



## SAN FRANCISCO MENTAL HEALTH BOARD

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**Mayor Edwin Lee**

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Kara Ka Wah Chien, JD, Chair  
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Harriette Stallworth Stevens, EdD  
Vanae Tran, MS  
Njon Weinroth  
Adrian Williams  
Idell Wilson  
Benny Wong, LCSW

**Adopted Minutes**  
Mental Health Board Meeting  
Wednesday, July 15, 2015  
City Hall  
One Carlton B. Goodlett Place  
2nd Floor, Room 278  
6:30 PM – 8:30 PM

**BOARD MEMBERS PRESENT:** David Elliott Lewis, PhD, Secretary; Terry Bohrer, RN, MSW, CLNC; Deborah Hardy; Wendy James; Virginia S. Lewis, MA, LCSW; Toni Parks; Harriette Stevens, EdD; Vanae Tran, MS; Njon Weinroth; Adrian Williams; and Benny Wong, LCSW.

**BOARD MEMBERS ON LEAVE:** Kara Chien, JD, Chair; Ulash Thakore-Dunlap, MFT, Vice Chair; and Idell Wilson.

**BOARD MEMBERS ABSENT:** Supervisor Mark Farrell.

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, MFT, Behavioral Health Director; Gene Porfido, Tom Waddell Medical Center; Marlo Simmons, MPH, Director, Mental Health Services Act (MHSA); Melanie Brandt, Respite staff; Dave Limcaco, Institute on Aging and Mental Health Association (MHA-SF); Reuben David Goodman, Mental Health Association (MHA-SF); and two additional members of the public.

**CALL TO ORDER**

**Dr. David Elliott Lewis** called the meeting of the Mental Health Board to order at 6:40 PM. He welcomed Toni Parks who was appointed by the Board of Supervisors to a consumer seat.

## **ROLL CALL**

Ms. Brooke called the roll.

## **AGENDA CHANGES**

No changes in the agenda.

## **ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR**

**Dr. David Elliott Lewis** introduced Jo Robinson, Director of Behavioral Health Services (BHS) to give her director's report.

### **1.1 Discussion regarding Behavioral Health Services Department Report, a report on the activities and operations of Behavioral Health Services, including budget, planning, policy, and programs and services.**

**Ms. Robinson** announced that South of Market clinic is being remodeled and the office is temporarily relocated to 1380 Howard, while the clinic is being remodeled. She also highlighted the LEGACY's Health and Wellness Celebration on July 16, 2015.

### **1.2 Public Comment**

No public comments.

## Monthly Director's Report July 2015



### **1. Mental Health Loan Assumption Program (MHLAP)**

The Mental Health Loan Assumption Program (MHLAP) is a loan forgiveness program that was created and funded by the Mental Health Services Act (MHSA); and aims to **retain qualified professionals working in the Public Mental Health System**. Through the MHSA's Workforce Development Education and Training strategy, \$10 million is allocated each year so that California counties are able to award select public mental health professionals with up to \$10,000 to repay their educational loans, in exchange for a 12-month service in hard-to-fill/hard-to-retain positions. For full details about the Mental Health Loan Assumption Program, please visit <http://www.oshpd.ca.gov/hpef/mhlap.html>

### **2. Assisted Outpatient Treatment (AOT)**

Angelica Almeida, director of the Assisted Outpatient Treatment (AOT) program, has been working to provide trainings to community providers and stakeholders on the implementation of AOT in San Francisco. This program is an engagement and outreach tool designed to assist individuals (age 18 and over) with a severe mental illness who are not engaged in services, are deteriorating, and meet strict eligibility criteria with linking to existing outpatient services in our system of care. In certain circumstances, the law also allows the AOT Care Team to pursue a court order to engage in treatment. As we near implementation on November 1, 2015 there has already been a great deal of interest in scheduling trainings and we are encouraging any interested parties to contact Angelica immediately to ensure that a training occurs at your site. Each training lasts approximately 45 minutes and it is our goal to complete all trainings by the middle of October. Please feel free to contact Angelica (415-255-3722, [angelica.almeida@sfdph.org](mailto:angelica.almeida@sfdph.org)) with any questions or to request an upcoming training.

