SAN FRANCISCO MENTAL HEALTH BOARD

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Adopted Notes

Mental Health Board

Wednesday, October 10, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien, JD; Noah King III; Alyssa Landy, MA; Virginia S. Lewis, LCSW, MA; Lena Miller, MSW; and Terence Patterson, EdD, ABPP.

BOARD MEMBERS ON LEAVE: Ellis Joseph, MBA, Vice Chair; and Errol Wishom.

BOARD MEMBERS ABSENT: Sgt. Kelly Dunn; and Lynn Fuller, JD; Wendy James; and Alphonse Vinh, MS.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); LaVaughn King, Mental Health Services Act (MHSA); Kevin Gogin, MFT, Program Manager; Kristin Edmonston, MSW, Program Administrator; Alison Lustbader, LCSW, CBHS; and one member of the public.

CALL TO ORDER

Ms. Argüelles called the meeting of the Mental Health Board to order at 6:44 PM.

ROLL CALL

Ms. Brooke called the roll. Quorum was not established.

AGENDA CHANGES

No changes on the agenda.

ITEM 1.0 DIRECTOR'S REPORT

Ms. Argüelles stated Jo Robinson will give the Director of CBHS.

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

Ms. Robinson informed the board that Community Behavioral Health Services (CBHS) still pro-actively plans for Katie A implementation that provides mental health services for foster care youth. Although there are not yet any State guidelines on the implementation, Children, Youth and Family (CYF) and Human Services Agencies (HSA) are partnering up because they want a smooth process in the implementation of Katie A.

Leading the public health system in San Francisco is Barbara Garcia, Director of Public Health, who wants to include awareness of psychological trauma in the system of healthcare. Clinicians and staff involved in patient/client care in CBHS, Laguna Honda, Department of Public Health and San Francisco General Hospital can assess and treat, including service referrals and linkage, for any psychological traumas in primary care, in behavioral health and in housing settings.

The chronic offender program is a multi-agencies collaboration between various law enforcement departments, office of the District Attorney, office of the Public Defender and office of the Mayor to provide treatment to people who have not responded to at least 10 citations.

In the upcoming weeks, Jail Psychiatric Services (JPS) will provide the second round of crisis intervention training (CIT) for sheriffs and deputies.

Please see the attached October 2012 Director's report.

Monthly Director's Report
October 2012

1. No Compliance Problems Found with Mental Health Services Act Programs Recently Highlighted in the Media

A comprehensive review by the Mental Health Services Oversight and Accountability Commission (MHSOAC) found no compliance problems in the 13 Mental Health Services Act (MHSA) programs recently highlighted in the media. These findings were released today at an Informational Meeting in Sacramento.

The MHSOAC report found that the program descriptions in the articles generally did not address the extent of the program's purpose linked to mental health outcomes, omitted details about programs' mental health interventions and did not differentiate between Prevention and Early Intervention (PEI) programs and Innovation (INN) programs. Prevention and Early Intervention programs are ongoing services designed to bring about mental health outcomes; Innovation programs are time-limited pilots and evaluations of unproven new or changed mental health practices.

The budget amounts mentioned in media reports were, in some cases, reported as annual amounts although were actually for more years than referenced in the articles. Also, some reported budgets actually funded more programs than were referenced in the articles.

In doing the review, MHSOAC staff looked at the statutory purpose and intent of the MHSA, requirements for PEI and INN programs, and trends identified in the counties' PEI and INN programs. In addition, MHSOAC staff communicated directly with the counties in learning more about the specific programs that had been identified, including program elements, implementation and costs and then validated that the programs comply with MHSA statutes and guidelines.

"In all of the programs highlighted by the media, we found reporting errors or omissions in every single one," said Dr. Larry Poaster, Chair of the Mental Health Services Oversight and Accountability Commission.

In all, eight of the programs in media reports were PEI programs and five were INN programs; PEI funds for the eight programs reported are less than 1% of total PEI funds distributed and INN funds were 4% of total INN funds distributed. In all, there are 485 PEI and 86 INN programs funded through MHSA.

"Although these programs mentioned in the media represent a fraction of PEI and INN that have been approved, the OAC takes seriously any allegations that the use of MHSA money is being inconsistent with law and approved guidelines," said Poaster.

Of the 13 programs, eight focus on services to people from diverse, underserved racial, ethnic and cultural groups. One of the priorities of the MHSA is to expand mental health services to underserved populations.

Proposition 63, also known as the Mental Health Services Act (MHSA), was passed by voters in 2004 and was designed to expand mental health services in California. It places a 1% tax on incomes above a million dollars and has generated more than $8 billion dollars for mental health services in California since 2005.

