



SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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Gregory Ledbetter
Susan Page
Toni Parks
Angela Pon
Richard Slota, MA
Marylyn L. Tesconi
Njon Weinroth
Benny Wong, LCSW

ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, **July 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; Terry Bohrer, RN, MSW, CLNC; Gene Porfido, Secretary; Judy Zalazar Drummond, MA; Carletta Jackson-Lane, JD; Judith Klain, MPH; Gregory Ledbetter; Susan Page; Toni Parks; Angela Pon; Richard Slota, MA; Marylyn Tesconi; Njon Weinroth; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: [Idell Wilson, Vice Chair.](#)

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; David Elliott Lewis, PhD, former Mental Health Board member; Virginia Lewis, LCSW, former Mental Health Board member; Angelica Almeida, PhD. Director of Assisted Outpatient Treatment (AOT); C W Johnson, Mental Health Association(MHA-SF); Annabelle Gardner, Young Minds Advocacy (YMA); Nisha Ajmani, J.D. Staff Attorney and Policy Advocate of YMA; and [six](#) members of the public.

CALL TO ORDER

Dr. Stevens called the meeting of the Mental Health Board to order at 6: 30 PM.

She welcomed the newest board member, Susan Page. She was appointed by Supervisor Ahsha Safái to the consumer seat held by Wendy James. She said we now have 16 members with the Supervisor seat being the only vacancy. Judy has approached Supervisor Jeff Sheehy, and Richard and Angela have approached Supervisor Sandra Fewer.

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>

Dr. Stevens said that Kavooos Ghana Bassiri, Director of Behavioral Health Services will present the Director's Report.

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 announced that the three-year program and expenditure plan of the Mental Health Services Act (MHSA) is posted for public review and comment. The review period is 30 days. He shared about the National Health Care for the Homeless Council, 2017 Ellen Dailey Consumer Advocate Award, which was given to Amber Gray. Amber is currently a Peer Specialist with the Transgender Pilot Project, a program of the Mental Health Services Act (MHSA). He announced the application for the MHSA Peer Specialist Mental Health Certificate for fall 2017 is open. The certificate is a 12-week intensive program.

Representing years of work by staff and contracted partners, BHS successfully transitioned to the Drug Medi-Cal Organized Delivery System to fill gaps in addiction treatment, effective July 1st. City General Fund had always been the primary source of revenue for Substance Use Disorder (SUD) services, which can now be more effectively used billing Drug Medi-Cal.

The BHS pharmacy offers an electronic portal for consumers to access their laboratory results. In addition to the current medications list view, more features will be added onto the portal for viewing & interaction in the future. He would like to see more consumers sign up for the portal since it would increase consumers' engagement in their overall care involvement in the process.

In the Adult and Older-Adult Systems of Care within the San Francisco Health Network (SFHN), he is working on strengthening referrals of clients by primary care clinicians to specialty mental health services. He also provided updates as to new hires in BHS Children, Youth & Families' services section and for Assisted Outpatient Treatment (AOT).

He also shared information about the current reporting requirement for BHS providers on cultural competency, based on CLAS standards (Culturally & Linguistically Appropriate Services), focused on Community Advisory Board/Council activities and updates, as part of a targeted effort by providers to partner with the consumers/community to design, implement and evaluate policies, practices, and services.

After being the BHS director for six months, as part of his reflections he shared that based on what he has seen and heard from many staff, he is keenly aware about the things that are working in our system, and additionally he would like to work on improving communications within and across our systems of care, to focus on professional development and training activities for staff, to enhance quality of care and outcomes for our consumers, and to focus on effective resource sharing and service coordination.

Mr. Wong noted that under training manager Norman Aleman, there were lots more training workshops.

Mr. Ghane Bassiri said that the position had been vacant for some time but now Mr. Johnathan Maddox is the new training coordinator at BHS who will be overseeing/managing trainings, providing support on training activities, and facilitate training committee meetings. Therefore, we expect to see increase in number of trainings offered in the future.

Ms. Tesconi asked about staff retention since she is concerned about the impact on quality of service delivery for clients. This issue also came up at the recent Rootz Program Review.

