SAN FRANCISCO MENTAL HEALTH BOARD

Edwin Lee
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

Adopted Minutes

Mental Health Board

Wednesday, April 10, 2013

City Hall

One Carlton B. Goodlett Place

2nd Floor, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: Ellis Joseph, MBA, Vice Chair; David Elliott Lewis, Ph D, Secretary; Terezie "Terry" Bohrer; Melody Daniel, MFT; Kara Chien, JD; Wendy James; Sgt. Kelly Kruger; Alyssa Landy, MA; Lena Miller, MSW; Terence Patterson, EdD, ABPP; and Alphonse Vinh.

BOARD MEMBERS ON LEAVE: Marlene Flores; Virginia S. Lewis, MA LCSW.

BOARD MEMBERS ABSENT: Errol Wishom

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); LaVaughn Kellum King, MHSA; Jo Elias Jackson; John D. Rouse, MD, Physicians Organizing Committee (POC); Brian Tseng, POC; Crystal Marsonia, Westside Community Services; Vivian Imperiale; Wendy Yu; and six members of the public.

CALL TO ORDER

Mr. Joseph called the meeting of the Mental Health Board to order at 6:33 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

There were no changes to the agenda.

ITEM 1.0 ELECTION OF OFFICERS

1.1 Report from Nominating Committee

Ms. James reported that the Nominating Committee stated the nominees at the November 15, 2012 meeting as: Co-Chairs: Dr. Terence Patterson and Virginia Lewis, Co-Vice Chair: Ellis Joseph and Wendy James; Secretary: Dr. David Elliott Lewis. Since then, Dr. Patterson and Ms. Lewis decided not to run for Co-Chairs. In their place, Mr. Joseph and Dr. Lewis offered to run for Co-Chair. Ms. James will still run for Vice Chair and Ms. Lewis has volunteered to run for Secretary.

Additional nominations can also be taken from the floor at this time and you are free to nominate yourself for a position. We will take a roll call vote for each office. You are also welcome to ask to be appointed to a general seat on the Executive Committee if you would like to be more involved. And all board members are welcome to attend and participate in Executive Committee meetings, as a nonvoting member".

1.2 Public Comment

No public comment

1.3 Election of Officers

Ellis Joseph said "We will vote for each office separately. The nominations for the office of Chair are two Co-Chairs, David Elliott Lewis and me. If elected we would share the responsibility of chair, alternating presiding over meetings and representing the board in different ways. Our terms would run to February 2014 as bylaws state that elections are in even numbered years. Any officers elected for this year would be eligible to run for a second year at that time. We are electing the current officers during an odd year due to leadership changes that altered the schedule."

Board unanimously approved the following officers.

Congratulations to Co-Chairs Ellis Joseph and Dr. David Elliott Lewis

Congratulations to Vice Chair Wendy James.

Congratulations to Secretary Ms. Virginia Lewis.

ITEM 2.0 PRESENTATION TO OUTGOING CHAIR

2.1 Presentation to outgoing Chair M. Lara Siazon Arguelles. Ms. Arguelles will address the board.

Accepting the recognition plague and a certificate on the behalf of Ms. Arguelles is Caroline Arguelles, who is Ms. Lara Arguelles' daughter.

Mr. Joseph said that he would like to acknowledge and thank the outgoing Chair, Lara Arguelles for her exceptional leadership of the board for the past two years.

Ms. Arguelles' letter to the board

My dear Colleagues,

I chose to email my welcome to the new Board Members and thank my former Colleagues. I want to request the board members to include this email in the minutes of the April 10, 2013 MHBSF Monthly Meeting.

It has been a privilege to serve as a Board Member of the MHBSF for two (2) terms, as Acting Chair for almost a year and as Chair for two (2) years. Thank you all for your support, and because of our "TEAM" Effort mind-set in the past years, we have accomplished a lot. Each of you volunteered your time and effort because of your passion to make a difference. Your jobs as Lawyers, ESQ., JDs, in Social Work, Teachers, and positions in any of the Service-oriented organizations or work places are all noble and commendable.

I do want to acknowledge and recognize a few members for their hard work and commitment to help others especially the disenfranchised & under represented.

- *My "MVP" award goes to Sgt. Kelly Dunn. Kelly has a full time job as SFPD Officer and SFPD Mental Health Liaison, Coordinator of the SFPD Crisis Intervention Training (CIT), and a MHBSF Board of Director.*
- *I want to recognize Dr. Terry Patterson for following up his promise to update Supervisor David Campos as promised.*
- *I want to give credit to James Keys for his role during his term as MHBSF Chair and holding a full time job, to stop Sutter/CPMC's "takeover" of St. Luke's Hospital's.*

It is my pleasure to welcome the new Board Members, hopefully you will consider to join the Executive Committee. To my knowledge, Mental Health Board SF is the only County Board that has an Office Staff. Helynna Brooke and Loy Proffitt are both efficient, knowledgeable, and hard working. I urge you to visit your office and get to know your staff better. I want to extend my gratitude to Helynna and Loy for the jobs they have done for me personally and for the Board. You, as Board Members, can help and advance the Board's Agendas by personally taking the time to contact your Supervisors via phone calls, emails, Facebook, Twitter, and other Social Media tools/channels (at home, at your most convenient times).

Congratulations to the new Board Officers.

Best,

M. Lara S. Arguelles

2.2 Public Comment

No public comment

ITEM 3.0 INTRODUCTION OF NEW BOARD MEMBERS

3.1 Introduction of New Board Members

Mr. Joseph informed the board that on March 21st, 2013 the Rules Committee of the Board of Supervisors re-appointed him to a family member seat, Errol Wishom to a consumer seat, and Lena Miller to a mental health professional seat for our second terms on the board.

And they appointed Melody Daniel to Seat #13, the family member seat replacing Lara Arguelles, and Marlene Flores to Seat #16 for the family member seat that has been vacant since Virginia Wright left the board. Finally Supervisor Chiu appointed Terry Bohrer to his public interest seat #4, that Linda Bentley left in April 2012. He asked the new board member to say a few words to introduce themselves and share with the board why they wanted to be appointed to a seat on this board.

Ms. Daniel said that she is a mother of a child with mental illness, who is currently 42 years old. Her son had his first acute psychiatric crisis when he was 18 years old. She is in the progress of earning her MFT and is passionately advocating for the betterment of mental health services.

Ms. Bohrer is a Nurse, Social Worker, and Certified Legal Nurse Consultant, with expertise in mental health public policy.

Prior to moving to San Francisco in 2011, she was from Washington DC, Maryland was on the Governor Mental Health Advisory Community since 1976 and was the Director of Mental Health for St. Georges County.

Now, she volunteers weekly at MHA-SF for two days, sits on MHA-SF's Public Policy Committee and is a counselor for suicide prevention. She is delighted to be on the board and hopes to share her east coast experience with the board.

Dr. David Elliott Lewis said that Ms. Bohrer has been an asset at MHA-SF, because she knows a lot about mental health policies.

3.2 Public Comment

No public comment.

Item 4.0 ACTION ITEMS

For discussion and action.

Mr. Joseph said "in addition to approval of minutes and notes from past MHB meetings, the board will be voting on a resolution calling for restoration of hospital beds in San Francisco and a resolution adopting the November 13, 2012 Trauma Summit Report. Members of the Physicians Organizing Committee (POC) will provide a brief overview of the issue for both the benefit of the board members and the public. Lena Miller who organized the Trauma Summit and prepared the report will give a brief overview of the report and ways in which it can be implemented. Then we will call for public comment before voting."

Brian Tseng with the Physician Organizing Committee stated that currently in San Francisco, SFGH (San Francisco General Hospital) is the only hospital with an acute psychiatric unit that accommodates clients/patients without private insurance, since Sutter Heath shut down its in-patient psychiatric unit at St. Luke's Hospital in 2007. He would like to see Sutter Health restore psychiatric hospital beds, as it promised to San Francisco in its hospital building plans and urged the board to approve the resolution.

