTORY ☐ Methadone
   ☐ assault ☐ fire setting ☐ suicidal or self-injurious behavior ☐ AWOL
   ☐ substance abuse ☐ inappropriate sexual behavior ☐ Other: _____

If non-SFGH referral:
☐ current care plans ☐ two most recent weekly summaries
☐ most recent quarterly note

Conservatorship: LPS

- LPS: Lanterman Petris Short Act
- Governed by California Welfare and Institutions Code
- Designed for persons with serious mental disorders, or who are impaired by chronic alcoholism
- Initiated by a 5150 hold that continues as a 5250 hold
- Individuals receive a 5 day notice to contest the application for LPS Conservatorship during the 5250
- After the 5 days, a Temporary Conservatorship (T-Con) can be issued by the court that lasts approximately 30 days
- A Permanent Conservator (P-Con) hearing is then held in court. If issued, the P-Con lasts for 1 year
- Clients have the right to contest the P-Con every 30 days

Conservatorship: Probate

- 2 types
  - *Person only; can also include Dementia Powers*
  - *Estate only*
- Governed by the California Probate code
- Designed for people who are gravely disabled and/or unable to appropriately manage their finances
- Individuals receive notice at least 15 days before the Court Hearing
- If a Temporary Conservatorship is being pursued, the individual must receive notice 5 days before the Court date
- Temporary Conservatorship lasts 30 days
- A Court Investigator interviews the individual prior to the Court Hearing
- Probate Conservatorships are very difficult to remove

Medical Probate

- Governed by the California Probate Code Section 3200
- Allows a "Health Care Institution" to make health care decisions for a client who lacks capacity but is not yet conserved
- Completed by the Doctor and the City Attorney

Conservatorship Information

- http://www.disabilityrightsca.org/pubs/522501.pdf
- http://www.disabilityrightsca.org/pubs/523001.pdf
- http://www.canhr.org/factsheets/legal_fs/html/fs_ProbateConservatorship.htm
- http://www.risk.mednet.ucla.edu/MC1001.pdf
- Superior Court Self-Help Access Center: 551-5880 http://www.sfsuperiorcourt.org/index.aspx?page=202
- San Francisco Department of Aging and Adult Services 355-3555

Substance Abuse Treatment

- Residential
- Outpatient
- Referrals are processed through the Behavioral Health Access Center
- Use the same Placement Authorization Referral Form
- FAX to: 255-3629

Placement Quick Reference

LEVEL OF CARE	LPS	Probate	Payee	Self/Family-Support	Income	Entitlements	Care Manager	NON-Ambulatory	Incontinence	Cognitive-Mild	Cognitive-Mod	Cognitive-Severe	Disposition Options
24* Supervision Locked/Secure	X	X	X			X				X	X	X	(Involuntary) LSAT: LPS only Axis I, Chronic Inebriate
24* Supervision Locked/Secure SNF	X	X	X			X		X	X	X	X	X	(Involuntary) Secure SNF: LPS or Probate Medically Frail, redirectable TBI
24* Supervision Open Unit SNF			X	X	X	X	X		X	X	X		SNF ** No Assaultive Behaviors **
24* Supervision Residential Care			X	X	X	X	X			X	X		Residential Care Facility 1 facility with Delayed Egress
RN Support				X									Medical Respite
Monitoring: Not 24*				X			X		X+	X	X		Shelter Social Rehab + Stablization Room (If self manages incontinence products)
Independent with Support				X			X		X	X	X		DAH
Independent with Support				X	X	X		X	X	X	X		Hotel/Apt with IHSS Granada Hotel if sufficient income
Independent				X			X		X	X	o		Apartment Hotel Shelter

* not required for LOC: if checked, it can impact the number of options
lack of entitlements limit placement to within SF and very unlikely RCF/E
pending probate limits placement to within SF
Few facilities in SF take wheelchair/non ambulatory
IDDM: client must be able to self inject for unsecured LOC

