SAN FRANCISCO MENTAL HEALTH BOARD

Edwin Lee
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Adopted Minutes

Mental Health Board

Wednesday, May 09, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, MBA, Vice Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien; JD; Sgt. Kelly Dunn; Lynn Fuller; JD; Wendy James; Noah King III; Alyssa Landy, MA; Virginia S. Lewis, LCSW; Lena Miller, MSW; Terence Patterson, EdD; ABPP; Alphonse Vinh; MS; and Errol Wishom.

BOARD MEMBERS ON LEAVE: none

BOARD MEMBERS ABSENT: none

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, MFT, Director of Community Behavioral Health Services (CBHS); Marla Simmons, MHSA Director; Michael Wise, Pathways to Discovery; LaVaughn Kellum King; Ursula Ann Siataga, United Playaz; John Clark, RAM; Jo Elias-Jackson, San Francisco General Hospital; Rene Porfida, City College of San Francisco; Jacqueline Ellis; Verna Chapman; Idell Wilson; and 16 public members.

CALL TO ORDER

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:32 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Ms. Argüelles: "There are no agenda changes this evening."

ITEM 1.0 PRESENTATION OF COMMENDATION

Presentation of Mental Health Board Resolution 2012-04 approved March 14, 2012 commending the City College Mental Health Certificate Peer Program for its Exceptional *Training for Mental Health Workers*

Ms. Argüelles: "I am pleased to be able to present to Dr. Sal Nunez, a commendation for the City College Mental Health Certificate Training program for Mental Health Workers that he directs. Dr. Nunez: "Receiving the commendation from the board is a big validation. I want to thank you CBHS, community leaders and City College administrators and staff for supporting our program. I also want to thank family members and students for participating in wellness and recovery."

1.1 Public Comment

No public comments.

ITEM 2.0 DIRECTORS REPORT

Ms. Argüelles: "Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

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

Ms Robinson: "Good evening and welcome to the mental health month of May 2012. I have no news on the new budget at either the local or state level tonight. Perhaps, Mayor Lee and the Board of Supervisors are still ironing out budget details, they have not yet shared their budget updates with us.

I want to update you on the learning collaborative with Advancing Recovery Practices (ARP) that I mentioned in my March 2012 Director's Report. We are working hard at spreading wellness and recovery. We are educating clients on what recovery is all about. After helping people through the early acute crisis stages, we are training all staff and clients that the relationship is not for life, because clients need to keep recovering and moving on with their life. We assist clients who are going through the recovery-driven "graduation"!

I want to draw your attention to the Client Satisfaction Survey in the Director's report. The survey provided a summary of CHBS programs with over 90% Satisfaction."

Dr. David Elliott Lewis: "What was the sample of the survey?"

Ms Robison: "The Client Satisfaction Survey was conducted over a two week period."

Please see the attached April 2012 Director's report.

Monthly Director's Report
May 2012

1. May is Mental Health Month

The tradition began in 1949 to raise awareness of mental health issues and mental wellness for all. Today it is more important than ever to reach Californians with information about mental health.

Thank all of you for the work that you do in providing assistance to individuals that have a mental illness as they move towards wellness and recovery.

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.

FREQUENTLY ASKED QUESTIONS: MENTAL HEALTH

What is mental illness?

> A diagnosis of mental illness is made by professionals using validated indicators of psychological distress and impairment due to emotional problems. UCLA Center for Health Policy Research. *Adult Mental Health Needs in California*, November 2011, p. 51.
>
> In common terms, mental illness can be understood as psychological distress that impairs everyday activities including work, chores, social lives, and relationships. UCLA Center for Health Policy Research. *Adult Mental Health Needs in California*, November 2011, p. 7.

How common is mental illness?

> A 2005 study showed that nearly one in five (around 4.9 million) adults in California reported needing help for a mental or emotional health problem. Grant D, Kravits N, et al. Mental Health Status and Use of Mental Health Services by California Adults. UCLA Center for Health Policy Research, 2010, p. 1.

What is the difference between Mental Health and Mental Illness?

> According to the World Health Organization, mental health is not just the absence of mental disorder. "It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." UCLA Center for Health Policy Research. *Adult Mental Health Needs in California*, November 2011, p. 2.

What does a diagnosis of mental illness mean?

If diagnosed but connected with services and support systems that enable their recovery, individuals with mental illness can lead productive and fulfilling lives. Research shows individuals with mental illness can attain employment rates of up to 80% with comprehensive, evidence-based employment support. California Department of Mental Health, *Stepping Up: Innovations in Career Development for California Mental Health Consumers,* May 2010, p. 11.

What does stigma mean?