**3. Continuing Education Fees Waived for DPH Staff and our Community Based Organization Partners**

The Training Section of Ambulatory Care and Workforce Development acknowledges the superior comprehensive services offered by staff throughout our system of care. In an effort to express our appreciation, we are pleased to announce that beginning FY 15-16 all Continuing Education (CE) fees are waived to Department of Public Health staff and our Community Based Organization partners directly funded through DPH. There has never been a fee to attend our educational activities and now there is no fee to receive Continuing Education Units (CEU). We look forward to offering this new benefit and exceptional educational opportunities for our staff. For comments or questions, please contact Norman Aleman at [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)

**4. Of All U.S. Police Shootings, One-Quarter Reportedly Involve The Mentally Ill**

**NPR News; 7/4/2015**

RONALD MANDERSCHIED, PHD.

At least 125 people with signs of mental illness have died in police encounters in the U.S. so far this year, according to the latest accounting from The Washington Post.

This week, the Post published a database with information on every fatal shooting by a police officer in the line of duty in the U.S. And they took the extra step of identifying — when they could — details about the mental health of the deceased.

In evaluating the role that mental or emotional crisis played in police fatalities, investigative reporter Kimberly Kindy says that the Post attempted to be cautious as the paper compiled this data.

“Unless the families identified the deceased as somebody who was mentally ill or the police department identified them as mentally ill, we did not — even if it may on the surface of things [have] appeared as if they might be,” she tells NPR’s Eric Westervelt. “So it’s a conservative number — but even with it being conservative, it was a quarter of the killings.”

## **5. Children, Family & Youth (CYF)**

### Chinatown Child Development Center

On June 5th 2015, the Chinatown Child Development Center participated in the Asian-Pacific Islander Family Resource Network Family Day 2015 community event. Drs. Jacqueline K. Cooper and Diana L. Wong, in addition with Thuy Nguyen-Smith, LCSW collaborated efforts with the Asian Pacific Islander Family Resource Network and California Pacific Medical Center to provide psychoeducation and awareness on mental health to the community. Families and children enjoyed the festive ethnic foods and activities provided, in addition to receiving information on maintaining healthy living resources for children and adults.

### L.E.G.A.C.Y

The LEGACY Youth Development Team facilitated an 8-week Girl’s Circle Group that graduated seven girls on May 27th. The focus of this group was empowerment and positive personal development.

Our TAY group presented at the CYF Providers Meeting on May 18th. This is a group of transitional age youth who share their experiences, both positive and negative, in navigating the mental health, foster care and juvenile justice systems. They give feedback and recommendations on how to improve transition outcomes from the youth to the adult system. On June 16th, the TAY also presented to the BH Executive Team. If you would like this inspirational group to present to your agency, please contact Victor Damian at (415)920-7715.

On June 16th, LEGACY helped co-host the Juneteenth Health and Wellness Celebration that was held on Fillmore and O’Farrell Streets. There was entertainment, children’s rides and free health screenings. Thank you to the LEGACY staff who spent a lot of time and energy in helping to make this event a success.

First Impressions, an MHSA Innovations project that renovates Behavioral Health clinic's reception areas, recently concluded its renovation of our reception area. Due to the office being in such disarray during the renovation process, we cancelled our May and June Family Support Night events. Our next Family Support Night will be on July 20th where we will be hosting a "LEGACY Launch" to celebrate our new and improved office space. TARC (Truancy Assessment & Resource Center) is a one-stop location where students and their families can receive assistance from a variety of City agencies that work collaboratively to combat truancy so that youth can stay in school until graduation. Please come out from 6-8pm to learn about TARC and to celebrate our new space. Hope to see you here!