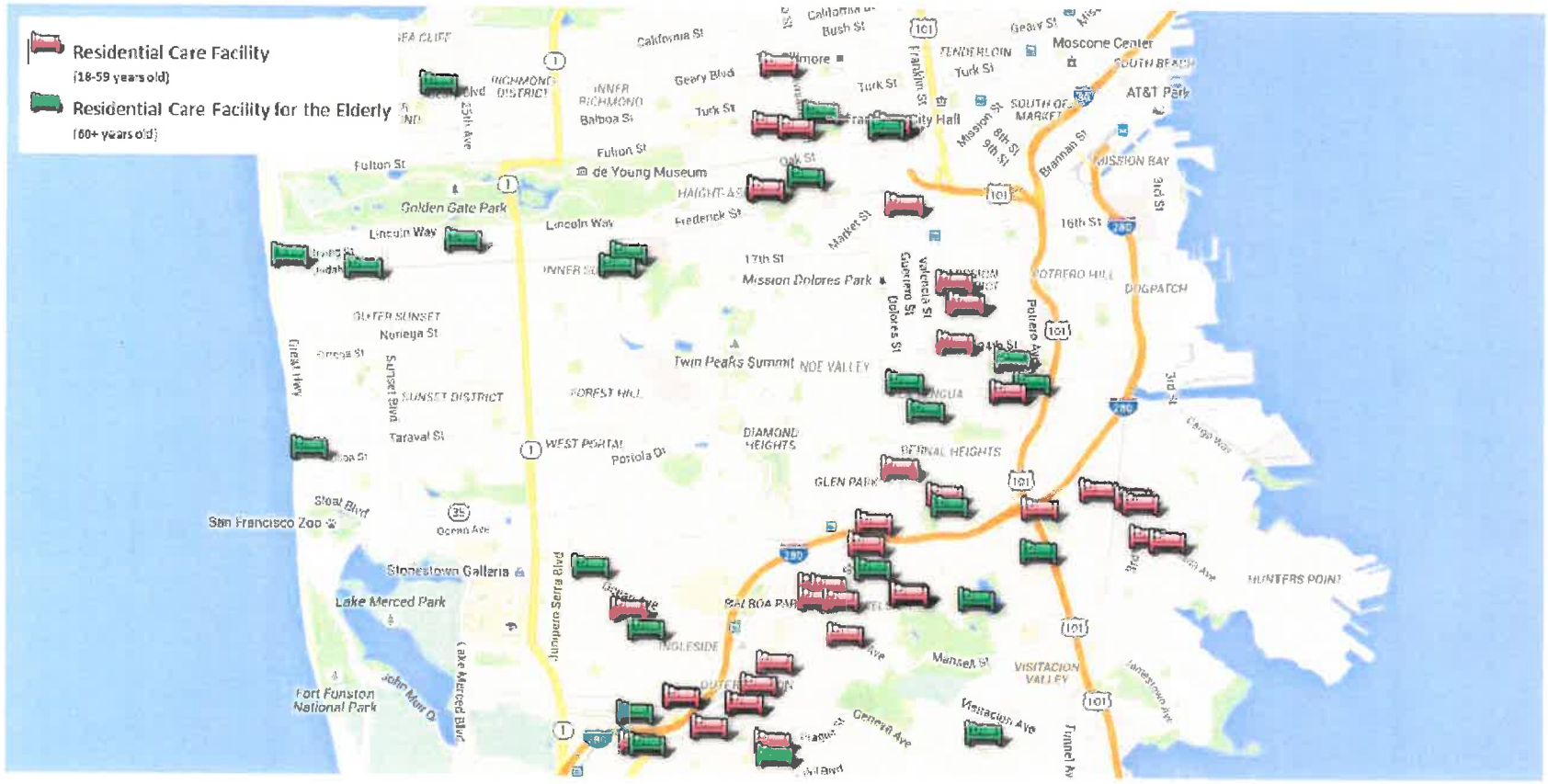
LTC Looking Forward

- Approach client flow with a long range view to maximize opportunity for stability
- Promote Recovery and Wellness to encourage maximum independence
- Continue to develop relationships with community partners to streamline process and contain costs

CONCLUSION

The Placement Team
thanks you
for your continued support!

Residential Care Facilities – San Francisco
Partnered with Community Placement
June, 2015



Number of Facilities	RCF	RCFE
San Francisco	40	29

Ambulatory	Non-Ambulatory
60	9

Co-occurring DD
5

Language	
Chinese	Spanish
5	6

Residential Care Facilities – Out of County
Partners with Community Placement
June, 2015

Out of County Number of Facilities	RCF	RCFE	Ambulatory	Non-Ambulatory	Co-occurring DD	Language	
						Chinese	Spanish
Antioch	2	3	1	4			5
Carmichael	1		1				
Daly City		2	1	1			
Fresno	1			1			1
Hayward		1	1				
Milpitas	1		1				
Modesto	1	1	1	1			
Oakland	1			1			
Oroville		1	1				
Pinole		1		1			
Riverbank	2		2				
Sacramento		1	1				
Vallejo	1	3	1	3			

Number of clients served by month
FY 1415

8/27/2015

Facility	July-14	August-14	September-14	October-14	November-14	December-14	January-15	February-15	March-15	April-15	May-15	June-15	end of month census
Napa	41	41	40	40	42	43	43	43	45	44	42	42	
Metropolitan	5	6	6	6	6	6	6	6	6	6	5	5	
Patto	1	1	1	1	1	1	1	1	1	1	1	1	
Atascadero	1	1	1	1	1	0	0	0	0	0	0	0	
State Hosptial Total	48	49	48	48	50	50	50	50	52	51	48	48	
Canyon Manor	14	14	14	14	15	15	15	14	14	14	14	14	
Crestwood Idylwood	37	35	37	37	37	37	36	36	37	37	38	36	
Crestwood Angwin	3	3	3	3	3	3	3	3	3	3	3	3	
Crestwood Fremont Mowry	18	17	19	19	18	18	17	18	18	18	17	18	
Crestwood Sacramento	1	1	0	0	0	0	0	0	0	0	0	0	
Crestwood San Jose	0	0	0	0	0	0	0	0	0	0	0	0	
Crestwood Stevenson	64	64	65	67	66	65	65	66	68	69	67	66	
Crestwood Stockton	9	11	11	12	11	11	11	11	10	10	10	9	
Crestwood Vallejo MHRC	28	26	26	27	28	27	36	36	36	37	38	38	
Crestwood Vallejo SNF	19	16	14	13	11	10	0	0	0	0	0	0	
Crestwood Total	**179**	**175**	**175**	**178**	**174**	**171**	**168**	**170**	**172**	**174**	**173**	**170**	
IMD/SNF Total	**193**	**189**	**189**	**192**	**189**	**186**	**183**	**184**	**186**	**188**	**187**	**184**	
Crestwood Hope	23	23	21	21	21	22	23	23	24	24	24	24	
Our House	10	10	10	10	10	10	10	10	8	8	8	8	
American River Residential	6	6	6	6	6	5	4	4	4	4	4	4	
Subtotal	**39**	**39**	**37**	**37**	**37**	**37**	**37**	**37**	**36**	**36**	**36**	**36**	
CPT	3	3	2	2	1	1	1	1	1	1	0	0	
Creekside	0	0	0	0	0	0	0	0	0	0	0	0	
Garfield	9	9	9	9	9	9	9	9	9	9	9	9	
Medical Hill	14	14	15	14	14	12	12	12	12	11	11	11	
Morton Bakar	0	0	0	0	0	0	0	0	0	0	0	0	
Subtotal	**26**	**23**	**24**	**23**	**23**	**21**	**21**	**21**	**21**	**20**	**20**	**20**	
Out of county total	**258**	**251**	**250**	**252**	**249**	**244**	**241**	**242**	**243**	**244**	**243**	**240**	
MHRC	45	45	45	45	45	45	45	45	45	45	45	45	
SNF	34	34	34	34	34	34	34	34	34	34	34	34	
Subtotal	**79**	**79**	**79**	**79**	**79**	**79**	**79**	**79**	**79**	**79**	**79**	**79**	
RCF 17.67 home	426	422	424	417	415	410	409	406	404	400	390	392	
RCF	246	248	243	242	239	237	232	233	233	237	236	232	
RCF Total	**672**	**670**	**667**	**659**	**654**	**647**	**641**	**639**	**637**	**637**	**626**	**624**	
CLSB Total	**18**	**17**	**17**	**17**	**18**	**16**	**15**	**15**	**16**	**15**	**16**	**16**	
Grand Total	**1050**	**1041**	**1036**	**1030**	**1024**	**1013**	**1004**	**1003**	**1004**	**1004**	**990**	**985**	