Stigmas are misperceptions about people that lead to discrimination and other negative consequences. Stigma may be obvious and direct, such as someone making a negative remark about mental illness or treatment. Stigma may also include assumptions that people with mental illness could be unstable, violent or dangerous because they have a mental health diagnosis. Mayo Clinic: Overcoming the Stigma of Mental Illness: http://www.mayoclinic.com/health/mental-health/MH00076

Why does stigma matter when it comes to mental health?

Stigma can lead to discrimination at work or schools, bullying or harassment, denial of health coverage for mental illness, etc.

Stigma can prevent people from seeking help or set back their recovery. Mayo Clinic: *Overcoming the Stigma of Mental Illness,* n.d. http://www.mayoclinic.com/health/mental-health/MH00076

Prop. 63/the Mental Health Services Act puts an emphasis on reducing stigma so more people feel comfortable getting the support they need.

With public resources so stretched, shouldn't services be limited to those with the greatest need?

The fact is we need to invest in prevention and early intervention, so that more people don't have to reach a crisis point before they get help. If we don't turn things around by investing in early services when outcomes are better and costs lower, we'll never have enough money to serve everyone's needs.

Untreated mental illness affects all of us -- causing more days of work loss and work impairment than many other chronic conditions such as diabetes, asthma, and arthritis. Kessler RC. Greenberg PE. Mickelson KD. Meneades LM. Wang PS. *The effects of chronic medical conditions on work loss and work cutback,* Journal of Occupational and Environmental Medicine, 2001, p. 218-225.

How common is suicide?

Nationally, suicide is the third leading cause of death among youth between 10-24 years of age. Center for Disease Control, *Suicide Prevention: Youth Prevention,* n.d. http://www.cdc.gov/ViolencePrevention/pub/youth_suicide.html But suicide isn't limited to young people, in fact, older adults, particularly men over the age of 75, have the highest rate of suicide (42.8 per 100,000). California Department of Mental Health, *Office of Suicide Prevention Fact Sheet,* February 2008.

More Californians have died by suicide than by homicide. California Department of Mental Health, Office of Suicide Prevention, *California Strategic Plan on Suicide Prevention: Every Californian is Part of the Solution, Executive Summary*, n.d. p. 1.

Nine Californians lose their lives to suicide on an average day (approximately 3000 per year). By comparison, eleven lives are claimed daily in traffic collisions. California Department of Mental Health, *Office of Suicide Prevention Fact Sheet*, February 2008.

90% of individuals who die by suicide had a diagnosable mental illness or substance use disorder at the time of their death. California Department of Mental Health, *Office of Suicide Prevention Fact Sheet*, February 2008.

Who gets help? Who doesn't? Why?

Racial and ethnic populations experience inequities such as less access to and use of needed mental health services, often because they experience lower socioeconomic status, language or cultural barriers in greater proportion. When individuals from these populations do receive services, they tend to be of lower quality. Department of Health and Human Services *Culture, Race and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General.*

Although the U.S. Surgeon General called for action to address the striking disparities in mental health services affecting racial and ethnic populations as compared with whites nearly 10 years ago, to date, not enough progress has been made to address these disparities. Recent studies show that populations in California that have the highest unmet need include Latino and Asian adults who were born abroad, and Asian and African American adults. In addition, young and older adults across racial and ethnic groups experience the greatest unmet needs. UCLA Center for Health Policy Research, *Adult Mental Health Needs in California*, November 2011, p. 2.

Mental Illness in Young People

Nationwide, 13% of young people between the ages of 8 and 15 suffer from at least one mental health disorder. Merikangas, K.R., He, J-P., Burstein, M., Swanson, S.A., et al. (2010). Lifetime Prevalence of Mental Disorders in U.S.
Adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*. 49(10): 980-989. Among adolescents, the need is even greater: one in five adolescents experiences significant symptoms of emotional distress, with half of that group experiencing resulting emotional impairment.Knopf, D., Park, M.J., & Mulye, T.P. (2008). *The Mental Health of Adolescents: A National Profile, 2008*. National Adolescent Health Information Center. http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf. The most common mental health concerns among American adolescents are depression, anxiety disorder, attention deficit hyperactivity disorder (ADHD), and substance abuse. Knopf, D., Park, M.J., & Mulye, T.P. (2008). *The Mental Health of Adolescents: A National Profile, 2008*. National Adolescent Health Information Center. http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf.
In California, 17% of adolescents need help for emotional or mental health

2. RAMS Graduation

CBHS is pleased to announce the graduation of nine trainees from the RAMS iAbility Vocational IT program on March 30, 2012. The MHSA funded program is a cooperative effort between RAMS and the CBHS MIS Department designed to provide employment education, help desk training and successful work experience to CBHS consumers. In the intensive and supportive program, the trainees learn customer service skills and basic use of the Avatar EHR, enabling them to provide first line Avatar Help Desk support to callers. They are able to immediately resolve many common HelpDesk inquiries, and triage more complex questions to MIS Analysts.

