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SAN FRANCISCO MENTAL HEALTH BOARD

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Retreat Notes

Mental Health Board Annual Retreat
Saturday, December [06, 2014](#)
The Hotel Whitcomb, Ghirardelli Room
1231 Market Street
San Francisco, CA
9:00 AM – 4:00 PM

BOARD MEMBERS PRESENT: David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Co-Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Ulash Thakore-Dunlap, MFT; Deborah Hardy; Terence Patterson, EdD, ABPP; Vanae Tran, MS.; Idell Wilson; Adrian Williams; and Njon Weinroth.

BOARD MEMBERS ON LEAVE: Ellis Joseph, MBA, Co-Chair; Andre Moore; Harriette Stevens, EdD; and Errol Wishom, Co-Secretary.

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); and Sgt. Kelly Kruger, San Francisco Police Department (SFPD), member of the public

CALL TO ORDER

Dr. David Elliott Lewis called the meeting of the Mental Health Board to order at 9:45 AM. He introduced Njon Weinroth, a new board member appointed by Supervisor Norman Yee in December.

Mr. Weinroth said he is a consumer with a background in mental health and substance abuse.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes to the agenda.

ITEM 1.0 GETTING TO KNOW YOU ICEBREAKER

Ms. James *led the icebreaker exercise where board members shared things they enjoyed.*

ITEM 2.0 OVERVIEW OF 2014 AND DISCUSSION QUESTIONS

Ms. Wilson *facilitated the session. Board members responded to the following three questions.*

1. What have you liked most about being on the board and what have you done that you particularly liked?
2. What are your greatest passions regarding mental health?
3. What resolution would you propose for the coming year?

Mr. Weinroth is passionate about raising more awareness about substance abuse and co-occurring disorders of mental health and substance abuse. He would like to see less barriers to treatment choices and more focus on consumer-centric recovery in the private and public healthcare sectors.

Ms. Chien is a public defender and likes to learn and be informed about available resources and services in San Francisco. Representing the Public Defender's Office, she participated in the implementation committee on Laura's Law (Assisted Outpatient Treatment). She believes passionately in the rights of judiciary review for Assisted Outpatient Treatment and the right to a treatment process that is empowering. She wants to remove access barriers for self-referred people wanting treatment. She suggested two resolutions, one regarding the stigma of mental illness and unconscious bias and the other regarding the ability to have accessible treatment for people in need.

Dr. Patterson is a University of San Francisco professor and stated that he enjoys and appreciates the board spirit and diversity and sharing of information about the San Francisco mental health system. He also appreciated the site visits. He passionately advocated for Laura's Law for San Francisco and appreciated the Assisted Outpatient Treatment (AOT) advocacy. He would like more services for those most disadvantaged, people who are homeless, people with mental illness who are incarcerated and people impacted by trauma.

Ms. Virginia Lewis has a clinical practice and feels she has expanded her knowledge about the range of needs, services and treatment available in San Francisco. She greatly valued the many ethical and moral people she met with strong commitments to community and care. She focuses passionately on the chronically, seriously mentally ill and wants to reduce the number of people with mental illness in the jail system. She would like to develop alternative, economical and sensible treatment.

Ms. Williams attended her first board meeting as a member and enjoyed the November 2014 presentation about jail psychiatric services. Her career is dedicated to children and youth and their mental health wellbeing. She believes the lack of mental health services in the education system just perpetuates mental illness in youth. For example, in the underserved communities, not only is there lack of resources but there are also not enough grief counselors to help children victimized by violence to find closure and to heal holistically. School, in general, just dismisses and addresses these children as having behavioral problems. She is passionate about advocating for youth around community violence and educating parents about getting appropriate and timely help for their

children. For a resolution, she would suggest that whenever there is a murder a process automatically sends grief counselors to the family and other community members to help and provide needed services. She would also propose resolutions about identifying children with mental health needs in schools.

