



Edwin Lee
Mayor

SAN FRANCISCO MENTAL HEALTH BOARD

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Adopted Minutes

Mental Health Board
Wednesday, [April 09, 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, Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Terence Patterson, EdD, ABPP; Vanae Tran; Idell Wilson; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Andre Moore; and Alphonse Vinh, M.S.

BOARD MEMBERS ABSENT: Sgt. Kelly Kruger; Melody Daniel, MFT; Lena Miller, MSW.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Lupe Rodriguez, LCSW; Ben Sharpe, PhD, Senior Researcher at ICCT; Kathryn M. Weeks, JD; Lupe Rodriguez; Hagop Hajian, MD, SF Juvenile Justice Center; Mona Tahsini, MA, MFT; Carol Taniguchi, NP; Grace F. Lawrence, LGBT Liberian Photojournalists and Activist; Shannon Altamirano, Justice and Diversity Center; Jonathon Wean; Joshua B. Davis, JD; Halston Chapman; Rose Fried; Anna Bartley; Grace Lawrence; and [thirty](#) members of the public.

CALL TO ORDER

Mr. Joseph called the meeting of the Mental Health Board to order at 6:40 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

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 announced that, by the end of April 2014, another tri-annual audit should be completed. The audit is required by the Centers for Medicare and Medicaid Services (CMS) of the State of California. This audit is an arduous process requiring lots of documentation.

The department is putting together an RFP (request for proposals) for CBHS services to determine whether an RFP process is necessary or just an incorporation of services into the current CBO contracts. Generally 58% of services are outsourced to CBO's.

The Mayor's Contact Assess Recover Ensure (CARE) Success Task Force meeting process has started to ascertain a better engagement for services to improve response in people with severe mental illness and substance abuse disorder.

Ms. Virginia Lewis asked what percentage CBHS services are contracted out to CBO's.

Mr. Robinson said over 50% of services are contracted out to community. Sometimes contracting out rates can be as high as 58%.

Dr. David Elliott Lewis informed the board that some public members have alleged that the purpose of the CARE task force is just a rubber stamp for implementing Laura's Law for San Francisco.

Mr. Robinson emphasized that Mayor Lee's intention is to help people with severe mental illnesses to keep engaging in healthcare services.

1.2 Public Comment

No public comments

Monthly Director's Report **April 2014**

1. Adolescent Health Working Group – 11th Annual Provider Gathering: “Patient Centered Care for Young Women”

This year the focus of the meeting will present attendees with the latest issues and advances in young women's health, including topics in internal, reproductive, integrative, and skin health services. The AHWG in participation with the San Francisco Department of Public Health, will introduce a new "Designation of Excellence" in Young Women's Care for Internal, Reproductive, Integrative, and Skin (IRIS) health services. All attendees will receive six training credit hours towards the initial awards process.

The conference will feature a diverse group of presenters and clinical experts in young women's care from Kaiser Permanente, UCSF's Bixby Center for Global Reproductive Health, Center for Youth Law, San Francisco Health Plan, and many more! For a complete list of presenters and the event agenda please go to <http://ahwg.net/events-and-training.html>

The event will take place April 11th, 2014, 8:30am to 4:00pm, 455 Golden Gate Avenue, San Francisco. For more information about this event, please visit www.ahwg.net or email sarah@ahwg.net.

2. CARE (Contact ▪ Assess ▪ Recover ▪ Ensure Success) Task Force

In his 2014 State of the City Address, Mayor Edwin M. Lee observed that, “While we have the strongest social safety net in the nation, we still have far . . . too many people unable to make the choices they need to save their own lives because of severe mental health and substance abuse problems.” In an effort to ensure recovery and success for this population, Mayor Lee tasked the San Francisco Department of Public Health (SFDPH) with convening a community process to determine how to engage and maintain in appropriate behavioral health treatment severely mentally ill, and often dually diagnosed, individuals that current programs have failed to successfully treat or adequately engage. The website for this task force is <http://www.sfdph.org/dph/comupg/knowlcol/CARE/default.asp>

3. Congratulations Mental Health Association of San Francisco

According to the provisions of the Workforce, Education and Training (WET) Peer Personnel Preparation Request for Proposal (RFP) 13-4127 and subject to the availability of funds, the Office of Statewide Health Planning and Development (OSHPD)/Healthcare Workforce Development Division (HWDD) intends to award a contract to the following four (4) establishments: National Alliance on Mental Illness San Diego; Mental Health Association of San Francisco; Recovery Opportunity Center; and Contra Costa County-Behavioral Health Division. This Notification of Intent to Award should not be considered as a binding commitment by OSHPD/HWDD. The last day to protest is March 26, 2014.

4. California Institute for Mental Health and Alcohol and Other Drug Policy Institute Merge

California Institute for Mental Health (CiMH) and Alcohol and Other Drugs Policy Institute (ADPI) Boards met March 20 & 21 and unanimously voted to merge the organizations as of July 1, 2014. On that date their name will change to California Institute for Behavioral Health Solutions.

5. The Focus is Work, by Victor Gresser

See Attachment 1.

6. Children Youth & Families

Behavioral Health was awarded a four year grant from MHSA to augment crisis response services. The grant will be implemented in three components. Component one will be a 24 hour warm-line for youth and adults. The staffing will include peers and volunteers and the focus will be on prevention and resource navigation. Component two will be the establishment of a child, youth and family friendly triage space for children and youth experiencing acute psychiatric issues. This will give San Francisco County an alternative to evaluating youth in emergency rooms and adult facilities. In addition we will be able to increase our capacity to divert youth from being hospitalized in out of county facilities. The third component will be the development of four community based teams that will provide focused treatment to children, youth and family members who are experiencing trauma due to community violence and/or experiencing psychiatric and behavioral issues in their homes, after-school programs, schools or other community settings. The teams will be staffed with clinical, behavioral and peer staff. We look forward to implementing the grant beginning in the summer of 2014.

7. Chinatown Child Development Center

Nancy Lim-Yee, Program Director at the Chinatown Child Development Center (CCDC), will be traveling to Hong Kong in April to present a workshop with three other colleagues entitled, "Addressing Mental Health

Disparities Through Community-Based Participatory Research: Development of Culturally-Sensitive Assessment and Educational Materials for Depression in Chinese Immigrants in the United States" at the Global Social Science Conference 2014. Asian Americans have an overall lower suicide rate than the general U.S. population. However, higher rates of suicide and suicidal behaviors among Asian American young adults and older adults compared with the general population and the culture-specific causes and risk factors for suicide that have been reported all highlight the need for developing culturally sensitive means of prevention and intervention. While depressive disorders are a good indicator of suicidal risk in the general population, the correlation of depression and suicide for Asian Americans is reported to be weak. This implies that targeting depression intervention as a means of preventing suicide would be less efficacious among Asian Americans.