Over the nine-month training program, trainees learned to manage their symptoms while developing stronger professional work habits, mastering the technical requirements of the job, and acquiring valuable work experience. Soon after starting, the trainees became an integral part of the Avatar HelpDesk Team, providing friendly and informed customer service to callers. As proof of the program's success – two trainees from this first RAMS iAbility Vocational IT group were subsequently hired into part time MIS support positions. A second group of 10 trainees have completed two months of training and preparation at RAMS, and began Avatar HelpDesk customer service duty at 1380 Howard Street on April 2.

In addition to the HelpDesk training program, the MIS Department is also partnering with the RAMS iAbility Vocational IT program to provide training and work experience in MIS Desktop Support. Four trainees are working directly with MIS Desktop Support staff, learning to install and maintain hardware and software to support IT needs of CBHS Civil Service Programs.

For more information, please contact Pablo Munoz, IT Project Manager at pablo.munoz@sfdph.org

3. **DPH Community Programs announces on-line Transgender Resource Manuel**

The Manual is now posted on the DPH Public Internet Site at:

http://www.sfdph.org/dph/files/CBHSdocs/SFDPHTransgenderResources2012.pdf

For additions or questions, please contact:

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4. Transgender Groups Increasing

CBHS is offering Transgender focused services three days a week through a collaboration between the Pathways to Discovery Program and MHSA Consumer Employment Program. Two groups are currently being held in custody at 850 Bryant. The Wellness and Recovery support group is being

held Thursdays from 3:00-4:30 pm at 1380 Howard on the first floor in BHAC. For more information, contact Jamie Armstrong at 415-255-3615 or Kandi Patterson at 415-255-3778.

5. Job Readiness Fair

June 15, 2012, 11:00-1:00, Ella Hill Hutch Recreation Center, 1050 McAllister.

Officer Raphael Rockwell, of the SFPD Community Relations Unit under Chief Suhr's Office, is responding to multiple requests made by San Francisco youth to have a City Agency Job Fair/ Job Readiness Program. Officer Rockwell will coordinate the event, but recognizing the short time frame, he is requesting help from all the various agencies. The Job Fair/ Job Readiness Program needs people form each agency to explain the type of work the agency does, the types of jobs and what is required for employment. Presentations are welcomed, and flyers and handout are a must.

The Job Fair/ Job Readiness Program is for the youth of the city to find out what "City Careers" exist and what it takes to get hired. This is not hiring or recruiting. This is rather an opportunity for youth to get an understanding of what it takes to accomplish success and an opportunity to ask questions.

Please send contact information for your agency, including those who handle youth outreach and job readiness programs to:

Officer Raphael Rockwell #1195
Community Relations Unit
3401 17th St 2nd Fl.
San Francisco Ca 94110
415-558-5532

6. 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

7. Upcoming Trainings

Harm Reduction Supervision: Helping Staff Work with Dually Diagnosed Clients

Friday, May 25, 2012
9am- 4:30pm
St. Mary's Cathedral Conference Center
1111 Gough Street.

Presenters:
Patt Denning, PhD and Jeannie Little, LCSW

Course Description:
Harm Reduction is the philosophy and practice of including everyone in services, including active drug users and actively psychotic individuals, people whose lives and behaviors are often chaotic. Because of its open stance, harm reduction challenges staff to work with sometimes uncontained and difficult clients. Supervisors are responsible for making it possible for staff to work with the most challenging clients. Supervision in behavioral health is the critical process whereby leaders of programs that serve vulnerable clients assure that the quality of service to those clients is competent, caring, and ethical. What this means is that, in addition to continually teaching and monitoring staff's core competencies, supervisors have to help staff manage the many less-tangible aspects of their jobs – to hear and hold painful stories, to manage difficult interactions (aggressive, withdrawn, or psychotic), to maintain hope in the face of tragic life circumstances, and to stay fresh and resilient over years of practice.

