



SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

1380 Howard Street, 2nd Floor
San Francisco, CA94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

Kara Ka Wah Chien, JD, Chair
Ulash Thakore-Dunlap, MFT, Vice Chair
David Elliott Lewis, PhD, Secretary
Terezie "Terry" Bohrer, RN, MSW, CLNC
Mark Farrell, Board of Supervisors
Wendy James
Virginia S. Lewis, LCSW
Toni Parks
Gene Porfido
Harriette Stallworth Stevens, EdD
Vanae Tran, MS
Njon Weinroth
Adrian Williams
Idell Wilson
Benny Wong, LCSW

Adopted Minutes

Mental Health Board Meeting
Wednesday, October 21, 2015
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Kara Chien, JD, Chair; Ulash Thakore-Dunlap, MFT, Vice Chair; David Elliott Lewis, PhD, Secretary; Terry Bohrer, RN, MSW, CLNC; Wendy James; Virginia S. Lewis, MA, LCSW; Toni Parks; Gene Porfido; Harriette Stevens, EdD; Vanae Tran, MS; and Njon Weinroth.

BOARD MEMBERS ON LEAVE: Adrian Williams; Benny Wong, LCSW; and Idell Wilson.

BOARD MEMBERS ABSENT: Supervisor Mark Farrell.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, LMFT, Behavioral Health Director; Eve Meyer, Executive Director of San Francisco Suicide Prevention; Erin Hiscock-Wagner, San Francisco Suicide Prevention; Kelly Batson, 211; John Alex Lowell, First Congregational Church of San Francisco; Melvin Edward Beetle, Central City SRO Collaborative & Raman SRO Hotel for Seniors; John Lowe; Michael Wise, RAMS Inc.; Jeanne Kwong, BHS; Anya Driskow; Michael

Lukso; Kami Cheatem; Art Marks; Jo-Jo Calubaquib; Patricia Aveni; and ten additional members of the public.

CALL TO ORDER

Ms. Chien called the meeting of the Mental Health Board to order at 6:35 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Ms. Chien announced that there will be an agenda change in Item 3.0. Item 3.4 will be heard following 3.1.

ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR (See Attachment A)

Ms. Chien introduced Jo Robinson, Director of Behavioral Health Services (BHS) to give her director's report.

The full director's report (Attachment A) can be viewed at the end of the minutes or on the Internet:

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

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 Jail Psychiatric Services (JPS) hired Mary Thornton as an outside consultant for about a year to look at jail behavioral health services. She commended the board for having Dr. Terry Kupers' presentation at the September 16, 2015 meeting. Over 50 people attended the "Struggles of People with Mental Illness in Jails and Prisons" presentation.

The San Francisco Assisted Outpatient Treatment (AOT) team is fully staffed. The peer and family member positions have been filled. AOT will start taking referrals on November 2, 2015. At the mayor's press conference on Monday October 19, 2015, he announced that AOT will be fully operational on November 2, 2015.

The MHSA Award Ceremony on October 15, 2015 was very good. The event recognized over 250 award recipients, and each recipient received a personalized certificate.

From a lifelong struggle with depression, Brian Copeland's play called The Waiting Period which is about the mandatory ten day waiting period for him to purchase a gun he was seeking to commit suicide. The play is at the Marsh San Francisco, 1062 Valencia, San Francisco, CA 94110 and was extended to November 22, 2015. He wants to raise enough funds from the play to sponsor San Francisco high school students to see the play.

Item 7 in the Director's report is a picture of Michael Wise staffing a registration table for people to vote.

1.2 Public Comment

No comments.

Item 2.0 Mental Health Service Act Updates and Public Hearings

2.1 Mental Health Services Act Updates: Hearing

Ms. Robinson said Marlo Simmons was promoted to Deputy Director of BHS. Until a new MHSA director is hired, the MHSA interim director is Charlie Mayer.

The MHSA annual report is posted for a 30 day review period. The annual report hearing will be at the November 18, 2015 Mental Health Board meeting.

The budget office just approved funding for two civil service positions classified as Program Coordinator 3 in classification 2593. The positions are a peer manager and program manager and the salary range is \$70k-\$90k.

2.2 Public Comment

No comments.

ITEM 3.0 ACTION ITEMS

Ms. Chien said that public comment would be taken before each action item.

No public comments prior to 3.4.

3.4 Proposed Resolution: Be it resolved that the Mental Health Board commends Sandra Robison and the Pathways to Discovery Program.

WHEREAS, ten years ago, Sandra “Sandi” Robison created a peer-run behavioral health organization providing supportive peer services to residential care homes, Single Room Occupancy Hotels (SRO’s) and other spaces where connection and community were impaired; and,

WHEREAS, out of these efforts, Pathways to Discovery was born; and,

WHEREAS, Ms. Robison created a dynamic, supportive community to inspire, nurture and sustain peers on their individual paths of career development; and,

WHEREAS, the program has developed a strong team of peers who provide support, counseling, and leadership to consumers to engage and inspire them in their individual paths to health and wellness; and,

WHEREAS, as of July 2015, Pathways to Discovery has now become a part of the Division of Peer-Based Services under Richmond Area Multi-Services (RAMS) Peer Counseling Services; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco commends Sandra Robison and Pathways to Discovery for their extraordinary

contribution to San Francisco Behavioral Health Services and the City and County of San Francisco.

Unanimously approved.

Ms. Chien asked Ms. Robison to say a few words and introduce her team.

Ms. Robison said about 10 years ago she recognized the need for a peer support program. The original core members were made up of six people.

She explained that many people found their therapeutic relationships often ended abruptly due to budget constraints. Other individuals have discovered their own paths to recovery and want to maintain a stable connection with peers, since peers can easily relate to each other. Since individuals have found their own paths that work well for them, individuals' paths merged together to form a community, and the name of that community is Pathways to Discovery.

Ms. Cheatem shared that Pathways has been very supportive to her, and now she is in graduate school.

Mr. Marks shared that since working with Sandi Robison his life has gotten better.

Ms. Robison said Art Marks is also a singer and he is looking forward to putting together a choir program next year.

Mr. Calubaquib shared that his life became more stable since he joined Pathways.

Ms. Robison said Jo-Jo Calubaquib was one of the six original co-founders of Pathways.

Ms. Aveni shared that her experience with Pathways has been very positive and healing.

Mr. Wise shared that it has been a learning and healing experience to be in Pathways. At the end of every Pathways meeting is a moment of gratitude. He also acknowledged Jeanne Kwong from BHS for her dedication in supporting the Pathways to Discovery program.

Ms. Robison said her teammates share the principle of meeting clients where they are at.

Ms. James said that in her early days of recovery she relied on Sandi Robison to help her find support and to guide her through the recovery process.

3.1 Public comment

Mr. Lowell is a minister in the Polk Street neighborhood and stated his support for a funding allocation to sustain CIT training.

