



SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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Toni Parks
Gene Porfido
Harriette Stallworth Stevens, EdD
Njon Weinroth
Adrian Williams
Idell Wilson
Benny Wong, LCSW

Adopted Minutes
Mental Health Board Meeting
Wednesday, **February 17**, 2016
Department of Public Health
101 Grove Street
3rd Floor, Room 300
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Ulash Thakore-Dunlap, MFT, Vice Chair; David Elliott Lewis, PhD, Secretary; Terry Bohrer, RN, MSW, CLNC; Wendy James; Toni Parks; Gene Porfido; Harriette Stevens, EdD; Njon Weinroth; Adrian Williams; Idell Wilson and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Kara Chien, JD, Chair; and Virginia S. Lewis, MA, LCSW.

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, LMFT, Behavioral Health Director; Helen Wong; Fancher Larson, Client Council; Anna Tong; Derek Williams, Richmond Area Multi-Services (RAMS); Victor Gresser, Client Council, Stigma Busters, DPH; Annabel Gardner; Miguel Leyva, RAMS; Paul Hickman, Curry Senior Center; Dan Lei, Voicesatbay.info; and **12** additional members of the public.

CALL TO ORDER

Ms. Thakore-Dunlap called the meeting of the Mental Health Board to order at 6:31 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Item 3.4, commending Jo Robinson, was moved to the March 2016 agenda because that will be her last board meeting, rather than this one.

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

Ms. Thakore-Dunlap 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 said that at the recent Health Commission meeting in January 2016, the commission approved the proposed budget for the FY 2016 -- 2017. All requests submitted by the department were granted. Now the department looks forward to seeing its final approval by Mayor Lee. The commission also approved a request to bill Medi-Cal for substance use services which were previously billed out of the county's general fund.

She said there have been lots of reviews throughout DPH, and each review usually requires an average of three months to prepare. The department was approved for more staff in quality improvement.

The mandate to provide wrap-around mental healthcare services for California's foster care children was the result of the Katie A class action lawsuit. Now, the department is being asked to expand and to provide the same level of care to cover all children. The budget was increased to \$1 million to cover the additional Katie A request.

The Office of Inspector General (OIG), for the U.S. Department of Health and Human Services (HHS) is charged with identifying and combating waste, fraud, and abuse in HHS programs. The state of California is divided into 58 counties. OIG announced that it randomly chose 42 California counties which included San Francisco to audit this year. San Francisco is required to submit 29 records, and 17 of those records must be from children's services. If any errors are found then it means the department must pay back the money.

OIG is looking at day treatment programs, psychiatry prescribing issues and more.

She highlighted two staff changes to the Children Youth and Family (CYF) department. Chris Lovoy is the new director of School Based Mental Health Services, and Ho-Yin (Joe) Lai is the Clinical Operations Manager.

Mr. Porfido inquired if DPH is required to inform the 29 people whose records are going to be audited.

Ms. Robinson said “No”.

Dr. Stevens asked about how long and when is the impending audit.

Ms. Robinson said the department was told of the audit last Friday and was given two weeks to complete the order. The department expects the OIG audit results to be available in a few months.

Mr. Porfido inquired how far the look-back period is.

Ms. Robinson was not given that information yet. She mentioned that community clinics in the BHS system have been informed of the tri-annual random audit, and documentation of client records must be meticulously maintained. The goal of audits is to improve efficiency and to protect the Medi-Cal beneficiaries, and to reduce MediCal fraud

1.2 Public Comment

[No public comments.](#)

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates: Hearing

Ms. Robinson mentioned that Charlie Mayer who has been the acting MHSA Director is resigning at the end of February. His family will relocate to Colorado, because his husband just received a great job offer.

Ms. Stevens asked for a brief overview of the MHSA Act.

Ms. Robinson mentioned that Proposition 63 created the MHSA Act when Californians approved a 1% tax on earned income over \$1 million. The tax has provided funding for mental health services and programs ranging from full service partnerships, promotion and early intervention (PEI) services, workforce development, innovation programs and capital facilities and information technology. Right now, there is about \$33 million annually.

