



SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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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, **November 18**, 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; Virginia S. Lewis, MA, LCSW; Toni Parks; Gene Porfido; Harriette Stevens, EdD; Njon Weinroth; Adrian Williams; Idell Wilson and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE:

BOARD MEMBERS ABSENT: Wendy James; Supervisor Mark Farrell; and Vanae Tran, MS.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, LMFT, Behavioral Health Director; Charlie Mayer-Twomey, LCSW, MHSA-SF Acting Director; Terence Patterson, EdD, ABPP, USF; Sheryl Davis, Executive Director, Mo' Magic; Sonya Robinson, a parent; Sean Cochran, Clinical Case Manager, Supervisor, Occupational Therapy Training Program; C. Renee Epp, Samuel Merritt University; Dan Lee; and **five** 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

No changes

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 highlighted a few items from the report.

She said the Assisted Outpatient Treatment team (AOT) staff have all been hired. The director is Dr. Almeida and Charles Houston and Cedric Fotso are peer staff, and the team also has three volunteers. She also recognized the dedicated staff on the Quality Management Team and on the pharmacy staff of Behavioral Health Services.

This was not on the report, but she mentioned that San Francisco Board of Supervisors will vote on accepting \$80 million from the State of California to replace the original jail that was built in the 1960's. The funding includes programing and treatment.

Ms. Wilson noticed a lack of diversity specifically African Americans on the Quality Management Team and CBHS Pharmacy staff.

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

Mr. Charlie Mayer, LCSW is the MHSA-SF Acting Director. He gave an overview of the SFMHSA 2015 -- 2016 Annual Report. The full 128 page report has been posted for 30 days on line.

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/default.asp>

He explained that in the integrated plan, the outcomes from the MHSA annual report for FY 2013 – 2014 were used to prepare for the FY 2015 – 2016 Annual Report. He mentioned the State does not include any financial allocation for the homeless population. In other words,

when the State followed the funding formulary, the State does not consider the growing homeless population in San Francisco, and the county's resources are being stressed to serve them

In the FY 2013-2014, \$27.5 million were spent to serve 513,825 cases. In the FY 2015-2015, the budget is expected to be \$30.5 million.

Ms. Parks stated that anecdotally in the last two months, she has noticed an increase in the number of homeless people on the San Francisco public transportation system.

Dr. David Elliott Lewis also mentioned in the last two month the SFPD mentioned an increase in police engagement with the homeless.

Mr. Mayer mentioned that more and more peers are deployed to work with the Homeless Outreach Team (HOT) and street sweepers.

Ms. Robinson mentioned the Mayor is working with the SFPD to form a diversion program called Psychiatric Navigation Center. The program is a few years away due to finding a physical location in San Francisco. The goal of the program is for SFPD to bring people with acute psychiatric issues to the navigation center.

Mr. Mayer highlighted the following items:

The new 0-5 Full Service Partnership (FSP) to support the stabilization and recovery of families caring for children under age 5 who are in crisis.

A new school counselor was hired for San Francisco Unified School District (SFUSD) to coordinate school services and programs.

The department is working with Richmond Area Multi-Services (RAMS) to oversee peer-to-peer employment programs.

There will be two Department of Rehabilitation programs for transitional age youth and the deaf and hard of hearing population.

The San Francisco Healthy Network (SFHN) will hire a coordinator to help implement Avatar in clinics to allow clients access to the portal.

Dr. Stevens noticed the high scores of 97% and 93% for the FY 2013-2014 successes in anti-stigma and RAMS Wellness Center, respectively.

Ms. Wilson wondered how statistics were collected.

Mr. Mayer explained that the data were collected from self-reported surveys at various clinics, and the quality management team compiled the data for descriptive statistics.

Ms. Bohrer asked "how does the annual report compare to the board approved plan?"

Mr. Mayer explained that the annual report reported performance while the plan described strategies.

Dr. David Elliott Lewis asked about the innovative funding for the MHA-SF's hoarding & cluttering program to reduce rates of homelessness in San Francisco.