Total Dollars spent*	**$1,779,614.64**	**$1,772,578.32**	**$1,721,069.46**	**$1,736,778.19**	**$1,664,527.45**	**$1,708,712.23**	**$1,691,884.74**	**$1,541,539.44**	**$1,664,767.54**	**$1,653,049.38**	**$1,689,392.98**	**$1,641,057.41**	**$20,264,971.78**	Budget (award 8/1	Estimate Yr Total	Estimate Yr diff
State Hosptial	$949,964.00	$958,728.00	$919,320.00	$949,964.00	$934,970.00	$928,412.00	$981,890.00	$887,454.00	$1,020,702.00	$941,379.00	$954,583.00	$923,790.00	$11,351,156.00	$ 9,348,745.00	$11,351,156.00	(2,002,411.00)
Canyon average	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$1,200,000.00			
Canyon actual	$107,315.18	$106,573.37	$101,875.24	$107,315.18	$108,551.53	$114,980.55	$113,002.39	$101,380.70	$107,315.18	$ 103,853.40	$ 107,315.18	$ 103,853.40	$1,283,331.30	$ 1,200,000.00	$1,200,000.00	0.00
Crestwood actual	$674,146.03	$663,730.20	$647,821.39	$651,905.25	$635,347.18	$637,645.82	$656,454.25	$594,901.56	$623,250.95	$ 628,030.10	$ 649,036.85	$ 627,573.72	$7,689,843.30	$ 8,191,000.00	$7,689,843.30	501,156.70
Heilo	$163,666.00	$157,176.00	$153,636.00	$156,940.00	$151,512.00	$157,766.00	$160,008.00	$145,376.00	$171,572.00	$ 173,814.00	$ 180,658.00	$ 180,422.00	$1,952,546.00	$ 1,962,000.00	$1,952,546.00	9,454.00
Est Canyon + CW (actual)	$937,812.03	$920,906.20	$901,457.39	$908,645.25	$886,859.18	$895,411.82	$916,462.25	$840,277.56	$894,822.95	$901,844.10	$929,694.85	$907,995.72	$10,842,389.30	(actual canyon, actual crestwood)		
Canyon + Crestwood (actual)	$945,127.21	$927,479.57	$903,332.63	$916,160.43	$895,410.71	$910,392.37	$929,464.64	$841,658.26	$902,138.13	$905,697.50	$937,010.03	$911,849.12	$10,925,720.60	(actual crestwood, average canyon)		
Garfield+Medical Hill+CPT+Cre	$ 169,085.69	$ 176,678.69	$ 175,220.02	$ 166,351.69	$ 140,384.70	$ 149,166.69	*$ 134,322.69*	*$ 121,096.45*	*$ 131,115.94*	*$ 126,539.70*	*$ 121,307.69*	*$ 116,039.70*	*$ 1,727,309.65*	*$ 1,762,000.00*	$1,727,309.65	34,690.35
17.67 beds	244,729.14	245,199.98	232,931.88	240,157.18	231,566.16	247,683.34	233,020.25	212,523.84	229,557.94	223,148.70	229,218.41	222,694.97	$ 2,792,431.79	$ 8,576,400.00	$2,792,431.79	881,127.17
Adult and Geriatric RCF	$ 427,987.78	$ 429,793.45	$ 411,460.17	$ 421,424.07	$ 405,717.41	$ 416,450.38	$ 408,079.55	$ 367,641.59	$ 409,270.71	$ 401,516.88	$ 409,172.03	$ 394,327.02	$ 4,902,841.04		$4,902,841.04	
CLSB	$ 47,295.00	$ 45,340.00	$ 42,150.00	$ 43,555.00	$ 43,000.00	$ 45,295.00	$ 38,965.00	$ 33,465.00	$ 38,925.00	$ 37,530.00	$ 36,435.00	$ 37,950.00	$ 491,905.00	$ 582,000.00	$491,905.00	90,095.00
			$ 134,785.00			$ 131,850.00			$ 111,355.00			$ 113,915.00				
RCFTotal	**$ 672,716.92**	**$ 674,993.43**	**$ 644,392.05**	**$ 661,581.25**	**$ 637,283.57**	**$ 664,133.72**	**$ 641,099.80**	**$ 580,165.43**	**$ 638,828.65**	**$ 624,665.58**	**$ 638,390.44**	**$ 617,021.99**	**$ 7,695,272.83**	$ 8,576,400.00	$7,695,272.83	
Inpatient expenses	$ -	$ 3,369.03	$ 2,985.53	$ 13,604.75	$ 2,427.69	$ 4,471.78	$ 2,388.92	$ 3,127.97	$ 8,614.94	$ 2,447.46	$ 3,197.34	$ 37,520.00	**$ 84,155.41**		$84,155.41	
Crossroad	$ 12,493.31	$ 12,493.31	$ 12,090.30	$ 12,493.31	$ 12,090.30	$ 12,493.31	$ 13,139.91	$ 11,284.28	$ 12,040.69	$ 11,152.73	$ 12,396.37	$ 12,090.30	**$ 146,258.12**		$146,258.12	
Hotels	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	**$ 8,400.00**		$8,400.00	
Miscellaneous	$ 1,495.98	$ 10,923.56	$ 12,687.90	$ 12,539.40	$ 1,008.00	$ 12,672.00	$ 11,332.00	$ 14,543.40	$ 964.15	$ 13,216.65	$12,485.00	$38,056.00	**$ 141,924.04**		$141,924.04	380,737.57
RCF Total (M23)	**$ 687,406.21**	**$ 702,479.33**	**$ 672,855.78**	**$ 700,918.71**	**$ 653,509.56**	**$ 694,470.81**	**$ 668,660.63**	**$ 609,821.08**	**$ 661,148.43**	**$ 652,182.42**	**$ 667,169.15**	**$ 705,388.29**	**$ 8,076,010.40**		$8,076,010.40	500,389.60
AARS Total	**$ 903,786.90**	**$ 924,498.02**	**$ 890,225.80**	**$ 910,825.40**	**$ 836,894.26**	**$ 888,932.50**	**$ 841,948.32**	**$ 764,382.53**	**$ 831,189.37**	**$ 816,252.12**	**$ 826,911.84**	**$ 859,377.99**	**$ 10,295,225.05**	**$ 10,920,400.00**	$10,295,225.05	625,174.95
deposit		$ 11,455.90	$ 34,618.76	$ 64,109.46	$ 15,092.00	$ 2,155.00	$ 80,240.95	$ 18,600.00	$ 39,266.50	$ 5,135.00	$ 11,718.71	$ 13,450.20				295,842.48