In the current study, Nancy and her colleagues hypothesized that depression and suicide are closely linked in Asian Americans and that depression assessment and prevention—if conducted in a culturally sensitive manner rather than applying depression instruments developed in European American samples—could be an important means of preventing depression and suicide in Asian Americans. Using a community-based participatory research approach with social workers, health and mental health professionals, community members and a university researcher working together, culture-based, Chinese language depression assessment and educational materials were developed for Chinese immigrant adolescents, adults and older adults. These materials including brochures with symptom checklists, posters, and videos with skits performed by actors take into consideration culture-specific expressions of depressive and suicidal distress. They address social and interpersonal aspects of distress such as family conflict, stigma of mental illness, loss of social status and poor integration into U.S. society, loss of face and shame, acculturation gap among family members, and burdening one's family. A next step of research will be to evaluate the effectiveness of these materials.

8. Comprehensive Crisis Services

The Comprehensive Crisis Services team experienced a busy and fast paced month. Crisis calls surged, and our teams continued to work diligently to provide culturally competent, responsive services to help support the safety and wellness of the children, adults, and families experiencing acute behavioral health crises in San Francisco. Our team also was asked to take on the role of providing support services to the staff at the new Sunnydale Wellness Center as the staff there acclimated, reached out, and spread the word about their new Wellness Center to the community. We are pleased that several of our team members have graciously risen to take on this additional challenge and done it with dedication and pride.

9. Early Childhood Mental Health Consultation Initiative

Hoping to keep the momentum from February's retreat, Behavioral Health and the five program directors from the contracted mental health consultation providers had another full-day retreat on March 26th. Participants continued with rich conversations conceptualizing particular aspects of service delivery, documentation, and criteria for assessing scope of need for mental health consultation across the city.

Final outcome measures for Fiscal Year 2012-2013 demonstrate continued need for early childhood mental health consultation in San Francisco. Major findings include:

- 97% of child care staff surveyed reported that the mental health consultant helped increase their understanding of children's emotional needs;
- 96% of child care staff surveyed reported that the mental health consultant increased their understanding of children's development;

- 96% of child care staff surveyed reported that working with the mental health consultant helped them respond more effectively to children's behavior;
- 96% of child care staff surveyed reported that the mental health consultant helped them communicate more effectively with parents of children who have challenging behaviors;
- 97% of child care staff surveyed were satisfied with the services overall of the mental health consultant.

10. Mission Family Center

During the month of March, the men at Mission Family Center (MFC) hosted an International Women's Day brunch during our weekly staff meeting, acknowledging women from around the world, as well as the women in our clinic. Mission Family Center also received the Ahimsa training this month in de-escalation, facilitated by Kevin Conboy of Seneca Center. The training was very interactive and received positive feedback. Eleven of the twelve participants completed the training evaluation with an average score of "very good +". More training in this area will be needed going forward, but MFC received a positive teambuilding foundation in the area of de-escalation.

11. School-Based Mental Health Services

After a series of five meetings between the Department of Public Health, San Francisco Unified School District (SFUSD) and mental health providers, the Education Related Mental Health Services workgroup finalized and adopted four key recommendations to improve mental health services for IEP students:

- a) Articulate clear expectations for providers including address how students' mental health presentation interferes with education progress by providing robust, early and timely interventions, as well as scaffolded services to support students' skills development;
- b) Utilize a set of seven key guiding clinical principles in provider practice, such as valuing the importance of building therapeutic relationships with students and their caregivers and offering trauma informed care;
- c) Adapt symptoms based interventions matrix;
- d) Develop trainings and plans to address emerging trends such as school avoidance and further engaging caregivers in treatment.

Next steps include integrating service expectations in next year's contract, identifying training resources to build up provider capacity, and disseminating guiding clinical principles and interventions matrix with SFUSD staff and mental health providers.

12. Southeast Child/Family Therapy Center

March is always a busy month. Of the 27 intakes appointments that were available, 26 were scheduled and 18 were completed. We interviewed for potential interns for the Fall and made our selections. We had our annual retreat during which we envisioned our dream clinics and came up with concrete ideas for making the clinics more welcoming and conducive to wellness. We also discussed ways to support group work and came up with a list of groups we are committed to running in the next year. Three clinicians applied for a SAMSHA grant to allow them to obtain training in New Mexico on Culturally Relevant Stress Management Interventions for African American Male Youth. They were awarded this grant and will be returning, following the training and some on-going webinars, to share their knowledge with the rest of the system.

13. Ms. Lee Etta Palmer - Volunteer Extraordinaire!



CBHS would like to honor Ms. Lee Etta Palmer for her commitment to serving the San Francisco community at CBHS Pharmacy for the last 20 years. Lee Etta has been the most consistent and longest lasting member of the CBHS Pharmacy staff. This is rather amazing because Ms. Lee Etta began volunteering at the pharmacy after she had already retired. As Ms. Lee Etta explains, "I got bored at home and wanted to be somewhere where I could be useful and help out."

For the pharmacy staff, she has nurtured us from our first days on the job all the way through to our last days before retirement. We have been blessed with her humor, life lessons, and "green thumb." She has helped us stay the course in our careers and in in our lives. We are forever indebted to her for her service and friendship.

14. Peer-to-Peer Programming Empowers UC San Francisco Student

UCSF has taken the opportunity presented by the Student Mental Health Initiative to empower students to use their voice, their energy, and their boundless creativity to bring forth peer-programming ideas. UCSF's Student Health and Counseling has received several outstanding proposals from an open call for proposals for Peer-to-Peer funds, and plans to announce the awardees at the beginning of Spring Quarter. This endeavor will bring peer programming to a community of graduate and professional students for the first time, addressing mental health awareness, suicide prevention, and stigma. Contact James Lyda at James.Lyda@ucsf.edu.

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 reanna.albert@sfdph.org

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

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

2.1 Mental Health Services Act Updates: Mental Health Services Act Annual Update

Ms. Robinson said MHSA dollars to fund mental health services for this coming fiscal year look good, since the general economy of the State is recovering at a steady pace.

She also announced that Marlo Simpson, who was formerly served as an acting director, is now officially the Director of MHSA of San Francisco.

Dr. David Elliott Lewis wanted to know the funding amount.

Mr. Robinson said the upcoming fiscal year's exact figure is not yet available to her. However, last year's MHSA dollar was around \$23 million for San Francisco County.

2.2 Public comment

Ms. Deborah Hardy asked if there are publically available materials showing itemized details.