2. Brief Update on Status of Prop. 63 State Audit

As you know, the California State Auditor has begun conducting an audit of the Proposition 63 program, per the request of Senate Pro Tem Darrell Steinberg. In a hearing in the Capitol last month, the State Auditor, Elaine Howle, indicated that the audit will involve four counties: Los Angeles County and one county each in the Inland Empire, Central Valley, and Bay Area. As of this writing, CMHDA staff is only aware of Los Angeles and Sacramento counties having been officially notified that they will be a part of the audit. The other two counties are apparently yet to be determined.

3. Children, Youth and Families

Children, Youth and Families (CYF) has been working hard to incorporate new initiatives and strategies into the system of care. In terms of prevention, the Early Childhood Mental Health Initiative funding partners have been co-developing the RFP for our jointly funded mental health consultation. The discussions have focused on building on the already successful model and learning from experiences over the past 3 years. The Parent Training Institute (PTI) continues to expand and continues to have positive outcomes across a wide spectrum of programs and agencies. The director of PTI will be a keynote panelist at the upcoming conference for Triple P providers as the model has become one of the most effective national implementations of Triple P as an evidence based parenting program.

CYF is still awaiting final instructions on Katie A. implementation, which is the successful class action lawsuit advocating for mental health services for foster care youth. Meanwhile CYF has established an internal workgroup to discuss what we currently have in terms of services and to begin to plan for the implementation. CYF will begin meeting with Human Services Agency to build our

partnership, discuss program and fiscal planning and to ensure as smooth an implementation as possible. The state did release its formula for realignment dollars distribution to the counties and did include some estimation of Katie A. costs in the disbursement.

Educationally Related Mental Health Services (ERMHS) are in their second year after AB3632 was moved from behavioral health to education. CYF is contracted with the SFUSD to provide or subcontract the services. Currently CYF is meeting with SFUSD to clarify fiscal, legal and programmatic areas in implementing these services.

The Family Mosaic Project (FMP) has a new director, Jay Avila. The project has completed an extensive multi-disciplinary work group to re-establish core parts of the mission and function. Charles Morimoto did an excellent job filling in as program director during this time and Jay has already begun to establish herself as a leader for FMP. Over the next few months we will be working on the relationship with the state regarding our managed care contract and how this will look within realignment.

We are currently beginning our search for a CYF deputy director to help oversee the service continuum and operations. This position will be aligned with CYF managers assessing and restructuring our current administrative structure. Given the retirements in the department, our current staff have stepped up to cover responsibilities formerly helped by other managers. With the restoration of these positions, CYF will be able to structure itself around the realities of building an integrated, flexible and effective system of care that allows us to work better internally and more effectively with our partners.

4. Trauma/Grief & Loss Counseling Services through the high-school based Wellness Centers

Richmond Area Multi-Services, Inc. (RAMS) has had years of partnership with the San Francisco Wellness Initiative, a collaboration between the San Francisco Unified School District (SFUSD), SF Department of Public Health / Community Behavioral Health Services (SFDPH CBHS), and Department of Children Youth and Families (DCYF). The Wellness Initiative has established Wellness Centers in, currently, 16 of the public high schools in San Francisco. The Wellness Centers provide free, on-site, confidential health services to students including behavioral health counseling, nursing services, support and empowerment groups, and connections to health resources in the community. RAMS, specifically, is the core behavioral health services provider with on-site counselors/therapists, Clinical Case Managers, and an intern training program that recruits graduate students annually, to provide support to over 1,500 students a year. Over the course of RAMS work, they have experienced a high volume of students regularly affected by frequent acts of community violence that occur several times (sometimes more) a year. Each violent act simultaneously affects bands of students at several high schools at once and the volume of the problem outweighs the capacity of the Wellness Centers' staff. In response to this need, the Trauma/Grief & Loss Counselor (TGL) position was proposed by RAMS and funded through the Mental Health Services Act (MHSA) / SFDPH-CBHS in 2009. The TGL Counselor is integrated, and is available to all 16 Wellness Centers and provides immediate response to and intervenes in schools when students or faculty are affected by school-wide crises, such as neighborhood violence or deaths of students and teachers. The TGL Counselor provides debriefing, de-escalation, training, and short and long term group therapy. The TGL Counselor possesses a Master's degree (mental health field), is bilingual & bicultural, and has clinical expertise in working with adolescents and trauma/grief & loss issues.

Students are recruited for Trauma/Grief & Loss services in several ways. Following an incident of community violence or other tragedy (i.e. suicide or death of teachers) there is subsequent debriefing and containment at a school(s), after which students may directly agree to on-going group support. The Wellness Center staff also may identify students who have been referred to them by teachers or academic counselors; and have exhibited symptoms of trauma; or have admitted some experience with being victims or witness to violence. Staff will request TGL group services for these students. TGL services average about six groups per semester.

