



## SAN FRANCISCO MENTAL HEALTH BOARD

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**Mayor Edwin Lee**

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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  
Njon Weinroth  
Idell Wilson  
Benny Wong, LCSW

### **Adopted Minutes**

Mental Health Board Meeting  
Wednesday, **March 16**, 2016  
City Hall, 2<sup>nd</sup> Floor, Room 278  
One Carlton B. Goodlett Place  
San Francisco, CA  
6:30 PM – 8:30 PM

**BOARD MEMBERS PRESENT:** Kara Chien, JD, Chair; Ulash Thakore-Dunlap, MFT, Vice Chair; David Elliott Lewis, PhD, Secretary; Wendy James; Toni Parks; Gene Porfido; Harriette Stevens, EdD; Njon Weinroth; and Benny Wong, LCSW.

**BOARD MEMBERS ON LEAVE:** Terry Bohrer, RN, MSW, CLNC; Virginia S. Lewis, MA, LCSW; and Idell Wilson.

**BOARD MEMBERS ABSENT:** None

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, LMFT, Behavioral Health Director; Nancy Lyon; Jason Blantz, Psychiatric Nurse Practitioner (NP); Michael Morrissey, Documentarian/Homelessness; Dale Milfay, Treatment Advocacy Center; Sharon Scott Kish, MHA-SF; Harry Petersen; Michael Lukso; Annabelle Gardner, Young Minds Advocacy; Peter Callejo-Black, HOT Volunteer; and **six** additional members of the public.

**CALL TO ORDER**

**Ms. Chien** called the meeting of the Mental Health Board to order at 6:30 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 last director's report, since she will retire by the end of March 2016.

*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** shared that she will retire on March 24, 2016, and the job announcement for her position will be posted by next Friday. Until a new successor is hired, there will be various Executive Team members of BHS who will attend the board meeting and present the director's reports. Dr. Irene Sung, Ken Epstein, Edwin Batongbacal, and Marlo Simmons will take turns attending the meeting.

Each month an executive team member will do an observational visit to one of the BHS clinics.

She recognized a few BHS staff extraordinary achievements. At the 2016 Celebrating Asian American Film, Music and Food festival (CAAMFest), Donut Shop film featured Sam Eath who is a social worker at Chinatown Child Development Center. The film is about his personal life as a survivor of the Khmer Rouge genocide. Tracey Helton, manager of Hummingbird Peer Respite and the Peer Lead Transgender Services recently published her personal journey to wellness and recovery in the Big Fix: Hope after Heroin. Two weeks ago, Heather Wesibrod, LCSW, became the Director of the Transitional Age Youth (TAY) Clinic. Thanking the board for sharing their program review findings, Ms. Robinson said that her office has taken the board program review summaries seriously. On a personal note, she thanked MHB board members for their dedication and advocacy about behavioral health issues.

**Dr. David Elliott Lewis** commended Jo Robinson for her dedication to attending and staying at MHB meetings the whole duration. He also has found director reports to be very helpful and informative.

**Mr. Porfido** shared the same sentiment as Dr. David Elliott Lewis.

**Ms. Brooke** shared that she and Ms. Robinson met when Ms. Robinson was the Director of Jail Psychiatric Services. Their relationship began with the collaboration of the Police Crisis Intervention Training (PCIT).

## 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, since Charlie Mayer resigned in February from the department to relocate his family to Colorado, Marlo Simmons, who was formally MHSA director, has re-entered back into the position as acting MHSA director until a new director is hired. She also said that MHSA is doing a lot of one-time funding for new programs.

**Dr. David Elliott Lewis** wondered if stakeholders will participate in the selection of the new Behavioral Health Services director.

**Ms. Robinson** affirmed that there will be stakeholder participation in the selection of the director.

### 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 February 17, 2016 be approved as submitted.

Unanimously approved.

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

**Ms. Chien** shared that she has worked with Jo Robinson for 21 years and highlighted a few of Jo Robinson's accomplishments. Jo was very instrumental in peer programs and Jail Psychiatric Services (JPS), the original Police Crisis Intervention Training (PCIT), Behavioral Health Court (BHC), the Community Independent Placement Program (CIPP), and Community and Assisted Outpatient Treatment (AOT).