#### Mission Family Center

During the month of June, Mission Family Center (MFC) staff celebrated multiple graduations with youth and their families and generally wound down from the school year. The boys group held their all-day year-end outing taking in swimming at Blackberry Farms, lunch and the movies. The youth and parents alike were very pleased with the outcome of the group which fostered positive socialization and transitions in middle school. The boys are looking for ways to continue their friendships in the community. MFC continues to staff the Unaccompanied Children's Workgroup which sponsored a training on working with children, youth & families exposed to the traumas of war torn countries. Ines Betancourt, LCSW and Acting Director of Southeast Family Therapy Center provided this training which was very well received, and may be the beginning of an on-going quarterly training collaborative for staff working with unaccompanied children and their families. MFC spent several staff meeting hours working on values, vision, mission and goals. It has been a creative and fun team building process - laying the foundation for our upcoming annual retreat in July. Stay tuned for a finished product! In keeping with one of MFC goals to become clinically stronger, we held the initial meeting to discuss hosting a Community Reflecting Team here at MFC. We are very excited about this prospect of collaborating with our IFT partners at UC, the FIRST team, AIIM Higher, Comprehensive Crises and Family Mosaic. More to come on this by September! And last but not least we are proud to announce that we look forward to bringing on two new clinicians during the summer months!

#### Southeast Child Family Therapy Center

June was a busy month at Southeast, despite school being out of session, we still completed 20 intakes. We are currently short staffed in Spanish, so we are working hard to try to absorb the influx of recent cases. We hope that our new PT Spanish speaking clinician will be on board by August 1st.

We continue to provide PLAAY (Preventing Long Term Anger and Aggression in Youth) group for our 13 -17 year old African American teen boys at Palega Recreation Center, together with excellent African American male mentors. The group will run throughout the summer with the graduation planned for September 3rd.

July is an exciting month to kickoff training programs! Southeast is lucky to be a site for the first public psychiatry fellow with a specialty in Child and adolescent psychiatry. Dr. Dawn Sung will be at our Silver Avenue site 3 days a week. Additionally, with a new group of child and adolescent psychiatry fellows starting, we will have a Spanish speaking fellow at our Mission Street site.

#### Comprehensive Child Crisis

In the summer month of June, The Comprehensive Crisis Services slowed down in crisis evaluations from the previous month since schools are out and children and families tend to have vacation plans. However, the Child Crisis team continues to remain active in providing crisis prevention, stabilization, and appropriate interventions to children and families in need, such as providing case management and linkage to those at risk.

In the summer months, referrals tend to come from HSA, Edgewood and other residential treatment centers, as well as outpatient programs. The staff at the Comprehensive Crisis Services are also diligent in working on summer projects, and created some task force focusing on the following areas: QIQA, training, outreach presentations on our services, collaboration with CSU, as well as self-care and team-building activities. The month of June is also a time of Goodbyes. Our Psychology Interns, Mai Manchanda and Mickey Stein, who have been excellent trainees and valuable colleagues, have ended their training with us and will move on to their next endeavor.

The Comprehensive Crisis Services is also sad to say goodbye to our Clinical Psychologist, Barnett Levin, PhD, who retired from having served us for nearly 20 years at Mobile Crisis Treatment Team, helping adults and families in crisis. Nonetheless, our team will remain strong in providing quality care to individuals and families one crisis at a time and help empower them on the road to wellness.

#### **6. Introducing Universal Medication Scheduling At the CBHS Pharmacy**

Universal Medication Scheduling (UMS) is the California Board of Pharmacy and National Council for Prescription Drug Programs recommended system for standardized prescription

label instructions. UMS is a set of basic and specific directions intended to help patients take their medication safely and efficiently. In May of this year, the CBHS Pharmacy adopted this approach in Spanish and English to improve client care. The chart below shows how we have changed our prescription label instructions to UMS which provides more specific instructions for when to take medications.

Old Instructions	New UMS Label Instructions (more specific to help patient better understand when to take medications)
Take one tablet daily.	Take one tablet every morning.
Take one tablet twice a day.	Take one tablet every morning and evening.
Take one tablet three times a day.	Take one tablet every morning, noon, and evening.
Take one tablet four times a day.	Take one tablet every morning, noon, evening, and bedtime.
Old Instructions - Spanish	New UMS - Spanish
Tome una pastilla una ves al dia.	Tome una pastilla por la manana.
Tome una pastilla dos veces al dia.	Tome una pastilla por la manana y al atardecer.
Tome una pastilla tres veces al dia.	Tome una pastilla por la manana, al mediodia, y al atardecer.
Tome una pastilla quarto veces al dia.	Tome una pastilla por la manana, al mediodia, al atardecer, y la hora de acostarse.