The curriculum for the Trauma/Grief and Loss groups is a combination of Trauma-Focused Cognitive Behavioral Therapy (Cohen, Mannarino, & Deblinger, 2006) and the Seeking Safety models (Najavits, 2007). Both models are present-focused and components-based and aim to help group members learn new skills to cope with and manage symptoms of trauma. Both have evidence that support their efficacy.

For the 2011-12 school year, the TGL Counselor provided services to 90 students and facilitated 11 groups at nine school sites. The participant demographics were: 51% Latino, 25% African American, with the remaining being Filipino, Multi-racial, Caucasian and Other. Approximately 70% of the youth had recently experienced the death of a family member or someone close to them while others had issues relating to immigration or other trauma (i.e. suicide or domestic violence).

To evaluate the effectiveness of the services, students are administered a pre- and post-test during their participation, based on the Child PTSD Symptom Scale (CPSS) (Foa, et al.,2001) which measures their level of PTSD symptomology on a 1- 51 scale. Students rating over 15 are considered to be above the clinical PTSD range. The Wellness Initiative's research partner, ETR (Evaluation, Training, Research) Associates collects the test data and reports annually on the outcomes. Consistently, the results have been promising. In the 2011-12 group evaluation survey, 100% of the participants reported a decrease in their PTSD symptoms with an average 16-point drop. Furthermore, 92% of group participants, at intake, were above the PTSD range; at the end of the group, only 44% of these students measured above the PTSD range.

It is these hopeful outcomes that support RAMS' commitment to serving San Francisco's youth in the Wellness Centers. RAMS continues to solicit feedback from students about services to identify and further strengthen culturally competent, consumer-driven programming and how to effectively support youth experiencing trauma symptoms.

5. <u>California Mental Health Planning Council Meeting</u>

The California Mental Health Planning Council (CMHPC) invites you to attend its meeting on Wednesday, Thursday, and Friday, October 17-19, 2012 at the DoubleTree by Hilton Hotel, 2001 Point West Way, Sacramento, California, 95815.

The Executive Committee will meet at 9:30 a.m. on Wednesday morning and the Continuous System Improvement, Advocacy, and Health Care Committees will meet at 1:30 p.m. Members of the public are welcome to attend and observe these meetings. On Thursday morning, the CMHPC will begin the General Session with opening remarks from Sacramento County Supervisor Phil Serna. The Council will have a remembrance of Councilmember Joe Mortz, who passed away in July, followed by an announcement and outline the Joe Mortz Memorial Award. Mid-morning, the Council will

discuss and address any outstanding concerns raised by the Planning Council's recent restructuring and revised schedule. There will also be an overview of the Council's recent mandate to form and implement a five-member Patient's Rights Committee, which will advise the Department of Health Care Services and Department of State Hospitals. (See attachment 1)

6. Adult Transgender Cultural Competence and Cultural Humility: 101

November 1st from 9am-12pm
November 9th from 1pm-4pm
November 15th from 5pm-8pm
Delancy Street Theater, 600 Embarcadero Street

This workshop is designed to educate service providers on important issues and trends affecting transgender people and their families. This workshop will address several key issues related to the health and wellness of the transgender communities. The primary goals of the workshop is to enhance the skills of service providers to provide culturally competent and welcoming services to transgender individuals and to expand the clinical knowledge and comfort level of medical, social and mental health care professionals, and frontline staff (security guards, receptionists, MD's, and therapists) in order to provide quality care to transgender individuals. The training will consist of viewing Transgender Tuesdays, a movie that documents the experience of SF Transgender patients at Tom Waddell Health Center and prior to the ability to obtain gender sensitive health care. It will also have two separate panel discussions and a presentation on the why and how to be a more welcoming clinic and provide a higher quality of care to our community. *****THIS TRAINING IS REPEATED, PLEASE REGISTER FOR ONLY ONE****

7. Child Abuse Intervention Program

The Department of Public Health has been recently certified by the San Francisco Adult Probation Department to provide a comprehensive year-long treatment program for eligible and suitable offenders convicted of Section 273(a) of the California Penal Code (Child Abuse/Endangerment) and/or Section 273(d) Penal Code (Child Abuse via Trauma Inducing Cruel Corporal Punishment) and placed on probation. In September, the Adult Probation Department began referring people on probation to the program.

The Child Abuse Intervention Program (CAIP) is a collaborative effort involving various community stakeholders and City Departments, including the District Attorney, the Mayor's Office, the San Francisco Domestic Violence Consortium, the San Francisco Child Abuse Prevention Center, Police Department, the Department of Public Health, and the San Francisco Adult Probation Department. CAIP will provide a range of interventions through treatment and evidence-based practices and proven mechanisms to address the causes of child abuse and to prevent relapse. These interventions include, Cognitive Behavior Therapy, Triple P Parenting Practices, and Thinking for a Change. The goal of treatment is to change attitudes and behaviors that lead to the maltreatment of children.