**RESOLVED** that the Mental Health Board commends Jo Robinson for her years of dedicated service to the City and County of San Francisco, the Department of Public Health and Behavioral Health Services.

WHEREAS, Jo Robinson is an extraordinary leader in the field of behavioral health with unique vision, developing a strong Jail Health Service, Behavioral Health Court, Police Crisis Intervention Training, and a tireless advocate for improving services to our children, youth, families, and older adults, and;

WHEREAS, Jo Robinson has been a leader in integrating mental health services, substance use services and primary care, because she truly understands the need for people to have a comfortable home for all of their services, and;

WHEREAS, Jo Robinson has a profound belief in the potential of all human beings, and the belief that their worst moments and behaviors do not define them, and that everyone can achieve a level of wellness and recovery, and;

WHEREAS, Jo Robinson has a solid commitment to the work of the Mental Health Board, and a willingness to attend evening meetings to the end, and;

WHEREAS, Jo Robinson has an absolute belief in the importance of the voices, participation, and employment of people with lived experience, and;

WHEREAS, Jo Robinson has a genuine respect for people, regardless of race, class, or gender and is always approachable, inclusive and welcoming, and;

WHEREAS, Jo Robinson has a wholehearted commitment to new beginnings for people, no matter where they are in life at that point, and;

BE IT RESOLVED that the Mental Health Board enthusiastically commends Jo Robinson for her outstanding leadership of San Francisco Behavioral Health Services and leaving a legacy of strong programs that respond to the needs of the community.

Unanimously approved.

**ITEM 4.0 PRESENTATION BARRIERS AND CHALLENGES TO ACCESSING BEHAVIORAL HEALTH SERVICES FOR PEOPLE WHO ARE HOMELESS, HOMELESS OUTREACH TEAM, JASON BLANTZ, PSYCHIATRIC NURSE Practitioner.**

**4.1 Presentation: Barriers and Challenges to Accessing Behavioral Health Services for People who are Homeless, San Francisco Homeless Outreach Team, Jason Blantz, Psychiatric Nurse Practitioner.**

**Ms. Chien** introduced Jason Blantz from the San Francisco Homeless Outreach Team (SF HOT). Jason has worked in homeless healthcare and advocacy since 1994 - and as a Psychiatric Nurse Practitioner since 2002. He worked at Housing and Urban Health and the Tom Waddell Urban Health Center for 10 years before starting at the Homeless Outreach Team one year ago. His areas of interest include psychological trauma and its relationship to other mediating behavioral concerns, such as substance abuse.

**Mr. Blantz** said he will provide an overview about the Homeless Outreach Team and some of the challenges and successes of the team. He introduced Peter Callejo-Black as a member of the team. He shared that on March 16, 2016 the San Francisco Chronicle reported that 51% of the people recently surveyed said that homelessness is their biggest concern, while two years ago, only 29% said it was a major issue. We have about half the number of homeless residents as we had ten to fifteen years ago. Currently, there about 6,600 homeless residents in San Francisco. He solicited board members to share what they believe are reasons the public is more concerned about homelessness now, even though the actual numbers have decreased.

**Ms. Parks** said there has been more visibility of homeless residents.

**Mr. Porfido** feels that the financial situations in the city have risen over the past few years. The new people arriving for tech jobs are not expecting to walk out their door and have some guy

covered in urine laying on their doorstep. On top of that are the camps and all that goes along with the homeless population that more affluent people find displeasing.

**Mr. Callejo-Black** added that tech has moved into several neighborhoods such as the Tenderloin and Sixth Street below Market, which used to be entirely low income, so there are two different worlds colliding.

**Dr. David Elliott Lewis** said he is a 31 year resident of the city. He believes the true number of homeless residents is under-reported due to methodology. Experts on homelessness in the city such as Jennifer Friedenbach and Laura Guzman believe the number is much higher. He has also noticed an increase in homeless encampments around the City. They seem to be at an all-time high.

**Mr. Blantz** said many of the suggestions from board members are valid. He added that anecdotally he is seeing an increase in methamphetamine usage, and the behaviors associated with its use are more concerning to people. Those using methamphetamine may tend to form encampments rather than be on the streets in isolation. Increase in speed use and demographically the city has changed and there are different attitudes.