Mr. Beetle said the CIT training is imperative, since many single room occupancy hotels are filled with mostly seniors, and he feels mental health is a major concern among seniors. He encouraged all officers be trained.

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of September 16, 2015 be approved as submitted.

Mr. Weinroth requested that future minutes show the full Director's Report in a different way since all items weren't reviewed at the meeting. The item was referred to the Executive Committee.

Unanimously approved.

3.3 Proposed Resolution: Be it resolved that the Mental Health Board of San Francisco urges the Mayor and Board of Supervisors to allocate sufficient funds for the SFPD's CIT in FY 2016 - 2017.

RESOLUTION (MHB 2015-06): Be It Resolved the Mental Health Board of San Francisco urges the Mayor and Board of Supervisors to allocate sufficient funds for the San Francisco Police Department's (SFPD) Crisis Intervention Training (CIT) in FY 2016 -2017.

WHEREAS, the San Francisco Police Department CIT works throughout the City to provide crisis services to individuals with behavioral health disorders 24 hours a day, seven days a week – to decrease police officer and/or citizen injuries or fatalities, and;

WHEREAS, California State Governor Jerry Brown signed Senate Bill 11, to require that all new law enforcement officers have at least 15 hours of training relating to persons with a mental illness, intellectual disability, or substance abuse disorder, and Senate Bill 29, in October 2015, requiring additional hours of crisis intervention for behavioral health training addressing how to interact with persons with mental illness or intellectual disability training for field training officers, and;

WHEREAS, this is a good beginning because San Francisco has a high number of people with behavioral health disorders who are homeless and therefore who have a high likelihood of interactions with police officers, and;

WHEREAS, Officers who received the training said they were better able to identify symptoms and behaviors, resulting in more accurate assessments and timely referrals to services, and;

WHEREAS, Officers reported their communication skills have improved as a result of the training, and are better able to deescalate a crisis situation, to maintain people with behavioral health disorders calm and to keep the situation under control by talking and listening to the person, and;

WHEREAS, between 2001 and 2010, nearly 1,000 officers received the 40 hour training, and within the past three years, an additional 350 officers have been CIT trained. The goal is to train 425 by the end of 2015, with the ultimate goal for all officers to receive CIT and cadets currently enrolled in the Police Academy, and;

WHEREAS, research has demonstrated the effectiveness of CIT in providing efficient crisis response times, increasing diversion from jails and hospitals, assisting with treatment continuity, and decreasing untoward police officer and/or community member injuries, and;

WHEREAS, in 2015 CIT training has been offered to police officers every three months provided by volunteer CIT Faculty from numerous agencies, e.g., San Francisco Suicide Prevention Center, Campbell Police Department, Cordilleras

Mental Health Center, National Alliance on Mental Illness (NAMI) San Francisco, Coalition for the Homeless, Public Defender's Office, Veterans Administration, DORE Urgent Care, Sobering Center, Private Mental Health Practitioners, Harm Reduction Center, University of California, San Francisco (UCSF) Division of Geriatrics, Palo Alto University, San Francisco Police Department, UCSF Psychiatry and Law Program, Department of Public Health, Crisis Response Team, and the Office of the District Attorney Victim Services, San Francisco Mental Health Board, Mental Health Association of San Francisco, and;

WHEREAS, the San Francisco CIT Work Group is comprised of representatives from the following agencies and organizations: San Francisco Police Department, Mental Health Association of San Francisco, NAMI San Francisco, Mental Health Board San Francisco, Asian Americans Advancing Justice, Citywide Case Management, Tenderloin Housing Clinic; San Francisco Coalition for the Homeless, San Francisco Public Defender, Veterans Administration, San Francisco Police Commission, Dore Urgent Care, Disability Rights, and Concerned Citizens, and;

WHEREAS, the SFPD's CIT training program has established best practice for other jurisdictions and agencies, and this training program may be offered to other law enforcement personnel, e.g., Sheriff's Department and BART police officers, and;

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the Mayor and Board of Supervisors to allocate sufficient funds for the SFPD's CIT in FY 2016 -2017.

Ms. Bohrer made several suggestions for changes in the wording.

Unanimously approved.

ITEM 4.0 PRESENTATION: SAN FRANCISCO BEHAVIORAL HEALTH SERVICES AFTER HOURS TELEPHONE ACCESS TO SERVICES, EVE MEYER, EXECUTIVE DIRECTOR, AND ERIN HISCOCK-WAGNER, SAN FRANCISCO SUICIDE PREVENTION.

UNITED WAY OF THE BAY AREA 211 INFORMATION AND REFERRAL HOTLINE, KELLY BATSON

4.1 Presentation: San Francisco Behavioral Health Services After Hours Telephone Access To Services, Eve Meyer, Executive Director, And Erin Hiscock-Wagner, San Francisco Suicide Prevention; United Way Of The Bay Area 211 Information And Referral Hotline, Kelly Batson

Mr. Weinroth introduced Eve Meyer, Executive Director of San Francisco Suicide Prevention, for the past 27 years. The MHB gave her a commendation for her work last November for her years of dedicated leadership, advocacy and training in suicide prevention and support. San

San Francisco Suicide Prevention is the oldest suicide and crisis hotline service in America. Eve Meyer expanded and grew San Francisco Suicide Prevention to become one of the most well-known and well respected organizations in the City and County of San Francisco that saves lives every day. Ms. Meyer will be joined by her staff member, Erin Hiscock-Wagner.

The second presenter is Kelly Batson, who is from 211.

Ms. Meyer said a journalist originally came up with the idea of a mental health service access helpline. Later on, the City and County of San Francisco mandated a helpline for accessing mental health services, and established ACCESS as the referral to community mental health services. Communicating with callers in any language, ACCESS matches the needs of callers to the correct services funded by Medi-Cal. Services are provided to most individuals who receive Medi-Cal benefits at no fee or with a minimum share of cost. But, at the time, the ACCESS line was only available during business hours.

Seven years ago the ACCESS line became available after hours. After Hours Telephone ACCESS to Services program fills in the need for calls between 5 pm and 8 am, and on weekends and holidays. There is one operator per 8 hour shift.

When they first started taking the calls, there were four things they would say. First, an operator answered that the Mental Health ACCESS is not open; second, they would ask if the caller would like to provide their name and receive a call back; or third, if the caller would like to call back in the morning. And, fourth, her office screened for suicidality.

Now the check list has increased to 25 items. There has been a change to employing specific staff to do ACCESS calls.

The San Francisco mental health system can appear impenetrable for people seeking crisis services. Since January 2015, her program receives 234 average calls per month or about 58 calls per week.

There are three broad types of ACCESS callers. An ACCESS caller could be a client seeking information, a third party seeking information for someone else, or a provider looking for information on behalf of their clients.

