

## SAN FRANCISCO MENTAL HEALTH BOARD

---



**Interim Mayor  
London Breed**

1380 Howard Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94103  
(415) 255-3474 fax: 255-3760  
[mhb@mhbsf.org](mailto:mhb@mhbsf.org)  
[www.mhbsf.org](http://www.mhbsf.org)  
[www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health)

Harriette Stallworth Stevens, EdD, Co-Chair  
Ulash Thakore-Dunlap, MFT, Co-Chair  
Idell Wilson, Vice Chair  
Gene Porfido, Secretary  
Terezie "Terry" Bohrer, RN, MSW, CLNC  
Carletta Jackson-Lane, JD  
Judy Zalazar Drummond, MA  
Judith Klain, MPH  
Gregory Ledbetter  
Susan Page  
Toni Parks  
Angela Pon  
Richard Slota, MA  
Marylyn Tesconi  
Njon Weinroth  
Benny Wong, LCSW

### MEETING OF THE MENTAL HEALTH BOARD AGENDA

Wednesday, January 17, 2017  
25 Van Ness Avenue, Room 610  
6:30 PM – 8:30 PM

#### **6:30 PM Call to Order**

#### **Roll Call**

#### **Agenda Changes**

#### **6:35 PM Item 1.0 Report from Behavioral Health Services Director**

For discussion.

1.1 Discussion regarding Behavioral Health Services Department Report, a report on the activities and operations of Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

#### **6:50 PM Item 2.0 Mental Health Service Act Updates and Public Hearings**

For discussion.

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

2.2 Public Comment

### **7:00 PM Item 3.0 Action Items**

For discussion and action.

3.1 Public comment

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of November 15, 2017 be approved as submitted.

3.3 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board notes of December 2, 2017 be approved as submitted.

3.4 Proposed Resolution: Be it resolved that the Data Report be approved as submitted. **Attachment A**

### **7:10 PM Item 4.0 Overview of Behavioral Health Services Grievance Policy, Melissa Bloom, PhD**

4.1 Discussion: Overview of Behavioral Health Services Grievance Policy, Melissa Bloom, PhD

4.2 Public Comment

### **8:00 PM Item 5.0 Reports**

For discussion

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.

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

Discussion regarding Chair's meetings with Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance use.

### 5.3 Committee Reports

- Mobile Wellness Van Committee: Richard Slota, Co-Chair
- Youth Committee: Judy Drummond, Co-Chair
- Senior Committee: Terry Bohrer, Chair

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.

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

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

5.7 Public comment.

### **8:20 PM 6.0 Public Comment**

## **Adjournment**

### **DISABILITY ACCESS**

1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Osinachi Okakpu, MPH, Behavioral Health Services, 415-255-3427 or by email: [osinachi.okakpu@sfdph.org](mailto:osinachi.okakpu@sfdph.org). Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness,

and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300 or Room 610, located at 25 Van Ness Avenue, San Francisco. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

#### **POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES**

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

#### **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689  
Telephone: (415)554-7724  
Fax: 4(15) 554-5163  
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: [www.sfgov.org/sunshine](http://www.sfgov.org/sunshine)

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health). You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

### **Lobbyist Registration and Reporting Requirements**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site [www.sfgov.org/ethics](http://www.sfgov.org/ethics)

ATTACHMENT A

SAN FRANCISCO COUNTY: DATA NOTEBOOK 2017  
FOR CALIFORNIA  
BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



*Prepared by California Mental Health Planning Council, in collaboration with:  
California Association of Local Behavioral Health Boards/Commissions*

1. Has your county applied or been approved to participate in the Whole Person Care Pilot Program?

Yes  No

If so, will older adults be served in your county's program? Yes  No

Older adults are not served due to billing procedures unable to accept Medicare and Medi-Cal (Medicare only).

2. In a prior Data Notebook (2014), counties provided examples of efforts to ensure integrated physical health care with behavioral health care. Please check which services or activities your county provides for older adults.