He said POC representatives have met with most supervisors on the Board of Supervisors, except David Chiu, president of the BOS. At the last full BOS meeting, only Supervisor Jane Kim voiced the issue of mental health care inadequacy and psychiatric bed shortage for non-private insured clients/patients in San Francisco County. It is too much of a burden for SFGH to be the only hospital in the county to have psychiatric beds. Sutter Health's current proposal to rebuild St. Luke and Cathedral Hill hospitals without restoring any promised psychiatric beds for non-private insured clients/patients is unacceptable. He voiced that its non-profit status should be revoked because currently Sutter Health benefited over $100 million in tax breaks per year.

He emphasized that Psychiatric Emergency Services (PES) at SFGH averages about 23% of the time on diversion, meaning they cannot take any new emergency psychiatric patients during those times. He said that the Central Labor Council has endorsed the resolution holding Sutter Health accountable for its breach of contract with the county.

He encouraged all mental health board members to discuss the resolution with city supervisors, Barbara Garcia, who is the health director at the San Francisco Department of Public Health (DPH) and other city and county leaders. He admitted that although inpatient psychiatry is not the main model, psychiatric beds are still needed.

Dr. John D. Rouse is a psychiatrist in the public sector since 1946 and is speaking on behalf of the POC. One of his goals is to get people with psychoses stabilized and back into the community. However, he has seen an increase in "ghettoization" of public mental health folks.

He said that before St. Luke's psychiatric unit was closed down by Sutter Health both SFGH and St. Luke's accepted any person needing in-patient psychiatric care. Now only SFGH provides in-patient psychiatric care to non-privately insured citizens. He believes that both private and non-profit hospital and other health facilities need to treat the general public with psychosis too. He has seen people coming in with mental health problems who have acute co-occuring disorder in both mental health and medical issues.

Dr. Patterson stated that he has seen enough atrocities of not having mental health care. He asked about the private psychiatric beds – meaning privately insured beds not generally available to homeless person with mental illness or Medi-Cal patients/clients.

Dr. John D. Rouse said CPMC campus has 23 privately insured beds in an unlocked unit.

Ms. James wanted to know if California State law has any mandatory regulation regarding the allocation of non-privately insured psychiatric bed based per population.

Dr. John D. Rouse said there is no mandatory requirement. But there has been a movement for community and clinical services. He said the public ought to contact the state to demand that the Office of Statewide Planning and Development to have a better mental health care infrastructure.

Brian Tseng added that communities ought to respond with urgency to San Francisco leaders and the BOS about non-private psychiatric bed restoration because Sutter Health is fast tracking the building projects.

Ms. **James** asked about care costs.

Dr. John D. Rouse stated that private cost is expensive and labor intensive and not scalable. . Homeless people often have multiple co-occurring disorders. Medi-Cal has a very stringent qualification definition in determining eligibility for psychiatric care.

Mr. Vinh wanted to know the actual connection between CPMC and Sutter Health.

Dr. John D. Rouse stated that Sutter Health is the parent company that owns both CPMC and St Luke's Hospital.

Ms. Bohrer wanted to know the total number of psychiatric beds in San Francisco.

Dr. John D. Rouse said that SFGH has 51 beds, St. Francis' Hospital has 16-26 beds, CPMC has 23 non-critical beds and Langley Porter Psychiatric Institute at the University of California, San Francisco has 20 beds.

Dr. David Elliott Lewis thanked the POC representatives for talking and educating the BOS on the issue.

4.1 Public comment

Ms. Jo Elias Jackson stated that mental illness should be decriminalized and pleaded to the board to pass the resolution on psychiatric bed restoration.

> **4.2 . PROPOSED RESOLUTION**: Be it resolved that the minutes for the Mental Health Board meeting of January 9, 2013 be approved as submitted.

Unanimously approved

> **4.3 . PROPOSED RESOLUTION**: Be it resolved that the notes for the Mental Health Board meeting of February 13, 2013 be approved as submitted.

Unanimously approved

> **4.4 . PROPOSED RESOLUTION**: Be it resolved that the notes for the Mental Health Board meeting of March 13, 2013 be approved as submitted.

Unanimously approved

4.5 PROPOSED RESOLUTION (MHB 2013-XX): Be it Resolved that the Mental Health Board congratulates California Pacific Medical Center (CPMC) in reaching a tentative development agreement with the city of San Francisco but also strongly urges the city to ask CPMC to restore previously eliminated inpatient Psychiatric Beds and offer more support for community mental health services as part of Sutter Health's rebuilding of St. Luke's hospital and the new construction of their Cathedral Hill hospital.

Unanimously approved

4.6 PROPOSED RESOLUTION (MBH 2013 –XX) Be it Resolved that the Mental Health Board adopts the November 13, 2012 Trauma Summit report, "The Impact of Community Violence and Trauma on Youth and Families" as a working document to guide strategy for services in the Southeast Sector.

Unanimously approved

ITEM 5.0 DIRECTOR'S REPORT

5.1 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.

Please see the attached April 2013 Director's report.

Ms. Robinson highlighted/reported the following items included in the April Director's report.

She encouraged board members to attend the MHSA Advisory Board meeting which is next Wednesday April 17, 2013 at 3 PM at the California Institute o Integral Studies (CIIS) on the 5th Floor.

She warned the board over the proposed budget cuts and would like the board to attend a couple of upcoming budget meetings. The April 22, 2013 meeting at 3 PM at 101 Grove Street in room 300 is stakeholder meeting with Barbara Garcia who is the health director for the San Francisco Department of Public Health. And the following day is the San Francisco Health Commission meeting on April 23, 2013 at 4 PM. She felt that representation from the board during the budget process would be valuable for, and to, many community programs and services.

Following her report, Ms. Robinson provided an overview of the Department of Public Health and Community Behavioral Health Services. The power point is at the end of the report.

Monthly Director's Report
April 2013

1. New Spanish-language Brochure for Clients

Determining whether you have a mental or substance use disorder is the first step to seeking and receiving treatment. The Spanish-language version of *Should You Talk to Someone About a Drug, Alcohol, or Mental Health Problem?* is a consumer brochure that contains a series of questions people can ask themselves to help them decide whether to seek help for a mental or substance use

disorder (or both). The brochure urges those who answer "yes" to any of the questions listed to seek help and provides resources on where to find more information.

The brochure is available at http://store.samhsa.gov or through the link below: http://store.samhsa.gov/product/Deberia-usted-hablar-con-alguien-sobre-un-problema-relacionado-con-las-drogas-el-alcohol-o-la-salud-mental-/SMA12-4731

2. Mental Health Partners Share Strategies to Fight Stigma

Over 300 participants convened in San Francisco for the 2013 "Tools for Change Conference" presented by the Mental Health Association of San Francisco's Center for Dignity, Recovery and Stigma Elimination. The first-of-its kind conference which took place March 21st-22nd brought together community-based programs, consumers and families, county and state agencies, and leading national experts to share knowledge and skills to effectively reduce mental health stigma and discrimination. Workshops were provided by CalMHSA Stigma and Discrimination Reduction (SDR) Program Partners, CalMHSA county members, and SDR experts like Dr. Patrick Corrigan of the National Consortium on Stigma and Empowerment. Participants networked, exchanged best practices and gained skills to be effective change agents in their communities. Participants were also exposed to the critical importance of building pathways to cultural responsive stigma reduction and the work of Dr. Lawrence Yang and the Mental Health Association of San Francisco's Promising Practices SDR Program. For more information on next steps from the conference or conference material contact: Luba Botcheva at luba@mentalhealthsf.org or Stephanie Welch at stephanie.welch@calmhsa.org.