**7. MHSA Spanish Media Interview in Sacramento**

The Mental Health Services Oversight and Accountability Commission (MHSOAC) invited San Francisco Mental Health Services Act (MHSA) to assist with an interview conducted in Spanish by The Maddy Institute (<http://www.maddyinstitute.com>) recorded in Sacramento on June 30, 2015. Dr. Juan G. Ibarra, an MHSA evaluator from the Office of Quality Management, represented San Francisco at this interview. Representatives from the MHSOAC and Solano County Mental Health System were also present. The Maddy Institute, based out of the California State University in Fresno, CA, asked interviewees about MHSA’s original goals, current successes, most pressing challenges, types of services, and accountability at the state

level. Dr. Ibarra and the other county representative were able to offer examples of different MHSA services in their respective counties and describe some of the challenges faced by counties in providing services. Dates for the airing or posting online of the interview will be announced to the public by the MHSOAC once scheduled. For more information, please contact Lisa Reyes at 255-3613 or Juan G Ibarra at 255-3693.

**8. Mental Health Loan Assumption Program (MHLAP)**

Mental Health Loan Assumption Program (MHLAP)

<http://www.oshpd.ca.gov/hpef/mhlap.html>

&

Licensed Mental Health Services Provider Education Program (LMHSPEP)

<http://www.oshpd.ca.gov/hpef/lmhsplr.html>

Application Cycle!

August 3rd – September 30th

The Health Professions Education Foundation (HPEF) is excited to share that the MHLAP and LMHSPEP loan repayment programs will be open from August 3rd through September 30th 2015.

Recipients of the MHLAP award receive up to \$10,000 in exchange for a one year service obligation in the public mental health system of California.

Recipients of the LMHSPEP award receive up to \$15,000 in exchange for a two year service obligation in a qualified facility.

Eligible Professions for MHLAP include:

Each county determines which professions are eligible for its hard-to-fill or retain positions.

Some of the eligible professions include, but are not limited to:

Registered or Licensed Psychologists	Registered or Licensed Marriage and Family Therapists
Registered or Licensed Psychiatrists	Registered or Licensed Clinical Social Workers
Postdoctoral Psychological Assistants	Licensed Professional Clinical Counselors, Licensed Professional Clinical Counselor Interns
Postdoctoral Psychological Trainees	Registered or Licensed Psychiatric Mental Health Nurse Practitioners
*Support, managerial and/or fiscal staff may be eligible	

Eligible professions for LMHSPEP include:

Registered or Licensed Psychologists	Registered or Licensed Marriage and Family Therapists
Postdoctoral Psychological Assistants	Registered or Licensed Clinical Social Workers
Postdoctoral Psychological Trainees	Marriage and Family Therapist Interns

A link to this information is also available here:

[www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov)

For more information:

916-326-3640

[hpef-email@oshpd.ca.gov](mailto:hpef-email@oshpd.ca.gov)

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

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*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](mailto:vita.ogans@sfdph.org)

## **Item 2.0 Mental Health Service Act Updates and Public Hearings**

### **2.1 Mental Health Services Act Updates**

#### **Proposed MHSA Innovation expenditure plan for a Peer Respite, Marlo Simmons, Director of MHSA Programs**

**Ms. Simmons** said that supportive housing is a huge issue for clients in the system. Extra funding will enable an expansion of housing stock to 43 units with \$429,000 in funding for full service partnership (FSP) clients.

The MHSA state advisory group is contemplating rotating meetings in different counties. San Francisco is being considered for the September MHSA meeting.

FSP serves clients with intensive wrap around care. Some residents are placed in HOPE-SF housing and a few clients are placed in out-of-county housing. MHSA-SF is working on providing an annual update on previous-year outcomes. She hoped the information will be done by October.

