



Edwin Lee
Mayor

SAN FRANCISCO MENTAL HEALTH BOARD

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Adopted Minutes

Mental Health Board
Wednesday, [November 19, 2014](#)
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
San Francisco, CA
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Ellis Joseph, MBA, Co-Chair; David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Co-Secretary; Kara Chien, JD; Ulash Thakore-Dunlap, MFT; Deborah Hardy; Andre Moore; Terence Patterson, EdD, ABPP; Harriette Stevens, EdD; Vanae Tran, MS.; Idell Wilson; Adrian Williams; and Errol Wishom, Co-Secretary.

BOARD MEMBERS ON LEAVE: Terry Bohrer, RN, MSW, CLNC.

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Tanya Mera, LCSW, Director of Behavioral Health and Reentry Services; Kenneth Cooper; Gene Porfido, Tom Waddell Health Clinic Advisory Board; Toni Parks; and [5 additional](#) members of the public.

CALL TO ORDER

Mr. Wishom called the meeting of the Mental Health Board to order at [6:45 PM](#).

He also introduced three recently appointed board members. Ms. Ulash Thakore-Dunlap was appointed by the Rules Committee to fill the mental health professional Seat #15, Ms. Deborah Hardy was also appointed by the Rules Committee to fill a family member Seat #13, and Ms. Adrian Williams was appointed to the public interest Seat #11 by Supervisor Scott Wiener.

Ms. Thakore-Dunlap was honored by the appointment and looked forward to serving and being an active participant on the board.

Ms. Williams is passionate about her commitment to children, youth and families in the Western Addition.

Ms. Hardy is motivated to do mental health advocacy in part because of Laura' Law (Assisted Outpatient Treatment). She also had a brother who suffered from mental illness for 25 years and died prematurely.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes to the agenda.

ITEM 1.0 DIRECTOR'S REPORT

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 congratulated the three new board members. She also publically congratulated Tanya Mera who is the new Director of Behavioral Health and Reentry Services. She announced that Dr. Judith Martin will be San Francisco's Alcohol and Other Drug Administrator.

She said Proposition 47 that passed in November 2014, is designed to reduce prison incarceration of people convicted of non-violent crimes. It was passed to ensure that any person with a misdemeanor conviction will not be automatically incarcerated. However, funding for adult services of the proposition was reduced by \$32 million to \$18 million by Governor Jerry Brown. San Francisco is applying for a Proposition 47 grant.

She reported that the City Attorney's Office approved the Assisted Outpatient Treatment (AOT) implementation plan. Before it can be implemented in November 2015, the Mental Health Board is required to review the implementation plan.

Ms. Hardy asked about how RFPs (request for proposal) are scored.

Ms. Robinson explained that, in the RFP process, the Executive Steering Committee assigns a score that is based on the plans meeting very specific criteria. Any program that received an aggregate score above 250 has a higher probability of getting a grant.

Ms. Williams asked about county funding allocations.

Ms. Robinson explained that usually each county receives the maximum amount of \$950,000, except San Francisco may get up to a \$1.5 million.

1.2 Public Comment

No public comments.

Monthly Director's Report **November 2014**

1. Alcohol and Other Drug Administrator

Alice Gleghorn, PhD is leaving San Francisco's Department of Public after 19 years of service to the Department and the citizens of San Francisco. Dr. Gleghorn has been appointed the Alcohol and Drug and

Behavioral Health Director for the County of Santa Barbara. We thank her for her service and congratulate her on her new position. She has served San Francisco well in her position as Alcohol and Drug Administrator. Thank you Alice.

I am pleased to announce that Judith Martin, MD has accepted the position of San Francisco's Alcohol and Other Drug Administrator. Dr. Martin is an addiction specialist and has worked with opioid-addicted patients for over two decades. Currently she is Medical Director for Substance Use Disorders for San Francisco's Department of Public Health's Network of Care. Dr. Martin has been President of the California Society of Addiction Medicine (CSAM) and currently serves on the Board of Directors of the American Association of Addiction Medicine (ASAM). She has also participated in the National Institute of Drug Abuse (NIDA)'s Clinical Trials Network (CTN) on multi-site research studies of treatment of opioid dependence and cocaine dependence.

Dr. Martin will continue to provide many of her current duties (clinical consultation on SUD cases, promoting best practices and practice guidelines, etc.). Her new responsibilities will include coordinating SUD strategic planning with DPH initiatives, overseeing and supporting quality care across the DPH system, and implementation of the Drug MediCal expansion.

Over the next several weeks, Dr. Gleghorn will work closely with Dr. Martin to transition the responsibilities of Alcohol and Other Drug Administrator. Please join me in congratulating both of Alice and Judy in their new roles.

2. RAMS (Richmond Area Multi Services) – i – Ability Program

RAMS Hire-Ability is proud to announce that the i-Ability program's Desktop Training track has just graduated its third cohort on October 24, 2015. The trainees of Desktop Cohort 3 demonstrated a strong eagerness and aptitude for learning how to provide desktop support for a large organization, such as CBHS. Trainees learned how to conduct a full deployment, learning skills such as imaging drives, installing and managing network printers, and troubleshooting operating system and hardware issues.

In addition to being exposed to technical concepts that are covered in the COMPTIA A+ Certification, each trainee completed an independent project for which s/he researched, tested, and presented a technical concept of her/his choice. Topics included network security, client-side coding for web development, and installing multiple bootable operating systems on one USB flash drive.

The fourth cohort of i-Ability's Desktop training track will begin on November 4, 2014. The next recruitment for i-Ability's two training tracks, Desktop and Help Desk, is scheduled to start in summer of 2015. For more information, please contact RAMS Hire-Ability at (415) 282-9675.