3. Center for Medicaid and CHIP Services Issues Information Bulletin to States Emphasizing Importance of the Early Screening Part of EPSDT for Mental Health, Substance Use Conditions

The Center for Medicaid and CHIP Services (CMCS) this week issued an Informational Bulletin http://www.cmhda.org/go/portals/0/cmhda_files/breaking_news/1303_mar/cms_letter_epsdt_(3-27-13).pdf to inform states about resources available to help them meet the needs of children under EPSDT, specifically with respect to mental health and substance use disorder services. According to the notice, "Prevention and early identification of health conditions, which is a key component of EPSDT, promotes positive health outcomes and can reduce health care costs across an individual's lifespan." The bulletin further reminded states that the EPSDT program assures that health problems, including mental health and substance use issues, are diagnosed and treated early before they become more complex and their treatment more costly. Under the EPSDT benefit, eligible individuals must be provided periodic screening (well child exams) as defined by statute. One required element of this screening is a comprehensive health and developmental history including assessment of physical and mental health development. If, during a routine periodic screening, a provider determines that there may be a need for further assessment, an individual should be furnished additional diagnostic and/or treatment service. In addition to the required periodic screens, EPSDT provisions ensure that children receive medically necessary physician screenings in order to detect a suspected illness or condition not present or discovered during the periodic exam. The screening may also trigger the need for a further assessment to diagnose or treat a mental health or substance use condition.

4. <u>OSHPD Announces Community Forums on Workforce Education and Training Five-Year Plan</u>

The Office of Statewide Health Planning and Development (OSHPD) announced today (3/29/13) that it plans to convene numerous community forums to solicit feedback on the next Mental Health Workforce Education and Training (WET) Five-Year Plan, 2014-2019. This Five-Year-Plan guides the development of public mental health workforce strategies – at state, regional and local levels – toward an integrated mental health service delivery system. Via 14 community forums, OSHPD seeks feedback on:

- Engagement and employment of mental health consumers and family members in the mental health workforce;
- Engagement and employment of diverse, racial, ethnic, and underrepresented communities in the mental health workforce;
- Incentives to recruit and retain students to mental health careers;
- Education and training programs for mental health providers (expansion, curriculum);
- Reduction of stigma associated with mental illness in the workforce; and
- Regional collaboration on mental health workforce development strategies.

For further information, contact Elvira Chairez at Elvira.Chairez@oshpd.ca.gov or (916) 326-3635.

5. <u>"Each Mind Matters" Unifies Mental Health Movement (funded by CalMHSA and Proposition 63)</u>

CalMHSA and Stigma and Discrimination Reduction (SDR) partner RS&E unveiled the "Each Mind Matters: California's Mental Health Movement" tagline and logo last week. Each Mind Matters symbolizes how California is transforming its mental health systems— from the ground up. The theme will be used throughout CalMHSA efforts to promote mental health awareness, support equity for mental health care and achieve acceptance and inclusion for individuals and families living with mental health challenges. The overwhelmingly positive response from the mental health community reflects the extensive engagement of the community during development. Throughout Mental Health Month in May, we will be unveiling Each Mind Matters tools to help you promote awareness and unify our efforts across the state. Contact Stephanie Welch at stephanie.welch@calmhsa.org.
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6. <u>President Obama Signs FY 2013 Funding Resolution - Across-the-Board Cut Imposed on Funding for Mental Health Research and Services (from NAMI News)</u>

On March 26, the President signed into law the fiscal year (FY) 2013 "continuing resolution" for the remaining months of the current fiscal year, through Oct. 1, 2013. Congress passed the bill the previous week.

The bill, House Resolution 933, keeps in place FY 2012 funding levels for mental illness research, services and supportive housing programs—MINUS the 5 percent across-the-board "sequestration" cuts that were put in place last month. Veterans programs – including mental health services in the U.S. Department of Veterans Affairs (VA) – are exempt from the "sequester" reduction and will actually receive increases for the remaining months of FY 2013.

This brings an end to the debate over the FY 2013 budget – 6 months into the current fiscal year. Federal agencies including the National Institute of Mental Health (NIMH), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Housing and Urban Development (HUD) will now have 30 days to submit plans to Congress on how they will impose the 5 percent cut across various programs and functions.

The federal agencies will likely cut one or a combination of the following:

- grants to states, localities and providers
- ongoing research and demonstration projects
- personnel

The stage is now set for the debate on the FY 2014 budget. Last week the House and Senate passed separate budget resolutions that set overall constraints on spending, as well as 10-year plans for long-term deficit reduction. President Obama is expected to release his proposed budget for FY 2014 on April 8.

7. Children, Youth and Families (CYF)

Children, Youth and Families has continued to develop strategy relative to four initiatives impacting care for children and youth in San Francisco.

Katie A. is the statewide mandatory implementation of mental health services for Foster Care Youth. On March 4-5, 2013 the City and County of San Francisco held a two day retreat to inform county partners and providers on the background and implications of the Katie A settlement on services for child and families in San Francisco County. The two day retreat consisted of county partners, family partners and a working summit with Community Based Intensive Services providers.

The Katie A. Core Practice Model Guide (CPM) was used as an informal guidance to refine the AIM developed throughout the retreat. CPM calls for a culturally competent, family-centered, strength based and trauma informed system that functions through the interaction of five phases or elements:

- Engagement
- Assessment
- Service planning and implementation
- Monitoring and Adapting
- Transition

At the conclusion of the summit, utilizing the data from the first day and a half the county leadership group decided to adopt a plan that integrates an attachment and trauma-focused system of service delivery within a shared framework that is information driven, integrated, and innovative to support the health, safety, permanency, and well-being of children and youth in the foster care and probation systems. The goal for this plan is to design a system that will serve children, youth and families that meet the Katie A class criteria and serve as a catalyst for improvements that will impact all children in the San Francisco County System of Care.

The Trauma/Resiliency Informed System of Care (TRISC) initiative has continued to progress. The curriculum design subcommittee has developed a framework for understanding trauma and resiliency throughout the lifespan and identified core principles, elements as well as components of a comprehensive and foundational curriculum. The focus has been on identifying universal concepts that apply to trauma in general as well as specific aspects related to the experience of African Americans in San Francisco as well as others related to historical trauma, ongoing violence, racism and economic injustice.

The current plan is finish a draft curriculum by the end of June and to vet the curriculum with stakeholders through the summer. During the summer we will develop a training and sustainability plan including large trainings, train the trainers as well as ongoing coaching and supervision models. The expectation is that we will pilot the training in disparate sections of community programs during the fall, gather and integrate the feedback and roll the training out to all of Community Programs January 2014.

Educationally Related Mental Health Services formally known as 3632 is in its second year of implementation. We are currently finalizing the MOU between San Francisco Unified School District (SFUSD) and Community Behavioral Health Services. The focus of our agreement is to serve SFUSD youth whose education has been impacted by behavioral health issues and after other less restrictive, more inclusive interventions have been applied to the problems. CBHS/CYF and SFUSD are working on developing a model of service delivery that is school-based, time limited and aligned with addressing behavioral health issues for the child, youth and/or family that are impacting educational progress. This way of working relies on two shifts in the way we have worked in the past. First we are focusing on the students Individual Education Plan (IEP) as the operating document defining the behaviors we are addressing through therapeutic intervention. Progress will then be marked by improving in the social/emotional and academic goals in the IEP. This requires clinicians to develop focused treatment plans addressing specific school based issues and/or other issues impacting school performance. Second it is best practice and least disruptive to provide these services in the context of the school environment when appropriate and space is available. This way the clinicians develop a relationship with the school as well as the student. Currently we are working on discussing this model with our staff and training the staff when appropriate.

CYF infrastructure has been impacted by past and upcoming retirements. We are currently in the process of recruiting and hiring a deputy director, an assistant director and a CYF finance director. All three of these positions have been vacant and are critical to being able to improve the system of care and implement best practices. In addition over the next 3 months the director and clinical coordinator of Foster Care Mental Health will retire. This clinic is critical to our

collaboration with HSA and our ability to implement Katie A. We will also have 4 clinicians retire during the same period of time, two of whom are Spanish speaking. We are working on replacing these positions in order to maintain our momentum and meet our obligations.

