

# THE MENTAL HEALTH BOARD OF SAN FRANCISCO ANNUAL REPORT



## THE PERFORMANCE AND NEEDS OF SAN FRANCISCO'S MENTAL HEALTH SYSTEM

FISCAL YEAR  
2011-12

Presented to the Board of Supervisors of the City and County  
of San Francisco  
June 26, 2012

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## TABLE OF CONTENTS

<b>THE MISSION OF THE SAN FRANCISCO MENTAL HEALTH BOARD.....</b>	<b>1</b>
<b>THE MISSION OF THE CALIFORNIA MENTAL HEALTH PLAN.....</b>	<b>1</b>
<b>A WORD FROM THE CHAIR: A YEAR OF CHANGE.....</b>	<b>2</b>
<b>COMMUNITY BEHAVIORAL HEALTH SERVICE .....</b>	<b>4</b>
HIGHLIGHTS OF THE YEAR.....	4
California’s Only Public Psychiatry Fellowship at SF General Hospital Dept. of Psychiatry .....	4
Recovery Month.....	4
Surprise SAMHA Grant.....	4
MHSA Housing Program .....	5
Telepsychiatry Newsletter Article .....	6
The Parent Training Institute Won the SAMHSA 2011 Science and Service Award .....	6
Seeking Safety Group Modality Treatment Implementation.....	6
Invitation to Present at the California Drug Utilization Review Board.....	6
i-Ability Vocational IT Training Program (RAMS, Inc.).....	7
San Francisco Trauma-Focused CBT Initiative for Children and Youth.....	7
MHSA Awards Recipients .....	7
MHSA Innovations Updates: 12N Project .....	8
Ken Epstein named as Director for the Children, Youth and Families' System of Care.....	8
San Francisco's Behavioral Health Court is 10 Years Old .....	8
Bayview Hunters Point Found. for Comm. Improvement, Inc. Strengthening Families Program.....	8
CBHS 2010-2011 Client Satisfaction Survey.....	9
Trainings.....	11
<b>STATE AND NATIONAL LEVEL EVENTS AND LEGISLATION .....</b>	<b>11</b>
California governor signs ban on caffeinated beer into law.....	11
National Substance Abuse Prevention Month, October 2011 .....	12
Governor Brown signed bill to prohibit self-serve checkout of alcoholic beverages .....	12
Harm Reduction-related Legislation signed by Governor Brown .....	12
Update on Realignment and Restructuring of State DMH and ADP .....	13
Specific Changes for DMH.....	13
The Governor’s budget proposals for community mental health: .....	14
Specific Changes for ADP .....	15
The Governor’s budget proposals for substance use disorder services:.....	15
<b>FISCAL YEAR 11-12 ANNUAL REPORT: GABHS FOR GALS.....</b>	<b>15</b>
2011-2012: Four Years and Counting.....	15
What is GABHS for Gals?.....	15
What are “Gender Appropriate and Culturally Competent Services?” .....	16
Accomplishments During FY 11-12:.....	16
<b>MENTAL HEALTH BOARD PRIORITIES AND ACCOMPLISHMENTS 2011-12 .....</b>	<b>17</b>
Summary of FY 2011-12 Presentations: Monthly meetings July 2011 - June 2012.....	17
July 13, 2011: SF General Hospital Psychiatric Emergency Services Policies and Procedures.....	17
September 14, 2011: Mental Health Association .....	17
October 12, 2011: Jail Psychiatric Services.....	18

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November 9, 2011: Family Mosaic Project .....	18
December 3, 2011: Annual MHB Retreat’s Selection of Goals & Priorities for 2012 .....	18
January 11, 2012: Meet and Greet Chief Kenton W. Rainey, Bart Police Department.....	19
February 8, 2012: Update on Community Mental Health Certificate Program.....	19
March 8, 2012: Overview of Public Meeting and Public Record Laws,.....	20
April 11, 2012: Impact of Violence on the Mental Health of Youth in the Southeast Sector of SF .....	20
May 9, 2012: Board members shared their experiences with the mental health system.....	20
June 13, 2012: Supportive Housing Overview .....	20
Program Reviews.....	21
<b>ABOUT THE SAN FRANCISCO MENTAL HEALTH BOARD .....</b>	<b>22</b>
Composition.....	22
Duties & Responsibilities.....	22
Mental Health Board Members During FY 2011-12 .....	23
Mental Health Board Member Bios .....	24

# The Mental Health Board of San Francisco Annual Report

## THE PERFORMANCE AND NEEDS OF SAN FRANCISCO'S MENTAL HEALTH SYSTEM

### THE MISSION OF THE SAN FRANCISCO MENTAL HEALTH BOARD

The Mental Health Board of San Francisco represents and ensures the inclusion of the diverse voices of consumers, citizens, and stakeholders in advising how mental health services are administered and provided.

Through its state and city mandates, the Mental Health Board advises, reviews, advocates, and educates; with the aim of having that advice integrated, incorporated, and reflected in implementation of mental health policy; with the ultimate goal of ensuring quality mental health services.

Adopted October 12, 1994

### THE MISSION OF THE CALIFORNIA MENTAL HEALTH PLAN

The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

Adopted as part of the Bronzan-McCorquodale Act of 1991.

## A WORD FROM THE CHAIR: A YEAR OF CHANGE

San Francisco Community Behavioral Health Services (CBHS) has consistently focused on the Wellness and Recovery Model of treatment for the past several years and the effect of this focus has changed the culture of community programs. As part of this focus more and more Consumers and Family Members have received training to work as case managers for many programs. When a consumer is reaching out for help it can be very empowering to work with another consumer who has already overcome many hurdles in his or her recovery and can truly relate to the challenges faced by a person just starting the process.

The Community Mental Health Certificate's first graduating cohort was comprised of 15 graduates who walked across the stage on May 25, 2012 at the Diego Rivera Theater of City College of San Francisco. Four graduates became employed during their internship placement and all graduates have made significant contributions to the work in the community. The current cohort has 26 students who will begin internship in the Fall of 2012. The CMHC continues to infuse the latest developments of wellness and recovery into their curricula.

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s has developed a Working Definition of Recovery:

Recovery from Mental Disorders and Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- Home: a stable and safe place to live;
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: relationships and social networks that provide support, friendship, love, and hope.

Mental health disorders are real, common and treatable. Studies show that nearly 1 in 5 individuals in California report needing help with a mental or emotional health problem. Compared to the general adult population, those with mental health needs had higher rates of chronic diseases such as high blood pressure, heart disease, diabetes and asthma. Emphasizing prevention and early intervention — a “help first” rather than “fail first” approach — is fundamental to saving lives and money by increasing productivity in school, work, family and other life domains for those most at risk.

I know the Mental Health Board will continue to support CBHS in its Wellness and Recovery goals.

I am pleased to also share that CBHS hired a former board member, a family member, LaVaughn Kellum King, under the MHSA as a San Francisco City employee. She will focus on the area of mental illness stigma in Bayview Hunter's Point and Visitacion Valley clients. She will direct the program, Reducing Stigma in the South East (RSSE, pronounced “rise”). I believe that the hiring of Ms. King comes out of her years of work on the Mental Health Board and as a Peer Family Advocate to bring attention to the needs of the Southeast Sector. For the past several years, along with Carletta Jackson-Lane, Executive Director of Sojourner Truth Foster Care Services, Ms. King has co-chaired the Community Wellness Partners. Community Wellness Partners was

formed when Ms. King was on the board because the issue of adequate services and funding to the Southeast Sector has been a strong priority.

RSSE is an MHSA Innovations program. Its main goal is to reduce stigma and increase mental health awareness in the South East corridor of San Francisco. This programs aims at engaging the faith-based organizations and families in Bayview/Hunter's Point, Visitacion Valley/Sunnydale. Services will include peer-based support groups for family members and consumers. Workshops will be ongoing and based on residents specify needs as they relate to mental health. RSSE will have peers/consumers to present to churches, community-based organizations, and families. Additionally, they will work with faith-based organizations and families to increased mental health awareness and decrease stigma. This program will also provide advocacy and support for families in the south east of SF.

DPH/CBHS prepares for Public Safety Realignment under the provisions of AB 109. DPH/CBHS has been working collaboratively with other City and County partners in the implementation of the Public Safety Realignment Act (AB 109). This act is an effort to address overcrowding in California's prisons and assist in alleviating the state's financial crisis. AB 109 transfers the responsibility for supervising specified lower level inmates and parolees from California Department of Corrections and Rehabilitation to counties. Implementation began on October 1, 2011. Realigning lower level offenders will allow for counties to utilize different, evidence-based approaches with this population and impact recidivism. San Francisco's plan includes day reporting centers; collaborative courts; mental health and substance abuse treatment; and educational and work training programs. DPH/CBHS will continue to be a part of the Community Corrections Partnership. The Mental Health Board will continue to watch over this process to insure that people do not fall through our safety nets.

