SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, January 18, 2017
City Hall, 2nd Floor, Room 278
One Carlton B. Goodlett Place
San Francisco, CA
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Kara Chien, JD, Chair; Ulash Thakore-Dunlap, MFT, Vice Chair; David Elliott Lewis, PhD, Secretary; Terry Bohrer, RN, MSW, CLNC; Judy Zalazar Drummond; Wendy James; Virginia S. Lewis, MA, LCSW; Angela Pon; Gene Porfido; Richard Slota, MA; Harriette Stevens, EdD; Marylyn Tesconi; Njon Weinroth; Idell Wilson; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Toni Parks.

BOARD MEMBERS ABSENT: Supervisor Mark Farrell.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Kavoos Ghana Bassiri, LMFT, LPCC, CGP, Director of Behavioral Health Services; Imo Momoh, MPA, Director of Mental Health Services Act (MHSA); and 12 additional members of the public.

CALL TO ORDER

Ms. Chien called the meeting of the Mental Health Board to order at 6:35 PM.

ROLL CALL

Ms. **Brooke** called the roll.

AGENDA CHANGES

None.

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

Ms. Chien said "As you know, Jo Robinson retired as Director of Community Behavioral Health Services. On behalf of the board I participated in the interviews of candidates for this position. Kavoos Ghana Bassiri, formerly the Executive Director of Richmond Area Multi-Services (RAMS) was selected to fill this position. He officially started yesterday. I will let Kavoos introduce himself more fully and then he will give the director's report."

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

1.2 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. **Bassiri** highlighted a couple of items. In its first year of implementation, San Francisco Assisted Outpatient Treatment (AOT) program reduced inpatient hospitalization cases. The 9th annual Peer and Family Conference was on December 16, 2016 at the San Francisco Main Library. He was pleased to see the annual conference is attracting more and more attendance.

He spent over 13 years as the President and CEO of Richmond Area Multi-services (RAMS) programs. He is known in the BHS community for many years. He shared a few of his thoughts with the board and the public as the new BHS director.

He would like to change the narrative in the way the general public perceive mental illness. Besides using education to reduce the stigma of mental illness, he would like to see more utilization of peer services in the BHS system.

Given that San Francisco has diverse populations, he would like to see more alternative therapies become available to meet individual needs. He would like to have more collaboration between community based organizations (CBO) and the city of San Francisco.

In the integration of primary care and behavioral health care systems, he would like to see more use of outcome data that show people's life trajectories. There would be tracking data showing how people's quality of life becomes better as they move on with life.

For people who have difficulty engaging in behavioral health care, he would like them to feel the system is always accessible. He is passionate about consumer-driven and community-based services.

Ms. **Chien** said the new BHS director will bring new energy to the system.

Dr. **David Elliott Lewis** shared that when SFPD officers respond to calls about people with mental illness, the officers often get minimal support from BHS.

Mr. **Bassiri** plans further review of cases to learn from them. He always liked the idea of partnership between law enforcement and BHS.

Ms. **Chien** suggested that BHS should track woman and girl data separately. For example, it would be helpful to know how many women participate in the full service partnership (FSP) program.

2.2 Public Comment

Mr. **Tsang** from the Physicians Organizing Committee of San Francisco shared that there is a lack of supportive housing and wrap around services for people with mental illness.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates:

Ms. Chien introduced Imo Momoh as the new Director of the Mental Health Services Act programs. Marlo Simmons, the former director has been promoted to the position of Deputy Director of Behavioral Health Services. Mr. Momoh will introduce himself and provide the Annual Update."

The full MHSA director's report (Attachment B) can be viewed at the end of the minutes

Mr. Momoh presented the updated three-year plan which included FY 2014-2015, FY 2015-2016 and FY 2016-2017. He is currently working on the Mental Health Services Act plan for FY 2017-2018 and will hold stakeholder meetings for their comments and input.

Ms. **Drummond** shared that she was a teacher and noticed schools are less likely to suspend kids due to public response from the community.

Ms. **Bohrer** asked about services for undocumented children with mental health issues.

Dr. **David Elliott Lewis** asked about the timeline for application for providers.

Mr. **Momoh** expected the state of California official guidelines to be available in 2018.

Dr. **David Elliott Lewis** asked about PEI in children schizophrenia.

Mr. **Momoh** said PEI is the Prevention and Early Intervention component of the MHSA. PEI is a collaborative effort among five agencies: Family Services Agency (FSA), the University of California at San Francisco (UCSF), the Mental Health Act of San Francisco and two other programs.

Ms. **Chien** clarified that PEI is for children who experience first breaks in bipolar disorder and schizophrenia and for their family to support their kids with the illness.

Ms. **James** asked if PEI continues services for children who drop out of schools.

Mr. **Porfido** asked if the system tracks students who received services and their life trajectories.

Mr. **Momoh** said PEI is a collaborative effort to serve clients.

Mr. **Porfido** asked about supportive housing for chronically homeless individuals because the Kelly Cullen Community is pretty bad.

Ms. **Simmons** said there are 17 MHSA housing units at Kelly Cullen Community, and all of them are (FSP). She was appreciative of information about problematic buildings.