Best Practices for the Employment of Consumers and Employees with Disabilities: Interviewing, Managing And Providing Reasonable Accommodations

Tuesday, June 5, 2012
9am- 4:30pm
St. Mary's Cathedral Conference Center
1111 Gough Street

Presenters:
Jane Kow, JD

This interactive training program will provide easy to follow, step by step instructions on how to properly interview, manage and provide reasonable workplace accommodations for consumers and employees with mental and physical disabilities. Participants will learn the right way to engage in an "interactive dialogue" with employees to obtain essential information about their job qualifications, functional capabilities, work-related restrictions and need for reasonable workplace accommodations, without violating their right to medical privacy. Using real world examples drawn from court cases involving employees with disabilities, participants will learn how "disability" and "reasonable accommodation" are defined by law; how employers' stereotypes and misconceptions about persons with disabilities have lead to disability discrimination lawsuits; what triggers the employer's duty to engage in an "interactive dialogue" to determine reasonable accommodations; and what the employer should do in the event that the employee exhibits misconduct, attendance and performance issues that are unrelated to a disability. Participants will have a chance to practice how to navigate this tricky process and learn how to overcome communication barriers when responding to an employee's request for an accommodation. Course Objectives: 1. Upon completion of this course, participants will be able to: 2. Learn how "disability" is defined under federal and CA state disability laws 3. Examine court cases where employers' fears and stereotypes about persons with mental disabilities and failure to provide reasonable accommodations have resulted in disability discrimination lawsuits 4. Avoid asking illegal interview and workplace questions that may inadvertently invade employees' rights to medical privacy and elicit prohibited genetic information

5. Understand how psychosocial disabilities can impact employees' performance and workplace interactions 6. Consider a range of accommodations that can help reduce or eliminate some of these issues. 7. Understand how to detangle misconduct, attendance or performance issues from disability related conditions 8. Through role playing exercises and coaching from the instructor learn how to navigate in the six steps of "interactive dialogue" with employees with psychosocial disabilities to determine accommodations that would enable the employee to perform all essential job functions 9. Distinguish between essential and non-essential job functions when determining which form of accommodation would be appropriate and effective 10. Learn about available free resources on job accommodations for a variety of disabilities.

5150 Certification Workshop

Thursday, June 7, 2012
9am- 1pm
St. Mary's Cathedral Conference Center
1111 Gough Street

Presenters:
CBHS Staff

Course Description:
In order to be certified to use the 5150 authority, providers must attend this training and obtain a passing score of at least 80% on the post test. All DPH and contract licensed, licensed-waivered, or unlicensed providers in mental health programs are eligible. Providers in substance abuse, primary care, or other social service agencies must be a licensed mental health professional to be eligible, e.g., LCSW, RN, MD, PhD, MFT. Student interns are welcome to attend the training, but will not be authorized to conduct 5150s. Program Directors must request for their staff to participate in this training. NOTE THAT THIS TRAINING IS FOR COMMUNITY PROVIDERS.

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at:
415-255-3553 or email norman.aleman@sfdph.org

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

2.2 Public Comment

Mr. Wise: He wanted to inform the board about the California Mental Health Network day-long meeting that he recently attended in San Jose. He said the meeting's focus was on peer network support and services. While attending the event, he networked with people from the National Alliance on Mental Illness (NAMI) and the California Association of Social Rehabilitation Agencies (CASRA) who were trying to get state certifications to be peer support counselors.

Ms. Robinson: "Michael would you please include in your newsletter about your experience at the California Mental Health Network meeting, so we can spread the word about peer support services?"

ITEM 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

3.1 Mental Health Services Act Annual Update and Report: Marlo Simmons, MPH, Program Director

Ms. Argüelles: "Marlo Simmons, Program Director for the Mental Health Services Act projects will present the Annual Update for 2010-11. It is required by the Mental Health Service Act state law that the department present an annual update to the Mental Health Board."

Please see the attached presentation at the end of the minutes

Ms. Simmons: "I have prepared powerpoint slides to present the MHSA Annual Report ofor 2010-11 and I also want to keep the board abreast of our integrated three-year plan for the 2012 to 2015 period. In the San Francisco County, we have 68 MHSA contracted programs and 90 civil service positions."

Dr. David Elliott Lewis: "What is innovation?"

Ms. Simmons: "5% of the Act is allocated for innovative programs and services."

Ms. James: "What is the MHSA Housing?"

Ms. Simmons: "It is a program designated for SRO (single room occupancy) buildings that are capable of collaborating on intensive care for clients with severe mental illness who may have physical disability as well. The MHSA Housing program provides short term housing for severely mentally ill clients who are facing imminent homelessness. Ideally, we would like these clients to transition out of MHSA housing after 60 days. But we work on a case by case basis."

Ms. Arguelles: "Please elaborate on your gender specific programs including any breakdown on age and sex including highlights of any differences between genders in the MHSA programs?"

Ms. Simmons: "There are some gender specific programs, but no overall gender focus per se. There seems to be more full-partnership services for the male gender than for the women.

I will check with Diane Prentiss in Research and Evaluation on the data collection and gender issues and any differences."

Mr. Wishom: "What do you mean by program development priorities for socially isolating adults and peer support?"