Sincerely,

Minda Lara Arguelles, Chair

## COMMUNITY BEHAVIORAL HEALTH SERVICE

### HIGHLIGHTS OF THE YEAR

The new fiscal year started off strong with only \$316,000 in cuts due to Mayor Ed Lee's decision to fully restore programs that have less than \$1 million in overall funding. The process for working with departments and their budgets has been much smoother and less stressful for both providers and clients than in past years when large, across the board cuts were required and programs had to plead with the Board of Supervisors for restoration of funding.

All programs within Community Behavioral Health Services (CBHS) are now using the Avatar system to track clients and their information. Programs have had to adjust to the new system, but it does allow much more effective tracking of clients using the system and meeting the needs of clients.

CBHS has strongly supported hiring peer specialists for its programs over the past five years. Mental Health Service Act (MHSA) funding has been the source of funding to train and place people in programs. In the Fall of 2011, a collaborative program between Richmond Area Multi-Services, Inc. (RAMS) and San Francisco State University (SFSU) started a Peer Specialist Mental Health Certificate Program. The primary goal of the Certificate program is to prepare consumers of community behavioral health services or family members with the basic skills and knowledge for entry-level peer specialist/counseling roles in the community behavioral health system or to further their career in the field.

#### **California's Only Public Psychiatry Fellowship at SF General Hospital Dept. of Psychiatry**

In July 2011, with the support of the San Francisco Community Behavioral Health Services (CBHS), the UCSF/SFGH Department of Psychiatry launched its first Public Psychiatry Fellowship — the only active Public Psychiatry Fellowship in the State of California, as well as in the western United States.

This one year fellowship is built around clinical care activities in an existing CBHS community psychiatric service program and a seminar series dedicated to building a knowledge base specific to Public Psychiatry. Fellows learn about the history and organizational structure of public psychiatry, program development, effectiveness and advocacy. Fellows are also expected to prepare an evaluation or quality assurance project focused on improving some aspect of care at their clinical care assignment. The Fellowship looks for candidates who are strongly committed to the role of psychiatrists as physicians caring for the chronically and seriously mentally ill.

#### **Recovery Month**

September was Recovery Month supporting people's recovery from Mental Health and Substance Abuse Disorders. Prevention works, treatment is effective and people recover to live happy, healthy and rewarding lives.

#### **Surprise SAMHA Grant**

CBHS received a surprise grant from the Substance Abuse Mental Health Administration (SAMHA) for the Integrated San Francisco Primary Care Behavioral Health (SFPBHCI) in the amount of \$1,893,939. The four-year funding will provide an integrated primary and behavioral health care to indigents, and to people with serious behavioral health issues.

Over the course of four years, the grant will function with allocations of \$473,485 per year. The funding will provide integrated primary and behavioral health care, care management and wellness programs to seriously mentally ill (SMI) clients previously unconnected to primary care and at high risk for chronic

conditions such as metabolic syndrome, diabetes, HIV, TB and hepatitis C. SF PBHCI will serve a culturally diverse group of indigent and uninsured SMI clients, many of whom will be homeless or marginally housed. Clients will receive primary care and wellness services in the mental health setting with an emphasis on preventive screening and self-management of chronic conditions. The SF PBHCI initiative will ensure that seriously mentally ill clients become connected to a full-scope, person-centered, culturally competent healthcare home, thus reducing dependence on emergency services, improving chronic conditions self-management, and improving the overall health status of persons with SMI. The project will be a partnership between two divisions of the San Francisco Department of Public Health: Community Behavioral Health Services and Community Oriented Primary Care. The services site will be South of Market Mental Health Services (SOMMHS), with outstationed medical staff from Tom Waddell Health Center, one of the nation's leading providers of primary care for homeless and formerly homeless individuals. A total of 250 unduplicated clients will be served in the first year (550 over the course of the four-year grant).

### **MHSA Housing Program**

#### **DRS. JULIAN AND RAYE RICHARDSON APARTMENTS**

Opened the fall of 2011, at Fulton and Gough, the new five story building includes 120 studio units of housing for extremely low income, formerly chronically homeless individuals. Twelve units will be reserved for the MHSA Housing Program. The UCSF Citywide Case Management team will work with DPH Housing and Urban Health Clinic (HUHC) and three MHSA adult Full Service Partnerships (FSPs) to provide the residents with integrated recovery and treatment services.

#### **AARTI HOTEL**

In 2009, Larkin Street Youth Services was awarded an MHSA contract to expand their Routz program, which provides housing and wraparound support services for transitional age youth (TAY) with mental health needs. With capital funding from the Mayor's Office of Housing and MHSA, Larkin partnered with Tenderloin Neighborhood Development Corporation (TNDC) to renovate the 40-unit Aarti Hotel located at Leavenworth and Ellis. The Routz program's capacity to house TAY (ages 18 to 24) will more than double when youth begin moving into the Aarti Hotel this fall.

#### **VETERANS COMMONS**

The 9-story building on Otis Street will include 76 studio units, eight of which will be reserved for veterans who qualify for the MHSA Housing Program. The development will include space for intensive supportive services designed to build community and stability among residents, including space for counseling, group meetings, case management, and social activities. The property will be managed by Swords to Plowshares (STP) and Chinatown Community Development Center (CCDC).

#### **PROJECTS IN THE PIPELINE**

The MHSA Housing Program will also have units in Direct Access to Housing (DAH) developments at Transbay Terminal (block 11A) and 220 Golden Gate (previously the YMCA).

Phelan Loop, new construction project will include 70 units of housing for families and transitional aged youth (TAY). The building will consist of a mix of studios, 1, 2, and 3-bedroom units available to residents making no more than 20% to 50% of the area median income. Six of the project's 25 TAY units will be reserved for the MHSA Housing Program.

### **Telepsychiatry Newsletter Article**

There is a new program being developed at CBHS to bring broad and efficient access to Psychiatric Consultation to DPH Primary Care clinics citywide. An interactive network of high-speed, high-definition video units will be installed at Primary Care clinics to provide a direct link between the Primary Care clinics and CBHS Consultants. The video units enable interaction between the PC clinic and the Consultant in a videochat format, in realtime and with excellent technical quality. Establishing the network and installing the video monitors represents a unique collaboration between SFDPH and UCSF.

The Tele-Psychiatry Program has had a year-long successful pilot project with Maxine Hall Health Center. Beyond allowing the Primary Care providers and the Psychiatric consultants to remain at their respective sites, timely access to consultation will be improved, while still preserving subtleties of non-verbal communication. Over the course of the next year, the Program will roll-out to additional DPH clinics.

The Psychiatry Consultation Program is part of a much larger initiative to improve access to many medical specialties for DPH Primary Care Clinics throughout San Francisco.

### **The Parent Training Institute Won the SAMHSA 2011 Science and Service Award**

The Parent Training Institute (PTI) is a specialized program within the San Francisco Department of Public Health that oversees the implementation and evaluation of evidence-based parenting interventions. The parenting interventions are delivered by nonprofit and civil service providers throughout the city and are always free of charge to families. The intent of all PTI activities is to improve child mental health and child welfare outcomes for families in San Francisco, and this work is made possible through blended funding from four family-serving city agencies: the San Francisco Department of Public Health, the San Francisco Human Services Agency, First 5 San Francisco, and the Department of Children, Youth, and Their Families.

Since September 2009 the PTI has overseen the rollout of Triple P Parenting, a multi-level parenting intervention intended to increase parental confidence and competence. The success of the Triple P program has led to its expansion throughout San Francisco, and to date 47 Triple P groups (Levels 4 and 5) have been delivered in three languages to 443 parents, affecting 804 children.

The PTI's Triple P outcomes are evaluated in three domains: child behavior problems, parenting practices, and parental stress. An analysis of variance (ANOVA) found pretest to posttest change to be statistically significant in all three domains. Additionally, an analysis of co-variance (ANCOVA) confirmed the slopes of change were equivalent across four ethnic groups, indicating that the Triple P program is equally effective for ethnically diverse parents. These results demonstrate that carefully and collaboratively implemented practices yield the outcomes that diverse families want: fewer disruptive child behaviors and a more effective, less stressful parenting experience.

### **Seeking Safety Group Modality Treatment Implementation**

An intensive two day training by Gabriela Grant was held in October 2011 for a select group of clinicians from both Adult and Children's programs who have volunteered out of interest and desire to implement Seeking Safety groups at their respective agencies and learn an effective best practice model for working with clients dealing with Trauma and Substance abuse. There will be quarterly consultation meetings for one year to help agencies/group facilitators with the implementation and maintenance process.

### **Invitation to Present at the California Drug Utilization Review Board**

San Francisco received the honor of being invited to present its performance improvement project (PIP) aimed at reducing the usage of multiple antipsychotics to the California Drug Utilization Review (DUR) Board in

Sacramento, in November 2011. The aim of the project was to reduce the prevalence of multiple antipsychotic prescribing without any adverse outcomes to clients. The main interventions used to achieve this objective involved raising awareness about the prevalence and dangers of multiple antipsychotic prescribing. After one year, 38% of prescribers discontinued use of multiple antipsychotics with no adverse impact on clients, as measured by symptom severity on the Brief Psychiatric Rating Scale (BPRS) pre and post, and the rate of utilization of crisis services.

