



SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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

ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, **April 20**, 2016
City Hall, 2nd 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; Terry Bohrer, RN, MSW, CLNC; Wendy James; Toni Parks; Angela Pon; Gene Porfido; Harriette Stevens, EdD; Njon Weinroth; Benny Wong, LCSW; and Idell Wilson.

BOARD MEMBERS ON LEAVE: Virginia S. Lewis, MA, LCSW

BOARD MEMBERS ABSENT: None

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Irene Sung, MD, Chief Medical Director for Behavioral Health Services; Stephanie Felder, program director; Harry Petersen, Baker Places, Inc.; Michael Lukso; Nancy Lyon; Helen Wong, DPH; and **two** additional members of the public.

CALL TO ORDER

Ms. Chien called the meeting of the Mental Health Board to order at 6:41 PM.

She welcomed Ms. Angela Pon who was appointed to a family member seat by the Board of Supervisors in March 2016.

Ms. Pon shared that she learned about bi-polar disorder through her daughter six years ago. Although she was not aware of any mental illness in her family history at the time, she is now a strong advocate for behavioral health services. They faced difficulties in getting a diagnosis and medications.

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 said “As you know, since we honored her last month, Jo Robinson has retired as the Director of Community Behavioral Health Services. The board will be involved in hiring her replacement.

In the meantime, members of the Executive Team will take turns providing the Director’s Report to the board. I would like to introduce Dr. Irene Sung. She is the Chief Medical Director for Behavioral Health Services, including being the first Asian American Woman as medical director of BHS.

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.

Dr. Sung said she is a psychiatrist and understands the importance of access to, and continuity of care.

She reported that Assisted Outpatient Treatment (AOT) has been going very well. There was a big jump initially for service requests, but the demand has tapered off. AOT is working out very well for clients and no one has been ordered into AOT by the court.

Specialization in psychiatry is a nationwide problem. BHS is having difficulty recruiting and retaining psychiatrists for child and adult psychiatry, due to stiff competition for them with the private sector. We would like psychiatrists who believe in our mission to stay committed to us.

BHS and the University of California at San Francisco are collaborating with clinical placements. Interns and residents get an opportunity to further their medical residency at BHS clinics. Once they have finished their residency, we would like for them to continue their patient-care practice and hire them.

Dr. David Elliott Lewis wondered about utilizing more peers in BHS to help with the gaps in services.

Dr. Sung responded that the department is very supportive of and committed to peer-based supportive care. Working with psychiatric clinicians, the department is trying to reduce re-admission rates.

Mr. Porfido wondered about why BHS is not competing hard enough to retain psychiatrists.

Dr. Sung responded that many psychiatrists left due to economic reasons because of the high cost of living in the Bay Area. We can't compete with Kaiser, etc. She hopes that there will be heavy recruitment of starting-out psychiatrists. If we can help young doctors feel they can grow working with us that might help.

Mr. Porfido shared that he has been on the Tom Waddell advisory board for about 11 years. The advisory board faces the same dilemma in psychiatry. It is very hard to find and hold on to good psychiatrists. The board wants to find "gems" who want to commit and be good, sensitive clinicians who can be dedicated to client needs and culturally competent at the same time.

Ms. Parks shared that she and Ms. Bohrer recently reviewed the Westside Crisis and Outpatient clinic. The director of Westside said her top problem is finding and retaining psychiatrists. She felt a need for more assertiveness to recruit more psychiatrists.

Dr. Sung shared that she met with the UCSF residency training director. Their discussions were about steering clients toward community services, and recruiting more psychiatrists. For example, they would like to introduce residents who do rotations at various programs and clinics and to stay committed to those same clinics several days a week. This idea was piloted recently at the South of Market Clinics. There is an urgent need to build relationships.

Ms. Chien suggested more effort be focused toward incentivizing students to go into psychiatry.

Mr. Weinroth wondered why BHS cannot pay as much as the Kaiser Hospital system.

Ms. Bohrer shared that a combination of salary and bureaucracy can be a big challenge in widening the salary gap between the private and public sectors.

When she was the mental health director in the State of Maryland, Maryland's mental health system ended up becoming private due to cost and resource efficiency.

Ms. Parks asked about utilizing nurse practitioners (NPs) in BHS psychiatric care.

Dr. Sung shared that NP's have a long breadth of experience while psychiatry is very specific. BHS has considered converting some psychiatrist positions to NP positions.