Mr. Ghane Bassiri responded that we do need to keep a strong focus on recruitment and retention. The high cost of living in the Bay Area has been a challenge for staff retention and we have seen an increase in the staff turn-over rate, especially for community based organizations. We are always exploring ways to provide better benefits and professional opportunities in order to keep staff. BHS asks contracted agencies to put in their budgets what they really need in order to do their work at adequate levels, then for BHS to determine if we are funding appropriately. For this fiscal year and next, the Mayor has added a 2.5% Cost of Doing Business increase.

Ms. Klain asked about training about staff burnout.

Mr. Ghane Bassiri said they are responding in different ways, such as having a trauma informed system (including vicarious trauma), enhancing professional opportunities for staff, and BHS has recently hired a Staff Wellness Coordinator to focus in this area. It is very valuable to provide trainings specifically on wellness and self-care. He will inform the Training Coordinator about it.

Public Comment

Dr. David Elliott Lewis asked about what is happening to treatment beds at Zuckerberg San Francisco General Hospital, and the conversion of the Hummingbird place to a navigation center.

Mr. Ghane Bassiri reported that there is no reduction of treatment beds at ZSFGH and more information about Hummingbird Place will be announced next month, and it will serve as a navigation center providing support to those who are homeless, and have a mental health condition and/or substance use disorder. There will be 15 beds there, with overnight stay. Additionally, the department is considering the purchase of more locked beds and more information will hopefully be available on that in October or November.

Ms. Jackson-Lane asked about improvement in the number ZSFGH beds.

Mr. Ghane Bassiri clarified that the 15 beds at Hummingbird are not additional beds in the inpatient unit at ZSFGH.

Mr. Ledbetter asked how Hummingbird is accessed.

Mr. Ghane Bassiri said that Hummingbird Place is based in the Behavioral Health Center by ZSFGH and referrals will be handled by Transitions team within San Francisco Health Network.

Ms. Jackson-Lane asked about the Mayor's Office involvement in innovative practices since ZSFGH has closed a lot of beds. Has there been a trend to change that?

Mr. Ghane Bassiri stated that the shortage of acute beds for people in need of this level of care is not necessarily the main problem. We do have many innovative programs and services to meet the needs of our consumers in the community setting from Dore Urgent Care to Peer Wellness Center. The primary issue is the transition flow going from acute inpatient to subacute placement as needed, but then to lower level of care in the community, especially when lack of housing (homelessness)/residential support is the main challenge. The focus is on what happens to a client who is stabilized & ready to be discharged from the hospital but there are no placements available. We also need to increase accessibility to Intensive Case Management (ICM) level of care, as there are limited slots for those. He stated that priority is always given to those coming from the hospital and have higher needs post hospitalization. We have implemented a system for improved referral flow from hospital level to community outpatient level of care and we are working on improving transition from ICM level of care to regular Outpatient.

Although the length of stay at the hospital and post-hospital flow has improved, it is very important to transition people into less restrictive care as necessary in a timely manner. ZSFGH has two units working with patients at acute and sub-acute level, with the goal of transitioning patients from the higher level to lower level of care with least restrictive environment. We do recognize that more subacute level of care placement and intensive case management slots are certainly needed.

Angelica Almeida, PhD. will present details about two new programs she is overseeing in addition to Assisted Outpatient Treatment. She will present the Law Enforcement Assisted Diversion program (LEAD-SF) and Promoting Recovery and Services for the Prevention of Recidivism (PRSPR), to assist people being released from prison as a result of Proposition 47 passed by California voters in 2014.

The Law Enforcement Assisted Diversion (LEAD)-SF and Promoting Recovery and Services for the Prevention of Recidivism (PRSPR) – Proposition 47 power point presentation is at the end of the minutes.

Dr. Almeida said that her role has expanded to include overseeing several more forensic/justice involved programs. The Board of State and Community Corrections (BSCC) awarded \$5.9 million dollars to the San Francisco Department of Public Health. She presented on two programs: LEAD SF and PRSPR – Proposition 47.

Ms. Klain asked about how data will be collected in evaluation and job training.