### **i-Ability Vocational IT Training Program (RAMS, Inc.)**

Maintaining its strong commitment to job development for consumers, RAMS Hire-Ability, a CBHS funded program expanded their i-Ability Vocational IT Training program. There are three separate program tracks, each one offering consumers the opportunity to obtain on-the-job training and work experience in a structured program, under the guidance of a trainer. Each consumer is also assigned a Vocational Rehabilitation Counselor. The HelpDesk training program is the first track, which began in July 2011 (piloted Spring 2011) and operates on a nine-month cycle. This track is focused on responding to calls and providing customer service by answering the phones at the SFPDH Avatar Helpdesk hotline. Consumer trainees are the first point of contact, resolving many simple requests and triaging more complicated issues to the CBHS Avatar Analysts.

The second track, DeskTop Support, started in April 2012 and trained consumers to provide technical support for computer hardware and software, also in partnership with CBHS. The third track under development is related to the launch of Avatar's Consumer Connect. This i-Ability track utilizes the train-the-trainer model with consumers providing training and support to their peers on navigating through the Consumer Connect web platform.

Funded by the Mental Health Services Act (MHSA), the primary goals of these i-Ability training tracks are to provide high quality designated IT support services, and engage consumers for improved emotional/physical well-being & quality of life, positive engagement in the community, increase self-sufficiency, and to obtain & retain competitive employment for entry-level roles in various technology related career fields. The target populations are San Francisco residents including transitional age youth and adults & older adults aged 18 and over who have personal experience receiving services from CBHS systems of care.

### **San Francisco Trauma-Focused CBT Initiative for Children and Youth**

As part of the Violence Prevention Initiative in partnership with SF JPD and DCYF, SF DPH CYF System of Care launched the San Francisco Trauma-Focused CBT Initiative for Children and Youth. TF-CBT is an evidence-based practice that treats the symptoms associated with chronic trauma exposure. TF-CBT has been shown to be effective in reducing symptoms in 80% of children and youth who receive the intervention. Twelve CYF SOC agencies that offer services citywide have been trained to provide TF-CBT as an individual and group intervention.

### **MHSA Awards Recipients**

The very 1st MHSA Awards Ceremony to honor the achievements and recovery of recipients of MHSA services took place on October 14th, 2011 at the 1st Unitarian Church in San Francisco. It was an amazing event: 92 individuals were recognized, as were 3 different MHSA-funded organizations. The entertainment was provided by talented and committed individuals, and dedicated volunteers provided all the planning for the event, most of them consumers.

### **MHSA Innovations Updates: 12N Project**

Chapter 12N of the San Francisco Administrative Code requires all City departments to provide lesbian, gay, bisexual, transgender sensitivity and anti-stigma training to all staff who have direct contact with youth, or whose work directly affects youth.

Goals of 12N Project are to develop a youth-inspired training video on LGBTQ sensitivity issues, supporting documents, and pre/post evaluation. All SF City and County employees who provide direct services to youth or whose work affects youth will be required to watch this video on a yearly basis.

The 12N Planning Committee has identified Bayview Hunters Point Center for Arts and Technology (BAYCAT) as the best organization to develop a youth inspired video product. BAYCAT and 12N committee will recruit 8-12 LGBTQ youth who will work on various aspects of production including, but not limited to: dialogue/scripting and perhaps acting. Additionally, all youth will receive stipends for their participation. This training video will pilot with youth and providers at CHPY clinics, then roll-out at CBHS, DPH and other agencies.

### **Ken Epstein named as Director for the Children, Youth and Families' System of Care**

Community Behavioral Health Services is pleased to announce that Ken Epstein will be the Director for the Children, Youth and Families' System of Care. Ken will be part of CBHS's executive team. He has a MSW from UC Berkeley and is in the process of obtaining his Ph.D. from Smith College. Ken comes to CBHS with a great deal of experience and a wealth of knowledge. During his 18 year career, he has been an Executive Director, Chief of Programs, Clinical Manager, teacher, and therapist. Most of this experience was gained in children, youth and families programs in San Francisco.

### **San Francisco's Behavioral Health Court is 10 Years Old**

Since its launch in 2002, 251 defendants have graduated from Behavioral Health Court (BHC) and, at any given time, there are roughly 130 defendants in the program. Over the last 10 years, BHC has been the subject of several studies that have supported the effectiveness of this innovative program. Highlights of these studies include a 26 percent reduction in the probability of a new criminal charge and a 55 percent reduction in the probability of a new violent crime in the 18 months after entering the program. Additionally, participants saved the criminal justice system over \$10,000 during the first year of BHC as compared to the previous year. In the last year, BHC has focused its efforts on training the Judges and legal counsel about BHC by distributing program eligibility guidelines. We have also responded to concern about participants' knowledge and understanding of the program by creating and distributing a client handbook.

### **Bayview Hunters Point Found. for Comm. Improvement, Inc. Strengthening Families Program**

Bayview Hunters Point Foundation's families have embraced Strengthening Families Program. When the families step through the doors of Bayview Hunters Point Youth Services, they are welcome with open hands and warm hearts. The smell of home-cooked meals prepared by BVHP staff welcomes them.

The parents that attend Strengthening Families Program come with different kinds of issues, from drugs and alcohol to homelessness, joblessness or hopelessness. Most of the time, parents are struggling to connect with their youth because of the challenges they face in their daily lives.

Many of the youth served have emotional issues and are not living with their parents/guardians. Some of the students do not have substance abuse issues but they come in needing support in school and helping them connect with their family. SFP provides younger children with activities that relates to the curriculum of the youth and parents.

Strengthening Families Programs have helped families reconnect. Families are in need of advocates to help direct them with resources and support. Program team leaders in the next cycles will provide college and career counseling for current and previous SFP families.

**CBHS 2010-2011 Client Satisfaction Survey**

CBHS is pleased to congratulate the long list of programs achieving a high level of client satisfaction in the most recent survey. In addition to the obviously link to service quality, a positive client experience is one of the central tenets of the Affordable Care Act (i.e. health care reform), and positions these CBHS program well to thrive during the changes in the coming years.

*Program Grouping Category: Programs with over 90% Satisfaction*

**Alcohol & Drug, Adult, Ancillary**

- 99049 Homeless Prenatal Programs New Beginnings
- 88049 Homeless Prenatal Programs Dependency Drug Court

**Alcohol & Drug, Adult, Methadone**

- 38163 Bayview Hunters Point Methadone Detox
- 89233 BAART Behavior Health Services PHC Market Methadone Detox
- 73134 DSAAM/SFGH – Opiate Treatment Outpatient Program
- 38824 DSAAM Office Based Opiate Treatment – Tom Wadell Health Center
- 38364 Fort Help Methadone Maintenance Bryant Street
- 83134 DSAAM/SFGH OTOP Methadone Maintenance ISIS
- 71134 DSAAM OTOP – Methadone Van
- 38164 Bay View Hunters Point Methadone Maintenance

**Alcohol & Drug, Adult, Other 24 Hour Service**

- 88077 Walden House Satellite Residential

**Alcohol & Drug, Adult, Outpatient Treatment**

- 00701 Curry Center Older Adults Counseling
- 89201 Haight Ashbury Free Clinic BASN Outpatient
- 38371 Asian American Recovery Service Project ADAPT
- 89051 San Francisco Aids Foundation – Stonewall Project Outpatient
- 85351 Walden House – Integrated Mentally Health & Substance Abuse
- 88011 Sage Star Outpatient

**Alcohol & Drug, Adult, Residential Detox**

- 88812 Saint Vincent De Paul Howard Street Detox BASN

**Alcohol & Drug, Adult, Residential Treatment**

- 38935 Latino Commission Aviva Children
- 38932 Latino Commission Aviva House, Adults
- 38472 Latino Commission Casa Quetzal

00202 CATS Golden Gate for Seniors

**Mental Health, Adult, Behavioral Health / Primary Care**

Native American Health Center

**Mental Health, Adult, Drop in Center**

MHNRU23 Central City Hospitality House

**Mental Health, Adult, ICM**

3822A3 Family Service Agency Adult Full Service Partnership Outpatient

**Mental Health, Adult, Other 24 Hour Service**

38081 Progress Foundation - La Posada Crisis Residential

**Mental Health, Adult, Outpatient Services**

38CC3 Haight Ashbury Free Clinics Outpatient

38BH02 HIV Mental Health Case Management

38BG3 Sage Project Inc.