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:

Dr. Sung shared that a request for qualifications (RFQs) will come out in May 2016. The RFQs are for school-based services and for a population focus on wellness and recovery. The RFQ is a competitive process for multiple agencies.

BHS has launched an evaluation in multi-phases for full service partnerships (FSPs) in collaboration with MHSA community stakeholders. MHSA helped fund the Millennial Health Forum in April 2016.

The MHSA vocational department is collaborating with the City's Human Resources (HR) department with vocational placements for BHS consumers. HR will provide assistance and workshops to help BHS consumers with the application process.

Dr. David Elliott Lewis asked about the RFQ for identifying and providing services to school students.

Dr. Sung said MHSA has been looking at service models for schools.

Dr. Stevens asked about job placement for the health workers.

Dr. Sung said BHS peers can qualify for health worker status.

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 March 16, 2016 be approved as submitted.

Unanimously approved.

ITEM 4.0 CHANGES IN SAN FRANCISCO POLICE DEPARTMENT USE OF FORCE POLICIES, DAVID ELLIOTT LEWIS, PHD.

Ms. Chien shared that Dr. Lewis has been working with the new crisis intervention training (CIT), which was restarted in the past three years. He will share the recent changes in the San Francisco Police Department (SFPD) Use of Force Policies.

Dr. David Elliott Lewis said that SFPD daily handles about a dozen crisis calls and has de-escalated many cases successfully. We don't hear about those successes in the media, just the negative items, such as the recent case of a homeless man, Luis Gongora who was shot by police on Shotwell Street. He said Police Chief Greg Suhr instituted a couple of changes after the Shotwell incident. Updating a practice that has been going on for about 100 years or so, he wanted police who are required to undergo bi-annual firearm re-certification to receive more training in scenarios. In the re-certification, police go to a shooting range to practice their marksmanship on turning mechanical targets. The goal has been to accurately shoot the target. The passing score is 80%.

Now, in the target shooting practice there will be a scenario component that requires an officer to determine whether to shoot or not to shoot. Police need to determine, for example, if the target is a woman who is holding a baby, before discharging their weapons, or a civilian holding a knife.

When the target turns they have to decide whether to shoot or not shoot. De-escalation techniques are a part of the passing score.

The Shotwell incident raises the issue about the number of bullets. For example, in an incident with multiple responding offices, previously the Rules of Engagement were that police could fire seven rounds if a threat was perceived, but this has been reduced to twice and then do an assessment to determine if further firing is necessary. This rule deters sympathetic shooting or supportive shooting. The reduction to only two bullets and only the officer being threatened fires, is a big positive improvement.

He has been a trainer since the SFPD restarted the CIT training program. Ms. Bohrer is very involved in the program as well.

One of the things we would like to change is the use of force against edged weapons like a knife. The old guideline has been to shoot if threatened by a knife. Now, the new guideline being considered is to withhold gun firing if it is determined that the person holding an edged weapon is only a threat to him/herself, since many homeless people are easily preyed upon and depend on a knife for self-protection.

The Department of Justice (DOJ) is looking at our new use-of-force policies. Ms. Chien and Dr. David Elliott Lewis were interviewed by the DOJ. The statistics of the new changes will determine if the outcomes will be better and safer for everyone. Compared to other cities, our outcomes are better than many, although our officers still need to be more effective at just de-escalating situations.

Mr. Wong wondered how police can distinguish situations where someone just tries to commit self-inflicted injuries versus where someone intends to hurt others.

Dr. David Elliott Lewis said the discharge of service weapons is condoned if there is a visual confirmation to confirm a direct threat to the officer or someone else.

Mr. Wong commented that the distinction is highly subjective.

Dr. David Elliott Lewis confirmed that the distinction is subjective as an event unfolds in milliseconds.

Ms. Chien commented that it is hard to second guess in a moment of urgency. She hopes CIT training and knowledge building could be very helpful. She mentioned that in a recent news story a homeless man in Philadelphia who was waiving a knife, the police successful de-escalated the crisis by talking to the man for about ten minutes. So that is the kind of skills we would like SFPD to have to diffuse tension in the community.

Ms. Parks commended the dedication of Dr. David Elliott Lewis and Ms. Bohrer in CIT.

Ms. Bohrer said the crisis intervention team by definition is a collaboration. She believed CIT is more than just training. It is more of a cultural change in collaborative efforts and thinking differently.