Mr. Mayer said while funding is projected to be \$100,000 per year, the department is working with other providers to bridge the funding gap.

2.2 Public Comment

Ms. Davis wondered about the meaning of the numbers.

Mr. Mayer said in descriptive statistics, the numbers were reported in percentages to reflect the client's satisfaction. For example, 100% of peer educators in MHS program self-reported that they have a positive self-image of themselves.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

Ms. Chien clarified that the Crisis Intervention Training San Francisco Police Department resolution, changes were made to the paragraph about Senate Bills 11 and 29 to accurately reflect how the bills are worded.

The old paragraph reads "WHEREAS, California State Governor Jerry Brown signed Senate Bill 11 and Senate Bill 29 in October 2015 to require that all law enforcement officers have some degree of CIT Training"

The modified paragraph reads "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;

Unanimously approved.

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of October 21, 2015 be approved as submitted.

Unanimously approved.

3.3 Proposed Resolution: Be It Resolved the Mental Health Board of San Francisco urges the Mayor and Board of Supervisors to allocate funding for the SFSD's Crisis Intervention Training in FY 2016 -2017.

RESOLUTION (MHB 2015-08): Be It Resolved the Mental Health Board advocates adequate funding for Crisis Intervention Training for the San Francisco Sheriff Department (SFSD) in FY 2016-2017.

WHEREAS, the Sheriff Deputies of SFSD, who work throughout the County Jail as well as in the community, are required to provide crisis services to inmates and/or individuals with behavioral health disorders (people with mental health and/or substance abuse problems) 24 hours a day, seven days a week, and;

WHEREAS, approximately 75% of the inmate population housed in county jail and individuals who have interactions with SFSD suffer various behavioral health disorders, and;

WHEREAS, SFSD began the Crisis Invention Training (CIT) in 2011, but only 200 out of 800 Sheriff Deputies have received the 16 hours of CIT since then, and;

WHEREAS, 40 hours should be allocated to adequately conduct a meaningful CIT along with an annual 8 hour refresher training for all Sheriff Deputies as part of the Advanced Officer Training that focuses on suicide prevention, and;

WHEREAS, Sheriff Deputies who are assigned to psychiatric housing units should receive extra training, be part of the behavioral health team and have longer rotation periods in the psychiatric units, and;

WHEREAS, Sheriff Deputies assigned to the Sheriff's Parole Unit at San Francisco General Hospital, Laguna Honda Hospital and nine clinics throughout San Francisco should receive additional training as they will regularly interact with individuals with behavioral health disorders in crisis, and;

WHEREAS, Sheriff Deputies who received the training said they were better able to identify symptoms and behaviors, resulting in more accurate assessments and timely referrals to Jail Behavioral Health, Reentry Services and community based treatment providers, and;

WHEREAS, Sheriff Deputies reported that their communication skills have improved as a result of the training. They are able to deescalate a crisis situation, to assist people with behavioral health disorders in remaining calm and to keep the situation under control by talking and listening to the person, 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 SFSD's CIT in FY 2016 -2017.

Mr. Porfido suggested substituting "approximately" to "about."

Seven board member wanted to keep the word "approximately and six wanted to use the word "about" so the motion did not pass.

Unanimously approved.

ITEM 4.0 PRESENTATION: TRAUMA IN THE WESTERN ADDITION: ADRIAN WILLIAMS, MENTAL HEALTH BOARD MEMBER; TERENCE PATTERSON, EDD, ABPP, USF; CHERYL DAVIS, EXECUTIVE DIRECTOR, MO' MAGIC; SONYA ROBINSON, PARENT; SEAN COCHRAN, CLINICAL CASE MANAGER, SUPERVISOR, OCCUPATIONAL THERAPY TRAINING PROGRAM.

Ms. Chien introduced Dr. Terence Patterson, a former member of the Mental Health Board. He held a mental health professional seat. He and Adrian Williams, a current member, holding a public interest seat, are very much involved in trauma in the Western Addition. Ms. Williams will introduce the speakers she has with her.