*Actual payment for Crestwood, NeuroBehavioral, all RCF homes and annual average of Canyon Manor contract award, not include State Hospital

921,017.43
1,166,969.93

Adult and Geriatric RCF total adult RFC homes >17.67 - crossroad - medcial hill - post st - telecare corp - Creekside (from AARS expense report)

	Budget FY13-14	Estimate Yr Total	Est Variance
Total w/o State H	$ 22,273,400.00	$ 21,137,614.35	$ 1,135,785.65
Total include State	$ 31,622,145.00	$ 32,488,770.35	$ (866,625.35)

Source: Monthly Invoice through SF GetCare ($ from HR360 expense report)

Prepared by Valerie Lai

San Francisco Health Network
TRANSITIONS DIVISION
SF Behavioral Health Center

City and County of San Francisco
Edwin M. Lee, Mayor

TRANSITIONS DIVISION
SF Homeless Outreach Team
Care Coordination
Community Placement
SF Behavioral Health Center
Housing

San Francisco Behavioral Health Center
September, 2015

PRIOR STATE

THIRD FLOOR: Mental Health Rehabilitation Center
SECOND FLOOR: Neurobehavioral Skilled Nursing Facility
FIRST FLOOR: Adult Residential Facility (ARF)
[Seneca Group Home occupied part of the floor until giving up their lease in May, 2012]

CURRENT STATE

THIRD FLOOR: Mental Health Rehabilitation Center
- *Recent influx of returns from State Hospital and a high number of Misdemeanor Incompetent to Stand Trial referrals from Jail.*

SECOND FLOOR: Residential Care Facility for the Elderly (60+ years old)
- *Opened December 8, 2014*

FIRST FLOOR: Adult Residential Facility (18-59 years old)

Hummingbird Place, a Psychiatric Respite
- *Unlicensed program*
- *Hybrid staffing of Peers and CNAs; Peers paid through MHSA*
- *Staff trained in Intentional Peer Support, SMART and WRAP*
- *See Brochure and Program Calendar*

HUMMINGBIRD PLACE: PSYCHIATRIC PEER RESPITE
April, 2015

There is a gap service area for people who are not yet accepting of the need to manage their mental health symptoms/issues in a more productive and healthy manner and people who would benefit from a supervised setting to monitor medication changes after an inpatient stay. SFHN Transitions in collaboration with CBHS and MHSA is developing the program and launch of a hybrid Peer + Clinical Staff Model Psychiatric Respite that can provide a safe place for these identified individuals to rest and re-group before returning home. Referrals will be a closed system open only to SFGH Psychiatry, Community Mental Health Treatment Programs (Progress and Baker), SF HOT and Intensive Case Management programs. At Respite, they can have 1:1 Peer support, access to Recovery and Wellness conversation, activities and programs in a home-like environment. The programs will not be mandatory. Average length of stay is anticipated to be 3-5 days with a maximum stay of 14 days. Medications will be kept in a centralized area for safekeeping. CNAs will be able to provide reminders, education and support to maintain medication compliance.

- Peers to staff the program are trained in a variety of mental health and substance counseling techniques
- CNAs formerly with the BHC SNF will be returning as clinical staff
- Open Houses for Hummingbird Place will take place April 13-15
- Soft Opening April 20: will trial with 5-8 actual clients
- Identifying Participants for the Pilot
    - We are initially targeting people who are appropriate to ADU but decline to do the programming. We will ask Stephanie Twu, Progress Foundation Evaluator, to refer people from PES in addition to people she assesses on the inpatient unit.
    - We will identify PES High Users who rarely meet eligibility for admit and could use the Respite model appropriately
    - Those recommended by Intensive Care Managers who can appropriately use Hummingbird Place as part of their Treatment Plan
- Will expand the number of day participants and begin overnights through summer
    - Maximum 4 overnight guests and 10-15 participants for day use, depending on Peer staff levels

CURRENT STATUS

- Telephones are installed and working. Main number assigned: 415-206-2855
- Access to computer network established. Working on establishing wifi
- First Open House went successfully with visitors from SFHOT and SFGH UM and others

PARTICIPATING STAFF

Marlo Simmons, MHSA Director
- MHSA provided a Facilitator to lead the Peers in the program development
- MHSA provided funds for furnishings, appliances and supplies

Charlie Mayer, CBHS Director of Consumer Employment
Tracey Helton, CBHS Consumer Employment Manager
- Lead on Program Development and Peer Supervision

Jennie Hua, CBHS Director of Vocational Rehab Services
- Lead on the Program Facility Design

Sharon McCole-Wicher, Director of SF Behavioral Health Center
Kelly Hiramoto, Director of Transitions
- Program Directors

Staff Bios:

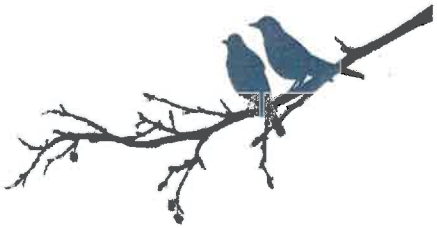
Talon Demeo is a certified Wellness Recovery Action Plan trainer, and group facilitator. He is a 2014 graduate of the Peer Specialist Mental Health Certificate Program and he has been working with the recovery community at 1380 Howard St. as a Peer Navigator for two years. He loves art , music, yoga and surfing. he also like to practice spirituality, exercise and eat healthy food.

Mark Ostergard is a San Francisco native with two grown kids and a colorful past giving him experience that he can share with others. He is a 2014 graduate of the Peer Specialist Mental Health Certificate Program and he has been working with the Dual Recovery community for the past four years.