2.2 Public Comment

[No public comments.](#)

ITEM 3.0 ACTION ITEMS

3.1 Public comment

[No public comments.](#)

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of January 20, 2016 be approved as submitted.

[Unanimously approved.](#)

3.3 Proposed Resolution: Be it resolved that the notes for the Mental Health Board commends the Behavioral Health Services Client Council for its Exceptional Work.

Ms. Brooke read the commendation.

PROPOSED RESOLUTION (MHB- 2016-02): THAT THE MENTAL HEALTH BOARD COMMENDS THE BEHAVIORAL HEALTH SERVICES CLIENT COUNCIL FOR ITS EXCEPTIONAL WORK.

WHEREAS, the Client Council started in the 1980's to promote self-help for clients needing mental health services, and;

WHEREAS, 15 years ago the Client Council officially affiliated with Behavioral Health Services, and;

WHEREAS, Council members hard work and dedication contributed significantly to the transformation of mental health programs to the patient-centered model that is being implemented across Behavioral Health Services today, and;

WHEREAS, Council members openness to embracing, celebrating improving clients' quality of life, and;

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco commends the Behavioral Health Services Client Council for its work on its 15th year Anniversary.

[Unanimously approved.](#)

3.4 Proposed Resolution: Be it resolved that the Mental Health Board commends Jo Robinson for her years of service to Behavioral Health Services.

[Item moved to the March 2016 agenda.](#)

ITEM 4.0 CELEBRATION OF BLACK HISTORY: IDELL WILSON, BOARD MEMBER.

4.1 Celebration of Black History: Idell Wilson, Board Member.

Ms. Wilson member of the Mental Health Board gave an overview of the importance of celebrating Black History Month and delivered her speech.

“Black history changes the world day by day. Some are always asking ‘Why do we continue to celebrate black history?’ But let me quickly remind people of the history of the black people who died so we can sit at this table today facing each other without spit and anger, about what we are so passionate about, mental illness. Also, we celebrate the first black president after 43 white men.

Why we celebrate black history! After, Martin Luther King died just to teach justice, fairness and equal opportunity. Also, let's not forget the people who fight with disabilities just for better health care.

Why we celebrate black history! Because no one has to die for something we take for granted every day. Sitting at the table face to face is our freedom.

Why we celebrate black history today! So you and I can make new black history. I am able to stand here tonight without fear of being put to death or someone following me home because I am speaking about black history, disability, race, gender, health care, equal opportunity, and more. If it were not for black history, we would not be sitting at the table today helping the people of San Francisco with what is the hardest part to me in life, mental illness. So look around you today, look at your neighbor, look across the table --we have this freedom so we are celebrating black history for generations to come.

Thank you for listening to why we need to celebrate black history today!”

Dr. David Elliott Lewis stated the speech was one of the most moving speeches he has ever heard.

4.1 Public Comment

[No public comments.](#)

5.0 PRESENTATION BARRIERS AND CHALLENGES TO ACCESSING BEHAVIORAL HEALTH SERVICES FOR PEOPLE WHO ARE HOMELESS, LAURA GUZMAN, DIRECTOR, MISSION NEIGHBORHOOD RESOURCE CENTER.

5.1 Presentation: Presentation: Barriers and Challenges to Accessing Behavioral Health Services for People who are Homeless, Laura Guzman, Director, Mission Neighborhood Resource Center

Ms. Thakore-Dunlap welcomed Laura Guzman, Director of the Mission Neighborhood Resource Center. She will present barriers and challenges to accessing services for people who are homeless.

Laura Guzmán is Director of the Mission Neighborhood Resource Center (MNRC), a harm reduction center of the Mission Neighborhood Health Center in the Mission district of San Francisco serving homeless adults living on the streets, shelters and SRO hotels.