Dr. David Elliott Lewis shared that SFPD has a terrorism team for public safety. However, CIT should be just as critical to the public safety. He believed the teams will ultimately become co-responders to mental health calls.

Ms. Chien said that changing the police culture takes time. Cadets are receiving CIT training at the police academy. She hoped eventually the new wave of cadets will think differently. She is glad that the top brass are responsive to sensitivity trainings for police and sheriffs to help them better serve the diverse San Francisco populations.

Ms. Bohrer shared that communication with a person with autism requires a different approach and she is glad to hear that the police incorporate CIT into the academy.

Mr. Porfido wondered if CIT has become mandatory.

Ms. Bohrer said about 500 officers have trained in CIT.

Ms. Chien added that she would like to acknowledge a couple of board members: Ms. Wendy James and Ms. Idell Wilson, for their participation in the previous crisis intervention training by the Mental Health Board.

Dr. David Elliott Lewis said that before the SFPD decided to bring CIT back in-house, the San Francisco Mental Health Board used to do CIT trainings for ten years,.

4.1 Public comment

No public comments.

ITEM 5.0 PRESENTATION BEHAVIORAL HEALTH SERVICES RESPONSE TO COMMUNITY VIOLENCE AND HOMICIDES; CRISIS RESPONSE NETWORK, COMPREHENSIVE CRISIS SERVICES, STEPHANIE FELDER, PROGRAM DIRECTOR.

5.1 Presentation: Behavioral Health Services Response To Community Violence And Homicides; Crisis Response Network, Comprehensive Crisis Services, Stephanie Felder, Program Director.

Ms. Chien asked Ulash Thakore-Dunlap, Co-Chair of the Community Violence Committee to introduce the speaker.

Ms. Thakore-Dunlap said “I would like to welcome Stephanie Feldman, the director of Comprehensive Crisis Services which incorporates Mobile Crisis, Child Crisis and the Crisis Response Team. She has over 20 years of providing crisis services and has a passion for working in the community. She will give us an overview of crisis services.”

Ms. Felder said Comprehensive Crisis Services (CCS) is comprised of three integrated crisis programs: Mobile Crisis, Child Crisis, and Crisis Response Team (CRT). The department decided to combine the three programs in order to maximize resource utilization and to provide efficient clinical care.

The Mobile Crisis team does 5150 assessments on adults on the streets, people’s homes and in clinics. Mobile Crisis responds to calls from concerned citizens, law enforcement and others throughout the City. Usually, Mobile Crisis goes in as a team of two people to do an assessment

to determine if a person needs to be hospitalized or if a person could be linked, including sometimes relinking back, to services. Concerned providers have called to request Mobile Crisis for wellbeing checks, and for service reengagement.

The Child Crisis team also does 5150 assessments and intervention for children under the age of eighteen. The Child Crisis team does not normally go into homes but does go to police stations and the ER to do an assessment. The team also provides case management services for up to 30 days.

For children, CCS just added a Crisis Stabilization unit, which is a collaboration between Edgewood and the City, since Psychiatric Emergency Services (PES) can be traumatic for children. During the assessment duration, the Crisis Stabilization unit allows children to stay for up to 23 hours.

CRT provides services in responding to and in following up with communities and families affected by homicides and critical shootings. For example, after a very serious incident, CRT not only goes to the scene but also goes to the ER to provide de-briefing and linkage care. After a homicide, CRT may be involved in making a funeral arrangement, including attending burial services. There are times when CRT attends court proceedings if the alleged perpetrator is caught to support the families through the legal process. CRT provides debriefing to clinics if there was a suicide, a homicide, a robbery, a theft or a critical shooting. CRT can also provide individuals with treatment.

Because many of our families are impacted by crimes and community violence, CRT expanded programming about 18 months ago to include stabbing incidents. CCS found out people were also traumatized by stabbings too. Mondays now include a wraparound team that does rounds to ensure people are linked to mental health services and to determine who is hospitalized. Post linked services include working with the District Attorney's office and victim services to help clients through the process.

CCS has partnerships. Some partners of the wraparound team include the Street Violence Intervention Program (SVIP) that does community street outreach support. It is a collaboration out of the Mayor's Office and Department of Public Health, to help prevent retaliations. Anytime there is a critical shooting or homicide, CRT is notified immediately then CRT informs the SVIP team. While CRT does linkage care, the SVIP team goes out and works with the community at large to try to de-escalate and to prevent any kind of retaliation. The SVIP serves a population age ranges from 14 to 30 years of age, while the CRT populations are below 14 and above 30 years and immediate families whenever there is a homicide.