8. DPH Prevention Program Reported Effective by NIDA

http://www.nih.gov/news/health/feb2013/nida-14.htm

DPH Substance Abuse Prevention Services has been implementing an evidence-based program for youth and families called Strengthening Families Program (SFP) in our prevention programs since 2012. This program enhances knowledge and communication skills in teens and parents. NIH funded this program at middle schools in Iowa in 1993. A report in the American Journal of Public Health this month shows that at age 25, those children who were in SFP are 65% less likely to use or have misused prescription opioids. (Spoth et al, AJPH, 2013; NIH News, 2/14/2013)

9. A New Suicide Attempt Survivor Support Group will be Offered in San Francisco Beginning this Month

The Mental Health Association of San Francisco & the San Francisco Suicide Prevention Center are collaborating to create a unique group specifically for individuals who are suicide attempt survivors. This group will meet weekly for 12 weeks & will utilize the Wellness Recovery Action Plan (WRAP) curriculum.

- Do you have a client or know an individual that has made a suicide attempt?
- Do you know individuals who continue to struggle with thoughts of suicide?
- Do you know someone who could use support & are looking to gain tools & knowledge for wellness?

For more information about the program, please contact Jennifer Awa of the Mental Health Association of San Francisco at (415) 421-2926, x307 or jenn@mentalhealthsf.org.

10. Prevention Recovery in Early Psychosis Program (PREP)

The Prevention Recovery in Early Psychosis Program (PREP) is recruiting TAY for stipended positions on the PREP Youth Advisory Council (PYAC). This would be a great opportunity for TAY participants who are interested in mental health advocacy. Attached are an announcement with information about the PYAC and application to distribute. Please distribute to your networks. There are still a few open spots, and will keep applications open until all spots are filled. Please contact Nicole Plata if you have any questions. (See attachment 1).

11. Native American Health Centers 2nd Annual Community Water Walk

Walkers will gather at 10:30am at Stairwell #20 at Ocean Beach, adjacent to the Great Highway. The Water Walk Ceremonial will begin promptly at 11:00 am. Doctor of Traditional Medicine and Grandmother Water Walker Mona Stonefish will lead the Ceremonial Water Walk. The Water Walk reminds us of the Sacredness of the water and creates an awareness of our responsibility to care for

the water. The Water Walk reminds us our Sacred Connection with the Water and our responsibility to maintain our wellness in the physical, mental, emotional and spiritual areas of our lives. It brings us together in a good way reminding us of the importance of a healthy community.

All are welcome and encouraged to participate in and to support the Water Walk Ceremonial at Ocean Beach on May 7, 2013.

*Women, it is culturally appropriate to wear a skirt during the water walk.

Please contact Michele Maas (415) 503-1046 extension 2712 or Aurora Mamea (415) 621-4371 extension 593.

12. S.F. Painkiller Overdoses Eclipse Heroin – An Article from the S.F. Chronicle

Heroin-related deaths in San Francisco have dropped dramatically in recent years as the city has aggressively combatted the problem, but overdoses from prescription painkillers like oxycodone are skyrocketing, say San Francisco public health officials.
Fatal overdoses from heroin in San Francisco, which hit a peak of about 160 a year in the mid-1990s, have plummeted to fewer than 10 a year today, a drop that substance abuse experts attribute to the widespread availability of treatment programs as well as an antidote that reverses the effects of heroin overdose.

For the same reasons, fewer people are winding up in the hospital for heroin overdoses. Emergency rooms in San Francisco reported a 49 percent drop in heroin-related visits from 2004 to 2010, according to records from the Drug Abuse Warning Network, which monitors drug-related hospital emergency department visits.

"We're very happy it looks like we've had some success in decreasing heroin overdose deaths," said Alice Gleghorn, the Public Health Department's alcohol and drug administrator. "The bad news is it looks like there may be other drugs trying to come in and fill the gap."

The use of oxycodone, a painkiller sold under the brand name Oxycontin, jumped a stunning 528 percent from 2004 to 2010 based on emergency room visits, according to the Drug Abuse Warning Network. At the same time, non-heroin opiate use jumped 212 percent.

Prescription drug overdoses have overtaken car crashes as a leading cause of accidental death in the United States. More than 16,650 people in the United States died from prescription painkiller overdoses in 2010, according to the latest figures from the U.S. Centers for Disease Control and Prevention.

Many parts of the country have also reported increased use of heroin, spurred in part by an effort by drug companies to make abuse-proof prescription painkillers.

But, unlike San Francisco, many areas with high heroin usage have not seen a discernible drop in heroin-related deaths, Gleghorn said. "Everybody's having a problem with prescription drugs, but

we're not seeing a decrease in heroin everywhere, and certainly not the decrease in heroin deaths," she said.

Much of San Francisco's success in combatting heroin use is being credited to naloxone, a drug that is administered by nasal spray or injection. The emergency drug works to block the action of the opiate on the nerve and brain cells, counteracting the opiate's depression of the central nervous system and respiratory system. This causes an immediate and unpleasant withdrawal and reverses a potentially deadly overdose.

In 2003, San Francisco became the first California city to publicly fund the distribution of naloxone, which has saved more than 900 lives over the past decade. The city distributes kits to people likely to be in the presence of someone overdosing and trains them how to use them.

Naloxone reversed 274 overdoses in 2012, a 120 percent increase over the previous year's tally of 125, according to the Drug Overdose Prevention and Education Project, a program of the Harm Reduction Coalition, which is a national advocacy group with offices in Oakland.

Despite the city's success, heroin still remains the most common drug that sends San Franciscans into treatment.
"Clearly, heroin overdoses are happening, but people aren't dying," said Eliza Wheeler, manager of the Drug Overdose Prevention and Education Project, known as the Dope Project.

Naloxone also works to counteract overdoses caused by prescription opiates, which include oxycodone, methadone and hydrocodone, which is sold under the brand name Vicodin. But those users aren't taking the antidote.

Only 13 of last year's 274 naloxone reversals were for prescription opiate overdoses and another 37 involved the painkillers in combination with other drugs, Wheeler said.

The reason may be that people who use prescription drugs are probably not aware of the overdose risks and wouldn't have the antidote drug available to them.

"When you say the word 'overdose' to someone on medications for chronic pain, they feel they're not at risk because overdose is associated with drugs and drug users," said Dr. Phillip Coffin, director of substance use research in the San Francisco Department of Public Health's HIV prevention section. "Most don't think of themselves as drug users. They feel they're taking pain medications prescribed by their doctors."

San Francisco is now developing programs to get naloxone kits into the hands of patients receiving painkillers for chronic pain, Coffin said. He said the kits should be considered a safety precaution.

"Having the antidote on hand is both a way to be safer should an overdose occur and it's a way to help people recognize that this medication, however beneficial it may be, carries risks well," he said.

Read more: http://www.sfchronicle.com/health/article/S-F-painkiller-overdoses-eclipse-heroin-4401624.php#ixzz2PVrVRvxW

13. Community Behavioral Health Services (CBHS) Naloxone for Opioid Overdose Prevention and Education Project

In 2009, drug overdose deaths surpassed motor vehicle crashes as the leading cause of unintentional injury deaths in the United States. The number of opioid analgesic overdoses more than quadrupled from 1999 to 2010 in the United States.[1] In a San Francisco sample, almost 1 out 4 injection drug users reported a heroin overdose in the last year.[2] In this same population of young injectors, using heroin in the last 30 days constituted the highest risk of death over the ten year period.[3]

Naloxone, an opioid antagonist, is the antidote to opioid overdose. It can be given intranasally or injected. In the absence of opioids naloxone has no clinical effect, making it a safe medication for non-medically trained persons to use. The San Francisco Drug Overdose Prevention and Education (DOPE) project has distributed naloxone to injection drug users since 2003. After 6 years of follow up, 1,942 patients were trained and dispensed naloxone which was used in 399 overdose events. Overdoses were successfully reversed 89% of the time.[4]

Similar programs have been implemented in other communities. In a rural county in North Carolina, a multifaceted overdose prevention program targeting prescription opioids (Project Lazarus) provided naloxone to patients with risk factors for opioid-induced respiratory depression.[5] The overdose death rate in this county dropped from 46.6 per 100,000 in 2009 to 29 per 100,000 in 2010. A recent survey of naloxone programs across the United Stated found 48 respondent programs that trained and distributed naloxone to 53,032 persons. This resulted in 10,171 overdose reversals.[6]