Ms. Hiscock-Wagner is the lead ACCESS team coordinator and said ACCESS line must stay in compliance with the State requirements. On weekdays there are two shifts, one from 4 PM to 12 PM and the other from 12 PM to 8 AM. On weekends and holidays, they staff the line 24 hours. Usually there is a low call volume as ACCESS is not a primary emotional support line. They don't have available patient numbers or information.

Ms. Meyer said a happy ending is when the ACCESS line matches people in crisis with Medi-Cal services. There have been test calls that have turned out very well.

Dr. David Elliott Lewis asked what happens if someone just swallowed some pills then called the ACCESS line.

Ms. Hiscock-Wagner said ACCESS operators are trained in suicide and crisis response. Her staff have not received that many high risk calls.

Ms. Meyer said 911 will be contacted in the case of a person who already swallowed the pills. If they haven't they will help the person create a safety plan.

She mentioned out of 60,000 calls per year, there are approximately 775 high risk calls with about 75 crisis callers being transported to hospitals, and the rest of the calls are crisis de-escalation.

Mr. Porfido asked how long the suicide prevention program has been in existence, and how well do operators match up services to callers' needs.

Ms. Meyer said the program has been around about 52 years. Now San Francisco's program has become the template for 500 other programs across the country.

Matching resources has become a lot harder because of defunded programs and/or dwindling funding. For example, matching substance abuse services now have different requirements and qualifications due to more regulations. In practice, people who call usually have already "flunked" out of other programs and now they are looking for mental health and/or substance abuse support.

Ms. Virginia Lewis asked if there is time limit on conversations.

Ms. Meyer said there are people who have called Suicide Prevention five-to-ten times a day for 20 years. Those are about 10-15 calls. In these situations, there is usually a pre-arrangement with the caller.

The following are a breakdown of calls: brand new calls about 25%; two-to-three times a year about 50%; and habitual callers about 25%.

Ms. Hiscock-Wagner said the purpose of the ACCESS line is not for emotional support but for matching people with services and programs, although her staffs are trained to follow the same protocol as the crisis line. Few habitual callers have abused the ACCESS line.

Ms. Tran asked what information is being collected about callers.

Ms. Hiscock-Wagner said she had two callers transferred from the crisis line to her operators. These callers consistently call in

The ACCESS line receives more older adult callers, while the Crisis line has more male habitual callers. ACCESS gets calls from people who are not happy with their services and want something different. Other calls are from new clients.

Ms. James asked about an increase in homebound senior callers.

Ms. Hiscock-Wagner said many callers are seniors.

Ms. Meyer said there is a friendship line for the elderly to call in. She shared that the highest suicide rate used to be seniors 65 or older but now it is the 45-55 age group, and she does not know why.

Mr. Weinroth asked about barriers and referral sources.

Ms. Hiscock-Wagner said she does not track how callers gets her program numbers but a lot seems to come from 5150 and emergency room.

Dr. Stevens asked about caller's phone numbers display on the ACCESS Line's electronic board.

Ms. Meyer said the ACCESS Line does use a caller ID service.

Kelly Batson's presentation is at the end of the minutes

Ms. Kelly Batson is from 211 which partnered with the United Way of the Bay Area. She said 211 is the designated number for social services in five bay area counties: San Mateo, San Francisco, Marin, Napa and Solano, and it is open 24x7.

About 29 California counties have 211 coverage. Sometimes United Way is involved but not all the time. 60% of the callers usually seek basic needs such as food, clothing and rental assistant. 211 does provide referrals to medical, mental health and crisis information. Sometimes, people seek information about the Affordable Care Act, employment services or where to vote. Occasionally, people need information on disaster services or holiday programs. There have been a drop in the number of calls as people utilize the Internet to find resources.

Ms. Virginia Lewis wondered about doing random follow up calls to see if 211 provided accurate information

Dr. David Elliott Lewis asked what is so unique about 211 that is not covered by 311.

Ms. Kelly Batson said 311 is specifically designed for city government services.

Ms. Bohrer asked if 211 gets government funding.

Ms. Batson said currently United Way is a major source of funding, then other large funding sources are the Grove Foundation, and the Kaiser Permanente Foundation. 211 does not receive any funding from the federal government. Counties have provided financial contributions.

Mr. Porfido asked about preferential referrals to certain entities.

Ms. Batson said it all referrals are dependent on caller's needs

4.2 Public Comment

[No public comments.](#)

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects

Ms. Brooke shared the following:

- Dr. David Elliott Lewis did a great job at MCing at the 5th Annual MHSA Award
- Programs on corrective action will be included for review.
- Two family seats are open
- SFMHEF board meeting in room 515 at 6 PM on Wednesday October 28, 2015
- 2015 Retreat on December 5, 2015
- November 19th, 2015 Vicarious Trauma Training

5.2 Report of the Chair of the Board and the Executive Committee.

Ms. Chien said the next Executive Committee meeting is on Tuesday, [October 27, 2015](#) at [10 AM](#) in room 226.

Mr. Porfido just joined the board. He rediscovered his musical talent in recovery.

5.3 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.

Mr. Porfido nominated the San Francisco Homeless Outreach Team (SF-HOT).

Dr. David Elliott Lewis suggested the representative payee program.

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

Ms. Bohrer represented San Francisco at the California Local Mental Health Board and Commission Members (CALMHB/C) in Folsom. Twenty-eight California counties were at the event. The major issues are to become more business-like to procure funding resources. There needs to be paid staff for CALMHB/C which meets four times a year. The next meeting will be on April 16, 2016 in San Francisco in a combined meeting with the Planning Council.

Ms. James attended the NAMI conference in August 2015. She said the conference mentioned that grief is not being addressed as a mental health issue.

Dr. David Elliott Lewis said he served on CIT and taught two modules at the latest CIT training. On October 15, 2015 he was a co-master of ceremony for the MHSA Award Ceremony.

Ms. Parks attended a Veterans Conference and was very impressed by services for veterans. She said people don't recognize the connection between eviction and mental health. She offered to have UCSF Dr. Tara Collins presentation be available to board members.

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

Ms. Virginia Lewis suggested San Francisco Housing First for people with mental illness.

Dr. David Elliott Lewis mentioned that San Francisco General Hospital eliminated the triage nurses in psychiatric emergency services.

Mr. Weinroth wanted to know about referral criteria to evidence-based treatment programs.

Ms. James wanted a future presentation to include the topic on grief.

Mr. Porfido suggested a presentation from the San Francisco Homeless Outreach Team.

5.6 PUBLIC COMMENT

[No public comments.](#)

6.0 PUBLIC COMMENT

Mr. Beetle commented that it's the first time that a San Francisco Mayor and the Board of Supervisors proposed a respite care facility where people have to be stabilized before moving to an SRO. He has seen money allocated but has not seen any spending on respite stabilization for seniors with severe mental illness who have created more problems for other residents. He also mentioned the Ellis Act causing a 20% increase in evictions in San Francisco.