4.1 Presentation Trauma In The Western Addition: Adrian Williams, Mental Health Board Member; Terence Patterson, EdD, ABPP, USF; Sheryl Davis, Executive Director, Mo' Magic; Sonya Robinson, Parent; Sean Cochran, Clinical Case Manager, Supervisor, Occupational Therapy Training Program.

Ms. Williams shared that she brought up the issue of trauma at the 2014 Board Retreat.

Dr. Paterson provided an introductory overview.

He has lived in the Western Addition for over 40 years. On just a few blocks of his residence, there has been targeted violence, and many of the victims know their perpetrators.

A few years ago, former board member Lena Miller coordinated an all-day summit in a Bayview Hunters Point (BVHP) church in District 10. The summit was attended by over a hundred people from the department of public health, San Francisco police, and community leaders. They addressed the impact of violence in District 10 and unresolved complex trauma in the community. After the event, Lena Miller submitted the summit report to the Mental Health Board and to BHS with recommendations for culturally appropriate programs and services for the district.

Following Lena Miller's District 10 (BVHP) Summit example, he hopes to have a trauma summit in March or April 2016 in the Western Addition. Community violence impacts everyone personally and on many levels. For example, children's safety is at risk, most youth are left to their own devices to make some sense of the violence, and complex trauma furthers destabilization of the community wellbeing.

He pointed out that the San Francisco police department has technology with the capability to triangulate gun shots and has noticed pockets of gun fire west of Van Ness St. to Eddy St. to Geary Blvd to Hayes St. in the Western Addition. He hopes the upcoming summit will address service inadequacy. He believes that immediate response is not enough, and that a six-month follow up and sustainable care are needed desperately in the community.

He shared a recent study that was completed by the Edgewood Center for Children and Families.

The consulting team was contracted by Mo' Magic which is a non-profit organization in the Western Addition that primarily provides services to children and youth. The consultants surveyed vulnerable children and their families to investigate the following question: [How might Western Addition youth better access and engage in resources that promote their mental health?](#)

Through the McCauley Center for the Common Good, he successfully obtained a grant to do the survey on program evaluation to determine needs of services and programming. The survey resulted in the ***A COLLABORATIVE NEEDS ASSESSMENT OF WESTERN ADDITION YOUTH: Empowerment Through Innovative Services report.***

His hope is to make sure immediate coordinated responses are available with sustainable follow up care to prevent chronic trauma for families and the community. He wants to keep the Mental Health Board abreast of the progress.

Ms. Davis is the Executive Director of Mo' Magic. Edgewood provided a mapping that showed that there is neighborhood centric location. The survey looked carefully at where mental health services were located and showed that turf issues was one of the major barriers for youth because they were very concerned for personal safety.

The survey found stigma and shame is a big concern for residents in the area. She explained that in the Western Addition community, many youths are closely related as cousins. For example, when youth seek out services, they are concerned that their privacy will not be maintained in strict confident because they may be recognized and exposed by a close family friend or a cousin.

When Westside provided culturally appropriate programs and services to the community most people were very receptive, because those “in-house” programs worked effectively well for them. Unfortunately, funding ended for Westside to have boys and girls groups. Youths have been very reluctant, out of fear for their personal safety to obtain services in another location because of the turf issue. The survey showed that most violent acts are close to public housing, and many people have had to deal with chronic trauma.

Edgewood’s consultation team found the following key findings:

- Trust with service providers builds over time through relationships.
- Messages of hope are vital but are often hard to find.
- Stigma is one of the major barriers to youth engaging in needed mental health services.
- The stiff competition over scarce resources has impeded community collaboration.
- Youth are more likely to engage in mental health services when they are located in familiar and comfortable places.
- Avoiding invisible street boundaries can mean the difference between life and death.

She said, in the youth culture, “slippin” is a street vernacular that describes being on the wrong street boundaries, since it can be a matter of life and death. For example, many kids understood the January 2015 killings as victims were “slippin.”