Ms. **Virginia S**. **Lewis** inquired about eligibility criteria for housing and the "No Place like Home" key features.

Mr. **Momoh** said providers must explain how they provide supportive services for chronically homeless people with mental health issues.

2.2 Public Comment

Ms. **Togawa** thanked the board for having the meeting. She is grateful for RAMs and the City of San Francisco for having people with tremendous compassion and peer services. She just completed her gender reassignment on January 6, 2017. She suggested the department collaborate more with private philanthropists.

Mr. **David Ball** is thankful for San Francisco for access and supportive mental health services. At Dore he was able to get access to services and medication. He felt Dore staff could benefit from education in serving people with mental illness.

Mr. **Tseng** brought to the public the attention that supportive housing is unlikely to happen due to lack of oversight in the Proposition 63.

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 November 16, 2016 be approved as submitted.

Unanimously approved.

3.3 Proposed Resolution: Be it resolved that the notes for the Mental Health Board Retreat of December 3, 2016 be approved as submitted.

Unanimously approved.

Ms. Chien said "We did not come up with specific priorities at the retreat this year. Instead, with Terry's leadership, we developed a Strategic Plan for the year. The plan involves four committees, Senior Issues, chaired by Gene Porfido; Youth and TAY, chaired by Ulash Thakore-Dunlap; Continuum of Care, chaired by Dr. Harriette Stevens; and a temporary committee to expand the Mobile Wellness Van concept, chaired by Dr. David Elliott Lewis. Since no specific priorities were developed at the retreat, it will be up to these committees to put forth priorities in their area."

3.4 Proposed Resolution: Be it resolved that the Strategic Plan for the Mental Health Board for 2017 be approved as submitted.

The full MHSA director's report (Attachment C) can be viewed at the end of the minutes

Unanimously approved.

ITEM 4.0 PRESENTATION: 2016 Mental Health Board Accomplishments, Board Member Introductions to Behavioral Health Services Director, Kavoos Ghane Bassiri, LMFT, LPCC, GGP.

4.1 Discussion: 2016 Mental Health Board Accomplishments, Board Member Introductions to Behavioral Health Services Director, Kavoos Ghane Bassiri, LMFT, LPCC, GGP.

Ms. **Chien** said "I am asking each board member to introduce themselves to the new director by providing your name, why you were inspired to join the board, and what you want to accomplish on the board. After each board member has spoken, Dr. Stevens will show an abbreviated version of the power point prepared for the Retreat that gave an overview of the board's work for the past year. I will then ask Kavoos to share a few thoughts on what he hopes to accomplish and his priorities for Behavioral Health Services."

Ms. **Chien** shared she has been the chair since 2015. When she was working on the Taser legislation to advocate for better services and more access to services, she attended the board's Taser presentation which was in a town hall meeting. At the meeting, she met Ms. Brooke who encouraged her to apply for a public interest seat on the board.

Ms. **James** joined the board to become more involved in advocacy for mental health services. She has enjoyed doing program reviews.

Dr. **Stevens** shared that she is a mathematics consultant and is involved with National Alliance on Mental Illness (NAMI). At a NAMI meeting, she met Ms. Virginia S. Lewis who encouraged her to join the MHB board.

Ms. **Drummond** is a retired teacher. She has concerns for people with mental illness being criminalized by the criminal justice system. She also has concerns about the impact of substance abuse, mental illness and housing issues on vulnerable children and their families.

Mr. **Weinroth** is an advocate for integrative services for people with a co-occurring disorder, also known as dual diagnosis.

Ms. **Pon** shared that her major concern is having easier access to services and programs in the BHS system for people who don't know how to navigate BHS in San Francisco.

Ms. **Wilson** shared that she is on the board to serve the people of San Francisco.

Mr. **Porfido** shared that he has a lifetime of experience with drugs and mental health and wants to be a voice for the voiceless.

Ms. **Virginia S**. **Lewis** was very involved with NAMI. She was introduced to the MHB by a former board member Ms. LaVaughn Kellum King. She will term out in January 2017 and will continue to be active with the Physicians Organizing Committee. She plans to continue her activism for people with severe mental illness and people who are homeless.

Ms. **Bohrer** shared that she came to San Francisco about six years ago from Prince George's County in the state of Maryland. Before coming to San Francisco, she worked with the Carter Administration in developing the first patients' bill of rights. She wanted to use her background and experiences helping people in San Francisco. She would like to see a 24x7 mobile crisis unit for San Francisco. She recently termed out from serving as a shelter monitor on the San Francisco Homeless Shelter committee. She is also very involved with SFPD in de-escalation crisis services.

Ms. **Slota** joined the board because he has an adopted 23 years old son who has schizophrenia and who is currently homeless. He wants to advocate for better services.

Ms. **Tesconi** hopes to become more involved in advocacy for integration treatment between mental health and substance abuse.

Dr. **David Elliott Lewis** is involved with the Mental Health Association (MHA), and a Crisis Intervention Team (CIT) trainer in the San Francisco Police Department. He wants to see a closer relationship between SFPD and DPH. He wants to see services be available around the clock.

Ms. **Thakore-Dunlap** is a licensed clinician and advocates for children and youth who are undocumented to receive mental health services.