Mr. Lowe is a volunteer at the Open House program. Open House was founded by a psychiatrist to help LGBT seniors who have suicidality. LGBT suicides are currently the highest rate of 24% while the general population is only 16%.

Ms. Meyer talked about LGBT seniors having a housing crisis when they go to assisted living situations or rest homes and are forced back into the closet.

Adjournment

Adjourned at: 9:00 PM

Attachment A

Monthly Director's Report **October 2015**



1. CLIENT COUNCIL TURNS 15

In the Fall, 2000 issue of the Voices at Bay consumer newsletter, I wrote California's Mental Health Movement the following: "On Tuesday, September 19, 2000, a new commitment to community involvement and response began when mental health consumers representing programs throughout the city gathered for the first meeting of the new Consumer Council."

That night a new monthly forum was born, soon to be renamed the Client Council, in which clients became active participants in helping to shape the decision-making process regarding issues of policy, program development, and treatment practices, within the highest levels of our administrative team, here at CBHS. We are indeed proud to be a vital and respected link to the many efforts over the years to improve the quality of the programs and resources available to our mental health community, in service to our clients, family members, and providers, and, in doing so, affecting the quality of so many lives in new and positive directions.

As the Client Council turns 15 this year, let's celebrate our past with a recommitment to the hopes and dreams and intentions of our original founding members, by building new bridges and sharing those original intentions with new fellow community members, that can and will propel us well into the next 15 and beyond.

Michael Wise, Founder and Former Editor, Voices at Bay consumer newsletter

**Please join us at our monthly meetings. All are welcome. The Client Council meets on the third Tuesday of every month, from 3 – 5 pm, in Room #515, at 1380 Howard Street, San Francisco, CA 94102*

2. HUMAN RESOURCES STAFF COMPLETE TRAUMA INFORMED SYSTEMS TRAINING

On September 17, 2015 all of the Human Resources staff in the Department of Public Health completed Trauma Informed Systems training. Understanding trauma and stress helps staff to act compassionately

and take well-informed steps toward wellness. For everyone, trauma can be overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust other and receive support. Realizing that we come from diverse social and cultural backgrounds and groups, staff learned how to be open and understanding to these difference and to focus on our strengths toward wellness. This was a great foundational training and we encourage those of you who have not completed it to do so as soon as you possible! All Department of Public Health employees are required to take this important training.



3. THE BENEFITS OF UNIVERSAL MEDICATION SCHEDULING (UMS) FOR LOW ENGLISH PROFICIENCY INDIVIDUALS

Universal Medication Scheduling (UMS) is the 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 October of this year, the CBHS Pharmacy will fully adopt this approach in Spanish to improve client care. The chart below shows some examples of English UMS label instructions translated into Spanish.

ENGLISH	SPANISH
Take 1 pill at bedtime	Tome 1 pastilla a la hora de acostarse
Take 1 pill in the morning	Tome 1 pastilla por la mañana

California is an extremely diverse state with approximately 6.8 million Low English Proficiency (LEP) individuals who speak English less than “very well”. LEP is often connected with Low health literacy which is one of the major factors associated with poor health outcomes.

Poor understanding of prescription information contributes greatly to these health disparities. UMS addresses LEP by creating a standard template for pharmacists to translate directions into various

languages. The California Board of Pharmacy website currently provides UMS translations for five languages, including Spanish.

References:

1. Universal Medication Schedule White Paper (2013). National Council for Prescription Drug Programs (NCPDP).
2. Sentell T, Braun K. Low health literacy, limited English proficiency, and health status in Asians, Latinos, and other racial/ethnic groups in California. J Health Commun. 2012;17(Suppl 3):82–99.
3. U.S. Census Bureau. 2010. 2013 American Community Survey.

Below is a blurb on the Mental Health Loan Assumption Program's FY14/15 awards....I also attached an electronic copy of this blurb.

4. MENTAL HEALTH LOAN ASSUMPTION PROGRAM

The Mental Health Loan Assumption Program (MHLAP) - <http://www.oshpd.ca.gov/hpef/mhlap.html> -- was created by California's Mental Health Services Act (MHSA) to retain qualified professionals working within the Public Mental Health System. Through the MHSA's Workforce Education and Training component, \$10 million is allocated yearly to loan assumption awards, where recipients may receive up to \$10,000 in exchange for a 12-month service obligation.

Mental Health Loan Assumption Program (MHLAP) & Licensed Mental Health Service Provider Education Program (LMHSPEP).

Application Deadline Extension: NEW DEADLINE is NOVEMBER 2, 2015

The Office of Statewide Health Planning & Development's (OSHPD) Health Profession Education Foundation (HPEF), that oversees the Mental Health Loan Assumption Program (MHLAP) and the Licensed Mental Health Service Provider Education Program (LMHSPEP), has extended the application deadline -- for both of these programs -- to **November 2, 2015**.

For full details on the MHLAP, please visit <http://www.oshpd.ca.gov/hpef/mhlap.html>

For full details on the LMHSPEP, please visit <http://www.oshpd.ca.gov/hpef/LMHSPEP.html>

Statewide there was a total of 1,603 applications submitted, with **1,298 completed and eligible** for review by the MHLAP Advisory Committee. The Committee selected **1,085 award recipients**, which allowed the MHLAP to award approximately 85% of the total funds for the FY2014-15 cycle. Of the 1,298 applicants, 884 or **68% self-identified as consumers or family members of consumers**. Forty-seven San Francisco applications were submitted, with 44 being completed and eligible for review by the MHLAP Advisory Committee, which resulted in the selection of **27 award recipients**.

5. CHILDREN, YOUTH & FAMILIES (CYF)

Chinatown Child Development Center

The Chinatown Child Development Center continues to collaborate with Donaldina Cameron House with their 13th Annual Cameron House Family Day event. This year, over 100 participants from the community attended the “Eating Well With Style” themed soiree at the “Cameron Bistro.” Diana L. Wong, PsyD., LMFT and Grace Fung, LMFT volunteered as table servers and hosts to model formal dining table place settings and mannerisms during this fun demonstration. In addition, a segment on eating healthy and eating well, presented by a nutritionist from the Chinese Community Health Resource Center was also integrated into this presentation to inform participants of learning how to choose healthier eating habits for themselves and for their family

Joe Lai, LMFT, Program Director at the Chinatown Child Development Center has also renewed our organizational membership commitment to be a part of the Asian and Pacific Islander Health Parity Coalition. The mission of the API Health Parity Coalition is to achieve health parity for San Francisco’s Asian and Pacific Islander communities by identifying and addressing health and healthcare issues. The API/CCDC steering committee members include Joe Lai, LMFT and Diana L. Wong, PsyD, LMFT.

