



SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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Harriette Stallworth Stevens, EdD
Marylyn L. Tesconi
Njon Weinroth
Idell Wilson
Benny Wong, LCSW

ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, **July 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; David Elliott Lewis, PhD, Secretary; Judy Zalazar Drummond; Wendy James; Virginia S. Lewis, MA, LCSW; Toni Parks; Angela Pon; Gene Porfido; Richard Slota, MA; Harriette Stevens, EdD; Marylyn Tesconi; Njon Weinroth; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Terry Bohrer, RN, MSW, CLNC; Ulash Thakore-Dunlap, MFT, Vice Chair; and [Idell Wilson](#).

BOARD MEMBERS ABSENT: Supervisor Mark Farrell.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrative Manager); Marlo Simmons, Deputy Director for Behavioral Health Services; Michael Wise, RAMS Inc.; Eric W. McClendon, MSW student; Jan Carillon, RAMS Inc.; Dimitra Ellison, RAMS Inc.; Rico Hamilton, Street Violence Intervention Program (SVIP) coordinator; Arturo Carrillo, SVIP Executive Director; and **two** additional members of the public.

CALL TO ORDER

Ms. Chien called the meeting of the Mental Health Board to order at 6:40 PM.

ROLL CALL

Ms. Brooke called the roll.

Ms. Chien welcomed Judy Zalazar Drummond, appointed to a Public Interest seat by Supervisor Scott Wiener. She will share a little about herself later in the meeting. We now have a full 17 members on our board. All seats are filled!

AGENDA CHANGES

No changes.

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

Ms. Chien mentioned “As you know, Jo Robinson has retired as the Director of 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. She introduced Marlo Simmons who is the Deputy Director for Behavioral Health Services to give the report this month.

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. Simmons highlighted several items. RAMS is recruiting for a 12 week peer certificate program. The Assisted Outpatient Treatment (AOT) program will release its first Annual Report. There were 80 referrals and 19 people supported to voluntary access and four filed court petitions. She highlighted one of the success stories. The First Impressions Vocational program is training clients in construction and remodeling skills. It is a six month training and then on the job and paid. They have completed ten renovation projects, recently the conference room at 1380 Howard Street. They also have a horticulture program. They are developing living walls.

The department is still working to complete the Trauma Informed System Initiative by training all employees. The goal is to be a trauma informed region.

1.2 Public Comment

Member of the public asked if the Richmond Area Multi Services Program (RAMS) Certificate Advanced Course will continue to receive funding.

Ms. Simmons said it is ongoing for the next 5-6 years.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates:

Ms. Chien said the search for the new Behavioral Health Services director is still continuing.

Ms. Simmons said MHSa will need to put funding out to bid every five to six years. There will be a school based RFQ (Request for Qualifications) for K-12 coming out. It is population and stigma focused. There is also an RFQ for a community drop in clinic. They are also working on housing. There is a new Transitional Age Youth vocational program for ages 15-25. They are also doing extensive evaluation over the next year of the Full Service Partnerships (FSP's). They are asking for a two year extension of the Innovation funding from the State for the Curry Senior Program, the Transgender Pilot and First Impressions.

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 June 15, 2016 be approved as submitted.

[Unanimously approved.](#)

3.3 Proposed Resolution: Be it resolved that the Mental Health Board will not meet in the month of August 2016.

[Unanimously approved.](#)

ITEM 4.0 PRESENTATION: TAKING A DIFFERENT APPROACH TO WELLNESS, SAN FRANCISCO STREET VIOLENCE INTERVENTION PROGRAM, RICO HAMILTON, COORDINATOR.

4.1 Presentation: Taking a Different Approach to Wellness, San Francisco Street Violence Intervention Program, Rico Hamilton, SVIP Coordinator.

Ms. Chien introduced Rico Hamilton, Coordinator for the San Francisco Street Violence Intervention Program. Mr. Hamilton is also a member of the Re-entry Council and Co-Founder of Raw Talk Concepts for Life. He will be talking about the Street Violence Intervention Program (SVIP) and its different approach to wellness. In your packet, you have a description of the program for your reference.

Mr. Hamilton said that he is one of the four SVIP coordinators who coordinate services in Western Addition, Tenderloin, and South of Market (SOMA) areas. He invited the Executive Director, Arturo Carrillo to come with him.