Two of the risk factors for opioid overdose are history of a mental illness or a substance use disorder.[7-9] In order to target these high risk populations and expand access to naloxone in San Francisco County, Community Behavioral Health Services adopted a naloxone distribution program on October 4, 2012. Core components of the program include full CBHS formulary status, availability of provider and patient education materials, and in-clinic distribution. Naloxone distribution occurs in two settings, the CBHS Pharmacy and clinics. At the pharmacy, psychiatric clinical pharmacists have a collaborative practice agreement to prescribe intranasal naloxone to clients enrolled in the buprenorphine and methadone maintenance clients it serves. In addition, the pharmacy fills naloxone prescriptions for other programs including the Treatment Access Program and Office-Based Buprenorphine Induction Clinic. The other naloxone distribution sites are the CBHS mental health clinics, where intranasal naloxone is floor-stock for in-clinic dispensing. To date, the CBHS programs have dispensed approximately 40 naloxone kits and have had 2 reported opioid overdose reversals. This indicates that a naloxone distribution program targeting this at risk population has the potential to save many lives.

References

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7. Dunn, K., et al., Opioid prescriptions for chronic pain and overdose: a cohort study. Ann Intern Med, 2010. 152: p. 85-92.
8. Braden, J., et al., Emergency department visits among recipients of chronic opioid therapy. Arch Intern Med, 2010. 170(16): p. 1425-32.
9. Bohnert, A., et al. Association between opioid prescribing patterns and opioid overdose-related deaths. JAMA, 2011. 305(13): p. 1315-21

14. CSPP-Alliant / DPH Office of Quality Management Research Practicum

The Office of Quality Management (OQM) for Community Programs is in its fifth year of implementing a doctoral student Research Practicum in collaboration with the California School of Professional Psychology (CSPP), located within Alliant International University.

CSPP faculty screen PhD-track student applicants for placement within a year-long research practicum in the Research & Evaluation unit of OQM. The students are interviewed by OQM staff, and three are selected each year for the practicum. Students are paired with a supervisor who is working on a DPH project that could provide students with hands-on experience conducting research and evaluation in the Department. Students commit to work 8-10 hours a week for a full year, and receive a stipend from DPH that is matched by Alliant.

Students have helped with evaluation of many DPH initiatives, including evaluations of the implementation of Seeking Safety groups, the effectiveness of Dialectical Behavior Therapy, the Community Justice Center's Violence Intervention Program (ongoing), trauma among youth clients based on the Child and Adolescent Needs and Strengths assessment, a state-mandated EPSDT Performance Improvement Project, the Prevention and Recovery in Early Psychosis project (PREP), Mental Health & Substance Abuse Integration, the AIIM Higher collaboration with Juvenile Probation, assessing CBHS providers' Recovery Knowledge of CBHS providers (ongoing), and others. Several students have gone on to conduct their dissertations based on their research practicum studies and have presented results at local meetings and national conferences.

Currently we have three students working with us: Anastasia Finch, Caitlin Nevins, and Annissyah Alamsyah. Ms. Finch is working on a project to identify trajectories of "overlap" (foster care and mental health) youth using the Shared Youth Database. Ms. Nevins is working on a project to create electronic clinical alerts based on ANSA and other client data, and Ms. Alamsyah is analyzing years of CBHS client satisfaction data to find correlates of client satisfaction and functional outcomes. We look forward to another year of partnership with CSPP in the implementation of the mutually beneficial practicum program.

15. The Office of Statewide Health Planning and Development (OSHPD) to Hold in the Mental Health Workforce Education and Training (WET) Program Community Forums

The Office of Statewide Health Planning and Development (OSHPD) invites you to participate in the Mental Health Workforce Education and Training (WET) Program community forums. These community forums will engage stakeholders to provide feedback on the next Mental Health WET Five-Year Plan. The Mental Health WET Five-Year-Plan provides a framework on how to improve and develop mental health workforce education and training programs at the County, Regional, and State Levels.

OSHPD seeks feedback on:

- Engagement and employment of mental health consumers and family members in the mental health workforce;
- Engagement and employment of diverse, racial, ethnic community, and underrepresented individuals in the mental health workforce;
- Incentives to recruit and retain students to enter mental health careers;
- Education and training programs for mental health providers (expansion, curriculum);
- Reduction of stigma associated with mental illness in the workforce; and
- Regional collaboration on mental health workforce development strategies.

The regional workshop will be held on May 15, 2013 at the San Leandro Public Library, 300 Estudillo Avenue, San Leandro, CA.

Target audience includes, but is not limited to: mental health providers, educators, consumer and family members, individuals from multi-cultural communities, county mental health directors/administrators, county mental health contractors, and workforce development leaders and staff. Community forums are not limited to members of the counties the meetings will take place in. We invite members of surrounding counties to also attend and provide us feedback.

Please RSVP to OSHPD.MHSAWET@oshpd.ca.gov or (916) 326-3635 indicating your name, organization, and community forum you will be attending. If you have any questions, please contact Elvira Chairez at Elvira.Chairez@oshpd.ca.gov or (916) 326–3635.

16. Hot News (funded by CalMHSA and Proposition 63)

Mini-Grants Available for California Mental Health Speakers Bureaus: CalMHSA invites California mental health-focused organizations and individuals to submit an application for mini-grant funds to enhance their speaking activities to reduce stigma and discrimination of people diagnosed with mental illness. In June, 2013 CalMHSA's Stigma and Discrimination Reduction (SDR) initiative will award one-year mini-grants to allow speakers and speakers bureaus throughout California to incorporate SDR messages into speaker presentations, increase speaking placements, and provide stipend funds to individuals speaking about mental illness and SDR. Organizations of all types and sizes, particularly those whose work represents our state's rich cultural diversity, are encouraged to apply. Contact Nicole Jarred at njarred@rs-e.com for more information.

17. The Drug & Alcohol Certificate Program of City College of San Francisco

The Drug & Alcohol Certificate Program of City College of San Francisco, Health Education Department, is now accepting applications for Fall 2013. The deadline is May 17, 2013 for CBHS agencies to nominate up to a maximum of 4 employees per program. To nominate an employee(s), the 3-page Fall 2013 Nomination Form (attached to this Director's Report) needs to be completed by the employee(s)' supervisor(s), and faxed to CRAIG WENZL at (415) 452-5162.

The CCSF Drug and Alcohol Certificate Program is 38.5 unit program accredited by the California Association for Alcohol/Drug Educators (CAADE) and meets the requirements for state certification of drug and alcohol counselors. The program emphasizes a harm reduction approach to address the many factors of addiction. All classes are offered part-time in the evenings.

The nominating employer has to agree to the following:

1. Allow the student/employee to leave work early one day per week (Mondays) to get to class on time at 4pm at the CCSF campus at 50 Phelan Avenue. Employer agrees to pay employee for those hours and that employee will *not* lose pay for that time (most employers count this time as Professional Development time where employees continue to receive their pay while learning new skills).

2. Be supportive in helping their employees return to school and take classes towards their Drug & Alcohol certificate.

3. Ensure that the employee attends the mandatory orientation session scheduled for Monday, August 19, 2013 from 4-9pm at the CCSF Ocean Campus at 50 Phelan Avenue, San Francisco.

Students who enroll in the program will receive a FREE BOOK LOAN for the first two semesters, as well as a stipend upon completion of the second semester. Additionally, students receive direct links to academic support, financial aid if needed, and one-on-one support from program staff, etc. This is an excellent way to start getting state certification!

The deadline for submissions is Friday, May 17 at 5pm. Notification of acceptance into the program will be provided by May 22, and letters will be mailed to all new certificate students over the summer to prepare them for the fall. Please see the nomination form attached to this Director's Report (Attachment 2).