Ms. Simmons: "San Francisco has many older adults who are involuntary reclusive since many aging baby boomers don't live with immediate family. Living in isolation is very hard for older adults. San Francisco needs geriatric services and programs, because soon the population of aging boomers will be growing in the county. The Meals on Wheels program provides nutritional services, while other programs connect older adults to other support centers."

Mr. King III: "How does someone qualify for permanent housing?"

Ms. Simmons: “Permanent MHSA housing can be obtained through case management referrals.”

Dr. Patterson: “Can you talk more about early psychosis in the transitional age youth (TAY) population?”

Ms. Simmons: “Since UCSF does lots of research on prevention and early intervention of psychosis, we are in partnership with UCSF and Family Service Agency (FSA) to screen at-risk TAY’s and to help them with cognitive and vocational training. Family Service Agency partners with Sojourner Truth Foster Care Services to work with children in foster care too.

Ms. Chien: “In terms of psychological assessments on detained youth in the San Francisco justice system, what happens to their personal information after 72 hours?”

Ms. Simmons: “Our protocol requires collaborating with the Behavior Health Court (BHC) and coordinating any transfer to the courts.”

Ms. Chien: “How does HIPPA compliance come into play with this?”

Ms. Simmons: “I am not sure.”

Ms. Robinson: “If it is problematic, we obtain some kind of release from a custodial parent, legal guardian or the Court system.”

Ms. James: “How do you address sensitivity for LGBTIQ (lesbian gay bisexual transgender intersex and questioning) youth?”

Ms. Simmons: “Our Larkin Street Youth program is extremely sensitive due to San Francisco’s 12N Ordinance.”

Ms. Robinson: “Marlo can you describe to the board the 12N Ordinance?”

Ms. Simmons: “Any program receiving at least $50,000 in City funds for youth services must be in compliance with the 12N Ordinance which requires mandatory LGBTIQ sensitivity training for all staff working directly with youth.”

Mr. Wishom: “Can you explain about the 32 stabilization units?

Ms. Simmons: “Unlike the general population, when clients with severe mental illness just come out from the jail system or a hospital, they often need help with stability housing which offers a higher level of housing stability at four different hotels. The hotels with stabilization units are disbursed in the following areas -- one on 10th & Market hotel, two on California Street and one on Polk Street.”

Ms. Virginia Lewis: “Are there any early intervention programs either public or private that collaborate in conjunction with Kaiser and CPMC?”

Ms. Simmons: “In the Southeast sector of San Francisco, we have Dr. Nadine Burke from CPMC who provides mental health and behavioral health services in addition to primary care to Bayview Hunters Point youth.”

Mr. King III: “Can other programs access these 32 stabilization units?”

Ms. Simmons: "These units are restricted to only MHSA clients, and MHSA staff can place clients in these places."

3.2 Public comment

Public Member: She said there will be a conference on June 8th at St Mary about PREP.

Mr. Clark: He wanted to know what TAY stands for.

Ms. Simmons: "TAY is Transitional Age Youth between the ages of 16 to 25 years."

ITEM 4.0 PRESENTATION: GET TO KNOW THE MENTAL HEALTH BOARD MEMBERS – THEIR EXPERIENCE, THEIR EXPERTISE AND THEIR INTERESTS.

Ms. Argüelles: "The Executive Committee thought it would be a good idea to have each board member say a few words about your experience, expertise and interests. You can share experiences with the mental health system or other related experience with mental health, any expertise you have whether related to mental health or not, and any special interests you have related to mental health issues or other interests. Please just take a couple of minutes so everyone has a chance to share."

4.1 Get To Know the Mental Health Board Members – Their Experience, Their Expertise and Their Interests.

Mr. Wishom: "I was the youngest in my family and went to elementary school in the Sunnydale neighborhood. After earning a bachelor's degree in 1993, I traveled and lived in Granada, Spain for several months. I had jobs at Woolworths, Safeway and taught English.

In 1996 I was self medicating with whatever drug du jour I could get my hands on in order to stay functioning during a severe mental illness breakdown. Without proper access to treatment for my illness, subsequently, I got caught up in the jail system. During my recovery period, a few years ago, I joined the Mental Health Board.

Mr. King III: "I was born and raised in SF, too. While attending a private school, a gun was pulled on me. At 14 I was diagnosed with paranoid schizophrenia. A traumatic experience I had was being jumped by 30 kids. Serving on the Mental Health Board is a privilege and honor because I can speak for people with mental illness who don't have a voice."

Ms. James: "I came to San Francisco in 1978. I have been a consumer of the mental health system since 2007. I have post traumatic stress disorder and depression, and hoarding and cluttering challenges. I graduated from Richmond Area Multi-Services (RAMS). I am a member of NAMI-SF. I sit on the Mayor's Disability Council. I also work with Mental Health Association-SF's Sharing Our Lives: Voices and Experiences (SOLVE) Program."