Mr. Carrillo: The Street Violence Intervention Program is co-funded by the Department Public Health (DPH) and the Department of Children and Youth Foundation (DCYF) and fiscal agent is HealthRIGHT 360.

The SVIP program is part of the street violence response team that is composed of several departments. Department heads get together on a weekly basis when a homicide or shooting happened. People from the District Attorney's Office, probation office, police captain(s) from

the affected area(s), Wraparound Services from the General Hospital, DPH, the Crisis Response Team, the SVIP, and the school district, come out to the scene to interview people.

The goal is to be strategic in doing street outreach and preventing further street violence in the impacted neighborhoods. These areas in the City include the Bayview Hunters Point (BVHP), Potrero Hill, all the way to Alice Griffith, the entire Mission District, Visitacion Valley, including Sunnydale, the outer Mission and the Western Addition, SOMA and the Tenderloin. Crisis response people do outreach into the school, after school places, and impacted neighborhoods.

For example, there was shooting at 3 am. The police contacted the Department of Public Health (DPH) who contacted SVIP. They will go to the crime scene and/or the hospital to provide supportive care to the victim(s) and the immediate family. One of their major goals is to try to minimize retaliation.

The other component that they have is the community mobilization. When there are marches, they don't carry picket signs but their presence acts as the buffer between the community and the police. A lot of times you have angry people, especially in today's recent race relations on the news, so they try to minimize people's rage at much as possible.

Mr. Hamilton stated that the majority of the outreach workers are native to the area they serve so they are known to the community. He is native to the Western Addition and has lived there all his life, until recently, because he can no longer afford to live there. He knows a majority of the people in the community.

He took a class with Dr. Sal Nunez at San Francisco City College, and shared that this was one of the greatest classes he has taken in his entire life. His teaching helps people who are doing a lot community outreach, especially for people who are almost at the burnout stage. His work and lived experiences helped him understand about mental health better because they are in and from communities most impacted by violence. They lose family members, friends and a lot of people who they deal with. A lot of us didn't know about self-care. A lot of us didn't know different terms naming or describing what we are seeing in the community. So through the class, they have learned to look at things differently. For example, he has been working with Ms. Adrian Williams, who was a former MHB member, to find different ways to bring mental health services into the community.

It is hard to say the words "mental health" to the population because of the stigma attached to mental illness. When people discuss mental health, either a therapy or anything that has clinical names to it, it is terrifying to the community. So, instead of saying the words "mental health" they prefer the word "wellness". No matter what school you go to the kids all love to go to the wellness center.

In working with the community he talks about wellness instead of mental health. He provides intense mentorship which is similar to case management. The youth fall in three categories:

- At Risk: no system involvement but display negative behavior; at some point could be at risk because he or she lives in the neighborhood and at some point could be at risk of violence or trauma.
- High Risk: system involved for first time and/or on probation or on parole; referred by school, juvenile or criminal justice system.

- In Risk: system involved and identified as a target youth of being either a victim or a perpetrator of street violence.

They have clients who were in or out of jail. It's hard to make a soft hand off to an organization for their clients, especially because of the capacity issue in the Western addition. In a certain contract placing kids in certain neighborhood could be problematic.

For example, during the intake of the process, a kid who may be 20 years of age cannot be in the rehabilitative program, or for kids who may be younger, placement based on the age criteria may not fit. Age based placements have been a huge problem.

There is also the challenge of the "invisible line," which is an unwritten rule about boundaries that most kids learn at a very young age. It can be deadly for kids to leave their own neighborhoods.

For example, kids living at Buchanan and Eddy do not cross Fillmore Street, or vice versa. A lot of providers do not know those lines. They cannot mobilize and bring services into the neighborhood; therefore, kids in those neighborhoods have no access to services. He is collaborating with Ms. Adrian Williams on how to mobilize mental health services. They talked about how to think in different ways about how to get services into the neighborhood where kids are so they don't have to cross the invisible lines.

Even though Mr. Hamilton was from the community, he learned that after being away for a while, he had to relearn the lingo that kids currently used in their daily communication with each other, in order to be culturally competent again. He has conversations to understand what the kids are dealing with currently. For example, they have a kid who's allegedly a serial killer, although there is no evidence to prove the incidents in a court of law. They try to figure out where this kid's trauma came from. Their outreach effort includes educating them about who they are as an individual.