Mr. **Wong** is a licensed clinician very much interested in working with older adults with mental health issues.

Ms. **Chien** postponed Dr. Steven's power point presentation to the February meeting due to the shortage of time from tonight's meeting.

1.2 Public comment

None.

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:

- Black History Event on February 24, 2017

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

Ms. **Chien** mentioned that the February board meeting will be the last time she will chair a Mental Health Board meeting.

The next Executive Committee meeting is Tuesday, January 24th, 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. She was pleased that Judy Drummond came to our last meeting. The new executive team that you will vote on in February may keep the same meeting time or may change it. It could even go back to being in the evening as it was for years.

5.3 Report from the Chair of the Nominating Committee.

Ms. **Chien** mentioned that the chair of the Nominating Committee, Terry Bohrer, will announce the candidates for the Mental Health Board election of new officers in February 2017.

Ms. **Terry Bohrer**, the chair of the Nominating Committee announced the candidates the committee suggested. We will vote at the February 15th board meeting. Additional nominations can be made from the floor, including nominating yourself. Also, any board member is welcome

to ask the Executive Team to officially join the Executive Committee as an at-large member. Committee chairs are also members of the Executive Committee.

- Co-Chairs: Harriette Stevens and Ulash Thakore-Dunlap
- Vice Chair: Idell Wilson
- Secretary: Gene Porfido

5.4 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.

None mentioned.

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

Ms. Chien attended the trauma informed training sponsored by the Department of Public Health.

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

None mentioned.

5.7 Public Comment

6.0 PUBLIC COMMENT

No comments.

Adjournment

Adjourned at: 8:40 PM

City and County of San Francisco
Department of Public Health

Mayor Edwin M. Lee

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ATTACHMENT A

Behavioral Health Services Monthly Director's Report January 2017

1. HEALTH INSURANCE PORTABILILTY AND ACCOUNTABILITY ACT (HIPPA)

HIPAA

The Health Insurance Portability and Accountability Act was passed in 1996. HIPPA changed the way health information is shared in the health care market. What individual state laws once governed is now a federal law with corresponding regulations. Health care providers are impacted by HIPPA in virtually every aspect of work. HIPPA incorporates several legislative actions such as fraud and abuse laws, privacy and security of health information laws, enforcement provisions of group health plan regulations, etc. HIPPA governs the use and disclosure of protected health information (PHI) by covered entities and business associates.

HIPAA Privacy Regulations

Keeping patient information confidential has always been part of the ethical obligation of health care providers. However, an overriding theme to privacy regulations is to place control over health information in the hands of the individual who is the subject of the information. In addition to regulating the uses and disclosures of PHI, the privacy regulations also provides individuals with certain rights regarding their own PHI. These regulations were drafted with the intent of allowing free flow of information for the provision of health care. Privacy regulations can be broken down into two major categories: ways in which PHI can be used or disclosed and the right provided to individuals regarding their PHI. The ways PHI can be used or disclosed can be further divided into three sub categories:

1. Uses and disclosures without an individual's explicit permission
2. Permitted used and disclosures if the covered entity had given the individual an opportunity to object
3. Uses and disclosures only with the individual's explicit permission

Individual Rights under the Privacy Rule

The federal privacy regulations under HIPAA grant individuals certain rights to be informed about and to control their PHI. Individuals are given, among others, the right to access, inspect and copy health information; request an amendment to PHI; request restriction and confidential communication; and receive an accounting of disclosures.

Other HIPAA Privacy Rule Information

- The term minimal necessary is used in HIPAA to identify the amount of PHI that should be used or disclosed in a particular circumstance. Health care providers must only use and share the minimal amount of PHI needed to accomplish a task or activity.
- When PHI is being requested the health care provider must have a valid process in place to verify the identity of the party requesting the information.
- There are external parties such as vendors, contractors, legal counsel, that DPH may conduct business with on a daily basis. Before PHI can be shared with external parties, there must be a business associate agreement in place that, at a minimum, defines the function of the business associate and PHI restrictions.

Security, Privacy and Confidentiality

As it relates to HIPAA security, privacy and confidentiality can be confusing. Security applies to the spectrum of physical, technical and administrative safeguards put in place to protect the integrity, availability and confidentiality of PHI and the systems in which it is stored. Privacy refers to the right of an individual to control his or her PHI and to keep it from being divulged or used by others against their wishes. Confidentiality means protecting PHI from other individuals and entities.

Privacy Violations

Privacy violations perpetuates negative publicity and threatens the integrity of a health care provider. Unintentional privacy violations are subject to civil monetary penalties up to $25,000. Intentional violations are subject to criminal penalties up to $50,000 and one year in prison. The fine increases up to $250,000 and ten years in prison for selling patient information.

2. ASSISTED OUTPATIENT TREATMENT (AOT)

As seen in the Director's Report from November, Assisted Outpatient Treatment (AOT) celebrated a milestone and has completed one full year of implementation! The team has had an opportunity to analyze outcome data that was collected during our first year of implementation and we are excited to share some preliminary results.