Melanie Brandt is a 2013 graduate of the Peer Specialist Mental Health Certificate Program . She has been working at Sunset Mental Health as a Peer Counselor for the past year and a half. Prior to that she facilitated groups with the Dual Recovery Program throughout San Francisco. She draws from her experiences and help peers to realize they are not alone.

Seth Watkins graduated The Peer Mental Health Specialist Certificate course in 2010. In the past five years Seth has worked as a Peer Counselor for BHS's Dual Recovery Program, UCSF Citywide Case Management and RAMS, PAES Program. In 2014 BHS hired him as a Peer Counselor for the Peer Respite Program. Helping others is his passion as a Peer Counselor.

Kristina Wallace is a native who grew up in Potrero Hill. She graduated from Walden House Recovery Program in 2008 and she went on to work at their Dual Diagnosis program for three years. She began to work at 1380 Howard St. as a System Navigator in 2014 and was promoted to a Peer Counselor position at The Peer Respite. Her passion is working with the hard to serve and homeless populations.



Hummingbird Place Peer Respite

887 Potrero Ave
San Francisco, CA
94110
1 415 206-2855

Hummingbird Place

The Peer Respite is a peer-led safe space that offers connection and breathing room to those in need of a healing space and support with their path towards wellness.

This respite space operates under the Wellness and Recovery model and primarily serves individuals that may be in a pre-contemplative stage or may need help using alternative support to urgent/emergent care.

Objective

To provide services at the most appropriate and least restrictive level of care that promotes wellness and healthy activities.

Non-judgmental

We aim to be a safe haven from the stigma, shame, judgment, and fear surrounding mental illness and substance use that our guests may experience from the world outside our doors on a daily basis.

We believe everyone has the right to make mistakes—and learn from them—without being criticized, shamed and bullied. We work to meet individuals where they are at!

Holistic and Individualized

Our approach expands the standard view of wellness into an integrated approach that focuses on the whole individual, rather than on a collection of symptoms

Hummingbird Place,
Peer Respite
887 Potrero Ave, San Francisco CA
1 415 206-2855

Peer-led wellness activities

Will include daily support:

- Art
- Gardening
- Recreation
- Wellness Recovery Action Plan (WRAP) groups

The Peer Respite leaves room in the day for guests to simply relax in a quiet space.

Eligibility

ICM & FSP Case Management Referred

- Individuals who may be in a pre-contemplative stage
- Individuals with anxiety
- Individuals who rely on hospital resources for a safe space
- Individuals who have a place to go after the respite
- People must have place to live at end of day.

Day Program available

11 AM—7 PM
option to stay overnight
starting in late spring

San Francisco Health Network
TRANSITIONS DIVISION

Housing & Urban Health

Direct Access to Housing Portfolio

# of Bldgs	Opening Date	Building Name	Owner	Street Address	Zip Code	Total Units Count	DAH Unit Count	Unit Count ^	HUD Unit Count	Unit Count**	Support Services	Property Management	DAH Population	Special Features
1	Mar-99	Pacific Bay Inn	Private Owner	520 Jones Street	94102	75	75				DPH-HUH	DISH	Homeless adults w/special needs	Master-leased SRO Bldg.
1	Jan-00	Windsor	Private Owner	238 Eddy Street	94102	91	91				DPH-HUH	DISH	Homeless adults w/special needs	Master-leased SRO Bldg.
1	Mar-00	LeNain	Private Owner	730 Eddy Street	94102	86	86				DPH-HUH	DISH	Homeless seniors 55+ with special needs	Master-leased SRO Bldg.
1	Feb-01	Broderick Street Residential Care Facility	Private Owner	1421 Broderick St.	94115	33	33				RAMS	RAMS	Homeless patients leaving institutions with mental and/or physical health needs	Licensed Residential Care Facility. Master-leased by HUH.
1	Oct-02	Camelot	Private Owner	124 Turk St.	94102	55	55				DPH-HUH	DISH	Homeless adults w/special needs	Master-leased SRO Bldg.
1	Jan-03	Star	Private Owner	2176 Mission St.	94110	54	54				DPH-HUH	DISH	Homeless adults w/special needs	Master-leased SRO Bldg.
1	Apr-04	Civic Center Residence	TNDC	44 McAllister	94102	204	60				TNDC	TNDC	Homeless seniors 55+ with special needs	Affordable housing site. Remodeled efficiency units.
1	Jul-04	Empress	Private Owner	144 Eddy St.	94102	89	89		75		DPH-HUH	DISH	Chronically Homeless* w/special needs	Master-leased SRO Bldg. HUH med. services on site.
1	Oct-04	West	TNDC	141 Eddy St.	94102	104	40				TNDC	TNDC	Homeless seniors 55+ with special needs	Affordable housing site; Mod. SRO rehab.
1	Mar-05	Folsom/Dore	TNDC	75 Dore Alley	94102	98	40	7	33		LSS	TNDC	Chronically Homeless* w/special needs; 13 HUD funded units	New construction. Affordable housing site. LSS is contracted to serve 40 units (20 DAH plus 20 S+C).
1	Dec-05	Plaza	PAA	988 Howard St.	94102	106	106				Conard House	JSCo	Homeless adults w/special needs	New construction (developed by PIDC, subsidiary of SFRA); highly staffed with support services team and HUH medical services on site.
1	Feb-06	Mission Creek Senior Community	Mercy Housing California	225 Berry St.	94158	139	51				Mercy Services	Mercy	Frail homeless seniors 62+ with special needs	New construction. 1 BR units. Stepping Stone Adult Day Health Center on site DAH clients prioritized if eligible.
1	Jul-06	Arlington Residence	Mercy Housing California	480 Ellis St.	94102	153	103		24		Mercy	Mercy	Homeless Adults w/special needs; 24 Homeless Chronic Alcoholics*	SRO Mod. Rehab. Mini-Efficiency Units w/private baths and kitchenettes. A turn-over of 5 units/per FY will bring the total DPH units to 153 by 2026.
1	Jul-06	Bayanihan House	TODCO	88 6th St.	94103	152	10		10		TODCO	JSCo	Homeless Chronic Alcoholics*	Affordable housing provider; remodeled SRO building.
1	Aug-06	Eddy Street Apartments	CATS	425 Eddy St.	94109	25	15		11		CATS	CATS	Homeless Chronic Alcoholics*	Studios and 1 BR units.
1	Aug-06	Hotel Isabel	TODCO	1095 Mission St.	94103	72	4		4		TODCO	JSCo	Homeless Chronic Alcoholics*	Affordable housing provider; remodeled SRO building.
1	Aug-06	Knox Apartments	TODCO	241 6th St.	94103	140	15		15		TODCO	JSCo	Homeless Chronic Alcoholics*	Affordable housing provider; remodeled SRO building.