Laura has 20 years of non-profit experience working with San Francisco’s homeless communities, and 16 years as a Harm Reduction Trainer and Consultant. She has served as a disability, health and income rights advocate on behalf of low-income Californians, including Latino immigrants, people living with HIV and Hepatitis C, drug users and sexual and gender minorities. She is passionate about her advocacy and thereby works continuously in community-participatory processes and organizing to make policy changes that will end poverty and homelessness. She is former Co-Chair of the San Francisco HIV Services Council and Co-Chair of the San Francisco Local Homeless Coordinating Board.

Ms. Guzmán was born in Buenos Aires, Argentina, and holds a Juris Doctor degree from New College of California School of Law (1995) and Bachelors degree in Linguistics from University of California at Berkeley (1992).

Ms. Guzmán shared that the Mission Neighborhood Resource Center (MNRC) is the first center serving people who are homeless in the Mission neighborhood. The 2014 Affordable Care Act (ACA) expanded funding to increase services and life skills training for the homeless.

She mentioned that within the general homeless population, the percentage of homeless women with post-traumatic stress disorder (PTSD) ranges from 60% – 90%. Most homeless women with PTSD have a history of childhood sexual trauma. She personally was a victim herself.

In 2015, Mayor Lee rolled out the pilot program called Navigation Center for the Homeless, and the first Navigation Center was in the Mission. Since standard homeless shelters provide little more than a cot, the Navigation Center accepts homeless people, including their companions, pets and possessions, and provides them with services and training and serves food.

Helping homeless people who live on the streets to transition into permanent housing, MNRC staff -- many of whom were formerly homeless themselves -- do outreach at the Navigation Center to provide on-site services such as service coordination, case management, and clinical supervision and linkage care. The Navigation Center serves food all day long and provides the homeless with lockers to secure their possessions.

MNRC has incorporated trauma-informed care to provide compassionate, patient-centered care. There are peer-based staff working with professional clinicians to provide supportive services in the 16th street corridor and surrounding Mission neighborhood. The recent statistics show that MNRC center served 1,400 – 1,900 unduplicated people last year.

MNRC has challenges. Not only psychiatrists are hard to find, but there is also a supply shortage for Spanish speaking licensed social workers. It took seven months for the MNRC center to find a bi-lingual licensed MFT. Recently, a psychiatrist, who was a former jail psychiatrist, joined the center.

The psychiatrist is good at establishing mutual trust with the population. Some patients are now on psychotropic medications. Not only are homeless clients more likely to be in adherence to medications when they feel providers give them choices in their treatment, but homeless clients are more likely to stay engaged in services and training when they feel a sense of stability and compassion.

She mentioned that in 2014, MNRC received an expansion of its Health Care for the Homeless (HCH) Grant under the HCH Behavioral Health Integration initiative. This was a joint application with the San Francisco Community Clinics Consortium and Glide Clinic. Since most trauma survivors and people who are homeless struggle with addiction, the HCH grant has supported an addiction treatment team.

She would like to see more addiction treatment in integration of care which addresses not only addiction per se but also addiction consequences. **S**creening, **B**rief **I**ntervention, and **R**eferral to **T**reatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

The biggest barrier she found in the homeless is people with dual diagnosis. She would like to see them not only receive care for mental health and substance addiction but also more supportive services and training to help them become housed-ready.

She shared that San Francisco homeless people with co-occurring disorders have challenges that preclude them from staying engaged in mental health clinics. Just today, the MNRC center welcomed a group of Modesto visitors who shared their practices around homeless people with dual diagnosis -- co-occurring disorders. In addition to providing a full-service partnership practice, Modesto has implemented a sustainable engagement program taking addiction

treatment and behavioral healthcare to the streets. Modesto clients receive needs assessments where they physically are located.

The MNRC center just started a hepatitis C virus (HCV) treatment recently for the homeless. Four homeless clients participated in the treatment regimen and were successfully cured from HCV.

She encouraged the board to advocate with departmental leaders and city supervisors to implement a client satisfaction survey for the homeless to gain more insight into how well providers are trauma informed. She said San Francisco has only 25 medical detox beds in the whole City and County of San Francisco. The system needs more on-demand treatment beds. She suggested more funding for food and nutrition. She recommended better service for language minorities and cultural minorities such as Hispanic and African American populations.

