



SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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Idell Wilson, Vice Chair
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David Elliott Lewis, PhD
Virginia S. Lewis, LCSW
Toni Parks
Angela Pon
Richard Slota, MA
Marylyn L. Tesconi
Njon Weinroth
Benny Wong, LCSW

ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, [April 19, 2017](#)
City Hall, 2nd Floor, Room 278
One Carlton B. Goodlett Place
San Francisco, CA
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Harriette Stevens, EdD; Co-Chair; Ulash Thakore-Dunlap, MFT, Co-Chair; Idell Wilson, Vice Chair; Terry Bohrer, RN, MSW, CLNC; Judy Zalazar Drummond, MAs; Judith Klain, MPH; Carletta Jackson-Lane, JD; David Elliott Lewis, PhD; Angela Pon; Richard Slota, MA; Njon Weinroth; Idell Wilson; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Wendy James; Toni Parks; Gene Porfido, Secretary; and Marylyn Tesconi.

BOARD MEMBERS ABSENT: [None](#)

OTHERS PRESENT: Helynna Brooke (Executive Director); Loy M. Proffitt (Administrative Manager); Kavooos Ghane Bassiri, LMFT, LPCC, CGP, Director of Behavioral Health Services; Scott Novotny, CSU East Bay; Dan Andrade, CSU East Bay; Javico Vigil; Darnell Boyd, Central City SRO Collaborative; Holly Trief, Lawyers for Good Government – California; Alan Gutierrez, Program Director of (LYRIC); Annabel Gardner, Young Minds Advocacy; Astrea Somarriba, Youth Minds Advocacy; Bonnie L. Friedman, LCSW, Lifting Empowering

Generations of Adults Children & Youth (LEGACY); Maureen Edwards, DPH; and 32 youth and additional members of the public.

CALL TO ORDER

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

She warmly welcomed two new board members: Judith Klain and Carletta Jackson-Lane. Ms. Klain was appointed by Supervisor Katy Tang to the family member seat that Virginia Lewis held for the past six years, and Ms. Jackson-Lane was appointed to the Public Interest seat that Kara Chien has held for the past six years.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None.

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

The full director's report 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 (BHS), including budget, planning, policy, and programs and services.

Mr. Ghane Bassiri presented his report and highlighted a few items.

The SFDH-BHS Quality Management shared outcomes of three Mental Health Services Act (MHSA) funded programs: Felton Institute/FSA: Older Adult Full Service Partnership (FSP); Hospitality House: Tenderloin Self Help Center; Instituto Familiar de la Raza: Indigena Health and Wellness Collaborative.

On March 15th & 16th, 2017 in Santa Rosa, California, the Asian and Pacific Islander Mental Health Collaborative conducted a presentation at the 20th Cultural Competence Summit, focused on Translation of Instrument for Depression, Anxiety and Post Traumatic Stress Disorder (PTSD) in Laotian, Cambodian and Vietnamese: Report from the Field.

The BHS Consumer Portal, sfHealthConnect, will go live on 5/5/2017. This is a secure website where adult consumers can view their health records.

May is Mental Health Awareness Month, and BHS is planning for several engaging events throughout the month. Also, The San Francisco Giants baseball team has designated their May 17th game day for mental health awareness. It is important to engage in activities that reduce the stigma and will spread the messages of hope, recovery & wellness, and compassion. There is a great opportunity here this month to actively promote a positive stance toward mental health and showcase successes.

Dr. David Elliott Lewis asked for an update on Hummingbird Respite Center.

Mr. Ghane Bassiri responded that the plan for a 15-bed navigation center is approved & moving forward and it is to serve homeless clients struggling with mental illness and addiction. The focus is more on people who are at high-risk needing more support.

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:

Mr. Bassiri mentioned that request for qualifications (RFQ's) for peer health and advocacy services are being disseminated per RFP/RFQ distribution protocols.

2.2 Public Comment

No public comments.

ITEM 3.0 COMMITTEE REPORTS

3.1 For Discussion: Ad Hoc Committee Chairs will report on activities of their committees

Ms. Thakore-Dunlap mentioned that in addition to the Executive Committee we have three Ad Hoc committees, the Mobile Wellness Van Committee, chaired by David Elliott Lewis, the Youth Committee, chaired by Judy Drummond, and the Annual Report Committee, chaired by Richard Slota.

She said that one of the responsibilities of board membership is participation on committees. She encouraged board members to join one. It is a great way to learn more about the issues, develop solutions and increase our advocacy.