Dr. Almeida acknowledged that data about LEAD-SF and PRSPR is incredibly important. San Francisco goes beyond what is required of the county and has data gathering and reporting contracted out to a local consulting group called Harder & Company. The department is very interested in both quantitative and qualitative data. The Tenderloin and Mission areas will be targeted first and then the rest of the city.

No specific funding is allocated for job training. But Glide Foundation, in the Tenderloin and Felton Institute staff in the Mission will connect people to job training services and programs.

She will be hiring a manager and a clinician. For the Proposition 47 project, the format of this pilot has come out of the Re-visioning the Jail Task Force work. There will be 32 residential treatment beds at the Salvation Army and five detox beds. There will also be peer support and peer navigation support for 60 days. They are also working on the specific needs of transitional age youth (TAY) for mental health and substance use services with a plan to develop specific TAY programming.

The grant is fairly broad, covering people with history of arrest, charges or conviction.

Mr. Porfido shared that he is glad to see these programs.

He mentioned that drug related theft and stabbings have increased. He would like to know if there is any outreach to these people with low-level offenses for pre-booking diversion or before they get arrested.

Dr. Almeida said there are social contact referrals. Although law enforcement people have asked for non-district support, police and sheriffs working in the Mission or the Tenderloin can refer people to LEAD-SF.

Pre-booking is between the range of 200 – 250. About 50 others can receive services without being arrested.

Ms. Drummond asked about the kind of data that will be collected, and whether there will be focus groups, and police training.

Dr. Almeida said the Drug Policy Alliance would do a lot of training with the SFPD, and both programs will have a strong evaluation component. California State University Long Beach is also doing an evaluation of LEAD in addition to our local evaluation. There will be both qualitative and quantitative data. The city is contracting with an agency to evaluate the Proposition 47 pilot. She is not sure about focus groups.

Mr. Wong asked about the preferred gender model for male, female and transgender people.

Dr. Almeida said the LEAD-SF is gender neutral but will be gender responsive.

Ms. Jackson-Lane asked how these programs will work with the Behavioral Health Court (BHC) or the Drug Court.

Dr. Almeida said LEAD-SF is pre-booking and collaborates with the Office of the District Attorney but not with the BHC or the Drug Court, which affects people after booking.

Ms. Jackson-Lane asked about promoting recovery and prevention of recidivism for transitional age youth (TAY).

Dr. Almeida said Felton Institute is working with the TAY population. She explained there is a partnership with the Young Adult Court to serve TAY.

Ms. Drummond asked for elaboration on bed capacity at the Salvation Army.

Dr. Almeida said the program is buying a number of Salvation Army beds.

Mr. Weinroth asked about harm reduction and what constitutes success during qualitative evaluation.

Dr. Almeida said success is self-defined by clients.

Mr. Ledbetter asked how many residential beds there were in the entire city for mental health and substance.

Mr. Ghane Bassiri said that in San Francisco there are the following number of residential treatment beds: 311 for substance use disorder treatment, 131 for residential mental health, 32 detoxification treatment beds at HealthRIGHT 360, and 16 detoxification treatment beds at Baker Places. This does not include the addition of 32 beds and 5 detox slots at Salvation Army.

1.2 Public Comment for Dr. Almeida

Dr. David Elliott Lewis shared that one of NAMI's goals is to ensure people from jail get proper mental health treatment not punishment for having an illness. He applauded San Francisco for having LEAD-SF and PRSPR.

A member of the public from Young Mind Advocacy asked about programs and services for children under 18.

Dr. Almeida said she does not know if there is a formal diversion program for people under 18. She said the Juvenile Court would be responsible for minors.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the [Mental Health Services Act](#) or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

Mr. Ghane Bassiri had no new updates. There will be a public hearing at the September 20th meeting presenting the updated plan.

2.2 Public Comment

No public comments

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of June 21, 2017 be approved as submitted.

Unanimously approved.

ITEM 4.0 REPORTS

4.1 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 mentioned the followings:

She reminded the board that there would be no meetings in August.

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

Dr. Stevens announced upcoming committee meetings. She was so pleased to learn that so many board members attended the Program Review training on July 6, 2017 including our newest board member Susan Page who had only been appointed a few days before. She thanked Terry and Idell Wilson for providing an excellent training.