We are pleased to report that there has been a statistically significant reduction in PES contacts when comparing pre and post AOT engagement. While there has not been a statistically significant difference for inpatient hospitalizations, we have a trend towards significance for a reduction in jail contacts. Given the intensive needs of this population and the small time frame of implementation, we are hopeful that we will continue to find positive results.

We look forward to continuing to support individuals referred to the program, as well as their families and support systems. As always, if you would like more information about AOT, please visit our webpage at www.sfdph.org/aot. If you would like to make a referral to AOT, please contact us at 415-255-3936.

3. CHILDREN, YOUTH AND FAMILIES (CYF)

Chinatown Child Development Center

During the month of December, the Chinatown Child Development Center continued with annual tradition of hosting the agency's holiday party for over 100 children and families served throughout the year. The festive event this year was sponsored by the San Francisco Police Department, Del Monte Meat Company, Ng Ning Kee Book Stores, local community and businesses, which made this event possible. SFPD also helped to barbeque hot dogs and hamburgers for our clients and participants, and retired officer also dressed as Santa Claus to pass out presents of toys, games, books, puzzles and gift baskets for our low-income children and families. It was an honor to have our former staff/retirees to help and to participate in this traditional festivities as well. As the year comes to an end, we are particularly grateful and proud of what had been accomplished this year and we will continue to serve our clients and families with quality care, focus on service to our community, as well as set new goals for year 2017!

L.E.G.A.C.Y

L.E.G.A.C.Y held the last CAB meeting of the 2016 year, which had a good turnout. L.E.G.A.C.Y was also able to gather and transport clients to the EQRO for consumers on December 8th at 1380 Howard Street. The Girls' Empowerment Group that was taking place at CAT ended on December 14th.

L.E.G.A.C.Y provided outreach at the Family Resource Fair and facilitated a community meeting with Health Generations in Potrero Hill on December 12th. In substitution for Family Support Night (FSN), L.E.G.A.C.Y collaborated with the Family Mosaic Project and the SF Fire Department to host a Family Holiday Fair for the community, which was a success.

4. MSHA NEWS

Transgender Health Services goes to Inaugural USPATH

Transgender Health Services staff have been selected to present several mini symposiums at the first ever United States Professional Association for Transgender Health (USPATH), in Los Angeles, CA.

USPATH is a conference organized by the World Professional Association for Transgender Health (WPATH), with the intention to bring together all those who have a stake in improving and maintaining respectful, high quality, culturally competent health services for the Transgender community worldwide. Those who are in attendance include transgender community members and allies, medical and mental health providers, academic researchers, lawyers and others working to create evidence based care for transgender and gender non-conforming individuals.

The conference will be held Thursday, February 2 – Sunday, February 5. Transgender Health Services staff will be presenting ten (10) sessions, including a town hall on phalloplasty procedures, mental health

concerns related to gender affirmation among those served by the public health system, the benefit of hiring and utilizing peer navigators, and a workshop focusing on how the medical model for gender affirmation creates barriers for some communities of color.

9th Annual Peer and Family Conference

The 9th Annual Peer and Family conference was held on December 16 at the San Francisco Main Library. The theme of the conference was entitled "Create Your Wellness Tools for 2017." was held on December 16th at the SF Main Library. There were over 90 peers, family members and providers in attendance. The program featured a keynote speaker, Phillip Cha, with a screening of a documentary titled *Unheard Voices*. The conference also featured a panel presentation, six workshops, and community resources.

4th Annual Trans Health and Wellness Fair

The fourth annual Trans Health and Wellness Fair was held on December 12, 2016. There were 110 attendees, including 30 agencies present. There was HIV testing, flu shots, and information on programming specifically targeting the Trans Community. In addition, the event was planned and staffed by peers. The purpose of the fair is to link Trans identified individuals into community services in a safe and culturally responsive environment. Agencies that participated included Glide, TransThrive, Community United Against Violence (CUAV), Project Inform, Mission Mental Health, Alliance Health Project/UCSF, Westside Crisis, and many more.