3.2 Mobile Wellness Van Committee: David Elliott Lewis, Chair

Dr. David Elliott Lewis gave an overview of the resolution urging the Department of Public Health to develop a program with five mobile wellness vans operating 24/7 throughout San Francisco, but particularly in areas where clients have more difficulty accessing services. Psychologist Abner Boles was present at the March meeting, and there were discussions about how to have mobile wellness vans. They would not replace the current mobile crisis response team. He shared that the next meeting is on April 24, 2017 at 5 PM.

Ms. Jackson-Lane thought a mobile wellness van unit is an excellent idea. She suggested having an awareness campaign on a mobile wellness van unit.

3.3 Public Comment

A youth member of the public suggested having the presence of a medical provider in a mobile wellness van.

A youth member of the public would like to see the presence of a peer youth on the mobile wellness van unit.

A youth member of the public felt that the general public is very much misinformed about mental illness. The member would like to see more education to help reduce the stigma of mental illness and to see more showcases of people recovering from mental illness who go on to live very productive lives.

A youth member of the public mentioned that there was a person who worked with students, and the person described mental illness as crazy.

A youth member of the public believed that many people in the homeless community would welcome the mobile wellness van program since it could offer a better path to life stability.

A youth member of the public wondered if a pharmacy dispensary would be available in a mobile wellness van.

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 March 15, 2017 be approved as submitted.

Unanimously approved.

ITEM 5.0 PRESENTATION: YOUTH SPEAK OUT ABOUT MENTAL HEALTH AND SUBSTANCE USE SERVICES, PRESENTED BY JUDY DRUMMOND, MENTAL HEALTH BOARD'S YOUTH COMMITTEE CHAIR.

5.1 Discussion: Youth Speak Out About Mental Health and Substance Use Services, presented by Judy Drummond, Mental Health Board's Youth Committee Chair.

Ms. Thakore-Dunlap introduced Judy Drummond, who is Chair of the Youth Committee. She will be co-leading this part of the meeting with me. The Youth Committee has been focused on finding out if youth and transitional age youth are able to access mental health and substance use services and whether those services are working for them.

Ms. Drummond shared that on April 10, 2017 Dr. Stevens, Helynna Brooke, Loy Proffitt and she met with many staff for the Children, Youth and Families (CYF) division. She shared that the CYF team works hard to determine youth needs and provides them with services. The board felt it was important to hear directly from youth first then follow with providers if there is time.

Ms. LaCroix from the San Francisco Youth Commission read a poignant letter from a youth member of the public to the Mental Health Board.

The letter is at the end of the minutes.

A youth member of the public bravely shared his own story of living with bipolar disorder and surviving domestic abuse. In elementary school, his teachers did not help. Two years ago, his boyfriend created a toxic environment. His parents cannot understand why he is gay.

When his doctor prescribed antipsychotic Abilify (Aripiprazole), he experienced an auditory hallucination. When he went through an acute debilitating crisis and did not know who to call, his boyfriend preyed upon his vulnerability and threatened to break-up their relationship if he did

not stop taking his medications. When he tried to get out of the abusive relationship, police were called, and he was placed on 5150. At the time he just wanted someone to talk to.

When he went to the San Francisco Lifting Empowering Generations of Adults Children & Youth (LEGACY) program, he felt Bonnie Friedman understood his plight without much explanation. She immediately found him a placement at Edgewood Center for Children and Families (Edgewood). He has been in therapy for about 15 years.

His recovery and wellness include doing advocacy and educating people about mental illness; his bipolar disorder became under controlled.

A youth member of the public shared his brother and sister have bipolar disorder. His adverse childhood experiences (ACE's) set him up for acquired PTSD. In escaping from his very dysfunctional family, he became homeless for a while. He felt there was more harm done to him than good as he tried to seek out services. He has learned a distrust of authorities out of fear which has created a barrier for him to seek services.

He has been in therapy for about seven years. His healing process includes doing peer advocacy. He is on a team composed of formerly homeless people who are reaching out to each other to create better safety for youth who are homeless or marginally housed.

A youth member of the public came with LYRIC and shared that mental health and substance use (co-occurring disorders) are prevalent in the transgender community. She recommended parents and guardians become more attuned to their own children who around 6-16 years of age who often have an intuitive sense of their gender identity, rather than assuming they are going through a phase.

Her own grandmother was highly challenged by her gender fluidity. As a result of ignorance, her grandmother inflicted further oppression.

She had her feelings of anger, sadness, depression and isolation. She was about eight years of age when she experienced suicide ideation. For 20 years she was forced to live with a different alias. She became homeless. Her mental health exacerbated due to lack of acceptance and support from her own immediate family and community.

Living in San Francisco, she received linkage to services that help her establish life stability and healing from childhood trauma. She completed her transition about a year ago.

A youth member of the public is with LYRIC. She shared that she when through the Routz at Larkin Street Youth, and it took her six months to see a therapist. Many youth need to get into Routz which has plenty of rooms, but there is a big barrier to access because placements require a therapist.