Ms. Robinson explained that there is a website on CBHS that shows the percentage of dollar allocation. Generally, in MHSA annual reports, only positions contracted under MHSA grant are shown.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of January 8, 2014 be approved as submitted.

Unanimously approved

3.3 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of February 12, 2014 be approved as submitted.

Unanimously approved

3.4 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of March 12, 2014 be approved as submitted.

Unanimously approved

3.5 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Ms. Terry Byrne for her work with the Mental Health Association with the "*Do Send a Card*" program to send get well cards to psychiatric inpatients at San Francisco General Hospital and the stigma reducing SOLVE program (Sharing Our Lives, Voices and Experiences).

Unanimously approved

Ms. Byrne was recognized at the February meeting but no vote was taken because there was not quorum.

3.6 PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Ms. Adrian Williams, for the founding of the Village Project which provides public and co-operative housing residents with positive activities and events for the "Village Kids" and their families.

Unanimously approved

Ms. Williams was recognized at the March meeting but no vote was taken because there was not quorum.

3.7 ELECTION OF OFFICERS: Be The Nominating Committee, David Elliott Lewis, PhD, Ellis Joseph, MBA, Alphonse Vinh and Wendy James proposed the current officers for re-election. Errol Wishom was added to the list at the February Mental Health Board meeting. Additional nominations can be made from the floor.

Congratulations to the following officers.

- Co-Chairs: Ellis Joseph and David Elliott Lewis
- Vice Chair: Wendy James
- Co-Secretaries: Virginia Lewis, and Errol Wishom

ITEM 4.0 PRESENTATION: MENTAL HEALTH ISSUES AND SERVICES IN THE JUVENILE JUSTICE SYSTEM: DR. HAGOP HAJIAN, SF JUVENILE JUSTICE CENTER, PSYCHIATRIST

Mr. Joseph introduced Dr. Hagop Hajian who is the psychiatrist for the San Francisco Juvenile Justice Center. He and his staff will provide information about mental health issues and treatment at Juvenile Hall. He will introduce his staff members.

4.1 Presentation: Mental Health Issues and Services in the Juvenile Justice System: Dr. Hagop Hajian, SF Juvenile Justice Center, Psychiatrist.

At the end of the minutes is Dr. Hajian's presentation handout.

Dr. Hajian provided an overview of San Francisco Juvenile Justice Center.

He explained that Special Programs for Youth (SPY) works closely with juvenile youth experiencing psychological distress to perform assessment, intervention, treatment and services, including medication if medically necessary. For example, SPY assesses depression to determine whether it is situational or clinical. A part of treatment includes therapeutic sessions to educate youth who were exposed to adverse childhood experiences (ACE) on psychophysical education and crisis management.

He said, nationally, there is a decline overall in the last ten years of incarceration of the general population. Some cities reported a 40% decrease.

However, incarceration of juvenile population with mental illness is increasing; though it is less pronounced than the adults with mental illness. Nevertheless, youth with mental illness are being incarcerated at a higher rate than before. Diagnoses most commonly seen in youth are depression, ADHD, PTSD, trauma related symptoms, and other psychotic disorders.

There is also misdiagnosis too. For example, some youth with learning differences are misinterpreted as having a learning disorder.

Ms. James inquired about the practice of restraint and solitary confinement room.

Ms. Tahsini said emphatically that SPY does not use such practices. Instead, SPY uses a quiet room.

Ms. Tran asked if there are any statistics showing severity of offenses committed by youth.

Dr. Hajian said criteria for juvenile offenses have changed.

Ms. Taniguchi added that there is a general decline in the less serious crime rate such as robbery, assault and theft. But the serious crime such as murders has increased nationally. It is also shown that locking up is not treatment.

Ms. Chien commented that in the year 2000 she was assigned as a deputy public defender. She felt that SPY is very conducive in rehabilitating youth.

Ms. James asked about what happens to youth who were released after 27 days in the juvenile justice system.

Ms. Taniguchi said the preference is family reunion. However, placement is optional and is dependent on the severity of charges.

Ms. Virginia Lewis asked about recidivism rates

Dr. Hajian said the 2013 annual report would show a details and categories. For example, group home youth tend to be repeaters of the juvenile justice system.

Ms. Taniguchi said the juvenile justice system servers about 1,300 kids, and, unfortunately, there is a 30% rate in recidivism.

Ms. Virginia Lewis asked if there are any follow up studies on recidivism.

Ms. Taniguchi said in 2013 there was a re-entry program set up to keep track of data.

Ms. James wondered about continuing education services for youth in the SPY program.

Ms. Tahsini said there is collaboration with the San Francisco Unified School District (SFUSD).

Dr. Hajian said there are youth who have matriculated with a GED while in the juvenile justice system.

4.2 Public Comment

Due to the three minutes time constraint, at the end of the minutes are submission of speeches and statements made by public members to the board.

Ms. Rodriguez is a licensed clinical social worker and was a former employee of Horizons Unlimited of San Francisco in the Mission neighborhood of the City. She said two years ago an MHSA grant was awarded to Horizons Unlimited, and she was signed on as a Mental Health Specialist for Horizons Unlimited in October 2013. But on February 27, 2014 while she was in a middle of therapeutic session with a client who had acute psychosis, she was abruptly terminated by the program director. She was immediately escorted off of the premises and not allowed to complete her shift when she was terminated. She felt her early termination was detrimental to her clients who were left hanging and clients deserve to be treated with respect and dignity.

She said “But what tears me apart the most is that I was forced to abandon most of my clients, one of them being 6 years old. As a Licensed Clinical Social Worker, I have a moral and ethical obligation to ensure that

my clients' transition smoothly when therapy is coming to an end. Abandoning a client without any notice or consideration of their current mental and emotional state could potentially destroy any and all progress made by the client.”

The practice of forcing therapists to abandon clients in the middle of therapeutic session is something that Horizons Unlimited has established.

Due to the three minute time allocation for public comments, Ms. Bartley speaking on behalf of Lupe Rodriguez provided a statement outlining events, and the outline is available at the end of the minutes.

Mr. Chapman testified that at Horizons Limited there is a culture where clients are seen as just a number or as a diagnosis, rather than as a whole person. There are many at-risk youth and the underserved Spanish speaking clients who come in to the program. He added that clinical supervisors were often absent from day-to-day operation.

Mr. Wean was a drug and alcohol counselor and testified that Horizons Unlimited has been practicing failure to care for clients by forcing counselors to abandon clients. He believed this practice would just provoke further anxiety and mistrust in clients. What is especially hard is that he was forced to break trust with kids!

