

SAN FRANCISCO MENTAL HEALTH BOARD



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Mark Farrell**

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Susan Page
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Richard Slota, MA
Marylyn Tesconi
Njon Weinroth
Benny Wong, LCSW

ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, April 18, 2018
City Hall

One Carlton B. Goodlett Place
Room 421, 4th Floor (room schedule conflict)
Room 278, 2nd Floor
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Harriette Stevens, EdD; Co-Chair; Ulash Thakore-Dunlap, MFT, Co-Chair, Idell Wilson, Vice Chair; Gene Porfido, Secretary; Terry Bohrer, RN, MSW, CLNC; Judy Z. Drummond, MA; Carletta Jackson-Lane, JD; Gregory Ledbetter; Susan Page; Toni Parks; Marylyn Tesconi; Njon Weinroth; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Judith Klain, MPH; and Richard Slota, MA.

BOARD MEMBERS ABSENT. None

OTHERS PRESENT: Helynna Brooke (Executive Director); Loy M. Proffitt (Administrative Manager); Kavooos Ghane Bassiri, LMFT, LPCC, CGP, Behavioral Health Services (BHS) Director; Imo Momoh, MPA, Director, Mental Health Services Act (MHSA); and David Elliott Lewis, PhD, Mental Health Association (MHA) of San Francisco, National Alliance on Mental Illness (NAMI).

Ms. Thakore-Dunlap called the meeting to order at 6:31 PM.

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.

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 mentioned that there will be several activities that are being prepared for May, since May is Mental Health Awareness Month.

The Department of Public Health as a trauma-informed system and becoming a healing organization, wants all its staff to be trained in this regard and also engaging in a lot of different activities around trauma work, including activities related to staffing development/people development. The department formed a partnership with a non-profit organization called Search Inside Yourself Leadership Institute. Institute staffers have been working with over 30 countries now. They went into Bhutan and trained all the teachers in Bhutan about mindfulness and emotional intelligence.

This morning, for example, the DPH leadership went through a presentation/training about mindfulness and emotional intelligence by SIYLI (SIYLI). This was another way for the department to become more & more of a healing organization; being more aware & reflective, being more present; listening more effectively, then really developing more tools to be more mindful and use emotional intelligence in the process. A certain number of staffers are going to go through this training to become certified and then to train other staff.

Many people in Puerto Rico are still impacted and affected by the 2017 hurricane Maria disaster. Puerto Rico needs a greater relief effort. DPH is participating in the relief effort by sending a group from the Department; nurses, doctors and behavioral health clinicians to provide relief support to some of health providers there as well as medical/mental health care to people in need.

Southeast Child & Family Therapy Center did some activities around safety and security. They are becoming more mindful about the safety and security protocols to handle possible challenging security situations.

Central City Older Adults, which was on Van Ness for about 20 years, is now co-located and sharing space with HealthRIGHT 360. The Central City Older Adults clinic is at the ground level of the HealthRIGHT 360 building.

Drug Court has co-located to the Community Justice Center (CJC) on 555 Polk. Having one location provides a coordinated support.

At the March board meeting, Gloria Wilder was the presenter. Her summary is included in this report. San Francisco City and County public safety workers can be trained and furnished with naloxone. 70 San Francisco Police Department officers and sheriffs have naloxone kits through

the pharmacy. The life-ending overdose rate in San Francisco is actually very low, contrary to some people's expectation. Readily accessible naloxone is a protective factor to keep the life-ending overdose rate low.

The last item he shared was the report about the Client Satisfaction Survey fall 2017 results. The satisfaction survey distribution happens, from the State level, bi-annually. The report show 3,257 clients were served by mental health programs for youth and adult. 91.7% of the survey participants were Satisfied or Very Satisfied with BHS services. Similarly strong results were found for Substance Use programs, where the overall satisfaction was 91.6% based on almost 2000 surveys. Satisfaction Survey results are posted on the DPH website and viewable for all programs by the public.

Mr. Weinroth asked about the low overdose rate in terms of overdose deaths or fatalities.

Mr. Ghane Bassiri affirmed that the low overdose rate reported means a low rate of fatalities due to overdose. We have had a higher rate of drug overdose reversal.

Ms. Brook asked if private providers are trained in trauma-informed care.

Mr. Ghane Bassiri said private providers/contractors are not required to have trauma-informed care training, but they are recommended to attend the training and offered space to attend the training offered by SFDPH, or they may organize their own training. The training is mandatory for DPH employees.

Dr. Stevens liked the quality management report and the surveys and asked for clarification on what percentage considers the response rate such as 80%.

Mr. Ghane Bassiri explained that generally the satisfaction rates are high and for items where we have a lower rating of 81% for example, we want to understand this more for those other 19% and how we can improve their satisfaction. We have identified the few areas of lower ratings (low 80% level) as part of our True North metrics, in order to analyze & understand better and work on it to make improvements across our systems of care.

Ms. Tesconi asked how many surveys were distributed.

Mr. Ghane Bassiri mentioned that the report is based on only the total number of returned surveys. Surveys are provided to all clients receiving services during the two week period of the two separate distribution cycles during the year. Returned surveys varied in different settings. In residential program setting, for example, residents live at the facility are more likely to participate resulting in possibly 100% returned surveys. In an out-patient program setting, there could be a lower return rate like 70% (overall combined response rate was about 78%). Giving the surveys to the clients are required, but the client can decide to complete it or not (it is voluntary).

1.2 Public Comment

[No public comments.](#)

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

Mr. Momoh spoke about AB 1618 which is called No Place Like Home (NPLH). It was signed by the Governor back in 2016. No Place Like Home is a program designed to provide housing for the homeless, the at-risk of chronic homelessness, and homeless people with a serious mental illness. San Francisco projected we would receive about \$86 to \$90 million and be able to make about 500 units available for this population. No Place Like Home is a \$2 billion housing bond that is meant to be paid back by the Mental Health Services Act (MHSA), at the state level. However, it will impact our revenue at the local level, because of the current litigation.

Right now it is caught up in the judiciary. An attorney sued the State stating that the NPLH program is not an appropriate use of MHSA funds. As of this month, there's a new bill (AB 1206) being presented. What they are proposing is to include on the November ballot a measure that asks the question to voters, "Is this a good use of MSHA funds?" Right now everything is on hold. However, there's a technical assistance component to this program which allows counties to plan. On average the amount each county can receive is about \$150,000. That is still ongoing because that money is coming from a separate type of funding.

In San Francisco, the agencies that have taken the lead in this program are the Mayor's Office of Housing and Community Development and the Department of Homelessness and Supportive Housing.

Ms. Drummond asked if the State people think that housing is not a good use of the money.