**Dr. David Elliott Lewis** wanted to know more about the community FSP housing partnership.

**Ms. Simmons** said before expansion there were 100 permanent units available, now there is a total of 149 supportive permanent housing units.

**Dr. Stevens** asked about FSP & eligibility criteria.

**Ms. Simmons** said MHSA currently funds 9 Full Service Partnership programs serving up to 1,200 individuals ages 6 and up. We are working to launch a new FSP program this year designed to serve children ages 0 through 5 and their families so our age range is now 'birth through death' (meaning ages 0 and up).

The outcomes of FSP case management are 80% reduction in hospitalizations, and reductions in recidivism and criminality and increased school attendance in children.

**Ms. Williams** asked how 3-5 months old babies are diagnosed.

**Ms. Simmons** shared that indirect diagnosis can begin with the parents.

**Ms. Robinson** clarified that the diagnosis of 3-5 months old babies can be based on children with attachment issues. Another situation involves children of “at-risk of having” future issues, so the goal is to take care of the entire family’s wellbeing.

**Ms. Hardy** inquired about if any peer programs have "family member" staff.

**Ms. Simmons** mentioned that the peer to peer programs including the Curry Senior and transgender wellness services may employ 'family member' staff. She said 5% of MHSA funding supports Innovation programs. MHSA-SF currently has five innovation programs.

**Ms. Virginia Lewis** asked for the innovation program names

**Ms. Simmons** mentioned the following names

1. First Impression is a vocational training in light construction. For example, it has been transforming waiting rooms in mental health clinics.
2. AIMS program focuses on nutrition and healthy lifestyles for people on certain medications.

3. Digital Story Telling called Adapt the WRAP, by youth for youth.
4. RSSE run by LaVaughn Kellum King uses faith based support to reducing stigma in the south east, which is where Bayview Hunter's Point is located.
5. Peer Response Mental Health Association (MHA-SF) is gathering and collecting data on hoarding and cluttering.

After 30 day posting period, the Innovation funding proposal goes to the State for approval.

### **HUMMINGBIRD PLACE PEER RESPITE PRESENTATION**

**Ms. Simmons** said that the peer run respite program is supported by the Innovation funding and resulted from the Contact Assess Recover Ensure Success (CARES) Task Force. Peer respite decreases utilization of hospitalization and the criminal justice system.

The CARES task force came to fruition before the summer of 2014 under Mayor Edwin M. Lee and composed of a broad range of community stakeholders. Two Mental Health Board members on the task force were Kara Chien and David Elliott Lewis. Now, the first peer run respite in San Francisco is Hummingbird Place which opened in June 2015.

Peer counselors are hired to work at the Hummingbird Place which has a large backyard designed to provide a safe space to decompress. It is a homey environment with a living room and chairs around a table. It also has a vegetable garden. Responding to those in emotional distress and having lived experience, peer counselors have an instant connection with the person in crisis because they “get it” without requiring much explanation. Everyone at the respite is considered a “guest”. As of today, the number of guests has increased to about eight guests per day.

On the opening day, the Mayor and DPH Director Barbara Garcia were there. Currently, the respite does not accept overnight guests, but the center has the capacity for four overnight guests in the future. The center also has group sessions but most people prefer a one-on-one with a peer counselor. She introduced Melanie Brandt, the program director for Hummingbird Place.

**Ms. Brandt** is one of the six peer counselor. All staff are in recovery. She shared that she has a dual diagnosis and been in recovery for about six years.

The Hummingbird Place is the only peer respite place in San Francisco for people who are experiencing moments of sub-acute crisis and need a break from living in a shelter or an SRO or a residential care environment. The program was opened on June 20, 2015.

**Ms. Simmons** shared that the program was developed by peers.

**Ms. Brandt** shared that the department provides a supportive workplace and various training offerings for peer counselors. Peers counselors are required to have lived experience and at least eight trainings per year. The following are different training offerings: Wellness Recovery Action Plan (WRAP), RAMS' Peer certification, Safety Management Response Techniques (SMRT), and intentional peer support training on voices, visions and different realities and drug and alcohol certification.