Direct Access to Housing Portfolio

# of Bldgs	Opening Date	Building Name	Owner	Street Address	Zip Code	Total Units Count	DAH Unit Count	Unit Count ^	HUD Unit Count	Unit Count**	Support Services	Property Management	DAH Population	Special Features
1	Aug-06	William Penn Hotel	CCDC	160 Eddy St.	94102	94	10		10		CCDC	CCDC	Homeless Chronic Alcoholics*	Affordable housing provider; remodeled SRO building.
3	May-07	Dalt, Ritz, and Ambassador^^	TNDC	Dalt: 34 Turk St. Ritz: 216 Eddy St. Ambassador: 55 Mason St.	94102	399	21			21	TNDC	TNDC	Homeless MHSA 63 clients	Affordable housing provider; remodeled SRO building.
1	Mar-08	Cambridge	CHP	473 Ellis St.	94102	59	5			5	CCDC	CHP	Homeless MHSA seniors (50y+)	Affordable housing provider; remodeled SRO building.
1	Mar-08	Parkview Terrace Apartments	AF Evans/CCDC	871 Turk St.	94102	101	20		20		NCPHS	A.F.Evans	Chronically homeless* Seniors 55+ with special needs; 10 S+C	New construction; 1 BR and studio units. All 20 units have S+C subsidy. 10 HSA referred to DART and 10 DART reviewed for S+C eligibility by HSA.
1	Jul-08	Mosaica	TNDC	680 Florida St.	94110	151	11	11			LSS	TNDC	Homeless seniors 62+ with special needs	New construction of mixed site; affordable and homeless family and senior (62+) units, and first time home buyer town houses. DAH units + studios and 1 br.
1	Nov-08	990 Polk Street	TNDC	990 Polk St.	94109	110	50	50		10	LSS	TNDC	Homeless seniors 55+; 10 MHSA Prop 63	New construction; studios and 1 BR units. HUH med. services on site. The 10 MHSA units have LOSP.
1	Mar-10	149 Mason Street	GEDC	149 Mason St.	94102	56	55	55			GHC	EPMI	Homeless adults w/special needs	New construction. Referrals will come from Glide and DPH. Medical services provided by Glide Comm. Clinic.
1	Aug-10	Edith Witt Senior Community	Mercy Housing California	66 - 9th Street	94103	107	27	11	16		CCCYO	Mercy	Homeless seniors 62+ with special needs;	New construction. 11 LOSP and 16 PRAC units; all DAH/HUD unit applicants need to be documented. . All pay third of imcome in rent.
1	Mar-11	Armstrong Place Senior Housing	Bridge/Providence	5600 - Third Street	94124	116	23	23			Providence Foundation	Bridge	Homeless seniors 62+ with special needs	New construction. First DAH site in the Bayview. Non-smoking building. One block from SEHC.
1	Mar-11	Coronet Senior Housing	Bridge	3575 Geary St.	94118	150	25	25			IOA	Bridge	Homeless seniors 55+ with severe disabilities; must be PACE eligible	New construction. IOA w/ADHC and PACE Center in commercial space. Building has 50 PACE units, 25 of which are set-aside for DAH.
1	Aug-11	Dolores Hotel/Casa Quezada	Dolores Street Community Services (DSCS)	35 Woodward St.	94103	53	53	53			DSCS/ MNRC	DSCS	Homeless Adults w/special needs	Mod. Rehab of Dolores Hotel. 50% referred by DSCS and MNRC.
1	Sept-11	JJ Richardson Apartments	Community Housing Partnership /Mercy Housing California	365 Fulton Street	94102	120	120	108		12	UCSF - Citywide Case Mgmt.	CHP	Homeless Adults w/special needs; 12 MHSA Prop 63	New construction. The 12 MHSA units have MHSA subsidy

Direct Access to Housing Portfolio

# of Bldgs	Opening Date	Building Name	Owner	Street Address	Zip Code	Total Units Count	DAH Unit Count	Unit Count ^	HUD Unit Count	Unit Count**	Support Services	Property Management	DAH Population	Special Features
1	Nov-12	Veterans Common	CCSC/Swords to Plowshares	150 Otis Street	94103	76	8			8	Swords to Plowshares	Swords to Plowshares	Homeless Vets; 8 MHSA Prop 63	HSA building. The 8 MHSA units have S+C subsidies; referrred directly by MHSA.
1	Jan-13	Kelly Cullen Community	TNDC	220 Golden Gate Ave.	94102	172	172	155		17	TNDC/ HUHC	TNDC	Homeless Adults w/special needs; 17 MHSA Prop 63	TWUH Clinic & Wellness Center in Commercial space. Mod. Rehab. 17 MHSA units have MHSA subsidy.
1	Jan-13	Mary Helen Rogers Community	CCDC/URBAN CORE, LLC	701 Golden Gate Ave.	94102	100	20		20		NCPHS	CCDC	Chronically homeless* Seniors 55+ with special needs; all S+C	New construction; 1 BR and studio units. All 20 units have S+C subsidy. 10 HSA referred to DART and 10 DART reviewed for S+C eligibility by HSA.
1	Dec-13	Rene Cazenave Apartments (formerly Transbay Block 11A)	Bridge/CHP	25 Essex Street	94105	120	120	110		10	UCSF - Citywide	CHP	Homeless Adults w/special needs; 9 HOPWA requirements & 10 MHSA requirements.	New construction at Folsom and Essex; 9 HOPWA units; 10 MHSA units with MHSA subsidies.
1	Sept-14	Vera Haile aka 121 Golden Gate Senior Community	Mercy Housing California	121 Golden Gate	94102	90	18	3	15		Mercy	Mercy	Homeless Seniors 62+ with special needs	Project has enough HUD 202 project subsidies for 15 DAH units; only 3 LOSP subsidies are needed. Also has 8 HOPWA units. Smoke-free property. All DAH/HUD unit applicants need to be documented.
36	**TOTALS**	**36 Buildings**				**3750**	**1685**	**611**	**253**	**83**				

Portfolio Key

* Chronically homeless according to HUD definition. Chron A Units are for chronic inebriates. Case Management provided by SF FIRST ICM and other ICM teams.