Mr. Momoh said, "the party suing does not believe this is appropriate use of the MHSA funds with the way it is written right now in the legislation."

Mr. Porfido wanted to know more about the legal issue why the money should not be appropriated for issues surrounding mental health.

Mr. Momoh stated housing is a huge issue across the state for many counties, including San Francisco. In an effort to untangle the process, the legislators are pursuing the new ballot initiative (AB 1206).

MHSA has five different components, and one of those components is called Innovation. Innovation funds have to be spent within three years, and if the county does not spend them, it reverts back to the state. Since the inception of MHSA, nothing has reverted back to the state, because the state did not enforce this rule.

However, the state is now ready to enforce the rule. For some counties, funds meant to revert back in 2016 and 2017 actually reverted back to the state. The state gave those funds back to counties, required counties to develop a plan to spend the funds by 2020 (AB 114). For San Francisco, we have about \$1.7 million that are subject to reversion if unspent by 2020. All of these funds are under "Innovation." For some counties, they have funds under "Innovation" and another component under MHSA they call "Prevention and Early Intervention." For San Francisco, it is just "Innovation." All innovation plans and projects are approved at the state

level. Every other component of MHSA is approved at the local level by the Board of Supervisors. It could take a while for the county plan to get on the agenda at the state level to get the plan approved.

San Francisco has a new program that was approved by the State under innovation. It is called Intensive Case Management (ICM) to Outpatient Transition Flow Project. In the past, clients being discharged from intensive case management programs that have lower caseloads, flexible funds, wraparound services, and 24/7 access to your case managers, have a low success rate in connecting to appointment-based outpatient services.

The proposed Innovation project is to create a peer linkage team or a peer transition team that would help navigate these clients being discharged to appointment-based outpatient services. It was approved by the State for \$3.75 million for five years. This will also help spend funds at risk of reversion.

2.2 Public Comment

[No public comments.](#)

ITEM 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment

[No public comments.](#)

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of March 21, 2018 be approved as submitted.

[Unanimously approved.](#)

3.3 Proposed Resolution: Be it resolved that the name of the Mental Health Board be changed to Behavioral Health Commission.

Ms. Thakore-Dunlap said board Member Njon Weinroth gave a presentation at the Mental Health Board retreat in December 2017 providing a number of reasons why it would be good to change the board's name. More than half of the boards in the state have changed to become behavioral health boards or commissions to align with the departments. Staff learned from the clerk of the Board of Supervisors that the board just needs to submit its request to the Board of Supervisors (BOS) for a vote. Board members would be named commissioners instead of board members.

Ms. Bohrer asked if the change of name is a legislative change.

Ms. Thakore-Dunlap said "No." The next step goes to the Board of Supervisors (BOS), and they update the San Francisco Administrative Code.

Mr. Weinroth shared that the board can call itself either a board or a commission without changing the legislation.

Ms. Brooke mentioned the board also has an opportunity to put into the San Francisco Administrative Codes to allow consumers who work for Behavioral Health Services (BHS) to be on the board. We will update that change as well.

[Unanimously approved.](#)

3.4 Proposed Resolution: Be it resolved that full board meeting on the third Wednesday of the month be held from 6:00 PM – 8:00 PM.

Unanimously approved.

ITEM 4.0 PRESENTATION: CREATING AN EARLY INTERVENTION PUBLIC MENTAL HEALTH CONTINUUM OF CARE FOR YOUTH IN THE US: FROM SCHOOLS TO HEADSPACE TO EARLY PSYCHOSIS SUPPORT BY STEVEN ADELSHEIM, MD, CLINICAL PROFESSOR, ASSOCIATE CHAIR FOR COMMUNITY ENGAGEMENT AND DIRECTOR, STANFORD CENTER FOR YOUTH MENTAL HEALTH AND WELLBEING

4.1 Presentation: Creating an Early Intervention Public Mental Health Continuum of Care for Youth in the US: From Schools to headspace to Early Psychosis Support by Steven Adelsheim, MD, Clinical Professor, Associate Chair for Community Engagement and Director, Stanford Center for Youth Mental Health and Wellbeing

Ms. Thakore-Dunlap introduced Steven Adelsheim, MD, Clinical Professor and Associate Chair for Community Engagement at Stanford's Department of Psychiatry and Behavioral Sciences, where he directs the Center for Youth Mental Health and Wellbeing. Steve's work focuses on developing and implementing early detection/intervention programs for young people in school-based and community settings, including programs for those with depression, anxiety, and early psychosis, as well as work in youth suicide prevention, mental health policy, telebehavioral health and tribal mental health.

She thanked the Youth and Transitional Age Youth (TAY) Committee for coordinating the presentation.

Dr. Adelsheim thanked the board and provided his background briefly. He is a child psychiatrist. He spent 28 years in New Mexico before moving to California about five years ago.

New Mexico has the same population as Santa Clara County where he now lives. He worked in New Mexico for many years in school-based health centers, as the State Director in the Public Health Division of the school system. He then worked for a number of years developing telehealth programs in rural health communities. He linked rural providers with schools in primary care settings. A lot of his work was state and local partnership on building up early systems of care.

He came to Stanford with the challenge of supporting the department in broader community engagement and partnership in a department that traditionally has been pretty isolated. There were a number of people who have done wonderful work in Santa Clara County such as the Center for Survivors of Torture, Asian-Americans for Community Involvement, the PACE HIV Clinic in the county HIV Clinic. He does a lot of school-based work. He would like to see more coordination in community-based work.

He would like to see a continuum model of mental health care for young people. His model would be a niche around early intervention and prevention. In Santa Clara County, services have started and have used Innovation funds. They are also looking at the Prevention and Early Intervention funds as well.

His population focuses on young people between 12 to 25. Between the ages of 10 and 30, the primary health issue for that population is all mental health-related issues. Most young people

are healthy. Half of all lifetime cases of mental illness start by the age of 14 and three-quarters by the age of 24. However, the service system is not really geared for young people. Knowing that one in five teens may have a mental health issue at any one time, 30% of those 18 to 25, the question is, "Where are our systems in terms of early support for these young people?"

Many people with private insurance in Santa Clara and San Antonio counties have a harder time accessing mental health care than people in the Medi-Cal system. 7.7% of youth have no access to mental health services through private insurance. There are increasing rates of depression in young people over the last five years, and continued difficulty with access to services; 1.7 million youth with depression are not receiving treatment.

Other countries address the issue proactively. Australia has early mental health support, primary care, education and vocational development, substance use treatment and peer support. Canada, Ireland and Denmark have early intervention services. There is a growing movement for creating a space that youth feel welcome in.

