



## SAN FRANCISCO MENTAL HEALTH BOARD

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**Mayor Edwin Lee**

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David Elliott Lewis, Ph.D., Secretary  
Terezie "Terry" Bohrer, RN, MSW, CLNC  
Judy Zalazar Drummond  
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Toni Parks  
Angela Pon  
Gene Porfido  
Richard Slota, MA  
Harriette Stallworth Stevens, EdD  
Marylyn L. Tesconi  
Njon Weinroth  
Idell Wilson  
Benny Wong, LCSW

### **ADOPTED MINUTES**

Mental Health Board Meeting  
Wednesday, **November 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; Terry Bohrer, RN, MSW, CLNC; Judy Zalazar Drummond; Wendy James; Toni Parks; Angela Pon; Gene Porfido; Richard Slota, MA; Harriette Stevens, EdD; Marylyn Tesconi; Idell Wilson; and Benny Wong, LCSW.

**BOARD MEMBERS ON LEAVE:** Virginia S. Lewis, MA, LCSW; and Njon Weinroth.

**BOARD MEMBERS ABSENT:** [Supervisor Mark Farrell](#).

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Edwin Batongbacal, Director of Adult Services of Behavioral Health Services, Terence Patterson, EdD, ABPP, Adrian Williams, Executive Director, The Village Project Western Addition Wellness Coalition (WAWC), and Abner Boles, PhD, Project Director And Board President, African American Healing Alliance; Mel Beetle; Jasmine Lin, Richmond Area Multi-Services (RAMS); Ruth Taylor; Imo Momoh, MPA, Director of Mental Health

Services Act (MHSA); George Bradley, Hospitality House; Martha P. Stein; and 27 additional members of the public.

## **CALL TO ORDER**

**Ms. Chien** called the meeting of the Mental Health Board to order at 6:29 PM.

## **ROLL CALL**

**Ms. Brooke** called the roll.

## **AGENDA CHANGES**

The Executive Committee shifted the usual agenda to accommodate the speakers, so we are beginning the meeting with the presentation.

### **ITEM 1.0 PRESENTATION: COMMUNITY RESPONSE TO NEIGHBORHOOD VIOLENCE: TERENCE PATTERSON, EDD, ABPP, ADRIAN WILLIAMS, EXECUTIVE DIRECTOR, THE VILLAGE PROJECT WESTERN ADDITION WELLNESS COALITION (WAWC), AND ABNER BOLES, PH.D., PROJECT DIRECTOR AND BOARD PRESIDENT, AFRICAN AMERICAN HEALING ALLIANCE.**

#### **1.1 Presentation: Community Response To Neighborhood Violence: Terence Patterson, EdD, ABPP, Adrian Williams, Executive Director, the Village Project Western Addition Wellness Coalition (WAWC), and Abner Boles, Ph.D., Project Director and Board President, African American Healing Alliance.**

**Ms. Chien** introduced Dr. Terence Patterson, who formerly held a mental health professional seat on the Mental Health Board, along with Adrian Williams, Executive Director of The Village Project, who formerly held a public interest seat on the board. As board members, they were very involved with trauma and community violence. Since stepping off the board, they have organized members of the Western Addition community, held a summit which was facilitated by our third presenter, Dr. Abner Boles, Project Director of the African American Healing Alliance. They will share how communities are responding to neighborhood violence.

*The full presenter's report (Attachment B) can be viewed at the end of the minutes.*

**Dr. Patterson** explained that Western Addition Summit was organized around community violence. After he left the Mental Health Board, he and Adrian Williams organized the Western Addition Wellness Coalition (WAWC). He introduced the presenters Adrian Williams and Dr. Abner Boles. He said Adrian Williams had led 15 annual Kwanzas in San Francisco. She also received the Jefferson Award.

**Ms. Williams** said she organized a Senior Moment banquet celebration recently. She organized two community summits. She has received training from Dr. Boles.

**Dr. Boles** stated that he used to work for the Department of Public Health (DPH). Using Lena Miller's report from the Southeast Section District 10 Summit several years ago, he worked to bring together programs in this area of the city. Ms. Miller was a former MHB member. He is now the director of the African American Healing Alliance project. His goal is to work with all organizations that are working with and working on community violence issues.

**Ms. Williams** said Healing Circles have been ideal for adults. She is planning healing circles for youth. Out of the healing circles came the quilt project for the lost children. Her recent community summit included therapeutic massage and acupuncture. Her training is specifically for community leaders to work with youth of all ages.

**Dr. Patterson** shared the background of the report. He said activities came from community input. Community members have started to initiate projects within their communities.

He reported that 26% of US children have experienced a trauma event before they turn four years of age.

**Dr. Boles** clarified that the 26% statistic is direct exposure to violence, which does not include indirect violence. For example, children are seeing violent on TV shows or personally witnessing violence in their community.

He said the African American Healing Alliance assists the community because common knowledge and thinking binds people together.