Maintaining a client's non-identifiable information, for now, he shared a case of a client named HP. HP's plight began when HP was about 15 months old. Not only had HP been traumatized by witnessing the double homicides of his parents, but he had to live with the daily reminder of that event, because the murderer had left a scar on HP's face as a souvenir of the attacks, when the assailant tried to kill him too. After the murders of his parents, his maternal aunt reluctantly took him in, since she was his only living relative. Although there was no physical abuse from his aunt per se, she just treated him contemptuously with endless demands for doing chores to earn his keep, with punishment of being locked in a closet, with neglecting his needs and with allowing her biological children to be hostile and bullying toward HP. Eventually, at about eleven years of age, his child abuse was brought to the attention of a social service agency. The agency placed HP into a nurturing environment. Under the attentive care of his foster father, HP thrived in his adolescent years and excelled greatly in academia. Like HP's personal struggle with early childhood trauma, most homeless residents have experienced childhood trauma, and they *don't "choose" to live on the streets!*

He shared the Adverse Childhood Experiences (ACE) research done between the 1980's and early 1990's. The ACE study shows a very strong correlation between children's early exposure to child abuse and neglect and their health risks for chronic diseases later in life. Sexual, physical, or psychological abuse, as well as a parent in jail, alcoholic parent, divorce, or domestic violence in the home are all experiences of childhood adversities. The ACE study is available on the Centers for Disease Control and Prevention (CDC) website. If you have four or more adverse childhood experiences, it can significantly affect lifetime physical health.

Anecdotally, most of the homeless clients he has seen usually had multiple childhood traumatic experiences. The homeless residents are often at risk for re-traumatization when they live on the streets. Schizophrenia, post-traumatic stress disorder (PTSD) and bi-polar disorder are prevalent. For example, within the previous year, 90% of homeless women with severe mental illness that he has seen were raped. Many others have reported that they were victims of molestation in childhood or sexual assault. He feels we are failing to screen for trauma in most of our mental health settings.

He gave an overview of the San Francisco HOT team. HOT is part of the Public Health Foundation Enterprises. HOT Clinical care includes medical and dedicated case management teams. The HOT Medical Team members are: Barry Zevin, Medical Director; Leah Warner, NP; Jessica Naugle, RN; Gina Limon, RN, and Rebecca Pfeifer-Rosenblum, RN. The dedicated case management team has about 15 people with a specific case load of about 20 people.

The genesis of HOT began under Mayor Gavin Newsom's administration. HOT has grown to about 60 people now. Each district in San Francisco has about eight HOT teams, and each team has access to a car. Although HOT was once 24x7, it now operates from 6:30 AM – 9 PM, since it lost the grave yard shift.

The frontline deployment of HOT has about 60 people who are dedicated to outreach services, street medicine and case management. They focus on engagement with homeless residents to establish a trusting relationship. The HOT teams do engagements at all times and respond to 311 calls quickly. Members of the Board of Supervisors will often call for HOT intervention as well. Using two tools: the Intake Assessment and Medical Referral forms, case managers can make referrals to link a homeless resident with the multi-disciplinary team. HOT receives referrals from clinics, and behavioral health services programs.

Sometimes callers want HOT to “get rid of the person”, but there are limits to what can be done. Generally, HOT interaction with homeless residents is a long term relationship building process. HOT cannot force medication on a person, and cannot drive a homeless person to the hospital.

**Mr. Callejo-Black** volunteers with AmeriCorps and has worked with HOT recently and shared that the number of daily engagements with homeless residents fluctuates on any given day.

**Mr. Blantz** shared that one of the major challenges is moving people into housing. A case manager, anecdotally, usually maintains about 50% of clients as on-going clients in their work load. Case managers get frustrated with the limited housing stock.

The new HOT medical team uses the same aforementioned forms as tools too. Dr. Barry Zevin who was formerly medical director of Tom Waddell clinic for 30 years, is the HOT medical director and he is also a specialist in addiction medicine. HOT merged and integrated with shelters to coordinate care for homeless residents. HOT also has a medical director of transgender health services. Currently, HOT's new medical team could use more mental healthcare staff. HOT sees an average of 500 unduplicated clients per year. Jason has seen 200 unduplicated clients in the past year.

