SAN FRANCISCO MENTAL HEALTH BOARD

Mayor
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Mental Health Board Annual Retreat Notes

Saturday, December 1, 2012
AgeSong -- Rooftop Garden
624 Laguna Street San Francisco, CA
8:30 a.m. – 4:00 p.m.

1.0 Getting to Know You Icebreaker

The Icebreaker was integrated into the priority activities later in the day.

1.1 Public Comment

No public comment.

2.0 Mental Health Director's Report

Ms. Arguelles introduced Michelle Magee from the Harder Company who generously volunteered her time to facilitate the retreat.

Ms. Robinson highlighted the past year's accomplishments, work-in-progress initiatives and CBHS's goals for 2013.

She passed out demographic data showing clients served by CBHS. The department has been working on improving and expanding the Wellness and Recovery Model. The OMI Clinic and Citywide are working with the California Institute of Mental Health to develop a learning collaborative about the model.

CBHS is focusing on change and assessment. If it hasn't worked, then how to change it. They started with asking staff and clients about their belief in recovery. Strength based treatment focuses on asking what is going well in their lives that can be built on. She feels we are seeing some progress. The OMI Clinic created a Tree of Hope - clients put their strengths on the leaves. In the next few months the Sunset Clinic will be added. The department is also training psychiatrists on the Wellness and Recovery Model.

140 staff from outpatient clinics attended the day-long Wellness and Recovery Training at the Village in Long Beach California. CBHS has been providing Advanced Recovery Training for full-service-partnership programs and doctors.

The system is increasing Medi-Cal revenues. Housing Urban Health (HUH) clinic, Curry Senior Center, Asian American Recovery System (AARS), and San Francisco AIDS Foundation

(SFAF) are some of the Medi-Cal certified programs. More programs are becoming Medi-Cal certified through staff training in Medi-Cal charting and documentations.

Incarcerated people with schizophrenia in San Francisco jails are being processed for the SSI (Social Security Supplemental Income) presumptive initiative. Also the implementation of the 12N training will begin in 2013 for staff working with youth and Transgender 102 is for clinicians working with gender identity affirmation.

Mental health clients are very sensitive and protective of their privacy because of ongoing stigmatization and discrimination. CBHS is collaborating with the 40-member API (Asian Pacific Islander) Health Parity Coalition to address stigma and six dominant languages in API communities. Last year, CBHS developed RSSE (Reducing Stigma in the Southeast) to address mental health issues in African American descent communities.

She talked about trauma-informed care to address how trauma and lived experience affect someone's current life situation. She said healthcare providers should be aware of how to do trauma-informed care that is culturally competent to benefit people in recovery. CBHS is working on mapping out how to do trauma informed care from the receptionist to the psychiatrist, and stigma reduction in the Southeast Sector.

She highlighted the Educationally Related Mental Health Services (ERMHS) that are provided by CBHS to the San Francisco Unified School District and the Medi-Cal Mental Health Plan.

The successful Transgender trainings provided to staff this past year will go online. A vocational services coordinator was hired and a Peer-Led Hoarding and Cluttering group was started.

She also highlighted that the Client Satisfaction survey showed an overall high score for CBHS's mental health and substance abuse programs and services.

Moving toward 2013, Ms. Robinson talked about California readiness for health care reform, also known as Obama Care. The State will develop and submit to the Centers for Medicare and Medicaid Services (CMS) a behavioral health needs assessment and services plan for the 2014 Medicaid expansion from necessary infrastructure, to concurrent implementation strategies for financing, enrollment, quality oversight and monitoring, access and workforce development.

She mentioned that it's expected that in 2013 the Katie A plan will be mandated by the State of California. San Francisco Unified School District and CBHS are collaborating to provide mental health services to students including advancing Wellness and Recovery practices.

She asked that for the 2013 December board retreat, she would like to know by November 2013 what data the board would like her to report. In January 2013, she would like to share the Tree of Hope visual presentation at the board meeting. She encouraged the board to extend an invitation to Ken Epstein to come and talk about the Children's System of Care. She also encouraged the board to show the 12N LGBTQ video created by BAYCAT. The board might also look at the impact of health care reform on mental health.

She wrapped up her report with asking the board to consider becoming a Behavioral Health Advisory Board, since mental health and substance abuse are integrated in the Department of Public Health.