Ms. Parks expressed concern about clients who are being thrown out of single residence occupancy units (SRO's) resulting in them being recycled back onto the streets.

Ms. Guzmán shared there are two housing types. Human Services Agency (HSA) housing has a larger portfolio of housing, but it is less robust than DPH housing in terms of supportive services for those who need higher levels of care. DPH housing includes housing support to help people with mental illness with housing retention.

Unfortunately some single room occupancy (SROs) housing providers do not have expertise in behavioral health or if they do then they are understaffed. Compounding the concern is SRO living can be rough for vulnerable clients because they are targets for complaints, which put them at risk for evictions.

There is a strong need to assess the levels of support for supportive housing retention. Currently, there are 150 units with only two case managers who have no clinical training.

Ms. Robinson shared there is an urgent need for more supportive housing in the City.

Mr. Weinroth said that everyone has been talking about the effectiveness of the Navigation Center.

Ms. Guzmán said that the program can stay until the end of next June because housing will be built there. They are testing the barriers to housing through the Navigation Center. The homeless need more supportive housing services to transition them into permanent housing. As of right now, the Navigation Center system has about 500 dedicated housing units which have been able to house people who were considered not-ready-for-housing. Only a few people lost their housing when they became violent.

Mr. Wong asked what happens to homeless people as they age.

Ms. Guzmán said that the number of homeless seniors are growing. A coordinated entry program is one way to get them to stay housed. People with 13 years of homelessness are on the housing priority lists. Many of San Francisco seniors who are at risk for evictions are the African, Hispanic and Asian seniors. She encouraged the board to look into the intersectionality of race, age, mental illness and homelessness.

Ms. James wondered about the board-and-care system for housing for the homeless.

Ms. Guzmán shared there is not enough housing in the board-and-care system because many board-and-care places are ill equipped with staff and resources to handle people with both mental illness and bed ridden disabilities.

Mr. Porfido asked about the correlation between alcohol and other drugs and asked how they work with addiction.

Ms. Guzmán said MNRC practitioners follow the harm reduction model to determine what the client gets based on the client's needs and wants.

5.2 Public Comment

Ms. Tong inquired about the dearth of “detox” beds in San Francisco County.

Ms. Robinson explained that when it comes to inpatient detox, there are two treatment models: medical detox and social detox. The anti-medical model resulted in departmental staff arguments with the state of California to support in-patient detox, since the state would not allow doctors on site in social detox programs to treat patients. This disagreement comes from a long history of who has been allowed to do substance abuse detox treatment.

Driven by profits, there are lots of providers for substance abuse treatment who oppose the medical detox model and prefer the social detox model. They have strong lobbyists to keep voting down the medical detox model in order to maintain the social detox model.

But with the Affordable Care Act (ACA), integrative care requires in-patient detoxification. Detoxification is a science of addictionology that requires a balance between peer-based support and doctors.

Ms. Guzmán concurred that there is a financial conflict between social detox and medical detox.

Dr. Stevens facilitated a NAMI training last Saturday. During the training, a mother including the rest of her family came to her because her son needed medical detoxification desperately. There are many families out there desperately searching for in-patient detox for their loved ones.

Ms. Larsen expressed her strong support for supportive housing.

ITEM 6.0 REPORTS

6.1 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:

- Ms. Jo Robinson's retirement celebration is on March 14, 2016
- Stigma Busters is getting ready for the 2nd Annual Open Mic event on April 25, 2016 at the San Francisco Public Library.
- So far board members have done nine program reviews in this fiscal year.

Ms. Robinson said she appreciates summaries of program reviews that board members have submitted to her.

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

Ms. Thakore-Dunlap said the next Executive Committee meeting is on Tuesday, February 23rd, 2016 at 10 AM at 1380 Howard Street in room 226.

She said “If you are the chair or co-chair of one of the committees, please plan for the chair or one of the co-chairs to attend. The co-chairs of the Identifying Barriers to Behavioral Health Services Committee are Dr. Harriette Stevens and Njon Weinroth; the chair of the Barriers to Services for People who are Homeless Committee is Gene Porfido and the co-chairs for the Community Violence Committee are myself and Wendy James.”