Ms. Adrian Williams used a physical workout as an analogy to explain mental health. She explained that working out is the process of burning fat to have a healthy body. And mental wellness support is a way to process in the mind the traumas experienced. So when he explains to a kid about wellness he would explain in these terms as well, so the kid can relate and understand. When he goes into the community he engages kids in ways that they can understand about the importance of wellness, which include taking of themselves.

Since mobilization is another piece of their job, they look at how to get providers into the community. They need providers who are culturally competent and sensitive toward the people they are serving, and it is more than just being African-American or Latino. The person needs to really understand the African American or Latino community he or she tries to provide services for.

They had a Latino supervisor who helped him understand Mission kids because of her consistency that that she has applied toward the population. Being honest all the way is important. Mission kids are very smart and understand right away when someone is being genuine with them. Her style of relating to Mission kids made them love her. He was able to see her example as a model in how she interacted with Mission kids.

It doesn't matter the actual skin tones, because we are all human beings. He just wants to insure the provider is culturally educated enough about the population that he or she is trying to serve.

At the recent Western Addition Summit, they talked a lot about the scarcity of services and programs in housing developments. In a housing development, there are no on-site services. A lot of youth with trauma living in the housing development are prisoners in that environment. These kids are stuck on this "island" where no providers go in. The only time they actually get supportive services is when they are incarcerated. And that doesn't make any sense!

So they considered mobile services, talked about service access and how to bring services into the impacted communities in a central wellness center so kids living in housing developments can actually have access to mental healthcare, like talking to a therapist in their own safe space without worrying about crossing the invisible line. Kids are not risking personal safety when they are in their own safe environment.

Intense mentoring includes educating kids about their community history. For example, Western Addition kids don't know about the connection of the historical violence with the Peoples Temple and Jim Jones and the Jonestown Massacre. So Western Addition kids are not aware of the historical traumas that have been passed down from one generation to the next generation. Many Western Addition families were victims in the Jonestown Massacre. For many of these kids being exposed to violence, the abnormal become the normal.

They offer intense mentoring to kids by taking kids out of Western Addition to go camping so they can enjoy being carefree. One stoic kid living without a male role model at home attended a camping outing became emotional afterward. During his reflection, he shared that he never had a man who told him that he loved him. Kids are forced to be adults when they are still just kids, so when kids are given the opportunity to be kids they are like kids in a candy store.

Lots of these kids are dealing with trauma every day and the trauma just build continuously and causes this disease that is very insidious in their lives. They don't have a chance to heal, because they are not out of that abusive environment where they are continuously being exposed and re-traumatized over and over again.

A part of their crisis response is seeing someone who they have worked with for a period of time who is a victim of homicide and they are trying to find words to console the grieving mother. You might want to say "Everything will be okay"; but then the grieving mother says: "This is my baby." He has learned to say nothing but be there for the mother.

Usually he just says "I'm here if you need me." Dealing with those types of crises on the job has its personal moments. He had a cousin who got fatally shot in front of the program and he had to do a crisis response. In the quadruple homicide in Hayes Valley last year, two of those people were his little cousins. Now, being older, he can identify, name and understand the void that he was feeling. He can empathize with the grieving survivors.

There are a lot of Healing Circles happening in different areas, but not happening everywhere. He believes it is important for people to become very educated around mental health, around wellness, around supportive services, what does it look like, how do services work, and how providers can collaborate with the at-risk communities to bring services into the communities. He is grateful for a great Executive Director who understands and goes to traumatized communities to interact with the people. He would like to recommend to the board to come and ride along with us in a van as they respond to youth in crisis and see some of the things they do.

Mr. Carrillo acknowledged that San Francisco is a service rich city with a multiple array of quality services. When we asked the kids what it takes to get you off the "block." Close to 80 %

of the kids said they wanted a job. With the invisible lines, many kids face barriers to accessing services. For instant, they cannot conveniently go to HealthRIGHT 360 and freely move about. We have out-patient programs on the lower side of the Mission neighborhood. That means kids in that neighborhood can access services but Norteños cannot.