She would like to see Routz become more accessible for homeless youth. She felt the staff at Routz need more training on confidentiality, as personal information was shared in front of others. She also wasn't called by her preferred name. Staff are not that culturally sensitive to different cultures.

A youth member of the public said both of his parents were alcoholics and abusive. He has an autism spectrum disorder and ADHD. He came to San Francisco after his first year of college. He was in Routz between March 2014 and September 2015 and witnessed episodes of psychosis in youth.

Routz staff is culturally challenged when working with youth and often pick on them. The staff is untrained to handle youth with psychosis, and he has observed youth being kicked out of the program during their acute psychosis.

A youth member of the public came to San Francisco about six months ago because he was not getting any help in Houston, Texas and found the City to be more compassionate. His parents did not help him with socialization, and he had to relearn socialization himself to undo all of their toxic influences.

Larissa Thornton came to the Routz Transitional Housing program for youth for mental health services. But she felt her case manager violated HIPPA. Her living conditions have been horrible. When speaking up about the unsanitary conditions of the housing during any community meetings, she was told she was lying. When she complains, her housing is threatened. Around Christmas, she made a complaint, and Routz staff retaliated with a 5150. She is afraid to even to ask for a tissue. She has been harassed and bullied by another resident, and nothing is being done about her safety.

5.2 Public comment

A member of the public suggested board members anonymously visit Routz to observe for themselves how youth are being mistreated. The member also suggested anonymously calling the health inspector's department about health code violations.

Mr. Guttirez thanked LYRIC youth for speaking up and sharing their personal stories.

A member of the public shared that she just aged out of TAY. She was raped in college. A LYRIC social worker saved her. She now does outreach services.

Ms. Gardner shared that her Young Minds Advocacy organization has done collaborations with other local and state organization about young people with mental illness issues. She would like to have youth presence on the Mental Health Board. Her program has paid youth internships and provides advocacy training.

A member of the public emphasized it is important for board members to visit Larkin Youth Services and would like to see a mechanism to hold people accountable.

Ms. Friedman applauded the youth for speaking the truth. She said DPH has a grievance process. She suggested that a mobile wellness van could be deployed to respond to shootings too.

Mr. Bassiri plans to visit Routz himself.

Ms. Maureen Edwards has been hired by DPH to building a TAY system of care. She links youth to services

Ms. Wilson thanked everyone for their comments.

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:

- Saturday, April 22nd: CALBHB is holding a regional training/annual Bay Area election for directors at the Silicon Valley Holiday Inn at 1350 N. First Street in San Jose. The training/elections will be from 10:00 am -4:00 p.m. Richard and Judy have expressed an interest in going. Is anyone else interested?

The morning training will be on "Rights and Responsibilities of Local Mental Health Boards." The afternoon training will be on "Community Advocacy."

Following the training, there will be elections for five Bay Area directors. CALBHB is working towards restructuring the organization so that it is more responsive to local mental health boards.

- Saturday, April 29th Young people age 15 – 26 Wellness and Recovery at the SF Library
- Thursday, May 11th Hospitality House 32nd Annual Art Auction

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

The next Executive Committee meeting is Tuesday, April 25, 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.

Ms. Thakore-Dunlap shared that the Mental Health Board will host a Meet and Greet event Wednesday, May 31st at 1380 Howard St, on the 1st Floor from 5-7 PM. The reception is a great opportunity for members of the public to meet and talk with board members. Next, she invited the newest board members, Judith Klain and Carletta Jackson-Lane, to introduce themselves.

Ms. Klain shared that it is a pleasure and honor to be on the board. Her 27-year-old son experienced his first psychosis about six years ago. She found navigating for public health services for her son has been challenging, even though she has worked in the San Francisco and San Mateo public health systems for about 20 years.

Ms. Jackson-Lane is a lawyer and executive director of Sojour Truth Foster Family Service Agency the Southeast Sector (D10). She collaborates with the marginalized community in D-10 to push platforms forward. For example, her agency was able to get funding to extend support to 21 years of age rather than being aged out by 18. She was also co-chair of Community Wellness Partners several years ago which helped bring more attention to the need for services in this community. Regarding the presentation today, she stated that we should be ashamed that we have put so many youth in situations without adequate support and options. We have a responsibility to all of the youth, and she commended them for speaking out.

6.3 Committee Reports

Mr. Slota encouraged other members to join his Annual Report Committee. Njon Weinroth and Terry Bohrer volunteered.

6.4 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.

Item tabled due to time shortage.

6.5 Report by members of the Board on their activities on behalf of the Board.

Item tabled due to time shortage.

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

Item tabled due to time shortage.