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

5.2 Public Comment

Wendy Yu stated that she just recently emerged from a couple of depressive episodes. She suggested that CBHS should expand mental health services like partial-hospitalization and evening – out-patient services rather than just day-time programs only.

She would like to see translators be available during family therapy. For example, her own mother does not speak English very well. The language barrier makes it very difficult for Wendy to talk about her mental illness with her own mother during family therapy sessions. Wendy felt translators for non-English families would be useful for individuals going through recovery programs.

She stated that CVE (Community Vocational Enterprise) and RAMS HireAbility programs are a good start. But for her, it has been a difficult process in finding work during the current economic hard times because available jobs tend to be for higher educated workers.

ITEM 6.0 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.

6.1 Mental Health Services Act Updates

Ms. Robinson announced that she had no MHSA updates to report tonight.

6.2 Public comment

No public comment.

ITEM 7.0 REPORTS

For discussion

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

Ms. Brooke reminded everyone that there is a brief SFMHEF meeting after the board meeting to elect a new Director to the SFMHEF board.

She said that the MHB office received several letters regarding Dr. Gene Mabrey, a psychologist working part time for Bayview Hunters Point Foundation who was just laid off due to budget reasons. He has worked tirelessly for years in the African American community and is one of the very few therapists of color who was raised in the Southeast Sector. She encouraged the board to advocate that the program find additional funding to reinstate Dr. Mabrey. The letters will be included as part of the minutes.

She announced that the 2012-2013 Program Review schedule is in process. So far four programs were completed and another two are being scheduled in the next few weeks. Loy will be handling the program review arrangements. She said that he has been doing an excellent job organizing the program reviews.

She reminded the board that April 17, 2013 is San Francisco Black Infant Health Program's Open House.

She informed the board about the following upcoming SFMHEF and MHB workshops in April 2013:

1. April 15th: Social Media for Non Profits part 1, 10-1 with a free lunch at the library
2. April 18th in Oakland: Gender Responsive Theory and Trauma
3. April 22nd: Social Media for Non Profits part 2, 10-1 with a free lunch at the library.

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

The next Executive Committee meeting is next Thursday, April 18, 2013 at 6:30 pm at 1380 Howard Street, Room 515. All board members are welcome to attend the meeting as well as members of the public.

7.3 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.

The Executive Committee would like to highlight Michelle Ruggels, Director of Operations for CBHS and Stephanie Feldman, director of Comprehensive Child Crisis Services for CBHS. Ms. Ruggels was honored at SPUR's 33rd annual Good Government Awards in March 2013 for her leadership in overseeing $490 million in annual contracts to 200 community-based organizations that provide community health services to San Franciscans. An employee of the Department of Public Health since 1997, Michelle led the Mental Health Medi-Cal Revenue Enhancement Project in 2011, creating a certification process that allows local agencies to use federal funds instead of local general funds to support their services. The department expects this effort to save $550,000 in fiscal year 2014 alone.

Ms. Feldman was honored by the Board of Supervisors for one of the Women Making History Awards She is the Director of Comprehensive Crisis Services for CBHS. She started her work in the community at the age of 14 by participating in community health fairs, volunteering for the American Cancer Society and assisting with coordination of community programs through her church. She has spent over 18 years providing direct crisis services. She goes the extra mile to ensure that she and her team provide top-notch services to the San Francisco community especially women and children affected by crisis.

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

Ms. Landy did a program review of Children's System of Care on Evans. She liked their innovative programs very much. She mentioned the Adapt the WRAP, No More Funerals, Youth Outreach, Youth Peer Mentoring, and Digital Story programs.

Ms. Miller said she and Virginia Lewis did a program review of Bayview Hunter's Point Family Center Outpatient Mental Health Services.

On April 18, 2013 she will attend and represent the Bay Area Region at the annual California Association of Local Mental Health Boards and Commissions (CALMHB/C) weekend working retreat. CALMHB/C is a statewide organization that supports the work of local mental health

boards. The Association seeks to improve the quality and cultural competency of mental health services deliverable to the people of California.

Dr. **Terence Patterson** said that he and Ms. Argüelles went to Citywide Psychiatric Services for a site visit. The clients reported to him that they were very satisfied with Citywide's services. The program has peer outreach programs, intensive case managers and full-service partnerships.

Ms. Robinson added that Citywide Psychiatric Services is part of UCSF.

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

Dr. David E. Lewis suggested the care respite program and would like to invite Eduardo Vega, ED of MHA-SF.

Ms. Landy suggested inviting Bonnie Friedman of Children's System of Care.

7.6 Public comment.

Wendy Yu stated she has been with CBHS for about two-and-half years. She believed MHSA has provided great services and programs from self-help services, to money management to crisis care programs. She said that some people don't realize that they are in psychiatric crisis until it's too late.

She announced that April 20, 2013 is the Black Health Fair at California State University of San Francisco.

She also announced that this weekend is HTF (Health Technology Forum -SF Bay Area) Code-a-thon: Platforms for the Underserved. It is Saturday, April 13, 2013 at 8:00 AM - Sunday, April 14, 2013 at 6:00 PM (PDT) at 1355 Market St, Suite # 488.

ITEM 8.0 PUBLIC COMMENT

No public comment.

ADJOURNMENT

Meeting adjourned at 8:30 PM.

Ms. Robinson's power point

Ms. Brooke's submission of letters regarding Dr. Gene Mabrey

Community Behavioral Health Services

San Francisco Mental Health Board
April 10, 2013

The mission of Community Behavioral Health Services

is to maximize clients’ recovery and wellness for healthy and meaningful lives in their communities.

With the belief that any door is the right door, CBHS provides:

- Information and referral services;
- Prevention services;
- TX support for SF's collaborative courts; and
- Involuntary assessments, inpatient hospitalization and long-term care services for those found to be a danger to themselves or others, or who are gravely disabled due to psychiatric problem.

- Voluntary behavioral health services include:
  - Self-help, peer support;
  - Outpatient;
  - Case management;
  - Medication support;
  - Social rehabilitation;
  - Vocational rehabilitation;
  - Day treatment;
  - Dual diagnosis treatment;
  - Substance abuse services
  - Supported housing;
  - Residential care, transitional residential, sub-acute residential treatment and crisis residential treatment;
  - Money management; and
  - Crisis services

Overview - San Francisco Community Behavioral Health Services – Adult/Older Adults Systems of Care (CBHS/A/OA-SOC)

- **21,411 young adults, adults and older adults** through mental health crisis, day treatment, inpatient, outpatient and residential services.
- **7,092 young adults, adults and older adults** through substance abuse methadone maintenance services, outpatient treatment, residential detox, and residential treatment.

FY 2011-12 Mental Health Clinics & Services for Adults and Older Adults

A/OA Systems of Care Mental Health Treatment Clinics

Clinic	Services
African American Alternatives	Outpatient Mental Health Services
Central City Older Adults	Outpatient Mental Health Services
Chinatown North Beach	Outpatient Mental Health Services
Mission A.C.T.Intensive	Outpatient Wraparound Services
Mission Mental Health	Outpatient Mental Health Services
Mobile Crisis Treatment Center	Crisis Intervention Services
OMI Family Center	Outpatient Mental Health Services
SFFIRST	Outpatient Mental Health Services
Southeast Geriatric	Outpatient Mental Health Services: Older Adults
South of Market MH	Outpatient Mental Health Services
South Van Ness HIV/Gender Services	Outpatient Mental Health
Sunset Mental Health	Outpatient Mental Health Services
Team II Mental Health Castro-Mission	Outpatient Mental Health Services: LGBTQQI
Transitional Age Youth FSP Intensive Case Management:	TAY
Violence Intervention Program	Violence Prevention Treatment Services