38033 Team II Adult Outpatient Services – Monterey

38483 Southeast Mission Geriatric – Outpatient

38AV4 Westside CalWorks Counseling – RAMS

38183 Instituto Familiar De La Raza

38AV3 Westside CalWorks Counseling

38223MH Family Services Agency Geriatric Outpatient

38BF3 Asian American Recovery Service – Project Adapt Mental Health

**Mental Health, Child, Behavioral Health / Primary Care**

Dimensions

**Mental Health, Child, Day Services**

38DD2 St Vincent Day Treatment

88592 Oakes Children’s Center Day Treatment

**Mental Health, Child, ICM**

3874C3 Family Mosaic Project Chinatown Child Development Center MHSA

3801C3 Family Mosaic Project Mission Family Center MHSA

3801OP Family Mosaic Project Mission Family Center

**Mental Health, Child, Outpatient Services**

38GJ2 Center for Juvenile & Criminal Justice Community Options for Youth

885815 Edgewood EPSDT A3632 Clinic

382201 Family Services Agency Full Circle Family Program Outpatient

38C83 Infant Parent Program – IPP Childcare

38C81 Infant Parent Program – IPP Homeless

38182	Instituto Familiar De La Raza Child Care 2
3818SD	Instituto Familiar De La Raza SED
38BN3	Mount Saint Joseph – Saint Elizabeth
389404	Richmond Area Multi-Services Fu-Yau EPSDT
38CQ6	Seneca Connections MTFC Placement
38HROP	SF Child Abuse Prevention Center
89007	Westside Ajani
38BVC3	YMCA Trauma & Recovery Services
38826	Sunset Mental Health – Children Outpatient
38C51	CASARC Outpatient Services
38CQ5	Seneca Connections TBS
38BB3	South East Child & Family Center 2
38C84	Infant Parent Program – IPP SED/psyc
381810	Instituto Fam De La Raza, IHBS / EPSDT
38456	South East Child & Family Therapy Center
38C72	UCSF Child & Adolescent Psychiatry EPS
38016	Mission Family Center
988593	Oakes Children’s Center EPSDT

### Trainings

- Health Reform and San Francisco's Safety Net
- Healing the Soul Wound: Counseling with American Indians and other Native Peoples
- Opioid Dependence During Pregnancy: Improving Neonatal and Maternal Outcomes
- Understanding the Impacts of Incarceration on Individuals with Mental Illness
- Legal and Ethical Issues in Providing Mental Health and Substance Abuse Treatment in Multicultural Contexts
- 2012 Problem Gambling Training Summit
- Coping with Hope: HIV and Aging
- Advancing Your MI Skills
- Moving Recovery from Theory to Practice in Outpatient Clinics
- Harm Reduction Supervision: Helping Staff Work with Dually Diagnosed Clients
- Best Practices for the Employment of Consumers and Employees with Disabilities
- Interviewing, Managing And Providing Reasonable Accommodations
- 5150 Certification Workshop

## STATE AND NATIONAL LEVEL EVENTS AND LEGISLATION

### California governor signs ban on caffeinated beer into law

Governor Jerry Brown has signed a bill prohibiting the production and retail sale of caffeinated beer, making California the seventh state to do so. Public health authorities and youth advocates say the beverages are aimed at young people and make it easy to drink at too young an age, and to drink too much at any age. They typically come in large containers, with high alcohol content and sweet, fruity flavors. There have been multiple incidents in which college students drank too many, some requiring hospitalization. The bill recognizes the adverse effects of allowing the alcohol industry to continue to target youth under legal drinking age.

**National Substance Abuse Prevention Month, October 2011**

**A PROCLAMATION BY THE PRESIDENT OF THE UNITED STATES OF AMERICA**

By providing strong support systems for our loved ones, and by talking with our children about the dangers of alcohol and other drugs, we can increase their chances of living long, healthy, and productive lives. During National Substance Abuse Prevention Month, we celebrate those dedicated to prevention efforts, and we renew our commitment to the well being of all Americans.

The damage done by drugs is felt far beyond the millions of Americans with diagnosable substance abuse or dependence problems countless families and communities also live with the pain and heartbreak it causes. Relationships are destroyed, crime and violence blight communities, and dreams are shattered. Substance abuse touches every sector of our society, straining our health care and criminal justice systems.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim October 2011 as National Substance Abuse Prevention Month. I call upon all Americans to engage in appropriate programs and activities to promote comprehensive substance abuse prevention efforts within their communities.

IN WITNESS WHEREOF, I have hereunto set my hand this third day of October, in the year of our Lord two thousand eleven, and of the Independence of the United States of America the two hundred and thirty-sixth.

**Governor Brown signed bill to prohibit self-serve checkout of alcoholic beverages**

Thanks to three years of hard work by groups, organizations, and thousands of concerned individuals, Governor Brown has signed AB 183 (Ma, D-San Francisco), to ban dangerous alcohol sales through self-serve checkout machines in California. All alcohol purchases must take place through a face-to-face encounter with a trained store clerk. That will ensure that underage drinkers and already intoxicated adults will be denied access. Less access means less alcohol-related harm.

**Harm Reduction-related Legislation signed by Governor Brown**

SB 41 (Yee) makes nonprescription sale of syringes standard pharmacy practice in California. The bill eliminates the need for local government and pharmacies to opt into a program in order to sell syringes over the counter and eliminates the need for county health departments to manage programs. It increases the number of syringes that an individual may purchase or possess to 30, and allows syringe possession statewide when syringes have been obtained from a physician, pharmacist or authorized syringe exchange program.

AB 604 (Skinner) permits the California Department of Public Health to authorize syringe exchange programs in areas where conditions exist for the rapid spread of viral hepatitis, HIV or other potentially deadly diseases.

AB 1382 (Hernandez) allows HIV test counselors who are currently authorized to perform HIV tests waived under the Clinical Laboratory Improvement Act (CLIA) to also perform two additional FDA-approved tests: one for hepatitis C virus (HCV), and another which combines tests for both HIV and HCV. This legislation will enable HIV counseling and testing sites to use the new oral rapid HCV and combination HIV/HCV tests when they become available in 2012.

### **Update on Realignment and Restructuring of State DMH and ADP**

Passage of state budget bills last year (including AB100, AB102, AB106, AB109 and AB118, AB 116) and Governor Brown's budget will have a significant impact on the way counties receive funding for local mental health and substance abuse programs, and on how the state organizes and provides oversight for these programs.

The basic principle of the Realignment legislation is that state funding for mental health and substance abuse programs is shifted from State General funds (SGF) to an allocation linked to sales tax revenues. These funds are sent directly to counties to support programs prioritized at the local level, thereby reducing the role of state government in distribution and monitoring of the funding. The legislation also called for many of the functions of the state Department of Mental Health to be moved to the Department of Health Care Services (DHCS), following a stakeholder planning process that took place over the summer. All Medi-Cal (both Short-Doyle and Drug Medi-Cal) funding and administration has been or will be moved to DHCS by July 1, 2012.

The Governor's current proposed budget continues the process of proposing to move the functions of DMH and ADP to other state departments, eliminating both as independent departments that report to the Governor. DHCS has proposed that these two entities be merged into a division of Mental Health and Substance Use Disorders Services Administration within DHCS, lead by a Deputy Director reporting directly to the DHCS Director. Separate subdivisions of Mental Health and of Substance Abuse would report to the Deputy Director.

California's Assembly Bill, AB109 is the state's criminal justice re-alignment legislation. Realignment, in essence, gives another imprisonment option for tens of thousands of non-violent felons. This re-alignment means that for the City and County of San Francisco, we have been expecting 31 post releases from prisons. So far, three of the 12 post releases are already released but these three need mental health services. People who have been released usually need a 30-day supply of medications such as insulin. We just resolved a situation where a gentleman was recently released without his medications.

AB3632 is the second realignment addressing mental health services for San Francisco students with disabilities. As of July 1, 2011 we have started treating these students in spite of the State funding being diverted to the San Francisco school district. A memorandum of understanding was communicated by us to the school district about four weeks ago. But, so far, the memorandum is still being reviewed by the school district.

### **Specific Changes for DMH**

For FY 2011-2012, AB100 amends the Mental Health Services Act (MHSA) to allocate, on a one-time basis, funding for the EPSDT program Medi-Cal specialty mental health managed care, and mental health services to SED students. Separate legislation transferred the federal mandate for these services back to school districts.

As of July 1st, 2012, AB 100 and AB102 transfer from DMH to DHCS the state administrative functions for Medi-Cal Specialty Mental Health Managed Care, EPDST, and applicable function related to federal Medicaid requirements. The transition plan for this process was provided to the legislature October 1, 2011; final updates to this plan are due no later than May 15, 2012. This plan included the following issues raised

by stakeholders: 1) That DHCS improve business practices, 2) That DHCS assure access and improve services, and 3) that DHCS ensure stakeholder participation.