^ LOSP = Local Operating Subsidy Program. Funded via GF request from DPH; LOSP agreement between developer and MOH.

**MHSA = Mental Health Services Act funded units. Intensive Case Management provided by Full Service Partnership.

^^The allocation of contracted units between buildings is not defined. In terms of total building units, the Ritz has 88, the Dalt 177, and the Ambassador 134. All DAH units are also supported by tenant rent contribution. For more information one the DAH program, please go to www.sfdph.org→"Our Programs"→"Direct Access to Housing."

Program	Units
Residential Care Facility	33
HUD: Permant Supportive Housing	88
HUD: Chronic Alcoholics	74
HUD: Shelter Plus Care	60
HUD: PRAC	31
Total HUD	253
MHSA: Prop 63	83
Total MHSA	83
Master Leased	450
Not Master Leased	1235
Total DAH	1685

DAH PIPELINE HOUSING PROJECTS
2015-2016

# of Bldgs	Projected Rent-Up Start Date	Name of Building	Owner	Street Address	Zip Code	Total # of Units	# of DAH Units	Support Services	Property Management	DAH Population	Special Features
1	Sept 2015	Carroll Avenue Senior Housing (5800 Third Street)	Bayview Supportive Housing LLC	1751 Carroll Avenue	94124	121	23	Bayview Hunter's Point Multipurpose Senior Center	TBD (an affiliate of McCormack Baron Salazar)	Homeless Seniors 62+ with special needs	New construction; mostly one bedroom and a few two bedroom units; enough HUD project based section eight subsidies for all units; i.e., all DAH unit applicants need to be documented.
1	Feb 2016	Rosa Parks II	TNDC	1251 Turk	94115	98	20	TNDC	TNDC	Homeless Seniors 62+ with special needs	New construction in front of Rosa Parks Housing Authority site; enough HUD 202 project subsidies for all units; i.e., all DAH unit applicants need to be documented.
2	**TOTALS**					**219**	**43**				

Portfolio Key

* Chronically homeless according to HUD definition.

^ LOSP = Local Operating Subsidy Program. Funded via GF request from DPH; LOSP agreement between developer and MOH.

**MHSA = Mental Health Services Act funded units.
All DAH units are also supported by tenant rent contribution.
For more information on the DAH program, please go to www.sfdph.org→"Our Programs"→"Direct Access to Housing."

TRANSITIONS DIVISION

Section Report for the
San Francisco Health Commission
June 16, 2015

Margot Antonetty, Acting Director

1. Overview of Housing and Urban Health

Housing and Urban Health (HUH) is a section within the Transitions Division of the Department of Public Health's SF Health Network. The goal of the section is to develop community-based residential options for people who have experienced homelessness as well as people who have had intermittent or extended hospitalizations. For this population, access to housing with on-site services (supportive housing) is an essential element to regaining and maintaining stability and improved health status. Conversely, without access to supportive housing, homeless persons dealing with complex medical and behavioral health issues will more often than not, find themselves in a costly and destructive cycle of living on the streets, in shelter, residential treatment, hospitalization and long-term care facilities. Since 1999, HUH has been partnering with other city agencies, non-profits, and private property owners to deliver a range of housing settings geared toward residential stabilization, improved health status, and reintegration into various San Francisco neighborhoods.

HUH has developed many different types of housing typologies to meet the varying needs of homeless clients with special needs as well as the discharge demands of other sections within the Health Department. For example, the Department's homeless outreach team, SFHOT, has the need for immediate placement options for people coming off the street. For that purpose, HUH, has secured several hundred "stabilization rooms". On the other end of the spectrum, the section has developed the Direct Access to Housing (DAH) program, which provides almost 1,700 units of permanent supportive housing (PSH) that provide long-term stable housing for persons who are currently homeless and/or moving from a different level of care, including Laguna Honda Hospital or the SFHOT stabilization program, discussed above. The chart below summarizes the different housing types that HUH has developed and currently operates:

Housing Type	Total Units/Beds	Description
Stabilization Housing	~350 max.	Blocks of rooms in private SROs for short-term stays to gain basic stability with the support of intensive case management teams, incl. SFHOT
Transitional Housing	104	Medium stay housing, population specific, intensive on-site services
HIV Housing Subsidies	690	Tenant based rental subsidies that allow persons with HIV/AIDS to rent units in the private market
Permanent Supportive Housing	1,685	Multi-unit buildings that include on-site health and support services; the Direct Access to Housing program
Scattered-Site LHHRSP	150	Scattered-site housing with wrap around services for people discharged from LHH (another 150 clients live in DAH sites)
Total	**2,979**	

The remainder of this report will highlight two HUH programs that deliver permanent housing to clients of the Health Department in very different ways but achieve the same objective of providing healthy, safe housing with access to services to promote stability and improved health and well-being.

2. Direct Access to Housing linked to Affordable Housing (Pipeline Housing)

During the last ten years, HUH has been focusing on the housing production method often referred to as "Pipeline Housing". This approach involves partnering with the city's affordable housing production agencies (the Mayor's Office of Housing and Community Development and SF Housing Authority) and non-profit affordable housing developers. In doing so, DPH benefits greatly from the financial and development expertise these partners bring to the table and at the same time secures high quality housing in beautiful new developments that include high levels of disabled access and other amenities critical to housing persons transitioning from higher levels of care and homeless persons with complex medical issues. These pipeline projects are generated by Requests for Proposals (RFPs) put out by the housing agencies with DPH as a collaborating partner. The projects are mostly new construction sites but also include acquisition and major rehabilitation of existing buildings. Some projects are designated as 100% supportive housing while others are a mix of supportive housing and traditional affordable housing for low-income San Franciscans. The "deal" that is struck between DPH and the housing developers is that in exchange for access to the units (meaning DPH refers the tenants) the Department provides the project with an operating subsidy and services funding. The main barrier developers have in providing supportive housing is that the project cannot support basic operational costs based on the rent that indigent or very low income clients pay, and therefore, the project needs an operating subsidy; generally, in the range of $400-$800 per unit per month. Additionally, since DPH is generally placing clients with long histories of homelessness, substance use, mental illness, and other chronic health issues, the development requires some level of on-site services to help maintain the stability of clients which DPH provides, either through a contract with a support service provider or directly with DPH civil services staff. The total monthly funding for a DAH unit averages $1,500 per month, including all support services and property management/operating costs. This is about the same amount as two SFGH ED visits, one SFGH inpatient day, or four days in a Mental Health or Substance Use treatment program.