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

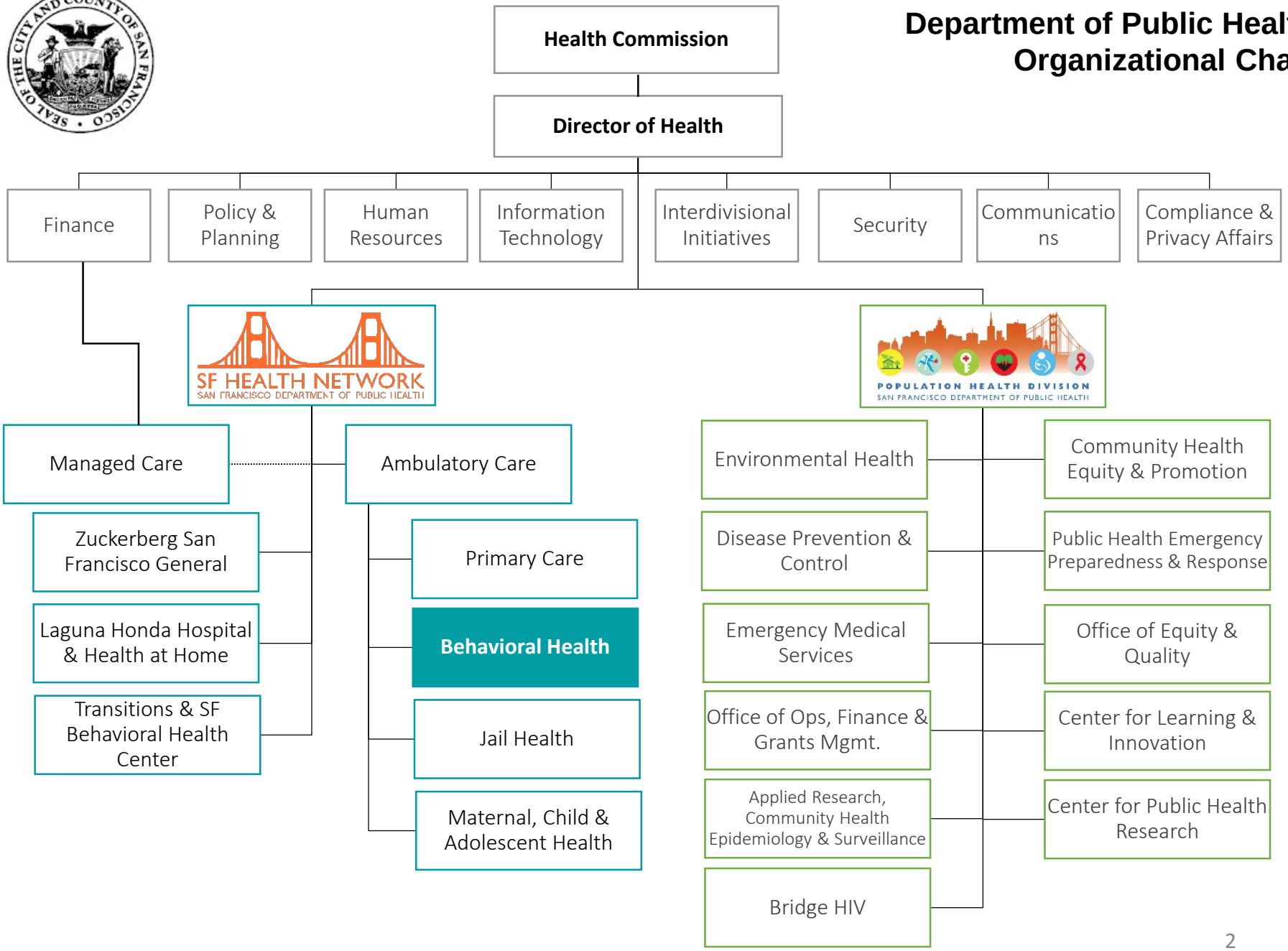
To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org

ATTACHMENT B

Mental Health Services Act – Annual Update Fiscal Year 16/17

Presentation to the Mental Health Board
January 18, 2017

Department of Public Health Organizational Chart



MHSA Overview

- Enacted into law in 2005
- 1% tax on personal income over $1 million
- Designed to transform the mental health system to address unmet needs, both to individuals not currently receiving any services, as well as to those who are not receiving enough services
- Supports innovation
- Based on a set of core principles

MHSA Components

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Components	Summary
Community Services & Supports (CSS)	• Supports Full Service Partnership (FSP) programs and other programs improving the mental health service delivery system for all clients.
Innovation (INN)	• To test novel, creative mental health practices/ approaches that contribute to learning.
Prevention and Early Intervention (PEI)	• Programs designed to prevent mental illnesses from becoming severe and disabling. Programs emphasize improving timely access to services for underserved populations.
Workforce Education and Training (WET)	• Identify gaps in workforce; increase workforce's cultural and linguistic capacities; educate consumers.
Capital Facilities and Technology Needs (CF/TN)	• Renovation of admin and service facilities owned by City; modernize information systems and provide access to health records for consumers and family members.