Ms. Fried testified that even after she was terminated she still has youth calling her with requests for help. For example, a little girl living with a single mother still calls Ms. Fried for guidance.

Due to the three minute time allocation for public comments, Ms. Altamirano said she is an Irish Guatemalan came to speak on behalf of Lupe Rodriguez. She submitted her statement which is at the end of the minutes.

Ms. Katherine Week is a lawyer and testified that she is abhorred at what is going on at Horizons Unlimited and is very concern that the organization is doing a disservice to the community.

ITEM 5.0 REPORTS

For discussion

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

Ms. Brooke reported that she recently met with Ms. Sara Matsumoto who is proposed an independent project called Project Awareness.

WHAT IS PROJECT AWARENESS?

A group of 20+ college-aged folks will strategically get on 20+ busses around the city, each with bouquets of flowers. Each flower will have a tag with a quote about mental health (mental health myth, fact, quotes about fighting the mental health stigma). Along with each flower that is handed out, two more things will be done. First, a 4” x 6” card will be handed to each individual with the following information:

Title of Event: Project Awareness

List of different organizations or resources involved in the event

Social Media links to direct folks to mental health resources

Second, the individual will be asked if they want to take a mental health awareness pledge. To take the pledge our student volunteer will take a photo of the individual with their flower. The photos will be later posted on the tumblr and Instagram sites. The idea is to create enough traffic on these two sites so awareness can be spread. We will post shout outs to organizations that have helped make this event possible along with other resources for folks to utilize. If the individual takes the pledge they will receive a sticker designed by a local artist, Eryn Kimura.

In addition, Alex Turiano & productions, a group of cinema/BECA majors from the San Francisco bay area are going to film and edit the day's activities to be posted on our social media sites and sent to the organizations involved.

I have told many of my friends about this event and they all encouraged me to just go for it. So I am! I am approaching as many organizations involved in mental health in hopes that we can sit down and talk more about the project and how you can help.

Ms. Brooke would like the board to support the **PROJECT AWARENESS**

She announced the next board meeting is Wednesday 5/21/2014.

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

Mr. Joseph announced that the Executive Committee has changed its meeting time to the daytime. The next meeting is Thursday, April 17th, 2014 at 11:00 AM at 1380 Howard Street, Room 424. All board members as well as members of the public are welcome to attend.

He also introduced two new board members named Vanae Tran and Idell Wilson.

Ms. Tran is an MFT and has a younger brother with bipolar disorder and was driven to commit suicide.

Ms. Wilson introduced herself as a mother of four and was on the Mayor's Disability Council. Her children attended special education programs.

5.3 Committee Reports: Assisted Outreach Treatment, Chair: Terry Bohrer

Ms. Bohrer gave a report on the Assisted Outreach Treatment Committee. She said the committee met last Friday April 4th, 2014 at 1380 Howard Street in room 424. She said the next meeting is on Friday April 18, 2014 at the Mental Health Board office from 1:00 PM – 3:00 PM.

5.4 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.

No issues or people were highlighted.

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

Terry Bohrer reported her site visit at Chinatown/North Beach Clinic on Thursday March 13, 2014. She was very impressed with the culturally competent services. The clinic will receive an NP who will provide somatic care. For example, one interviewed client has traveled over an hour to get services. The clinicians and staff seemed to be well trained and there is a very low turnover in staffing, which suggests a happy supportive working atmosphere.

She also suggested reviewers to present their site visit results and findings to the whole board so board members can learn about various community programs.

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

Ms. Ellis proposed a site visit to Horizons Unlimited of San Francisco.

Ms. Virginia Lewis proposed a presentation on board and care facilities.

Ms. Bohrer proposed an advance planning process for the 2014 board retreat.

Ms. James proposed a presentation of hoarding and clutter by seniors.

5.7 Public comment.

Ms. Lawrence is an MTF and testified that Lupe Rodriguez helped her transitioned in to supportive community services. For the past three years, she has been stabilized and asked the board to do a program review of Horizons Unlimited.

Spanish Speaking Client using a Spanish translator said the client is a single parent of two young children. When the client's family was going through an eviction process, the client came to the Horizons Unlimited and was very depressed as the client was seeking counseling services, since, especially, the client's 13 years old child who was very traumatized by the whole eviction process.

The client was very scared for family. The client's anxiety was reduced when the client learned that Lupe Rodriguez is a Spanish speaking licensed clinical social worker. The client's child felt safe and trusted Lupe very much. However, their counselor- client relationship ended abruptly when Lupe was terminated by Horizons Unlimited.

The client felt that when Horizons Unlimited forces counselors to abandon clients. It creates another barrier for the underserved people who seek community behavioral healthcare. The client was overwhelmed and felt very stressful when Lupe was no longer worked at Horizons Unlimited. The client lost the eviction appeals and client's child is still having mental health issues.

Ms. James said the Mission clinic has a Spanish speaking therapist.

A youth public member, speaking on behalf of Halston Chapman, introduced himself as Orlando. He has a sister who attended the Girls Violence group and stated that the trust-building process takes time, and then to be abandoned is very damaging in a therapeutic relationship.

A youth public member expressed that she believe her therapist was a good counselor. She is in the Females Against Violence (FAV) group Horizons Unlimited.

A public member thanked the board for the presentation of youth services and felt very disturbed by testimonies against Horizons Unlimited. The public would like the board to look into these matters soon.

A public member said Lupe Rodriguez was a very positive LCSW at Horizons Unlimited. The public member requested accountability of the executive director at Horizons. The public felt that many good social workers there were fired and escorted off the premises without being given an explanation or being allowed the opportunity to have closure with their clients and properly transfer them to other counselors at Horizons.

A public member stated she has seen young women from all walks of life, and wanted to be part of a community that heals.

Mr. Davis, speaking on behalf of John Wean, expressed that the way John Wean was let go by Horizons Unlimited was unconscionable.

ITEM 6.0 PUBLIC COMMENT

No public comments.

ADJOURNMENT

Meeting adjourned at 8:30 PM.

Below are the submitted letters and statements during the meeting.

April 14, 2014

HELLO Ms. Shirley Maciel

We hope this letter finds you well. We were formally a part of the JEEP program at Horizons Unlimited. Now we are currently participating in the G.A.N.G (GROWING A NOBLE GENERATION) youth program. The foundation of our group is built on democracy, giving a voice to the voiceless, and building healthy relationships with each other.

When you fired our program coordinator, Halston Chapman, and removed him from our group we just got in good and built a good, trusting relationship. This hurt and affected us because we had just got familiar with the people we just got acquainted with. We also think that you could have asked the group what we thought about you firing Halston. Your decisions made us feel insignificant as a group and you don't value what we've been through as a group and individually.