Ms. Bohrer is a clinician and liked learning about the California mental health system. She found site visits to be helpful to see what is going on in San Francisco mental health programs. She likes meeting new people and the cooperative spirit with the site visits. She is passionate about better development of crisis response for San Francisco. She feels that community based care is not enough; she would like more hospital beds be available for the 24-72 hour critical period for people experiencing acute psychosis. She would like to advocate for a 24-hour mobile crisis treatment team. She would like to see a more informative referral service in a one-stop resource. She said there are people who are homeless with mental illness who are ineligible for shelters. She wants to see a metric for a comprehensive five-year mental health plan. She would like to see San Francisco participate in the Network of Care website. She feels there are often news items that do not come to the attention of the Mental Health Board such as people with mental illness being turned away from shelters. She would like board members to be more proactive with advocating to the Board of Supervisors about mental health issues.

Ms. Thakore-Dunlap likes the ethnically and racially diverse board membership. She is passionate about providing services for the undocumented immigrant community. She would like to see a comprehensive list of resources for undocumented families to find mental healthcare services. She would like to see education of clinicians about their unconscious biases so that they would have a better understanding that racial identity in everyday life can manifest into violence and aggression. She would like a resolution developed regarding education for people providing services to understand their own racial biases and issues.

Ms. James is glad there is a board that consumers can be on. She shared that her seat on the board empowers her in her peer advocacy. She finds site visits of programs to be very informative, and that her role as a consumer enhances her connection to the clients she interviews. Without much explaining from clients during the client interview session, she instantly “gets it” when clients share their mental health struggles. She is passionate about senior services, as there are too many seniors with mental illness, many of whom feel alone and isolated, and sometimes side effects of medications go unnoticed with this population.

Ms. Hardy just joined the board. She is interested in becoming more informed. She believes lot of people who are in need of services do not know how to access services effectively.

Ms. Tran has enjoyed the presentations, learning about services, meeting people and building relationships. She is passionate about services for multi-cultural families from individual to family therapy. She advocates a resolution to develop a one-stop resource center for services, and more effective marketing of available services.

Dr. David Elliott Lewis shared that his serving on the board helps him stay engaged therapeutically, and empowers him in wellness, recovery and self-determination. He served on the Mayor’s CARE Committee and the implementation committee for Laura’s Law. His passion is to change perception

about mental health illnesses and challenges. Stigma just perpetuates further cultural marginalization. He would like to not only reduce stigma regarding people with mental illness, but for society to see that people with mental illness have potential to contribute and participate in society. He hopes future resolutions include a greater role of hybrid peer services for mental health care from sub-acute, diversion, to acute psychosis. He would like to see peers in all programs and types of treatment services working with mental health professionals. For the Mental Health Board he would like to see more members of the public attending, more program reviews, and pass more resolutions.

Ms. Wilson enjoys doing program reviews and believes program reviews provide insights into how services are effectively rendered to the underserved. Of all boards in San Francisco that she has seen, she believes the Mental Health Board is the most diverse in term of ethnicity and gender. For future resolutions, she hopes to see more accountability in how Proposition 63 dollars are being spent, and more focus on client needs for types and locations of programs.

2.1 Public Comment

No public comments.

ITEM 3.0 PROGRAM REVIEW OVERVIEW

Board members would like to update the program review process to include obtaining the program's budget and mission so that during the site visit, reviewers would have more in-depth knowledge of the program mission.

Ms. Wilson and Ms. Bohrer facilitated a brief training about how to do program reviews. They went over various forms.

Ms. Bohrer suggested that program review results and findings should be shared with the rest of the board members to keep them abreast of various community programs and services. She also suggested a standing program review committee to be set up to follow up with board members after reviews are completed so that summaries are finished. She suggested the report be included in the mental health board's annual report.

Ms. Wilson accepted the role of chairing a program review committee. The committee will re-evaluate the program review process. Terry Bohrer, Njon Weinroth, Vanae Tran, Ulash Thakore Dunlap, and Virginia Lewis volunteered for this committee.

3.1 Public Comment

No public comments.

ITEM 4.0 BOARD MANDATE AND PROTOCOL

Ms. James facilitated an overview of the Sunshine Act and general board protocol.

Dr. David Elliott Lewis explained that the Sunshine Ordinance video is available.

Dr. Patterson shared that Sunshine Ordinance may only be applicable to sworn in members and commissioners.

Ms. Brooke said by SF City Administrative Code, the Mental Health Board is considered a commission. She announced that the Executive Committee formed a nominating committee for the January 2015 slate of officers to be voted on at the February 2015 meeting.

4.1 Public Comment

No public comments.