3. Transgender Health Fair

The Third Annual Transgender Health fair was held November 19 from 1:00-3:00 pm at the SF Public Library. The Fair provided health screenings, food, entertainment, and opportunities to meet providers that serve the Trans community.

4. MHLAP FY13-14 Awardees

In FY13-14 the Office of Statewide Health Planning and Development (OSHPD) and the Health Professions Education Foundation provided a total of 1,301 loan forgiveness awards to increase the supply of mental health practitioners serving in hard-to-fill or hard-to-retain positions within California's Public Mental Health System. For San Francisco, (75) applications were submitted and (22) individuals received loan forgiveness awards. *Congratulations to...*

- * Ann Tran (UCSF/SFGH)
- * Emilio A. Orozco (City & County of San Francisco Department of Public Health)
- * Evonne M. Thong (Sunset Mental Health)
- * Farshid Farrahi (City & County of San Francisco)
- * Giselle P. Clark-Ibanez (UCSF)
- * Hang L. Ngo (San Francisco DPH)
- * Irene Kaludi (A Better Way, Inc.)
- * Ja Eun Huh (Tenderloin Neighborhood Development Corporation)
- * Jennifer Oberly (Bayview Hunters Point Foundation for Community Improvement, Inc.)
- * Jonathan Maddox (San Francisco County)
- * Juan Maillo Cabrera (Progress Foundation)
- * Kimberly Tseng (City & County of San Francisco DPH)
- * Kohen S. Tsur (UCSF)
- * Liberty S. Velez (Larkin Street Youth Services)
- * Margaret D. Hering (SFGH/Department of Psychiatry/Trauma Recovery Center)
- * Maureen Edwards (City & County of San Francisco DPH)
- * Michael S. Marcin (SF DPH/CBHS)
- * Michelle Mayberry (Family Service Agency of San Francisco)
- * Min Tan (Family Service Agency of San Francisco)
- * Ron K. Harris (City & County of San Francisco DPH)

* Ryan P. Fuimaono (SF DPH)

* Vera Vasey (City & County of San Francisco)

5. CalMHSA Announcements

Hot News (Funded by County Members of CalMHSA and Prop 63.) This Week is Mental Health Awareness Week! Join Each Mind Matters in supporting Mental Health Awareness Week, from October 5th - 11th, 2014! During Mental Health Awareness Week, people across the nation will come together to spread awareness about the importance of mental health and to speak out against the stigma that prevents individuals who live with mental health challenges from seeking help. Events planned in counties throughout California will offer mental health information and resources, and provide ways to engage more Californians with Each Mind Matters: California's Mental Health Movement resources. For example, the Los Angeles City Council will build awareness with its resolution announcing World Mental Health Day at its October 10th, 2014 meeting at 10:00AM. Visit Each Mind Matters<<http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=6bb01727c8&e=d66c0b2fb2>> for more information. Contact: Jeanine Gaines at JGaines@rs-e.com<<mailto:JGaines@rs-e.com>>.

Two Grants Opportunities Offer Ways to Expand Each Mind Matters Reach:

- * The Each Mind Matters Community Engagement Grant will be awarded to community-based organizations or counties to engage communities in, and expand the reach of Each Mind Matters.
- * The Stigma and Discrimination Reduction (SDR) Speakers' Bureau Grant will be awarded to individuals or organizations that operate Speakers' Bureau activities to allow speakers and Speakers' Bureaus to enhance SDR messages and provide stipends to speakers.

Visit here<<http://eachmindmatters.us8.list-manage1.com/track/click?u=693529ab35d3a8ce9538b9a26&id=cd362f7610&e=d66c0b2fb2>> for more information and the application. Contact: info@eachmindmatters.org<<mailto:info@eachmindmatters.org>>.

CalMHSA Partners with California Reducing Disparities Project (CRDP) to Reach Diverse Communities: New tools and resources help to address suicide prevention, student mental health and stigma reduction among California's diverse populations, particularly the African American, Asian/Pacific Islander, Latino, LGBTQ and Native American communities. Visit the CalMHSA CRDP website<<http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=8ef0e51706&e=d66c0b2fb2>> to access these resources and information for the CRDP Program Partners. Contact: Lee Anne Xiong at LeeAnne.Xiong@CalMHSA.org<<mailto:leeanne.xiong@calmhsa.org>>.

Directing Change Calls on Student Film Makers and Change Agents: Students throughout California are invited to 3rd Annual Directing Change <<http://eachmindmatters.us8.list-manage1.com/track/click?u=693529ab35d3a8ce9538b9a26&id=b75baacb71&e=d66c0b2fb2>> student film contest by submitting 60-second films in two categories: "Suicide Prevention" and

“Ending the Silence about Mental Illness.” The winning teams and their associated schools will win prizes, receive mental health or suicide prevention programs for their schools, get to participate in a meeting with state legislators on these topics, and attend the award ceremony at the end of the 2014-15 school year. Visit the Directing Change website<<http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=fc60e41520&e=d66c0b2fb2>> for contest rules and information. Submission Deadline: February 1st, 2015. Contact: Shanti Bond at shanti@directingchange.org<<mailto:shanti@directingchange.org>>.

Higher Education System Collaborates to Improve Student Mental Health: Over 200 people attended the 2014 University of California (UC) Student Mental Health Best Practice Conference, sponsored by the University of California Student Mental Health Oversight Committee and funded by CalMHSAs. The conference featured collaborative presentations from all three California higher education segments, best/promising practice program sessions, innovative poster presentations, round table discussions, networking opportunities, and innovative student mental health vendors. The full conference booklet and presenter PowerPoint slides are now available for viewing on the UC Student Mental Health Best Practice website<<http://eachmindmatters.us8.list-manage1.com/track/click?u=693529ab35d3a8ce9538b9a26&id=434e0ad8c8&e=d66c0b2fb2>>. For more information, contact Taisha Caldwell at Taisha.caldwell@ucop.edu<<mailto:Taisha.caldwell@ucop.edu>>.