He is still in contact with about 50% of homeless residents as his patients. For all sorts of reasons, it is very difficult to maintain any sustaining care with homeless residents. He often sees homeless patients on a onetime basis.

There is attrition in HOT. HOT needs a behavioral health team composed of at least ten people. Homeless residents have been housed at 50 Ivy. HOT welcomes drop-in clients, and tea is available. No appointment is required. With a high tolerance for behavioral differences in the waiting room, so far, there has been no violence at the clinic.

**Ms. Chien** asked a two-part question: First, “What is the number of ex-offenders in the homeless population?”

**Mr. Blantz** acknowledged her excellent question. He personally does not know the exact number of ex-offenders who are homeless residents, but said there are many. HOT can obtain ex-offenders' medical history during their period in jail through the Coordinated Case Management System (CCMS) to learn about their needs in order to provide comprehensive case management.

**Ms. Chien** asked her second question "What is the percentage of older adults in the homeless population?"

**Mr. Blantz** shared that statistically the percentage is shockingly high. The average age of homeless residents is 50 years of age. However, he has worked with homeless residents who are in their 80's and has seen at least 30 homeless residents in their 90's as well. It astonishes him to see the increase in seniors living on the streets and shelters. He estimated that approximately 100 - 200 homeless residents are over the age of 80! He feels we need senior specific services.

He has noticed that within the homeless population of seniors, senior women feel very much attached to shelters. He has seen senior women just sit in the same chair all day long. Placing a homeless senior in housing is problematic, because housing can be very isolated for seniors. Seniors are over represented in shelters and are high utilizers of medical emergency services. For the poor seniors, homeless shelters are becoming the new senior citizens' homes!

**Mr. Callejo-Black** said he himself has encountered an increase in homeless seniors.

**Mr. Blantz** recommended more staffing to diagnose age specific mental health issues for the elderly. He advocated public health to include primary and tertiary prevention practices. Homelessness is usually a symptom of something else, and being homeless has an alienation effect. Predation of seniors is prevalent both on the streets and in shelters. Lots of supportive housing like Single Room Occupancy buildings (SRO's) are not always safe for seniors. Substance use disorders in seniors are increasing as well. There is an urgent need for non-insolated environments to help homeless seniors maintain daily contact with people and the general community.

**Dr. David Elliott Lewis** suggested that there are some good programs like Community Housing Partnership (CHP) and the Tenderloin Neighborhood Development Corporation (TNDC) for the elderly.

**Mr. Blantz** shared that having on-site nursing is a strong predictor of reducing or avoiding emergency room utilization.

The City has not explicitly defined supportive housing standards for the number of case managers per client.

**Ms. Robinson** stated that a new department for homeless services is being created by Mayor Lee.

**Dr. Stevens** asked if he works with Navigation Centers.

**Mr. Blantz** shared that his primary practice is at the Tom Waddell Urgent Care Center which is located at 50 Lech Walesa, also known as 50 Ivy Street. The clinic also offers Transgender Tuesday. In general, it is a drop-in clinic for on-demand primary care, addiction medicines and case management. Although he does street outreach in shelters and Navigation Centers, he tries

to strike a balance between drop-in clinic time and street outreach. He has taken suicidal calls on his cell phones.

**Mr. Wong** wondered about difficulties with placements.

**Mr. Blantz** shared that evictions are increasing. Furthermore, certain kind of evictions, especially safety related issues -- arson, violence, flooding or fire -- can be problematic.

When he started with HOT, he expected to just only see homeless residents with psychosis. But he has encountered more homeless residents with dual diagnosis. 75% of homeless residents are being served in the mental healthcare system for trauma, maladaptive personality issues, attachment issues and substance use disorder. The prevalence of methamphetamine usage is found in 75% of homeless residents, and increasing in the African American population lately. HOT urgently needs an amphetamine specialist and treatment on demand, and an increased capacity for medical detox. People want shelter and treatment and to move off the streets but we don't have resources to offer them.