The annual report for FY 2015-2016 needs to be completed by the June by the board, and Ms. Wilson and Mr. Porfido volunteered to co-lead the annual report.

Dr. David Elliott Lewis suggested board members write letters about their board experiences for the annual report.

Ms. Bohrer is on the legislation committee of the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C). She shared her collection of annual reports from other California counties, and would like the MHB of San Francisco to provide hard copies of the annual reports for board members.

6.3 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.

Ms. Wilson suggested the board do a commendation for Helynna Brooke who is being honored at the Women’s International Day on March 8, 2016.

Ms. Parks suggested the board be involved in the white paper that looks at alternatives to incarceration and jail policies.

Ms. Robinson said it is the jail rebuilding white paper being put together by the Mayor’s Office and the Board of Supervisors. There are over 40 people from departmental directors, the District Attorney’s office, the Public Defender’s Office to Sheriff Hennessey who are trying to be on the committee. There is also a smaller working group that she is on, and the smaller working group is led by Kate Howard from the Mayor’s Office.

6.4 Report by members of the Board on their activities on behalf of the Board

Ms. Bohrer shared that in January 2016 she represented San Francisco at the California Association of Local Behavioral Health Boards/Commissions (CALBHB/C) in San Diego. Wendy James is the alternative. She shared a binder book showing board information from Tulane County by other counties’ board members.

The next CALBHB/C meeting will be in San Francisco. She suggested that board members participate on the California Planning Council. The council shares reports such as the Data Notebook, emergency and crisis services for children, a white paper on homelessness and jail diversion and patients’ rights. She also would like the San Francisco Mental Health Board be renamed to the San Francisco Behavioral Health Board (BHS-SF) just like several other California counties. CALBHB/C is doing a survey to determine how many boards have made this name change already.

Dr. David Elliott Lewis said he attended a recent event that included a peer facilitator. He has participated in Crisis Intervention Training (CIT) with the San Francisco Police Department (SFPD) and participates in a CIT mental health working group to develop a ten hour training on

de-escalation techniques during officers annual recertification on the shooting range. He is also on a Shoot/No Shoot Use of Force Committee.

He is also on the MHSA-SF advisory council. The council meeting is open to the public.

Mr. Weinroth shared his first program review experience of a methadone clinic, which he was having mixed feelings about so Ms. Brooke connected him to Dr. Judith Martin after the review who helped clarify many issues about addiction treatment protocols.

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

Dr. David Elliott Lewis suggested a presentation from the Homeless Outreach Team (HOT) team.

Ms. Bohrer would like training/presentation on advanced psychiatric directives.

6.6 PUBLIC COMMENT

Mr. Derek Williams suggested the board to consider the issue of Tasers proposal by the SFPD.

Ms. Larson said “Nothing about us without us.”

7.0 PUBLIC COMMENT

Ms. Annabel Gardner was very glad to see Katie A legislation for young people.

Mr. Miguel Leyva shared a peer respite program that will open in the middle of March 2016 for 5 days a week with the eventual goal to become 7 days a week.

Mr. Hickman mentioned the Senior Curry Center is also providing peer respite 7 days a week at 333 Turk Street to seniors.

Mr. Gresser is a liaison to the Client Council, and he is also facilitates the Stigma Busters’ 2nd Annual Open Mic event on April 25, 2016.

Ms. Robinson said the proposed budget to the Mayor for approval include funding to expand the Hummingbird respite center to become a 7 days a week program.

Adjournment

Adjourned at: 8:32 PM

ATTACHMENT A

MONTHLY DIRECTOR'S REPORT **FEBRUARY 2016**

1. SPOTLIGHT ON AOT

Since its start in November 2015, Assisted Outpatient Treatment (AOT) has been working hard to engage individuals that have been referred to the program. San Francisco's implementation of AOT is unique and the first county in California to have a Care Team that includes clinical staff, a peer specialist, and a family liaison. In last month's Director's Report, we had an opportunity to hear more from the family liaison on our team, and this month we are highlighting our peer specialist.