**Dr. Patterson** mentioned that violence has subsided over the past two years. New public housing contracts are bringing in resources such as job training and educational resources. He added that there is an anticipation of bringing the healing circles and quilting projects into the public housing communities.

**Ms. Drummond** asked who does the screening in housing contracts.

**Ms. Williams** shared that non-profit contractors are taking over – not private contractors – ensuring appropriate services are available in public housing.

**Dr. Boles** talked about the growing community awareness to pay close attention to the impact of trauma in the community. For example, the lack of safe access to basic needs such as nutritious foods, sustainable jobs, and stable housing is traumatic.

Community members are being taught about how the unhealthy environment itself can impact adversely on mental health and contribute to community violence. Members are educated to be proactive in making a difference in their community by recognizing the multiple dimensions of trauma and mental dysfunction.

**Ms. Chien** thanked the presenters for their advocacy and hard work.

**Dr. Stevens** asked what the board can do to help the Western Addition community

**Dr. Patterson** believes that staying informed about what is happening is important, and police and public safety are appropriate. He would like to see immediacy and sustainable response to street violence. He shared about a mother testifying in court ten years after a violent incident to her family, but she has received no mental health care help in the last ten years.

He shared that with healthcare reform there should be better funding, rather than relying on MediCal dollars. He would like to see flexible dollars for community based organizations (CBO's) to serve the particular community

**Ms. Drummond** asked about education and job training for the youth.

**Dr. Boles** shared that African American youth need a job and work development. He is talking to the San Francisco School Board to get them to address the over-representation of African American youth pigeon holed into special education programs.

He has shared with DPH director Barbara Garcia about collaborative programs that focus on wellness, jobs, healthcare, and housing. He is working with the African American Disparities Group in DPH.

**Ms. Chien** asked how gentrification impacts Western Addition.

**Dr. Patterson** said there is displacement. He has lived in the neighborhood since 1945, which was at the time a transition area. According to the New York Times last week, the Western Addition is becoming the hippest area, where rents are higher and where stores are catering more to the newer people.

In the 1970's, African Americans made up around 13% of the population of San Francisco. Now, the population has dwindled down to about 4%.

**Ms. James** asked about children having fun space.

**Ms. Williams** shared ten years ago there was so much violence that children were afraid to play outdoors. Now, lots of youth programs have come up. Last summer, ten organizations collaborated to provide fun activities for kids such as swimming, tennis, baseball and games.

**Mr. Porfido** shared his personal experience of growing up in New Jersey where community violence existed. Such experiences humbled him. He believes that some of the problems are bad parenting.

**Ms. Williams** shared about a time when having an extended African American community helped raise children. Now, the influx of drugs have substituted for the human connections that children desperately need

**Dr. Boles** talked about people having the innate ability called resiliency. This ability provides for necessary stability to existing in their environment to overcome trauma. Usually, in a family of two parents, the likely hood of insulating children from trauma is higher than in a single parent family.

If trauma occurs to the family, there is the network in the community to help that family.

**Ms. Williams** shared that older guys who just come out of prison will advocate with youth for trauma-informed care.

**Dr. Patterson** said that statistics tend to leave out historical trauma from centuries of slavery in America. This kind of intergenerational trauma is passed on to kids.

**Ms. Williams** shared that many African American males believe that their life expectancy is only about 25 years old.

**Dr. Stevens** asked about the scope of the project.

**Ms. Williams** said the area covers Laguna west to Divisadero, south to McAllister and north to Clay St. Many are in public and subsidized housing.

**Ms. Chien** asked about how the recent presidential results will increase violence and Islamophobia to the Muslim African Americans.

**Ms. Williams** shared that it is too soon to tell the impact, but the community is being educated about what the election results could mean for the marginalized communities.

**Dr. Boles** shared there are increased racist attacks on ethnic groups. The woman's group has experienced an increase in the last two years. Lots of people are not feeling safe. There is a lot of anxiety and concern about escalating violence. People are feeling very unsafe and are being hyper-vigilant.

**Ms. Chien** thanked the presenters for the most riveting presentation.

## **1.2 Public comment**

**Mr. Beetle** voiced that his SRO seniors have reverted to their youth behaviors because many are still struggling to deal with unresolved childhood trauma. He suggested healing groups for seniors.

## **ITEM 2.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR (See Attachment A)**

**Ms. Chien** mentioned "As you know, Jo Robinson has retired as Director of Community Behavioral Health Services. On behalf of the board, I participated in the interviews of candidates for this position. Barbara Garcia recently announced that Kavoos Ghanebassiri will be the new director of Behavioral Health Services. He will begin this job in January 2017. Tonight, another member of the Executive Team, Edwin Batongbacal, Director of Adult Services, will provide the Director's Report to the board. I would like to remind board members to say your name loud and clearly when I call on you for questions. Thank you."

*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>*

### **2.1 Discussion regarding Behavioral Health Services Department Report, a report on the activities and operations of Behavioral Health Services (BHS), including budget, planning, policy, and programs and services.**

**Mr. Batongbacal** highlighted the following items from the report. He introduced Imo Momoh as the new director of MHSA and announced that Kavoos Ghane Bassiri, LMFT, LPCC, CGP is the new director of Behavioral Health Services (BHS).