Dr. Davis Elliott Lewis: "I have a Ph D in industrial/organizational psychology and achieved professional success.

In a short time span, I experienced grief and personal losses simultaneously that sent me into a debilitating depression when I was 40 years old. I have gained great insights, and, as part of my

recovery, I have pulled myself out through community services. I am with SOLVE and enjoy photography and volunteering."

Mr. Vinh: "I was originally interested in psychotherapy, but I got sidetracked in life when I attended a seminary school. After I graduated from Yale University, I worked there. I published more than 90 articles. A book will come out soon. I am on a consumer seat at the Mental Health Board. I graduated from RAMS mental health certificate program. I now do volunteer work and counsel elderly people."

Sergeant Dunn: "Being on the board has afforded me the opportunity to stay on top of various community programs in San Francisco. I still maintain my clinical license as a psychiatric nurse to dispense psychotropic drugs. Before attending the Police Academy in my late 30's, I worked in the mental health system as a psychiatric technician throughout the Bay Area. I worked for the Mobile Crisis Treatment team in San Francisco. I also worked at Langley Porter Psychiatric Institute at the University of California, San Francisco, at the San Francisco General Hospital's Tom Smith Substance Abuse Treatment Center, and at the Mount Zion Crisis Clinic. My dual working role with the police includes being a psychiatric liaison."

Ms. Landy: "About a year ago I attended NAMI-SF's Family to Family training. I grew up on the east coast as an only child. Living in San Francisco rather than in Massachusetts enables me to actively participate in the community and school systems."

Ms. Virginia Lewis: "I am a clinical social worker and came on the board through my involvement in NAMI-SF and through encouragement of Ms. LaVaughn Kellum King. I have two adoptive children. My daughter has bi-polar and has engaged in life-threatening behaviors that often put her in and out of hospitals. I am a clinical psychologist and have worked with adults with mental illness. It seems to me that private health care systems tend to place a lower priority on mental health care, if not almost last on their priority list. I am very much interested in public private mental health care collaborative issues."

Ms. Fuller: "I have a son with Attention Deficit Hyperactivity Disorder (ADHD) and a daughter with a genetic disorder resulting in multiple disabilities. Being in the legal profession, I know a lot about the law pertaining to people with mental illness and have closely followed developments in neuroscience. Being the only child in my own biological family, I was very sheltered until I met my husband where I learned about mental illnesses and how mental illnesses affect community, family and the sufferers. I am very much interested in the generational effect of mental illness."

Dr. Patterson: "I always say that I don't fully understand about consumers with mental illness, because I have not experienced the effects myself. But my professional work has exposed me to mental illness where I expand my knowledge.

I started out in Philadelphia, PA. I came here in the early 1970's to work at San Francisco General Hospital. I live in the Western Addition and formerly lived in Bay View Hunter's Point.

I am a fulltime faculty member at University of San Francisco. I am directing a new program on community mental health at the school. I do a lot of pro bono work in my private practice. I am interested in silent folks who are on the verge of being 5150'd."

Ms. Miller: "My career started in Edgewood in San Francisco which provides services for seriously mentally ill girls and boys. I started the GIRLS 2000 program and Hunters Point Family agency which offers services and programs in the Bayview Hunter's Point area. Being on the board has served me well because I have a deeper understanding of various community programs and services throughout San Francisco."

Mr. Ellis: "I am a San Francisco native with a master's degree in taxation. The City allowed me to become a single emergency foster dad before I become a full time foster parent where I had a bi-polar foster daughter. I joined the board to speak for those who can't speak for themselves."

Ms. Chien: "I have worked about 24 years for the public defender's office and about12 years in the mental health unit of the criminal justice system. I have represented clients who were in locked-down units. I have learned so much about San Francisco programs and services and very inspired to become an advocate.

I feel San Francisco County is one of the three counties out of 58 counties in California that accommodates judicial reviews for clients with mental illness and that empowers clients to speak for themselves. My interests are stigma reduction, listening to people and providing community support."

Ms. Argüelles: "My youngest daughter had a breakdown at the University of Paris-Sorbonne. I am learning more about mental illness by serving on the board and becoming a better advocate for my daughter and for people who cannot speak for themselves."

4.2. Public comment

No public comments.

ITEM 5.0 ACTION ITEMS

For discussion and action

5.1 Public Comment.

No public comments.

5.2 Proposed Resolutions.

5.2 PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of April 11, 2012 be approved as submitted.

Minutes unanimously approved.