Peer counselors invite clients into the respite center's quiet and relaxing environment with a living room like feel. Clients must be referred by case managers for the first visit, and must have a home or shelter. The hours of operation are 10 AM – 6 PM and eventually it will be a 24x7

operation. There are amenities throughout the center like peer art displays, showers, a gym and a kitchen for communal cooking and eating. People can take a nap.

There are two certified nurse assistants (CNA). There is a weekly group meeting with clinical supervision for peers.

If needed, they can call a Sheriff's deputy but they can generally handle most incidents. For example, there was a 32 year old client who was sent over by a Psychiatric Emergency Services doctor, but at 6 PM when it is time to go home there was always something anxious that came up for him. Peer counselors finally learned that it took the client 15 years to get his home that is in a very nice neighborhood. The client was very anxious about going home because he did not feel safe in his own home. His home had been taken over and used as a drug den by his ex-brother in law and the ex-brother-in-law's wife abused him as well. When peer counselors learned of his abusive home life, they got help from Tracy Helton, the MHSA supervisor who has a Master's in Public Administration. The team contacted adult protective services (APS). Now, the brother-in-law and his wife don't come back because periodic wellbeing checks on the client are being conducted.

**Ms. Virginia S. Lewis** wondered about staffing status.

**Ms. Brandt** said peer counselors work between 20 -- 40 hours a week. MHSA funds their positions. There are six peer counselors and two certified nurse assistants (CNA's). Ms. Brandt is working 32 hours a week. Peer staff will be encouraged to apply for the Health Worker 1 position.

**Ms. Robinson** mentioned that Senate Bill 614 sponsored by Senator Mark Leno is Medi-Cal mental health services peer and family support specialist certification. One of the provisions on the bill is having peer counselors be recognized and paid for their invaluable services.

**Mr. Wong** commended Melanie for her six years of sobriety and asked about peer counselors' language capability.

**Ms. Brandt** said right now there are peer counselors who can speak Tagalog and Spanish.

**Ms. Parks** asked for the respite's location.

**Ms. Brandt** said the Hummingbird Place is on Potrero between 20<sup>th</sup> and 21<sup>st</sup> Streets behind SF General Hospital.

**Ms. Virginia S. Lewis** asked if there is signage in front of the respite to make it easier for guests to find the place.

**Ms. Brandt** said "Yes."

**Mr. Weinroth** asked about maintaining contact with case managers.

**Ms. Brandt** said yes and there is also interaction with the Homeless Outreach Team (HOT) for people living in stabilization units to bring clients to the center.

**Mr. Wong** asked about how to refer clients.

**Ms. Brandt** suggested just calling and talking to one of the peer counselors for guidance.

**Ms. Bohrer** congratulated Melanie on her work and looks forward to the program to becoming a 24x7 hour respite center.

**Ms. Brandt** said in about three months the respite center should be operating on a 24x7 basis.

**Ms. Virginia S. Lewis** asked about eligibility.

**Ms. Brandt** said the prerequisites are being connected to community services, have a case manager and the guest has housing or can be waiting to be housed or living in marginally housed like a homeless shelter.

**Ms. Stevens** inquired about outreach to diverse communities.

**Ms. Brandt** said she is trying to reach out to as many case managers as possible to let them know about the respite availability for them to refer their clients. She noticed participants at the center tend to be disproportionately more females guests than male clients. Staff will be going to the Navigation Center to do outreach too.

**Ms. Tran** asked about the time frame from receiving a referral to a client's actual arrival.

**Ms. Brandt** said the process can be awhile. She recommended that it is usually faster for clients to come to the respite with their case managers at the client's first visit.

## **2.2 Public Comment**

**Mr. Porfido** asked if primary care providers can make referrals in addition to case managers.

**Ms. Brandt** said in the future psychiatrists can refer clients. Once the initial intake is complete, registered clients can revisit the respite center to stay engaged for a continuum of self-care.

Ms. Bohrer: She suggested that the board send a letter to the Mayor endorsing the program. She volunteered to draft the letter.