### **2.2 Public Comment**

*No public comments.*

## **ITEM 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **3.1 Mental Health Services Act Updates:**

*No updates were reported.*

### **3.2 Public Comment**

*No public comments.*

## **ITEM 4.0 ACTION ITEMS**

### **4.1 Public comment**

No public comments.

**4.2 Proposed Resolution:** Be it resolved that the minutes for the Mental Health Board meeting of October 19, 2016 be approved as submitted.

Unanimously approved.

**4.3 Proposed Resolution (MHB 2016-07):** Be It Resolved the Mental Health Board advocates adequate funding for Crisis Intervention Training for the San Francisco Sheriff Department (SFSD) in FY 2017-2018.

RESOLUTION (MHB 2016-07): Be It Resolved the Mental Health Board advocates adequate funding for Crisis Intervention Training for the San Francisco Sheriff's Department (SFSD) in FY 2017-2018.

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

WHEREAS, approximately 17% of the inmate population housed in county jail are diagnosed with serious mental illness and, at any given time approximately 6% to 8% of inmates booked into the jail infirmary at County Jail No. 2, most of them are receiving treatment to stabilize acute psychiatric conditions, and these individuals have interactions with the Sheriff Deputies of SFSD, and;

WHEREAS, SFSD began the Crisis Intervention Training (CIT) in 2011, 272 out of approximately 800 Sheriff Deputies have received CIT through October 2016, and;

WHEREAS, SFSD CIT training is currently a three-day (24 hours) training program, and;

WHEREAS, the Mayor and the Board of Supervisors allocated \$400,000 for the SFSD's CIT in FY 2016-2017 for 12 classes of 20 students each; and

WHEREAS, deputies agree that CIT training materials are relevant to their work and helpful for developing skills that deputies can apply to their work, and;

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

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

WHEREAS, Deputy Sheriff's assigned to the Sheriff's Patrol Unit at San Francisco General Hospital, Laguna Honda Hospital, nine clinics throughout San Francisco and a sector car which patrols other clinics, should receive additional training as they will regularly interact with individuals with behavioral health disorders in crisis, and;

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

WHEREAS, Deputy Sheriff's reported that their communication skills have improved as a result of the training that they are better able to deescalate a crisis situations, and to assist people with behavioral health to remain calm by talking and listening:

THEREFORE, BE IT RESOLVED the Mental Health Board of San Francisco urges the Mayor and Board of Supervisors to allocate sufficient funds for the SFSD's CIT in FY 2017 -2018.

**YES:** Kara Chien, Ulash Thakore-Dunlap, David Elliott Lewis, Terry Bohrer, Judy Zalazar Drummond, Wendy James, Toni Parks, Angela Pon, Gene Porfido, Richard Slota, Marylyn Tesconi, and Idell Wilson.

**NO:** Harriette Stevens, and Benny Wong.

**4.4 Proposed Resolution** (MHB 2016-08): Be It Resolved the Mental Health Board of San Francisco urges the Mayor and Board of Supervisors to allocate sufficient funds for the San Francisco Police Department's (SFPD) Crisis Intervention Training (CIT) in FY 2017-2018.

RESOLUTION (MHB 2016-08): Be It Resolved the Mental Health Board of San Francisco urges the Mayor and Board of Supervisors to allocate sufficient funds for the San Francisco Police Department's (SFPD) Crisis Intervention Training (CIT) in FY 2017-2018.

WHEREAS, the San Francisco Police Department CIT works throughout the City to provide crisis intervention services to individuals with behavioral health disorders 24-hours a day, seven days a week—to decrease police officer and citizen injuries and/or fatalities, and;

WHEREAS, San Francisco has many people who are homeless with behavioral health disorders and therefore have a high likelihood of interactions with police officers, and;

WHEREAS, between 2001 – 2010, nearly 1,000 SFPD police officers received CIT; and

WHEREAS, in the past five years 678 SFPD cadets and police officers have received CIT; and

WHEREAS, Officers who received the CIT training said they were better able to identify symptoms of behavioral health disorders, resulting in more accurate assessments and timely referrals to appropriate treatment services, and;

WHEREAS, Officers reported their communication skills have improved because of the training, and they are better able to deescalate a crisis and help people with behavioral health disorders by talking and listening to the person, and;

WHEREAS, research has demonstrated the effectiveness of CIT in providing efficient crisis response times, increasing diversion from jails and hospitals, assisting with treatment continuity, and decreasing untoward police officer and/or community member injuries, and;

WHEREAS, in CIT training in the past several years has been offered to police officers regularly provided by volunteer CIT Faculty from numerous agencies, e.g., San Francisco Suicide Prevention Center, National Alliance on Mental Illness (NAMI) San Francisco, Coalition on Homelessness, Public Defender's Office, Mental Health Court, Veterans Administration, DORE Urgent Care, Sobering Center, Private Mental Health Practitioners, Harm Reduction Center, University of California, San Francisco (UCSF) Division of Geriatrics, Palo Alto University, San Francisco Police Department, UCSF Psychiatry and Law Program, and the Office of the District Attorney Victim Services, San Francisco Mental Health Board, Mental Health Association of San Francisco, and;