**Dr. David Elliott Lewis** shared that SFPD has attributed Proposition 47 realignment to the increase in methamphetamine usage.

**Mr. Blantz** suggested a strong need to work towards on-demand treatment such as increased capitation for medical detoxification coupled with shelters that would provide treatment for dual diagnosis and psychological therapy.

From a policy perspective, there is a need to focus on retaining intensive case management in HOT. There is a high turnover from burnt out. There is lots of frustration in transitioning homeless residents into housing because most will continue to need help to stay housed. Case managers earn about a third of his salary. Case managers can pretty much do the same as him but he can prescribe medications that clients may or may not take and prescriptions don't always work.

**Mr. Blantz** finally reviewed the true name of his client HP. Harry Potter's own trauma with adverse childhood experiences resonates with most homeless residents. A social service agency like what Hogwarts provided for Harry Potter most likely could keep people from becoming chronically homeless in the first place.

**Ms. James** wondered if a majority of the homeless residents are loners or have families.

**Mr. Blantz** said most homeless residents rarely have any contact with their families of origin. Homeless residents with psychotic disorders usually are loners. Homeless residents with methamphetamine usage usually form their own sub community. In homelessness, predation is the general rule, and sexual assault happens to both men and women.

#### **4.2 Public Comment**

**Ms. Milfay** worried for her son who has a mental illness and who will soon be discharged from the hospital in two weeks and who might be on the streets if he will not accept treatment.

**Mr. Blantz** said getting people with mental illness into a hospital can be difficult. Psychiatric Emergency Services (PES) has been on diversion a lot this year. Sometimes it is hard to place people recently discharged from the hospital into housing. In the past, he has gotten people into a 90 day program like Baker program upon being discharged from the hospital.



**Mr. Lukso** wondered about linkage breakdown.

**Mr. Blantz** shared that breakdown could occur at any point in transitional care. A 5150 could put a person in crisis into a hospital. Sometimes DORE Urgent Care becomes the diversion unit for PES.

He said transition into a co-operative housing placement used to be very easy. But now transitioning a recently discharged person into co-operative housing is almost impossible. HOT has seen recently discharged patients ending up on the streets.

**A member of the public** shared there are tech workers with disdainful attitudes toward the homeless, and they don't want to see the despair of homeless residents on their way to and from work!

## **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:

- April 23<sup>rd</sup> CALBHS/C meeting in San Francisco. She will have details shortly but please put on your calendars
- Stigma Busters is getting ready for the 2<sup>nd</sup> Annual Open Mic event on April 25, 2016 at the San Francisco Public Library

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

**Ms. Chien** said "I want to share with the board that Helynna was awarded the Sue Bierman Extraordinary Public Service Award by the Alliance Francaise on International Women's Day, March 8th. Coincidentally, Sue Bierman was the Supervisor who was on the Mental Health Board when Ms. Brooke started with the board in 1999."

The next Executive Committee meeting is on Tuesday, March 22<sup>nd</sup>, 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 Ulash Thakore-Dunlap and Wendy James."

The annual report for the mental health board is due June 30th for FY 2015-- 2016. Gene Porfido and Idell Wilson have volunteered to work on it, but we need more volunteers.

### **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.**

**Dr. David Elliott Lewis** would like to recognize the HOT team.

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

**Dr. David Elliott Lewis** shared that he, Toni Parks and Ulash Thakore-Dunlap met with Supervisor Weiner to share the 2016 MHB goals, and to encourage CIT funding support.

**Ms. Parks** shared that on March 11, 2016 she and Dr. David Elliott Lewis attended the work group that re-envision the jail replacement project. There were about 39 people at the work group meeting. The workgroup has three co-chairs: Sheriff Hennessey, Roma Guy and Barbara Garcia, and accepts outside recommendations. By November 2016, the workgroup needs to present four goals.

**Dr. Stevens** shared that the Black History Event with Dr. Kenneth Hardy and Dr. Joy DeGruy was very extraordinary. The following board members attended the event: Wendy James, Idell Wilson, Kara Chien, Harriette Stevens and Ulash Thakore-Dunlap.

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

None.

#### **5.6 PUBLIC COMMENT**

No comments.