She asked Ms. Page to introduce herself.

Ms. Page was inspired to join the board to be a voice for youth. She was diagnosed with bipolar disorder at 13 and was a foster youth. Now, she has become a strong advocate for youth. She has seen youth struggle with finding mental health care for themselves. She is very much interested in being on the board to bring youth perspectives and help youth navigate the healthcare system.

4.3 Committee Reports

- Mobile Wellness Van Committee: Richard Slota, Co-Chair

Mr. Slota shared that the Wellness Van committee has been focusing more on client needs. CONCRN and City Resources did a presentation at the recent committee meeting. Meetings are the 4th Monday of the month at 5:00 PM.

- Youth Committee: Judy Drummond, Chair

Ms. Drummond shared that Susan Page just became Co-Chair. The committee members accomplished a site visit to Routz. The committee will change the meeting from the morning to the evening on the 2nd Thursday of each month at 5 PM. The committee has an interest in visiting RAMS, Huckleberry and Horizons Unlimited programs.

Ms. Pon shared that it was her first program review and found the training by Idell Wilson and Terry Bohrer to be very informative.

Ms. Drummond added that Routz has a 40-bed capacity, but only 29 beds are filled.

Mr. Porfido shared that the Golden Gate Program for Seniors has empty beds too.

Ms. Tesconi said that the flow to these places might be a problem and wondered how residents find out about openings.

Mr. Ghane Bassiri mentioned that Maureen Edwards, with TAY services is the connector for referrals and placements. We are also adding Peer staff to provide linkage and support for TAY.

Ms. Parks has been living in Baker Places supportive housing and shared that stringent criteria are preventing beds from being filled to capacity.

Mr. Ghane Bassiri mentioned that he would follow up on the unused bed issue, and he was not aware of a DPH-BHS process or procedure that is resulting in referral & placement problem.

Ms. Page shared about the shortage of therapists to residents at Routz. Routz residents expressed frustration for not having therapists.

Mr. Ghane Bassiri clarified that this facility is not a “treatment program” but a housing program with support (housing provided by one entity and support services provided by another). Youth in need are to and can be referred to a therapist at a BHS clinic/program.

Ms. Jackson-Lane commented that clinicians are required to make a diagnosis. She would like to see the department meet the TAY’s mental illness needs better. She would like to see better capacity building. She would like Routz staff to be qualified to make the link for Routz residents to be linked to a therapist.

Ms. Bohrer volunteered to be on the Senior Committee with Mr. Wong.

4.4 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.

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

Mr. Slota visited Supervisor Sandra Fewer, and she is considering joining the Mental Health Board. He will meet with Aaron Peskin’s staff in August to discuss the 2017 board’s annual report.

Ms. Pon said that Sandra Fewer will attend the September meeting.

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

Ms. Parks would like a presentation about navigating the grievance process.

Ms. Bohrer would like to see a presentation by the Sherriff’s Department.

Ms. Klain proposed a presentation on why beds are not filled to capacity.

Mr. Ledbetter suggested a presentation about seniors with mental health issues who live independently.

4.7 Public Comment

Dr. David Elliott Lewis would like to see a RAMS’s peer wellness center presentation

Ms. Gardner suggested a presentation on minor consent.

5.0 PUBLIC COMMENT

Dr. David Elliott Lewis shared that there are about 7,000 homeless people and 1,000 people in county jails. He would like the Mental Health Board to track LEAD-SF progress and have a follow-up presentation on LEAD-SF.

Adjournment

Adjourned at: 8: 35 PM



Mayor Edwin M. Lee

Behavioral Health Services Monthly Director's Report July 2017

1. MENTAL HEALTH SERVICES ACT (MHSA)

2017 Award Winner – National Health Care for the Homeless Council: Ellen Dailey Consumer Advocate Award



Amber Gray, Peer Specialist, Behavioral Health Services

Amber Gray has spent the past 16 years working as a counselor with LGBTQ high-risk youth without homes, a health educator with a mentoring program, a prevention case manager in a residential housing program, and now in a senior program management position with HIV Education and Prevention services for transgender women of color and their partners. She is also a group facilitator for “Transgender Tuesdays” at the Tom Waddell Health Clinic and mentors youth around principles of independence and empowerment. Amber’s dream is to reduce the stigma that continually plagues her community. She is committed to encouraging, motivating, and empowering transgender women of color. Currently Amber is a Peer Specialist with the Transgender Pilot Project, a program of the Mental Health Services Act (MHSA). Congratulations to Amber for her extraordinary work and accomplishments as well as receiving this award. For more information visit: <https://www.nhchc.org/hch2017/hch2017-award-winners/>