Free Suicide Prevention Virtual Training for Educators and School Staff: Educators and school staff are invited to join California Department of Education and its partners across the state in preventing youth suicides by refreshing their knowledge and skills in talking with students in distress by accessing Kognito At-Risk<<http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=df9099ff77&e=d66c0b2fb2>>. The online program trains participants to identify psychological distress and build intervention skills by talking with virtual students and connecting them to support. This online training is FREE and can be shared with school colleagues. Access Kognito At-Risk by going to California's course home page<<http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=8a5e4ab0b1&e=d66c0b2fb2>> until December 31st, 2014. Contact: Monica Nepomuceno at MNepomuceno@cde.ca.gov<<mailto:MNepomuceno@cde.ca.gov>>.

Prop. 63 in the News

The San Diego Union-Tribune<<http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=aaa54e71db&e=d66c0b2fb2>> featured United Advocates for Children and Families’ “Opening Hearts. Creating Community” event where people from diverse faith traditions can learn about ways to reduce the stigma of mental illness within their faith communities. For more information and to register, visit here<<http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=f9b10f8ab2&e=d66c0b2fb2>>.

The Sacramento Bee<<http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=498be1b331&e=d66c0b2fb2>> and the Sacramento Business Journal<<http://eachmindmatters.us8.list-manage.com/track/click?u=693529ab35d3a8ce9538b9a26&id=f4fb33b34d&e=d66c0b2fb2>> highlighted a new mental health research center at the University of California, Davis and University of California, Los Angeles. The centers will foster research, education and clinical care about mental health and are funded by Prop. 63.

Register for the Northern CA Suicide Prevention Summit: The Bay Area Suicide and Crisis Intervention Alliance (BASICA) in partnership with Didi Hirsch Mental Health Services, and funded by CalMHSA, is holding its First Annual Suicide Prevention Summit on October 24th, 2014, in Oakland from 8:30 am – 3:00 pm at Samuel Merritt University. The Summit will feature the Emerging Best Practices in Suicide Prevention that were developed by Didi Hirsch in partnership with statewide subcontractors through the Statewide Suicide Prevention Networks project. For more information about the Summit or how to register, please contact Paul Muller at pmuller@mullerandsmith.com<<mailto:pmuller@mullerandsmith.com>>.

6. NAMI's Ending the Silence

NAMI Takes Ending the Silence Program to National Audience: The National Alliance on Mental Illness (NAMI) has recently begun offering the Ending the Silence program CalMHSA invested in first to its affiliates nationwide and is using the public service announcements produced by California students in the Directing Change video contest to engage a national audience. Ending the Silence is an educational program designed for high school audiences, using personal testimony to help students identify the signs of mental illness, as well as how to help themselves or others.

7. DSM 5 is coming January 2015

As you may be aware, the Federal Government is requiring that all diagnosis must be submitted in the ICD 10 format starting October 1, 2015. The American Psychiatric Association has released DSM 5 which aligns closely to the ICD 10 format. The San Francisco Health Network (SFHN) Behavioral Health Services (BHS) will be implementing DSM 5 codes within Avatar in order to meet this requirement. The Avatar application will automatically cross walk DSM 5 codes to ICD 10 codes (as well as to DSM IV) to send the correct version to the State.

What does this mean for clinicians? Prior to October 1, 2015, every diagnosis for every open client will need to be updated in the DSM 5 format. SFHN BHS wants to give providers enough lead time to modify diagnosis as they come due for re-assessment over the course of the next 10 months. To help providers prepare, we are making DSM 5 training available starting in December 2014 and will make the new Avatar diagnosis screen available on January 1, 2015. In addition, we will be adding a "Countdown to DSM 5" widget within

Avatar. Please be sure to encourage your staff to sign up for training at www.sfdph.org/training/ under the Ambulatory Care Training Unit.

8. Model for Improvement Implementation Discussion

Behavioral Health Services' Executive team, Civil Service Program Directors, Medical Directors, and Lead Clinical Supervisors met on October 29, 2014, to discuss clinical teams' progress on implementing the Model for Improvement, specifically utilizing a Plan Do Study Act (PDSA) framework of small tests of change. A total of 49 participants attended across 18 Civil Service programs.

Three clinics at various stages in the PDSA process were selected to present on their change concepts, data, and most importantly challenges. Chinatown North Beach Mental Health spoke of the difficulties of doing change work amongst all the competing initiative priorities, especially when it requires collaboration from other systems, e.g. primary care. Southeast Child and Family Therapy Center presented on their access to psychiatry quality improvement project, highlighting preliminary data showing decreases in time to offered, accepted, and third next available psychiatry appointments. OMI Family Center provided comprehensive service and cost data following the implementation of Wellness and Recovery principles, including both a Welcome Orientation class and a Medication Orientation class for all new clients.

Clinics were divided up into small groups to discuss lessons learned and prioritize key change issues. Four improvement collaboratives were created with 3-5 self-selected programs in each based on topic area of interest: (1) Increase step-up to Primary Care for clients who are ready, (2) Decrease wait time for appointments, (3) Implement Wellness and Recovery Strength-based Care for both clients and staff, and (4) Improve clinic communication for clinical and policy purposes. BHS Medical Director, Irene Sung, BHS Quality Management Director, Deborah Sherwood, and BHS Quality Improvement Coordinator, Michelle Meier, will design a follow-up technical assistance plan for each of the collaboratives.