ITEM 5.0 NEEDS, PRIORITIES AND GOALS

Dr. Patterson facilitated this agenda item. He suggested focusing on three key priorities or issues. For those issues, the board would have presentations, develop resolutions, do relevant site visits, and public outreach. He suggested that there be a point person for each priority to organize and lead developing how the board would look into the issue, seek presenters and develop and maintain contact with those who could help the board such as supervisors. Dr. Patterson also encouraged the board to advocate strongly for a member of the Board of Supervisors to be an MHB member.

Sgt. Kruger suggested that we might ask for a liaison from the Board of Supervisors.

Dr. Patterson's suggested priorities are people who are homeless who have mental illness, incarcerated people with mental illness who are not receiving adequate treatment, and chronic trauma caused by violence on the streets. The number of homeless people is the same since Mayor Gavin Newsom was in office. He suggested more focus on the most disadvantaged people who are least likely to stay engaged in services.

Sgt. Kruger would like to see a concerted effort for more outreach for extra services for single older adults who are in need of mental health and substance abuse services.

Dr. David Elliott Lewis suggested having information on mental health services be easily accessible for people in need of services.

Sgt. Kruger illustrated an example of a wealthy woman living in Pacific Height with co-occurring disorders but her wealth prohibited her from accessing City and County public services.

Sgt Kruger suggested sending invitations to supervisor's aides to attend board meetings so they can report back to their supervisors on the Mental Health Board activities.

Ms. Wilson added holding supervisors accountable through their aides.

Ms. Chien suggested a special invitation be extended to Supervisor Mark Farrell to encourage other board supervisors to engage in the Laura Law Implementation process.

Board Members developed the following potential priorities for the upcoming year.

1. Homeless on the streets
2. Incarcerated mentally ill
3. Senior services
4. Information and access to services
5. Trauma, youth and family violence
6. Examine entry criteria for mental health programs
7. Review process for tax breaks to corporations for community benefits
8. Network and referral to drug and alcohol treatment programs
9. Peer provided mental health services
10. Telephone mental health support lines
11. Alternative mental health and substance abuse treatments

Board members voted individually for three priorities. The priorities with the most votes were Incarcerated Mentally Ill, Information and Access to Services, and Trauma, Youth and Families. Senior needs would be rolled into each priority.

5.1 Public Comment

6.0 DEVELOPMENT OF 2015 AGENDA

Dr. David Elliott Lewis facilitated this agenda item.

Ms. Chien proposed having a Mayor's Office Representative to explain the lobbying process where tax breaks lead to community benefits for private companies like UCSF, and Twitter.

Ms. Virginia Lewis was curious about the mandatory mechanism for non-profit healthcare providers like Kaiser, and Sutter/CPMC to give back to the community through more services for the mentally ill.

Mr. Weinroth is interested in a network of referrals for drug and alcohol treatment.

Ms. Hardy suggested a one-stop shop that would provide information and access to services and resources.

Dr. David Elliott Lewis advocated for more peer provided support in mental health services.

Ms. Chien suggested cost effective alternative mental health treatments.

The board selected three priorities for 2015 and four board members to lead the organization of how the priorities would be developed. Kara Chien will lead "Issues Incarcerated Mentally Ill", Vanae Tran will lead "Information Services and Access", and Adrian Williams and Terence Patterson will co-lead "Chronic Trauma as Related to Violence and Youth and Family Issues".

1. Issues Concerning Incarcerated Mentally Ill

- Indigent people and Issues
- Family member visiting
- Jail psychiatric housing and facility for men similar to that for women
- Re-entry housing and programs
- Senior issues

2. Information and Access to Behavioral Health Services

- Evaluate Network of Care – information referral services
- How new consumers get access to care
- How new consumers find a peer support provider
- Barriers to accessing services
- How integration of mental health and substance abuse is working
- Special needs and special populations
- Impact of mental health parity legislation

3. Chronic trauma as related to violence and youth and family Issues

- Southeast Trauma Report: follow up, execution and expansion.
- Grief counseling for youth and family members
- What are the successful programs?
- Explore trauma citywide
- Trauma informed care related to children's mental health
- Police and provider collaboration regarding trauma
- Mental health first aid

6.1 Public Comment.

No public comments.

ITEM 7.0 PUBLIC COMMENTS

No public comments.

ADJOURNMENT

Meeting adjourned at 4:21 PM.