The Chinatown Child Development Center continues to participate in the Asians Against Violence organization. Currently, the organization is in the process of membership recruitment and planning community projects in collaboration with 13 other community agencies and with the San Francisco Unified School District. Diana L. Wong, PsyD., LMFT currently attends the monthly meetings scheduled on the 4th Fridays of every month at Cameron House.

Foster Care Mental Health Program

FCMH participated in the first CYF Community Advisory Board in August. We had 2 families represented on the Board. Thank you to the staff who committed to this important endeavor, particularly, Dr. Kate Hellenga, who spear headed the effort on behalf of FCMH. We had our 3rd annual staff retreat in the Stern Grove Trocadero House. We focused on Staff Wellness. After a gratitude exercise, the staff were presented with our annual data and process outcome reports which capture our efforts over the last year to increase productivity, timeliness of CANS Screen completion and linkages to services. Throughout the day, two massage therapists were on site offering message to anyone who wanted one. We made the link between our data, trauma informed principals, good self-care, good communication skills. We will rely on these foundational elements as we develop our PURQC/Utilization Review policy and procedures and create our treatment outcomes, specifically for children, youth and families involved with child welfare.

LEGACY

Our September 1st CYF System of Care (CYFSOC) Community Advisory Board (CAB) had its first meeting here, at LEGACY. CYFSOC-CAB members were recruited & selected from existing clients/families and/or members from the six CYF outpatient clinics; Southeast Child and Family Therapy Center, Chinatown Child Development Center, Mission Family Center, Foster Care Mental

Health and LEGACY. This CAB was formed so that current and former consumers/caretaker can give feedback about their experiences working with CYFSOC, in hopes of improving our service delivery. The CAB will meet every few months.

Our Youth Development Team Coordinator, Victor Damian, is currently recruiting transitional aged youth (TAY) to share their experience with trauma at the Trauma Summit on October 29th, in the Green Room at San Francisco Opera House. Many department heads and the Mayor are expected to attend.

The Family Involvement Team is starting a medicinal drumming group on Thursdays, beginning October 8th until November 29th. This class is for children and their caregivers who have experienced trauma.

On October 26th, we will be celebrating Halloween for Family Support Night. Halloween is one of our favorite holidays so we do it **BIG** – with games, prizes and trick or treating for our families.

Mission Family Center

Mission Family Center (MFC) is honored to have our newest employee join the team. Jose Luis Villarce is a Marriage Family Therapist Intern who obtained his Master's degree from New College of California in 2003. Before joining Mission Family Center he worked for the Department of Public Health at Mission Mental Health, Multi-Systemic Family Therapy and Crisis Response Services. As an emigrant from Mexico, he has a particular understanding of Latino/mestizo issues in United States, and has been working predominantly with the Latino population in the Bay Area. He is content to be part of Mission Family Center team and looks forward to provide services to our community. In addition, during the month of September, MFC participated in the CYF-wide Community Action Board and also hosted focus groups for parents and youth considered to be "Unaccompanied Minors & their Families." Our QI Team: Maureen Gammon, José Hipólito, Demetra Paras, Elizabeth Rody and Robán San Miguel participated in the DPH-wide training for Quality Improvement. José also represented MFC at the Chicano, Latino, Indigena Health Equity Collaborative work group. We continue to host the Unaccompanied Minors Provider work group on a monthly basis. And last but not least we were fortunate to have the First Impressions team come out for a site visit. We are excited to see how their team and our staff collaborate to create a design to enhance the "welcoming experience" for the families we serve!

Southeast Child Family Therapy Center

A big heartfelt "Thank You!" to Luisa Villagomez, ACSW who volunteered to go to Napa County to provide emergency support services to the victims of the fire, early in the month on September 17th. She worked together with the other volunteers from SFBHS to form groups and provide innovative mental health services to the children and families in their most difficult moments. Other SE also volunteered to support, but were not needed in the end.

The Adventure Based Psychotherapy group is coming to another successful close next week. Dr. Clifton Hicks and Rowena Ng, LCSW provided 8 sessions of outdoor rock climbing in Glen Park Canyon to middle school clients which helps in reducing anxiety and increasing self-confidence and social skills.

We would like to recognize the work of Shakira De Abreu in the last 8 years here at Southeast. She ran many cutting edge groups, putting her drama therapy skills to good use. Shakira participated in our PLAAY program, ran an "African American Summer Camp" group for caregivers, created two groups at

Visitation Valley Middle School for youth affected by community violence, ran several Expressive Arts Therapy groups, and provided Incredible Years Parenting Program --- just to name a few. She will be sorely missed as she moves on at the end of October to work full time with Comprehensive Crisis Services. We are happy she will still be working in SFBHS.

6. SFHN-BHS Philosophy of Care

Last year, behavioral health leaders under the San Francisco Health Network (SFHN) convened as a collaborative body to develop and align a philosophy of care across the broad continuum of behavioral health services that the SFHN funds. These leaders represented Behavioral Health Services, San Francisco General Hospital, Transitions, Jail Behavioral Health, Primary Care Behavioral Health and long-term care at Laguna Honda Hospital. The *SFHN-Behavioral Health Services (BHS) Philosophy of Care* is designed to transcend institutional cultures and long-held professional beliefs and promote a unified behavioral health voice as the SFHN transforms into San Francisco's only complete care choice for consumers.

The following is the *SFHN-BHS Philosophy of Care*. It is our hope that SFHN-BHS managers, as well as our network of community behavioral health providers, have a dialogue with their respective staffs about this guiding framework.

San Francisco Health Network - Behavioral Health Alignment Philosophy of Care Final

Our Purpose: As members of the San Francisco Health Network (SFHN) deepen integration efforts, its behavioral health leaders will work together to build a comprehensive behavioral health system of care for the patients of SFHN. This includes community, urgent, emergency, acute, long-term, and ambulatory care. By applying "Quadruple Aim"¹ through the lenses of cultural humility, wellness and recovery, we will work to meet the behavioral health needs of San Franciscans who access care through the SFHN.

Our Philosophy of Care: Throughout the SFHN, we envision a system of care that promotes wellness and recovery by supporting clients with mental health and substance use disorders to pursue optimal health, happiness, recovery, and a full and satisfying life in the community via access to a range of effective services, supports, and resources. In support of our vision, we value the following aspects of care:

1. A trauma-informed system of care that fosters wellness and resilience for everyone in the system, from our clients to the staff who serve them;
2. The practice of cultural humility where we make a consistent commitment to understanding different cultures and focusing on self-humility, maintaining an openness to someone else's cultural identity, and acknowledging that each of us brings our own belief/value systems, biases, and privileges to our work;
3. Whole Person Care that integrates both behavioral and physical care of a client including assessing the needs of a client's identified family and other significant relationships;

¹ The "Quadruple Aim" is based on the [IHI Triple Aim](#) framework developed by the Institute for Healthcare Improvement (IHI) that describes an approach to optimizing health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions, which we call the "Triple Aim": 1) improving the patient experience of care (including quality and satisfaction); 2) improving the health of populations; and 3) reducing the per capita cost of health care. The SFHN-BHS has added a fourth aim for San Francisco, *improving the workforce*.