Services and programs have to be coordinated at every step of the way to ensure safety for kids to access services. Instead of coming to providers' offices and risking a kid's personal safety, the providers can bring services to kids living in housing developments. Once a neighborhood kid receives a service in their own neighborhood then other neighborhood kids follow, and we create a ripple effect.

Mr. Hamilton said this delivery of services leaves a strong positive impression on the kids because they see providers care enough to come for them. In the quadruple homicide, there is a whole area in Hayes Valley where the kids who were killed were from the lower area of Hayes Valley. It takes a lot of courage for a kid to go up the hill to access services.

He has placed at-risk youth in the Mayor's Interrupt Predict and Organize (IPO) program which provides long-term solution to violence prevention.

Mr. Carrillo said the IPO program had six cohorts. Each cohort had 40 youth from selected neighborhoods. The youth work 32 hours per week. They have to go through self-care training, and work toward a high school diploma. It is a one-year program. They get dispatched to the Department of Public Works (DPW) and Department Public Health (DPH). After one year of completing the IPO program, the youth can get a city job. So there is a great opportunity for lifestyle changes to help kids get off the block. Now, in its third year, we wish there could be more funding to do more.

Ms. Drummond wondered about funding for kids to be housed and get help.

Mr. Carrillo said there was a program for adolescents. The wide age range mentioned earlier is for youth 10-30 years of age; but a big portion of youth served are from 17-24 years of age.

Mr. Hamilton said the 18-25 age group experience face the most street violence.

Mr. Carrillo shared that in order to participate in HealthRIGHT 360, a youth needs to have a co-occurring disorder, health issue, or substance abuse disorder which required inpatient or outpatient treatment; then housing is provided after you completed the residential treatment. They are not set up to provide just housing only at this time.

Ms. James inquired about the percentage of young girls or young women that are involved in this type of violence as opposed to how many men.

Mr. Hamilton said they serve about 10% females and 90% males.

Ms. James wondered if the females get the same quality of services as the male's services.

Mr. Carrillo said "Yes." He has a female staff who assists young women, since there could be misinterpretation with a male staff member. His program ensures that only male staff interact with male youth and female staff provide services for young women.

Ms. Parks wondered about emergency shelters when there is no housing available.

Mr. Hamilton said for at-risk youth, housing placement is easier than for those who are in risk and system involved.

They refer youth to Larkin Street or Huckleberry House.

Ms. Parks asked about any service connection with the Sheriff's Department and/or the San Francisco Police Department.

Mr. Hamilton said he is on the San Francisco Re-Entry Council and has an amazing relationship with the Western Addition police captain who is great at community policing. Western Addition police have the best practices across the entire City when it comes to community policing. Neighborhood kids have seen him talking to the police captain, including new recruits. For him, it is about changing perception. He has a strong connection with the police to give job opportunities to youth through the Human Service Agency and DPW. SVIP Coordinators have amazing relationship with police in their districts.

Ms. Chien thanked the presenters for an informative presentation and wondered how board members might convince mental health and substance abuse providers to bring services into the communities.

Mr. Carrillo said the safe passage concept is very important for youth to engage in services. The safe passage assures that kid don't have to worry about getting on the bus and crossing the invisible line. His program can provide safe passage for providers to bring services and programs into the community.

Mr. Hamilton suggested finding a trusted point person in the community who can introduce a provider to the community. Consistency is everything, meaning the same provider keeps coming back. It cannot be a onetime thing. As the kids get to see the same provider coming into the community they become more comfortable at engaging with that provider.

Ms. Chien emphasized the importance of establishing trust which takes time. She wondered how difficult it is for the initial intake appointment with a provider.

Mr. Hamilton said from his personal experience he found initial intake for substance abuse to be easy for getting into residential treatment programs, but the mental health side is a little more complex. SVIP coordinators will make referrals. But some programs may only do case management because of the age group.

Youth are aware of the invisible line and very reluctant to leave the safety of the community to attend services outside of their community, because it could mean a life-and-death situation for them. Safe travel can be a barrier to access services outside of community, and SVIP coordinators don't want to put a kid's safety or someone else's safety at risk by sending anyone into the wrong zone.

Ms. Virginia Lewis asked about the number of participants at any given time in his program.

Mr. Carrillo said there about 170 youth in his intensive mentorship program in the four neighborhoods. They have about four to six outreach workers who carry cases. There are different demographic populations and unduplicated clients. On the streets we see about 1,000 duplicate clients, since it takes so many contacts to establish trust to get them to engage in services.