FY 2011-12 Mental Health Clinics & Services for Adults and Older Adults

Service	Amount
Admin Other Non-Billable	24,999
Adult Crisis Residential	18,073
Adult Residential	43,156
Hospital Adminstration	4,406
Local Hospital Inpatient	6,844
Mode 05 Non-Billable	11,467
Residential, Other	1,294
SNF Intensive	18,470
Crisis Stabilization Emergency R	95,020
Crisis Stabilization Urgent Care	35,765
Day Residential - Full Day	30,156
Mode 10 Non-Billable	67
Socialization	23,500
Vocational Services	21,597
Case Management/Brokerage	3,858,796
Crisis Intervention (CI)	431,374
Medication Support	4,064,890
Mental Health Services - Collate	231,752
Mental Health Services (MHS)	13,944,801
Mode 15 Non-Billable	992
Professional Inpatient Visit	92,430
No Entry	431,089
Total	**23,390,937**

FY 2011-12 Adult & Older Adult Mental Health Clients, Aged 19 and Over: Demographics and Top Ten Diagnoses

Ethnicity	FY 11-12 UDC	%
Asian	3,677	20%
Black or African Descent	4,033	21%
Hispanic	2,602	13%
Multi-Ethnic	297	2%
Native American	227	1%
Native Hawaiian/Other Pacific Islander	135	<1%
Other/Unknown	561	3%
White or Caucasian	7,826	40%

Diagnosis Class	FY 11-12 UDC	%
Mood Disorders	17,860	51%
Schizophrenic/Psychotic Disorders	11,420	32%
Anxiety Disorders	3,698	10%
Adjustment Disorder	1,053	3%
Substance-Related Disorders	774	2%
Delirium, Dementia	168	<1%
Attention Deficit Disorder	141	<1%
Impulse Control Disorders	84	<1%
Personality Disorder	98	<1%
Childhood and Adolescent Disorders	51	<1%
Total:	**35,347**	

Top Ten Languages	FY 11-12 UDC	%
English	14,472	77%
Cantonese	1,506	8%
Spanish	1,481	8%
Russian	630	3%
Vietnamese	262	1%
Mandarin	164	<1%
Tagalog	143	<1%
Filipino Dialect	94	<1%
Korean	87	<1%
Cambodian	76	<1%
Total:	**18,915**	

Age	FY 11-12 UDC	%
19 to 24	1,274	6%
25 to 44	8,059	38%
45 to 60	7,959	37%
60+	4,119	19%

Gender	FY 11-12 UDC	%
Female	9,656	45%
Male	11,479	54%
Other/Unknown	191	1%

Overview

San Francisco Community Behavioral Health Services – **Child, Youth & Family System of Care (CBHS/CYF-SOC)**

- **6,700** children and youth received direct behavioral health services in their homes, communities, schools and in outpatient clinics

- **14,394** children and youth were impacted by prevention including; early childhood mental health consultation, school based wellness as well as Substance Abuse Prevention and Intervention.

- CBHS/ CYF fosters collaboration with other child serving agencies, San Francisco Unified School District, Juvenile Justice System/Probation, Department of Human Services Agency, Department of Children Youth and Families and First Five.

FY 11-12 Services Provided by Child, Youth and Family Mental Health Civil Service Program

CYF Civil Service Clinics	
AIIM High	Services for Juvenile Justice Involved Youths
Children System of Care	Family Involvement Team & Youth Task Force
Chinatown Child Development Center	Outpatient Mental Health Services
Comprehensive Child Crisis Services	24/7 Crisis Services
Education Related Mental Health Services (ERMHS)	Outpatient/Authorization Services
Family Mosaic Project	Intensive Case Management/Wrap Services
Foster Care Mental Health Services	Outpatient Services/Authorization
Mission Family Center	Outpatient Mental Health Services
Multi Systemic Therapy (MST)	Juvenile Justice Youth Services
OMI Family Center	Outpatient Mental Health Services
San Francisco Therapeutic Visitation	Outpatient HAS Reunification Services
Southeast Child & Family Therapy Center	Outpatient Mental Health Services
Sunset Mental Health	Outpatient Mental Health Services

Type of Service	FY 11-12 UoS
Admin Other Non Billable	8,687
Case Mgmt/Brokerage	910,627
Crisis Intervention (CI)	131,442
Medication Support	301,209
Mental Health Services - Collate	363,302
Mental Health Services (MHS)	2,055,649
Non Billable	25,982
Professional Inpatient Visit - M	1,223
Wrap Services	211,744
Other Non Billable	1,504
Total:	**4,011,369**

FY 11-12 Clients Served by Child, Youth and Family Mental Health Civil Service Programs: Demographics and Diagnoses

Ethnicity	FY 11-12 UDC	%
Black or African Descent	822	30%
Chinese	423	15%
Filipino	50	2%
Hispanic	845	30%
Multiple	43	2%
Vietnamese	38	1%
White or Caucasian	162	6%
Total:	**2,383**	

Diagnosis Class	FY 11-12 UDC	%
Additional Codes	288	10%
Adjustment Disorders	390	14%
Anxiety Disorders	393	14%
Childhood & Adolescent Disorders	924	33%
Impulse Control Disorders	41	1%
Mood Disorders	576	21%
Schizoprenic/Psychotic Disorders	102	4%
Sleep Disorders	15	1%
Substance-Related Disorders	17	1%
Unknown	24	1%
Total:	**2,770**	

Language	FY 11-12 UDC	%
American Sign Language (ASL)	2	0%
Arabic	7	0%
Cantonese	295	11%
English	1,873	67%
Mandarin	15	1%
No Entry	112	4%
Russian	4	0%
Spanish	409	15%
Tagalog	4	0%
Vietnamese	33	1%
Total:	**2,754**	

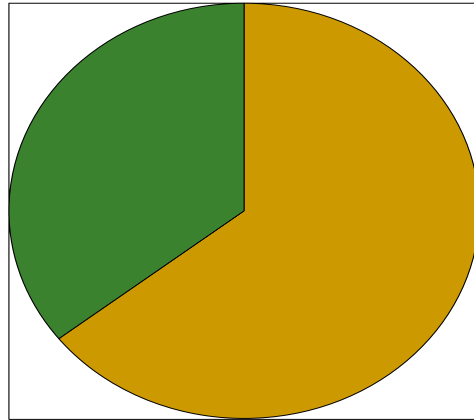
Age	FY 11-12 UDC	%
0 to 5	202	7%
6 to 12	978	35%
13 to 17	1,366	49%
18 to 22	141	5%

Gender	FY 11-12 UDC	%
Female	984	35%
Male	1,779	64%
Unknown	16	1%

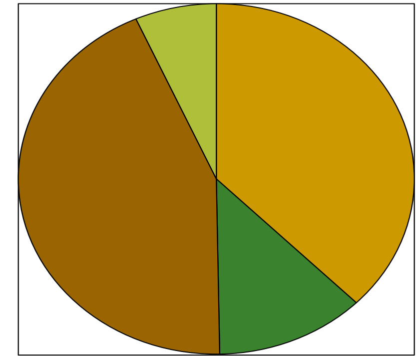
MHSA Service Categories

- Recovery-Oriented Treatment Services
- Mental Health Promotion & Early Intervention Services
- Peer-to-Peer Support Services
- Vocational Services
- MHSA Housing Program
- Behavioral Health Workforce Development
- Capital Facilities/Information Technology