These are the reasons we felt forced to leave Horizons. An injury to one is an injury to all. We are soldiers. Losing a soldier is like losing a limb, you can't grow it back. Without that limb how are we supposed to move on to the rest of this journey in to man hood? And how is that limb going to make it to manhood? We are also sad that we could not bring our brother Jose Jimenez with us to our new group. He is a vital member of are group. He is the only remaining member of JEEP. He is being forced to be there by you so you can begin to fill in our spots in JEEP. You cannot disregard our humanity and replaced us with 5 or 6 new members just to meet your numbers. We must demand you release him from JEEP and allow him to join us in the Growing A Noble Generation Youth Program.

We attended 16 sessions from February 3 to March 26 2014. Because we were promised a \$350 stipend for 6 months of participation. We did the math and we are owed \$136.59 each for the 16 sessions we attended from February 3 to March 26 by Horizons. The following email that we received from a person named Jorge Morales two weeks after the breaking up of the JEEP group is unfair and illegal, which is Grimey:

"Hi guys, my name is Jorge Morales, I'm writing these short notes to inform you guys, that Monday and Wednesday is the Jeep group. You guys need to be here next Monday at 4:00pm, you guys miss 2 days already. Also you will not get paid. Thank you and have a nice day and weekend."

The harmful decisions being made at Horizons, which claims to "engage, educate, and inspire" young people like us make us feel like you and anyone else co-signing on these decisions must step down from their leadership positions, to spare kids like us any more harm.

We expect a response to this email addressing our concerns and demands by no later than Monday April 18th at 6 pm.

Signed,
G.A.N.G. Youth Group members:
Ricco Thompson Jr.
Oscar Alvarez
Jessie Varela
Ray-shawn Washington
Tra'shawn Davis

My name is Jon Wean.

I was a drug and alcohol counselor at Horizons.

When I was offered a position there I was very happy, to put it mildly.

I was excited for two very specific reasons – 1: I'd wanted to work with teenagers in this field for a long time, and 2: I'd be able to work in a harm reduction capacity.

This meant I was able to have honest conversations with my clients. They could tell me in confidence the substances they were using or were curious about using, and it wasn't my job to tell them what they should or shouldn't do. My job was to listen; to ask questions; to work with them to come up with ways for them to live a healthier and safer lifestyle.

All this enabled me to gain my clients' trust in a much easier manner.

Trust is a sacred thing; something to be handled with care; and it's essential for people to have in order to make true progress together.

Unfortunately, my time at Horizons came to end in a way that forced me to break the trust of every client I was treating.

On the afternoon of March 4th I came back to Horizons after running a group at a high school so I could drop off paperwork, make two calls, and then head off to another high school to run a group for nine students that would be meeting for the very first time. It's important to note that every member of this group joined voluntarily, and that was because I was lucky enough to spend two previous days at their school meeting with all of them individually to discuss the nature of our group, as well as how and why it could be beneficial for them.

Anyway, before I was able to leave to start this group, my supervisor approached me and said she needed to speak with me. I told this person I didn't have much time and was told our conversation wouldn't take long.

I was led into a private room and was told my services would no longer be needed. I was taken completely by surprise, and when I asked why I was being let go I was told that I was an at-will employee and that lawyers advised the organization not to give me a reason. I was then told that I would be allowed to gather my personal belongings and would be escorted off the premises.

Despite my shock, I was lucky enough to maintain the wherewithal to ask my supervisor if I could contact my clients to inform them that I would no longer be able to work with them. I was denied access to my file cabinet that had my clients' confidential contact information, and was told that because I was no longer an employee it would not be necessary for me to contact my clients because they were no longer *my* clients.

What about the nine kids who are waiting for me to start their first group in twenty minutes – what are you going to do about them, I asked?

We'll handle it the supervisor answered with complete conviction.

I had abandoned my clients, and without a doubt lost their trust, as well as all the work we'd done together up to that point.

This was not my choice. It was Horizons's.

I hope you are well and in good spirits. I apologize for this long message, but please take the time to read it. It would really mean a lot to me.

On October 28, 2013, I began working as a Mental Health Specialist for Horizons Unlimited of San Francisco (<http://www.horizons-sf.org/>). Horizons is a youth development and empowerment organization that has been serving at-risk youth and their families in the Latino and under-served minorities communities since 1965. Up until 2012, the organization had not had the capacity or the funding to meet their clients' mental health needs. Many of the clients at Horizons are undocumented, and research shows that this population has been traditionally unwilling to pursue mental health treatment.

Being a Latina myself, I empathize with the barriers to treatment that exist within our community, such as limited access to Spanish-speaking and culturally sensitive mental health professionals. That is one of the biggest reasons why I was so excited to begin this position and fully immersed myself in the work.

Due in large part to the cultural connection, my clients at Horizons have had a huge impact on me. My two sisters and I were born here in California, but our parents were undocumented people that migrated here illegally. As with so many who immigrate to the US, their reasoning for putting themselves at risk was the hope that they would be providing us with a better life.

On February 27, 2014, I was fired and given no reason for the termination and immediately escorted off the premises — a humiliating and traumatic experience to say the least. I was fired 8 days after going to City and County of San Francisco and asking questions about the grant that was funding my position. In particular, I wanted to understand how funds were supposed to have been allocated for the grant, as I had evidence that funds were being mismanaged. The Executive Director, Nora Reddick, accused me of going over her head by going to City and County program manager to get clarification on the funding allocation requirements of the grant.

But what tears me apart the most is that I was forced to abandon most of my clients, one of them being 6 years old. As a Licensed Clinical Social Worker, I have a moral and ethical obligation to

ensure that my clients transition smoothly when therapy is coming to an end. Abandoning a client without any notice or consideration of their current mental and emotional state could potentially destroy any and all progress made by the client.

Unfortunately, I was only able to contact the clients whose numbers were in my cell phone at the time of my termination. This was only a very small percentage of my caseload. While I was being fired, I pleaded with Nora to please let me finish out my shift. That same evening, I had a client in crisis that I had planned on escorting to a Women's center, but, after being terminated, not only was I not allowed to escort my client to the center, but I was not permitted to even speak to her and let her know what was happening or find her an alternative staff member to support her urgent need for housing.