WHEREAS, the San Francisco CIT Work Group is comprised of representatives from the following agencies and organizations: San Francisco Police Department, Mental Health Association of San Francisco, NAMI San Francisco, Mental Health Board San Francisco, San Francisco Coalition for Homelessness, San Francisco Public Defender, Veterans Administration, San Francisco Police Commission, Mayor's Office of Disability, San Francisco Emergency Management, Citywide Case Management, Community Police Advisory Board, Jail Health Services, Department of Public Health, Disability Rights, and concerned citizens, and;

THEREFORE, BE IT RESOLVED the Mental Health Board of San Francisco urges the Mayor and Board of Supervisors to allocate sufficient funds for the SFPD's CIT in FY 2017-2018.

Unanimously approved.

## **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:

- Consumer Conference December 16th
- Program Review of Richardson Apartments 11/17
- Retreat: Hotel Whitcomb

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

Ms. Chien stated that Ms. Brooke just went over the location and logistics of the upcoming Board Retreat on Saturday, December 3<sup>rd</sup>, 2016. But she will focus on the agenda. In your packet, you will find a draft agenda with board member facilitators for each item. All of the information you need will be on the power point that Dr. Stevens is preparing.

The Nominating Committee met just before the board meeting tonight. The chair of the committee is Terry Bohrer with committee members Kara Chien and Idell Wilson.

The proposed slate for Co-Chairs is Dr. Stevens and Ms. Dunlap-Thakore; Vice Chair: Idell Wilson and Secretary Mr. Porfido will be officially announced at the January 2017 meeting, and positions will be elected in February 2017. Nominations can be taken at the February meeting as well.

Ms. Chien mentioned that the next Executive Committee meeting is Tuesday, January 23<sup>rd</sup>, 2017 at 10:00 AM at 1380 Howard Street, Room 226. All board members, as well as members of the public, are welcome to attend.

### **5.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.**

None.

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

Ms. Parks attended and spoke at Libertine High School in Fremont, CA.

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

**Dr. David Elliott Lewis** re-nominated MHA-SF warm line.

**Mr. Porfido** suggested San Francisco Clinic Consortium

**Ms. Bohrer** proposed Advanced Psychiatric Directives.

## **5.6 Public Comment**

**A Member of the Public** shared that the Mayor created three respite care centers in the new navigational centers. He would like to the board to look into the centers before these people are allowed to go into SRO's.

## **6.0 PUBLIC COMMENT**

[No comments.](#)

## **Adjournment**

Adjourned at: 8:32 PM



*ATTACHMENT A*

**Behavioral Health Services  
Monthly Director's Report  
November 2016**

1. **BHS WOULD LIKE TO WELCOME MR. IMO MOMOH, MPA AS THE NEW DIRECTOR OF THE MENTAL HEALTH SERVICES ACT**

Imo Momoh began his career in Martinez, California where he served as an Executive Assistant to the Contra Costa County Mental Health Director and continued his work in Contra Costa County as a Health Services Planner/Evaluator. Under this assignment he was Manager of Language Services and Chair of the Reducing Health Disparities Committee. His interests in Ethnic Services took him to Lagos, Nigeria where he was a Financial Analyst Trainee for Chevron Nigeria Limited and also General Secretary of the State Community Development Group for the Physically Challenged under a National Service Corps program. While interning in Nigeria he was awarded a National Service Certificate of Attestation (Meritorious Award) for raising funds and procuring physiotherapy equipment for physically challenged children with special needs. Upon completion of his internship in 2010, Imo returned to Contra Costa County Mental Health Division as the Ethnic Services Manager & Workforce Education and Training Manager. In this period, he was also the Chair of the Bay Area Region Ethnic Services Managers Committee (a coalition of nine counties).

In 2013, Imo moved to San Bernardino County and served as the Cultural Competency Officer of the San Bernardino County, Department of Behavioral Health. In this role, he was a member of the Executive Management Team providing management and leadership for the Office of Cultural Competence and Ethnic Services, Public Information Office, Office of Consumer and Family Affairs, and the Community Outreach and Education Program.

Imo received his Bachelor's degree in Business Administration with a concentration in Computer Information Systems, and his Master's degree in Public Administration with a concentration in Public Management from California State University, East Bay, in Hayward, California.

Please help us in extending a warm welcome to the newest member of our Behavioral Health team.

## 2. COMPLIANCE

### 7 Essential Elements of Compliance

1. The *Code of Conduct* outlines the responsibilities and proper practices for employees and volunteers. It demonstrates the organizational and ethical attitudes and system-wide emphasis on compliance with applicable laws and regulations. The *Code of Conduct* supports and reinforces DPH's policies and procedures. The *San Francisco DPH Code of Conduct* is disseminated to agency employees and volunteers; and must be signed annually.