Santa Clara County has a lower rate of youth suicide than the average for the entire state of California. The higher rates are still in rural counties across the state. However, the county still has huge needs and kids with a lot of stress, whether they are the kids from the very affluent families facing a lot of pressure or the kids from the families that are struggling with food, housing, poverty issues. The highest youth suicide rates are those young people who died in front of trains. Most were young men of color, ages 20 to 24 in Santa Clara County.

In a traumatized community like Palo Alto, youth suicide is increasing. The city is paying 24/7 for a person to sit in a tent at this train crossing and watch to be sure that no one jumps in front of the train.

Dr. Adelsheim has a long list of recommendations. They range from multiple prevention programs, evidence-based services, family support, school-based programs, and identifying people at risk.

He shared many of his slides from colleagues in Australia, in Canada, and in Europe, because many other countries have strong programs committed to youth and youth mental health support.

The International Declaration of Youth Mental Health has been supported through the World Health Organization (WHO) and with many other organizations that are nationally focusing on young people with the notion that every young person should have a full life that they want; access to mental health support; anti-stigma; and educated in a way that works for them.

He shared that most of our dollars go to treatment models for people with more serious and persistent mental illness, as it is a population in great need.

At the same time, in Santa Clara County, there have been prevention and early intervention programs and some school-based health-related programs, but they are not doing a great job around early detection and early intervention.

He shared several problems with school-based programs, such as dealing with the education versus HIPAA issues around access. There were still many young people that didn't want to be seen in schools. Kids were becoming truant, dropping out, getting expelled; who then didn't have access. When schools would shut down for breaks or summers, the services were not there.

He started looking around at whether somebody had the models for this and came upon these models initially in Australia, where they had really started to build out these direct services for

young people, that were integrated with early mental health support for young people to walk in for early care, had supported education and employment components, early addiction treatment, and peer support. The country, half the population of California, was making a significant investment in these models, so that as of now across Australia there are 110 of these programs.

Canada is now rolling these out across British Columbia. Ontario is going from five to 20 of these programs. In Ireland, there are 13 of them, and they are called Jigsaw. France has 100 early intervention programs. Denmark has 12. Israel has two.

It is a growing movement of integrated youth mental health that's taking place internationally.

In Australia, they are a one-stop service for mental health, where the idea is to create a space that is welcoming to young people. There are store-front sites. They are not connected to youth clinics or mental-health centers. They are really standalone spaces

They all have this common set of services. They all have the "headspace" name. There's headspace Melbourne and headspace Sydney, so that they will look somewhat the same wherever you go to across the country. They are trying to do them with fidelity across the different sites and as the sites develop, they all sign contracts and agreements to have the same coordinated service, and to being part of the data collection system for the country.

They see youth 12 to 25, and the idea is for young people to be able to walk in on their own or with a friend. For early mental healthcare they do not need to be homeless; they do not need to be in crisis. However, they can be a kid who is going through a breakup or a kid who wants to bring in a friend they are worried about. Or, a kid who is dealing with depression or anxiety and want to get some help but do not want to go on their own to the community mental health center.

They are now coordinating with schools in a national suicide prevention partnership with very active training for teachers, for students, with peer leadership models. In Santa Clara County, they envision more of a direct partnership right from the beginning with schools where they would have staff that would be going to the school, with cross-referrals, and building this out as a partnership right up front.

Ms. Tesconi asked if providing mental health services includes private schools?

Dr. Adelsheim said private schools now offer services. The goal is that everyone can come in regardless of his or her ability to pay, which is actually one of the core innovations that we promised the state that we would work on.

He went on to share about the naming of the site in British Columbia which was Foundry. Young people picked it because it had the word "Found" in it, and that is what resonated with young people in British Columbia. Marketing is a critical part of these models, because you are really trying to create services that young people will want to come to that are really geared to them.

The service components of the sites of British Columbia are similar to the ones in Australia. They have a more active peer support program, and they have more of a walk-in component than the ones in Australia. They have primary care with a general physical and sexual health and social services from income assistance to housing and vocational employment services.

Ms. Parks asked if the sexual health focuses on HIV prevention or sexually transmitted infections (STD's) education.

Dr. Adelsheim said youth drives the program with active advisory groups. Part of what's important about these sites is that they are very youth driven. They each have very active youth advisory groups that determine a lot about the groups and the other programs that happen at the sites. If the youth prioritize a sexual health focus, it will be part of the program.

The goal is to have groups that range from educational activities to therapy groups and to be able to have that whole continuum of care. In Australia and British Columbia, they are basing them on what the community interest is of those young people.

They use what is considered a stepped-care model. The intensity of services is geared to the symptoms and the needs of the young person. If you are really having very early kinds of issues, one can turn to peer support or online support. Then as you move to higher intensity needs where you are moving towards more serious psychiatric conditions, maybe early psychosis, you are getting to the higher levels of service. However, the idea is to build the continuum of services based on the needs of that person.

Ms. Parks mentioned the peer support online information and asked there a built-in support using the social network like Facebook or Snapchat or whatever.

Dr. Adelsheim shared that in Australia, they have eheadspace with phone calls, email and chat therapy services, and then they try to connect people to one of the sites for additional support.

Santa Clara County has made a commitment to a Crisis Text Line, for example. But a Crisis Text Line does not refer you anywhere. They are dealing with the issue independently over that connection, and then it is over.

Mr. Ledbetter wanted to know hours of operation for these type of programs such as after business hours, weekends and holidays.

Dr. Adelsheim said hours of operation is a great question. A lot of them are starting out during regular business hours and then realizing that the shift needs to be made. In Santa Clara County, they will be starting with at least one evening a week.

Mr. Ledbetter inquired whether a central location would ease access to services.

Dr. Adelsheim said they are looking for spaces that are storefront spaces, which are not right in the center of visibility, but maybe right around the corner, accessible to transportation, near some schools, not in an existing clinic but maybe near one perhaps.

They are looking at having one site in San Jose that will probably be a community that is mostly a MediCal population. Then they will see financially what that looks like. Then another one in the northern part of the county closer to Palo Alto and Mountain View where there is more of an insured population. They will treat everybody at each site, and share staff but they need to see what the finances look like in more of a commercial site and more of a MediCal site. They are going to be doing two and then see how that works out.

Mr. Weinroth asked these programs address cultural diversity and a lot of the systemic issues that come up within some of these populations, such as being children of immigrant families, where there can be a disconnect between their home life and their school life and issues that come up surrounding that.