9. OQM & MHSA's Evaluation of the Pilot 12N City Ordinance of San Francisco: LGBTQ Youth Sensitivity Training

Chapter 12N of the San Francisco Administrative Code requires all City departments to provide training that will increase sensitivity to LGBTQ youth. The **purpose of this evaluation** is to assess the impact of the pilot 12N training on the level of staff sensitivity, knowledge, and awareness to LGBTQ youth, and to determine the best format (in-person group discussion vs. online) for future trainings. The 12N pilot training was funded by the Mental Health Services Act's Innovation funding, supporting the testing of novel, creative, and/or original mental health practices. There were 13 total in-person, group training sessions attended by 654 DPH staff. The training was also offered online which was completed by 1,078 staff. The primary method used to assess the impact of the training was a survey, administered immediately before and after the video ("pre/post").

Findings that emerged from the evaluation included:

1. Overall, in spite of high pre-test scores, there was modest improvement in employees' level of sensitivity, knowledge, and awareness to LGBTQ youth.
2. The online web-based training had technical problems.
3. Participants rated training with high levels of satisfaction, with online participants rating it lower than group participants.
4. Participants recommended the group format for future 12N trainings.

5. Some of the programs reported making changes as a result of the training.

Recommendations for future DPH 12N trainings are the following:

- Despite the cost, DPH should have periodic department-wide trainings with in-person group discussion.
- Offer the online training only after DPH implements the new online training system to improve user experience.
- Monitor and track program changes that result from the training.

Refer to the following evaluation summary report attachment for more information:

(Attachment 1)

10. It is once again time for OPEN ENROLLMENT!

This article has been generated in an effort to help our patients navigate through the beginning steps of coverage determination and to make sure they are choosing the most appropriate plan to suit their medical and pharmacy needs.

How do patients know if they need to enroll? Patients who fall into the following two categories should be most concerned with open enrollment:

- **Patients with NO current health care coverage → COVERED CALIFORNIA OPEN ENROLLMENT**
 - Covered California Open Enrollment for 2015 begins **Nov. 15, 2014**, and ends **Feb. 15, 2015**.
 - Patients with no health care coverage should visit www.coveredca.com as soon as possible and choose to “Apply Now.” After following the prompts and entering requested information, the patient will be provided with a list of available plans for which they are eligible to enroll in.
- **Medicare ONLY patients (patients do not have Medi-Cal) → MEDICARE D DRUG PLAN OPEN ENROLLMENT**
 - Open Enrollment dates: begins **Oct. 15, 2014** and ends **Dec. 7, 2014**
 - For patients who already have Medicare D Drug Coverage, it is important to evaluate the best plan during annual open enrollment, as plan drug formularies and patients’ medication can change. Patients will want to go to www.medicare.gov to determine if there is a more appropriate/affordable plan that will better suits their needs. Patients will need a list of their medications and the Medicare (red, white, and blue) card.
 - HICAP is available to provide free help with enrollment (see below)
 - Remember that all Medicare clients need to be enrolled in a plan for medication coverage.
- **What if you miss open enrollment dates?**
 - **No current health care coverage:** Outside Covered California Open Enrollment, patients can buy a health insurance plan only if you qualify for a special enrollment period. This is true for plans available outside the marketplace too. Clients who

qualify for Medi-Cal can apply for Medi-Cal and the Children's Health Insurance Program (CHIP) any time, all year. Visit www.coveredca.com and click "Apply Now" (same as explained above) and the website will direct patients to their best available options.

- **If Medicare-only, and currently enrolled in Part D plan:** Patients who currently have a Medicare Part D plan and are interested in changing to different plan, must reenroll during open enrollment period (10/15-12/7). If patients do not reenroll during this period their current plan will be renewed automatically on January 1st of the upcoming year.
- **Special assistance with enrollment/reenrollment**
 - **HICAP (Health Insurance Counseling and Advocacy Program) - Free**
 - Call first to schedule appointment: (800) 434-0222 or (415) 434-0222
 - Counselors are available to assist with Part D enrollment, along with providing free, unbiased counseling and community education on Medicare and related health insurance issues.
 - Multiple convenient locations within San Francisco.
 - Translators are available to assist non-English speaking patients.
 - **Medi-Cal enrollment**
 - Go directly to Human Services Agency offices to meet with a Medi-Cal Health Connections staff member.
 - No appointment required
 - Locations: 1440 Harrison St. or 1235 Mission St. in San Francisco
 - Hours of operation: Mon-Fri 8am to 5pm
 - Phone number: (855) 355-5757 (call first to determine which documents will be need at time of visit)
 - **Medicare Part D enrollment**
 - Call 1-800-MEDICAR and talk to a Medicare agent. Patients will need a list of their medications and the Medicare (red, white, and blue) card.
 - **CBHS Pharmacy**
 - We can assist patients with determining who they need to contact and where they need to go.
 - Phone number: 415-255-3659 (Mon-Fri 8:30am to 5pm)
- **Please inform patients that they should only be providing requested personal information to www.coveredca.com and www.medicare.gov . There are many fraudulent websites that will request this information in an attempt to commit identity theft.**

11. Children, Youth and Family System of Care Overview

In July of 2014 the System of Care Leadership team held a meeting to identify priorities for 2014 that align with Ambulatory Care and our Trauma Informed Systems Initiative. The leadership team identified priorities for their clinics and service areas utilizing feedback from their staff. Two main areas of focus were identified safety and stability and collaboration. Three specific projects that are underway are:

- **System of Care Change:** The implementation of the Crisis Triage Grant utilizing the State MHSA dollars is intended to transform the way children and youth in crisis and under duress are assessed, stabilized and treated. Through the implementation of the Crisis Stabilization Unit. Comprehensive Crisis now has a space and a place to assess youth and in collaboration with Edgewood Stabilize the youth in order to prevent unnecessary hospitalization and/or lengthy stays in inappropriate locations such as emergency rooms and adult psychiatric crisis. A second component, Mobile Treatment Teams will focus on providing intensive community based treatment for children, youth and their families in the community. The Mobile treatment teams include family and youth peers as part of the treatment team. We hope to implement beginning in July. The Third Component is the Mental Health Association, Warmline. This service will provide a place for TAY, Adults and parents to discuss behavioral health concerns with trained peers with clinical oversight.
- **Access and Clinical Flow:** After a year of planning with System of Care partners. CYF will begin to roll out a Clinical Access, productivity and Flow plan designed to provide better, more focused care to children, youth and their families. The new plan includes a focus on improved clinical supervision, focusing on case formulation and review, assessing risk factors at all levels of care and helping determine places care is getting stuck or bogged down. The intention is to improve care, increase access, reduce waiting and focus on helping clinical staff by increasing team based care.
- **Safety and Collaboration:** In order to focus on Staff Experience and Safety, CYF, is working with Facilities, Human Resources and Information Technology to improve communication, prioritize facility, IT and HR needs in the clinics and facilities. Focusing on improved communication and support services is intended to insure that safety and critical work flow issues are addressed. The intention is by collaborating and streamlining issues can be addressed sooner allowing for increased quality of care and productivity for all staff.

Comprehensive Child Crisis Services

The Comprehensive Crisis Services Team had a very busy October 2014. The Child Crisis team provided 73 crisis evaluations out in the field during October, including assessments at the CSU, at schools, hospital ERs, and in our CCS clinic. Our team showed dedication and commitment to the communities we serve and to one another, stepping up to provide excellent mental health care and help keep children and families safe and working toward overall wellness and recovery. They rose to the challenge of providing up to six crisis assessments in the field per day, with an average of just over 18 crisis evaluations per week. Our team continued to grow and evolve during the month. We engaged in open collaboration with the CBHS management team and Edgewood staff in order to facilitate the refinement of processes, protocols and procedures to best utilize the CSU in order to help divert children and adolescents under 18 years old from an inpatient psychiatric hospitalization when appropriate. I continue to admire our team members' dedication, flexibility, hard work and patience in providing comprehensive mental health care with a focus on the overall health and wellness of the children and families in San Francisco.

Crisis Triage

Instituto Familiar De La Raza has joined the Crisis Triage Grant. They will be starting Caminos which will be Mobile Treatment Teams serving the Mission and Spanish speaking clients city wide. Focusing on providing services to unaccompanied minors.

L.E.G.A.C.Y. (Formerly CSOC)

LEGACY continues to collaborate with other agencies and organizations. The Youth Development Team has been working in conjunction with the Sunnydale Wellness Center to help provide services to the families in that area. Our Family Involvement Team (FIT) is in the process of acquiring the knowledge

and capability to sign up children for childcare through SF3C program via the computer. FIT is continuing to work with HSA's Peer Parents on the iASC (Katie A) pilot program by attending Child and Family Team (CFT) meetings.

On November 6th, LEGACY held a graduation ceremony for the participants who completed our latest Triple P cohort. The class was facilitated by Jennifer Hubbart and Julian Philipp.

Our annual Family Support Night Halloween event was very well attended. All the families had a wonderful and safe time. Activities included art, face painting, coloring, trick-or-treating and a costume give away.

Our annual Thanksgiving Family Support Night will be held on November 17th. At this event, we will share a traditional Thanksgiving meal with our families and discuss the healing properties of gratitude.

Mission Family Center

During Mission Family Center's (MFC) retreat in August, team building was identified as one of the clinic needs. In September and October, MFC staff embarked upon a team building activity called "pay-it-forward." The gratitude, creativity and energy that staff have put into this team building activity – and the resulting increased staff morale – is amazing! Thank you to Claudia, Juan & Marta who initiated this monthly activity and to Ana & Gilma and Jose & Josefina who were nominated to "pay-it-forward" in subsequent months! In addition to team building, MFC has made great progress on our Intake pilot initiated in July 2014. Thanks to Ana, Augusto, Jose, Josefina, Maureen, Marta & David – all who served as early adopters! As a result of this pilot MFC has reduced our wait list by 87% since December 2013; has assigned 22 cases since July 2014; and has achieved 100% timely access from July-September 2014. We are now piloting the "spread" of this endeavor to the entire staff. Great work to all and more to come!

Family Mosaic Project

In the month of October, Family Mosaic Project developed a Safety Committee. This group meets every two weeks to address issues of safety that have been voiced by staff. The topics can cover concerns that staff have identified in staff meetings. Some of the topics we are currently working on are safety protocols when conducting home visits, client's escalating in the waiting room areas, and building relationships with other businesses in the Bayview. This committee meets bi-weekly and all FMP staff are welcomed to attend to give input and recommendations.

Foster Care Mental Health Program

Foster Care Mental Health (FCMH) welcomes Celan Beausoleil to our Case Management Team! Four FCMH staff have begun their 18 month training in Child Parent Psychotherapy, delivered by the UCSF Child Trauma Research Project team. With this work, we hope to deepen a developmental, family focused trauma informed practice at FCMH. This focus will support our ongoing efforts with HSA to provide long term, attachment based, trauma informed care coordination for children and youth in Foster Care.

The Parent Training Institute

The Parent Training Institute has been very active in the past month:

- In October we trained a new cohort of Triple P providers from 10 agencies, who will be accredited next week.

- In collaboration with First 5, we also convened our first Triple P Learning Circles, in which providers from multiple agencies met to share best practices and lessons learned about delivering Triple P to San Francisco's families. Feedback from the Learning Circle was overwhelmingly positive and practitioners requested that the PTI hold a Learning Circle at least twice per year, which we are now planning to do with the support of First 5.
- Finally, we have completed a pilot of Group Stepping Stones, a Triple P intervention for parents of children with disabilities, which was run by trained staff from Support for Families of Children with Disabilities. The outcomes of the pilot were excellent, and the feedback from both the practitioners and families was glowing. Support for Families had more staff trained in the October Triple P training and plans to run another group soon.