The program consolidates services and offers a comprehensive curriculum that conforms to the California Penal Code. San Francisco will be just the third of fifty eight counties in California to implement such an extensive program.

Special thanks to Janice Avery of CBHS for all of her important work in establishing and implementing this important intervention, which promotes wellness and recovery to individuals and families affected by child abuse in San Francisco. For further information please contact Janice Avery at (415) 292-2562 or Craig Murdock at (415) 503-4732.

8. Jail Psychiatric Services

Jail Psychiatric Services (JPS) works closely with San Francisco General Hospital staff to treat inmates who meet 5150 criteria. In particular, JPS has been closely collaborating with the new SFGH Psychiatric Emergency Services, Dr. Melissa Nau and the two new attending doctors on SFGH, Unit 7L, Drs. Laurie Chen and Katrina Peters. Recently, a group including representatives from JPS, CBHS, Placement, and SFGH to talk about high users of PES and jail services. The meeting was extremely productive and resulted in creative, citywide treatment plans for medically and criminally high-risk patients. The hope is for the group to continue meeting on a regular basis to improve cross-system collaboration.

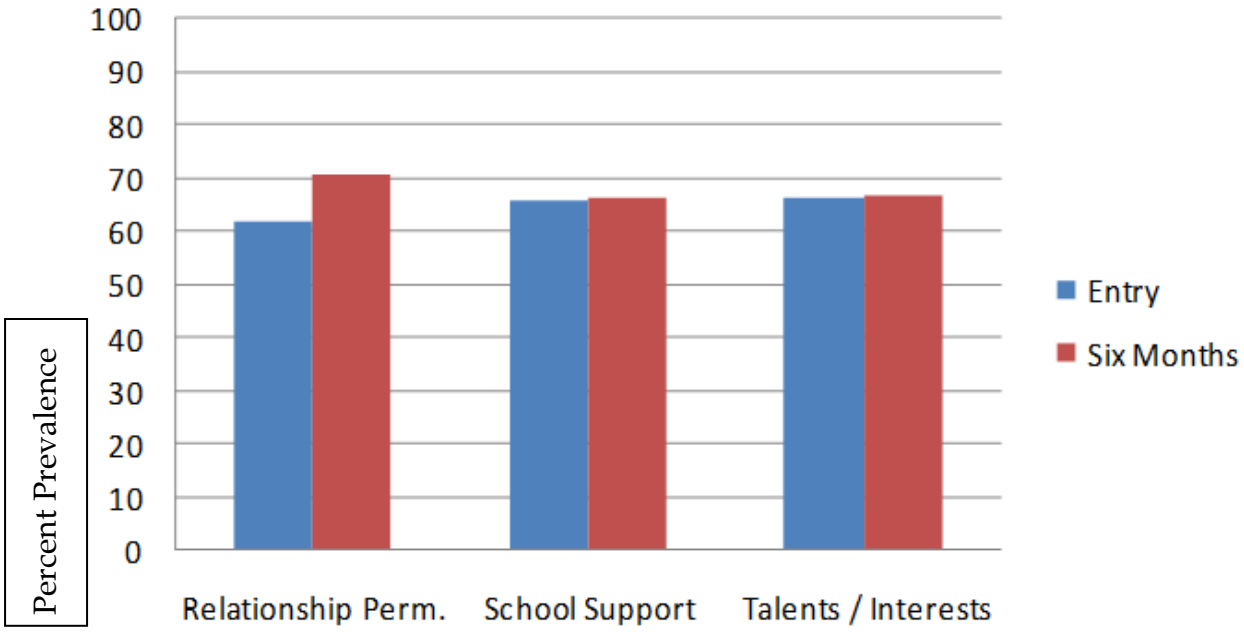
JPS will begin its second round of Crisis Intervention Training for San Francisco Sheriff's Department deputized staff. The training is designed to teach deputies how to more effectively understand and work with inmates with behavioral health issues. Additionally, JPS will be expanding its services to train institutional police working at DPH clinics throughout the city. These trainings will also be open to health care providers and the subject matter will be geared more towards building understanding and collaboration between health care providers and law enforcement.