Dr. Adelsheim shared that for Santa Clara County, part of the issues are cultural and linguistic issues. It really needs to market to different cultural groups directly, and then it fits with the

diversity of the community, and then what the services look like. They have just have started with their youth advisory groups. The San Jose Youth Advisory Group looks a little different from the Mountain View. At the same time, they have 12 or 13 youth on each, and they are bringing the two groups together every other meeting for education for everybody and to be able to then have a broader voice across the whole county. They are trying to make it an educational learning process for everyone and really trying to reflect the diversity of each community, and educate each community as well.

Ms. Jackson-Lane asked how confidentiality issues are addressed.

Dr. Adelsheim said they will follow state laws and find ways to work with young people to encourage them to bring their families into partner on getting their needs met more successfully. State laws allow children as young as 12 to access services.

Ms. Jackson-Lane asked about pushback between what a unified school district would say when they are addressing.

Dr. Adelsheim shared that his experience has been that he has worked in schools from the healthcare side outside of the system rather than from the school side of the system. The services that they are involved in providing fall generally under HIPAA rather than falling under FERPA.

When you look at the wellness centers here in San Francisco, they have been brilliant in actually having the mental health providers who are financed through a different pot of money to be able to ensure that their services are still protected while the rest of the services in the wellness centers are funded through education dollars and aren't entirely structured the same way. One of the things they really want to do with these sites ensures that they can make these as confidential services as they possibly can, and at the same time to address their issue and support them and include family support if possible.

Ms. Jackson-Lane asked how they address parents who become angry, because they do not feel that they were involved in the process.

Dr. Adelsheim shared that he spent a number of years addressing that issue. He found it really important to continue to engage with young people while trying to help them understand the importance of bringing their parents into the mix.

They do not want to treat people in isolation. They want to support people in the process they want but want to ensure that their whole system of support is enabled to give support as much as possible.

Ms. Bohrer asked about getting parental consent for the kids.

Dr. Adelsheim said their intent is really to follow the state law in California. Young people 12 years of age or older can access specific mental health services independently. There are conditions in which that can happen.

I think there are issues which they need to clarify over time. They created a code for a school service so that the state Medicaid office knew not to send out a visitor to a school as a notification of service so that the families were not notified necessarily that service had taken place.

There was a state law that was passed about a year ago under the Affordable Care Act (ACA). Young people can spend their parent's insurance up to the age of 26.

They do not necessarily want their parents to know that they are getting a healthcare service, and they are legally adults when they are 18. There was a law that was passed in California allowing youth under 26, to sign a form that would go to their insurance company, which would tell the insurance company not to send their parents a notification of the service.

Mr. Ledbetter asked about mandated reporting.

Dr. Adelsheim said they would be following all mandated reporting laws as well.

He shared that they are focused on including young people in Advisory Groups as well as in the evaluation process. They really want youth involvement in helping to create spaces that will be designed for young people to feel comfortable walking into the area. He showed several slides of the Australia and British Columbia sites.

He went on to discuss some of the marketing campaigns used in those countries. They spent a year developing a campaign with a group of Aboriginal and Torres Strait Islander community members. It is called "Yarn safe," and you can find it on their website. It really is a whole separate set of messaging. Australia is 4% Aboriginal and Torres Strait Islander population, but now 8% of the young people coming into the headspace sites are Aboriginal and Torres Strait Islanders. They feel like this works pretty well in terms of bringing these folks into their community programs.

When you look at some of the marketing to young people for these programs, you do not see mental health. You do not see, "Come in for your major depressive disorder," you say, "Come in for the black cloud" "dreaded butterflies" instead of "your generalized anxiety disorder."

A lot of marketing has been a really important piece. They had a strong relationship with the Australian football team, and they do a lot of advertising and anti-stigma work in getting young people to come in for care, such as the MVP from the Australian version of the Super Bowl three years ago; he's a Torres Strait Islander young man saying, "Got a lot going on? Come into the headspace." Brand recognition is great. They had 61% of brand awareness among young people; this was two or three years ago; and parents, 46% of families.

In terms of outcomes around therapy, there are some results in terms of decrease in symptoms and young people self-satisfaction. I think on average they probably get a sense of 60% improvement. Not everybody does. Part of the issue is a lot of young people are coming in once, and they do not know what they are getting, what they need in that one visit or they are not connecting with them, so they do not come back.

A couple of weeks ago Santa Clara hosted people from a number of different counties coming to learn about the model. They are now looking at a partnership with them to try to create an implementation team, so that the counties that are expressing interest can get support and the guidance from the sites that have already started. They could be looking at even an international partnership.

One of the things they are doing across Canada is they are looking at a common dataset so that they are doing the same screens of intakes for all the young people in British Columbia and Ontario. Then they have a whole other set of 12 youth mental health sites across Canada, and they are all looking at using common data systems, common tracking, common outcome measures.

Santa Clara is talking with them about potentially looking at the same data systems so that that data might be shared.

Santa Clara County is working with IDEO.org as a group to start looking at, "What should the name be, here?" "What do the sites look like?" They have been meeting with young people. They are having some insights and some sense of where the issues are. The sense they get is that our young people are running around too much and they are feeling very stressed; that it is hard to ask for help especially mental health help; that it really is a leap to say, "I need to see somebody." Moreover, it is hard to talk about it without feeling bad; that the cultural issues are prominent.

There's a sense that the young people are saying, "Everybody says they want to help us, but they are really not giving us what we need." "Young people just want to stand still but constantly need to run."

They have been looking at this notion of a space where the first thing a young person can do is stop and catch their breath, and have a safe place where they can pause, pull themselves together and then be able to figure out what they need next. Whether it is spending time with other people, having some educational or some other activities where they can look into certain resources and treatment.

Dr. Stevens said this is an inspiring project and model. She asked if this would be the first in the country?

Dr. Adelsheim said they are the first in the country. They did a feasibility study through the Johnson Foundation to look at bringing this model to the US and then got some funding from them to be educating programs. They have been talking with people here, in New York, Arizona, and Pennsylvania, who are all looking at this model and partnering with the Australian people and with the people in Canada to do this as a collaborative effort.

The Mental Health Services Act folks are encouraging counties to do this. A group of counties might come together with an Innovation Request to do it.

4.2 Public Comment

Dr. David Elliott Lewis commented that he would like to see SF collaborate with the program. He hoped the model would work for adults too.

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.

Ms. Brooke mentioned the following items:

- A brief overview of UN Visit: Women's Intercultural Network briefing
- March 24th Domestic Violence event by Carletta Jackson-Lane
- March 28th: State of Public Safety, SF District Attorney
- April 12th, SF Bay Area Symposium, Meeting the Needs of Victims of Mass Casualty Crime, SF District Attorney

She announced that she will be retiring March 1, 2019.

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.

Ms. Thakore-Dunlap reminded the board that the Executive Committee meets next Tuesday, April 24th, 2018 at 10:00 AM in the Mental Health Board office, Room 226. All board members, as well as members of the public, are welcome to attend.

