

The matrix below illustrates placement options, starting with placements providing the lowest level of care and progressing to placements providing the highest level of care.

Category	Beds	Description	Transitional	Permanent
<b>Unsupported Residential Placement</b> Page 2		Single Room Occupancy (SRO) Hotels — Privately Owned/Operated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	1,369	Homeless Shelter (Single Adult) (includes 1,100 yearlong, 169 Winter, and 100 Interfaith)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	46	Social Detox (e.g., Ozanam and Haight Ashbury Smith House)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	0	Medical Respite <u>Shelter</u> (e.g., Next Door)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Supported Residential Placement</b> Page 4	26	Medical Detox (e.g., Baker Places)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	549	Residential Substance Abuse Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	171	Stabilization Rooms (161 SFHOT and 10 McMillan ICM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	tbd	Medical Respite	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	638	Residential Care Facility (RCF, a.k.a. Board and Care) (including SF Behavioral Health Center ARF, private facilities, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	4,577	Support Hotel: DPH Direct Accessing to Housing (1,882), HAS Housing First (2,317), HAS Shelter+Care (378), and Affordable Housing Waitlist Options <sup>1</sup>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <sup>2</sup>
<b>Residential Mental Health Treatment Facility</b> Page 12	328	Supported Housing (Co-Operative) (including Progress, Conard, and Baker)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	142	Sub Acute Treatment – Non Medical / Transitional Residential Facilities (TRF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	40	Acute Diversion Unit (ADU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	373	Mental Health Rehabilitation Center (MHRC) (a.k.a. IMDs) (e.g., SF Behavioral Health Center MHRC, Crestwood, Canyon Manor )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Skilled Nursing Care</b> Page 16	1,063	Skilled Nursing Facility: <i>Laguna Honda Hospital and Rehabilitation Center</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	25	Skilled Nursing Facility: <i>San Francisco General Hospital 4A SNF</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	58	Skilled Nursing Facility: <i>San Francisco Behavioral Health Center</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Sub-Acute Facilities (a.k.a. “Freestanding Skilled Nursing Facility Sub-acute Care”)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<sup>1</sup> Affordable Housing Wait List Opportunities as of July 10, 2006 (Page 22)

<sup>2</sup> Some support hotels may only be available for temporary placements.

<b>Unsupported Residential Placement: Overview</b>	
These placements include single room occupancy hotels and shelters. While this may be a placement, this is not a level of care. The level of care is usually defined by adjunctive services such as outpatient case management, intensive case management, medication support services, etc.	<input checked="" type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent

<b>Unsupported Residential Placement</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
<p><b>Single Room Occupancy (SRO) Hotels – Privately Owned/Operated</b></p> <p>Privately-owned and operated Hotel rooms for one single adult and/or adult couples, with or without a kitchen or bath in the room. Shared bath (toilets and tub/showers, sometimes in separate rooms) are outside the unit and usually on the same floor. Some hotels offer rooms with kitchens or have community kitchens. Some hotels have an elevator and are wheelchair accessible. Rental is by the day, week, or month. Most of these hotels have vacancies, but can cost \$200/week or more. Buildings with tourist-unit permits may limit the length of stay, otherwise tenancy rights should apply.</p>	<ul style="list-style-type: none"> <li>Individual must be able to live independently in the community, with or without home care services. Home care services may include public health nursing, Health at Home, In-Home Supportive Services (IHSS), Meals on Wheels, case management, etc.</li> <li>Individual must be independent with ambulation.</li> <li>Individual must have a source of income.</li> </ul>		<input checked="" type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent
<p><b>Homeless Shelter</b></p> <p>Emergency shelters for homeless or marginally housed adults. Some shelters have case management shelter beds. Meals (breakfast and dinner) are provided in some shelters.</p>	<ul style="list-style-type: none"> <li>Individual must be independent with ambulation, with or without assistive device.</li> <li>Individual must be independent with personal care.</li> <li>Individual must be continent of bowel and bladder.</li> <li>Individual must be able to get out of shelter without assistance.</li> <li>Individual must be able to leave shelter during daytime. Some facilities do accommodate clients during daytime.</li> <li>If a client can remain in a shelter with IHSS in place, the City would have to accommodate that client.</li> </ul>	<ul style="list-style-type: none"> <li>Individual must not need bed rest during daytime. At shelters that accommodate clients during the day, clients may be allowed bed rest as a reasonable accommodation.</li> </ul>	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent <ul style="list-style-type: none"> <li>Admission policies may have to be modified for a client presenting with a disability.</li> </ul>
<p><b>Social Detox (e.g., Ozanam)</b></p> <p>Shelter-like environment for homeless or marginally housed adults to live temporarily to recuperate from substance</p>	<ul style="list-style-type: none"> <li>Individual must have diagnosis of Substance abuse or dependence.</li> <li>Individual must be independent with ambulation, with or without assistive</li> </ul>	<ul style="list-style-type: none"> <li>Need for medically supported detoxification services.</li> </ul>	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent

<b>Unsupported Residential Placement</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
intoxication, abuse, or dependence.	device. <ul style="list-style-type: none"> <li>• Individual must be independent with personal care.</li> <li>• Individual must be able to get out of facility without assistance.</li> <li>• Individual must be able to leave during daytime.</li> </ul>		
<b>Medical Respite Shelter (e.g., Next Door)</b>  Shelter environment for homeless or marginally housed adults to live temporarily to recuperate from chronic or acute illness, or from a medical procedure. Meals are provided.	<ul style="list-style-type: none"> <li>• Individual does not require skilled nursing facility level of care.</li> <li>• Individual requires bed rest except for meals, showers, and bathroom.</li> <li>• Individual is independent with ambulation, with or without assistive device.</li> <li>• Individual is independent with personal care.</li> <li>• Individual is continent of bowel and bladder.</li> </ul>	<ul style="list-style-type: none"> <li>• No violence or other behavioral issues.</li> </ul>	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent

<b>Supported Residential Placement: Overview</b>	
While Residential Care may be a placement, the level of clinical care is more defined by adjunctive services such as outpatient case management, intensive case management, etc. While the home itself is not a clinical treatment environment, the level of practical support for living exceeds that available in a hotel or shelter placement. A group living setting provides for social rehabilitation opportunities, and allows for relatively independent living.	<input checked="" type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent

<b>Supported Residential Placement</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
<p><b>Medical Detox</b></p> <p>Provides a medically supportive residential program for detoxification of alcohol, opiates, sedatives, and/or stimulants. Length of stay is up to 21 days.</p> <p>Services are provided by Baker Places, with on-sight 24-hour/day registered nurse coverage. Referrals are triaged through Treatment Access Program (TAP). Clients may self-refer or be referred from community sites (e.g., MacMillan Sobering Center, emergency departments, Health and Urban Development (HUD) Clinics).</p>	<ul style="list-style-type: none"> <li>• Clients who self-refer, must present early in the morning to TAP.</li> <li>• The client is interviewed by a substance abuse counselor for screening.</li> <li>• A Medical Detox Referral Form must be completed by a social worker or medical provider.</li> <li>• The client requires medical clearance by a Nurse Practitioner (NP) or an MD.</li> <li>• The client must meet the Clinical Institute Withdrawal Assessment (CIWA) criteria for medical detoxification.</li> <li>• The client must have a history of severe withdrawal symptoms, including, but not limited to, seizures.</li> <li>• The client must provide evidence TB clearance (either by negative PPD, QFP or a negative chest X-ray).</li> <li>• The client must present with basic blood-work that does not suggest acute illness.</li> <li>• If the client is taking medications, he/she must bring them with him/her.</li> <li>• Substance dependency.</li> <li>• Independent ambulation.</li> <li>• Independent with personal care.</li> <li>• Without unstable medical condition requiring continuous monitoring, intravenous medications, or fluids.</li> <li>• Without cognitive impairment, and or unstable psychiatric conditions such as:</li> </ul>	<ul style="list-style-type: none"> <li>• Admissions may occur over the weekend, depending on bed availability.</li> <li>• The client must be able to take food and fluid by mouth.</li> <li>• The client must be able to participate in group sessions.</li> <li>• The client must be able to meet with a counselor to develop plans for primary residential substance abuse treatment.</li> </ul>	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent

<b>Supported Residential Placement</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
	<ul style="list-style-type: none"> <li>- Active suicidal ideation/plans,</li> <li>- Assaultive threats or behavior, or</li> <li>- Active psychotic or depressive symptoms that significantly impairs the individual's ability to care for self and/or participate in the program.</li> <li>• May be able to support individuals with dual and/or triple diagnoses.</li> </ul>		
<p><b>Residential Substance Abuse Program</b></p> <p>Structured supportive therapeutic residential community for individuals to work through emotional difficulties, and drug and/or alcohol addiction. Length of stay can be up to six months.</p>	<ul style="list-style-type: none"> <li>• Substance dependency.</li> <li>• Not in need of acute detoxification.</li> <li>• Independent ambulation.</li> <li>• Independent with personal care.</li> <li>• Stable medical and/or psychiatric condition.</li> <li>• Must be able to participate in milieu therapy.</li> <li>• Must be able to participate in group treatment.</li> <li>• May be able to support individuals with dual and/or triple diagnoses.</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive impairments should not interfere with participation in milieu therapy.</li> </ul>	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent

<b>Supported Residential Placement</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
<p><b>Stabilization Rooms</b></p> <p>Stabilization rooms may be either found dispersed within unsupported SROs, supportive housing SROs, or within an SRO that contains only stabilization rooms. Individuals who are placed in stabilization rooms receive case management. As this placement is a temporary program placement, the individuals do not have tenants rights, nor do they require a source of income.</p>	<ul style="list-style-type: none"> <li>• Homeless (on the street).</li> <li>• Not in need of acute medical or psychiatric care; however, rooms are prioritized for chronically homeless individuals with multiple medical, behavioral, and social vulnerabilities.</li> <li>• Must be able to live independently in the community, with or without home care services.</li> <li>• Must sign and comply with Stabilization Room Agreement.</li> <li>• Must agree to work with a case manager toward obtaining permanent housing; must demonstrate ongoing progress toward goal of permanent housing.</li> <li>• Must agree to follow individual hotel rules.</li> <li>• May have a history of eviction, arson, violence; however, must refrain from destructive behaviors while in stabilization room to avoid termination of stabilization room services.</li> </ul>		<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent
<p><b>Medical Respite</b>                      (Not to be confused with <i>Medical Respite Shelter</i>)</p> <p>This type of placement is currently being developed in a 23-hour/day clinical care model. Individuals requiring clinical support to “step down” from acute care who do not meet the requirements for inpatient skilled nursing needs may be eligible.</p> <p>This program will be housed at two facilities (39 Fell Street and at the Next Door Shelter). Of note, the MacMillan Sobering Center is also housed at 39 Fell Street.</p> <p>The program will be staffed by nurse practitioners, Medical Evaluations Assistants (MEAs), Utilization Review Social Workers (UR SWs) and Health Worker I’s (HWI’s)/Peer</p>	<p><b>Medical Respite Clients:</b></p> <ul style="list-style-type: none"> <li>• Clients must be referred by the hospital inpatient units.</li> <li>• Clients are homeless.</li> <li>• If the client is on methadone, the client is stable on his/her current dose.</li> </ul> <p><b>Sobering Clients:</b></p> <ul style="list-style-type: none"> <li>• Intoxicated clients not in active alcohol withdrawal either may present on their own or are brought in by EMS or MAPs from an Emergency Department.</li> </ul>	<ul style="list-style-type: none"> <li>• Clients must not be exhibiting evidence of violent behavior.</li> <li>• Clients must be able to live in a shelter-like environment.</li> <li>• Clients must demonstrate attempts to comply with medications.</li> <li>• Clients must be able to take food and fluid by mouth.</li> <li>• Clients must not be actively psychotic.</li> <li>• Clients do not meet</li> </ul>	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent <ul style="list-style-type: none"> <li>• The total beds for Medical Respite will be 55.</li> <li>• In addition to the Medical Respite Clients, the 39 Fell Street site will co-host 11 beds for clients in need of sobering from alcohol (termed: <i>Sobering Clients</i>).</li> </ul>

<b>Supported Residential Placement</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
<p>Workers.</p> <p><b>Medical Respite Clients:</b>                      Length of stay will vary with each individual and medical condition; however, every effort will be made to accommodate clients for 3–6 weeks.</p> <p><b>Sobering Clients:</b>                      Length of stay may range between 2 hours to 10 hours. Clients requiring ongoing medical services may be considered for ongoing medical respite services.</p>		skilled nursing facility (SNF) criteria. <ul style="list-style-type: none"> <li>• Clients are not in active alcohol withdrawal.</li> </ul>	
<p><b>Residential Care Facility (RCF) (a.k.a. Board and Care)</b></p> <p>RCF's offer safe group living situations for seniors and people with disabilities (either medical or psychiatric) who need help with meal preparation, medication monitoring, and personal care, but do not need daily acute medical and/or psychiatric care.                      Individual RCF's may specialize in particular clinical areas such as:</p> <ul style="list-style-type: none"> <li>• Mental health rehabilitation (e.g., Adult Residential Facility [ARF] at San Francisco Behavioral Health Center [SFBHC])</li> <li>• Geriatrics (Residential Care Facility for the Elderly [RCFE])</li> </ul>	<ul style="list-style-type: none"> <li>• Age limit of 18–60, except RCF's.</li> <li>• Stable medical and/or psychiatric condition that does not require acute medical and/or psychiatric care.</li> <li>• Individual must demonstrate capacity for reasonable hygiene and self-care with limited support. Individual may be provided minor assistance with personal care, bathing, toileting, dressing and grooming, housekeeping and laundry, meal preparation and nutrition monitoring, medication adherence (except for SFBHC ARF), and transportation to medical appointments.</li> <li>• Individual must be continent of bowel and bladder.</li> <li>• Individual must demonstrate ability to live in community, conducting self in a way that self and community are safe.</li> <li>• Individual is generally able to follow house rules and cooperate with expectations that follow Civil Code for tenancy.</li> <li>• Individual has funds to pay (at least SSI).</li> </ul>	<ul style="list-style-type: none"> <li>• Individual must not demonstrate severe aggressiveness, assaultiveness, acute suicidality, or “unreachable psychosis.”</li> <li>• Some RCF's may be able to accommodate individuals who are non-ambulatory; other facilities may allow canes, but not walkers.</li> </ul>	<input type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent

Supported Residential Placement Unit Characteristics	Admission Criteria	Management Threshold	Comments
<p><b>Support Hotel (SRO with Mental Health Agency and/or Case Management)</b></p> <p>While this may be a placement, the level of care is more defined by adjunctive services such as outpatient case management, intensive case management, etc. While the hotel itself is not a clinical treatment environment, the level of practical support exceeds that available in a standard hotel or shelter placement. A lesser degree of practical support is available in a Support Hotel than in a Residential Care Facility. Support Hotels are rarely a direct placement from an inpatient setting, but rather are more often a placement from an Acute Diversion Unit (see below) or Transitional Residential Treatment facility.</p> <p><b>Types of SRO Supportive Housing through:</b></p> <ul style="list-style-type: none"> <li>• Department of Public Health (DPH)</li> <li>• Human Services Agency (HSA)<sup>3</sup></li> </ul> <p><b>DPH: Direct Access to Housing Program (DAH):.</b>                      Some buildings include on-site medical/mental health staffing. DAH accepts some clients with no income. Placement via various DPH and HSA access points. Some units require meeting chronic homeless definition/eligibility. No Waitlist available — “real-time” referrals to vacancies via access points.</p> <p><b>HSA: Housing First Program:</b>                      On-site case management is augmented by Roving Behavioral Health Team of intensive case managers and nurse practitioners. Clients having county benefits under the County Adult Assistance Program (CAAP) are placed via their benefit workers. Clients with non-CAAP income are referred via access points including shelters, homeless</p>	<ul style="list-style-type: none"> <li>• Individual must be able to live independently in the community, with or without home care services.</li> <li>• Individual must be independent with ambulation.</li> <li>• Individual must have a source of income.</li> <li>• Individual must have greater capacity for self reliance compared to Supported Housing (Co-Operative).</li> <li>• Individual must have reasonable criminal or eviction history (although it is not necessary to have an entirely clean record). Type, time period and selection criteria related to background checks varies among providers.</li> <li>• Individual is generally able to follow house rules and cooperate with expectations that follow Civil Code for tenancy.</li> <li>• Most require two-party rent payment/Modified Payment Program for clients with county, state or federal benefits. Money management/representative payee services are available at some sites.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Individual must not be in need of 24/7 clinical support.</li> </ul>	<p><input type="checkbox"/> Transitional  <input checked="" type="checkbox"/> Permanent*</p> <p>* Some support hotels may only be available for temporary placements.</p>

<sup>3</sup> HSA is a City and County of San Francisco department, formerly known as the Department of Human Services.



<b>Supported Residential Placement</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
<p>resource centers, and homeless service providers. No Waitlist available — “real-time” referrals to vacancies via access points.</p> <p><b>HSA: Shelter+Care:</b>                      Eligibility requirements include documented mental health, substance use or HIV status. Some units require meeting chronic homeless definition/eligibility. No Waitlist available — “real-time” referrals to vacancies via access points.</p> <p><b>Affordable Housing Waitlist Sites:</b>                      A monthly list of affordable housing operated by nonprofit providers. Most are supportive housing with on-site case management; eligibility, background checks, rent structure, and required income levels (if any) vary. Sites on the list accept applications; most to all have waiting lists of three to six months. (List is available from the San Francisco Homeless Service Providers Network.)</p>			

<b>Residential Mental Health Treatment Facility: Overview</b>	
Residential facilities in which the level of clinical care is defined by integrated treatment services that may include on-site psychotherapy, case management and medication evaluation and treatment. These services may be in place of, or in addition to, outpatient services. Such facilities are in fact clinical treatment environments (as opposed to Supported Residential Placements). The level of practical support for living exceeds that available in a hotel or shelter placement. A group living setting provides for social rehabilitation opportunities.	<input checked="" type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent

<b>Residential Mental Health Treatment Facility</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
<p><b>Supported Housing (Co-Operative)</b></p> <p>This exists as a mental health placement (long-term placement) and is, in part, a level of care. Clinical care is, in part, defined by clinical services integrated with the program, and in part by adjunctive outpatient services (e.g., outpatient case management, psychotherapy, and/or medication support). This is most often a placement from an Acute Diversion Unit or Transitional Residential Treatment facility. Group living setting provides for social rehabilitation opportunities and milieu interventions, and allows for relatively independent living for persons who may have persistent self-harm or substance use recovery challenges. Co-operative housing may function as a bridge between structured 24-hour care programs and independent living.</p>	<ul style="list-style-type: none"> <li>Individual has limited ability to live independently (compared to residents of Support Hotel), greater need for clinical support, and/or crisis intervention.</li> <li>Individual does not require 24/7 clinical staff presence (although 24/7 clinical case management response may be available in certain facilities).</li> <li>Individual must be able to follow House rules that follow Civil Code for tenancy.</li> <li>Individual demonstrates reasonable hygiene and self-care.</li> <li>Individual is able to conduct self in a way that self and community are safe.</li> </ul>	<ul style="list-style-type: none"> <li>Programs may have limited access for individuals with mobility impairments.</li> </ul>	<input type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent
<p><b>Sub Acute Treatment – Non Medical / Transitional Residential Facilities (TRF)</b></p> <p>Licensed 24-hour certified mental health rehabilitation treatment environment. Some TRF's provide services to specialized populations (e.g., women with children, frail elderly, or persons with HIV). Some TRF's provide assistance with managing chronic illness and/or substance abuse challenges. Referrals are made equally by acute in-patient services and Acute Diversion Units (ADU).</p>	<ul style="list-style-type: none"> <li>Admissions are voluntary.</li> <li>Individuals require 24-hour clinical support and intervention to avoid deterioration of their condition.</li> <li>Individuals are generally more capable (compared to ADU) and less capable (compared to RCF or Support Hotel) regarding behavioral and other self-management skills.</li> <li>Individuals must have reasonable capacity for maintaining hygiene and self-care with education and support.</li> <li>Individual is able to reliably involve self in program of rehabilitation and recovery with</li> </ul>	<ul style="list-style-type: none"> <li>Individuals who cannot conduct themselves in a way that self and community are safe from egregious behavior.</li> </ul>	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent

<b>Residential Mental Health Treatment Facility</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
	decreasing support during length of stay (80–120 days). <ul style="list-style-type: none"> <li>Individual is generally able to follow house rules and cooperate with program expectations.</li> </ul>		
<b>Acute Diversion Unit (ADU)</b>  Licensed 24-hour certified mental health rehabilitation treatment environment. Psychiatrists and Nurse Practitioners coordinate medical care, while 24/7 staffing provides rehabilitation and recovery treatment. <b>Referral Priorities:</b> <ol style="list-style-type: none"> <li>Acute Diversion Unit (ADU) programs functionally operate primarily as alternatives to in-patient services, and accept referrals primarily from SFGH/PES and Mobile Crisis (approved through PES).</li> <li>“Fast track” referrals where targeted in-patients are identified and tracked from time of admission to PES for short in-patient stays prior to admission to ADU.</li> <li>Regular “step down” referrals from in-patient services for individuals who have been decertified from reimbursement for in-patient services, yet still require intensive 24-hour treatment and support.</li> <li>“Urgent Care” referrals from providers who wish to avoid hospitalization for clients in serious crisis.</li> </ol>	<ul style="list-style-type: none"> <li>Admissions are voluntary.</li> <li>Must be “reachable” psychologically. Individuals who are persistently floridly psychotic or intractably addicted may not thrive, but may be given an opportunity to try the program.</li> <li>Individual must have reasonable capacity for maintaining hygiene and self-care with assistance, education, and support.</li> <li>Individuals with ambulatory medical conditions (e.g., chronic pulmonary disease, diabetes, HIV/AIDS) are admitted.</li> <li>Some programs may be able to manage individuals with physical disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>Not acutely dangerous to self or others due to florid psychosis.</li> <li>Individual should not be relentlessly dangerous to self or others, but persistent suicidal ideation not coupled with relentless attempts is manageable in this setting.</li> <li>A need for persistent daily nursing care can exclude an otherwise eligible individual.</li> </ul>	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent
<b>Mental Health Rehabilitation Center (MHRC) (SFGH Campus and Others)</b>	<ul style="list-style-type: none"> <li>Individual must be at least 18 years of age.</li> <li>Individual must be LPS conserved.</li> <li>Individual must have a primary Axis I disorder that is not a primary substance use or a primary eating disorder.</li> <li>Individual must be ambulatory, such that they are able to self-evacuate or exit the building using stairs.</li> <li>MHRC is unable to manage patients with a significant degree of dangerousness to self or others. MHRC is not able to accept individuals who staff believes they are unable to manage in a manner that is safe to other residents.</li> </ul>	<ul style="list-style-type: none"> <li>Most MHRCs can handle seclusion needs; however, this is limited at the SFBHC MHRC due to SFGH affiliation.</li> <li>Individuals requiring acute level of care.</li> <li>Individuals requiring life-supporting systems.</li> <li>Individuals with communicable</li> </ul>	<input checked="" type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent

<b>Residential Mental Health Treatment Facility</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
	<ul style="list-style-type: none"> <li>• Individual must exhibit behavioral symptoms that prohibit them from being admitted to a lower level of care.</li> <li>• Individual must exhibit rehabilitation potential with evidence of responsiveness to behavioral interventions.</li> <li>• Individuals must demonstrate a desire to reintegrate into the community and acquire life skills needed to survive independently.</li> </ul>	<p>diseases.</p> <ul style="list-style-type: none"> <li>• Individuals with conditions requiring skilled nursing care, or other services that the MHRC cannot provide.</li> </ul>	