4. Colleagues who have experienced behavioral health challenges and bring their empathy and empowerment to recovery in others, as well as inspire and share their experience to create a truly recovery-oriented system;
5. Valuing all clients that seek our services;
6. Shared decision making in providing the best possible coordinated care, where clients and their providers collaborate as part of a team to make care decisions together;
7. Integration of prevention, early intervention, education, outreach, and engagement within the continuum of care.

Our Commitments: As behavioral health leaders, we will...

1. Share the S.F. Department of Public Health vision as we implement change within our organizations;
2. Promote collaboration across the SFHN in finding solutions for our common clients;
3. Designate a single point of responsibility (case coordinator) within a client's care team to support client needs and preferences when a client cannot be responsible for his or her care due to health and/or behavioral health challenges;
4. Communicate at all levels to empower our staff to communicate and find common ground;
5. Articulate within our organizations that we are part of a larger system;
6. Create a workforce that strives for excellence and commit the resources needed to achieve excellence;
7. Implement a trauma informed system of care;
8. Provide services with cultural humility with a priority focus on Black/African American health disparities;
9. Address all health disparities, as well as the needs of underserved populations;
10. Promote fiscal responsibility;
11. Convene regularly to share best practices, solve challenges, and foster open lines of communication among each other.

Our Alignment Opportunities: We acknowledge that integration offers the SFHN opportunities for alignment including:

- Philosophy of care (wellness and recovery, team-based care);
- Communication/Electronic Health Record;
- Evaluation of program and staff performance and staff competency;
- Single point of responsibility for high need clients (care coordination);
- Utilization of local experts;
- Patient flow and transitions of care;
- Shared knowledge of systems;

- Standardization of practice;
- Productivity standards;
- Standardized definitions and meaning;
- Philosophy of collaboration at line staff level across system;
- Appropriate level of care – commitment to stretch services to fill gaps and meet needs;
- Shared accountability for all aspects of the system of care from client engagement to regulatory compliance;
- Any door is the right door to receive seamless, coordinated, quality and appropriate care.
-

7. Michael Wise and the 2016 Vote

Michael Wise, Founder of the Client Council registered clients and staff to vote at our 1380 Howard Street location. Thank you for your dedication Michael!



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

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org



211 and SF Mental Health Board | United Way of the Bay Area | October 2015



What is 211?

Information and referral hotline – connecting residents in need to community services

- Free
- Confidential
- Multilingual
- Available 25/7

Your Bay Area Call Center Partnership

- Alameda County – Eden I & R
- Contra Costa County – Contra Costa Crisis Center
- San Francisco, San Mateo, Napa, Marin and Solano – United Way of the Bay Area

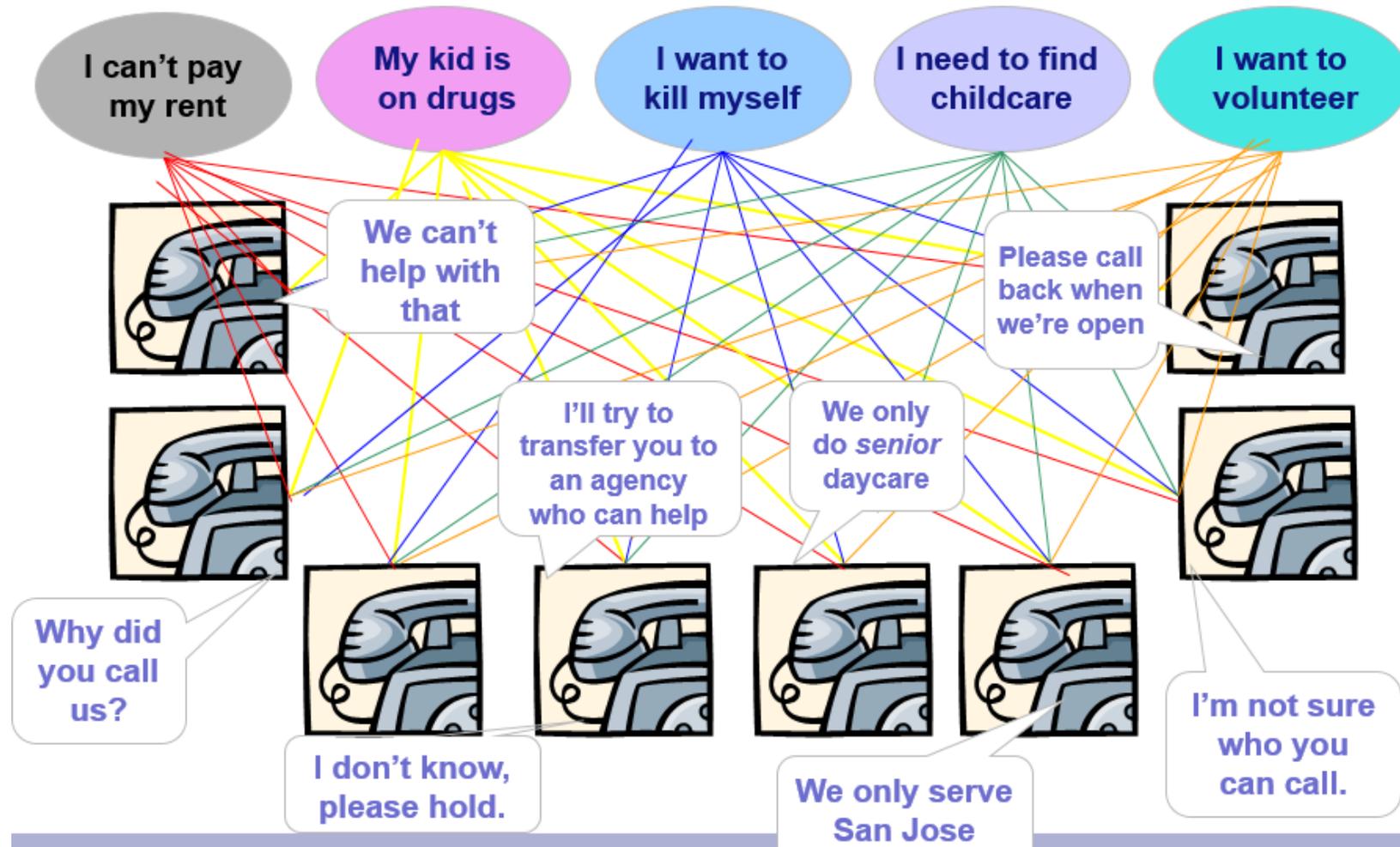
Other 1-1s

- 2-1-1 Community Services
- 3-1-1 Government Services
- 4-1-1 Directory Assistance & Information
- 5-1-1 Traffic Information
- 7-1-1 Hearing Impaired
- 8-1-1 Dig It
- 9-1-1 Emergency Services