Our peer specialist has reported, "Working as the peer specialist for AOT is very enriching and satisfying, because the goal is to spread the word of recovery and actively promote it. It is very important that any consumer has access to care, and being able to encourage those that are referred to the AOT program in order for them to make a change (recovery happens) once they are ready. On the other hand, it is very enlightening to realize how difficult it is to engage someone into services, which also forge the resiliency character because I can think of the times when services meant nothing but shame to me."

We look forward to continuing to work with individuals referred to our program and support their families/support systems. Additional information about the program can be found at www.sfdph.org/aot or by calling 415-255-3936.

2. THE CBHS PHARMACY SERVICES MANUAL

The CBHS Pharmacy Services Manual was developed to provide support to BHS providers for medication-related services. It is updated annually and includes information on CBHS prescription services, laboratory services, policies and procedures, and medication resources. The current edition is January 2016. Distribution of the printed manual has begun for providers. Please contact CBHS Pharmacy Services at 415-255-3659 and speak to Edmund Carnecer for a printed copy. Below are details that map out the location of the Pharmacy Services Manual on the CBHS website. Currently, we are in the process of updating the hyperlink on the website with the 2016 manual.

How to access the Pharmacy Services Manual online

- 1) <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/>

The screenshot shows the San Francisco Department of Public Health website. The header includes the department name, a search bar, and the SF Health Network logo. A navigation menu lists various services. The main content area is titled 'Our Services' and features a section for 'Community Behavioral Health Services'. This section includes a 'Program Description' and a 'Population Served' section. To the right, there is a 'HELPFUL LINKS' box with 'CBHS Major Events' and 'Suicide Prevention' information, along with a 'Location' section listing administrative offices.

Or Google CBHS and click the first link

The screenshot shows a Google search for 'cbhs'. The search bar contains 'cbhs' and the search button is visible. Below the search bar, there are filters for 'All', 'News', 'Images', 'Maps', 'Videos', and 'More'. The search results show 'About 381,000 results (0.62 seconds)'. The first result is 'Community Behavioral Health Services - San Francisco ...' with the URL 'https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/'. Below the search results, there is a section titled 'Medication Resources' with a red circle around the links 'Pharmacy Services Manual' and 'Pharmacy Services Manual 2015'. Other links include 'Antipsychotic Prescribing Resources', 'Safer Prescribing of Antipsychotics Guideline', and 'Atypical Antipsychotic Metabolic Side Effects Patient Handout'.

- 2) Scroll down until you see “Medication Resources”
- 3) Click the hyperlink below “Pharmacy Services Manual” to access the PDF version

3. BHS CHIEF MEDICAL OFFICER DR. IRENE SUNG IS RECRUITING FOR PSYCHIATRY

As part of our ongoing recruitment efforts for Psychiatry, Dr. Irene Sung hosted a reception at her home for Psychiatry Residents from across the Bay Area, which provided an opportunity for them to meet SFHN Psychiatrist leaders and learn about our system of care. Invited were residents from UCSF, CPMC, UC-Davis, San Mateo County, and Stanford. At least 12 residents attended the lively mixer.

It was a hugely enjoyable and informative event, and residents enthusiastically asked questions of the representatives of our various departments. Many expressed interest in coming to work for the San Francisco Health Network, and survey of the attendees indicated that they were more likely to apply for a position with SFHN as a result of the reception.

4. SOUTH OF MARKET MENTAL HEALTH SERVICES (SOMMH) REMODEL IS COMPLETE

On February 1st 2016, South of Market Mental Health Services (SOMMHS) resumed full operation in their newly remodeled space located at 760 Harrison Street. The SOMMHS remodel transformed an older leased clinic by applying MHPA funding and negotiated tenant improvements. The remodeled space ultimately benefits the client and staff experience at the South of Market Clinic. This renovation allows for integrated health services and supports the Public Health Department's goal of offering seamless access to Behavioral Health and Primary Care services.