Intensive Supervision and Clinical Services

The Intensive Supervision and Clinical Services (ISCS) Program, a blended clinical teams from 5 different community-based agencies (CJCJ, CYC, IFR, OTTP, YMCA US) has completed a draft of our Program Model and Manual.

Tell us your clinic story and we will add it to the upcoming Director's Reports

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 vita.ogans@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT ANNUAL 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 Annual Update: Public Hearing

Ms. Robinson commented that many people received Mental Health Loan Assumption Program (MHLAP) awards through the loan forgiveness program.

Dr. Patterson asked how much the awards were for.

Ms. Robinson commented that the actual award dollars varied individually

2.2 Public comment

Ms. Mera asked if her Jail Health Services program might qualify for MHLAP awards.

Ms. Robinson said MHLAP excludes adult jail services, since the Jail Health Service program can participate in a separate but comparable MHLAP program.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION Be it resolved that the minutes for the Mental Health Board meeting of October 15, 2014 be approved as submitted.

Unanimously approved

3.3 Resolution: Be it resolved that the Mental Health Board commends Eve Meyer, Executive Director of Suicide Prevention, for her years of leadership, advocacy and training in suicide prevention and support.

RESOLUTION: (MHB - 06) Resolution: BE IT RESOLVED that the Mental Health Board commends Eve Meyer, Executive Director of Suicide Prevention, for 26 years of dedicated leadership, advocacy and training in suicide prevention and support.

WHEREAS, Eve Meyer is an extraordinary leader and educator on the issue of suicide and of San Francisco Suicide Prevention, the oldest suicide and crisis hotline service in America, and;

WHEREAS, Eve Meyer serves with integrity, kindness, inclusiveness, a warm sense of humor, and a sincere belief in the extraordinary capacity of people helping people, and;

WHEREAS, Eve Meyer has profound respect for people and deep understanding of the challenges they face, making them feel they are important, and;

WHEREAS, Eve Meyer always listens to, gives support to, and identifies the needs and aspirations of the community, celebrating and sharing in its achievements, and;

WHEREAS, Eve Meyer expanded and grew San Francisco Suicide Prevention to become one of the most well-known and well respected organizations in the City and County of San Francisco that saves lives every day, and;

BE IT RESOLVED that the San Francisco Mental Health Board commends Eve Meyer for her extraordinary leadership, compassion, and ongoing commitment to saving the lives of people facing their darkest moments.

Ms. Meyer thanked the board and attributed her award to her own mother's teaching and to a strong and effective staff.

Dr. David Elliott Lewis thanked Ms. Meyer for her advocacy in suicide prevention.

Unanimously approved

ITEM 4.0 PRESENTATION: JAIL PSYCHIATRIC SERVICES, TANYA MERA, DIRECTOR OF BEHAVIORAL HEALTH AND REENTRY SERVICES. OVERVIEW OF JAIL PSYCHIATRIC SERVICES AND BEHAVIORAL HEALTH COURT GRADUATE EXPERIENCE.

4.1 Presentation: Jail Psychiatric Services, Tanya Mera, Director of Behavioral Health and Reentry Services. Overview of Jail Psychiatric Services and Behavioral Health Court Graduate Experience.

Dr. David Elliott Lewis welcomed Tanya Mera.

Her presentation is at the end of the minutes

Ms. Mera introduced Mr. Kenneth Cooper who came to share his Behavioral Health Court experience.

When taking mental illness into consideration, she said statistically 40.1% of inmates, who feel isolated and alienated by their families, were initially referred to Jail Health Services for psychiatric assessment. Then, Jail Health Services clients are clinically qualified to participate in the Behavioral Health Court (BHC) which began in 2002 as a non-adversarial system. BHC primary goal has been reducing recidivism and increasing public safety.

Inmates with mental illness charged with and convicted of sex crimes and homicide are precluded from participating in the BHC.

Her staff divert eligible clients with mental illness and/or substance abuse into BHC as treatment intervention, rather have these clients be “punished” without therapeutic medical rehabilitation. BHC clients respond very well to the BHC judge.

Mr. Cooper was a BHC graduate and expressed that he would like to see a reduction in mental health stigma.

With an aspiration of becoming a lawyer, he started to attend college at the University of California at Davis before he transferred to UC Berkeley campus where he lived at the International House. While completing his education, he was hospitalized briefly and was diagnosed with manic depression.

He was prescribed lithium. In 1982, he participated in the Lyndon B. Johnson scholarship program. In spite of being intermittently hospitalized, he became a professional and had a career in advertising for years. During this period he was never involved with the criminal justice.

But, in 2010 he had an acute psychotic episode in San Francisco and was arrested. After spending 18 months in isolation in the San Francisco jail system, he lost connection with his family and friends, but he received jail psychiatric services. Ms. Tanya Mera of JPS and Ms. Jennifer Johnson of BHC were instrumental in diverting him from probation. Judge Wong of BHC enabled him to succeed and helped him restructure his life and maintain his medication regiment. He has stayed engaged with Citywide services and has achieved housing and financial stability.

Through BHC, he was eligible to participate in the HERO program (Housing Employment Recovery Outcome). He regained his dignity and self-worth. Now he works at Macy’s half-time. In four years (since 2010), he has not touch alcohol or other illegal substances. He has re-united with his family and friends.

Dr. David Elliott Lewis asked what services or programs were helpful in his recovery.

Mr. Cooper said his enrollment in AA coupled with case management care provided camaraderie and fellowship. AA members have inspired him to learn how to live and develop good coping skills, rather than mal-adaptive skills that would cause his life to spiral out of control.

Mr. Wishom said JPS are good and shared that BHC helped him reduce his felony down to a misdemeanor to allow him to participate in community based services. He is also in the HERO program and is going to culinary school.