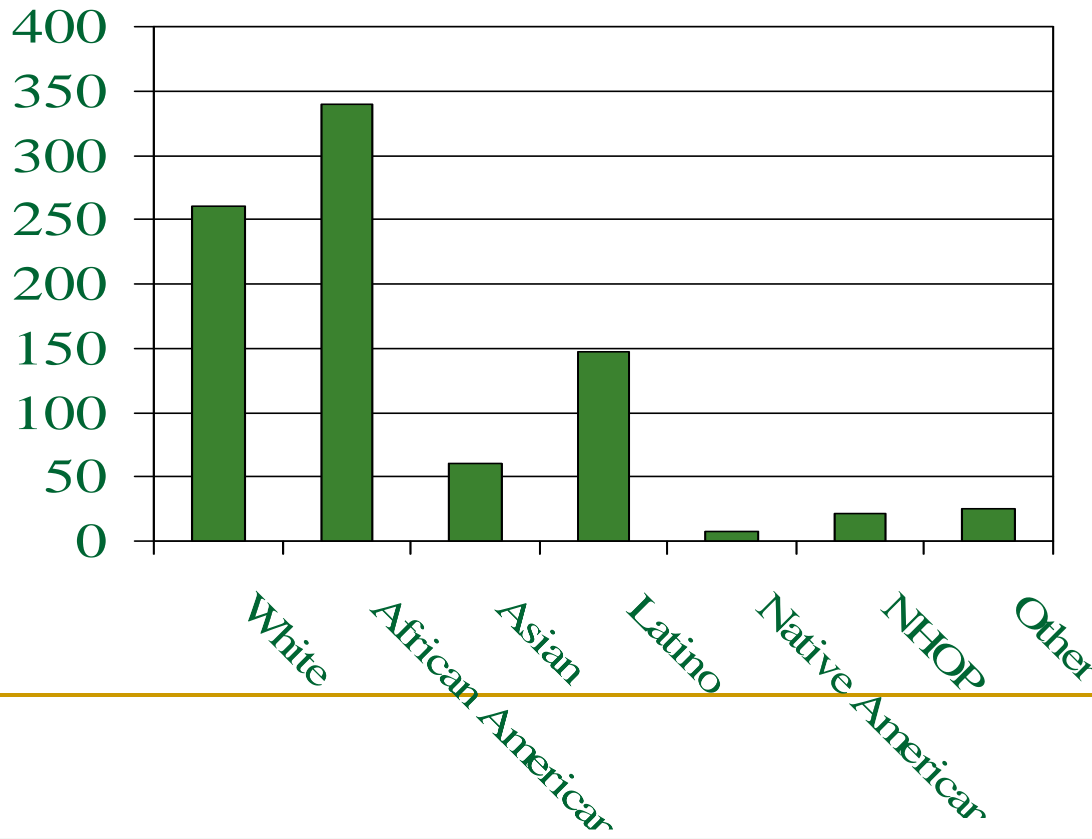
FSP Clients by Gender



FSP Clients by Age



FSP Clients by Ethnicity



FY 11/12 Numbers* Served by Category

MH Promotion & Early Intervention (PEI)	56,734
Workforce Development	1,685
Vocational Services	470
Recovery-Oriented Treatment Services	1314
Peer-to-Peer Support Services	245
Total	**59,871**

*Numbers do not include individuals served in the integrated civil service programs.

1380 Howard Pharmacy

- Specialty packaged prescriptions for 11 behavioral health clinics. 508 clients/month
- Buprenorphine maintenance for opiate addiction treatment. 206 clients/month
- Methadone maintenance for opiate addiction treatment. 5 clients/month
- Smoking cessation intervention. 75 clients.
- Jail Psychiatric Services release medications 25-30 clients/month
- E-prescribing training and user support
- Safety net pharmacy for CBHS

Prescriptions for Uninsured Clients

- Provide prescriptions to uninsured clients via pharmacy benefits manager (Medimpact)
  - Access and choice to network of >120 pharmacies throughout San Francisco neighborhoods
  - 22,500 clients (duplicated), 53,394 prescriptions
  - Clients overwhelmingly satisfied based on 2011 satisfaction survey
- Formulary management to assure optimal cost-effective medication utilization

Clinical Pharmacists

- Provide expertise to optimize medication use through
  - Drug information and education
  - Formulary management
  - Initiatives: reducing antipsychotic polypharmacy, metabolic monitoring, medication safety, needlestick prevention, electronic prescribing
- Civil service clinics (SOM, CTNB, Mission, OMI, Sunset)
  - Direct client medication management including education supporting wellness and recovery
  - Medication groups
  - Smoking cessation groups
- Substance Addiction Treatment at 1380 Howard Pharmacy
- San Francisco Behavioral Health Center
  - Medication Safety
  - Falls Prevention
  - Transitions of Care

CBHS PHONE NUMBERS

Behavioral Health Access 24 hr line	(415) 255-3737
Comprehensive Child Crisis Services	(415) 970-3800
Mobile Crisis	(415) 970-4000

Visitacion Valley
Community
Development
Corporation

March 11, 2013

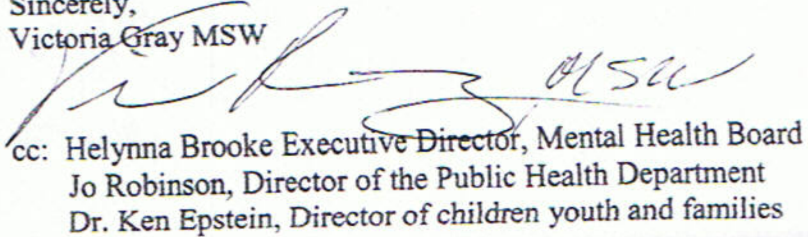
To whom it may concern,

This letter is written on behalf of Dr. Gene Mabrey who lives and works in our community. His help and support is greatly needed and appreciated. I am a Social Worker MSW and it concerns me that he no longer has employment with the Bayview Hunters Point Foundation.

Dr. Mabrey if one of the pillars of our community, our young men look up to him and he is accessible to the community day and night. He has an open line for anyone to reach him at his home. I also live and work in the community we can reach out during the evenings after most people are gone home. He is able to comfort family members as well as the children when there is a crisis.

I certainly hope someone will look into this matter and let us know what will be done to get our helper and friend back to work. As a social worker I am certain his help is needed.

Sincerely,
Victoria Gray MSW



cc: Helynna Brooke Executive Director, Mental Health Board
Jo Robinson, Director of the Public Health Department
Dr. Ken Epstein, Director of children youth and families

P.O. Box 34147 | San Francisco, CA 94134 | t (415) 850-5838 | f (415) 587-1922

March 11, 2013

To Whom It May Concern,

I'm writing this letter to express my appreciation in how valuable it was to have Dr. Gene Mabrey actively working in my community. I have known Dr. Mabrey for a little over 10 years now. He was once my family therapist after I had experienced some unfortunate trauma. During that time I had found out that he was the father of a girl I had went to school with which made me feel more at ease during our sessions together. Through the years I have seen him all over San Francisco in random places but seeing him as always been like a breath of fresh air to me because of who is and what he symbolizes to me. It saddens to me hear that he will no longer be working in my community due to budgets cuts and I'm praying that he's reinstated so that he's accessible to the community.

Cordially,

Sharae Brown
Family Advocate, RSSE (Reducing Stigma in the Southeast) sector of San Francisco
Sharae.Brown@sfdph.org
415.255.3701

BLACK HUMAN RIGHTS LEADERSHIP COUNCIL OF SAN FRANCISCO

Dr. Espanola Jackson, Founder
Robert Woods, Chairman

April 8, 2013

To whom it may concern,

This letter is being written in the behalf of a BVHP Community Gentleman & Scholar, Dr. Gene Mabrey, a community success story. I have known Dr. Mabrey since 1973 as a liaison from the Mayor Alioto's Office of Model Cities Program assigned to BVHP Community when he was a Undergraduate Student at San Francisco State University.

He was selected with Claude Everhart and several other BVHP Community Residents to attend a four year university a program under Young Community Developer. YCD was a program that was found by then BVHP Community Leaders under the Model Cities Programs for the future of the community. This community agency YCD still exist since 1973 helping the betterment of the community as designed. The purpose of his education were to serve the BVHP Community as a role model. Dr. Mabrey worth to the community goes beyond his presence as a person, he is the dream in which every resident wish for, to serve his or her community, fulfilling his obligation as a community role-model. He has kept his promise as a man to the community by being available and volunteering his service to the community when needed.

Those who made the decision to irradiate Dr. Mabrey services from the BVHP Community do not understand the investment the community has invested or the true meaning of a community benefit. The BHRLC of San Francisco Community seek full restitution and restore Dr. Mabrey whole in his position of service.

Your Truly,

Robert Woods, Chairman
BHRLC of San Francisco

cc: Dr. Espanola Jackson, Founder of BHPLC of SF
Dr. Willie Ratcliff, Bayview News