*Policies and procedures* should be clear, concise and communicate how we will conduct business, execute actions and provide services to patients. *Policies and procedures* are used as internal references and guidelines for federal, state and local legal requirements. These documents also address identified risks, fraud and abuse prevention.

2. The *Compliance Officer* serves as the focal point for compliance activities. In order to do an effective and efficient job, the Compliance Officer must be provided adequate resources, appropriate authority, access to and support of all levels of management. Major Compliance Officer duties include improving and overseeing the compliance program; facilitating trainings; conducting audits and investigations; and reporting performance to management and compliance committee members.

The *Compliance Committee* is vital to the success of compliance. It consists of upper management that make critical decisions for the overall system of care. Primary Committee duties includes: advising and supporting the Compliance Officer; assisting with the implementation of goals and objectives; analyzing risks and legal requirements; assisting with developing policies and procedures; and evaluating and promoting compliance.

3. *Education* is provided in many different forums: technical assistance is provided to programs during on-site reviews, review reports, documentation manuals, compliance plans, DPH/BHS newsletters and other methods. Additionally, BHS quality management routinely conduct documentation training to providers. The goal of educating programs is to ensure staff members have adequate tools and resources to provide excellent treatments services to patients and to incorporate compliance into daily operations.

4. *Monitoring and auditing* is an ongoing evaluation process. *Monitoring* is primarily the responsibility of the Program Manager. Program Managers must identify regulatory risk areas; develop internal controls, policies and procedures; and monitor them to verify they are followed. The Office of Compliance and Privacy Affairs perform *auditing* of programs independently. Patient and financial records are audited to ensure compliance with regulations, laws, standards and codes.

5. *Reporting and investigating* processes provides a mechanism for employees and volunteers to disclose problems in a confidential manner to their supervisor and/or Compliance Officer. Open lines of communication must be maintained between staff/volunteers and management. DPH employees and volunteers may use the following lines of communication:

**DPH-OCPA Compliance Hotline and Email contact information:**

- 1-855-729-6040
- [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org)

**DPH Controller's Office Compliance Hotline/Whistleblower Program contact information:**

- (415) 701-2311
- [whistleblower@sfdph.org](mailto:whistleblower@sfdph.org)
- [www.sfgov.org/whistleblower](http://www.sfgov.org/whistleblower)

These lines of communication are advertised in newsletters, DPH facilities, the DPH website and various documents.

6. *Enforcement and discipline* is an important factor of compliance. According to the OIG, there should be a policy for the varying degrees of discipline. The policy should include that: noncompliance will be punishable; failure to report noncompliance will be punished; an outline of disciplinary procedures; a list of parties responsible for appropriate action; and a commitment that discipline will be fair and consistent. In addition, program's omission of known noncompliance could lead to severe penalties and recoupments. A significant component of enforcement is prevention. Compliance, standards, guidelines and other pertinent information must be disseminated to stakeholders.

7. *Response and Prevention* is a necessary component of compliance. *Response* to compliance violations and misconduct must be prompt and conducted with fairness. The response must be handled carefully and documented meticulously. All identified issues must be corrected immediately. However, a more effective approach to resolving issues is *preventing* them. Efforts to *prevent* compliance problems can be accomplished by holding routine staff meetings, disseminating newsletters and memos, maintaining an open-door policy, providing opportunities for feedback from staff, etc.

**3. CALIFORNIA'S MENTAL HEALTH MOVEMENT'S DIRECTING CHANGE & FILM CONTEST**

The California Mental Health Movement's Directing Change & Film Contest for high school and college students (ages 14-25) is on again -- offering young people the chance to produce their own creative 60-second film about suicide prevention and mental health. Film contest winners receive \$1,000 cash mini grants for their school, organization or club. For contest rules and educational resources about suicide prevention and mental health, visit [www.directingchange.org](http://www.directingchange.org) or contact [Shanti@DirectingChange.org](mailto:Shanti@DirectingChange.org). Submission deadline is March 1, 2017.

If you are interesting in being a volunteer judge for the contest, visit [www.directingchange.org/our-judges/](http://www.directingchange.org/our-judges/).

#### **4. ONE - YEAR ANNIVERSARY OF AOT!**

Assisted Outpatient Treatment reached their one year of implementation in early November! As we wrap up our first year of AOT, we wanted to take a second to discuss some of the successes we have had in the program.

In our first year we have received a total of 211 calls, 108 of which have been referrals. Most of these referrals have been made by family members or treatment providers, which has allowed us to provide family support to anyone who has contacted us regardless of their loved one's eligibility. The population has been diverse, but demographics for referrals have been predominantly white men between the ages of 26-45. As was anticipated, many individuals have not met AOT criteria, but we have had contact with 52 individuals, 28 of which have accepted voluntary services. The average length of time we have worked with individuals is 138 days. In all, 7 court petitions have been filed (2 of these cases resulted in a Settlement Agreement where the individual ultimately accepted services, 2 individuals were court ordered to participate in treatment, 2 individuals were extensions of court orders, and 1 was withdrawn).