When it comes to individuals who experienced community violence, CRT also partners with the Emergency Room of the San Francisco General Hospital (SFGH) in a wraparound team. Dr. Dicker started the wraparound team because she had to operate on so many individuals who were shot. After the operation, provided the victim survived, the wrap around services help with the job placement process and mental health care as well.

Every Wednesday, there is a collaborative meeting with representatives from the school district, SFPD and SVIP to review cases of shootings or gang violence. Crisis Services reach out to affected individuals to help them link to services.

Mr. Porfido asked how various teams respond to 5150's and homicide incidents.

Ms. Felder said most Crisis Service teams are trained to work across the board as crisis responders to handle a crisis whether it involves adults or children. However, there is a specialty team for homicides and critical shootings because they are a different type of crisis.

Mr. Porfido asked about peer utilization.

Ms. Felder said they don't have peers on staff, but Crisis Services does make referrals especially for children to Legacy which has peer staffing to support both the children and the children's caregiver, who could be a parent, a grandparent or the child's relative.

Ms. Bohrer has a two part question. She asked if there was any consideration to have a crisis services field person collaborate with the SFPD when there is an incident involving a mental health crisis. Many jurisdictions in the U.S. have CRT teams of police and clinicians. She also wondered about having a 24x7 mobile crisis for San Francisco. SFPD gets calls all night for mental health crises.

Ms. Felder said the ideas have been discussed. She said that Sgt. Kelly Kruger, with the SFPD, who was a former board member, and is also the psychiatric liaison, has proposed a meeting to talk about the best utilization of mental health services.

CRT does not restrain people, but the public will call crisis services first. Due to the recent police brutality shootings, the public are fearful and are very reluctant to call the police. So there needs to be a balance. Sometimes people are more comfortable when we are the first ones at the scene. then they will call the police. To better understand each other's roles, both the CRT and the SFPD can teach each other.

Regarding 24x7 mobile treatment, she said Child Crisis is already 24x7. The CRT team can take calls and can triage. However, CRT cannot be deployed out to the scene at night due to lack of staffing and funding.

Crisis Services just re-submitted a proposal for a 24x7 adult crisis response program. The proposal was in the proposed budget to the Mayor's Office. There are concerns about staff safety at night for adult services. The SFPD say they have limited resources.

Dr. Sung commended Stephanie for her leadership in training crisis responders across the board for adult and child crises. She emphasized that child crisis is the only service reserved specifically for children in crisis, since adults in crisis have several options to go to such as PES, Dore Urgent Care Clinic or Humming Bird.

Dr. David Elliott Lewis said he has spent some time with the Healing Circle that helps mothers heal who have lost their children due to community violence. He has heard many complaints from mothers who feel frustrated about being unable to obtain services in their own neighborhood.

Ms. Felder said Mobile Crisis can bring therapists into the community including people's homes. Sometimes families had to leave the City due to the safety issue, and Mobile Crisis has traveled to these relocated families.

Dr. Stevens wondered about neighborhoods in the City that need the most support.

Ms. Felder said it is seasonal. The impacted neighborhoods in the City are Bayview Hunter's Point (BVHP), Sunnydale and Western Addition. But BVHP is the highest and now Sunnydale is creeping up with crisis calls.

Dr. Stevens wondered about the care process for violence.

Ms. Felder said there are two levels of care. Initially, there is an immediacy concern for safety and hand-holding support through the funeral process. Then, CRT tries to refer the individuals to mental health care for grief. Services and care are tailored specifically to match the client's needs. There are therapists available for individuals. There are 30-day and 60-day follow up calls. Sometimes, after a year, there are follow up calls to check in with the individuals.

Unfortunately, there has been a spike in the Latino community. Crisis services do not have the language capability at the moment. She hopes to add more bilingual Spanish speakers.

Ms. Thakore-Dunlap wondered about the average number of calls they receive a night.

Ms. Felder said about one a night and sometimes two to three. Now, crisis services do more rounds at the emergency room.

Ms. Thakore-Dunlap asked about the specialty for homicides.