I am continuing to see some of my Horizon clients on a weekly basis pro bono. But, as many of you know well, unfortunately San Francisco is an extremely expensive city. My husband, 15-month-old daughter and I are not in the right place financially for us to continue living in San Francisco if I'm not bringing in an income as well. So, the weekend of April 26, Ben, Milu and I will sadly be packing up our belongings and moving to Sacramento. Don't get me wrong, we are excited to return to the city of trees and to get to spend time with dear friends and with my sister Mari and her girlfriend, Courtney. However, it is also extremely saddening and anxiety-provoking to have to suddenly uproot and leave our lives in San Francisco behind. I feel awful knowing that I will only be able to see these pro bono clients for another couple weeks and that I might not be able to help them transition to new therapists. Unfortunately, finding an organization that provides Spanish-speaking therapy is very difficult, even here in San Francisco.

What is also so very sad is that within two months of me getting fired, there were 3 other amazing and caring individuals also working at Horizons who also stepped forward to advocate for themselves or their clients and were terminated immediately as a result. All of us were fired and subsequently escorted out of the building, being forced to abandon our clients. Equally if not more troubling is that fact that we later learned that this practice has been in place at Horizons since Nora took over as the Horizons Executive Director approximately 16 years ago.

Last night, the San Francisco Mental Health Advisory Board allowed many of us to share our story and alert the Board to the many injustices and the 'culture of fear' that are so pervasive at Horizons. We were able to provide strong evidence and first-hand accounts of management abusing staff and clients and being negligent in a number of different critical areas. In addition, we believe that there is evidence to suggest that certain members of management have been systematically misusing and possibly embezzling funds for many years.

I would like to sincerely thank all of the current and former staff and clients from Horizons as well as friends of ours for supporting us in person and in spirit last night. We are trying our hardest to fight this injustice through as many channels as possible, and your support through the difficult time means the world to all of us on this case.

Love,
Lupe and all you lovelies☺

Lupe Rodriguez, LCSW 26961
Mental Health Specialist
(916) 396-0835

My name is Shannon Altamirano, and I'm here to speak on behalf of Lupe Rodriguez who worked at Horizons Unlimited from October 28, 2013 until February 27, 2014. I've known Lupe for 2 and ½ years. She was my therapist at Lyon-Martin Health Services. When we met in November of 2011, I was utterly broken and depressed as a result of choosing to deal with past traumas in unhealthy ways. I was unemployed and had become the worst version of myself mentally, physically, and spiritually. During the five months of weekly sessions with Lupe, I was able to work through the pain and sadness of past traumas and began to recover, heal, and learned how to deal with life's challenges in positive and healthy ways.

I had gone to therapy in the past, but I never felt comfortable opening up to therapists because I didn't feel like they understood me as a person. I'm Mexican, Guatemalan, and Irish. I was born and raised here in SF, and I always connected more with my Latin roots and with my Abuelita in the Mission. When I met with Lupe, I was blown away. Having a therapist who understood my cultural background because she is also Latina allowed me to tear down the wall that I had built up around me and dive into the process of healing because I trusted in the fact that she genuinely understood where I come from.

One of my passions is photography, and as I began to heal, I began to recognize beauty again. When I showed up to my sessions with Lupe, I brought a new photo of something beautiful that had I witnessed during the week. Lupe hung each photo on the walls of her office, and at the end of my 20 sessions of therapy with her, I could literally see how all of the darkness of the pain that I had held onto had transformed into light. I can't thank Lupe enough for guiding me through the healing process.

Next, I re-discovered my voice. I had worked in the non-profit world here in SF for years, but I took a break during the dark years. Last year, I was able to go back to work as a Bilingual Client Advocate for Latin immigrants facing eviction and for survivors of domestic violence who are trying to leave their abusive partners. I re-connected with Lupe in this capacity, and we began to discuss how we could connect her clients and their families at Horizons with pro bono attorneys at my organization to help with eviction, divorce, and custody cases.

Lupe and I discussed how important it is for people in our community to truly be seen and heard. Lupe used photos that I had taken of murals in the Mission to spark discussions in one of her youth group sessions about race, police brutality, and immigrant families. Her clients who had been reluctant to open up to her, began to understand that they could trust her and that she would advocate for them because she proved to them that she saw them and heard them.

Then, Lupe was fired from Horizons on February 27th at 4:10PM and was immediately escorted from the building. She wasn't able to tell her clients or refer them to another therapist. How can an organization which claims to empower and serve the Latino community in the Mission intentionally traumatize its clients? As one of Lupe's former clients, I know that I would've been devastated if I had shown up for one of our sessions only to be told that she no longer worked for the organization and that another therapist would be hired to replace her. People who are in the process of healing and in recovery for substance abuse issues are extremely fragile, and therapists can't just be replaced.

My heart breaks for Lupe and her former clients at Horizons. It's shameful for an organization like Horizons to completely disregard the well-being of its clients and staff. I hope that you, the Mental Health Board, will look into what has happened and is continuing to happen at Horizons and take steps to ensure that the clients at Horizons will no longer have to endure the emotional abuse of having their therapist suddenly ripped away from them without any notice. Both Lupe Rodriguez and her clients deserved to be treated with more care and respect. Thank you for your time.

Lupe Rodriguez
April 1, 2014

Case Outline

Background Information

My name is Lupe Rodriguez, and I am a Licensed Clinical Social Worker in the state of California. I have been registered with the Board of Behavioral Sciences since 2006. From 2006 to 2010, I was registered as an Associated Social Worker. On November 30, 2010, I was issued my Clinical Social Worker license. On that day my status with the board changed from an ASW to a LCSW. During my entire career as a mental health professional, I have remained in good standing without any actions or complaints filed against me.

I have been employed as a social worker in San Francisco for 8 years without any disciplinary actions filed against me. On the contrary, while employed at Walden House, Drug Court, and Lyon-Martin Health Services, I was promoted and praised for my contribution to the organizations. That is why I feel that certain aspects of my experience at Horizons Unlimited of San Francisco (“Horizons”) were very traumatic and stressful, and I have evidence to believe that my contract was unjustly terminated. I firmly believe that I was fired because I was beginning to uncover that the funds in my grant (as well as other Horizons grants) were being misused. Below, I will provide a brief timeline of events that shows that I was fired and escorted off the premises on February 27th, 2014, only eight days after I went to the city and inquired about the MHSA grant that I was contracted under.

Parties Involved

Nora Rios Reddick –Executive Director of Horizons

<http://www.horizons-sf.org/>

For reference, Horizons has an annual operating budget of approximately 1.6 to 1.8 million dollars.

Debra Camarillo- Clinical Director of Horizons and Executive Director of Latino Commission

<http://www.thelatinocommission.org/>

For reference, the Latino Commission has an annual operating budget of approximately 2.1 to 2.3 million dollars.