6.7 Public Comment

Ms. Somarriba shared the Youth Minds Advocacy 4/29/2017 event.

7.0 PUBLIC COMMENT

Adjournment

Adjourned at: 8:35 PM

April 18, 2017

Addressing Mental Health and Access in 2017

To Whom It May Concern:

My name is [REDACTED]. I am also a senior at [REDACTED] High School and a life-long San Franciscan. Thank you for taking the time to acknowledge my story.

I, like many of my quiet peers, deal with mental illness. In my freshmen year of high school, a series of breakdowns and erratic behavior led to my diagnoses of Major Depressive Disorder, Generalized Anxiety, and Anorexia. Since that time, I have seen three therapists and a psychiatrist. My first therapist helped manifest my recognition that mental illness was ingrained in my being and should thus be accepted. My second therapist aided me as I dealt with the realities of living with burdens and simultaneously maintaining a sense of value and purpose. My third and current therapist works on psychotherapy, aiming to change the neural pathways in my brain to promote mood regulation. I sought out, found, and continued treatment—more than many can say. At home, I am extraordinarily lucky to receive familial support with the knowledge in mind that mental illness is a commonality amongst my family. In these ways, I found my support. One may then be led to ask what else I could possibly need, but the harsh and very real reality was that even that intensive treatment paired with other support mechanisms was not enough. And this is true for far more people than just myself.

In the weeks leading up to the week of March [REDACTED], I found myself tumbling down a hole of depression that seemed only to elongate indefinitely with every move. My toolbox of coping skills and medications were no match for the powerful thoughts in my head. Starting on March [REDACTED], I experienced recurring breakdowns. Unable to attend school, I found myself laying about my room in total silence, not able to sleep even though my mind was blank. By Tuesday, the situation had progressed to feelings of self harm amid a fog of self-loathing and frustration with my circumstances. I felt strongly that my only chance to return to normalcy was to stay in a residential treatment center at which I had no obligations to do anything but get better. And so began a fateful hour of calling nine different hotlines and treatment centers to find what I was looking for. As an eighteen year old, I was denied access to the Edgewood facilities, whose residential programs were an option for me prior to my becoming a legal adult. Each hotline pointed me in circles, all unable to accommodate my situation because I did not want to be with mentally ill children in a pediatric center nor elder adults in a mental asylum but, rather, something in between. Huckleberry House did not have any such program. Dore offered to allow me to stay overnight to wait out my crisis, but provided no offers of betterment nor progress in their program, only drugs and watchful supervision. I was stuck. I could not imagine myself at either end of the age spectrum for treatment and my age made any such pursuits utterly fruitless. My world was closing in on me and I felt that since there was no program, there was no way out. The thoughts of harm were chasing one another in loops in my head, which in turn felt as if it would implode. And so I did what I had rehearsed countless times with my healthcare providers: I went to the emergency room. There, I was evaluated and eventually mildly sedated.

A nurse took my vitals and asked me questions.

"Are you abused at home?"

"No."

"Do you feel safe right now?"

"No."

"Why?"

"I feel like hurting myself."

She took off the blood pressure cuff and told me to wait while they "got my room ready."

After some time, a nurse stood me up and guided me to my room. The room had been completely stripped of anything that could possibly be used to inflict bodily harm. I understood why I had waited so long. The nurse told me that I would have to remain in the line of sight of a security guard until I was cleared by the doctor, who appeared a half hour later and repeated the same questions I was asked before.

"Are you abused at home?"

"No."

"Do you feel safe right now?"

"No."

"Why?"

"I feel like hurting myself."

What followed was discussion about a 51/50 hold and what that implied. The doctor noted that I "may not want to go up there" with a look implying that I would be in company with many very mentally ill adults (emphasis on *adults*). I was then mild sedated, reevaluated once more, then sent home to my parents with a prescription for Lorazepam.

My hospitalization was directly caused by the lack of services available for Transitionally Aged Youth, or TAY, with mental illness. I write this in the hope that you take my story do more than understand it-I want you to do something with it. Had a program existed, my crisis may have been averted. Moreover, countless other individuals may be spared from such an experience if these programs existed. Anyone who knows me deeply understands the value I place in privacy, so sharing my story is a monumental step for me and I hope that it can be used to ignite change within more people than myself.

I write to you in better health than I was that day, though nowhere near recovered. I am now in intensive outpatient treatment (IOP) and my course of treatment relies heavily on Dialectical Behavioral Therapy, or DBT. My experience is non-unique in that many suffer from mental illness yet unique in that everyone's story is different. Please understand the wide spectrum of mental illness and the often silent impacts it has on society. I ask that you seek more solutions for people like me. We all deserve a chance, no matter our age. Thank you for your time.

Sincerely,

[REDACTED]

[REDACTED]