ITEM 6.0 REPORTS

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

Ms. Brooke made the following announcements

- Ms. Franchina called to complement the Mobile Crisis Treatment Team and the San Francisco Suicide Prevention. These two services have helped her stay out of hospital for two years now. Both services give her the opportunity to talk with skilled counselors and get through rough times. She believes they have saved her life.

- She is being honored by the Commission on the Status of Women on May 23rd at 5 PM in room 408 at City Hall for her work in mental health of women and girls.

- Hospitality House event. The art work is incredible. It will be displayed May 11th to Jun 3rd.

- The Executive Committee is working with staff on the Annual Report.

- She will be doing the AIDS/LifeCycle Ride from San Francisco to Los Angeles from June 3rd through June 9th and will not be checking voice mail or email during that time.

- Sarah Accomazzo, our special projects manager will be leaving to focus on completing her dissertation.

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

Ms. Argüelles: "Linda Bentley has health issues that have resulted in her decision to resign from the board, so we are presenting a certificate for her and I have a card for everyone to sign.

The Executive Committee will be starting to work on the Annual Report this month and would very much like the help of other board members. Please let me know if you would like to help."

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

Dr. Elliott David Lewis: "This Friday, the Mental Health Association (MHA-SF) is hosting A Future Free from the Barriers of Stigma in honor of mental health awareness month."

Ms. Miller: "I just got back from attending the Local Mental Health Board & Commissions (CALMHB/C) training in Los Angeles on April 21, 2012. The training was on AB109 & AB 117 which are Public Safety Realignment Acts signed by Governor Jerry Brown on April 4, 2011.

The keynote speaker was Honorable Stephen V. Manley, Superior Court of California, County of Santa Clara. I was very inspired by his commitment to treatment and mental health services rather than punitive approaches in Santa Clara County criminal justice system.

There is a dedicated 1% funding from California license plates. The money is not controlled by the State per se but by individual counties. The Mental Health Board can influence how the money will be spent.

While in LA, I, also, attended the national conference on the 20th anniversary of the Bloods and Crips. Everyone at the conference from the East coast to the South was saying that mental health is a

serious issue as a result of gang violence. I shared at the conference about my Hunters Point Family programs that are meeting the Bayview Hunters Point families' needs for dealing with traumas and recovery."

Ms. James: "I attended the MHA-SF's April 26-27 hoarding and cluttering conference."

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

Ms. Chien: "I would like a presentation from Behavior Health Court"

Mr. King III: "I am interested in suicide prevention."

Mr. Vinh: "I am interested in mental health for San Francisco elderly."

Ms Virginia Lewis: "I am interested in Laura's Law."

Ms. James: "I am interested in hoarding and cluttering."

Ms. Robinson: "I am proposing a presentation on the AB 109."

6.5 Public comment

No public comments.

ITEM 7.0 PUBLIC COMMENT

No public comments.

ADJOURNMENT

Meeting adjourned at 8:40 PM.

MENTAL HEALTH SERVICES ACT

FY 10/11 Annual Report

S.F. Mental Health Board Presentation
May 9th 2012

For Mental Health Care
63 VOTE YES
www.YESon63.org

- Enacted into law in 2005
- Designed to transform the mental health system
- 1% tax on income over $1 million

MHSA Core Principles

- Wellness and Recovery
- Consumer and Family Involvement
- Integrated Service Delivery
- Cultural Competence
- Community Collaboration

"As my life got bigger, my illness got smaller"

- TAY Program Participant

MHSA Service Categories

#1: Recovery-Oriented Treatment Services

#2: Mental Health Promotion & Early Intervention Services

#3: Peer Support Services

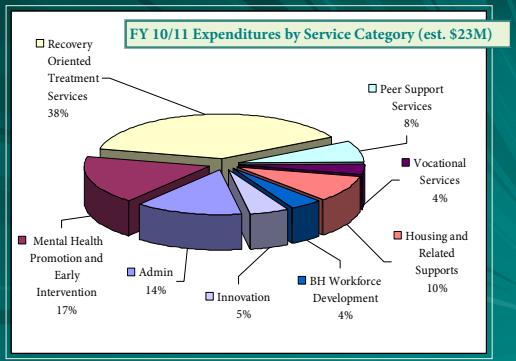
MHSA Service Categories (cont'd)

#4: Vocational Services

#5: MHSA Housing Program

#6: Behavioral Health Workforce Development

#7: Capital Facilities/Information Technology



Highlights: Recovery-Oriented Treatment Services

- 9 Full Service Partnerships served 848 clients
- The Prevention and Recovery in Early Psychosis (PREP) program conducted outreach to 1,142 individuals

Highlights: Recovery-Oriented Treatment Services (cont'd)