The facility closed in June 2015 and clients were provided services at several locations. Offices at 1380 Howard Street, Mission Mental Health, OMI Family Center, and Tom Waddell Urgent Care Clinic at 50 Ivy were shared collaboratively. Thanks to the support of the directors and staff at sister clinics, we completed our project in a timely manner. Seven months of construction yielded the complete interior and exterior painting of the building and offices, the addition of a Wellness Center, additional offices and medical exam space, new flooring, a remodeled Pharmacy, and ADA upgrades. Additionally, upgrades to the phone systems were included.

Highlight of Benefits

- A Wellness Center to provide peer-led groups in support of wellness and improving healthcare outcomes.
- The addition of a new medical exam and ADA-compliant waiting area to improve patient flow and capacity for primary care services.
- Efficient space utilization facilitates additional staff offices. The flexible conference room space would enable use of variably-sized groups.
- Alteration of the space for the money management program to enhance safety for staff and clients.
- Increase of space in the waiting room area to improve flow and security.
- Enhanced perimeter lighting which will contribute to safety at the clinic and in the surrounding neighborhood.

SOMMHS at a Glance

SOMMHS Outpatient Integrated Service Center (ISC) is a multi-service clinic for the Department of Public Health. The Filipino-American Counseling and Treatment (FACT) Team is a full-service team within the ISC that serves Filipino-Americans and their families. The San Francisco Fully Integrated Recovery Services Team (SF FIRST) is an ICM/FSP program at SOMMHS that mostly serves High-Users of Multiple Services (HUMS). The clinic includes a robust integrated primary care clinic in partnership with and Tom Waddell Urban Health. And the clinic has an integrated vocational services program as well. The 65 staff serve approximately 1400 clients.

The SOMMHS Outpatient ISC provides a full array of clinic-based mental health services and, as needed, off-site services for San Francisco adult residents aged 18 and over. The majority of clients reside in the South of Market, Tenderloin and Western Addition neighborhoods. Because the clinic is located nearby several shelters, many clients are homeless at the time of enrollment.

Approximately half of the clients served have a psychotic disorder, and the majority is dually-diagnosed with a major mental illness and one or more substance use disorders. Essential services offered include intake assessment and evaluation, case management and linkage, crisis evaluation and management, medication services, individual psychotherapy, and various groups including Filipino Cultural Awareness, Seeking Safety, Anger Management, and Wellness Management and Recovery.

SF FIRST intensive case management provides a continuum of care to homeless individuals especially those at risk for other emergency services. This treatment team provides wrap-around intensive case management, counseling, medication services, transition into recovery, alternative activities, engagement with mentors in the community, and community integration for its clients. The team provides services to the chronic inebriate population who are high users of the emergency system. The team has expertise in providing services to the severely mentally-ill, homeless population, and may have a history of repeated hospitalizations or incarcerations within the last 12 months. The team uses the principles of strengths-based Wellness and Recovery as an approach to treatment.

The Integrated Primary Care Clinic in partnership with Tom Waddell Urban Health provides primary care services and preventive services to all SOMMHS clients. Primary care services which include health screenings, medical attention, and wellness activities are provided on-site in coordination with the clinic's multiple behavioral health service teams.

In Gratitude

Our special thanks to BHS leadership, MHSA, Facilities and Operations, IT, BHS Pharmacy, Mission Mental Health, OMI, COPE/OBIC, BHAC, RAMS Inc., Tom Waddell Urban Health and Urgent Care, Deputy Sheriff's Department, and all staff at 1380 for providing the clinic with resources and support during the renovation period.

SOMMH Renovated Site



5. **BHS VOCATIONAL SERVICES PROGRAM**

Exciting new vocational training, internship, and employment services programs started in January 2016 as a result of the Vocational RFQ published in 2015. Any BHS consumer interested in learning more about vocational services are welcome at the Vocational Drop-In Hour every Wednesday from 1-2pm at 1380 Howard, 1st floor BHAC.

The GROWTH (Growing Recovery and Opportunities for Work Through Horticulture) project is a Citywide Employment Services vocational program that provides 3 month classroom training in

basic horticulture and plant-care skills, landscape design and installation, grounds keeping and landscape maintenance skills and tips and tools for finding employment. The training is followed by 6 months of paid fieldwork experience in BHS clinics along with job coaching, and job placement support retention services.