Kimberly Ganade –MHSA Program Manager

Mental Health Service Act Grant

Department of Public Health

Timeline of Key Events

10/28/2013 – Official Horizons start date

I began a contract position as a Mental Health Specialist at Horizons. I signed a contract stating that from October 28, 2013 to June 30, 2014, I would plan and implement a Mental Health Program that would provide therapeutic services to Latino youth and their families. The Memorandum of Understanding that I signed clearly states that Debra Camarillo (Clinical Director) and I would collaborate on the planning and implementation of this project and that she and I would be expected to co-facilitate six community forums together for the purpose of promoting therapeutic services and providing mental health education in the Latino community. When I was offered the position after my final interview, I was told that I would receive a copy of the MHSA grant to gain understanding of the project and to use as a template when making decisions.

On my first day at Horizons, I found an event particularly peculiar. A Horizons staff member was fired and then immediately escorted off of the premises. I found it highly unusual that in a social services setting, the staff member that had been fired was not given the opportunity to properly transition out of the position and terminate with clients effectively.

Contracted Work Schedule

The table below summarizes the work schedule that was agreed to by Horizons management and myself. The mutual understanding was that in addition to my work at Horizons, I would continue to work at Lyon Martin Health Clinic as a Mental Health Therapist for 8 hours per week.

Dates	Horizons	Lyon Martin	Notes
10/28/13 – 12/31/13	20 hours/week (\$70/hour)	8 hours/week	-
1/1/14 – 6/30/14	28 hours/week (\$70/hour)	-	Likelihood for additional weekly hours at Horizons, as the project increased in intensity

October 28, 2013 to December 4, 2013

Despite numerous emails, phone calls, texts to management, I was not given access to the complete MHSA grant document. In response to my repeated requests, I would sometimes be given selected excerpts from the grant or an email with a summary of the grant, but I was never provided with the entire document. Moreover, management was rarely available to answer the numerous questions I had about the grant and how I should be administering the program. Debra Camarillo (Clinical Director) was scheduled to be at Horizons on Tuesdays but was absent the majority of those days during my time at Horizons.

December 4, 2013

I met with Nora Rios Reddick to inform her that this position was not working out and that I thought it would be best if we parted ways. I offered to give a 10-day written notice (as MOU indicates) and then mentioned my intent to return to work at Lyon Martin on a full-time basis. Nora apologized profusely for management’s lack of availability and oversight and guaranteed that all would be different after the holidays. She gave a myriad of excuses as to why she had been absent so much (planning a destination wedding for her daughter, welcoming a new grandchild, vacation planning, illness, etc.). As for Debra Camarillo, she had been at her ranch “getting away” and at various trainings and conferences. I was assured that immediately after the New Year, I would have a meeting with Nora, Debra, Phyllis Lozano (accounting manager), Camilo Gonzales (AVATAR administrator) and myself, and we would review the grant together and all make sure that we had the same expectations for the program going forward. I stressed the urgency of this meeting, since the project needed to be completed in 7 months, and 2 months had already elapsed.

January 13, 2014

I wrote the following email to Nora:

Hi Nora-

I hope you had a great weekend and that you're feeling better. I'm following up regarding the email I sent on December 4th. On that day, you read the email, called me in to your office, and we agreed that you would send out an email when you returned from Mexico addressed to Camilo, Debra, myself (and possibly Shirley and Phyllis) so that we could sit down and have a meeting to discuss roles and responsibilities and expectations for the project. I was wondering if that was still the plan, and if so, could we please meet as soon as possible? The new SFP group starts tonight and it would be great to know what services I can provide and what my role is so that when I introduce myself to them, I'm giving accurate information. I had planned on sitting in on the group tonight, but now I'm not sure because I don't want to be asked questions about the program that I'm not prepared to answer. Another reason I think that a meeting is needed between our team is that there's still confusion about what codes are used for what

services, which has been causing duplication of effort, as notes have to be redone and recoded. And lastly, as we discussed in January, my plan is to work up to 28 hours a week, and because of that I told Lyon Martin that I would be too busy and would no longer be able to work for them. I do not feel comfortable working 28 hours until I'm confident that the program is proceeding according a plan that is agreeable to all parties. I'm optimistic that improved communication amongst our team will allow us to move forward in a way that better promotes Horizon's critical mission of service to the community. Thank you very much for your time, and I look forward to talking with you and others in the near future. - Lupe Rodriguez
The purpose of the email was the following:

1. Following-up yet again on needing to have a meeting and seeking clarification on grant objectives.
2. Highlighting to Nora that due to our prior agreement that the project would intensify in January and I would be required to be at Horizons more frequently, I had left my Mental Health Therapist position at Lyon Martin (I was employed there from September 2011 to December 2013). At Horizons, the project was at a halt, more hours were not yet needed from me, and I was losing income since I had left Lyon Martin at the end of December, and there was not enough work at Horizons to justify the additional 8 hours per week.

January 13, 2014 to February 7, 2014

I focused my attention on what I could do for the program without management assistance. I began promoting the MHSA program at schools and wellness fairs across the community. Also, I focused on providing quality individual therapy to as many clients as my schedule would allow.

January 28, 2014 – Meeting with Nora

I pointed out that most grants have money allocated in the budget for the mental health providers to attend trainings and make sure that all continuing education requirements are up to date. I wanted to verify that there was, in fact, no money allocated for me to attend any seminars or trainings. She said there was \$5,000 in the budget allocated for me but that she had decided to make better use of it (i.e., pay Nadine Burke Harris to give a presentation at our facility). I replied, “Can you do that?” to which Nora replied, “Watch me.”

February 7, 2014

Nora asked if I would be able to attend a MHSA Learning Circle meeting on the upcoming Thursday (2/13). This was the first I had learned that these meetings and potential resources existed, even though I had previously asked numerous times for assistance in deciphering the administrative aspect of the grant.

February 13, 2014

I attended a MHSA Learning Circle meeting at the California Institute of Integral Studies (CIIS). At the meeting, we were encouraged numerous times to contact the San Francisco City and County Program Managers at 1380 Howard for support. After the meeting, I approached Rhea Bailey, and she was able to tell me that Kimberly Ganade was my Program Grant Manager, and she provided me with Kimberly's contact information. While at the meeting I received a text and numerous phone calls from Rose Fried, Academic Resource Specialist at Horizons claiming that she had just been fired and immediately escorted off the premises.

February 14, 2014

I contacted Kimberly Ganade, and we set up a meeting for Tuesday February 18th.

February 18, 2014

At the meeting, Kimberly was concerned that I had such little information about the grant and support services available to me through the City. She suggested that Nora, herself, and I meet to clarify the situation. She immediately sent an email to Nora and I providing us some meeting times to choose from, and I responded with my availability that same evening.