## **ITEM 3.0 ACTION ITEMS**

### **3.1 Public comment**

**3.2 Proposed Resolution:** Be it resolved that the minutes for the Mental Health Board meeting of June 17, 2015 be approved as submitted.

[Unanimously approved.](#)

**3.3 Proposed Resolution:** Be it resolved that the Mental Health Board will not meet in the month of August 2015.

[Unanimously approved.](#)

**3.4 Proposed Resolution:** Be it resolved that the San Francisco Mental Health Board urges the Department of Public Health to place a peer staffed kiosk in the main San Francisco Public Library to provide information and support to consumers and family members interested in seeking mental health services and substance abuse services.

## **RESOLUTION**

**July 15, 2015**

RESOLUTION: (MHB -2015-06\_) Be it resolved that the Mental Health Board urges the Department of Public Health to place a peer staffed kiosk in the main San Francisco Public Library to provide information and support to consumers

and family members interested in seeking mental health services and substance abuse services.

WHEREAS, there is still stigma surrounding access to these behavioral health services which may prevent people from seeking information, and;

WHEREAS, many people who are seeking services may not have access to a computer, and;

WHEREAS, people who have access to a computer either at their home or their job may feel unsafe seeking information on those computers, and;

WHEREAS, people unfamiliar with Behavioral Health Services in San Francisco may not know how to find the information on their own.

WHEREAS, peer staff with experience navigating Behavior Health Services would be able to provide safe, confidential help to people seeking services, and;

WHEREAS, the San Francisco Public Library is a safe, open place for anyone to enter without stigma, and

THEREFORE, BE IT RESOLVED that the Mental Health Board urges the Department of Public Health to place a peer staffed kiosk in the main San Francisco Public Library to provide information and support to consumers and family members interested in seeking mental health services and substance abuse services.

Unanimously approved.

## **ITEM 4.0 REPORTS**

### **4.1 Report from the Executive Director of the Mental Health Board.**

**Ms. Brooke** [shared the following](#):

1. Presentation of the work of Project Awareness: SFMHEF was the fiscal sponsor for Project Awareness. It hopes to spread awareness of mental health and lower the stigma associated with mental health disorders. In 2014, they were able to distribute an average of 1,300 flowers, 1,000 post cards, and 40 shirts for Project Awareness. This year, they were able to grow significantly and distributed 6,000 flowers, 6,400 post cards, and 30 shirts for Project Awareness. She passed around copies of the flyers they put on to postcards and showed a brief video about their work.
2. July 17, 2015 Consumer & Family Conference: Journey to Wellness at the African American Arts and Cultural Center.

### **4.2 Report of the Chair of the Board and the Executive Committee.**

**Dr. David Elliott Lewis** said the next Executive Committee meeting is on Tuesday, July 28th, 2015 in from 226.

Fortunately, the September 16th meeting has already been approved by the executive committee. We are very excited to have Dr. Terry Kupers, author of Prison Madness, and an expert on the incarcerated mentally ill as our presenter. We are expecting a large turnout for this presentation so we have arranged to have the September board meeting at the Department of Public Health at 101 Grove Street, Room 300. I hope you will all share widely with your networks about this speaker.”

Dr. Lewis shared that he will be the keynote speaker on July 17, 2015 at the bi-annual Consumer & Family Conference: Journey to Wellness at the African American Arts and Cultural Center.

**Retreat Planning Committee** is composed of Benny Wong, Harriette Stevens & David Elliott Lewis who will plan on the content for the December 5, 2015 (Saturday).

#### **4.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.**

**Dr. David Elliott Lewis** urged the board to pass a resolution recognizing Hummingbird Place.

#### **4.4 Report by members of the Board on their activities on behalf of the Board.**

**Dr. David Elliott Lewis** asked Wendy James, Deborah Hardy and Terry Bohrer to share about their experience attending the regional CALMHB Meeting.

**Ms. James** attended many CALMHB workshops. She learned that it is now possible to do genetic testing to predetermine mental health risk. Medi-Cal has agreed to pay for the test. She learned of a few social media apps focusing on behavioral health, like NAMI's Air app and PTSD T2 app ([t2health.dcoe.mil/](http://t2health.dcoe.mil/)) for PTSD by the National Center for Telehealth and Technology in the Department of Defense.