The first meeting of the Older Adult Committee, chaired by Idell Wilson, met today just before this board meeting. It will continue to meet the third Wednesday of the month from 5 PM to 6 PM.

The Substance Use Committee, chaired by Njon Weinroth, will meet from 9:00 AM to 10:00 AM on the fourth Tuesday of the month just before the Executive Committee meeting.

The Executive Committee appointed Marylyn Tesconi to chair the committee to manage the succession plan for the executive director from the job description to hiring the new executive director. Marylyn, would you like to say more about your committee.

Ms. Tesconi would like 2-3 more people on her committee. The goal is to develop criteria, job specification and start the interview process.

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

None mentioned.

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

Ms. Drummond shared that she is using her radio show to interview San Francisco supervisors.

Mr. Weinroth said he was very surprised how well informed Hillary Ronen was about mental health and homeless issues.

Mr. Porfido is on the City College of San Francisco board.

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

Ms. Jackson-Lane suggested mental health issues in older women who are in the incarceration system.

5.7 Public comment.

Dr. David Elliott Lewis suggested the board have an EMS 6 presentation.

6.0 Public Comment

Dr. David Elliott Lewis shared that the San Francisco Warmline received funding support for San Franciscans in crisis.

Adjournment

The meeting was adjourned at 8:37 PM.



Mayor Mark Farrell

Behavioral Health Services Monthly Director's Report April 2018

Trauma Informed Systems

The Trauma Informed Systems Initiative (TIS) team is excited to announce that they have partnered up with the Search Inside Yourself Leadership Institute (SIYLI) with the goal of integrating Emotional Intelligence and Mindfulness into the SFDPH culture and workforce with the hopes of becoming a true Healing Organization.* We view a healing organization as one that is: reflective, makes sense out of the past, growth and prevention-oriented, resists re-traumatization, is collaborative, focuses on equity and accountability, and fosters relational leadership.

What is unique about SIYLI:

- Developed and tested within Google
- Created by thought-leaders in mindfulness, emotional intelligence and neuroscience
- Makes deep and complex concept highly practical and accessible
- Emphasizes application to the on-the-ground challenges

What is also unique and exciting about the SFDPH/SIYLI partnership is that this is the 1st time that this model is being offered outside of the corporate world. SIYLI offered 30 full scholarships to SFDPH employees to attend one two-day Mindful Program, and SIYLI is currently sponsoring two SFDPH employees to become certified teachers. SIYLI certified teachers in training **Jenee Johnson** (left) and **Lisa Reyes** (right), longtime employees of San Francisco Department of Public Health (SPDPH), are pioneering the way to bring Mindfulness broadly to the approximately 9,000 cross-department employees at SPDPH. In 2018-2019 they will begin piloting SIYLI workshop series.



Simple Practice: Mindful Minute

- Close your eyes
- Focus on your breath: Deep inhales and slow exhales
- Repeat 6-8 times (or more if you have more than a minute!)
- Optional: Use a timer and set for one minute. Timers work well to make sure you don't get lost in meditation if you have something scheduled soon after
- Enjoy a more peaceful state as you slip back into your day

To read more about this exciting partnership, click here:

<https://us12.campaign-archive.com/?u=94061ea9fb33eed33c28acbba&id=961815a6a5>

*This partnership is funded through a grant from the Robert Wood Johnson Foundation.

For more information on this initiative or about Trauma Informed Systems, or to register for the Trauma 101 training, please contact: Lisa Reyes, Trauma Informed Systems Initiative Coordinator at: Lisa.Reyes@sfdph.org or 415-255-3613.

San Francisco Health Department Conducts Puerto Rico Relief Mission

The Health Department is conducting a medical relief mission in Puerto Rico this month to assist with recovery efforts in the wake of Hurricane Maria. A 15-person team made up of physicians, nurses, mental health providers, disease surveillance and analyst staff departed April 6 on a weeklong trip to Hatillo and Utuado in the northwest of the island commonwealth.

Led by Dr. Hali Hammer, Director of Primary Care for the San Francisco Health Network, the team of Spanish-speaking staff will assist **Corporacion de Servicios Medicos**, Federally Qualified Health Centers that include **Clinica Hatillo** and **Clinica Utuado**, serving communities where the storm damage and health impacts are still very present. In Utuado, water and power have not yet been restored.

The San Francisco team are split into two groups, with one based at a clinic treating patients, and another going door to door in the community, providing assessments, deliveries and care to those who may not be able to reach the clinics. The storm has exacerbated chronic illnesses such as respiratory conditions, asthma, diabetes and high blood pressure. Residents may be affected by increased dust and mold in the environment, lack of refrigeration for medications, or difficulties accessing care, to name a few of the circumstances making good health more challenging.

Our team comes from San Francisco Health Network locations across the city, including Tom Waddell Urban Health Center, Potrero Hill Health Center, Southeast Health Center, Castro-Mission Health Center, Shelter Health, Comprehensive Crisis Services and Zuckerberg San Francisco General Hospital. The team members are **Dr. Hali Hammer**, team lead; **Tobi Skotnes**, logistics coordinator; **Viva Delgado**, logistics and medication/supply coordinator; nurses **Evita Mullins**, **Richard Santana**, **Ellen Davis**, **Martha Baer**, **Ramona Soberanis**; doctors **Ann Dallman**, **Raul Gutierrez**, **Alexis Williams**, **Kenneth Payan**; licensed clinical social worker **Nakari Ron**; counselor **Jesus Pizano**; psychologist **Dr. Ricardo Carrillo**.

The team will give a presentation upon their return about their experience and provide suggestions for San Franciscans who want to help with the relief efforts.

1. MENTAL HEALTH SERVICES ACT (MHSA)

BHS Receives Grant for Innovative Project

On Thursday, March 22, Behavioral Health Services staff from the Mental Health Services Act program presented an Innovation project to the Mental Health Services Oversight and Accountability Commission (MHSOAC), in Sacramento. The project is entitled *Intensive Case Management/Full Service Partnership to Outpatient Transition Support (ICM/FSP to OP Transition Support)*. The intent of this project is to create a Peer Linkage Team that would assist clients, being discharged from ICM programs, successfully link and engage in appointment-based outpatient services. The project was approved by the MHSOAC in an amount of \$3.75 million for a period of five years. Congratulations to the BHS Team!