Outcomes

The impact of supportive housing on medically disabled homeless individuals in terms of housing stability, medical care use and associated cost is highlighted in pre-post test evaluations.

- At the Plaza (rent-up in December 2005), the overall cost for 106 formerly homeless residents decrease from over $3.1 million the year before moving into PSH to over $900,000 the year after moving into PSH. This is a savings of approximately $2.3 million

in healthcare costs. After reducing the annual cost of operations and on-site services of this building, the total savings are about $1.1 million in public funds.[1]

- A study at Mission Creek Senior Community, a mixed building for seniors 62≤ with 51 (~34%) of the units earmarked for frail homeless seniors referred by DAH, the total reduction in healthcare cost from the year before and the year after moving into the Mission Creek Senior Community (MCSC), was $2.25 million (82%). A majority of those savings occurred at SNFs, since DPH prioritized patients "stuck" on that level of care for housing at MCSC. SNF use for all 51 residents went from 3,842 days the year before to 533 days the year after moving into PSH. Additionally, ED visits, inpatient days and psych inpatient days all decreased by at least 30%.

Newer research looks at comparison groups, made possible with the implementation of the ACA. The total Cost Offsets for Housing First participants relative to controls averaged $2,449 per person per month after accounting for housing program costs. This is compatible to the before and after cost study at the Plaza where the average savings per person was $21,698. Preliminary results in a local comparison study shows a reduction of about 70% between the group housed in a new DAH PSH site as compared with the control group that was not housed in DAH. It will be interesting to see how those numbers adjust as the study continues.

Examples of pipeline projects include 990 Polk Street in which 50 of the 110 senior units are referred by DAH as well as Dr. Julian and Raye Richardson Apartment, where all 100 units house residents referred by DAH. Here are some projects in teh last seven (7) years.

[1] These numbers only include services inside of the DPH safety net. Information for non-DPH services and costs were not available.

990 Polk Senior Housing

- Opened November 2008
- New construction
- Serves homeless seniors (ages 55+)
- 110 total units
- 50 DAH units, 10 of them reserved for persons with severe mental health issues (MHSA)

- Opened March 2010
- New construction
- Serves homeless adults with special needs
- 55 total units
- 100% DAH

Armstrong Place

- Opened May 2011
- New construction
- Serves homeless seniors (ages 62+)
- 116 total units
- 23 DAH units

The Coronet

- Opened March 2011
- New construction
- Serves homeless seniors (ages 55+), must be PACE eligible
- 150 total units
- 25 DAH units

J.J. Richardson Apartments

- Opened September 2011
- New construction
- Serves homeless adults with special needs
- 120 total units, 12 reserved for persons with severe mental health issues (MHSA)
- 100% DAH

Kelly Cullen Community

- Opened January 2013
- Rehabilitation
- Serves homeless adults with special needs
- 172 total units, 17 reserved for persons with severe mental health issues (MHSA)
- 100% DAH

Rene Cazenave Apartments

- Opened December 2013
- New construction
- Serves homeless adults with special needs
- 120 total units, 10 reserved for persons with severe mental health issues (MHSA)
- 100% DAH

3. Laguna Honda Hospital Rental Subsidy Program (LHHRSP)

The Department has been an innovative leader in producing site based housing through Direct Access to Housing program for many years. Nonetheless, the demand for community placements continues to outstrip the availability of units in our network of supportive housing. Given that reality and our continued desire to provide housing at the least restrictive level of care, the Department began an ambitious project to place up to 500 persons in scattered site housing over five years. The target population of this project includes persons able to be discharged from Laguna Honda Hospital and those persons who meet a skilled nursing level of care but can be diverted to community housing with wrap around services. The project is a joint effort between the Health Department and the Department of Aging and Adult Services with the Health Department responsible for locating and maintaining a network of housing and assisting in identifying and providing appropriate services. As distinct from a DAH-like site based model, this project relies on market rate housing and the deployment of services tailored to individual client necessary to maintain community based housing.

The project got its start in 2008 and has reached its goals this fiscal year. As a result of an RFP, the Department contracted with Brilliant Corners (formerly Brilliant Corners), an innovative non-profit housing agency. Their primary role is to secure (blocks of) units in the private market that are suitable for the target population of this project. In many cases, Brilliant Corners is able to negotiate with owners to allow significant accessibility improvements in units, including the replacement of standard shower/tubs with roll-in showers. Brilliant Corners also plays the important role of liaison between the building owner and tenants. If and when tenant caused difficulties arise at a site, Brilliant Corners is there to problem solve and assure the owner that all necessary measures are being taken. At this point in time, Brilliant Corners has leased approximately 150 units in buildings ranging from Fox Plaza, the Avalon Apartments, and the Fillmore Center. All apartments are self contained units with bath and kitchen. Depending on client need, the units range from studio to two bedroom. On average, the current monthly housing subsidy for the scattered site model is $1,500 per unit per month. Before the housing boom. The average subsidy used to be around $1,000. The photos below provide an example of a few of the housing sites utilized by this project.


1475 Fillmore Street


788 Harrison Street

Sample Unit Modifications

Before

After

4. Housing and Urban Health Budget Summary

	All funding sources, including federal grants, GF and MHSA/Prop. 36 (some numbers are rounded)
Personnel (Admin; Support Services and RN Team)	$2, 000,000
Permanent Supportive Housing (DAH)	$22, 676,162
Laguna Honda Scattered Site Rental Subsidy Program	$2,753,588
Rental Subsidies, Transitional Housing and other programs for PLWHA	$8,537,741
Emergency Stabilization	$3,784,000
TOTAL	**~$39,751,491**