Procedures for referral to primary care [Can be done at intake](#)

Procedures for screening and referral for substance use treatment [Done at intake.](#)

Program or unit focused on the Older Adult System of Care (AOSOC)

[Four programs: 1. Southeast Mission Geriatric Services; 2. Central City Older Adults; 3. Family Service Agency Geary; and 4. Family Service Agency Franklin Street.](#)

Linkage to Federally Qualified Healthcare Center (FQHC) or similar

Links to Tribal Health

Case management/care coordination to other social services e.g., housing, CalFRESH, Meals on Wheels, In-Home Supportive Services (IHSS)

[Case Managers are experienced and trained on how to access services.](#)

Health screenings, vital signs, routine lab work at Behavioral Health site

[Basic vital signs to establish baselines are taken at each behavioral health outpatient clinic. Whenever the client does not have a primary care assignment, the case manager will link the client to care.](#)

Health educator or RN on staff to teach or lead wellness classes [Nurse Practitioner, Pharmacist or Psychiatrist will routinely provide individual and at times group education on wellness.](#)

Training primary care providers on linking medical with behavioral health

[Case managers provide training and education as needed. In addition, CBHS has developed linkages with the San Francisco General Hospital staff to ensure as seamless a transition as possible via the Gold Card protocol.](#)

Use of health navigators, *promotores*,<sup>1</sup> or peer mentors to link to services

---

<sup>1</sup> In the Hispanic/Latino community, these are health 'promoters' and representatives, who may also assist in navigating the complexities of the health care system.

Most older adult behavioral health clinics have access to or use peer navigators to assist clients.

Other, please specify. Gold Card (gives BHS clients priority at Psychiatric Emergency Services); Health Homes in four BHS clinics

3. Is your county doing any advanced planning to meet the mental health and substance use service needs of your changing older adult population in the coming years? Yes \_\_\_ No \_\_\_ If yes, please describe briefly.  
Nothing specifically.

4. Are there groups in your county who are at significant risk of being unserved or underserved due to limited English proficiency?  
Yes  No \_\_\_  
If yes, please list the top three major language groups or communities in greatest need of outreach for behavioral health services in your county.  
A) Spanish; B) Cantonese; C) Tagalog; D) Vietnamese; F) Korean; G) Russian

5. Describe one strategy that your county employs to reach and serve various cultural and/or race-ethnicity groups within your population of older adults?

The county has flyers for mental health services with different languages used in different catchment areas with distinct populations. An ACCESS 24-hour hotline offers behavioral health referral services. The hotline can provide services in different languages. The older adult outpatient system of care has the added mission of providing outreach and home visits.

6. Are there other significant barriers to obtaining services for older adults in your county? Yes  No \_\_\_ If yes, please check all that apply.

- Transportation  
 Geographic Isolation  
 Lack of awareness of services  
 Mobility issues due to co-occurring physical conditions or disabilities  
 Lack of geriatric-trained practitioner

7. One of our goals is to identify unmet needs for substance use treatment in older adults. Based on local community needs assessments or other reports, what substance use treatment services are available in your county for older adults?

Please check all that apply.

Outpatient NTP (narcotics treatment program (methadone, etc.) Eight Methadone maintenance rehab centers in San Francisco, such as Westside Community Services, Methadone Van. The clients are required to see a counselor when they are getting Methadone treatment.



Outpatient (non-NTP) Health Right 360, Ohlhoff Recovery Programs, Zuckerberg SFGH & Trauma Center: Stimulant Treatment Outpatient Program (STOP)

Detoxification Progress Foundation

Residential Treatment Baker

Dual Diagnoses Programs Baker,

Workforce licensed/certified to treat co-occurring MH and SUD disorders  
BHS Outpatient Clinics; Felton Institute

Safe housing options for clients working to be clean and sober (also applies to dual diagnosis clients) Express Hotel (SRO) —an in-house case manager and a RN monitor the clients with medication and behavioral issues.

SUD Treatment program designed for older military veterans VA hospital

Other, please specify. \_\_\_\_\_

8. Based on either the data or your general experience in your county, do you think your county is doing a good job of reaching and serving older adults in need of mental health services?