Upcoming Event: 3rd Annual BHS Vocational Summit

San Francisco Behavioral Health Services' Vocational program is having its 3rd Annual Vocational Summit on May 15, 2018. It will be from 9:00 am to 1:00 pm at the San Francisco Public Library: 100 Larkin Street, Hispanic/Latino Room. BHS Vocational CO-OP programs, including Caminar, Occupational Therapy Training Program, PRC, RAMS, and UCSF Citywide, will present on their employment services. The Summit will also have clients participating in vocational services share their success stories. Various vocational programs from across the city will be present to share information. If you have any questions, please direct them to Stephen Dempsey, Vocational Program Specialist, 415-255-3664, stephen.dempsey@sfdph.org.

City Hall to Be Lit Green in Support in May Mental Health Awareness Month

May is Mental Health Awareness Month and in recognition and support of this important cause - raising mental health awareness, reducing stigma and promoting access to care – San Francisco City Hall will be lit green on Thursday, May 10th. Lime green is recognized as the official color for mental health awareness.

If your organization would like some promotional materials like ribbons, pins and posters to raise awareness during this month, please contact the Mental Health Services Act program at mhsa@sfdph.org

2018 Tool Kit – May Mental Health Awareness Month

Our Mental Health Services Act (MHSA) Statewide partner, California Mental Health Services Authority, has developed toolkits in recognition of Mental Health Awareness Month, which is in the month of May. The following is the link to the 2018 toolkit, including files to share via email, social media and by printing. You can also download the toolkit on the [Each Mind Matters Resource Center](#).

What you can find in the toolkit:

- Ribbon Wall Activity Materials including a ribbon wall template and instruction poster.
- Message cards and web banners.
- Additional materials such as social media posts and email templates will be added to the toolkit soon!

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

Spotlight on Mission Family Center, L.E.G.A.C.Y., Southeast Child & Family Therapy Center, Chinatown Child Development Program, and Parent Training Institute

Report from [Mission Family Center](#) (MFC) on Trauma Informed Systems (TIS) initiative from our TIS Champions Maureen Gammon and Jose Luis Villarce: "First let us acknowledge it has been both an honor and learning process to be part of the City's ongoing commitment to do what is needed to further its efforts to be a Trauma Informed System. We want to take a minute to thank the many people involved in this endeavor. We truly believe it will contribute to the wellbeing of our families, our colleagues and ourselves. Following multiple meetings with MFC's Director, and the wisdom for our fearless TIS trainer Cherie Falvey, we scheduled a meeting with MFC staff during a regular weekly meeting. The purpose was to share the results of a recent TIS staff survey, and start the process of discussing the TIS principles. Following much thought and conversation, we decided to start with the principles of Collaboration and Empowerment. Our hope was that this would support our goal of empowering staff, building cohesiveness and laying a strong foundation where we can continue to grow and expand. Following staff's lead, we chose to focus specifically on the principle of Empowerment. Through the process of a reverse brainstorm, we explored and documented our staff's interpretation of what Empowerment is, and is not. Not only was this an empowering and fruitful exercise, it was also a wealth of

information for us going forth. It was also a reminder of the many important ingredients that contribute to being a Trauma Informed System. A reminder of the strengths, skills and commitment that our colleagues bring to work every day. And, last but not least, the value of giving people a vehicle where their voices, opinions and experiences can be heard and respected. When we remember this, we can contribute both to the lives of our families and each other.”

At Southeast Child & Family Therapy Center, staff participated in two in-service trainings presented by Basil Price, Director of Security at SFDPH. The initial training focused on reviewing CIT principles related to De-escalation. Staff also had an opportunity to role play strategies. For the second training, SFDPH security response policies were reviewed (i.e. Threats and Violence in the Workplace; Prevention and Management; Bomb Threat Response Protocol, etc.). The trainings reinforced the importance of being aware of the protocols in place both at site-specific and the general DPH response. Similarly, staff conducted different role scenarios related to situations if ICE agents showed up at the site. SFDPH policy was reviewed in regards to this scenario and to identify respective roles in order to manage the situation in a safe and protective manner for staff and clients.

Southeast Child & Family Therapy Center’s clinician, Colleen Wong, along with staff at SFUSD Monroe Elementary School, will be conducting a parenting workshop, a 6-weeks continuous parent group, meeting on Friday mornings. Each parent will also receive the book, “The Way I Feel”, which focuses on kids naming their feelings. The workshop will focus on identifying feelings and how children express them (for example, children can show sadness by crying, isolating, aggressive actions, etc.). The group will be facilitated in English, with translation in Cantonese and in Spanish, as needed.

LEGACY is collaborating with College Track hosting a 6-week Girls’ Empowerment Group. This group is to empower young girls in the community struggling with internal and external pressures. LEGACY is also hosting a 6-week Support Group in Cantonese, for Chinese American parents who need support and resources around teenage suicide prevention. The program again collaborated with Visitation Valley Strong Families, hosting a 12-week, Triple P course, in Cantonese. At the end of March, LEGACY hosted another successful Family Support Night, with a catered dinner, and the families received information from Open Door Legal Services where they learned how to access legal support around evictions, family law, etc.

In March, Chinatown Child Development Center (CCDC) staff, volunteers and about 45 participants joined the Annual YMCA Chinese New Year’s 5K Run. This has been an annual event that has been organized by CCDC’s current and former/retired staff. Following the run, participants’ enjoyed a homemade pancake & sausage breakfast made by staff. Also, the CCDC Infant Parent Group held a successful annual Easter Egg Hunt at Huntington Park. In addition to the staff, children, youth & families who participated, the San Francisco Police Department was also instrumental in providing a safe and fun event for everyone who attended. The Officers eagerly interacted with the children as they happily hunted for the hand painted eggs & numerous treats in the park.

The Parent Training Institute (PTI) continues to partner with the Sunnydale Wellness Center to implement Supporting Father Involvement (SFI), an evidence-based co-parenting curriculum for fathers. The first cohort of fathers completed SFI last Spring, and a second cohort of fathers have now completed the first 5 weeks of the 16 weeks curriculum. The outcomes being measured include the father's mental health, his relationship with the mother or co-parent of his child, and how well his level of involvement in child-rearing activities aligns with his vision of how he wants his involvement with his child to be. George Calvin, LCSW is the supervisor directing the clinical intervention and PTI is providing evaluation support, fidelity monitoring, and incentives intended to reduce barriers to fathers' participation in the program.

3. ADULT & OLDER-ADULT (AOA) SYSTEMS OF CARE

Spotlight on Central City Older Adults Clinic

The Central City Older Adults (CCOA) clinic, a civil service mental health clinic serving older adult consumers over 60, has moved to the 1st floor of 1563 Mission St., the new HealthRIGHT 360 building at the corner of South Van Ness Avenue. The program's new phone number is (628) 217-5200, with fax at (415) 553-3900.