We are still working on data collection, but qualitatively have seen a significant reduction in crisis contacts and hospitalizations.

A big shout out to the AOT Care Team and treatment staff at UCSF's Citywide Case Management AOT Team (led by Alison Livingston) for their dedication to this population and the challenging cases they have faced.

As always, if you would like more information about AOT, please visit our webpage at [www.sfdph.org/aot](http://www.sfdph.org/aot). If you would like to make a referral to AOT, please contact us at 415-255-3936.

#### **5. CHILDREN, YOUTH AND FAMILIES (CYF)**

Chinatown Child Development Center

The Chinatown Child Development Center continues to proudly participate in the 21st Annual Chinatown Community Health Fair in San Francisco's Community. With this year's theme of "Less Sugar, Sweeter Life," over 20+ booths provided information on how to creatively follow a "sweeter" lifestyle with physical, emotional and nutritional health tips and resources for many monolingual Chinese speaking families, many of whom with young children. The Chinatown Child Development Center, represented by Diana L. Wong, PsyD., LMFT, along with staff family members invited participants to educate themselves with our agency's various resources. Over 300+ participants stopped by our booth during the day-long event. In another community event, Chinatown Child Development Center staff Diana L. Wong, PsyD., LMFT, with former Department of Public Health retirees Nancy Lim-Yee, LCS and Peter Ng, MD, engaged a group of 50+ consumers and their family members to partake in a volunteering beach clean-up day at Ocean Beach; all the way from historic Cliff House to the stretch of Stairwell 17! This activity was

in partnership with the Golden Gate National Parks Conservancy and the Park Presidio Nursery. Participants eagerly rid and cleaned up our beautiful Ocean Beach of 10+ bags of garbage! It is with pride and gratitude that we continue to work with community partners to contribute to the well-being of our community.

#### Mission Family Center

During August, September and October Mission Family Center (MFC) geared up for the school year. We are co-located in four neighborhood schools again this year providing individual and/or group services at Marshall Elementary School, Moscone Elementary School, John O'Connell High School and SF International High School. MFC staff facilitated two groups this semester: one for high-school aged boys dealing with anxiety here on site and a FUERTE group for newcomer boys at SFIHS. Our administrative staff was busy with the new Medi-Cal ClaimRemedi Training which we hope will facilitate access for families now that all low income children up to the age of 19 are eligible for Medi-Cal services as a result of SB75 which went into effect May 2016. MFC created an interdisciplinary panel to interview candidates for our Medical Director position and we are delighted to announce that Dr. Craig Schiltz will be our new Medical Director effective January 2017. Please join us in welcoming Dr. Craig! MFC held our annual retreat which was an extraordinary success this year and focused on self-care in a Trauma Informed System of Care. Julie Graham and her staff provided a dynamic in-service on LGBTQ issues which was raved about by MFC staff in all disciplines. We are anxious to participate in the monthly provider meetings Julie is facilitating to further develop our clinical knowledge in serving our community. And finally, MFC is one of the agencies involved in the CCSF initiative to convert fiscal intermediary positions to civil service positions. We are very excited about this process as it will address a long standing pay equity issue for our employees.

#### Southeast Child Family Therapy Center

We are happy to welcome our new part-time child psychiatrist, Connie Lee, MD to our Silver Avenue and Blanken sites. Dr. Lee attended UCSF for medical school, psychiatry residency, and child and adolescent psychiatry fellowship where she was in the Health Systems Leadership Pathway program. She has a commitment to community mental health and through her training has worked in many different SFDPH settings including Zuckerberg San Francisco General Medical Center and the Family Mosaic Project. She enjoys working on interdisciplinary teams and is interested in quality improvement and program development.

Rosalyn Omolade Roddy, LCSW, a behavioral health clinician at our Blanken Avenue clinic has been on-site at June Jordan School for Equity to provide support to teachers after the shooting that occurred in October.

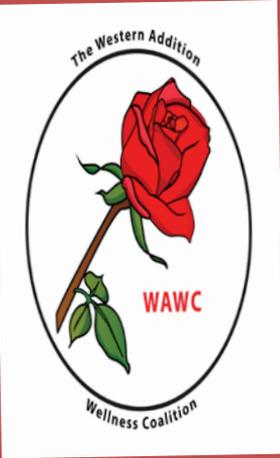
Our behavioral health clinician, Colleen Wong, PhD, MFTI, is running a ten-week social skills group at Monroe

Elementary School. She is working with 2nd graders to promote self-awareness and to help them practice positive and healthy ways to communicate feelings.