Ms. Virginia Lewis asked about the average length of time in the program.

Mr. Hamilton said clients stay as long as they want to. The only time that a client discontinues participation is incarceration or death. Other than that, he is with his clients until the client

becomes successful for placement, and he continues a relationship with the client even after the placement for about a year.

Ms. Virginia Lewis wondered about the average time it takes to engage and affect change with an at-risk youth.

Mr. Hamilton said that the in-risk population need 1.5 to 2 years. Usually it is less than a year for at-risk youth. The time depends on the kid's needs.

Dr. David Elliott Lewis asked about risk assessment.

Mr. Hamilton said SVIP coordinators do not put new staff with in-risk youth. New staff do outreach in schools. For example a teacher may refer a kid to a wellness center. In- risk youth can be at risk for CPS, be in jail or be a victim of shooting.

Dr. David Elliott Lewis wondered what the issues are for the board to make recommendations.

Mr. Hamilton said some issues are: mobilization for services, access barriers, and getting a driver's license. A lot of kids cannot go to DMV to get their driver license because their personal safety may be at risk when they cross the invisible line.

Mr. Carrillo said other issues include poverty, lack of education, poor housing, heroine, crack, and methamphetamine addiction. Many kids are trying to survive and have resorted to robbing someone to survive. They don't have role models for core values. Kids need to learn respect; but the kids have so many issues and negativity in their lives to deal with.

Mr. Hamilton mentioned that lots of kids don't understand what is abnormal.

Mr. Carrillo said there is an important need to teach the culture of where kids come from such as the music, and the art. His program takes kids to camps, to canoe, and to fish so kid have permission to act as kids.

Dr. Stevens wondered about how the system can be more responsive.

Mr. Hamilton said they try to help as many families as possible. Education about who they are is important. Helping kids become empowered and develop integrity are important. Kids need to be educated about the community history in Western addition like the Jim Jones history since lots of people had families' lost in the Jim Jones massacre. Particularly with this population, sadness turns into anger.

Dr. Stevens asked about working with adults in jail.

Mr. Hamilton is on the Re-Entry Council. He tries to get this population into case management while they are still in jail and to have an exit plan for placement. He has written letters to programs to help kids qualify for services. The Community Assessment and Services Center (CASC) Center on six Street monitors the reentry population and can coordinate classes, housing, and employment.

Mr. Weinroth asked about interaction with families.

Mr. Hamilton said a few parents resist him because of his talks with the police and fear he might "sell" them out, but most parents like him. He believes in accountability rather than snitching.

Mr. Carrillo mentioned that parents can negatively influence their children, because they believe that those "boys" are the "man" of the house. He found it is wonderful to give the

hardest, toughest street kids the opportunity to be kids again like taking them to the Water World amusement park.

Ms. Simmons asked about the stigma of mental health and what kind of mental health services would work for the kids.

Mr. Hamilton said individual and group therapy are important. Group therapy is for healing, while individual therapy is for self-actualization.

Mr. Carrillo mentioned that culture is so important in healing. For example, in Latino/Latina youth there is the “drunk” circle. Education is important but cultural practices are necessary.

Mr. Hamilton said for example, he discloses to youth that he is a mandated reporter to give them a heads-up; so transparent trust is important, and so are boundaries.

Mr. Carrillo mentioned HealthRIGHT 360 offers many services and programs. It takes time to establish trust with kids before they will share their struggles.

Ms. James asked about services for the undocumented.

Mr. Hamilton said for the Tenderloin area, it does not have Spanish speaking providers.

Mr. Carrillo mentioned schools have called for help with Honduras kids. But resources for recruitment have been a challenge.

Mr. Wong asked if they served undocumented clients.

Mr. Carrillo said they have a few.

4.2 Public comment

Member of the Public suggested that Project Homeless Connect (PHC) might be able to help youth get IDs.

ITEM 5.0 REPORTS

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

Ms. Brooke shared the following:

- She was pleased to learn that the Safe Place program mentioned last month that will provide signs in businesses who agree to provide a safe space for LGBT folks who are being attacked or fearful of an assault with a safe place to stay until police arrive.
- The Annual Report was completed by June 30th and posted to the city Mental Health Board site. She thanked Gene Porfido for his hours of work on this report as well as Kara and Ulash for submitting letters.