2.1 Public Comment

No public comment.

3.0 Issues and priorities for San Francisco mental health

GENERAL SUGGESTIONS FOR ISSUES AND PRIORITIES

- Geriatric services, outreach as a priority, outreach services for house bound seniors; social isolationism is a form of ostracism
- Housing integration rather than segregation for the population with mental health needs
- Mental health in criminal justice, drug court, women's issues, array of comprehensive services for in & out
- Proactive MHB
  1. More visible
  2. Combining program reviews with resolutions 3. Informing the public about alignment and health care reform.
  3. Increasing the number of resolutions to at least four
  4. Visibility at supervisor's meetings.
- Families and children of families or caregivers who have mental health issues
- Advocacy for folks living with mental illness
- Taking cues from Jo Robinson, CBHS director, monthly report to align the board interests with director's monthly report
- Accuracy of diagnoses
- Housing – advocate for more mixed housing rather than segregation of mentally ill in housing.
- Follow through on trauma, PTSD including focus on Juveniles
  1. Community violence
  2. Coordinated services
  3. Public awareness
  4. Promote recommendations from the Trauma summit, ex.: resolution supporting and follow through to implement it
- Improve board function
  1. Replace vacant seats
  2. More diversity
  3. Board of Supervisor member
  4. Train board members
  5. How do we deal/respond to requests?
  6. Reaching out and developing relationships with members of the Board of Supervisors
  7. More outreach and connections to other organizations
- Program Reviews
  1. Increase the number of site visits
  2. Improve expertise and format of site visits
  3. Budget/documents

CALENDAR DISCUSSION FOR 2013

- Mental Health Board name change to Behavioral Health Board
- Understanding the emerging issue of integrative mental health and substance abuse
- Mental health in criminal justice: BHC (Behavioral Health Court), women's re-entry program, realignment, drug court, CJC (Community Justice Court)

3.1 Public Comment

No public comment

4.0 Review of 2012

Discussion of this item was tabled. Board members referred to handout listing presentations in their packets.

4.1 Public Comment

No public comment.

5.0 Review of Mental Health Board Responsibilities

Discussion of this item was tabled. Board members referred to handout listing state mandated responsibilities in their packets.

5.1 Public Comment

No public comment.

6.0 Media and Communications Committee Report

This report was postponed to the January 2013 meeting.

6.1 Public Comment

No public comment.

7.0 Develop priorities for 2013

A general priority for 2013 is to strengthen the MHB by its advocacy and leadership on key issues. The board decided to change its approach to focus on a few big issues and develop an Advocacy Model Action Plan to explore the issues in depth over several months rather than the past practice of different presentations each month.

- What does the board need to know? Information gathering and education of community:
- How does the board find out what is going on? Program reviews or site visits
- What can the board do? Resolutions/summits/forums
- Creating a thematic calendar

ADVOCACY MODEL ACTION PLAN

Activity	Who	When/How
Create a presence with and at Board of Supervisor's (BOS) meetings		Attend one Tuesday meeting per month

Creating a 3 person team who would be strategic during public comment time		
DPH Health Commission		Present at one of its meetings
Write up fact sheet or talking points for meeting with supervisors		February 2013
Recommend unsung hero/heroine	Outreach comm.	Bring to Executive Committee meeting
Organize expanded/forum with town hall approach	MHB	March 2013, May 2013 and November 2013 forums

Priority #1: Trauma and Community Violence, PTSD, Juveniles and Adults system of services.

Follow up on the November 2012 Trauma Summit.

Activity	Who	When/How
Board members review and adopt the Trauma Summit report at the February 2013 meeting	Argüelles, Miller, & Patterson	February 2013
Hearing/presentation from family members about how violence affects them. CBHS funded programs should be invited to board meeting		March 2013
Hearing/presentation from providers about how violence affect them		April 2013
Request CBHS list of programs that serve District 10 and do site visits		January - May 2013
Recognize a mental health unsung hero/heroine for championing mental health		May 2013

Priority #2: Mental Health and Senior Services

Ms. James and Mr. Vinh will develop an Advocacy Model for this priority.

7.1 Public Comment

No public comment.

Adjournment

The retreat adjourned at 3:00 PM.