**The Governor’s budget proposals for community mental health:**

- Eliminate DMH, transfer specific functions and positions to DHCS and other state departments (details below)
- Establish the Department of State Hospitals to provide long-term care and services to individuals with mental illness at state hospitals
- Provide a permanent funding structure for 2011 Realignment (Medi-Cal specialty mental health managed care plan services and EPSDT)
- **Transfer the following to DHCS:**
  - Financial Oversight
  - Certification Compliance/Quality Improvement
  - County Data Collection and Reporting
  - Co-Occurring Disorders
  - Veterans Mental Health
  - Projects for Assistance in Transition from Homelessness (PATH)
  - Training Contracts- California Institute for Mental Health (CIMH)
  - California Health Interview Survey (CHIS)
  - SAMHSA Block Grant
  - Policy Management
  - Administrative Staff- Accounting
  - IT
  - California Mental Health Planning Council
  - Mental Health Services Act:
    - Financial oversight of MHSAs funds and data collection for FSPs
    - State Level Issue Resolution
    - Statewide Projects (Suicide Prevention, Student Mental Health Initiative, Stigma and Discrimination Reduction Project)
    - Housing Program
- **Transfer the following to the Department of Public Health:**
  - Office of Multicultural Services- Create Office of Health Equity
  - Disaster Services and Response
- **Transfer the following to the Department of Social Services:**
  - Licensing/Quality Improvement (Mental Health Rehabilitation Centers, Psychiatric Health Facilities)
- **Transfer the following to the Department of Education:**
  - Early Mental Health Initiative
- **Transfer the following to the Office of Statewide Health Planning and Development:**
  - MHAS Workforce Education and Training (WET)
- **Transfer the following to the Mental Health Services Oversight and Accountability Commission:**
  - Training Contracts
  - Consumer groups
  - MHAS Technical Assistance
  - MHSAs Program Evaluation

## Specific Changes for ADP

### The Governor's budget proposals for substance use disorder services:

- Provide a permanent funding structure for 2011 Realignment programs (Drug Medi-Cal, No Drug Medi-Cal, and Drug Courts).
- Eliminate ADP and redirect funding and positions to other departments (see below)
- **Transfer the following functions to DHCS:**
  - Administration of SAPT Block Grant and other SAMHSA Discretionary Grants
  - Data Collection, Reporting and Analysis
  - Statewide Needs Assessment and Planning
  - Program Certification
  - Technical Assistance and training
  - Substance Abuse Prevention activities
  - Resource Center
  - Parolee Services Network
- **Transfer the following functions to the Department of Public Health:**
  - Counselor Certification
  - Narcotic Treatment Programs
  - Driving Under the Influence Programs
  - Office of Problem Gambling
- **Transfer the following functions to the Department of Social Services:**
  - Program licensing- residential non-medical AOD treatment services

The State Assembly and Senate Health Committees held a joint hearing to review the proposed restructuring and related budget initiatives on February 21, 2012. Departmental and Expert panels made presentations about the proposals and stakeholder testimony was heard.

## FISCAL YEAR 11-12 ANNUAL REPORT: GABHS FOR GALS

GABHS for Gals

Gender Appropriate and Culturally Competent Behavioral Health Services for Women, Girls, and Families



### 2011-2012: Four Years and Counting...

In June 2012, GABHS for Gals celebrated its fourth anniversary – advocating for women, girls, and families within San Francisco's Community Behavioral Health System for four full years! The most significant contribution has been the inclusion of Gender Responsive to the mission for Community Behavioral Health Services.

### What is GABHS for Gals?

GABHS for Gals is a nickname for the full title of the project: Gender Appropriate and Culturally Competent Behavioral Health Services for Women, Girls, and Families. This year, however, the name was changed to San Francisco Women and Girls Resources. It a special project of the San Francisco Mental Health Board, welcoming participation from a diverse coalition of clinicians, managers, civil servants, mental health workers, health educators, administrators, and consumers. It is committed to advocating for gender appropriate and

culturally proficient services for women, girls, and families in San Francisco's behavioral health system. Started in June 2008, GABHS for Gals has held monthly policy advocacy meetings, inviting group participation in order to work for change to support the needs of women, girls, and families. The group works for change on two parallel tracks: a macro-level track, focusing on systems and policy change, and a micro-level track, committed to supporting clinicians who provide direct service to women, girls, and families.

**What are “Gender Appropriate and Culturally Competent Services?”**

Gender Appropriate and Culturally Proficient Behavioral Health Services is the umbrella term used to describe behavioral health services that both consider and meet the unique needs of women, men, girls, boys, transgender people, and families from all different cultures. Providers are encouraged to consider the complex interactions between biological, social, psychosocial, family, language, immigration, sexuality, geography, and cultural factors when serving each individual. These services may or may not include gender and/or culturally specific services, where services are targeted to only one gender or cultural group. This is in direct contrast to a gender and culturally “neutral” approach to service provision, where the same services are provided to everyone without regard for gender and culture, neglecting the impact of gender and culture on client needs. All health services should be both gender appropriate and culturally competent. To provide the most comprehensive, holistic treatment, providers should encourage their staff to seek training on gender, culture and ethnicity, language, immigration, sexuality, geography, and their interconnections. Clinicians should feel comfortable assessing for these needs and creating treatment plans that reflect this client-centered approach to treatment. San Francisco's Department of Health Community Programs (and specifically Community Behavioral Health Services) should offer ample training opportunities in gender appropriate and culturally competent service provision.

**Accomplishments During FY11-12:**

Ongoing Needs Assessment of Women and Girls in Behavioral Health Programs in Diverse Communities throughout San Francisco. Over the past four years, GABHS for Gals and the San Francisco Mental Health Board have conducted an ongoing needs assessment of women, girls, and families in behavioral health programs in diverse communities in San Francisco utilizing fellows from Coro and interns from local colleges. The goal of these Needs Assessments are to develop a more nuanced understanding of what it means to provide gender appropriate and culturally competent behavioral health services for diverse communities throughout San Francisco. GABHS for Gals hoped to learn from local experts about the demographics of the women and girls in these communities, best practices and strengths of current programs providing behavioral health services to women, girls and families, and the unmet needs of women, girls, and families being served in these communities.

During the summer of 2011, a Coro Youth Fellow, a high school sophomore, interviewed girls in nearly 20 programs that served girls in a variety of ways to find out about the current issues that concern girls in San Francisco. Some of the programs specifically served girls with mental health or substance abuse issues but many just provided support to girls. Girls are struggling with significant body image issues and multiple stressors from family issues to the challenges of education.

Maru Salazar, Public Policy B.A. candidate at Mills College completed the second phase of her graduate thesis focusing on best practices and recommendations for working with women and girls. She found that there are a limited number of providers for women and girls and those that exist have inconsistent practices.

In her first report, Ms. Salazar found five common themes among women and girls service need and gap with the following features:

SERVICE NEED AND GAP	KEY FEATURE
1. Shame and stigma	Outreach and engagement
2. High incidence of trauma	Trauma-informed services
3. Relationships	Gender-responsive principles
4. Fragmented service coordination	Culturally-relevant
5. Ongoing recovery support	Recovery-oriented

The existing research shows that women and girls have different treatment and recovery needs than men and boys. The development and implementation of core competencies that address these service gaps while supporting the professional development of the behavioral health staff will result in the enhanced quality of services and improved health outcomes for women and girls.

Her final report, completed this May, recommends program changes and funding ideas. Implementation recommendations include stakeholder involvement, assessment of organizational readiness for change, incentives and requirements as well as suggestions for selecting a pilot / roll-out approach.

## MENTAL HEALTH BOARD PRIORITIES AND ACCOMPLISHMENTS 2011-12

### Summary of FY 2011-12 Presentations: Monthly meetings July 2011 - June 2012

#### July 13, 2011: SF General Hospital Psychiatric Emergency Services Policies and Procedures

**Synopsis:** Description of Services; Restraint Guidelines, Dr. Mark Leary, Deputy Chief of Psychiatry at San Francisco General Hospital.

**Summary:** Based on 22 years in both the in-patient and out-patient psychiatric units, Dr. Leary described involuntary hospitalizations at Psychiatric Emergency Services (PES). He mentioned that when absolutely necessary, PES includes seclusion and restraints for law-enforcement-escorted 5150 clients. Approximately 30% of clients must be hospitalized for severe psychoses, though stabilization through the day room is preferred. 80%-90% of clients are under the influence of illicit drugs. Use of restraints has decreased by 80% over the years.

Dr. Leary also mentioned that recently PES implemented less confrontational and more patient friendly practices. With the goal to avoid any unnecessary conflicts or power struggles, they practice non-threatening communication to diffuse any tensions and mistrust in agitated patients.

#### September 14, 2011: Mental Health Association

**Michael Gause, Associate Director.**

**Summary:** The Mental Health Association of San Francisco is part of the national Mental Health America (MHA). MHA-SF challenges three types of stigma: self stigma, structural stigma and societal stigma, and its dedicated staff collaborate with community leaders to provide community education and training. Some of MHA-SF programs are SOLVE or Sharing Our Lives, Voices and Experiences, the Institute on Compulsive Hoarding and Cluttering and special mental health seminars. MHA-SF also collaborates with the University of California at San Francisco on PREP or Prevention and Recovery for Early Psychosis in 14-27 years old.

**October 12, 2011: Jail Psychiatric Services**

**Joan Cairns, Director of Jail Psychiatric Services & Tanya Weisheit, LCSW, Director of Jail Aftercare Services Mental**

**Summary:** The presenters mentioned that the San Francisco jail system has involved into the de facto institution for people with mental illness. Punitive measures are counterproductive and costly, and crowded jails cause additional problems. Inmates with mental illness really need access to mental health services and treatments. Population segregation is necessary because inmates with mental illness are easy prey. Mentally ill inmates can receive comprehensive quality care and services from Jail Psychiatric Services (JPS) in the San Francisco General Hospital's psychiatric ward 7D/7L and San Francisco County Jail #2.