**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](mailto:vita.ogans@sfdph.org)



# Western Addition Wellness Coalition (WAWC)

Adrian Williams  
Terence Patterson  
Co-founders  
Abner Boles, consultant

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Established following the D10 Summit Report on Youth Violence to the Mental Health Board. WAWC members include:

- *Westside Community Services*
- *The Village Project*
- *University of San Francisco*
- *Booker T. Washington Community Center*
- *Western Addition Family Resource Center*
- *Up On Top*
- *Prince Hall Computer Center*
- *Comprehensive Crisis Services, Thomas Payne Housing Dev.*
- *Occupational Therapy Training Program, SF*

# Primary objectives of the WAYWC

- ◆ To improve the ability and capacity of the community to be aware of and respond to the needs of youth impacted by violence.
- ◆ To expand the ability and capacity of community organizations and caregivers to make appropriate care plans and referrals through focused training and workshops that are tailored toward our youth and families

## Major premises of the WAYWC

- The systemic causes of community violence are complex and multi-level.
- Violence adversely interferes with the children, youth and families in the community, district and city from attaining wellness.
- Violence in the community adversely affects youth wellness and development in the community, home and educational setting.

## Major premises of the WAYWC

- Wellness involves a conscious, self-directed and evolving process of achieving full potential
- Wellness is multidimensional and holistic, encompassing lifestyle involving mental and spiritual well-being and the environment
- Wellness is positive and affirming
- The definition of wellness, long used by the National Wellness Institute is consistent with these tenets. *Wellness is an active process through which people become aware of, and make choices toward, a more successful existence.*



## Statistics on youth violence

- 26% of children in the United States will witness or experience a traumatic event before they turn four.
- Four of every 10 children in American say they experienced a physical assault during the past year, with one in 10 receiving an assault-related injury.
- 2% of all children experienced sexual assault or sexual abuse during the past year, with the rate at nearly 11% for girls aged 14 to 17.

## Statistics on youth violence

- More than 60% of youth age 17 and younger have been exposed to crime, violence and abuse either directly or indirectly.
- More than 10% of youth age 17 and younger reported five or more exposures to violence.
- About 10% of children suffered from child maltreatment, were injured in an assault, or witnessed a family member assault another family member.
- About 25% of youth age 17 and younger were victims of robbery or witnessed a violent act. (
- Nearly half of children and adolescents were assaulted at least once in the past year. (4)

## Statistics on youth violence

- Among 536 elementary and middle school children surveyed in an inner city community, 30% had witnessed a stabbing and 26% had witnessed a shooting.
- Young children exposed to five or more significant adverse experiences in the first three years of childhood face a 76% likelihood of having one or more delays in their language, emotional or brain development.
- As the number of traumatic events experienced during childhood increases, the risk for the following health problems in adulthood increases: depression; alcoholism; drug abuse; suicide attempts; heart and liver diseases; pregnancy problems; high stress; uncontrollable anger; and family, financial, and job problems.

## Statistics on youth violence

- People who have experienced trauma are:
- 15 times more likely to attempt suicide
- 4 times more likely to become an alcoholic
- 4 times more likely to develop a sexually transmitted disease
- 4 times more likely to inject drugs
- 3 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 3 times more likely to experience depression
- 3 times more likely to have serious job problems
- 2.5 times more likely to smoke
- 2 times more likely to develop chronic obstructive pulmonary disease
- 2 times more likely to have a serious financial problem