The program is MHSA funded and is based on the Recovery Model that all individuals – including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. This program is open to all BHS consumers. Classes begin in April and orientations are held every Wednesday at 2pm until 3-9-16 at Citywide - 982 Mission Street.

TAY Vocational Services, open to all BHS consumers, is a Richmond Area Multi-Services (RAMS) program that provides time-limited paid internships to transitional age youth, ages 16 to 25, in order to provide healthy activities and entry-level work experience to help behavioral health TAY consumers achieve resiliency and maximize recovery. Interns may receive a 3-6 month internship of 4-15 hours per week in a stipend position that provides on-site work experiences in an industry of their choosing. RAMS will be conducting a Needs Assessment and work in collaboration with a broad range of stakeholders including TAY consumers, family members, BHS, MHSA and consultants to design and implement this MHSA funded program.

Food and Catering Services is a vocational program open to all BHS consumers with Citywide Employment Services that provides skills in Café workforce sectors. Interns and employees work at the café located at 1380 Howard and also gain skills in catering services on the proper use of food handling, food preparation, customer service, food delivery and food presentation. Interns and employees receive ongoing support from vocational case managers, job coaches and peer professionals in supported employment services.

Occupational Therapy Training Program (OTTP) and Toolworks are two new mental health programs joining the BHS-DOR CO-OP. These programs are open to all BHS and SF Health Network consumers. OTTP's TAY Vocational Program works with youth ages 16-25 on employment services and offers a thorough vocational assessment, employment preparation, job development, and job retention. Toolworks provides vocational assessment and employment services to consumers with Deaf and Hard of Hearing. For more information or referral, please contact Jennie at 255-3628 or Stephen at 255-3664.

6. CHILDREN, YOUTH AND FAMILIES (CYF)

Foster Care Mental Health Program

“The History of African American quilts is nearly as old as the history of America. Long-ignored and conspicuously absent from many early accounts of American quilt history, African American quilting has become a growing area of study.

Skilled Black slave women on plantations and in other wealthy households also did the spinning, waving, sewing and quilting in addition to many household duties. Their surviving

quilts provide a unique history of their lives and culture.” <http://www.quilting-in-america.com/African-American-Quilts.html>

In celebration of Black History Month and in honor of those who have gone before us, in keeping with an African American tradition, FCMH staff will be creating a living quilt. We will be sewing during staff meetings and gathering from brown bag lunches throughout the month in order to share stories about our own cultures and how we have been influenced by Black Culture, Mentors, Teachers, Spiritual Leaders, Family members, etc.

These stories will be documented in our quilt patches, which we will stitch together, we would like to pass it on to another CYF team to create another “narrative” to add to ours. We would like the entire CYF team to participate in this celebration of Black History Month. We are expanding Black History Month to include the entire year in order to include as many CYF teams as possible to contribute to the Quilting Project. The result of the Quilting Project will be a Quilt that will be displayed in the FCMH offices.

Staff New Roles

We are pleased to announce 2 new changes to CYF System of Care staff.

- Chris Lovoy is now the new Director of School Based Mental Health Services. Under this new assignment, he will bring together a continuum of care for school based services, including Therapeutic Behavioral Services, and Early Childhood Mental Health Consultation Initiative, Education Related mental Health Services, Wellness Initiative, Special Day Classroom, and Counseling Enriched Education Services. Our goal is to bolster the broad range of care to support our students.
- Ho-Yin (Joe) Lai is now the Clinical Operations Manager for CYF System of Care. He will be transitioning out of Chinatown Child Development Center once we complete the hiring process. Joe will play a key liaison role with our providers and DPH sections to support implementation of new initiatives, policies and procedures. He will provide infrastructure support for CYF civil service clinics, including responding to facilities and IT needs. In addition, Joe will serve as program manager for a portfolio of contracts.

Both Chris and Joe will continue to report to Max Rocha, Deputy Director.

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