Dr. David Elliott Lewis asked about culturally appropriate mental health services to specific populations.

Ms. Davis suggested having a mobile van that promotes social, mental and physical health. She said mental health paid internship programs for young people can help de-stigmatize the correlation between the culture of poverty and mental health. Society should rethink what is normal.

Ms. Parks shared that when she worked in BVHP, she noticed a general reluctance toward seeking behavioral health services, because privacy is not secure since there are so many relatives and friends around.

Dr. Patterson mentioned access is a huge problem especially in the African American community. He suggested having more peer providers who are culturally appropriate and pragmatic. For example, youth are more likely to stay engaged in mental health services, provided they feel safe and have access to relevant services such as outreach and after-school programs. Youth don’t do as well with traditional psychotherapy as they do with culturally relevant, pragmatic and brief services.

Ms. Davis mentioned that the city does not think in terms of neighborhood specific services per se but only as citywide services. For example, Western Addition youth are concerned about “slippin”, meaning their own personal safety at risk for being in the wrong turf, and would not take a bus to 3rd street for services.

Ms. Williams shared a story of a child who had an acute anxious episode when the child had just witnessed community violence.

Mr. Cochran has organized existent resources. He has started a Collaborative Committee of Services in the neighborhood. The collaborative is available to any mental health providers who want to implement any of Edgewood's recommendations.

Besides developing outreach to Western Addition families, he also implemented a services referral to help people network together to find out openings and capacity to determine what resources are needed.

His other suggestion was supporting Adrian Williams to organize the upcoming Western Addition Summit in 2016.

He talked of a shared space to encourage brain storming and free thought communication among providers to problem solving complex cases or issues in the community.

Ms. Virginia Lewis wondered about reaching out to clients by taking services to them rather than having them come to the provider.

Ms. Davis worked with Westside to refer young people with mental health needs to engage in services. For example, some kindergarten to first grade children were identified to receive mandated therapy.

Ms. Williams introduced Sonya Robinson whose son was killed on January 19, 2013.

Ms. Sonya Robinson said her 26 year old son Jamal Gaines was attending City College of San Francisco when he was killed in January 2013 near the Fillmore district. Her son was sitting in a car as he waited for his brother to pay an AT&T bill when her son was killed. Just before the killing incident, her son was doing extremely well with his pre-med studies and had hoped to become a radiologist. He also was a tutor and hospital volunteer. The killing incident has left her grandson very disoriented and burdened with lots of pain.

Culturally, African American do not access doctors much, let alone they would see a psychiatrist. She said the stigma of mental health leaves many people untreated. She encouraged the use of less stigmatize terms such as "wellness clinic" or "wellness program."

On Fillmore Street, there is a park where younger and younger children get together. It seems mental illness is affecting more and more young children than it used to be. For example, there are more and more 10-11 year old children at the park all day rather than being in school. The school age kids most likely have difficulty concentrating on their studies when they are not getting culturally appropriate therapy.

When she feels stressed out, she should be able to access services within her community rather than jump through "barriers" to obtain care. For example, while living in the Western Addition, she had to go to the Tenderloin. Many Western Addition parents are suffering but not getting the help they need when their own loved ones became victims of violence.

She recommended having a walk-in triage center.

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: She appreciated all of the venue suggestions by board members. She and Dr. Stevens, Chair of the Retreat Committee, visited each place but concluded that 1380 Howard Street, Room 515 will be the best option, so the retreat will be at 1380 Howard Street, Room 515.

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

Ms. Chien said the next Executive Committee meeting is on [Tuesday, November 24th, 2015](#) at [10 AM](#) at 1380 Howard Street in room 226.

Dr. Stevens provided an overview of the 2015 Retreat Agenda and the board members leadership for agenda items.

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.