## Statistics on youth violence

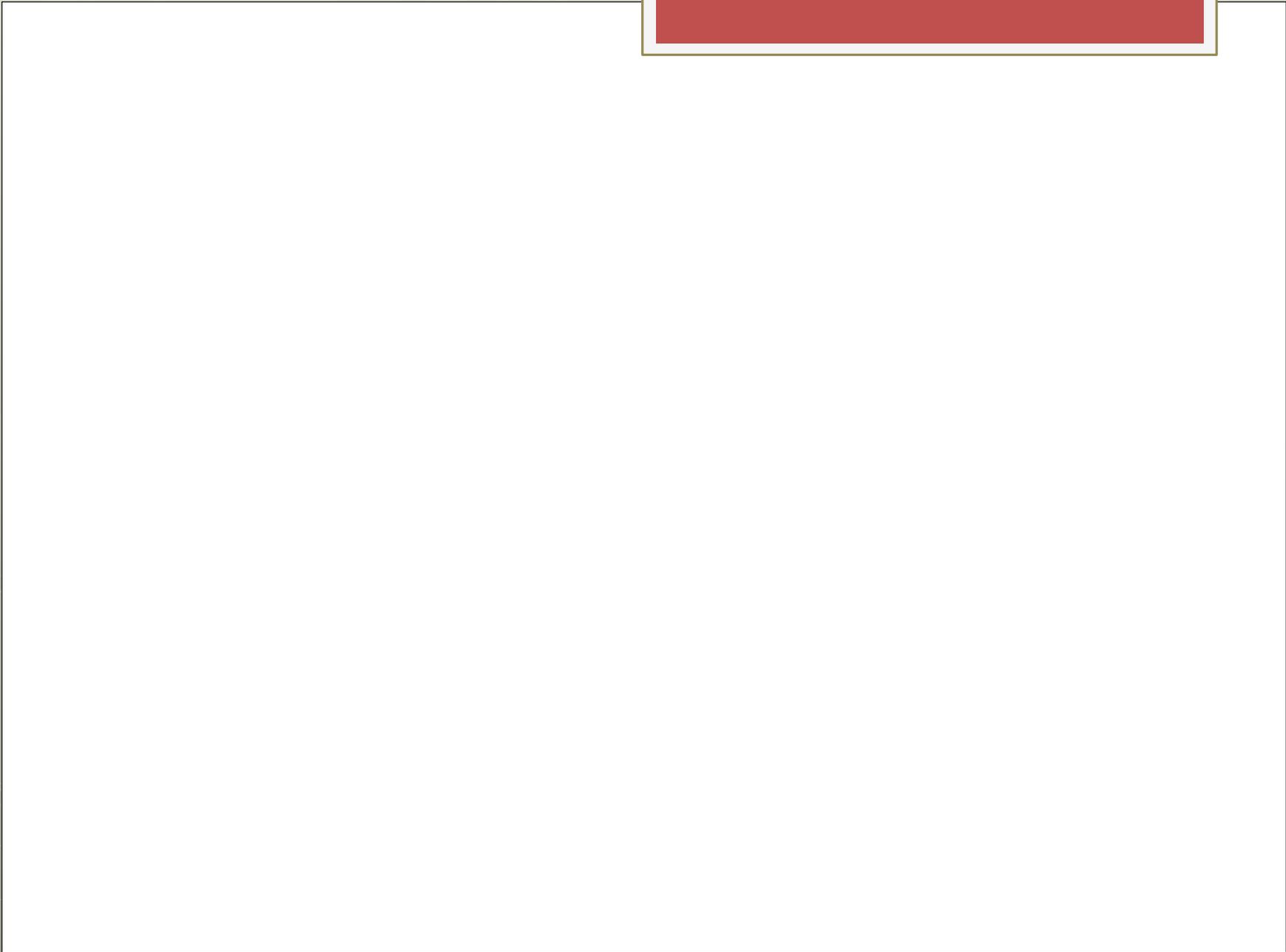
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([http://sshs.promoteprevent.org/sites/default/files/trauma\\_brief\\_in\\_final.pdf](http://sshs.promoteprevent.org/sites/default/files/trauma_brief_in_final.pdf))
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- Finkelhor, David; Turner, Heather; Ormrod, Richard; Hamby, Sherry; Kracke, Kristen (October 2009). "Children's Exposure to Violence, a Comprehensive National Survey." Office of Justice Programs Juvenile

# Statistics on youth violence

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(<https://www.ncjrs.gov/pdffiles1/ojdp/227744.pdf>)
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  - "Building Resilience in Children and Youth Dealing with Trauma," Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services ([http://www.samhsa.gov/children/trauma\\_resilience.asp](http://www.samhsa.gov/children/trauma_resilience.asp) )
  - Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services ( [http://www.samhsa.gov/children/social\\_media\\_apr2011.asp](http://www.samhsa.gov/children/social_media_apr2011.asp) )

# Primary activities of the WAYWC

- Healing Circles
- Quilt Project
- Community summits
- Training specifically for community leaders to work with youth of all levels









KEIR IYAH



Love



# **HOLIDAY HEALING COMMUNITY DINNER**

**WEDNESDAY NOVEMBER 16TH 2016**

**WEDNESDAY DECEMBER 14TH 2016**

**5:00-7:00 PM**



**-PLAZA EAST COMMUNITY CENTER-  
1300 BUCHANAN ST SAN FRANCISCO, CA 94115**

**1ST 25 PARTICIPANTS WILL RECEIVE A  
HOLIDAY FOOD BAG**

HOSTED BY TRINA JOHNSON AND MARTHA HOLLINS  
CONTACT TRINA AT (415) 574-1397



**RAFFLES\*FOOD\*AND MORE!**

# Canned Food Drive

Please help the Success Center SF collect  
nutritious non-perishable food!



In support of the Holiday Community Healing Zone dinners  
held Wednesday 11/16 and 12/14  
5-7pm at the Plaza East Community Center 1300 Buchanan  
Street

**Most wanted items: canned veggies | corn bread-biscuit mix |boxed mac n cheese  
|stuffing | canned fruit|**

Collection Dates: November 11/10 through 12/13

**Drop off at the Success Center SF  
@ 1449 Webster San Francisco, CA**

al information contact Adrian Owens (415) 549-7006





THE HEALING  
**ZONE**

JANUARY 11 TH & 25TH  
FEBRUARY 8TH & 22ND  
MARCH 8TH & 22ND  
| 5-7PM |

FOOD, FELLOWSHIP & WISDOM

FOR  
All women of Plaza East and Western  
Addition healing from community violence

• Hosted By Trina Johnson •

& MARTHA HOLLINS

CONTACT TRINA AT (415) 574-1397

-PLAZA EAST COMMUNITY CENTER-

1300 BUCHANAN ST SAN FRANCISCO, CA 94115

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