Dr. Patterson thanked Mr. Cooper and Mr. Wishom for sharing their stories. He asked about the statistics on BHC efficacy.

Ms. Mera said that BHC is most effective for people with both serious charges and serious mental illness.

Ms. Virginia Lewis asked about housing placement as JPS clients wait in jail rather than being released just to end up being homeless again.

Ms. Mera said that housing in San Francisco is a challenge for her clients. She has struggled for her clients to find housing grants. On average, it is about a three month wait for a stable housing placement.

Ms. Wilson wondered if there are any statistics on San Francisco natives benefiting from the BHC program.

Ms. Mera said that she has seen a lot more non-San Francisco native clients in BHC.

Ms. James wondered when the process starts in JPS.

Ms. Mera explained that there is two day turn-around for people to be evaluated for clinical qualifications to be enrolled and diverted into the BHC. The majority of her clients are homeless.

Ms. James wondered how Mr. Cooper sustains his motivation in recovery.

Mr. Cooper stated that his motivation is multi-faceted. He tries to keep his energy going every day by living with a mindful life. He looks forward to the future rather than being held back by the past.

Ms. Stevens asked about the average age of BHC participants.

Ms. Mera said that the vast majority of clients are under 45 years old but she is starting to see an increase in elderly clients with late on-set of mental illness.

Dr. David Elliott Lewis asked about the date of the next BHC graduation.

Ms. Mera said the next graduation is at 10 am tomorrow in Department 15 at 850 Bryant St.

4.2 Public Comment

Ms. Toni Parks shared that she personally graduated and benefited from BHC and is very proud of San Francisco for embracing diversity and a progressive attitude. She admired that many clinicians in the public health and judiciary seem to “get it” when it comes to the underserved and/or underprivileged.

Ms. Robinson said most jails just provide the bare minimum services per constitutional requirements. Also she reminded the public that the correct terminology for schizophrenia is to describe a disease and not to describe a person, as a whole. A person has schizophrenia. They are not “a schizophrenic”.

ITEM 5.0 REPORTS

For discussion

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

Ms. Brooke reminded the board about the following:

- 12/6/2014 is the 2014 Annual Retreat from 9 AM – 4 PM at the Hotel Whitcomb at 1231 Market Street, San Francisco, CA 94103.

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

The next meeting of the Executive Committee is tomorrow, Thursday, November 20th, 2014 at 10:30 AM in Room 226, the Mental Health Board office, at 1380 Howard Street.

Mr. Joseph announced that Dr. David Elliott Lewis will give a brief update on the work of the Assisted Outpatient Treatment Planning Task Force.

Dr. David Elliott Lewis said the committee met four times. Jo Robinson will be responsible for San Francisco’s AOT implementation. He said the implementation process will begin in November 2015. It was projected that about 100 clients/patients will be clinically qualified for treatment. The review team is made up of three mental health professionals.

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.

Ms. Virginia Lewis nominated Health Right360.

Mr. Wishom nominated Asian American Recovery which is part of the Health Right 360 program.

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

Ms. James reported that she did two site visits: San Francisco General Hospital and Horizons Unlimited. She was very surprised how calm the 7L unit was at San Francisco General Hospital.

Dr. Patterson said he also visited San Francisco General Hospital and shared that Kathy Ballou, Executive Director of the program was excellent. He visited the inpatient unit 7L which is the jail forensic unit. He met a few patients who were very calm and pleasant, although he was surprised by Kathy’s response that the current psychiatric beds are adequate. He felt Psychiatric Emergency Services does a good job at screening and discharging people back to the community.

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

None was suggested.

5.6 Public comment.

No public comments.

ITEM 6.0 PUBLIC COMMENTS

No public comments.

ADJOURNMENT

Meeting adjourned at 8:21 PM.

Jail Health Services: Behavioral Health and Reentry Programs

Tanya Mera, LCSW

Director of Behavioral Health and Reentry Services

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415-575-4332

Today, approximately 800,000 persons with serious mental illness are admitted to U.S. jails each year.

http://gainscenter.samhsa.gov/topical_resources/jail.asp





72 percent of
these individuals
also meet criteria
for co-occurring
substance use
disorders

http://gainscenter.samhsa.gov/topical_resources/jail.asp

“On any given day, between 300,000 and 400,000 people with mental illnesses are incarcerated in jails and prisons across the United States, and more than 500,000 people with mental illnesses are under correctional control in the community.”

~ Mental Health America

2013 Statistics

- 13,905 unique individuals were booked in to the County Jail
- Average inmate population was approximately 1300
- 40.1% of inmates had at least one contact with Behavioral Health Staff.
- 10-11% of the total jail population were diagnosed with a severe and persistent mental illness
- Monthly, clinicians conducted 575 Mental Status evaluations, 3,300 treatment sessions, 345 collateral contacts, 220 discharge planning contacts, and 1,260 case management contacts.
- BHS has 17 clinicians, 1.75 psychiatrists, and 3 mental health workers to address the mental health needs of approximately 1,300 inmates in the jail at any given time.
- BHS had unduplicated contact with 5,580 individuals

Title 15- Article 11

Medical and Mental Health Services

- Minimum jail standards
- Inmates will have access to:
 - mental health assessment and treatment
 - crisis intervention (including transfer to another facility, such as SFGH Ward 7L, to meet these needs)
 - stabilization and treatment of mental illness
 - medication support services
- Individual treatment plans for inmates with a mental illness that may be shared with custody staff to coordinate care
- Suicide prevention program

Behavioral Health Services

BHS provides the following services:

- Evaluation
- Crisis intervention
- Individual and group therapy
 - Evidence Based Practices (EBP)
- Medication management
- Assessment and referrals to community treatment
- Substance abuse assessment