[None mentioned](#)

5.4 Board Activities

[None mentioned](#)

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

[None mentioned](#)

5.6 PUBLIC COMMENT

[No public comments.](#)

6.0 PUBLIC COMMENT

[No public comments.](#)

Adjournment

Adjourned at: [8:35 PM](#)

[ATTACHMENT A](#)

MONTHLY DIRECTOR'S REPORT
[NOVEMBER 2015](#)

1. PLEASE JOIN US IN WELCOMING THE AOT CARE TEAM!

Dr. Almeida is excited to be heading the Assisted Outpatient Treatment (AOT) Care Team. She joins the Department of Public Health with a wealth of information and experience working with individuals with severe mental illness. In her previous role as the Deputy Director of Jail Health Reentry Services in the

San Francisco County Jail, Dr. Almeida worked closely with the community and courts (including Behavioral Health Court) to ensure continuity of care between the forensic and community systems of care. Additionally, she has experience working with families and is an adjunct professor at a local university.

Charles Houston enthusiastically joins the AOT Care Team with a great deal of experience working at a local outpatient mental health center as a peer educator, systems navigator, and health and safety associate. He is well versed in working with drug treatment programs and has participated in committees to promote recovery and wellness within the San Francisco Department of Public Health. Mr. Houston is passionate about supporting families and working with community programs to ensure that individuals are receiving the support needed.

Cedric Fotso is thrilled to join the AOT Care Team as a strong contributing member of the San Francisco Department of Public Health. He was introduced to mental health services seven years ago and since then has worked as a passionate member of various mental health organizations in the Bay Area. Mr. Fotso is knowledgeable in psychological first aid and developing recovery plans. He strongly believes in recovery and has witnessed the power of engagement into services. Mr. Fotso supports the journey to a stigma free society and access of care for all.



(Left to right: Charles Houston, Angelica Almeida, Cedric Fotso)

2. MEET THE STAFF FROM THE OFFICE OF QUALITY MANAGEMENT



Back row, left to right: Charles Simons, Harold Baize, Ryan Reichel, Joe Turner, Shamsi Soltani, Ritchie Rubio, Elisa Gill, Tom Bleecker, Juan Ibarra, Seth Pardo, Stephanie Nguyen.

Front row, left to right: Monica Rose, Deborah Sherwood, Diane Prentiss, Melissa Bloom, Lucy Arellano, Michelle Meier. Not pictured: Edmund Carnecer, Jackie Cordero

The Quality Management Team is responsible for Quality Improvement, Performance Measurement, Program Evaluation (including MHSa Evaluation and Grant Evaluation), Documentation Improvement, and Risk Management.

Keep up the good work!

3. ACCEPTING APPLICATIONS: RAMS Peer Specialist Mental Health Certificate Advanced Course



RAMS is excited to announce that the Peer Specialist Mental Health Certificate Program is now accepting applications for its NEW 8-week Peer Specialist Mental Health Certificate Advanced Course, with classes set to begin on Tuesday, January 26th, 2016!

Funded by the Mental Health Services Act (MHSa), the Peer Specialist Mental Health Certificate Program (part of the Division of Peer-Based Services at RAMS) provides training for consumers of behavioral health services or their family members who are interested in becoming peer counselors/peer specialists in the field of community behavioral health. In addition to the Peer

Specialist Mental Health Certificate Entry Level Course that is currently offered, RAMS has designed its Advanced Course to support and educate individuals who are providing, or have recently provided peer-based services to clients in the community (or possess relevant training, volunteer and/or educational experience), and would like to obtain more specialized peer counseling training and professional development opportunities.