The board learned from the presenters that there is an increase in the geriatric population, at least 65 year-old patients, including women with violent charges, in the county jail system. A number of geriatric inmate patients are first timers with Alzheimer' or dementia who are being charged for domestic violence or arson. Geriatric inmates with severely diminishing mental capacity are not always cognizant of their actions so they unknowingly commit a crime.

**November 9, 2011: Family Mosaic Project**

**Jana Rickerson, LCSW, Program Director & Janice Avery, Clinical Director**

**Summary:** Since mental health issues, emotional issues and living conditions are dynamically interrelated, Family Mosaic Projects (FMP) does outreach services for clients in the Bayview Hunter's Point and Mission neighborhood and provides mental health services including addressing peripheral issues such as socioeconomic disadvantages, hoarding, homelessness, emotional abuse, domestic abuse, substance abuse, and community violence!

Although only receiving enough funding for 160 clients, FMP are serving about 300 clients because FMP doesn't just treat a child in isolation without serving that child's parents and siblings too. Since an average Bayview or Mission family has four minor children, if a child experienced community violence so does the child's three siblings. One family of a 27 years old single mother with ten children, for example, has two sets of triplets and two sets of twins. So for this family FMP doesn't treat a child in isolation but FMP simultaneously treats all ten children and the child's mother. FMP's goal is to strengthen families because as everyone is recovering and thriving individually so does the family and the community.

The Mental Health Board was so impressed with Family Mosaic Project that it gave the Project a commendation on February 17, 2012. Board members delivered the commendation to the Director and staff.

**December 3, 2011: Annual MHB Retreat's Selection of Goals & Priorities for 2012**

- **GOAL #1: EDUCATION AND INFORMATION GATHERING**
  - a. Healing traumas, PTSD, and community violence in the SE sector
  - b. Laura's Law
  - c. Sex offenders, sex abuse and SVP -- sexual violence & predator
  - d. SFUSD Programs: mental health first aid for schools
  - e. Sunshine and new technology
  
- **GOAL #2: IMPACT & ADVOCACY OF CRITICAL ISSUES**
  - a. Media exposure
  - b. Board resolutions

- c. Articles
  - d. Supervisor outreach
  - e. MHBSF.org website
- GOAL #3: FOLLOW UP
    - a. Follow up on Goals 1 and 2, revisiting issues at each board meeting
    - b. Follow up on the SF Police Department Crisis Intervention Team

**January 11, 2012: Meet and Greet Chief Kenton W. Rainey, Bart Police Department**

**Summary:** Chief Rainey joined BART in June 2010, and his leadership skills were immediately tested by an encounter with a person with a mental illness that the BART police had to Tase and by another encounter in July 2010. BART officers, along with Oakland Police Officers, were forced to use deadly force against a person with mental illness who supposedly threatened them with a knife. Because of these incidents Mr. Keyes, former Chair of the San Francisco Mental Health Board reached out to Chief Rainey in July 2010 in the form of a letter and expressed his concern about how these incidents were handled. In response to this letter Chief Rainey met with Mr. Keyes and Helynna Brooke and detailed his background with Crisis Intervention Training and his intent to make sure all of his 206 uniformed officers received this training.

**February 8, 2012: Update on Community Mental Health Certificate Program**

**Sal Nunez, PhD, LMFT, Program Director & Rene Charles Celiz, Peer Case Mgt. Team Leader**

**Summary:** The Community Mental Health Certificate Program at City College of San Francisco was developed out of necessity to meet San Francisco's diverse community's needs. The Wellness Recovery Action Program (WRAP) is for individuals who have wanted to develop skills to keep their mental illness manageable so they can be self-reliant and live independently. Part of the WRAP curriculum includes harm reduction and substance abuse to be addressed in wellness and recovery.

Working in teams enhances students' individual contributions; at the same time, students learn to be culturally responsive. Workshops are designed to meet various learning styles because an experiential approach is important to wellness and recovery. Students develop their own recovery methods that speak to their cultures. Completing a 15-week internship is a must for the students. The internships provide a testing ground for students to find their own working niche, so they can position themselves to become gainfully employed when they complete the program. Students demonstrate competency in resume writing, interview skills, and disability issues. The internship is an eight-hour a day, all week position.

The Peer Care Management (PCM) team helps prospective students navigate the college system and the Community Mental Health Certificate Program. Current students check-in regularly with PCM and behavioral health specialists so we can be proactive with students' special needs.

The Community Mental Health Certificate Program collaborates with other community programs. Some of them are Seneca, RAMS, San Francisco General Hospital, Standing Against Global Exploitation (SAGE) A Women's Place, and the Veteran Affairs Department. There's a very low students to faculty ratio so many students appreciate the faculty attention.

**March 8, 2012: Overview of Public Meeting and Public Record Laws,**

**Virginia Dario Elizondo, Deputy SF City Attorney**

*Summary:* Ms. Elizondo counseled board members that the Mental Health Board is a policy body that was created by California law, and the board is governed by two legislations: the California Brown Act and the San Francisco Sunshine Ordinance. She provided an overview of the laws and advice about compliance.

**April 11, 2012: Impact of Violence on the Mental Health of Youth in the Southeast Sector of SF**

**Lena Miller, MSW, Mental Health Board Member, Executive Director, Hunter's Point Family and Girls 2000 & Melody Daniels**

*Summary:* Violence and fear in a community often have a long lasting psychological impact on children, because their minds have not yet matured enough to help them process pain and suffering. Although still too young to understand, and too helpless, these children often have difficulty articulating themselves because they are forced to make fight or flight decisions on a daily basis. There is a strong correlation between chronic exposure to community violence and Post Traumatic Stress Disorder (PTSD) symptomatology.

Bay View Hunter's Point (BVHP) and Visitacion Valley children learn to become aware of community safety at a young age and they feel powerless when violence is prevalent in their community. Usually they become acutely aware of their own safety around 12 years old, and they have to start thinking about exit strategies when they are confronted with violence because the stakes of survival are higher for them. It is life or death! These children have had intimate experiences with death, and how everyone is connected in the community.

Ms. Miller pointed to a lack of social services and funding support for the BVHP community. Since the community has seen so many funerals, they are now being glorified. Kids are getting stuck in an angry stage of grief because no services are available to help them process their grief, so they resort to self-medicating. Alcohol and marijuana are prevalent. More mental health and behavior health services definitely could help.

**May 9, 2012: Board members shared their experiences with the mental health system.**

*Summary:* Mental Health Board members shared their interests and personal experiences with the mental health system.

**June 13, 2012: Supportive Housing Overview**

**Gail Gilman, Executive Director, Community Housing Partnership**

*Summary:* Community Housing Partnership (CHP) builds and rehabilitates supportive housing for formerly homeless youth, adults, seniors, and families who are in need of permanent housing. CHP has housing on Treasure Island and in the Western Addition. Additionally, CHP does property management and onsite tenant based services.

People seeking housing go to 519 Ellis Street for intake services; it takes at least one year to reach the top of the housing waitlist. Eligible individuals still lacking housing then attend a group orientation followed by a financial means screening. Once the verification for paying rent is complete, they go San Francisco Housing Authority to have income verification.

Since 2007, CHP has offered an intensive six-month outpatient substance abuse program in conjunction with mental health services. CHP offers three vocational training programs: Desk Clerk Training, Maintenance Training and Recycling and Environmental Training Awareness Programs (REAP). Only 30% of clients have earned income while 60% of the clients are on Supplemental Social Security Income.

CHP has about 1,000 supportive housing units with a 98% retention rate. It costs CHP about \$10,000 per year to provide housing, but it cost the City of San Francisco about \$25,000 when people are homeless. The 250% difference is due to shelter services, public safety and hospitalization expenses. Also, as long as clients can pay rent, they continue to receive supportive housing. However, when a client is hospitalized or incarcerated and cannot pay rent, that client's supportive housing status is lost. CHP has 300 names on the housing waitlist. Small pets are allowed in CHP housing.

## Program Reviews

Mental Health Board members reviewed the following programs in FY 2011-12:

**AARS LEE WOODWARD COUNSELING CENTER (LWCC)** provides outpatient substance abuse and mental health treatment services to women, specifically with outreach to pregnant women and women with children. Therapeutic childcare is provided on site so the women are able to focus on recovery without worrying about proper care of their children. Group therapy includes mental health process, anger management, domestic violence, grief and loss, depression, 12-step, personal empowerment, creative therapy, life skills and relapse prevention. Services are available M-F, 9:00am - 5:30pm. Evening groups (Psychotherapy and Relapse Prevention) are available on Monday and Friday evenings.

**BEHAVIORAL HEALTH ACCESS CENTER** provides face to face referrals to Community Behavioral Health Services programs. Clients can walk in and obtain a referral.