9. Child and Adolescent Needs and Strengths (CANS) Tool: Longitudinal Strengths Profile

As we mentioned in the last Director's Report, the Child and Adolescent Needs and Strengths (CANS) tool was implemented across the child-serving system to create a shared understanding of client needs and strengths among youth, caregivers, behavioral health providers, supervisors and administrators. Items on the CANS are used to rate a child's behavioral and emotional needs, strengths, risk behaviors, functioning, trauma experience, and social and cultural context. Each item is rated on a scale from 0 to 3, with items rated a '0' indicating no need for intervention in this area, and items rated a '3' indicating a need for immediate or intensive intervention.
For this report, we will concentrate on child and youth strengths and how those change over time. The child and youth strengths domain currently includes seven items. These items include how well a child's family supports and includes them (Family), how well they build social relationships (Interpersonal), how well a school supports their academic progress (Educational), how well they build skills leading to employment (Vocational), her/his development of talents or interests (Talents / Interests), connection to spirituality or a religious community (Spiritual / Religious), and the permanence of key relationships in their life (Relationship Permanence). Nearly all children and youth in the system (99%) had at least one identified strength. On average, children had three identified strengths. In the table below, the three strengths most likely to need development (Relationship Permanence, Educational / School Support and Talents / Interests) are displayed. The Table illustrates that these strengths are present for most children and youth, but that there is relatively little development of these strengths for those who do not have them initially. We appear

to be most effective at improving Relationship Permanence: we do not appear to be improving the rate at which children and youth have the strength of a developed Talent / Interest or experience having appropriate Educational / School Supports. These data indicate a need to better identify and develop strengths among the subset of children and youth who do not yet have them. In other analyses (not shown here), we have begun to look at the relationship among the development of strengths and clinical symptoms and functioning. Preliminary analyses indicate that maintaining and developing child strengths is associated with better clinical and functional progress. Taken together, this indicates that better understanding and developing strengths is an important goal for a recovery-oriented system and for the children and youth we serve.

Table 1. Children's Behavioral Health Needs, Risk Behaviors, and Functioning at Entry and 6-Months



10. <u>Re-Design of SF HOT and MAP into a new Engagement Specialist Team</u>

DPH-CBHS continues to respond to the needs of the most at-risk individuals in San Francisco, who have severe and chronic health problems, recurrent acute and emergency care, and difficulty meeting their multiple needs for health, housing and social services.

On November 1, 2012, DPH-CBHS, in collaboration with Community Awareness & Treatment Services (CATS), will implement the new focus for the homeless outreach and transportation services provided by the Homeless Outreach Team and Mobile Assistance Patrol programs. These two programs will combine to become the Engagement Specialist Team (EST) program. The EST will prioritize its services to a group of patients in the city (about 500 individuals) who frequently use multiple urgent and emergent services – collectively referred to as the High Users of Multiple Services (HUMS). HUMS individuals are not connected to ongoing and preventive care services, and, as a result, are unable to attain improvement of their chronic and intermittently acute illnesses.

EST will function as the community "glue" for HUMS patients, providing outreach, assessment, information, transportation, interpersonal engagement, placement sites and brief interventions to assist with a shift from recurrent but disconnected urgent/emergent care to preventive, pro-active and continuous care based on community-wide plans of care. The EST will outreach to and engage with the HUMS clients, conduct assessments, construct community-based treatment plans that will be shared and coordinated with SFGH, SF FIRST intensive case management program, Sobering Center and Medical Respite. EST will offer the HUMS client a temporary bed, and link the client to case management services. EST will maintain its follow-up with the client towards ensuring reliable engagement with ongoing case management services, and will continue to assist with the client as needed. EST will operate on a 24/7 basis, using the Sobering Center as a functional hub.

Plans are being made by SF Human Services Agency to cover shelter transportation services currently being provided by MAP. Some of MAP's other functions will be assumed by the new Engagement Specialist Team, such responding to calls from police and paramedics, and urgent/emergent care transportation of HUMS clients.

Questions about the Engagement Specialist Team and the former MAP van services can be answered by Ernestina Carrillo, LCSW, Assistant Director, CBHS Adult and Older-Adult Systems-of-Care, at ernestina.carrillo@sfdph.org

Consumer Connect

In collaboration with Richmond Area Multi-Services (RAMS), CBHS is preparing to implement Consumer Connect in San Francisco in the summer/fall of 2013. Consumer Connect is a secured web consumer portal that provides easy access to information for consumers, authorized family members and authorized providers. It is a communication tool between consumers and their care team that will be available to consumers from any computer with secure internet access, such as at home or at a library.

Among its many benefits, Consumer Connect will promote:

- consumer empowerment in behavioral health services
- increased communication between consumers and/or family members and their behavioral health care team, and
- up-to-date information for consumers

Surveys will be distributed in October to all CBHS adult programs to gather information from consumers that will assist in the success of the project. The surveys are available in the five threshold languages. CBHS requests the assistance of all CBHS programs in the distribution of these surveys for completion by their clients, and transmittal of completed surveys back to the CBHS central office, 1380 Howard St.

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

1.2 Public Comment

No public comment.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

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

2.1 Mental Health Services Act Updates

Ms. Robinson reminded the board about the second Mental Health Services Act (MHSA) Awards Celebration that will occur on Friday, October 19th, 2012 from 12 - 4pm at the Unitarian Church.