Yes  No

If 'No,' then what strategies might better meet the MH needs of older adults?

9. Does your county have resources to provide mental health crisis services designed specifically to meet the needs of older adults?

Yes  No  If yes, please check all that apply below.

Mental health providers trained in MH needs of older adults. There are trained licensed clinicians (MD, RN, NP, LCSW, MFT) and clinicians who are accumulating their license hours. Periodically training is offered on behavioral health needs of older adults

Crisis Intervention Teams have someone trained in the needs of older adults. CIT Police Training; Crisis Teams collaborate with BHS.

Provide training and work more closely with law enforcement in handling MH crisis of older adults. CIT Police Training; CIT Work Group

Crisis Drop-In Center with ability to serve older adults

Services for older adults at risk for suicide SF Suicide Prevention Center, Institute on Aging Center for Elderly Suicide Prevention; Friendship Line

23-Hour Crisis Stabilization Services for older adults SF General Hospital Psychiatric Emergency Services

Crisis residential treatment for older adults Progress Foundation (Crisis Residential Program/Acute Diversion Units). These programs are operated in homes located in residential neighborhoods and offer clients a discreet, stigma-free environment for up to two weeks at a time.

Psychiatric hospital or unit able to take older adults with complex medical needs, when mental health crises are too serious to be met by other services

Langley Porter/UCSF (20 beds); Jewish Home (12 beds) accepts Kaiser Insurance and Medicare. The patients must be 50 or older. SFGH inpatient psychiatric unit, St. Francis Hospital Inpatient psychiatric unit.

The following question focuses mainly on mental health or other supportive services for older adults who are the primary care providers for those under 18: most often grandchildren, grandnieces/nephews, or other 'kinfolk' or relatives. However, if you wish, you may also include services or programs that assist older adults who provide extensive care for a dependent adult family member.

10. Does your county have specific services or programs to support older adults who provide extensive care for dependent family members, so that caregivers can meet their own mental health and other needs?

Yes  No

If yes, please check all that apply below.

Group therapy or support groups NAMI Support Groups

Counseling/parenting strategies Nine Adult Day Care Centers (seven are nonprofit making agencies and two are profit making agencies)

Respite care services Onlok Lifeways; Transitional Care Housing; Rhoda Goldman

In-home supportive services (IHSS) Department of Aging and Adults with Disabilities.

Stress management program

Mental health therapy, individual BHS Clinics/Providers

Other, please specify: \_\_\_\_\_.

11. Does your county have a special program(s) to address the needs of older adults with chronic mental illness who also begin to be affected by mild cognitive impairment or early dementia? Yes  No

If yes, please provide one example.

Adult Day Health Centers- SteppingStone ADHC- they have trained social workers and psychiatric consultants to provide services (case management, assessment and crisis intervention) for older adults with chronic mental disorder and MCI or dementia.

Adult day health centers – Ocean View Merced, Ingleside, OVME

12. Does your community train and/or utilize the skills and knowledge of older adults as peer counselors, and/or health navigators? Yes  No

If yes, then please provide one example of how this occurs.

MHSA's Peer-to-Peer and Vocational Services programs: Staff are trained to visit older adults who are socially isolated at home.

Curry Center – peer program  
RAMS – peer program

### QUESTIONNAIRE: How Did Your Board Complete the Data Notebook?

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Mental Health Planning Council. Questions below ask about operations of mental health boards, behavioral health boards or commissions, regardless of current title. Signature lines indicate review and approval to submit your Data Notebook.

**(a) What process was used to complete this Data Notebook? Please check all that apply.**

MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions. [2017 December Retreat](#)

MH Board completed majority of the Data Notebook

County staff and/or Director completed majority of the Data Notebook

Data Notebook placed on Agenda and discussed at Board meeting [January – vote to approve](#)

MH Board work group or temporary ad hoc committee worked on it  
[MHB – Aging Subcommittee](#)

MH Board partnered with county staff or director

MH Board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.

[Plan to do this after completion with a cover letter to request presentation at BOS meeting in the Spring.](#)