<b>Skilled Nursing Facility: Overview</b>	
<p>Per Title 22, a skilled nursing facility (SNF) is a licensed health facility, or a distinct part of a hospital, providing continuous skilled nursing care and supportive care to patients. It provides 24-hour inpatient care and, at a minimum, includes physician, skilled nursing, dietary, and pharmaceutical services, and an activity program. Skilled nursing facilities can accept and retain only those patients for whom it can provide adequate care. Although not all-inclusive, the following serves to provide guidance for determining resident conditions that meet Medi-Cal criteria for nursing facility coverage:</p> <ul style="list-style-type: none"> <li>• Need for daily skilled nursing services such as tracheostomy care, administration of enteral tube feeding, IV therapy, injections, AND dressing changes of post-surgical wounds and skin lesions.</li> <li>• Need for continuous skilled nursing observation and assessment, and evaluation of the resident’s treatment plan at frequent intervals throughout the 24 hours due to an unstable medical condition, or the severity of the condition (e.g., monitoring of vital signs, measurement of intake and output, at-risk skin conditions, such as development of decubiti or other worsening skin conditions).</li> <li>• Need for rehabilitative services (physical therapy, occupational therapy, and/or speech therapy) and training in self-care activities to facilitate discharge planning (e.g., gait and ambulation training, self-administration of medications, colostomy care, etc.).</li> <li>• Need for daily assistance with Activities of Daily Living (ADLs) secondary to physical or mental impairments (e.g., assistance with mobility, eating, dressing, toileting, personal hygiene, etc.).</li> <li>• Need for daily supervision for safety, cueing, and/or redirection in self-care activities secondary to mental limitations and/or behavioral unpredictability. (The severity or unpredictability of the behavioral or emotional state, intensity of care, treatment and observation, physical environment, level of skilled observation needed, and/or impact of a particular patient on other patients in the facility must be taken into account when considering the most suitable type of facility.)</li> <li>• Need for medication management that cannot be managed independently, or requires skilled nursing supervision.</li> <li>• All patients admitted to a SNF must require observation, evaluation of treatment plans, and updating of medical orders by a responsible physician. While not all SNFs provide the same level of care, SNFs may provide some degree of the following services (please note that in some cases, the presence of a single item may not be a reason for continuing SNF placement):                         <ul style="list-style-type: none"> <li>– Extensive wound care, including wound vac treatments.</li> <li>– Respiratory care (e.g., tracheostomy care with suctioning, administration of oxygen, BiPAP, CPAP).</li> <li>– Indwelling catheter care (e.g., foley catheter or suprapubic catheter).</li> <li>– Colostomy care for initial or debilitated patients.</li> <li>– Bowel and bladder training for incontinent patients.</li> <li>– Intravenous therapy (e.g., IV antibiotics, PPN, unstable parenteral pain medications).</li> <li>– Drains (e.g., JP).</li> </ul> </li> </ul>	<input checked="" type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent

<b>Skilled Nursing Facility: <i>Laguna Honda Hospital and Rehabilitation Center (LHH)</i></b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
<p><b>All Units</b></p> <p>LHH is a skilled nursing facility that provides comprehensive programming for a variety of different resident populations. In addition to skilled nursing beds, LHH has a small number of acute beds, including acute beds dedicated to Acute Rehabilitation. There are also acute medical beds for LHH patients with acute care needs who need not be managed in an acute care hospital.</p>	<p>LHH accepts and cares for those San Francisco residents:</p> <ul style="list-style-type: none"> <li>• Who meet SNF, or acute-care, criteria</li> <li>• For whom it can provide safe and adequate care</li> <li>• Who are at least 16 years of age</li> </ul> <p>Priority shall be given to San Francisco residents; however, exceptions may be made by the LHH Executive Administrator, or designee, based on special clinical or humanitarian circumstances.</p> <p>LHH provides many of the clinical services noted above, with the exception of those noted under “Management Thresholds” (see next column). LHH also provides a number of clinical services that are not generally found in other SNFs, which include onsite neurobehavioral and substance abuse treatment services.</p>	<ul style="list-style-type: none"> <li>• Communicable diseases for which isolation rooms are unavailable.</li> <li>• Are in police custody.</li> <li>• Mental illness or developmental disability requiring an organized program of active psychiatric intervention(s).</li> <li>• Need for administration of non-oral chemotherapy on site.</li> <li>• Ventilator dependent.</li> <li>• Total parenteral nutrition.</li> <li>• New onset use of BiPAP or CPAP (patients who managed their own BiPAP or CPAP units at home may be considered for admission).</li> <li>• Ability to manage frequent suctioning varies between units; consideration for an individual’s needs will be made during the screening process.</li> <li>• Unstable parenteral pain management.</li> <li>• Medical problem requiring ICU care.</li> <li>• Highly restrictive restraints.</li> <li>• Significant likelihood of unmanageable behavior endangering the safety or health of another resident, such as:                         <ul style="list-style-type: none"> <li>– Actively suicidal.</li> <li>– Violent or assaultive behavior.</li> <li>– Criminal behavior, including but not limited to possession of weapons, drug trafficking, or possession or use of illegal drugs or drug paraphernalia.</li> <li>– Sexual predation.</li> <li>– Elopement or wandering not confineable with available elopement protections (e.g.,</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Transitional</li> <li><input checked="" type="checkbox"/> Permanent</li> <li>• Capacity: Approximately 1,000+ beds located on over 41 units</li> <li>• The vast majority of beds at LHH are located on open wards of 25+ patients. The ability to facilitate a patient’s successful transition into such an environment must be closely considered prior to admission.</li> <li>• There are multiple entrances and exits to the facility during visiting hours; patients who are high elopement risks must be carefully considered prior to admission.</li> <li>• ADA accessible.</li> </ul>