February 19, 2014

I was in the receptionist's office working on petty cash requests when Nora ordered me into her office. During the meeting, she was harsh, intimidating and inappropriate. She forbade me to ever contact Kimberly Ganade again and stated repeatedly that "Kimberly and I go way back" and that they had a very solid friendship. At this meeting, Nora also reminded me that she was "a wizard at moving money."

February 25, 2014

I received an email from Nora stating that she would like to meet with me on February 27th at 4pm. I wrote back and confirmed that I would be at the meeting and also asked how long it would take because I had a 5pm therapy appointment with a client, and I was scheduled to attend the Horizons Late Night group after that therapy appointment. I wanted to know if I needed to push my appointments back or cancel them. She responded, "The meeting will not take long."

February 27, 2014

I walked into the Nora's office a few minutes before 4pm and ask if we could push the meeting back because we had a young female walk in off the street asking for help finding shelter. It was raining that day, and I wanted to escort the client to OSHUN Women's Drop-in Center before it got too dark. The other Horizons counselors did not feel comfortable escorting her because it seemed she was experiencing some mental health issues. Nora denied the request. I went back and told the young woman to please wait for me, and I would walk her to the shelter after the meeting. The client agreed to do so. I was fired shortly after that and told that I would be escorted off the premises immediately. When asked why I was being fired, Nora replied that she had consulted legal counsel and been advised not to disclose anything further. She then told me that she would walk me to my office and give me a few minutes to grab my personal belongings and then she would escort me out of the building. I was not able to tell the young woman that I would not be able to help her after all, nor was I able to provide therapeutic services to my 5pm client that night or to attend the Late Night group where the youth were expecting me. I was not allowed to contact my clients to notify them, nor was I allowed to take their numbers and contact them at a later time. I found out the following week that only the families that I had specifically contacted or that I had asked other staff to contact (without Nora and Debra's knowledge) had been notified of my departure. The rest of my clients learned I was gone when they showed up to their therapy appointments and saw a note on my office door that I was no longer employed at Horizons. There was no care taken or concern for my clients' well being, and the proper protocol for terminating therapeutic services with clients were completely ignored.

March 4, 2014

Another Horizons staff member was fired and then immediately escorted off of the premises. Jon Wean, Substance Abuse Counselor at Horizons, stated that he had been fired and escorted off the premises without being given an explanation or being allowed the opportunity to have closure his clients and properly transfer them to other counselors at Horizons.

Present day

Jon Wean and I are taking this matter to attorneys, the Mental Health Board, the Labor Board, the whistleblowing program and union representative. We also have names and contact information of other Horizons staff members both past and present that are willing to attest to the information I have provided above. Their contact information and well as any additional details pertaining to this case are available upon request.

San Francisco Juvenile Justice Center – Special Programs for Youth Clinic

SAN FRANCISCO JUVENILE JUSTICE CENTER- SPECIAL PROGRAMS FOR YOUTH CLINIC

Hagop Hajian, M.D.

Mona Tahsini, MFT

Carol Taniguchi, NP



Special Programs for Youth- DPH

Medical care, behavioral health care, and health education; clinic staff is part of Department of Public Health

Medical care available 24 hours / 7 days a week; behavioral health staff available 12 hours / 7 days a week, plus on-call coverage.

Juvenile Hall

- Has 8 housing units
- Unit 2- girls unit
- Unit 1,4,5,6,7- boys unit
- Unit 7- “maximum security unit”
- On-site school, Woodside Learning Center- run by the San Francisco Unified School District
- Full size indoor gym/outside courtyards

Who do we serve?

- Average age is 15-16 years old.
- The “top three” charges for the youth are: robbery, assault, and theft.
- Typically we have 5-10 youth who are dealing with more serious charges; these youth end up staying at the juvenile hall longer.
- Youth stay in the juvenile hall while their charges are being “adjudicated”.
- Youth are not “sentenced” to juvenile hall.
- Average length of stay is 27 days.

James, 13 years old male

- James is a 13 years old male who came to juvenile hall after he and his two friends pushed a female and took her iPhone.
- During mental health screening done by SPY behavioral health clinician, it was determined that James is in the 7th grade, in special education class, and has been having school attendance and behavioral problems over the past two months.
- Instead of going to school, James has been hanging out with his new “friends” who also don’t attend school and instead hang out and smoke weed.

First week at juvenile hall

- James had difficulties with cooperating with the rules of juvenile hall; he was angry at being in juvenile hall, cursed out at the staff, and got in a fight with a peer whom he knew from his neighborhood.
- James discussed with the SPY behavioral health clinician that he is sad, is worried about the safety of his mother, and has been having nightmares over the past week. James also reported he has thoughts about killing himself and that he will “do it” if he is not released from juvenile hall by his next court date, which is in 3 days.

Immediate behavioral health needs for James

- Safety- thoughts about killing self; risk assessment, consider suicide precautions, provide crisis management
- Anxiety- worried about safety of mother; explore about trauma; provide supportive therapy
- Nightmares- explore about trauma; provide sleep hygiene, relaxation exercises
- Sadness- evaluate for depression; provide therapy services
- Adjustment to juvenile hall and court process- angry, cursed out at staff, fight with peer; work with juvenile hall staff to have a behavior support plan for James; address safety / security concerns

Long-term needs for James

- School placement- revise IEP? Help with school attendance.
- Marijuana use- substance treatment? Increase adult supervision.
- Mental health- depression, trauma? Therapy services for James and for family, referral to AllM Higher (linkage to community mental health)
- Peer group- find pro-social activities for James, like sports, mentorship.

Diagnoses most commonly seen

- Depression
- Attention-deficit / hyperactivity disorder
- Post-traumatic stress disorder and other trauma related symptoms
- Substance abuse / dependence- cannabis most common
- Mental retardation / developmental delays
- Psychotic disorders like schizophrenia (less common)

Interventions most commonly utilized

- Psycho-education for youth, family, and juvenile hall staff
- Assessment
- Supportive counseling / crisis intervention
- Treatment planning with juvenile hall staff to support youth's individual needs
- Individual therapy focused on dealing with juvenile hall / court process stressors
- Individual therapy focused on depression and trauma symptoms
- Group therapy dealing with gender / roles / development / mindfulness
- Evidence-based practices like Trauma Focused CBT, Aggression Replacement Training, Seeking Safety
- Safety interventions like suicide-watch
- Psychiatric medication services

“It takes a village” model

- Juvenile hall staff
- SPY Behavioral Health Staff
- SPY Medical Staff
- Probation Officer
- Psychological Evaluation ordered by court
- The Court Staff (public defender, district attorney, judge)
- Family
- Community Providers (therapist, mentors)
- SF ALLM Higher (mental health linkage)

Trends