Behavioral Health Services

- BHS provides intensive psychiatric treatment in a milieu setting to inmates who would be vulnerable if housed in general population
 - Observation Housing
 - Women's Psychiatric Sheltered Living Unit (CJ2)
 - Men's Psychiatric Housing (CJ4)
 - Men's Psychiatric Sheltered Living Unit (CJ5)
 - Men's Psychiatric Administrative Segregation (CJ5)
- Coordination with SFSD to move stable individuals from administrative segregation to milieu setting

Treating Mental Illness

- Individual treatment plans *may* include:
 - individual therapy
 - group therapy
 - case management
 - psychiatric medications
 - supported living
- Treatment interventions take race, gender, culture, sexuality, and other individual differences into account

Reentry Services

- Team consists of 4 clinicians and 1.8 mental health counselors.
- Services include:
 - Linkage to community treatment
 - Care coordination and management
 - LPS and Murphy conservatorship justifications
 - Competency restoration treatment for patients found incompetent on misdemeanor charges
 - Clinical eligibility determination for inmates referred to Behavioral Health Court
 - Discharge planning and placement

Reentry Services

- Primary goals include:
 - Ensuring continuity of care between the jail and the community
 - Collaborating with the courts to develop legal dispositions that allow for treatment
 - Increasing communication and collaboration between the various systems effecting the lives of vulnerable populations within the jail
 - Decreasing recidivism
 - Improving individual and public health and safety outcomes.

Behavioral Health Court (BHC)

- Started in 2002
- Collaboration between the Court, Public Defender, District Attorney, Sheriff, DPH, JPS, APD, CWCMF
- Clients in BHC are primarily homeless, disproportionately persons of color, high end users of criminal justice and PES, incarcerated at time of entry into program
- BHC is voluntary and defendant must be amenable to community treatment

BHC Population Snapshot

- 150 Active Clients
- 82% charged with felonies
- 18% charged with misdemeanors
- 72% male, 30% female
- 46.3% African American
- 51% White
- 13% Hispanic
- 13% Asian
- On average 66% are diagnosed with schizophrenia

BHC Primary Goals

- Connecting criminal defendants with serious mental illness to community treatment
- Finding appropriate dispositions to the criminal charges that consider the mental illness, the seriousness of the offense and victim impact
- Ensuring public safety and reducing recidivism and violence on re-arrest through appropriate treatment/supervision
- Increasing collaboration between all partners

BHC Case Processing

- Court is notified that a defendant may be mentally ill->
- Attorney orders a 4011.6 report to determine clinical eligibility->
- Jail Reentry evaluates client and provides a report to the court->
- If clinically eligible, case is referred to BHC for a case presentation->
- BHC legal team determines legal eligibility and determines legal conditions under which the individual enters the court.

BHC Clinical Eligibility

- Eligibility decisions for BHC are based on the following:
 - Diagnosis
 - Public safety/clinician safety
 - History of treatment and treatment compliance
 - Motivation for treatment
 - Insight in to mental illness
 - Current charges
 - Criminal history
 - How the mental illness led/relates to the crime

BHC Legal Eligibility

- Legal team includes: Judge, Defense Attorney and Assistant District Attorney.
- Sex & homicide cases are ineligible. Domestic violence, weapons offenses, offenses involving GBI, and other “serious felonies” as defined by Penal Code 1192.7 (c) are ineligible without DA’s consent.
- BHC legal outcome is better than if client had remained in traditional criminal court.

BHC Participation

- Referrals and linkage to treatment done by Jail Reentry
- Jail Reentry acts as a liaison between the community provider, the jail and the court once linkage to community providers is established
- Client remains in jail until community based housing and services are in place
- High level of supervision, structure, and treatment compliance expected by DA and Judge
- Use of incentives and sanctions

Elements of a Treatment Plan

- Housing
- Substance Abuse Treatment
- Individual, Group and Family Therapy
- Trauma Treatment
- Vocational Training
- Supported Employment
- Educational Activities
- Parenting Classes
- Money Management
- Dialectical Behavior Therapy
- Illness, Management and Recovery
- Medical Treatment
- Social Activities
- Spiritual Activities
- Domestic Violence Classes

Use of the Court as Treatment Intervention

- Ability to understand the legal status of clients
- Creative use of incentives and sanctions
- Utilize the Court as reinforcement of treatment options and make client realize consequences of behavior
- Mutual accountability and respect between the court and treatment encourage growth and change.
- Court buy-in provides authority to ensure that all parties involved adhere to therapeutic principles.
- Better treatment outcomes

BHC Program Compliance

- The defendant can opt out of BHC at any time; will return to original criminal court for case processing.
- A participant who commits a new offense that presents a threat to public safety is terminated from the program; if not a threat to safety, eligibility still re-visited
- To graduate, clients must demonstrate adherence to treatment plan. Individuals usually remain in the program for a minimum of one year

Benefits of BHC Participation

- Increased compliance with treatment
- Increased continuity of care between jail and the community
- Creative use of incentives and sanctions
- Legal dispositions that take into account a person's mental illness.

Community Providers and BHC

- Ongoing communication and treatment planning between community providers and BHC is necessary for client success.
- Verbal treatment progress reports can be conveyed through Jail Reentry clinicians.
- Community providers are encouraged to attend periodic BHC case conferences to express concerns or provide clinical information.

BHC Empirical Evidence

- 39% decrease in recidivism and a 54% decrease in re-arrest for violence for BHC Graduates (UCSF).
- Savings of jail bed days, decrease in psychiatric hospitalizations, reduced risk to public safety (RAND, Alleghany, PA)
- Saves the CJ system, on average, over \$10,000 during the first year of BHC (as compared to the previous year) (SF BHC).
- Reduces the probability of a new criminal charge by 26% in the 18 months after entering the program (SF BHC).
- Reduces the probability of a new violent criminal charge by 55% in the 18 months after entering the program (SF BHC).

Questions?