#### **6.0 PUBLIC COMMENT**

**Ms. Lyon** shared that her sister with psychosis was stable for 20 years until a Citywide psychiatrist changed the sister's two medications then abruptly left the agency and left her sister to deal with horrible side effects alone. After the change in two medications, her sister confided to Ms. Lyon that she recently became afraid of men, and shared she was raped recently. Ms. Lyon has been frustrated by the "razor wire" around HIPPA when she tried to advocate for her sister to have better care. She wanted more accountability in the system when psychiatrists make drastic changes in patient's medications.

**Mr. Duffy** shared that he was at Tom Waddell for about ten years. During that time period he had at least six different providers. Each change in provider created a sense of disconnectedness. There is a lack of continuity in health care.

**Ms. Gardner** is from Young Minds Advocacy. She brought the *Fulfilling-MediCals-Promise* flyer which is available online. Youth with serious mental illness are eligible for Katie A services.

- <https://www.youngmindsadvocacy.org/Fulfilling-MediCals-Promise>
- <https://www.youngmindsadvocacy.org/blog/>

#### **Adjournment**

Adjourned at: 8:27 PM

## **ATTACHMENT A**

### **MONTHLY DIRECTOR'S REPORT**

MARCH 2016

#### **1. SOUTH VAN NESS SERVICES – A LESSON IN POSITIVITY & PERSERVERANCE**

On February 9, 2016 the staff at South Van Ness Adult Behavioral Health Services had the honor of hosting Jo Robinson and the Executive Team for a visit. One of the most helpful aspects of the visit was how well each member of the Executive Team listened to our achievements and successes. The Executive Team was responsive to our concerns and frustrations as well, however when our team debriefed the meeting, staff members reported that they felt heard, acknowledged, valued and appreciated.

During the visit, one of our staff members explained that we begin each of our staff meetings with three minutes of silent mediation followed by the reciting of the following guidelines:

Group members agree to:

1. Show compassion for ourselves and each other.
2. Listen before responding.
3. Listen before giving solutions.
4. Assume that we all come with good intentions and motivation to grow as a team.
5. Pause, breathe and reflect when we observe something that needs to be addressed.

Our staff member went on to say, that we try as a team to observe these guidelines not only during our staff meetings, but also during our interactions throughout the day.

These guidelines help us interact with each other with respect and kindness. Furthermore, these guidelines inform how we resolve problems and accomplish our goals as a team. When we observe these guidelines, we are a stronger team.

When Jo Robinson led the Executive Team Meeting at our clinic, she set the tone for listening that made this such a successful meeting. Jo listened before responding and so did her team. Jo listened before she gave solutions and so did her team. Jo showed compassion for each member of our team and thanked us for the work that we do every day. Her facilitation of this meeting exemplified some of her greatest leadership skills of listening intently, caring deeply and offering compassionate solutions. On behalf of South Van Ness Adult Behavioral Health Services, thank you for your leadership, Jo. We will miss you so much!

#### **2. FACES FOR THE FUTURE & THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**

The FACES for the Future program at SFUSD's John O'Connell (High School) is preparing students for entry into the health and mental health professions by incorporating best practices in adolescent care, innovative pedagogy and community engagement. The program addresses the diverse needs of young people who are interested in health/mental health careers and prepares them to meet the challenges of impending health/mental health workforce shortages and worsening health disparities.

On March 7, 2016, thirty-five O'Connell High School students were recognized in a Blue Coat Ceremony for their 1) completion of the FACES for the Future "boot camp" training; and 2) entry into SFDPH internships. Some of the SFDPH internship placements will be at Laguna Honda Hospital's Social Services and Nursing Departments; Population Health Division's Environmental Health Unit and

Community Health Equity and Promotion Branch; and San Francisco General Hospital's Department of Psychiatry Inpatient and Department of Family and Medicine.

For more information about the FACES for the Future Coalition, visit <http://facesforthefuture.org/>.