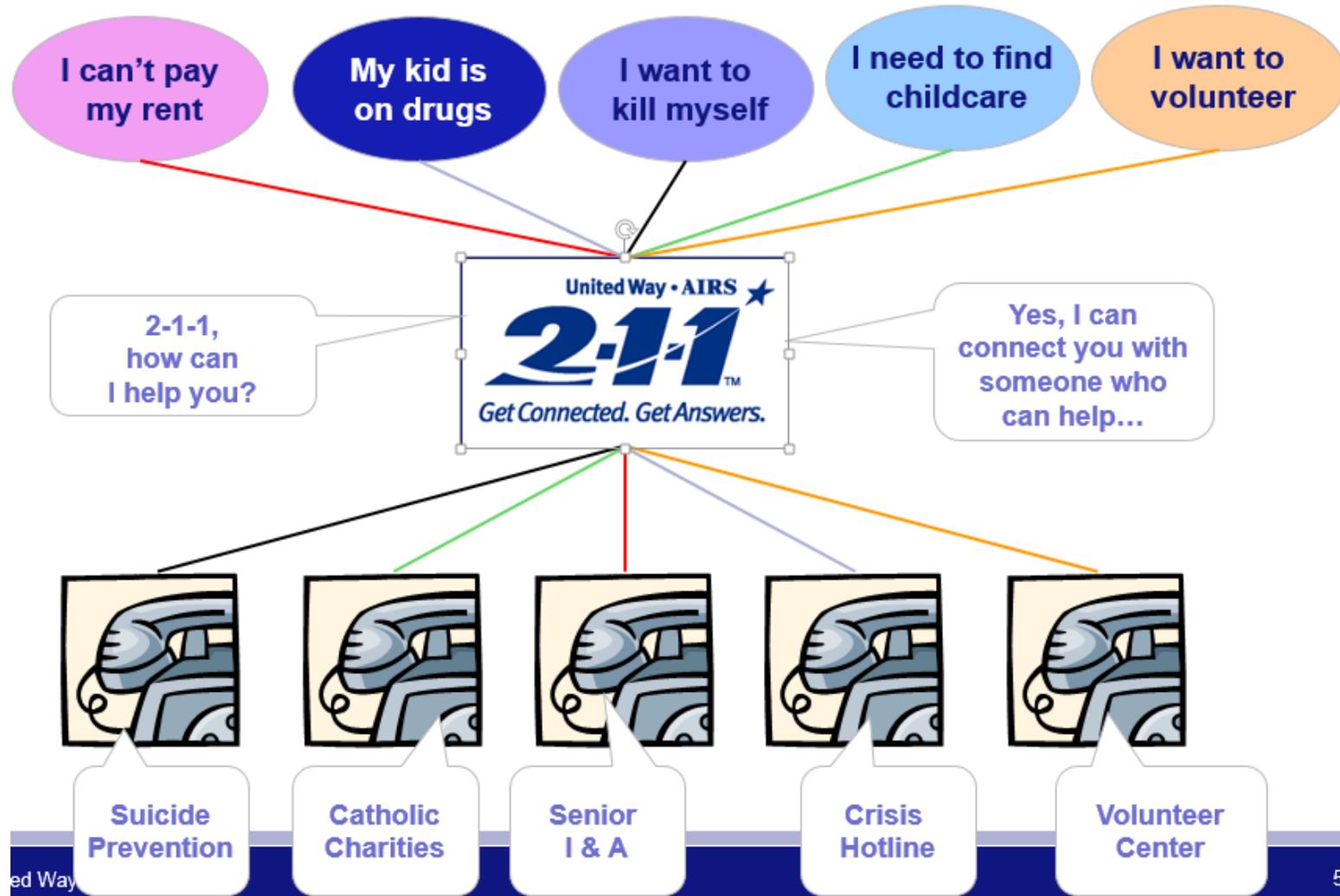
History Highlights

- Providing Information and Referral (I&R) service since 1975
- In 2000, FCC Designates 211 as the universal access number for community services information
- 90% of State is covered by 211= 29 Counties
- As of Feb. 2013, 211 serves over 283 million Americans, covering all 50 states plus Washington DC and Puerto Rico

Imagine thousands of times a day...



Imagine a single solution...



211: Provides Assistance and Information

- Calls typically last 3 – 8 minutes.
- Our Information and Referral Specialists:
 - Listen to caller's story
 - Ask the second question
 - Help prioritize
 - Provide appropriate resources
 - Answer program specifics
 - Follow up
- Our goal: Empower individuals to be their own advocates

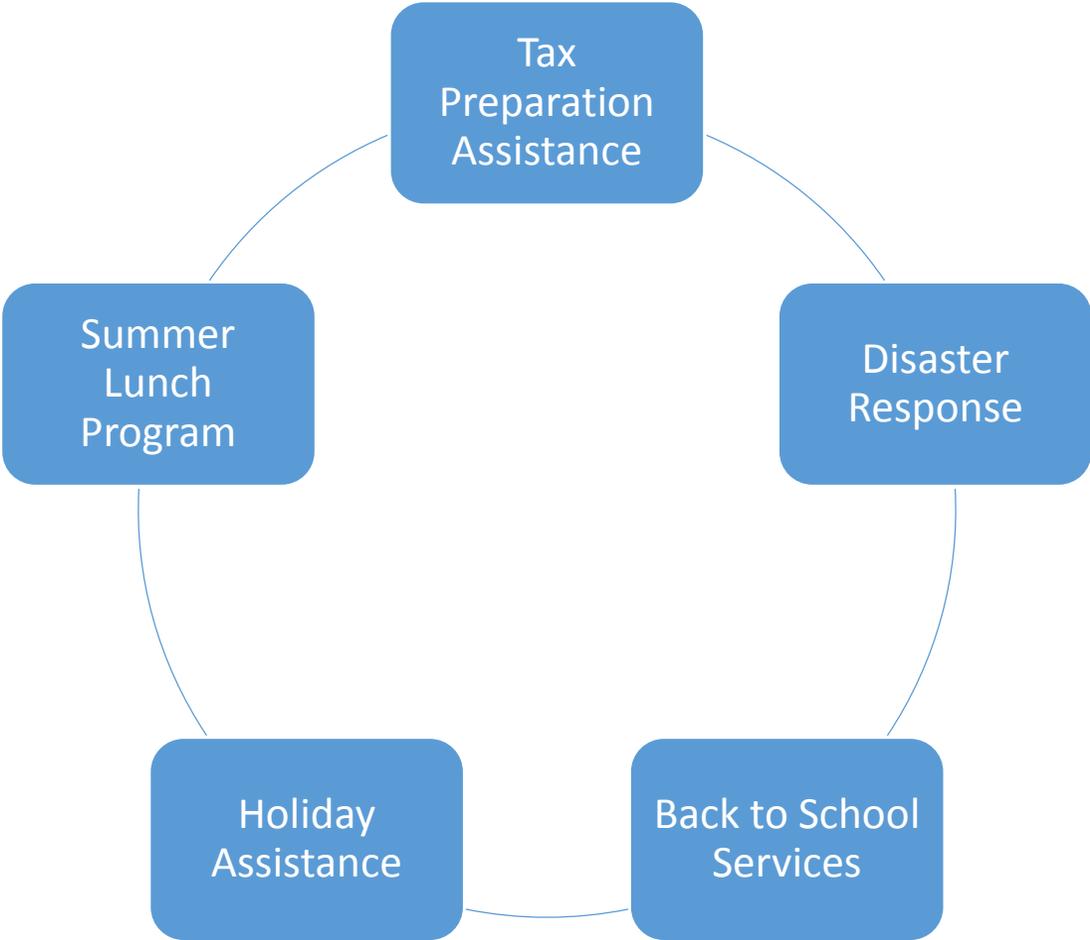
What types of services do we connect to?