She updated the board on her October 2012 report. She said the Mental Health Services Oversight and Accountability Commission (MHSOAC) had reviewed the two San Francisco programs that are being funded by MHSA's Early Intervention and Innovation dollars, and had determined that these programs are in compliance. The State is still planning to audit four counties, but they have not released the names of the counties.

2.2 Public comment

No public comment.

ITEM 3.0 PRESENTATION: PRESENTATIONS: EDUCATIONALLY RELATED MENTAL HEALTH SERVICES IN THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT AND COLLABORATIONS WITH COMMUNITY BEHAVIORAL HEALTH SERVICES, KEVIN GOGIN, MFT PROGRAM MANAGER SCHOOL HEALTH PROGRAMS STUDENT, FAMILY, AND COMMUNITY SUPPORT SERVICES DEPARTMENT SAN FRANCISCO UNIFIED SCHOOL DISTRICT; KRISTIN EDMONSTON, MSW PROGRAM ADMINISTRATOR STUDENT INTERVENTION TEAMS STUDENT FAMILY AND COMMUNITY SUPPORT SERVICES DEPARTMENT; ALISON LUSTBADER, LCSW, COMMUNITY BEHAVIORAL HEALTH SERVICES.

3.1 Presentation: Educationally related mental health services in the San Francisco unified school district and collaborations with community behavioral health services, Kevin Gogin, MFT, Program Manager School Health Programs Student, Family, and Community Support Services Department San Francisco Unified School District; Kristin Edmonston, MSW, Program Administrator Student Intervention Teams Student Family and Community Support Services Department; Alison Lustbader, LCSW, Community Behavioral Health Services.

Ms. Argüelles introduced Kevin Gogin, Program Manager for the San Francisco Unified School District Health Programs Student, Family and Community Support Services Department, Kristin

Edmonston, Program Administrator of the Student Interventions Teams and Alison Lustbader with Community Behavioral Health Services.

Ms. Lustbader provided a brief history on access to mental health services with public education regardless of family income or resources. The former California AB3632 was passed in the mid 80's in response to the federal Individuals with Disabilities Education Act (IDEA) which expanded public educational access to include state funding for mental health related services to pupils with disabilities. In essence, eligible IDEA pupils are entitled to a free public education in the least restrictive environment and appropriate accommodations as the IDEA ensures.

Until two years ago AB3632 services were provided by the Children and Family Division of CBHS. Now, the SFUSD (San Francisco Unified School District) is responsible for providing these services as of July 1, 2011, and AB3632 services must align or accommodate to the child's needs as identified in the Individualized Education Program (IEP). Also, AB3632 services must be designed so that these children will benefit the most from their educational programs. Since CBHS already has clinicians, supporting staff and infrastructure setup, SFUSD decided to contract AB3632 services back to CBHS. SFUSD and CHBS, in essence, are collaboratively providing Educationally Related Mental Health Services (ERMHS) to San Francisco students with disabilities.

CBHS therapists, along with supporting staff, are bringing behavioral health services to IDEA children. So far, there are three daytime programs: one for adolescents alone, one for both children and adolescents and one for children alone, and these daytime programs are Edgewood, Oaks and McCauley. She added that, for children with step-up level of care needs, there are residential treatment programs available to provide the higher level services.

Mr. Gogin is a school district liaison with the Department of Public Health. Starting with the 2012-2013 academic year, credentialed school psychologists provide new assessments for ERMHS (Educationally Related Mental Health Services).

The San Francisco Wellness Initiative provides wellness care to 18 high schools in San Francisco. The wellness initiative addresses students' emotional health. Trauma, grief and loss can adversely affect students' well-being, interfere with, and may simultaneously and adversely affect their academic success. He alluded that usually a chaotic or dysfunctional home life is not very conducive to learning, since students often experience difficulty in focusing at school.

The wellness initiative also includes co-coordinators to help youth with developing healthy coping skills. There is a crisis response team for addressing gang violence, homelessness, poverty, domestic violence, trauma, and loss and grief.

For K-8 levels, students' wellness care is provided by nurses. The school district has 71 social workers and 16 out of 26 nurses are assigned to high school students. Besides two partial programs, there are about 16 full programs for a spectrum of services including adolescent development, substance abuse, behavioral health needs, healthy body image issues, reproductive health, socio-cultural issues, immigration concerns, LGBTIQ empowerment, nutrition and general well-being, trauma, anxiety and depression, suicide, and boundary appropriate relationships with peers and adults.

He listed the following positions -- a full-time Wellness Coordinator at San Francisco International School, a Community Health Outreach Worker at Mission High School, a Behavioral Health Counselor at Abraham Lincoln High School, a Wellness Nurse at Lowell High School and a Youth Outreach Worker at George Washington High School. Lastly, he ended by saying that substance abuse is more prevalent with high school pupils. In the last two years, there has been more focus on trauma intervention.