And immediately prior to that, CCOA also welcomed its new Clinic Manager, Michelle Roberts, LCSW. Michelle came from being the Clinical Supervisor for St. Mary's Center's Medi-Cal mental health outpatient program, in Oakland, California. Michelle obtained her Masters in Social Work degree from Smith College in Massachusetts. Welcome to SFDPH and our BHS team Michelle!

CCOA moved from its former location at 90 Van Ness Ave., after 20 years of providing services there to older adults, with moderate to severe mental health issues, living in the Tenderloin and South of Market neighborhood districts. CCOA staff provide crisis intervention, psychosocial assessment, psychiatric evaluation including medication support, individual and group therapy, collateral, and case management services, using a recovery and strength-based approach to improve mental and overall health.

CCOA is able to conduct home visits to older adult clients, including to Single Room Occupancy (SRO) hotels. CCOA's aims to improve consumers' quality of life, coping skills, adjustment to change, and satisfaction. Languages spoken by staff at CCOA currently include Spanish, Cantonese, Thai, Sign Language, and English.

An open house is being planned for CCOA's at the new clinic location. Date and details to be announced.

4. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

Spotlight on the Community Justice Service Center

BHS is excited to announce that the Community Justice Center (CJC) and Drug Court Treatment Center (DCTC) are now co-located at the Community Justice Service Center located at 555 Polk St. This allows our providers to offer coordinated care to participants in the Community Justice Court and Drug Court programs including the ability for CJC clients to utilize the urinalysis testing services provided by DCTC staff. From January to March 2018, CJC has had served over 650 defendants entering CJC court, hearing over 880 cases. In addition, CJC has been very fortunate to have been allocated 5 residential treatment beds with HealthRIGHT 360 (HR360) and works closely with HR360 and other community partners to make sure CJC clients are provided with comprehensive care and support. The availability of these residential treatment beds has been instrumental in our clients' ability to *graduate* from CJC & stay on the path towards recovery. One of our clients with dual diagnosis came in through the court system and was initially ambivalent about how his substance use exacerbated his mental health symptoms. Through participation in the mindfulness groups and early recovery groups provided at CJC and continued support from CJC Case Managers, the client gained more insight to his symptoms and service needs and acknowledged need for residential care. He was quickly placed into HR360's dual diagnosis residential program which further helped him understand the consequences of his drug use and the importance of good self-care. The client was also evaluated and prescribed medication which helped to alleviate the symptoms that led him to self-medicate in the first place. At one point, this client was recognized by the HR360 staff as being an excellent source of support to his peers. The client has since *graduated* from the residential program and moved into the newly formed Residential Step Down program which allows clients to stay in clean & sober housing, for a longer period,

while attending HR360 outpatient services. This includes job training and placement along with case management services. This client is a stellar example to the other clients about how self-motivation, with support in place, can really be a life changer!

5. BHS PHARMACY

Furnishing Naloxone to CCSF Public Safety Workers

In response to the opioid epidemic, BHS Pharmacy is helping to furnish naloxone to CCSF Public Safety workers to prevent overdose deaths in San Francisco. So far, we have furnished naloxone kits to 70 SFPD Officers and Sheriffs.

Presenting BHS Pharmacy Services to the San Francisco Mental Health Board

Gloria Wilder, Director of BHS Pharmacy Services, attended the Mental Health Board meeting in March to present BHS Pharmacy Services to the board members, who were interested in learning more about the scope of what pharmacy does and especially to learn more about the work of clinical pharmacists at BHS clinics. The Board members were very engaged and had many questions during the positive interactive discussion.

Below includes a summary of the presentation:

Pharmacy Services Mission – to advance wellness by delivery innovative client-centered care with clinical expertise

Services at BHS Pharmacy based at 1380 Howard

- Specialty packaged prescriptions for 11 behavioral health clinics
- Buprenorphine early treatment for opioid use disorder treatment
- Methadone maintenance for opioid use disorder treatment
- Smoking cessation intervention
- Jail Psychiatric Services release medications
- E-prescribing training and user support
- Safety net prescriptions for BHS clients
- Naloxone (narcan) furnishing for opioid overdose reversal
- Medication disposal (household/personal)

Clinical Pharmacists Services at BHS Civil Service Mental Health Clinics

- Medication information for clients and providers
- Direct client medication support services
- Groups – medication, smoking cessation, healthy living
- Bilingual capacities (in Chinese, Spanish)
- Prescription access/troubleshooting
- Medication room regulatory and medication safety support

Pharmacists Supporting BHS System-wide

- Medication consultation/drug information
- Formulary management
- Medication safety
- Medication Use Improvement Initiatives. Examples:
 - Reducing antipsychotic polypharmacy
 - Medication Use Guidelines
 - Appropriate use of sedative-hypnotics

How to reach BHS Pharmacy

- We are here to help
- BHS Pharmacy 415-255-3659
- Drug Information 415-255-3055
- Gloria Lee Wilder, PharmD 415-255-3703 or gloria.wilder@sfdph.org

6. BHS QUALITY MANAGEMENT

Survey Results Show Clients are Highly Satisfied with BHS Services

Results of the Fall 2017 Client Satisfaction Surveys for both Mental Health and Substance Use Services indicate that the vast majority of clients are highly satisfied with BHS services. Responses from 3,257 unique clients served by mental health programs (representing 2,349 adults and 908 youth), indicate that 91.7% were either Satisfied or Very Satisfied with BHS services. Similarly strong results were found for Substance Use programs, where the overall satisfaction was 91.6% based on 1,948 surveys.

The high level of satisfaction is best captured by the three most widely endorsed statements of satisfaction. Of the adult surveys, the highest agreement was found for the statements: “I like the services that I receive here” (92.9%), “Services were available at time that were good for me” (90.1%), and “I was given information about my rights” (90.0%).

Youth survey respondents endorsed slightly different statements: “Staff spoke with me in a way that I understood” (96.2%), “Staff treated me with respect” (96.1%), and “Staff respected my religious/spiritual beliefs” (93.6%).

Substance Use survey respondents most often endorsed the statements: “Staff spoke to me in a way I understood” (91.8%), “I felt welcomed here” (91.2%), and “Staff treated me with respect” (90.5%).

Detailed reports of the Fall 2017 Client Satisfaction Surveys have been posted on the SFDPH Website. There are separate reports for Mental Health and Substance Use programs. In each report there is an overall report for all programs, followed by program specific reports.