**3. ASSISTED OUTPATIENT TREATMENT (AOT) UPDATE**

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. The AOT Care Team is happy to report that we have had early success in the program and would like to share a story from our first case:

The AOT Care Team's first referral, a white male young adult referred by a family member, had multiple previous psychiatric crises, psychiatric hospitalizations and incarcerations where he received mental health treatment in the last five years. Prior to the referral to AOT, Mr. X had been homeless, refusing mental health services, and had not been successfully engaged in treatment. Given the intensive outreach conducted by the AOT Team over the course of 3 months, as well as the support he received from loved ones and providers, Mr. X accepted voluntary services and is now independently housed and continues to be engaged in regular contact with a mental health provider.

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](http://www.sfdph.org/aot) or by calling 415-255-3936.



**4. RAMS MARCH LEADERSHIP ACADEMY**

Please see the attached flyer for the RAMS March "Leadership Academy" training, designed to support and educate peers who provide services in the behavioral and public health fields.

5.



***Announces:  
Mental Health 101***

***A training to designed to enhance the skills of Faith Leaders to better support the mental health needs of African Americans in San Francisco County***

(Attachment 2)

**6. DPH's SOCIAL WORKER (and DONUT SHOP OWNER) IMMIGRATION STORY IS TOLD IN ROBERT RIUTTA'S MOVIE, *D Shop***

Sam Eath, LCSW, is a social work at DPH's Chinatown Child Development Center story was told at the CAAMFEST on March 12 at the Roxie Theater. In the movie, Donut Shop, Sam shares his story of loss and perseverance during and after the Khmer Rouge genocide. Sam Eath recounts his youth on a poor Cambodian farm, his struggle to get educated, how he became a doctor and then, after the rise of the Khmer Rouge, how he ended up the owner of a donut shop in the Bay Area. Against the current immigration debates, it is an important reminder that we may never truly understand the struggles that lead people out of their homes and into foreign lands.

Congratulations Sam and thank you for all of the work that you do for San Francisco's children, youth and their families.

## **7. CHILDREN, YOUTH & FAMILIES (CYF)**

### **Family Mosaic Project**

Family Mosaic Project is working with a non-profit organization, Splashes of Hope, to paint murals at our agency. The murals will be in our family therapy room, our hallway and our common room. Staff, clients and volunteers from Salesforce came by on the 25th of this month to help paint and support this project.

Founded in 1996, Splashes of Hope is a 501(c) 3 nonprofit organization dedicated to creating art to transform spaces, enrich environments and facilitate worldwide. This positive impact inspires others to join our mission.

See more at <http://splashesofhope.org/about/#sthash.E2FT1Y9.dpuf>

Family Mosaic Project will continue to work on this project until the end of March. The Mural Dedication Ceremony will take place on March 29th from 11A – 12:30P.



### **Mission Family Center**

February was a busy month for Mission Family Center (MFC). We continued to host the Unaccompanied Minors Behavioral Health Treatment Providers Group, as well as the Intensive Family Therapy Community Reflecting Team – a DPH/UCSF collaborative effort. First Impressions started work on our waiting room renovations; MFC refined our agency goals that were initiated during last year’s retreat; and one or more MFC staff participated in the SFHN Quality Improvement Academy; the Black History Month conference; and in the Racial Humility training with Dr. Kenneth Hardy. A very productive month!

### Southeast Child & Family Therapy Center

Ines Betancourt, LCSW was promoted to Program Director, after serving as Interim Director since February, 2015. She just recently had her 27th anniversary of working at Southeast Child/Family Therapy Center. She began as a clinician providing direct outpatient therapeutic services to children, youth and families for 9 years. She then was promoted to Assistant Program Director for 17 years, during which time Southeast went from one clinic site to 3 sites. Now, Southeast will begin the search for a new Assistant Director to support us in providing quality innovative services to the people of the Southeast sector of San Francisco.

We would like to welcome two new staff to our team. Colleen Wong is an MFT who has experience working in the Chinese speaking community. She will be working for us 20 hours a week, providing outpatient therapy, including working during our most popular Saturday clinic. We also are happy to announce that we have hired a Spanish speaking Health Worker, Roberto Meneses. He will be working both at our Silver Avenue and Blanken Avenue sites, making sure to make our families feel welcome upon entering into our clinic and helping our clinic flow more efficiently. He will also be co-facilitating a 12-week Seeking Safety group for traumatized parents together with Joy Gamble, LMFT which will be starting this month.