**Ms. Hardy** found the CALMHB conference to be very interesting.

**Ms. Bohrer** mentioned that she was elected to be a CALMHB director. She attended a planning meeting with the California Mental Health Services Act director. The board will meet four times a year and have conference calls between meetings.

**Ms. Virginia S. Lewis** shared a personal letter she wrote to and read at the Board of Supervisors. Her letter is in support of crisis intervention training for law enforcement. She encouraged other board members to send similar letters directly to the Board of Supervisors.

*Ms. Virginia S Lewis' letter is at the end of the minutes*

**Ms. Stevens** attended the recent regional NAMI conference and agreed to be a liaison for San Francisco with the international Alpha Kappa Alpha (AKA) Sorority to share about mental health awareness. She said AKA is the oldest Greek-letter organization established in America in 1908 by twelve Black college women at Howard University.

#### **4.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

None

## 5.0 PUBLIC COMMENT

No public comments.

### Adjournment

Adjourned at: 8:45 PM

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Greetings Supervisors.

I am Virginia Lewis, LCSW and hold a family seat on the SF Mental Health Board. The Board voted on two resolutions at our June meeting which urged Mayor Lee to provide City funding for Crisis Intervention-Mental Health Training to both the SF police - who presently have a rudimentary volunteer run program - and - very importantly - to the Sheriffs who work as guards in the jail and have had no targeted training in CIT.

CIT has been proven to deescalate volatile situations between law enforcement officers and the mentally ill. Its harm reduction techniques have shown to be a very cost effective way to improve safety and prevent the kinds of tragic incidents reported recently where mentally ill persons have been killed or injured by law enforcement officers in their homes, on the streets or while in custody.

During their June, 2015 presentations at the SFMHB Dr. Katrina Peters, MD, Unit Chief, 7L, SF General Hospital, in charge of mentally ill offenders, and Ali Riker, Director of Programs, SF Sheriff's Department, noted the desirability of CIT training for law enforcement and strongly supported the Board's resolution.

I am writing to urge you to help make CIT programs a reality. Providing training to the Sheriffs, in particular, is a much needed effort. The SF jail houses a large population of severe, chronic, mentally ill inmates, often very troubled and in need of a range of services in the city, as is well known. Recent incidents at the jail, one resulting in an FBI investigation and the second raising questions regarding release procedures and cooperation among local and national law enforcement agencies have attracted negative public attention to our Sheriff's office and the City. Our police department has also received criticism. Funding such programs could mitigate local and national criticism of law enforcement in our City and nationally, as the public has expressed alarm regarding law

enforcements' approach to offenders in the community and in jail, especially those who suffer from mental illness. Funding CIT programs will be publicly viewed as demonstrating SF's willingness to concretely address fears regarding the conduct of law enforcement.

Recently I spoke with Helynna Brook, Executive Director of the SFMHB who provided a history of CIT in SF. A sophisticated program was offered to almost 1000 police officers with trainers including SFPD SSgts. Kelly Dunn Kruger, and Michael Silva, as well as staff from Homeless Outreach, the Child Crisis Team, several CBHS psychiatrists (eg. Emily Keram, MD and Pablo Stewart, MD) from 2001-2010. Many knowledgeable criminal and social justice experts and advocates enthusiastically supported this program and were disappointed when SF District Attorney Gascon - who later reportedly regretted his decision - cancelled program funding.

My initial inquiries regarding funding for these programs indicated that there may presently exist an unspent \$92 thousand in the Police Department Budget designated for CIT training. Surely it is time to use these funds. Additionally, Marlo Simmons, Director of Mental Health Services Association stated in a recent email to me that MHSA has funded CIT training in several California counties. These funds should be available for SF CIT programming.

I look forward to your assistance in restoring, CIT, a vital program that has a proven track record of success in improving safety and the humane treatment of the mentally ill in San Francisco.

Virginia Lewis, LCSW  
Member, SFMHB