Ms. Edmonston is a LCSW and a community liaison to the SFUSD.

She mentioned that school psychologists provide assessments because socio-emotional health is very important to student well being. She has 49 interns with an MSW or master's level education who she connects to work with students. Her interns are getting great hands-on trainings and plenty of system support.

She coordinates 31 San Francisco schools with community based organizations. She said, sometimes the initial care contact a student may make at school is the wellness center. During an assessment, if a student has more intensive needs, then referrals are made to CBHS.

Dr. David Lewis wanted to know if the school prescribes psychiatric medications to children.

Mr. Gogin stated that medicating children is not part of the school scope.

Ms. Lustbader added that medicating children is usually done only at the discretion of CBHS clinicians.

Ms Chien wanted to know more about the referral process.

Mr. Gogin said that students self refer to wellness clinics that include sexual wellness. Other referral sources can be family and/or teachers. Sometimes, older students may be the referral source for their shy friends. So far, the district has provided services to about 7,000 pupils.

They have a round robin consultation to follow students from elementary to middle to high schools. They look out for early warning signs. There are wellness coordinators for early intervention for high-risk or at-risk pupils. One early warning mechanism used by school counselors is the attendance record system, and counselors need to follow up on suspicious absences.

Ms Chien wanted know about how services are mobilized in a major crisis at school. She does not want another repeat incident like the Columbine High School massacre in April 1999.

Mr. Gogin stated that a variety of plans have already been in place that range from a crisis manual, some basic interventions to a full-scale school response. Should a serious school crisis occur, faculty will be kept abreast of any important developments and students will receive safety guidance and will be kept out of harms way.

He also said there are intervention resources to be deployed to help seriously emotionally disturbed kids in crisis. There are also resources that can be coordinated and mobilized from other schools and agencies as well.

Ms. Landy inquired about how 49 interns are rotated or distributed throughout the school system.

Ms. Edmonston said a mental health person on site can triage and quickly respond to students with severe and/or immediate needs.

Dr. Patterson wanted to know about the funding.

Ms. Edmonston said some funding resources come from grants, Proposition H, Children, Youth and Family, substance abuse and violence prevention initiative.

Dr. Patterson asked who does special assessments.

Ms. Lustbader said that school psychologists are now providing assessments, since the county used to do so.

Ms. Virginia S. Lewis wondered if bullying and gangs are included under peer relationships.

Mr. Gogin stated that, according to a youth and risk behavior survey, 80% of youth reported feeling bullied. The school is setting aside November 12-13, 2012 to educate students about cyber bullying and sexting. In October 2012, 3,000 students attended the Bully Summit.

He felt that San Francisco is ahead of the curve in anti-bullying programs from anti-slurs to anti-harassment. Disenfranchised students are protected from stigma and discrimination.

Mr. King mentioned Ida B. Wells, Downtown Civic Center Academy, and Hilltop for parenting teens and wondered about services for these continuing-educational schools.

Dr. David E. Lewis pointed out that stigma itself can prevent kids from seeking services. He also mentioned that some bullying kids could use intimidation to prevent other students from participating in wellness programs.

Mr. Gogin said they have an ambassador program that is integrated in the school's wellness centers and that about 46% of the high school population seek help there. Wellness care is part of an educational curriculum to exclude any stigmatization.

He also mentioned that the door to the wellness centers is for medical and mental health services so anyone seeing the student go into the center does not know whether they are seeking mental health or medical services. This helps reduce any stigma associated with seeking mental health services.

Ms. Edmonston added that nurses are aware of psychological traumas and just quietly incorporate wellness care as part of their nursing routines.

Ms. Lustbader said adolescents are very reluctant to seek out wellness care. It is a big struggle for providers to get adolescents to stay engage in wellness programs and services.

Dr. David E. Lewis wanted suggestions and concerns from the presenters that he can pose at town hall gatherings to aspiring school board candidates running in the November 2012 election.

Ms. Edmonston expressed concerns that aspiring candidates may cut social workers, because she strongly feels that social emotional health does greatly impact the classroom. She would like the aspiring candidates to state their positions and provide concrete plans on behavioral health programs.

Mr. Gogin suggested asking aspiring candidates to talk clearly about how students who are in need of services could stay engaged and connected to wellness services.

Ms. Edmonston added that keeping students in schools is a lot cheaper than keeping them in juvenile detention centers or later in jail.

Ms. Virginia Lewis wanted to know about time and session allotment for psychotherapy.

Mr. Gogin said that there were about 2,411 students who received psychotherapy and that averaged about 5 hours per student. So far, there have been 2001 students who visited school wellness centers for general counseling and that worked out to be about 4.1 hours. Lastly, school psychologists do not impose session limitations.

Ms. Lustbader pointed out that CHBS will provide behavioral healthcare and services for students as long as they need them.