San Francisco MSHA Service Categories

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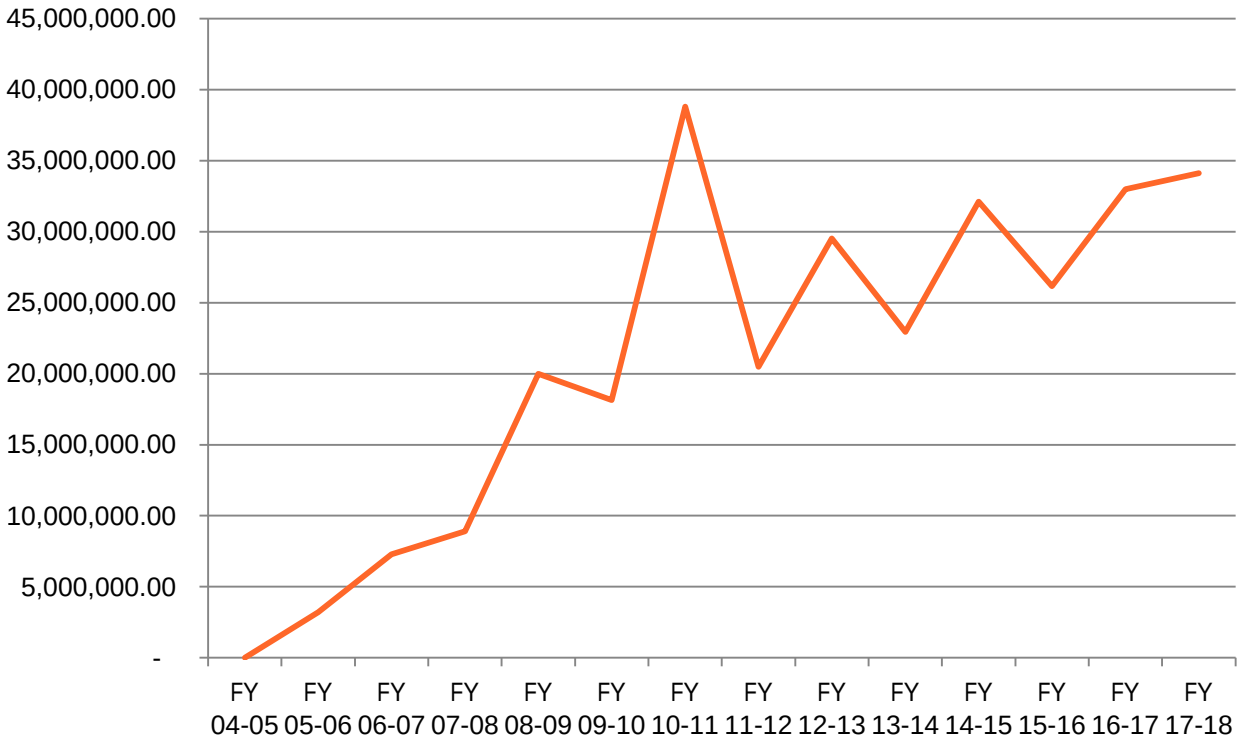
MHSA Components	San Francisco Service Categories
Community Services and Support (CSS)	Recovery-Oriented Treatment Services
	Peer-to-Peer Support Services
	Vocational Services
	Housing (for FSP clients)
Prevention and Early Intervention (PEI)	Mental Health Promotion & Early Intervention (PEI) Services
Workforce Education and Training (WET)	Behavioral Health Workforce Development & Diversification
Capital Facilities and Technological Needs (CF/TN)	Capital Facilities/Information Technology

*All SF MHSA Service Categories Include INN Funding

MHSA Annual Revenue

- SF receives a monthly allocation from the State based on a formula determined by Department of Health Care Services.
- Annual funding is not confirmed until after FY.
- MHSA funding is uneven.



MHSA Annual Update – FY 16/17

- County mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and an Annual Update report for MHSA programs and expenditures.

- Annual Updates to the 3-Year Integrated Plan are required:
  - To provide an overview of progress, highlight outcome data, and any amendments to the plan.

- This Annual Update (16/17) is the final annual report to the MHSA Three-Year Program and Expenditure Plan for FY 14/15 - 16/17.

- Plans and annual updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days of adoption.

Recovery Oriented Treatment Services

Outcome Highlights
FY 15/16

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Full Service Partnerships

- 1051 FSP clients served:
  - **85%** drop in arrests;
  - **76%** drop in Mental Health & Substance Use Disorder emergencies;
  - **70%** reduction in school suspensions.

- New programs in 15/16:
  - Assisted Outpatient Treatment;
  - Strong Parent and Resilient Kids (SPARK) (serving ages 0-5).

Early Psychosis Program

- Early intervention treatment program for schizophrenia and early psychosis for individuals between the ages of 16 and 30:
  - **79** clients served
  - **26%** reduction in total number of acute inpatient episodes
  - **74%** improved well-being as measured by PHQ-9

Other highlights:

- BH Access Center: An expanded team provided enhanced supports for the **1,714** individuals.

- All youth detained for more than 72 hours at the SF Juvenile Justice Center are screened for behavioral health issues.

- Behavioral health staff at eight (8) primary care clinics; Primary Care Staff at three (3) MH Clinics.

BHS Vocational & Peer to Peer Programs
Outcome Highlights

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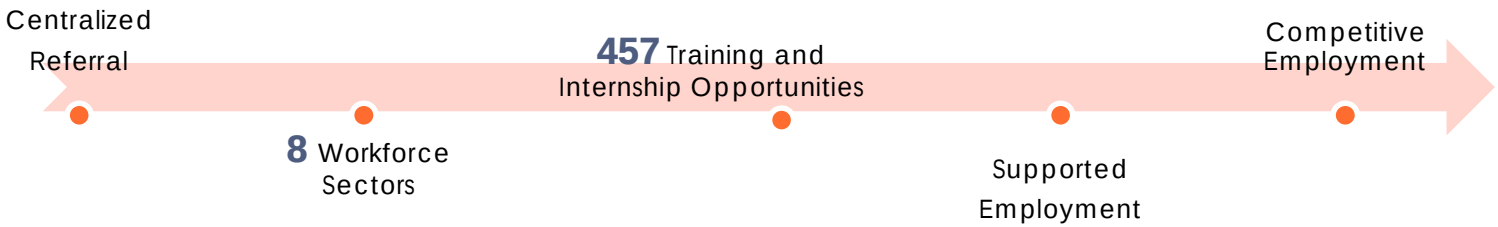