We are looking for individuals who:

- Are at least 18 years of age and a resident of San Francisco,
- Have successfully completed at least a High School education or GED, and
- Are able to attend 8 weeks of classes, which will be held on Tuesdays and Thursdays (3PM-6PM).
- This program is funded by MHSa through San Francisco Behavioral Health Services. As such, the course is targeted to individuals with personal experience with the Community Behavioral Health System of Care and family members.
- Individuals with current or past work experience, education, and/or training (including volunteer and advocacy work) in the peer counseling field are highly encouraged to apply

Application and Course Timeline:

- Friday, November 13th: Application Release
- Thursday, November 19th & Tuesday, December 1st: Optional Program Open Houses

- Wednesday, December 16th @ 5PM: Application Submission Deadline
- Week of January 4th, 2016: Notification of Application Status
- Friday, January 15th, 2016: Registration Forms Due for Accepted Applicants
- Tuesday, January 26th, 2016: First Day of Class
- Thursday, March 17th, 2016: Last Day of Class & Graduation

Attached are the Peer Specialist Mental Health Certificate Advanced Course Brochure, Open House Flyer, and Application Form. Kindly distribute this to those in your network and interested parties, as applicable. Please feel free to contact Program Coordinator, Kristin Snell, at (415) 579-3021 x102, or via email at kristinsnell@ramsinc.org should you have any questions or would like any additional information. Materials are also available for download at: <http://www.ramsinc.org/peer.php>.

We look forward to receiving applications for the Advanced Course Winter 2015-2016 session, and beginning a great class!

4. CHILDREN, YOUTH & FAMILIES (CYF)

Chinatown Child Development Center

The Chinatown Child Development Center continues to partner with Gum Moon Residence Hall/Asian Women's Resource Center and the NICOS Chinese Health Coalition in planning and promoting the annual Chinatown Community Health Fair. Bilingual general health information and free health screenings were available to participants who attended this year's free event. In addition, important outreach information on outpatient mental health services offered at CCDC was also provided by 6 bilingual licensed clinicians/staff. This year marks the 20th anniversary of the health fair. The event was held on October 17th at the Chinatown YMCA and was well attended by many community families.

Comprehensive Child Crisis Services

Besides staff's ongoing dedication to the San Francisco residents who may be experiencing acute psychiatric crisis, a number of Child Crisis staff also extended their availability and capacity to serve those children and families affected by the Lake County Fire. During their deployment, they were very instrumental in providing mental health services and groups to the local schools to both teachers and students. At the camp sites our Spanish speaking staff provided groups in Spanish to parents. Our staff assisted with identifying some of the basic needs of the residents and assisted with the organization of a van pick up for the students who did not have transportation to school. Crisis staff also was very active in collecting donations and distributing the donations to the different camp sites and schools. We are very proud of the way our staff showed trauma informed care, flexibility, initiative, compassion and dedication when providing services to the individuals and families in need. A big thanks to our donors and to our staff, Marqui Hick, Rosa Serpas, Alta Monroe, Bethany Brown, Krystle Cansino and Cheryl DeoCampo for representing San Francisco County Behavioral Health Services in a positive light.

LEGACY

Our Youth Development Team Coordinator, Victor Damian, along with three transitional aged youth (TAY), performed at the Trauma Summit on October 29th, in the Green Room at the San Francisco Opera House. The TAY shared their personal experiences with trauma through such mediums as song, dance spoken words and poetry. The event was truly inspiring and included such speakers as Mayor Ed Lee and Dr. Nadine Burke.

LEGACY is supporting two SF HOPE communities by providing technical assistance to Healthy Generations in Potrero Hill and the Bayview Family Resource Center at Huntersview. The FIT and YDT are providing bi-monthly training to their peer leaders.

LEGACY's next Family Support Night will be a Thanksgiving celebration on November 16th. Our Children, Our Families Council will be presenting to our families and asking them what the City and the school district can do to better support them and their children.