Ms. Felder said they have four people plus her. The team will go to the scene, and SVIP will respond as well. Now, there are two therapists who can provide treatment at the scene. There is also an auxiliary team to help out with overload and cultural needs.

5.2 Public comment

Mr. Lukso asked how she hears about a shooting.

Ms. Felder said usually the SFPD calls her program first. Depending on the type of shooting, crisis staff may go to the emergency room to ascertain if any funeral services will be needed. Or crisis staff may go out to the scene to do crisis assessment and linkage support.

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:

- California Mental Health Planning Council Meeting April 20 -- 22, followed by the California Association of Local Behavioral Health Boards meeting Friday April 22nd and Saturday, April 23rd. The meetings are at the Holiday Inn Gateway, 1500 Van Ness Avenue. All are open to the public. Terry Bohrer is on the board.
- Monday, April 25th, Open Mic event from 1 to 3 at the Public Library.
- SFMHEF Board meeting Tuesday, May 3rd at 1380 Howard Street, Room 515 at 6:00 PM. Dinner will be served. All members of the board are welcome as well as members of the public. We will be adding members to the board and people from the community can be on this board. Currently the directors are: Lara Arguelles, Chair, Wendy James, Vice Chair, David Elliott Lewis, Secretary/Treasurer, Harriette Stevens, Vanae Tran, Ulash Thakore-Dunlap and Lena Miller. The members are: Virginia Lewis, Mary Ann Jones, Kara Chien, Benny Wong and Gene Porfido. We need one more board member to join. We will be re-electing or electing new directors and officers, so if you are interested please come to the meeting.

- The documentary called Healing Voices film.
- I will be on vacation May 9th through 13th, to Seattle.

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

Ms. Chien 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 next Executive Committee meeting is on Tuesday, April 26th, 2016 at 10 AM at 1380 Howard Street in room 226.

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.

Mr. Porfido shared a proposed outline for the annual report as shown below.

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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. Chien shared that May is Mental Health Awareness month. The board has decided to honor several programs at the May meeting.

Dr. David Elliott Lewis nominated John Franklin from MHA-SF Peer Response Program.

Ms. Porfido nominated the HOT-SF team.

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

Dr. David Elliott Lewis shared that he and Ms. Parks and Ms. Chien attended the monthly re-envisions jail replacement project in April 2016. He would like to see the board presence on the jail task force.

Ms. Parks reported her attendance at two meetings: Tobacco Treatment and San Francisco MHSA Advisory Committee.

Ms. Chien flew down in April to Orange County’s Behavioral Health Court and learned that the system includes substance abuse.

Mr. Weinroth shared his program review of Stonewall project. He found their practices to be innovative and would like to see their model be replicated across the country.

Dr. Stevens shared attending the Millennial Health Forum. The forum focused on the needs of the Millennial age group, particularly low income and minority populations.

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

Ms. James asked about a ride along program review with Mobile Crisis

Dr. David Elliott Lewis suggested Cecil O'Connor formally from Dore Urgent Care.

6.6 PUBLIC COMMENT

No comments.

7.0 PUBLIC COMMENT

Mr. Peterson shared that he met with Tom Mesa on April 7, 2016 about issues involving one of the programs.

Adjournment

Adjourned at: 8:27 PM

ATTACHMENT A

MONTHLY DIRECTOR'S REPORT

APRIL 2016

1. 2nd ANNUAL BEHAVIORAL HEALTH SERVICES (BHS) OPEN MIC

BHS is sponsoring their second annual Open Mic event as a lead into Each Mind MATTERS. May is Mental Health Month on Monday, April 25th, 2016 from 1-3 pm. The event will be held at the SF Main Library Latino/Hispanic room located in the lower level. The celebration is open to consumers, family members and friends to come show your support and/or share talent with poetry, story of recovery, song, dance, art or any self-expression medium in a safe and supportive environment. Look for us out in the lobby of 1380 Howard St in May, in the clinics and on the Sunday Street events and more!

For more information or to rsvp, please contact: jeanne.kwong@sfdph.org or (415)255-3427

(Attachment 1)

2. CHILDREN, YOUTH AND FAMILIES (CYF)

Chinatown Child Development Center (CCDC)

The Infant Development Program organized the annual Easter Egg Hunt at Huntington Park on March 22, 2016 for approximately 40 participants. With CCDC staff, Sam Eath, LCSW, Grace Fung, LMFT, Diana L. Wong, PsyD, LCSW, Becky Yu, HWII/MHRS and with the continued support from the San Francisco Police Department, a successful Easter Egg hunt for 15 toddlers was presented as this month's outing/activity. The Infant Development Program is one of the clinical components of CCDC as a response to the need for serving infants and toddlers with development delays or disabilities.