Vocational Services Highlights
FY 14/15

- **100%** of iAbility trainee graduates were participating in paid vocational opportunity 3 months after graduation
- **80%** of first impression trainees met their vocational goals by program completion

Peer to Peer Program Highlights

Peers provide a beacon of hope to inspire consumers that wellness and recovery are attainable:

- Rapid Growth in BHS:
  - 2007: **6** MHSA-funded Peer staff
  - 2016: **164** MHSA-funded Peer staff
- Placed in 46 sites (clinic and community-based)
- MHSA funds six (6) peer-run programs
  - **1780** individuals served in FY 14/15

Workforce Development, Education and Training (WDET)

Outcome Highlights

FY 15/16

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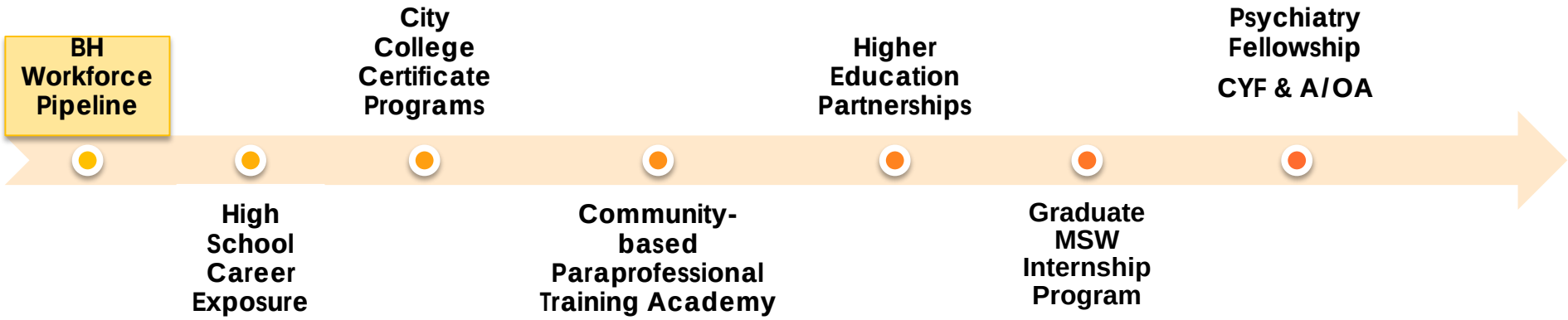

- Continue to fund DPH-wide Trauma Informed Systems Training Initiative.
- In partnership with Ambulatory Care coordinated **112** trainings for DPH staff.
- **80** Interns placed under the Graduate MSW Internship Program.
- **80%** success retaining fellows from the Psychiatry Fellowship Program.
- **14** workers trained under the Training Academy for Paraprofessionals.
- **22** graduated from the City and College Certificate program.
- Developing 5-year Strategic Plan for WDET.

MH Promotion and Early Intervention

Outcome Highlights

FY 14/15

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Programs designed to prevent mental illnesses from becoming severe and disabling. Programs emphasize improving timely access to services for underserved populations.

- **Population-focused PEI Programs**
  - Culture-specific programming targeted for underserved groups including racial/ethnic populations, LGBTQ, Transitional Age Youth and Older Adults.
  - Services include health promotion, screening and assessment, and short-term therapeutic services.
  - **27,066** individuals served at all levels of intensity.

- **School-based PEI Programs**
  - a collaboration with community-based organizations and SFUSD K-12 school campuses .
  - Services include family education, wraparound case management, and individual and group therapeutic services.
  - **3,066** individuals served.

Building an Integrated Delivery System

SF HEALTH NETWORK
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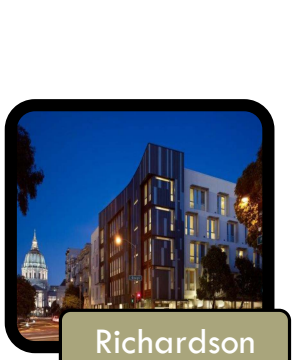
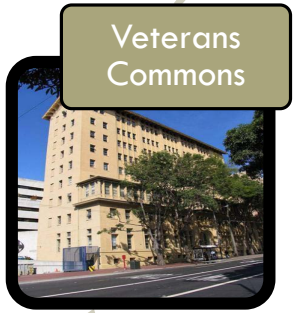
Building on existing DPH efforts to transform the delivery of mental health treatment in our system.