30-Day Posting for Review and Comment Period for MHSA Three-Year Program and Expenditure Plan

The Behavioral Health Services (BHS) division of the Department of Public Health is inviting all stakeholders to review and comment on the San Francisco Mental Health Services Act Three-year Program and Expenditure Plan (FY17/18 - FY19/20), for a period of 30 days from July 17, 2017 to August 16, 2017. This 30-day stakeholder review and comment period is in fulfillment of the provisions of the Welfare and Institutions (W&I) Code Section 5848. If you are interested in reviewing the Plan or want to learn about MHSA, please visit the San Francisco MHSA website at <https://www.sfdph.org/mhsa>.

MHSA Peer Specialist Mental Health Certificate- RAMS/SFSU Entry Course, Fall 2017

Richmond Area Multi-Services, Inc. (RAMS), in partnership with San Francisco State University Department of Counseling, is excited to announce that the [Peer Specialist Mental Health Certificate Program](#) is now accepting applications for its 12-week [RAMS/SFSU Peer Specialist Mental Health Certificate Entry Course Fall 2017 Cohort](#), with classes set to begin on Tuesday, September 12th, 2017! Funded by the Mental Health Services Act (MHSA), the RAMS/SFSU Peer Specialist Mental Health Certificate Entry Course is a 12-week intensive program that provides training and education designed for individuals, and family members of individuals, with experience receiving behavioral health services that are interested in (or are currently) providing peer counseling, advocacy and support services in the behavioral health field in San Francisco. The Peer Specialist Mental Health Certificate Entry Course has had graduated 190 successful graduates since its inception in 2010. Attached are the Fall 2017 Entry Course Brochure, Application Form, Informational Open House and Application Help Workshop Flyers. Please see the attached flyers. Application submission due date is August 16, 2017 at 5:00pm.



(Attachment 1)

(Attachment 2)

(Attachment 3)

(Attachment 4)

2. SUBSTANCE USE DISORDER (SUD) SERVICES

BHS Substance Use Disorder Services transitioned to the Drug Medi-Cal/Organized Delivery System on July 1st! Seven agencies have begun ODS billing. Others will be phased in over the course of Fiscal Year 2017-2018 and after. This represents nearly three years of hard work by SF City and County DPH-BHS staff AND our contracting partners who provide addiction treatment in San Francisco. The goal is to continue to provide access to high quality care and to fill in any gaps in treatment.

3. BEHAVIORAL HEALTH SERVICES PHARMACY

Electronic Laboratory Ordering and Results!

Exciting news! Beginning June 1st of this year, SFDPH-BHS converted to electronic laboratory ordering and results in Avatar/OrderConnect at Mental Health programs for Labcorp labs. Laboratory results are viewable to clinicians providing care to the consumers in the eLabs results widget. This widget is located the "Medical" tab of Consoles. In the Consumer Portal, consumers will be able to view their laboratory results. Labs are available after review by the prescriber and a 7 day hold. Some sensitive lab results are blocked from the portal; these labs are tests for: HIV antibody, antigens indicating a hepatitis infection, substance use disorder drugs, tests that reveal cancer, sexually transmitted infections, and pregnancy.

Attached is a recent research article which indicates "the direct release of test results to patients increases patient engagement and utilization of care": The study analyzed patients' use of their consumer portal and the impact of allowing patients to view their test results in one large health system. They found that 80% of all patient portal users viewed test results during the year, and this was highly valued by patients.

(Attachment 5)

4. ADULT & OLDER-ADULT SYSTEMS OF CARE UPDATE

BHS Sets Out to Improve Success of Referrals from San Francisco Health Network's Primary Care

BHS began meeting in early 2017 with San Francisco Health Network (SFHN) Primary Care central administration and Behavioral Health Clinicians on improving the success of referrals of SFHN's Primary Care clients to BHS specialty mental health services.