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

Ms. Chien mentioned that the next Executive Committee meeting is Tuesday, July 26th at 10:00 AM at 1380 Howard Street, Room 226. All board members as well as members of the public are welcome to attend.

She asked Judy Zalazar Drummond to say a few words about herself and her goals for being on the board.

Ms. Drummond shared she has been a teacher for 51 years in Bernal Heights. She taught at Horace Mann School and she is also a Chicano scholar for Teach for America.

She has been on the Horizons Unlimited board for about six months. Now she works with children who cannot attend school.

She hosts a KPOO radio station every Thursdays 1 - 3 PM, and invited board members to come on the talk show.

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. Stevens recommended the board honors the SVIP Team.

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

Ms. Parks shared that she and Dr. David Elliott Lewis are on the Jail Re-Envision Work Group. She spoke about non-profits suggesting they ask for help with resources from technology companies.

Dr. David Elliott Lewis shared that he is attending this committee too and makes a plea for more meaningful employment opportunities for consumers and more respite centers as well as designing a warm, welcoming mental health facility.

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

None mentioned

5.6 Public Comment

No comments

6.0 PUBLIC COMMENT

Mr. Wise has been working with his peer Victor Gresser on Sunday Streets with Stigma Buster. Sunday Streets is an open streets event in San Francisco that happens once a month in different neighborhoods in the City.

Adjournment

Adjourned at: 8:35 PM

ATTACHMENT A

MONTHLY DIRECTOR'S REPORT

July 2016

1. MHSA FACES FOR THE FUTURE

This year marks the successful launch and completion of the inaugural MHSA-funded FACES for the Future program at John O'Connell High School. This spring 33 graduating seniors participated in internships at various SFDPH units, clinics and programs – including the Zuckerberg SFGH and Laguna Honda. The majority of these students have enrolled in college or a post-secondary program for the upcoming Fall 2016 semester.

This short video highlights some of the FACES students' inspiring stories:

https://www.youtube.com/watch?v=8QpK6_g6sY.

Congratulations to our FACES for the Future Scholars!

2. MHSA FUNDED RAMS PROGRAM - NOW ACCEPTING APPLICATIONS

Richmond Area Multi-Services, Inc. (RAMS), in collaboration with San Francisco State University Department of Counseling, is excited to announce that the Peer Specialist Mental Health Certificate Program is currently accepting applications for its Fall 2016 Peer Specialist Mental Health Certificate Entry Course!

Funded by the Mental Health Services Act (MHSA), the Peer Specialist Mental Health Certificate Entry Course provides a 12-week intensive training program, targeted to consumers (current or former) of behavioral health services or family members who are interested in becoming peer counselors/peer support specialists in the behavioral health field. The Peer Specialist Mental Health Certificate Program has successfully graduated over 160 students and completed 12 cohorts since its inception in 2010.

We are looking for individuals who:

- Are at least 18 years of age and a resident of San Francisco,
- Have successfully completed at least a High School education or GED,
- Are interested in helping others in a community behavioral health setting, and
- Are able to attend 12 weeks of classes, which are held on Tuesdays and Thursdays (10AM-2PM)
- This program is funded by MHSA through San Francisco Behavioral Health Services. As such, the course is targeted to individuals (or family members) with personal experience with behavioral health services.

Applications are due Wednesday, August 10th @ 5:00pm. Materials and applications are available for download at: <http://www.ramsinc.org/peer.php>

Please feel free to contact RAMS at (415) 579-3021 x102 or certificate@ramsinc.org should you have any questions.

We look forward to receiving applications for the Fall 2016 Peer Specialist Mental Health Certificate Entry Course, and beginning another great cohort!

(Attachment 1)

(Attachment 2)

3. **ASSISTED OUTPATIENT TREATMENT**

Assisted Outpatient Treatment (AOT) continues to be active in our first year of implementation! Thus far, we have had 80 referrals to the program (many individuals do not meet the strict eligibility criteria outlined in the law), have engaged 19 individuals in voluntary services, and filed 4 court petitions. Most referrals have been made by family members and treatment providers and, while there is a lot of diversity among referred individuals, demographics have predominantly been white men between the ages of 26-45.