Ms. Brooke mentioned that Ms. Carletta Jackson, Executive Director of Sojourner Truth Foster Family Agency and an attorney, had mentioned to her that over 50% of foster care girls become commercially sexually exploitated minors. She provided an example of older predatory girls supplying unwary and vulnerable young girls as "feeders" to sex traffickers in the Bay Area and nationally.

Mr. Gogin said that there are about 10 interns working in the foster care program to keep close eyes on how foster children are doing, but he does not know about the specifics of commercial sexually exploitative minors.

3.2 Public comment

No public comment.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1. Public comment

No public comment.

4.2. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of September 12, 2012 be approved as submitted.

No vote taken because quorum had still not been established.

ITEM 5.0 REPORTS

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

Ms. Brooke made the following announcements

1. On October 4th, 2012, the MHB and Youth Justice Institute (YJI) had a successful Trauma Training, taught youth trauma expert Gena Castro Rodriguez, LCSW. About 140 people attended the training.

2. The MHB hosted three trainings in email marketing, event marketing, and social media with Constant Contact. It was free to attendees and the trainings were well attended and appreciated by many nonprofits.

3. Laura Gonzalez, the Coro Fellow assigned to the MHB for October and November did an extraordinary job developing the SF Mental Health Education Funds, Inc. website, Facebook page and linkage with the mission and work of the Mental Health Board.

4. Ms. Brooke said the Consumer Art Reception was successful and well attended on October 5th, 2012. The artwork was very impressive.

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

Ms. Argüelles said that the Executive Committee is preparing for the Retreat which will be on Saturday December 1st from 8:30 to 4:00 PM. It will be at a new location, the Age Song facility on Laguna at Grove Street. It has a beautiful top floor conference area with windows and an outdoor sitting area. With the MHB staff, she visited the facility. She asked board members to be sure to put it on their calendar.

The November 14th board meeting will be at 101 Grove Street, Room 300 because Carla Jacobs will speak about Laura's Law and Assisted Outpatient Treatment, so a much larger number of people from the public are expected to attend.

The Executive Committee has asked Ms. Alyssa Landy, Ms. Virginia S. Lewis, Mr. Noah King III, Ms. Lena Miller and Ms. Argüelles to be on the Nominating Committee, with Ms. Landy as its Chair. The committee will nominate officers to be voted on at the February 2013 board meeting. They will meet in November 2012, and the nominations will be announced at the January 2013 MHB meeting. Nominations can also be taken from the floor at the February 2013 meeting. Public comment will be on the agenda prior to voting.

The Executive committee meets Thursday, October 18th at 6:30 at 1380 Howard Street in Room 515. All board members are welcome to attend the meeting.

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

Dr. Patterson said he would like board activities to be prominently noticed by the public. The structure for public awareness of the board would be to put board activities on the board website. He suggested recognition of community unsung heroes -- provided they consent to do so – for people who quietly working in the community.

He suggested that individual board members regularly maintain contact with their supervisors for the purpose of keeping the supervisors abreast of board activities. Board members can report their meetings with supervisors at board meetings so they are included in the minutes.

Ms. Virginia S. Lewis suggested a simple script for supervisors to answer, and those supervisors' responses should then be bulleted to highlight the essence of their views.

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

Ms Miller mentioned about the mental health issues and trauma in District 10 and her involvement with various agencies. She is planning a summit for mental health and trauma on November 13th, 2012 with Supervisor Malia Cohen. She is also working on partnering with the Center for Youth Wellness and Stanford University.

Dr. David E. Lewis announced that he will co-host and emcee the October 19, 2012 MHSA Award Ceremony at the First Unitarian Church from 12 AM to 4 PM.

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

Dr. David E. Lewis proposed learning about mental health services in the jail and the women's re-entry program.

Ms. Miller proposed hearing about the realignment issues from AB109.

Ms. Robinson proposed that the board invite Craig Murdock to address AB109.

Ms. Virginia S. Lewis said she was at a NAMI meeting that talked about how the philosophy of mental health services is focused on wellness and recovery but that some people felt that the focus of wellness is not always the case for many clients/patients but it is the goal of providers.

5.6 Public comment

Ms Robinson mentioned that Barbara Garcia's top three issues this year are trauma, violence and HIV. She expanded by saying how these issue contribute to health disparities in many disenfranchised groups. San Francisco's African American population needs more supportive services and more programs.

ITEM 6.0 PUBLIC COMMENT

Ms. King reported that RSSE (Removing Stigma in Southeast) will implement a quarterly newsletter, and start a tai chi class. Meetings with San Francisco Police Chief Suhr yielded an agreement to provide jobs for youth in the SFPD and the community. The chief assured that participating youth would receive letters of recommendations for those who complete their jobs.

ADJOURNMENT

Meeting adjourned at 8:05 PM.