The California "carve out" of Medi-Cal specialty mental health services, administered by county mental health plans, separates these services from the rest of primary and specialty health care administered by Medi-Cal managed care plans, and requires ensuring appropriate and unimpeded access to BHS specialty mental health services for clients referred from the primary care system, across the divide of the two separated plans.

A few months ago, BHS and SFHN re-examined the protocols for SFHN's Primary Care clinic referrals to BHS civil-service adult & older-adult mental health outpatient clinics for specialty mental health services. Data is not systematically tracked on the success of these referrals, but reportedly, Primary Care Behavioral Health Clinicians state some difficulties in clients being able to connect with specialty mental health services provided at BHS mental health clinic facilities.

Clients themselves may not necessarily follow-through with going to the mental health clinics at locations different from their primary care sites. SFDPH has been addressing this issue by providing non-specialty behavioral health services at SFHN primary care clinics, and also by establishing primary care clinics at four of the largest & busiest civil-service mental health clinic sites (i.e., South of Market, Mission, Chinatown North Beach, and Sunset Mental Health Clinics). These afford opportunities for primary and behavioral health care to be provided at the same location to make access and integrated care easier. SFHN Primary Care clinics also provide, to the extent possible, increased mental health follow-ups to their clients who are experiencing greater acuity of behavioral health symptoms and significance of resultant impairments – but at some point, many clients have to be referred to the higher specialty level-of-care available at BHS mental health outpatient clinics.

BHS has a policy of "Advanced Access: Timely Access Standard for Outpatient Programs", that requires providing same-day, walk-in initial appointments for clients, during office hours from Monday to Friday, in order to reduce delays in accessing care (<https://www.sfdph.org/dph/files/CBHSPolProcMnl/3.02-13.pdf>). There cannot be waitlists in BHS for these initial appointments wherein client specialty behavioral health needs are assessed, urgent or crisis care is facilitated when indicated, and ongoing treatment is arranged as needed. Advanced Access is meant to assure timely access by matching same-day appointment availability with client demand at the front door.

To further improve access for clients being referred from Primary Care, BHS civil-service mental health clinic directors will implement the practice of outreach phone calls to clients specifically referred from SFHN Primary Care clinics, to welcome and encourage them to come in to be seen. [Referrals to BHS from SFHN Primary Care clinics are initiated via a referral form faxed to the BHS mental health clinic. The referral form contains the results of the screening for appropriate specialty mental health services conducted with the client by the SFHN's Primary Care Behavioral Health Clinician.]

To improve communication & coordination between the BHS Officer-on-Duty (OD) clinician, who receives the fax referral, and the referring Behavioral Health Clinician at SFHN Primary Care, the BHS OD will contact the Primary Care Behavioral Health Clinician, by phone or secure email, within 48 hours of the receipt of the faxed referral/screening form, to acknowledge receipt of the fax, to inform the referring Clinician that the client was contacted & encouraged to come in and to obtain any additional clinical information on why the client is being referred to, and eligible for, specialty mental health level-of-care. The BHS OD will also inform the Primary Care Behavioral Health Clinician once the client comes into the BHS clinic of the result of the mental health screening/assessment. [The BHS OD and the referring SFHN Primary Care Behavioral Health Clinician will discuss the medical necessity assessment result, and if there is a differing disposition plan, each will bring the matter to their respective directors for resolution.]

To address the lack of data on the outcomes of referrals to SFHN BHS from SFHN Primary Care for specialty mental health services, and to track the results of improvements in communication with clients and between providers on these referrals, BHS Sunset and OMI Mental Health Clinics are implementing a rapid-cycle test of change, by tracking data on when the referrals are made, when the intake was scheduled, the results of the intake (including *no-shows*), and on any systemic problems encountered and addressed. The tracking began in April 2017, and initial results are coming in and being evaluated.

5. CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEMS OF CARE UPDATES

Chinatown Child Development Center (CCDC)

The CCDC staff and consumers participated in a volunteer outing on June 17th with the Golden Gate National Parks Conservancy. Volunteers and participants learned about native plants in the area & region and weeded non-native plants and weeds in the Lands End park area. A brief lesson about our ecosystem was also introduced to the group by their park rangers. In addition to the gardening activity, children, youth & families, also benefitted from sign language lessons taught by a professional sign language instructor in the group. The lessons focused on learning about signs related to the gardening event and was well received by all.

L.E.G.A.C.Y. – Lifting and Empowering Generations of Adults, Children & Youth

BHS is delighted to announce that two new staff members joined L.E.G.A.C.Y. in June 2017. Verenice Lopez-Meza is the new bilingual, Spanish-speaking, Family & Youth Specialist and Isaac (Trey) Bowler is the new Youth Mentor. We are very excited about the knowledge & skills they bring to the program and to have them on the team.

L.E.G.A.C.Y. hosted another great Family Support Night event held on June 19, 2017. The theme was Juneteenth. Staff created a Jeopardy game for clients to play and learn about the history of the topic, also adding in bonus questions about facts associated with the month of June. At the end, families gave positive feedback on how this particular Family Support Night was presented and each individual was able to share something they learned.

One of the L.E.G.A.C.Y.'s staff members was on the planning committee for San Francisco PRIDE. This staff member promoted the event within the department & our community, and was able to ride on the SFDPH double decker bus during the parade on June 25th.

Southeast Child/Family Therapy Center

BHS is excited to welcome Metzi Henriquez, MFTi to the team of dedicated clinicians at the center. Metzi who is bilingual, Spanish-speaking, has years of experience in providing services to youth and families in San Francisco at Carecen, prior to joining SFDPH.

Starting July, the center will be running 3 different therapeutic groups; a summer outing group for children with ADHD, an outing group for recently arrived immigrant boys called “Reflection Roots – Rebuilding Preferred Stories of Migrant Identity”, and a 14-session Seeking Safety group for parents.

6. ASSISTED OUTPATIENT TREATMENT (AOT)

Assisted Outpatient Treatment (AOT) would like to extend a warm welcome to our newest team member, Heather Venisse, who joins the program as a clinical supervisor. We are very excited to have her on the team!

Ms. Heather Venisse joins AOT as a Licensed Clinical Social Worker with a background working with adults experiencing serious mental illness, chronic medical conditions, substance use, and/or homelessness. Heather most recently worked as the director of a permanent supportive housing program. Her work has focused on supporting clients on obtaining stable housing and overall well-being and to avoid reoccurrences of homelessness and reduce overutilization of emergency services. Additionally, Heather has worked with Child Protective Services, outreach teams, and the court system. She has a great deal of experience and has practiced social work in several places outside of San Francisco Bay Area, including Arizona and Colorado.



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.

7. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICE

Effective July 1, 2017 Dr. Angelica Almeida will be overseeing the following programs with a criminal justice or court focus:

- Assisted Outpatient Treatment (AOT)
- Partnership with Aging and Adult Services on LPS Conservatorships
- Law Enforcement Assisted Diversion (LEAD-SF)
- Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)
- Community Justice Center (CJC)
- Violence Intervention Program (VIP)
- Drug Court

SFDPH-BHS Thanks Craig Murdock for his years of commitment to & managing our partnership with the collaborative courts. His efforts & dedication have supported staff to serve a population with significant behavioral health and psychosocial needs. Craig will continue to oversee the Behavioral Health Access Center, Treatment Access Program, and Offender Treatment Program for Behavioral Health Services.

BHS welcomes Angelica into this new expanded role. She has a wealth of experience working with individuals with severe and persistent mental illness and has been the director of Assisted Outpatient Treatment (AOT), for the past two years, since its inception. Prior to working with the Department of Public Health, Angelica was the Deputy Director of Reentry Services for Jail Behavioral Health Services and worked closely with the community and courts (including Behavioral Health Court) to ensure continuity of care between the forensic and community systems-of-care.