<b>Skilled Nursing Facility: <i>Laguna Honda Hospital and Rehabilitation Center (LHH)</i></b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
		Wanderguard and Honeywell systems).	
<p><b>M5</b></p> <p>M5 is a short-stay admitting unit from which residents may be discharged back to the community, to another facility, or to another care unit within LHH. The M5 Interdisciplinary Team (IDT) discharges or relocates residents as soon as an appropriate care unit is available, generally within one month.</p>			
<p><b>Rehabilitation Unit</b></p> <p>The Rehabilitation Unit is comprised of residents requiring a SNF level of care that is more rehabilitation focused (SNF Rehabilitation), and of patients requiring intensive rehabilitation (Acute Rehabilitation).</p>	<p>For SNF Rehabilitation or Acute Rehabilitation:</p> <ul style="list-style-type: none"> <li>• Presence of one or more major physical impairments that significantly interfere with the ability to function, and that require an intensive inter-disciplinary clinical approach to effectively improve functional abilities.</li> <li>• Patient must be medically stable.</li> <li>• Patient requires rehabilitation physician (i.e., physiatrist) management.</li> <li>• Patient requires the availability, or supervision, of rehabilitation nursing 24 hours daily.</li> <li>• Patients must have at least two of the following for admission to Acute Rehabilitation, or at least one of the following for admission to SNF Rehabilitation:                             <ul style="list-style-type: none"> <li>– Impairment in activities of daily living.</li> <li>– Impairments in mobility.</li> <li>– Bladder/bowel dysfunction.</li> <li>– Cognitive dysfunction.</li> <li>– Communication dysfunction.</li> <li>– Complicated prosthetic management.</li> <li>– Other medical problems best addressed on the Acute Rehabilitation Unit.</li> </ul> </li> </ul> <p><b>Admission criteria specific to Acute Rehabilitation:</b></p> <ul style="list-style-type: none"> <li>• Patient requires, and has the ability to engage in daily, three hours of at least two of the following therapies:</li> </ul>		

<b>Skilled Nursing Facility: <i>Laguna Honda Hospital and Rehabilitation Center (LHH)</i></b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
	physical therapy, occupational therapy, and/or speech therapy. <ul style="list-style-type: none"> <li>• Patients must have a reasonable plan for discharge back into the community.</li> </ul> <p><b>Admission criteria specific to SNF Rehabilitation:</b></p> <ul style="list-style-type: none"> <li>• Patient requires and has the ability to engage in at least one of the following therapies: physical therapy, occupational therapy, and/or speech therapy.</li> <li>• Patient must have a reasonable plan for functional improvement to achieve discharge back into the community, or relocation to a long-term care unit.</li> </ul>		
<p><b>Positive Care Unit (HIV/AIDS Unit)</b></p> <p>The Positive Care Unit provides SNF level of care for patients with HIV/AIDS.</p>	<ul style="list-style-type: none"> <li>• Patients requiring SNF level of care who are receiving anti-HIV therapies, prophylaxis, or treatment of HIV-related complications, or have intercurrent medical problems, or</li> <li>• Patients who need palliative care and prefer an HIV/AIDS focused unit.</li> </ul>		
<p><b>C2 Hospice and Palliative Care Unit</b></p> <p>The C2 Hospice and Palliative Care Unit provides SNF level care for patients reliably diagnosed as having a terminal disease with a prognosis of weeks to months (generally six months or less).</p>	<ul style="list-style-type: none"> <li>• The patient can benefit from a Hospice environment.</li> <li>• The patient and/or surrogate are informed of the diagnosis and prognosis, and understand that medical treatment will be palliative.</li> <li>• A “No CPR” status has been discussed and ordered before the admission. The resident/family should not desire, and the care plan should not include, frequent physiologic monitoring, biomedical testing, or life-sustaining interventions.</li> <li>• The patient’s physician must communicate verbally with the Hospice physician in order to ensure that Hospice admission is appropriate, and that all pertinent medical data will be available.</li> </ul>		
<p><b>Secure Dementia Units</b></p> <p>The goals of the secure Dementia Units are:</p> <ul style="list-style-type: none"> <li>• To promote the well-being and protect the health and safety of</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulatory residents with serious cognitive impairment and a likelihood of unsafe wandering or elopement.</li> </ul>	Specific to Secure Dementia Units: <ul style="list-style-type: none"> <li>• Residents with assistive devices likely to pose a risk to other frail, demented residents, or whose aggressive behavior cannot be safely managed in</li> </ul>	



<b>Skilled Nursing Facility: <i>Laguna Honda Hospital and Rehabilitation Center (LHH)</i></b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
cognitively-impaired residents who might harm themselves by wandering or elopement. <ul style="list-style-type: none"> <li>To meet the needs of cognitively impaired residents with a stable and structured environment specializing in dementia programming, while minimizing use of individual restrictions and/or restraints.</li> </ul>		this setting.	