- 97 young people & their families received trauma recovery and healing services
- Over 90 individuals were recognized for their personal achievements in recovery at the first ever MHSA Recovery Awards Ceremony (INN funded)

Highlights: Recovery-Oriented Treatment Services (cont'd)

- Behavioral health staff at 8 primary care clinics
- All youth detained for more than 72 hours at the SF Juvenile Justice Center are now screened for behavioral health issues
- An expanded team of staff provided enhanced supports for the 3,609 individuals served by the CBHS Behavioral Health Access Center

Mental Health Promotion & Early Intervention (PEI) Services

- Reached over 26,000 individuals
- The Early Childhood Mental Health Consultation Initiative provided services to an additional 21 sites
- K-12 School-based programs served 4,973 students

Mental Health Promotion & Early Intervention (PEI) Services (cont'd)

- 4 Holistic Wellness Programs continued to expand access for communities impacted by trauma
- Invested in mobile crisis response services for children and families of victims of gun violence and homicides

Mental Health Promotion & Early Intervention (PEI) Services (cont'd)

New innovative community-based programs:

- Mindfulness-based training for high school age youth
- Training program for TAY and providers on a youth friendly Wellness Recovery Action Plan (WRAP)
- Seeding Resilience Community Garden

Highlights: Peer Support Services

- Expenditures grew more in FY 10/11 than in any other MHSA service category
- 5 CBHS clinics now have peers on staff providing recovery services
- Individuals with serious hoarding and cluttering issues receive support via a peer-based model of care

Highlights: Peer Support Services (cont'd)

- 783 individuals were served at 4 peer-based centers
- 30 consumers and family members completed the Peer Specialist Mental Health Certificate Program
- Reducing Stigma in the South East (RSSE)

Highlights: Vocational Services

- $200K of MHSA funding was used to leverage $600K of federal funding to provide a continuum of vocational services
- A new Vocational Information Technology training program was launched

Highlights: Vocational Services (cont'd)

- The Central City Hospitality House 6th Street Employment Resource Center was accessed nearly 2,700 times
- Supported Employment and Cognitive Training (SECT) (INN funded)

93 Permanent Units

32 Emergency Stabilization Units

Support Services

4 projects in the pipeline (41 units)

Highlights: MHSA Housing Program

Highlights: MHSA Housing Program (cont'd)

- 130 clients placed in short-term emergency stabilization units
- 52 new units of MHSA permanent supported housing added
- new permanent housing projects
- 206 clients received case management and other supports (e.g., housing assistance)

Highlights: Behavioral Health Workforce Development

- 39 high school and TAY were exposed to the various professions in the mental/behavioral health fields
- 51 students graduated from certificate programs

Highlights: Behavioral Health Workforce Development (cont'd)

- 140 students received on campus wellness services
- 17 cultural sensitivity trainings were provided to 665 participants

Highlights: Capital Facilities/ Information Technology

Progress on renovation projects:

- Improved access and structural upgrades (Sunset Mental Health Clinic)
- Conversion to dual diagnosis and ADA compliance (Redwood Center)
- Integrated Housing and Homeless Clinic (Central YMCA)

Highlights: Capital Facilities /Information Technology

Continued upgrades and laying the groundwork for Consumer Connect.

GOALS

Looking Forward

3 year Integrated Plan (2012 – 2015)

- A single plan that brings together all MHSA components

Community Engagement

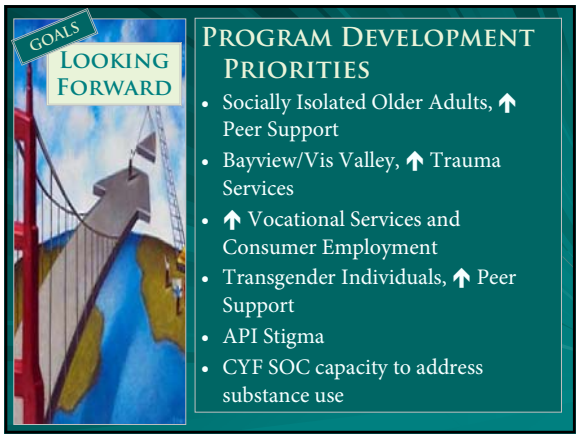
- Local planning and approval process
- Advisory Committee
- Communication and stakeholder engagement

GOALS

Looking Forward

Program Monitoring and Evaluation

- Outcome and performance objectives
- Data collection


GOALS
LOOKING FORWARD
PROGRAM DEVELOPMENT PRIORITIES
• Socially Isolated Older Adults, ↑ Peer Support
• Bayview/Vis Valley, ↑ Trauma Services
• ↑ Vocational Services and Consumer Employment
• Transgender Individuals, ↑ Peer Support
• API Stigma
• CYF SOC capacity to address substance use