8. CULTURAL COMPETENCE REPORT, COMMUNITY ADVISORY BOARD (CAB) UPDATE

For Fiscal Year 2017-2018, the Office of Cultural Competence will begin using a new Community Advisory Board (CAB) Questionnaire that is to be completed and submitted by all contracted Community Based Organizations (CBOs) and Civil Service Clinics. This questionnaire is replacing the old Cultural Competence Narrative Reports that were previously used. The submission deadline for the questionnaires is September 30, 2017.

In working towards meeting all of the Culturally and Linguistically Appropriate Services Standards (CLAS) within BHS, the Office of Cultural Competence's overarching objective has been to increase community participation and involvement in the decision making processes that dictate service needs and implementation. The narrative report took this into account, with over half of the document asking about the CAB activity that the submitting program/agency was engaged in. The new questionnaire does the same but focuses specifically in this area with no more than a dozen write-in answers. This will be answered by an agency/program's designated staff person for cultural competence issues. All finished questionnaires are to be submitted via upload on the Cultural Competence Tracking System (Database), where there is a dedicated page for this purpose. For any further information on the questionnaire itself or the submission process, please contact Michael Rojas at 415-255-3426 or michael.rojas@sfdph.org.

(Attachment 6)

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



LEAD SF - Fact Sheet

1. WHAT IS LEAD?

San Francisco has been chosen as a recipient of a Board of State and Community Corrections (BSCC) grant to implement Law Enforcement Assisted Diversion (LEAD). This grant is funded for 5.9 million dollars for 26 months (April 21, 2017-June 30, 2019).

Based on the Seattle LEAD program, LEAD SF will be an innovative pre-booking diversion program that will refer repeat, low-level drug offenders at high risk of recidivism, at the earliest contact with law enforcement to community-based health and social services as an alternative to jail and prosecution. This program, to be implemented in August of 2017, will focus on the Mission and Tenderloin Districts to better meet the needs of individuals with a history of substance abuse and low-level drug offenses through **3 goals**: 1) **reduce the recidivism rate** for low-level drug and alcohol offenders, 2) **strengthen collaboration** across city and community based partners, and 3) **improve their health and housing status**.

2. WHO ARE THE LEAD SF PARTNERS?

City Departments

- Adult Probation Department
- Bay Area Rapid Transit (BART) Police
- Department of Public Health
- Office of the District Attorney
- Office of the Public Defender
- San Francisco Police Department
- San Francisco Sheriff's Department

Community Based Organizations

- Drug Police Alliance
- Felton Institute
- Glide Harm Reduction
- San Francisco Public Health Foundation

Technical Support

- Harder+Company Community Research
- Hatchuel Tabernik and Associates

Community Representatives

- Reentry Council
- Roadmap to Peace
- Sentencing Commission
- Tenderloin Health Improvement Partnership
- Workgroup to Re-Envision the Jail Replacement Project

3. WHAT SERVICES ARE PROVIDED THROUGH LEAD SF?

An individual receiving services through LEAD SF will have an Individualized Intervention Plan that they will develop with their treatment team. Services will vary to meet the unique needs of each individual, but may include:

- Enrollment in public benefits
- Linkage to Substance Use Disorder Treatment
- Linkage to Mental Health Services
- Support with employment services

All services will be based in the following principles and practices:

- Harm Reduction
- Recovery and Wellness
- Trauma Informed
- Culturally Competent
- Gender Specific
- Evidence Based Practices (e.g., Seeking Safety, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, Assertive Community Treatment, Wellness Recovery Action Plan, Thinking for a Change)

4. WHO IS ELIGIBLE?

An individual must meet all of the following criteria to qualify for LEAD SF:

- 1) Be at least 18 years of age;
- 2) Be alleged of committing an offense in the Tenderloin or Mission Districts;
- 3) Have contact with Law Enforcement where there is probable cause for the following offenses:
 - a) TBD

5. WHO CAN REFER TO LEAD SF?

A referral must be made from one of the following law enforcement agencies working in the Mission or Tenderloin Districts:

- San Francisco Police Department (SFPD)
- Bay Area Rapid Transit Police (BART Police)
- San Francisco's Sheriff's Department (SFSD)

LEAD SF Website

www.sfdph.org/dph/comupg/knowlcol/leadSF/Law-Enforcement-Assisted-Diversion-SF.asp

LEAD SF Email

leadsf@sfdph.org