<b>Skilled Nursing Facility: <i>San Francisco General Hospital 4A SNF</i></b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
<b>4A</b>  SFGH 4A provides short stay SNF care for patients.	<ul style="list-style-type: none"> <li>Patients must meet the standard criteria for admission to a skilled nursing facility (see bulleted text on page 16).                             <ul style="list-style-type: none"> <li>4A provides a broad range of clinical services, with the exception of those noted under “Management Thresholds” (see below).</li> <li>4A has access to the Psychiatric Liaison Consult Service for assistance in developing care plans for challenging patients, as needed.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Unstable parenteral pain management.</li> <li>Manipulation and replacement of suprapubic catheters.</li> <li>Suctioning requirements with frequency greater than 6–8 hours.</li> </ul>	<input checked="" type="checkbox"/> Transitional <input type="checkbox"/> Permanent  <ul style="list-style-type: none"> <li>Capacity: 30 beds located on 1 unit.</li> <li>ADA accessible.</li> </ul>

<b>Skilled Nursing Facility: <i>San Francisco Behavioral Health Center (formerly Mental Health Rehabilitation Facility)</i></b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
The SFBHC/SNF provides continued care for psychiatric patients with medically complex needs. The SFBHC/SNF is a locked facility, specializing in treating patients with severe psychiatric disorders who cannot be safely managed in unlocked settings.  The SFBHC/SNF has a mental health rehabilitation focus with the goal of helping each resident improve his/her function in order to transition to a lower level of care.	<ul style="list-style-type: none"> <li>Ages 18 and older.</li> <li>Diagnosis is DSM IV Axis I diagnosis with significant medical issues.</li> <li>In need of 24-hour psychiatric nursing care for behavioral symptoms, including grave disability, which preclude them from being treated at a lower level of care.</li> </ul>	<ul style="list-style-type: none"> <li>Need of acute psychiatric care</li> <li>Medically acute or medically unstable.</li> <li>On felony charges.</li> <li>Danger to self or others, or who need 1:1 supervision, or who require seclusion or restraints.</li> <li>Significant dementia requiring a specialized care unit.</li> <li>Need for IV’s, oxygen, or suction</li> <li>Residents with assistive devices require careful screening.</li> </ul>	<input checked="" type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent  <ul style="list-style-type: none"> <li>Capacity: 59 beds located on 2 units.</li> <li>There is no commingling of residents in separate programs.</li> <li>ADA accessible.</li> </ul>

<b>Skilled Nursing Facility: <i>San Francisco Behavioral Health Center (formerly Mental Health Rehabilitation Facility)</i></b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
Patients must meet the standard criteria for admission to a skilled nursing facility (see bulleted text on page 16).			

<b>Sub-Acute Facilities</b>			
<b>Unit Characteristics</b>	<b>Admission Criteria</b>	<b>Management Threshold</b>	<b>Comments</b>
<p><b>Sub-acute Facilities (a.k.a. “Freestanding Skilled Nursing Facility Subacute Care”)</b></p> <p>Sub-acute Facilities are licensed and certified skilled nursing facilities that meet additional standards of participation to provide sub-acute care services.</p> <p>Sub-acute Facilities provide a full range of services to catastrophically ill and injured individuals who no longer require acute hospitalization, but whose medical needs may not be manageable in a typical SNF setting. Sub-acute care uses life sustaining technologies in a skilled nursing environment to provide rehabilitation, medical management, restorative care, and/or nursing for medically complex individuals.</p>	<ul style="list-style-type: none"> <li>• Patients must meet the standard criteria for admission to a skilled nursing facility (see bulleted text on page 16).</li> <li>• In addition, other criteria for admission may apply:                             <ul style="list-style-type: none"> <li>– Ventilator dependency and weaning.</li> <li>– IV antibiotic therapy.</li> <li>– TPN.</li> <li>– Tube feeding (nasogastric or gastrostomy).</li> <li>– Pain management.</li> <li>– Extensive new tracheostomy care that requires suctioning and weaning.</li> <li>– Extensive wound management</li> <li>– AIDS-related conditions with need of extensive medical treatments.</li> </ul> </li> </ul>		<input checked="" type="checkbox"/> Transitional <input checked="" type="checkbox"/> Permanent