Southeast is also happy to report that we were chosen to participate in the annual National Network to Eliminate Disparities NNED Learn conference. Three staff from Southeast (Lucia Hammond, Vilma Entrenas, and Ines Betancourt), a clinician from Mission Family Center (Rosa Lutrario) and Farah Farahmand (from CYF) will be trained in Familia Adelante, an evidenced based practice for working with Latino families. We plan to run the 12-week group this summer to Latino parents. More to follow!

### LEGACY

February was a busy month for LEGACY. Our Long Term Planning meeting was held on February 19<sup>th</sup> at Sigmund Stern Grove. We clarified our mission and worked on improving our team work through communication skills. In February, we completed another Medicinal Drumming group and began our Empowering Girls Group. Our Family Support Night Theme of Black History Month was very well received with the presentation of the life of the inspiring Robert Smalls, a former slave who commandeered a ship to freedom and later became a South Carolina State Congressman who instituted public education. Our Youth Development Team has been hard at work with the Trauma Informed Systems trainings.

### Chinatown Child Development Center

Chinatown YMCA Chinese New Year Run of the Fire Monkey, 2016

Enthusiastically, the Chinatown Child Development Center (CCDC) staff and clients participated in the 5K Chinatown YMCA Chinese New Year Run/Walk. All participants and staff reported to CCDC at 7:15AM on February 28, 2016! This year, 40 participants including event organizers, Dr. Peter Ng, Thuy Nguyen-Smith, LCSW & Diana L. Wong, Psy.D., LMFT and Nancy Lim-Yee, LCSW were a part of this

annual event. A hosted hot breakfast was served to all after the event. The Chinese New Year Run is an annual fundraiser benefitting the Chinatown YMCA's Physical Education Program (PEP) and Community Center, which serves 1,600 youth and families in Chinatown with wellness and community programs each week.

The Asian and Pacific Islander Health Parity Coalition (APIHPC) meets monthly at the Chinatown Child Development Center. During the meeting, Coalition members highlighted the much needed outreach efforts to the Laotian, Cambodian, Vietnamese, Filipino and Samoan communities on all health related issues, including mental health. Through funding by the Mental Health Services Act, RAMS Inc., facilitates the community mental health project.

The Chinatown Child Development Center continues to participate in the Asians Against Violence monthly meeting. CCDC, in collaboration with API Legal Outreach, Asian Women's Shelter, Cameron House, Chinese Hospital and Richmond Area Multi-Services, Inc. (RAMS) continues to work together to prevent family/domestic violence and abuse in San Francisco's Asian community through culturally competent and linguistically appropriate community education and awareness forums. A recent Networking Luncheon was planned on February 26, 2016 at Cal State University, East Bay to recruit new members and to promote AAV's mission to our Bay Area Community.

#### **8. TRACEY HELTON MITCHELL – AN AUTHOR AMONG US**

Our very own Tracey Helton Mitchell has become a celebrated author. In her Memoir "The Big Fix: Hope after Heroin, she describes her recovery after a decade of drug abuse and hard living on our streets of San Francisco's Tenderloin. We are very proud of this accomplishment. Tracey is currently the manager of the Hummingbird Peer Respite and the Peer Lead Transgender Services.

Congratulations Tracey!

#### **9. TAY (Transition Age Youth) WELCOMES NEW DIRECTOR**

Welcome Heather Weisbrod!

We are excited to announce that Heather Wesibrod, LCSW, just joined Behavioral Health Services as the Director of the Transitional Age Youth (TAY) Clinic. The TAY Clinic, located at 755 South Van Ness, provides Full Service Partnership (FSP) and Intensive Case Management (ICM) services to young people ages 18-24. Heather comes to us from Castro Mission Health Center and Dimensions Youth Clinic where she provided mental health services in an integrated primary care setting, with a special focus on transgender health and working with LGBTQ youth. Prior to beginning work with SFDPH she worked with transitional age youth at Larkin Street Youth Services and Huckleberry Youth Programs.

Welcome Heather!

Heather can be reached at 415-642-4507 for any questions about the TAY FSP/ICM program. TAY FSP/ICM referrals can also be faxed to 415-695-6961.

### **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>

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