**EDGEWOOD CENTER FOR CHILDREN AND FAMILIES** provides residential and day treatment for severely behaviorally & emotionally disturbed children ages 5-14 and their families. The 48-bed intensive residential treatment program offers a highly structured, closely supervised treatment milieu. The non-public school provides prescriptive educational services including academic, occupational, speech & art therapies. A 90-day assessment and evaluation setting is available to assess a child's needs. The day treatment program offers day care and therapeutic services including recreation, group, individual, family and milieu therapy. School site mental health and primary intervention services are offered in SF elementary schools. Services to families include case management, training, respite and advocacy to parents, grandparents and extended family members taking care of special needs children. Community-based services offer individualized services for children & adolescents such as therapeutic behavioral services and a shadow program.

**LYON MARTIN HEALTH SERVICES** provides personalized healthcare and support services to women and transgender people who lack access to quality care because of their sexual or gender identity, regardless of their ability to pay. Lyon-Martin Health Services, a registered 501(c)3 non-profit organization, was founded in 1979 by a group of medical providers and health activists as clinic for lesbians who lacked access to nonjudgmental, affordable health care. Named after Phyllis Lyon and Del Martin, feminists and well-known LGBTQ civil rights activists, the clinic soon became a model for culturally sensitive community-based health care. Since 1993, Lyon-Martin also has provided case management and primary healthcare in programs specifically designed for very low-income and uninsured women with HIV.

**MISSION FAMILY CENTER** is an outpatient mental health clinic serving children, adolescents, and families of the Mission, Potrero Hill, and Castro-Noe Valley neighborhoods and the citywide Latino population. Staff are bicultural/bilingual. Modalities include individual, group and family work, with a focus on family-centered treatment whenever possible.

## ABOUT THE SAN FRANCISCO MENTAL HEALTH BOARD

Each of California's 58 counties operates a public mental health system. Under state law each of these systems must have the input of citizen advisors in the form of an official Mental Health Board. Each county may tailor its Board to meet local needs.

### Composition

The San Francisco Mental Health Board has 17 members. Each of our 11 Supervisors makes an individual appointment and the remaining 6 seats are appointed by the full Board, through the Rules Committee. The categories of membership are as follows:

- 5 Consumer Seats
- 6 Family Member Seats
- 3 Public Interest Seats
- 2 Mental Health Professional Seats
- 1 Member of the Board of Supervisors

### Duties & Responsibilities

The Board provides advice on program development, budget prioritization, policy, and strategic planning. The four key duties of the Board members are:

#### 1. Attend the monthly Mental Health Board meetings

This is where resolutions are discussed, debated, and decided. Many of the issues are complicated ones, requiring a great deal of background reading and discussion in preparation for a vote.

#### 2. Serve on a MHB Committee

Each member serves on one MHB Committee, attends its monthly meeting, and participates fully in its work. Committees develop recommendations to send to the full Board. They also plan and carry out special site visits, projects, and events.

#### 3. Conduct Program Reviews

Each member of the MHB must do at least one program review per year. We go out to a mental health program and interview the clients about what's working in the program and what needs to be improved.

#### 4. Attend the Annual Retreat

Once a year, the Board meets all day on a Saturday, which counts as the Board meeting for that month. The purpose of our retreat is to take some time out to pay attention to the larger questions of mission and purpose and to develop our vision and priorities for the coming year.

## Mental Health Board Members During FY 2011-12

**CHAIR**



M. Lara Siazon Arguelles (Seat #13)

FAMILY MEMBER; APPOINTEE OF THE BOARD OF SUPERVISORS

FAMILY MEMBER; APPOINTEE OF THE BOARD OF SUPERVISORS

Ellis Joseph, MBA (Seat #14)



**VICE-CHAIR**

**SECRETARY**



David Elliot Lewis, PhD (Seat #7)

CONSUMER; APPOINTED BY SUPERVISOR ROSS MIRKARIMI



C. Wendy James (Seat #1)

CONSUMER; APPOINTED BY SUPERVISOR JOHN AVALOS



Linda L. Bentley (Seat #4)

PUBLIC INTEREST; APPOINTED BY SUPERVISOR DAVID CHIU

CONSUMER; APPOINTED BY SUPERVISOR SEAN ELSBERND

Alphonse Vinh, MS (Seat #2)



Virginia Lewis, LCSW (Seat #5)



FAMILY MEMBER; APPOINTED BY SUPERVISOR CARMEN CHU

Kara Ka Wah Chien (Seat #3)



CONSUMER; APPOINTED BY SUPERVISOR MALIA COHEN



Noah L. King, III (Seat #6)

PUBLIC INTEREST; APPOINTEE OF SUPERVISOR JANE KIM

**Terence Patterson, EdD, ABPP (Seat #8)**  
 MENTAL HEALTH PROFESSIONAL; APPOINTED BY THE BOARD OF SUPERVISORS  
 PUBLIC INTEREST; APPOINTEE OF SUPERVISOR SCOTT WIENER (ORIG. SUPERVISOR BEVAN DUFTY)

**Alyssa Landy (Seat #9)**  
 FAMILY MEMBER; APPOINTED BY SUPERVISOR ERIC MAR

**Lynn Fuller (Seat #10)**  
 FAMILY MEMBER; APPOINTEE OF SUPERVISOR MARK FARRELL (ORIG. SUPERVISOR MICHELA ALIOTO-PIER)  
 FAMILY MEMBER; APPOINTED BY THE BOARD OF SUPERVISORS

**Lena Miller, MSW (Seat #15)**  
 MENTAL HEALTH PROFESSIONAL; APPOINTED BY THE BOARD OF SUPERVISORS

**Sgt. Kelly Dunn (Seat #11)**

**Errol Wishom (Seat #12)**  
 CONSUMER; APPOINTEE OF THE BOARD OF SUPERVISORS

**Virginia Wright (Seat #16)**

## Mental Health Board Member Bios

**Lara Siazon Arguelles** was forced to move to the United States with her five children because her husband was deported from the Philippines in 1970 before Martial Law. This experience has shaped her volunteer work in agencies that deal with new immigrants to the United States, and provided her with a unique understanding of the issues they face.

Ms. Arguelles' daughter, who was studying at Sorbonne University in Paris during her senior year at UC Berkeley, was hospitalized and diagnosed with Bipolar Disorder. Ms. Arguelles became a strong advocate for mental health services and was appointed by the San Francisco Supervisor's to a Family Member Seat on the San Francisco Mental Health Board. She also trained with the Mental Health Association of San Francisco to be a Mental Health Advocate.

In addition, Ms. Arguelles is the Co-Founder of F.O.R.W.A.R.D. (Families Of Recently Paroled Women & Men for Action toward Reunification & Development), a self-help support group in the community created to provide a safe place to address the needs of families, children & friends of parolees.

She is also a member of the San Francisco chapter of NAMI (National Alliance on Mental Illness). She volunteers her time helping at the Potrero Hill Senior Center and offers to drive and accompany the elderly in her neighborhood to their doctor's appointments. She tries to educate the seniors about the services that are available to them, especially mental health services.

Ms. Arguelles says she is so blessed with a loving family therefore she wants to share her joy and dedicates her free time helping families and those living alone. She believes that “A strong family unit is the foundation of a great society.”

**Ellis Joseph** was born and raised in San Francisco where he has resided other than when he was in the military and in school. While in school he received a Master’s Degree in Business Administration with emphasis in Marketing, and a Master’s Degree in Taxation.

He was a professional wedding and portrait photographer for 22 years. He was married and has one daughter.

He worked for FEMA as a First Strike Search and Rescue, Administrative Officer and Emergency Medical Technician. He was one of the pioneers of the single parent Emergency Shelter Person Program. He was a foster parent for 17 years. While providing this service he became acutely aware of the problems and stigma associated with mental health issues such as bipolar which led him to the Mental Health Board to find ways to help people to fight this stigma.

He is a member of NAMI (National Alliance of Mental Illness). He has served on the Board of the San Francisco African American Historical and Cultural Society as the Treasurer for the last 13 years.

Ellis has been the owner of Joseph & Associates for over 45 years, which is the parent company for Joseph Tax Services, providing income tax specialists and Sayityourway.biz, the virtual communications and promotions part of the business.

With mental health, Ellis envisions opening communication in such a way that families are more aware of what is available to help them help their loved ones get the help they need as early as possible.

Originally driven to seek greater self understanding, **David Elliott Lewis** majored in Psychology at UCLA. As his focus shifted to practical applications of Psychology, he continued his education to obtain a Ph.D. in Industrial/Organizational at the University of Tennessee at Knoxville.

For the first part of his career, he worked as a management consultant to the Human Resources departments of large organizations. He helped create surveys, seminars and software to assist in executive performance assessment, training and development.

In addition, from 1985 to 1989, he taught Masters level courses in the Human Resources and Organizational Development program at the University of San Francisco.

He spent his first couple of years after graduate school working for the Mill Valley management consulting firm VICI Associates International. After leaving VICI, he co-founded and ran Strategic Edge (1985 to 2000), a database software development, publishing and management consulting company.