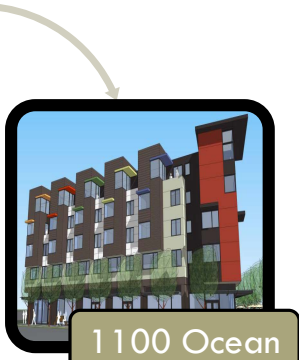
MHSA Core Principle: Integrated Service Delivery	MHSA Components
Primary Care Integration • BH staff at 8 Primary Care clinics • $5 million MHSA Capital funds • Suicide prevention training	• Community Support Services • Capital Facilities • Prevention and Early Intervention
DPH/AC WDET • Trauma Informed Systems • Ambulatory Care Training Unit • High School Career Pathway Program	Workforce Education and Training
DPH Operations/Admin Staff	Community Support Services
Other Interdivisional Initiatives • Black/African American Peer Leadership & Wellness • Transitions/DAH • DOR Vocational Services • Environment Health	• Prevention and Early Intervention • Housing/Community Support Services • Community Support Services

Housing

- Permanent Support Housing
  - 83 units (63 capital; 20 lease)
- MHSA funded Direct Access to Housing (DAH) and Transitions staff
  - providing housing placement and supportive services
- Transitional Housing for TAY
  - 56 Units (6 Capital; 50 Lease)
- Emergency Stabilization Units (SRO units)
  - 11 units







No Place Like Home

Housing Bond

SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

- AB 1618 signed by Governor on July 1, 2016
- $2 billion bond proceeds to invest in permanent supportive housing:
  - for persons who are experiencing homelessness, chronic homelessness, or at risk of homeless, and who are in need of mental health services.
  - Bonds to be repaid by funding from the Statewide MHSA Fund.
    - Impact on SF MHSA Allocation Funds

- **Key Features**
  - Counties eligible applicants (either solely or with housing development sponsor).
  - Utilize low-barrier tenant selection.
  - Counties must commit to provide mental health services and coordinate access to other supportive services.

What's new – FY 16/17

- State approved the expansion of three Innovations funded projects:
  - First Impressions
  - Socially Isolated Older Adults
  - Transgender Pilot Project

- SF MHSA launched several new programs including:
  - Peer Wellness Center
  - Expansion of the DOR Vocational Co-op Program
  - TAY Vocational Program

- MHSA Program Evaluators are currently reviewing all MHSA program objectives in an effort to develop adequate outcome measures and improve overall program evaluation.

Moving Forward – FY 16/17

The MHSA program plan to release the following Request for Qualifications (RFQ) in FY 16/17:

- School-Based Programs
- Population-Focused Programs
- Community Drop-In & Resource Support Services
- Peer Health and Advocacy Programs

Questions?

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ATTACHMENT C

MENTAL HEALTH BOARD RESOLUTION

January 18, 2017: Strategic Plan FY 17-18

Attachment A

GOAL 1. Review and evaluate the mental health needs, services, facilities, and special problems.	**RESPONSIBLE PARTIES**	**OUTCOME MEASURES**	**COMPLETION DATE**
a. Review monthly reports submitted by the Behavioral Health Director.	Behavioral Health Director and Board members	Reports reviewed at each meeting and included with minutes. Questions/comments made.	Each meeting
b. Evaluate services via conducting a minimum of five site visits annually and via provider presentations at Board meetings.	Board members with staff assistance	Number of completed visits; written reports prepared by Board members submitted to Behavioral Health Director. Attend Provider presentations; offer comments.	Site visits conducted monthly. Monthly meetings
c. Hold one public hearing annually. d. Participate in selection of the Behavioral Health Director.	Staff and Board members	Public Hearing held. Follow up actions, if any, completed.	Date
e. Advise Board of Supervisors and Mayor and Behavioral Health Director as to any aspect of the local mental health program.	Board Members	Annual Report completed; resolutions presented; and letters/memos as needed.	Annual Report – June Resolutions/Letters – as needed.

f. Review and comment on the outcome data presented by the California Mental Health Planning Council. g. Review and comment on MHSA multi-year plan. Hold Public Hearing on Plan.	Board Members Members	Timely submission to request from Planning Council. Comments provided within time frame.	Spring When requested
GOAL 2. Review any State agreements entered into by Behavioral Health Services	**RESPONSIBLE PARTIES**	**OUTCOME MEASURES**	**COMPLETION DATE**
GOAL 3. Establish committees to address special needs, projects, and issues, e.g., Executive Committee, Legislation, Bylaws, Program, Site Visits, Public Hearing and Awards.	**RESPONSIBLE PARTIES**	**OUTCOME MEASURES**	**COMPLETION DATE**
a. Convene annual Board retreat to set priorities. b. Set Annual priorities. c. Establish Committees to address special needs, projects and issues.	Executive Comm. & staff Members Members & staff	Retreat planned Priorities set Committees established.	October/November December (at retreat) December and ad hoc.

d. For FY 2017-18: 1. Senior Issues Committee: a) Resource Directory b) Homeless MH/SA c) Custody d) Long-term indigent care 2. Youth Committee: a) Wrap around services: summer and winter vacation periods b) Resource Directory for families (e.g., family therapy resources, etc.) 3. Continuum of Care a) Advocacy Wellness Mobile Van b) Substance Abuse treatment: wet house, safe needle clinic, etc. c) Mega DPH Request for Proposals (RFP)	Committee Chairs/members and staff	Each Committee reports at regular intervals its progress and status. Over a two-year period, Identify, analyze and publicize gaps pertaining to each issue; produce written reports; testify at BOS hearings and meetings; share information with California Association of Local Behavioral Health Boards/Commissions, SF Health Commission, SFDPH Director and BHS Director.	FY 17-18 At January and February 2017 meetings, solicit volunteers and Chair for each Committee. Issue interim reports at September 2017 meeting. Complete tasks by June 2018.