Asian and Pacific Islander Health Parity Coalition - The Chinatown Child Development Center continues to collaborate with the API Health Parity Coalition to envision and create healthy Asian and Pacific Islander communities in San Francisco. In addition to being a member of the API Health Parity Coalition, CCDC is also part of the steering committee, meeting once a month onsite to further implement and advocate for our many diverse communities.

Asians Against Violence - The Chinatown Child Development Center continues to participate in the Asians Against Violence monthly meetings. 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.

Mission Family Center

Mission Family Center (MFC) staff and clients participated in the quarterly Community Advisory Board meetings this month. Our male colleagues organized an International Women's Day celebration which

happened to coincide with Jo Robinson's visit to our clinic. First Impressions continues to work on our waiting room and we are already receiving wonderful feedback from clients and staff alike. MFC staff continue to participate in three Quality Improvement meetings each month toward work on improved communication and staff relations across our system. MFC participated in the CYF-SOC Spanish Speaking Providers Work Group with a focus on streamlining intake processes and increasing access to services for our Spanish speaking families. MFC staff also participated in the Latino Health Equity Work Group with a focus this month on the Sika Virus which is very relevant as our families often travel during the summer to and from countries where exposure to this virus is a risk, and precautionary measures are key. And finally, we continue to host the monthly Unaccompanied Minors Treatment Providers work group toward improving systems and access for these recently arrived children and their families.

Southeast Child & Family Therapy Center

Our staff has been very busy attending end of the school year IEPs for our clients, assuring that the linkage and collaboration between Special Education and mental health services for our clients is coordinated and strong. As well, we had 21 intakes scheduled in the month of March, averaging to at least a day.

We are preparing to begin running two groups in April: Adventure-based Psychotherapy, an eight session co-ed outdoor rock climbing group for 10-17 year olds and Seeking Safety for Parents with 12 sessions.

LEGACY

Our staff has been busy with multiple groups. In the month of March our staff offered Therapeutic Drumming, Girls Group and Fit with FIT along with the Consumer Advisory Board (CAB). We are also working on the Trauma Informed Systems Initiative. In addition, we are participating in many resource fairs. This past month we did outreach at the Summer Resource Fair at Pier 70 and at George Washington Carver School. Our monthly Family Support Night was very well attended where RAMS vocational program provided a presentation and held a focus group with our clients.

3. ASSISTED OUTPATIENT TREATMENT (AOT) UPDATE

Since its start in November 2015, Assisted Outpatient Treatment (AOT) has continued to work hard to support individuals referred to the program and engage families and loved ones that support them in their recovery. The San Francisco AOT Team is working with Harder and Company to develop a report that is required to deliver to the State Department of Mental Health on May 1, 2016. As part of this process, the evaluation team conducted interviews with family members and questionnaires with participants to better understand the impact of AOT.

While this report will highlight early successes, as well as areas of growth for the program, it's important to note that initial feedback from participants was overwhelmingly positive with 100% of those who responded indicating that they feel hopeful about their future. Further, a family member was noted to say, "I'm really grateful for everything that AOT is doing because I couldn't be there and do anything. It had gotten to the point where it was the [mental health] system of nothing... If it wasn't for [AOT], I don't know where he'd be..." Check back next month for additional information about the report!

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

4. *CONGRATULATIONS JO - BEST WISHES ON YOUR NEW CHAPTER IN LIFE!*

Dear Jo –

In appreciation and recognition of over 30 years of your commitment to our community and the San Francisco Department of Public Health. From your early work with Jail Psychiatric Services to the leadership you have offered to Behavioral Health Services as a whole, you have embodied the elegance and commitment to mental health that we all strive to have. The way in which you have embraced and integrated the recovery and wellness principles into all aspects of our system of care has been an inspiration. Your accomplishments within DPH and the field of mental health as a whole will have an enduring effect on the well-being and care provided to the population we serve. Your expertise and leadership has been an invaluable asset to all that have been fortunate enough to work alongside you. While your presence will be missed, we wish you all the best as you embark on the next chapter of your life.

<https://goo.gl/photos/hXtLScGwJbyiu5UH8>

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