One success story is a case referred by a family member. This individual had an extensive history of psychiatric crises and attempts to engage in services. Prior to the referral, Mr. Y was homeless, struggling with substance use, and in 2015 alone had over 50 contacts at Psychiatric Emergency Services. With extensive outreach and engagement by AOT and his intensive case management team, there has been a 634% reduction of crisis contacts. Mr. Y is currently housed in independent housing and continues to be engaged with a mental health provider.

As a reminder, our first annual report is available to review on our webpage (www.sfdph.org/aot) under "Annual Report." If you would like to make a referral to AOT or learn more about our program, please visit our webpage or call 415-255-3936.



4. **FIRST IMPRESSIONS**

First Impressions is a basic construction and remodeling vocational program that assists BHS consumers in learning marketable skills, receive on-the-job training and mentoring, and secure competitive employment in the community. First Impressions provides 3 months of classroom education/training followed by 6 months of paid work experience. The ultimate goal is for consumers to learn marketable skills while being a part of the transformation of the BHS Mental Health Care System by creating a welcoming environment in the wait rooms of DPH clinics that cultural reflect the community it serves.



On June 30th, First Impressions graduated its third cohort and completed its tenth renovation project. This past year First Impressions renovated the wait rooms of Chinatown Child Development Center and Mission Family Center. In addition, First Impressions remodeled Room 515 (and its patio) at 1380 Howard. The work included: new furniture, paint, chair

railings, window shades, benches, patio furniture and functional dry erase walls. First Impressions is currently recruiting for its next cohort, which will begin September.

For more information, please contact Daphne Dickens at 415-597-4950 or Daphne.Dickens@ucsf.edu or visit <http://citywide.ucsf.edu/first-impressions>. First Impressions is a collaboration between MHSA, BHS, UCSF's Citywide Employment Program and Asian Neighborhood Design (AND).

Due to the success of the First Impressions Program we launched the Growth Project earlier this year (Growth stands for Growing Recovery and Opportunities for Work Through Horticulture). Based on the same model as First Impressions, the Growth Project recently completed their classroom training and began the paid work experience portion of the Program. Their first project will focus on the Patio and Entrance of 1380 Howard. Look for some exciting changes to come soon!



5. MHSA/BHS VOCATIONAL SUMMIT – SAVE THE DATE!

Are you interested in finding out more information about the landscape of behavioral health vocational services available in SF? Want to learn how to refer clients to existing Vocational programs in SF? Would you like to hear success stories from existing clients? Please join us on Wednesday, August 31, 2016 for the BHS/MHSA Vocational Summit, 10:30am – 2:30pm, San Francisco Public Library in the Latino/Hispanic Community Meeting Room (Enter at 30 Grove, proceed down stairs to the lower level. Please see attached flyer.

(Attachment 3)

6. CHILDREN, YOUTH AND FAMILIES (CYF)

SFDPH Trauma Informed System Initiative

The SFDPH Trauma Informed System Initiative, which began implementing the foundational trauma training in 2014, will be presenting at the upcoming International Society for Traumatic Stress Studies 2016 conference on *Trauma & Public Health: Innovative Technology and Knowledge Dissemination*. Two key aspects of the TIS initiative will be highlighted, including the unique Commitment to Change project (completed by all foundational training participants) and the Organizational Champions pilot, which is utilizing the *Tool for a Trauma Informed Worklife* as part of a structured and supported process for organizational change. The Commitment to Change project and Organizational Champions pilot have both shown promising results in helping us successfully become a trauma informed system. For more information on these presentations, please contact: Briana Loomis, Ph.D, Director of TIS Evaluation.

LEGACY

The quarterly Community Advisory Board was held at LEGACY on June 7, 2016. The forum provides us with valuable feedback from our consumers on how they feel CYF is performing. Our monthly Family Support Night (June 20th) featured speakers from RAMS, Kristen Snell and Kavoos Bassiri. They discussed their agencies numerous resources for our consumers for the summer and beyond.

Our Staff has been busy with community outreach. The most recent events were Bayview Family Connect at the Bayview YMCA on June 10th, Juneteenth Street Fair celebration in the Fillmore on June 18th and the Huntersview Block Party at the Huntersview's housing complex on June 25th.

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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