At age forty, David suffered a significant reversal of fortune - including the sudden loss of a parent, the collapse of a long marriage and then his business. This triggered a severe and disabling depression. With time and help from psychologists and other therapists, he has started to recover. David’s values also changed and as a result, he transitioned to living simply and devoting his life to service, art and activism.

He devotes his time to writing, photography and volunteering, all with a focus on improving himself by helping his community, the democratic process and striving for social justice.

He has been appointed to the Board of Directors for the Community Housing Partnership and also Central City Democrats. He is also on the board for the Alliance for a Better District 6.

In October 2010, he started a public speaking tour for the Mental Health Association of San Francisco's S.O.L.V.E. program (Sharing Our Lives Voices and Experiences) to help destigmatize mental illness.

**C. Wendy James** is originally from Southern California, then spent a number of years in Louisiana before moving to the Bay Area. She has been in San Francisco since 1996. She has a grown daughter, three grandchildren and one great grandchild.

In September 2010, Mayor Newsom appointed Ms. James to the Mayor's Office on Disability. There and on the Mental Health Board, Ms. James is a strong advocate for seniors.

Ms. James is a panelist for "SOLVE", Sharing Our Lives, Voices, and Experience, hosted by the Mental Health Association, and a NAMI educator with a certificate in peer-to-peer mentoring and self-help.

Educated at Yale University, the University of Michigan, Boston University, and Simmons College, **Alphonse-Louis Vinh** has a broad range of interests and perspectives. As a Yale undergraduate, he read Classical Civilization and Intellectual History. Mr. Vinh went on to get his teaching license from the Graduate School of Education at the University of Michigan. While reading Theology at Boston University School of Theology, Mr. Vinh served as an assistant minister, preaching, conducting services, ministering to the sick and shut-ins, and developed three spiritual growth groups. Mr. Vinh returned to his Alma Mater to become a Fellow of Berkeley College, Yale University, and served as a reference librarian at the Main University Library. He also served as Coordinator of User Education for Yale senior essay writers and doctoral students. As a writer, Mr. Vinh has published an academic book and contributed essays to other scholarly books. He has published more than 60 essays and reviews, as well as poetry and one short story. Recently, he edited many business reference books for a Russian information company. He has been an AIDS hotline counselor, and patient support/patient care work at a hospice in New England. As a staff member for NPR News, Mr. Vinh provided research, advice on experts to interview, and ideas for programming; had his own on-line column, reviewing new books and ideas; and interviewed such celebrities as singer Judy Collins and food writer Amanda Hesser. Mr. Vinh is planning to return to graduate school to get his Master's in Counseling Psychotherapy.

**Kara Chien** has worked for the public interest since becoming a lawyer in 1989. She has practiced law exclusively as a Deputy Public Defender for the intervening 23 years. Ms. Chien has extensive experience representing indigent clients in Juvenile, Criminal and Mental Health law. As the Mental Health Unit Managing Attorney, she and her team advocate for clients with chronic and severe mental illness — both in civil and criminal courts. Ms. Chien endorses public education, early intervention and strong community support in promoting wellness for mental health.

**Linda Bentley** is currently a news editor with The ABIS Group of Startspot Mediaworks with an M.S.J. from Medill School of Journalism at Northwestern University in Evanston, Illinois. Ms. Bentley also has a M.S. in school counseling from San Francisco State University and worked as a classroom counselor at a day treatment facility for SED children in the 1980s. Her interest encompasses all aspects of mental health, but she has a particular interest in mental health services for women veterans. She has recently returned to San Francisco where she has lived for most of her adult life. Her son and grandson also live in San Francisco. Ms. Bentley resigned from the Board in April 2012.

**Virginia S. Lewis, LCSW** is a clinical social worker (MSW, UC Berkeley, 1985), a seasoned psychotherapist in private practice for over 20 years. She has wide-ranging expertise treating clients in many areas: depression, anxiety, anger; conflict resolution; addictions; emotional issues of chronic illness (HIV/AIDS); employment and Worker's compensation issues; transitions. Her clients are from diverse backgrounds including gay and heterosexual individuals and couples, people of color, as well as immigrants struggling with acculturation.

Ms. Lewis was Advanced to Candidacy for her Ph.D. in Sociology at UCLA in 1977. For many years as a research sociologist/consultant, she worked with firms conducting large and small-scale evaluations of government and privately funded social and substance abuse prevention programs (drug, alcohol and domestic violence). She is familiar with the culture and operations of medical, justice, and social services organizations and with state and federal bureaucracies.

Community service is a strong value of hers. In addition to her membership on the Mental Health Board, she is presently Board President of a private, non-denominational organization, the Night Ministry, which nightly provides counseling and service referrals in San Francisco's disadvantaged neighborhoods. The target population includes the destitute, people who are homeless and those who are severely mentally ill. She is responsible for achieving collaborative governance, program development and fund-raising. She is a member of the National Alliance for Mental Illness (NAMI) which provides assistance to the mentally ill and their families.

**Noah L. King III** was born in Redwood City, California but raised in San Francisco. He went to Independence High School in San Francisco. He is the youngest of four siblings with three older sisters and an older brother. He enjoys boxing, basketball and mixed martial arts. He is a strong advocate for underserved youth with mental health issues.

**Dr. Terry Patterson** is a licensed psychologist on the faculty of the University of San Francisco and practices in San Francisco. He has been involved in public mental health for many years in issues involving racism, refugees, prisoners, the military, and the seriously mentally ill. His current interests are increasing access to mental health services for the underserved, particularly for individuals and families with serious needs.

**Alyssa Landy** is a 4th grade public school teacher in San Mateo at an International Baccalaureate school. She is a native of Massachusetts and has lived in San Francisco since 1997. She is a member of NAMI and the San Francisco Democratic Women in Action. Alyssa received her MA in Elementary Education San Francisco State University.

Alyssa is passionate about mental health issues. She is motivated by public policy, services and patient and family needs. Alyssa dedicates her time and energy into helping others.

**Lynn Fuller** is an attorney and a mother of four. A native Californian, she has lived in San Francisco since 1988. Professionally, she is an attorney with the United States Courts. She is an active volunteer in the community and is especially interested in brain health and brain science.

**Sergeant Kelly Dunn** has been an officer for the San Francisco Police Department since January 2001. In 2010, she was promoted to the position of Inspector. She is the Psychiatric Liaison for the police department and in that role ran the Police Crisis Intervention Training for five years. Prior to becoming a police officer, Ms. Dunn worked in mental health as a psychiatric technician for the Mobile Crisis Treatment teams in San Francisco and Oakland, Langley Porter Psychiatric Institute at the University of California, San Francisco, the Tom Smith Substance Abuse Treatment Center at San Francisco General Hospital, and at the Mount Zion Crisis Clinic. Before these positions, her first job in mental health was at Napa State Hospital on an all male forensic unit. Ms. Dunn's education began at Mount San Jacinto College and she received her psychiatric technician license from Napa Valley College. She is currently working on her Bachelor of Science degree at California State University, Long Beach. Ms. Dunn is also trained and certified in Critical Incident Stress Debriefing and is a Certified Chemical Dependency Nurse.

**Errol Wishom** was appointed by the Board of Supervisors in 2009. He is a volunteer peer counselor working with clients at San Francisco General Hospital.

**Virginia Wright** is the mother of four children, one of whom has been a part of the Children's System of Care. Virginia brings years of experience as a parent in the system and a passion for advocacy and helping others. Ms. Wright completed her term in early 2012.

**Lena Miller** is the founder and co-Executive Director of the Hunters Point Family agency. Lena founded the agency in 1997, with GIRLS 2000, the agency seminal program. Ms. Miller was raised in Bayview-Hunters Point and educated in San Francisco's public schools. She received a Bachelor's degree from the University of California at Berkeley and a Masters Degree in Social Work from San Francisco State University. Before founding the Hunters Point Family, she was a Special Assistant to the Mayor under Mayor Willie L. Brown Jr. in the Mayor's Office of Equity programs, where she helped to resolve issues and create opportunities for minority businesses in San Francisco.

Ms. Miller is primarily responsible for development within the HUNTERS POINT FAMILY, growing the agency's seminal program, GIRLS 2000, from a tiny after-school girls program to a community development agency with over 4 program sites, 3 urban farms, and workforce development programs. In 2009, she launched the agency's newest division: Ujamaa Employment and Entrepreneurship. Ujamaa includes over 5 major workforce development contracts and will include the Get Fresh Juice Bar and Café.

Ms. Miller's efforts to develop and implement quality programs for high risk youth in Bayview Hunters Point has been recognized by the United States Senate, Assembly, and Congress for our work in violence prevention and mental health with "high-risk" youth, and includes the following awards and recognition: Certificate of Recognition for work in Violence Prevention from Senator Leland Yee; Certificate of Appreciation for work in Violence Prevention from Assemblywoman Fiona Ma, Majority Whip; Certificate of Recognition for efforts to address mental health from Senator Carol Migden; and Exceptional Programs and People Award for Promoting Mental Health for Youth, from the San Francisco Dept. of Public Health.

*"NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD. INDEED, IT'S THE ONLY THING THAT EVER HAS."*

—MARGARET MEAD