Mission Family Center

Mission Family Center (MFC) continued to refine our Vision, Mission & Values during the month of October and will have a final product before the end of the year. The MFC director attended the bitter-sweet closing ceremony for Urban Trails, a collaboration between the Native American

Health Center, Instituto Familiar de la Raza, and the Department of Public Health. While this collaborative will no longer be funded in the same manner by SAMHSA, the Native-Indigenous Community remains strong and will continue to provide system of care services to indigenous children, youth and families, particularly through the Blanket Weavers, youth services, and Asociación Mayab. The youth presentations, IllumiNatives, and the video productions were amazing! MFC had the pleasure of hosting a presentation by UCSF and DPH staff on Intensive Family Therapy Community Reflecting Teams. MFC is excited to begin hosting a community based reflecting team in January of 2016. The MFC director participated in the Art of Coaching with colleagues from HSA and DPH, and the MFC QI Team participated in the system-wide training held at LHH. We continue to host the Unaccompanied Minors Provider work group on a monthly basis. And finally, MFC staff and families created a beautiful altar in honor of our loved ones in preparation for the celebration of Día de los Muertos. A huge thanks in particular to Ana Magaña and Jose Hipólito for all their creativity and beautiful offerings!

Southeast Child Family Therapy Center

Trauma Transformed, also known as T2, had its big kick off celebration in the last week of October, T2 is a Bay Area Trauma Informed Regional Collaborative group comprised of 7 Bay Area Counties, working to respond to trauma on a systems level. We are proud that Dr. Clifton Hicks, one of our clinicians, was a great speaker presenting on "Reversing the Trends Related to Trauma: A Regional Approach". It is great that SF DPH is involved in this important work.

We would like to welcome Dr. Yuri Iwaoka-Scott, child psychiatrist, to our SECFTC team at 100 Blanken Avenue. She completed her fellowship here last year and we are so grateful that she was able to join our staff. We would also like to recognize Dr. Kimmy Tseng, who worked at 100 Blanken Avenue for SE for four years. She provided comprehensive and compassionate psychiatric care to many clients. She will be missed! Fortunately, for our system, Dr. Tseng will be the Medical Director at CCDC.

5. NEW DEPUTY DIRECTORS FOR JAIL BEHAVIORAL HEALTH SERVICES

Please join Tanya Mera, Jail Behavioral Health Services, in congratulating two new Deputy Directors. Mary Lefebvre, MFT will be the Deputy Director of Jail Behavioral Health and Melanie Kushnir, LCSW will be the Deputy Director of Reentry Services. Both of the individuals have a great deal of experience in forensic mental health.

6. CBHS PHARMACY STAFF APPRECIATION CELEBRATION HONORING JANAEE PEREZ-SIEDE'S 20 YEARS OF SERVICE!

In October, the team CBHS Pharmacy and colleagues celebrated staff appreciation with special recognition to pharmacy technician Janae Perez-Seide for 20 years of service. Many of you may know Janae from CBHS Pharmacy or her work at Mission Mental Health, South of Market and Chinatown North Beach Mental Health. Janae is extraordinary in organizing medication rooms, ensuring medication accuracy, and providing care for our clients; and what about her wicked sense of humor? ;)



Here's a photo of our party, beginning with
FRONT ROW from Left to Right:

Jennifer Behan (pharmacist- 2 years of service), Nerissa Huynh (pharmacy technician-6 years of service), Karen Hirschorn (intern pharmacist), Lisa Le (intern pharmacist), Nou Lee (intern pharmacist), Gloria Wilder (pharmacy director-7 years of service), Lee-Etta Palmer (retired volunteer-20 years of service),

Evelyn Suson-Lee (pharmacy technician- 10 years of service), Janae Perez (pharmacy technician- 20 years of service!), Kim So-Che (pharmacist-3 years of service), Theresa Maranon (pharmacist-1 years of service), Ellie Maranon (guest), Marta Urbina (housekeeping-6 years of service)

BACK ROW from Left to Right:

Donavan Bingham (psychiatric technician Mission Mental Health), Edmund Carnecer (senior clerk-4 years of service), Stan Lowe (pharmacist in charge-17 years of service), Michelle Geier (pharmacist-3 years of service), Jason Wong (pharmacist- 36 days of service), Ana Gonzalez (medical director Mission Mental Health-guest), Suzannah Patterson (pharmacist-5 years of service), Sandra Suzaki (pharmacist-18 years of service), Lyka Manlangit (Youthworks Intern)

Not Present:

Reisel Berger (pharmacist-2 years of service)

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