- **Basic Human Needs:** food, clothing, shelter, rent assistance, utility assistance.
- **Physical and Mental Health Resources:** medical information lines, crisis intervention services, support groups, counseling, drug and alcohol programs, community clinics, Medi-Cal and Medicare, maternal health, children's health insurance programs.
- **Employment Services:** job search assistance, unemployment benefits, financial assistance, job training and placement, education programs, vocational skills assessment.
- **Support for Seniors and Persons with Disabilities:** independent living skills workshops and adapted devices, home health care, adult day care, congregate site and home delivered meals, respite care, transportation, and homemaker services.

What types of services do we connect to?

- **Support for Children, Youth and Families:** quality childcare, homework assistance and after school programs, Head Start, family resource centers, summer camps and recreation programs, mentoring, tutoring, protective services.
- **Volunteer Opportunities and Donations:** local volunteer centers, donation drop-off and pick-up services, distribution of donated goods, thrift stores.
- **Disaster Services:** information on shelter-in-place, food, water, how to locate loved one, donations and volunteering related to disasters in the Bay Area and beyond

Seasonal/Specialized Services.....



July 2014 – June 2015 Calls

Alameda	105,136 calls
Contra Costa	48,522 calls
Marin	1,838 calls
Napa	851 calls
San Francisco	15,728 calls
San Mateo	7,177 calls
Solano	10,222 calls

189,474 calls

Caller Needs

January – August 2015

AIRS Problem Needs	Total
Disaster Services	39
Education	97
Other Government/Economic Services	124
Volunteers/Donations	124
Arts, Culture and Recreation	141
Employment	265
Transportation	358
Clothing/Personal/Household Needs	368
Utilities	416
Individual, Family and Community Support	588
Health Care	787
Income Support/Assistance	1,111
Mental Health/Addictions	1,160
Information Services	1,166
Legal, Consumer and Public Safety	1,172
Food/Meals	2,175
Housing	4,386

How do they hear about 211?

- Agency referral – 1,132
- Friend/Family – 636
- Flyer/brochure – 325
- Website – 308
- Other 211 – 299
- Other 499

General Follow Up Calls/Feedback on Service

San Francisco County – January 1 to present

	Yes	No
Overall expectations met	93	1
Did you receive the services you were referred to	52	48
Was the referral appropriate for your needs	108	6
Would you recommend 211 to a friend or family member	87	1

Deep Dive: Mental Health Calls

January – August 2015

- 10,584 total calls in San Francisco
- 1,160 calls with Mental Health/Addictions needs

AIRS Problem Needs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Mental Health/Addictions	122	109	135	198	153	132	132	179

Deep Dive: Mental Health Calls

- 66 calls were “Crisis Mental Health/Suicide”
- Defined as –
Currently considering suicide or appears likely to harm him/herself in the near future
- Call Specialists call 911

Deep Dive: Mental Health Referrals

Agency/Program	#Referrals
CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH COMMUNITY BEHAVIORAL HEALTH SERVICES COMMUNITY MENTAL HEALTH PLAN	199
Chinatown North Beach Mental Health Services - San Francisco Department of Public Health; Department	68
City And County Of San Francisco Department Of Public Health - Access Team	72
City And County Of San Francisco Department Of Public Health - Central City Older Adults	10
City And County Of San Francisco Department Of Public Health - Child & Adolescent Sexual Abuse Resource Center	1
City And County Of San Francisco Department Of Public Health - Chinatown Child Development Center	2
City And County Of San Francisco Department Of Public Health - Citywide Case Management	5
City And County Of San Francisco Department Of Public Health - Mission Family Center	2
City And County Of San Francisco Department Of Public Health - OMI Family Center	10
City And County Of San Francisco Department Of Public Health - South Of Market Mental Health Services	9
City And County Of San Francisco Department Of Public Health - Southeast Child-Family Therapy Center	5
City And County Of San Francisco Department Of Public Health - Sunset Mental Health Services	14
City And County Of San Francisco Department Of Public Health - Team II Adult Outpatient Services	1

Deep Dive: Mental Health Referrals

COMMUNITY HELPLINE	109
Community Helpline	109
THE SALVATION ARMY GOLDEN STATE DIVISION	76
Harbor Light Detox Center	46
Salvation Army - Adult Rehabilitation Center	25
Salvation Army - Harbor Light Center	5
WOMAN INC.	60
Domestic Violence Services	60
HEALTH RIGHT 360	49
Integrated Care Center	3
Outpatient Drug Detoxification Services	10
Substance Abuse Services	20
Substance Abuse Services - Residential and Mental Health	3
Substance Abuse Services - Residential Program	12
Western Addition Recovery House	1
JELANI HOUSE	42
Jelani House	42
LA CASA DE LAS MADRES	39
Domestic Violence Drop-in Center	39
DELANCEY STREET FOUNDATION INC.	33
Delancey Street Foundation Inc.- Substance Abuse Program	33
BAKER PLACES	32
Substance Abuse Services	32
SAN FRANCISCO SUICIDE PREVENTION INC.	32
San Francisco Suicide Prevention INC.	28
San Francisco Suicide Prevention INC. - HIV Nightline	1
San Francisco Suicide Prevention INC. - Linea De Apoyo	3

Thank you!

Kelly Batson

kbatson@uwba.org

510-238-2415