The reports are available as a large PDF with bookmarks for each program, at these URLs:

https://www.sfdph.org/dph/files/CBHSdocs/QM2017/2017Fall_AOA-CYF_MentalHealth_satisfaction.pdf

https://www.sfdph.org/dph/files/CBHSdocs/QM2017/2017Fall_SUDS_satisfaction.pdf

Past issues of the CBHS Monthly Director’s Report are available at:

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>



Stanford
M E D I C I N E

Responding to the Voices of Our Young People, Finally: A Public Mental Health Continuum of Care for Youth in the US

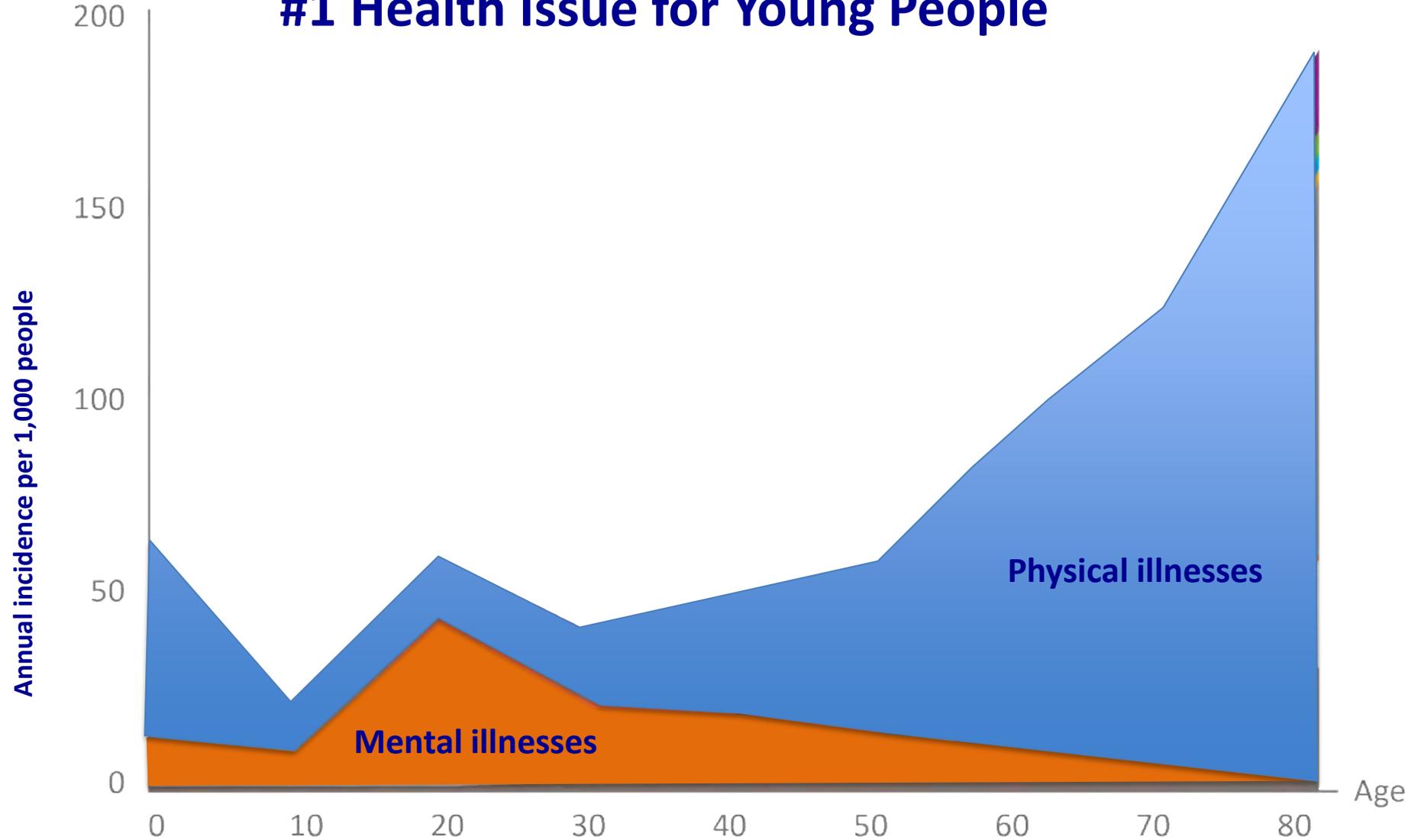
Steven Adelsheim, MD
sadelsheim@stanford.edu

650-725-3757



Lucile Packard
Children's Hospital
Stanford

Global Burden of Disease: #1 Health Issue for Young People



FACTS ABOUT CHILDREN'S MENTAL HEALTH



29.8%

OF YOUNG ADULTS AGES 18 TO 25
REPORTED HAVING EXPERIENCED A
MENTAL, BEHAVIORAL, OR EMOTIONAL
DISORDER IN THE PAST YEAR

**\$247
BILLION**

SPENT ANNUALLY ON MENTAL,
EMOTIONAL & BEHAVIORAL
DISORDERS AMONG YOUTH
INCLUDING FOR MENTAL HEALTH
SERVICES, LOST PRODUCTIVITY
AND CRIME

1 in 5

U.S. CHILDREN AND TEENS
HAVE A DIAGNOSABLE
PSYCHIATRIC DISORDER

1/2

OF ALL LIFETIME CASES OF
MENTAL ILLNESS BEGIN BY
AGE 14

1 in 4

PARENTS FINDS IT
DIFFICULT TO OBTAIN
MENTAL HEALTH SERVICES
FOR THEIR CHILD



AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

WWW.AACAP.ORG

56%

OF AMERICAN ADULTS WITH A MENTAL ILLNESS **DID NOT** RECEIVE TREATMENT

1 IN 5  REPORT AN UNMET NEED

7.7%

OF YOUTH HAD **NO ACCESS** TO MENTAL HEALTH SERVICES THROUGH THEIR PRIVATE INSURANCE

YOUTH MENTAL HEALTH IS WORSENING AND ACCESS TO CARE IS LIMITED



IN A FIVE YEAR PERIOD, **RATES OF SEVERE YOUTH DEPRESSION** HAVE INCREASED

5.9%  **8.2%**

OVER 1.7 MILLION YOUTH WITH MAJOR DEPRESSIVE EPISODES **DID NOT** RECEIVE TREATMENT



THAT'S ENOUGH TO FILL **EVERY** MAJOR LEAGUE BASEBALL STADIUM ON THE EAST COAST **TWICE**





WELCOME
TO
TREATMENT

(JUST
KIDDING)

Smart Leads

The Atlantic

China Builds the
Next Hollywood
p. 44

Donald Trump and the
Myth of the Front-Runner
p. 13

**The
Silicon
Valley
Suicides**

Why are so many
kids killing themselves
in Palo Alto?

By **HANNA ROSIN**



+

The Secret
Life of John
le Carré

The World's
Greatest Actor

Why You
Bought That
Ugly Sweater

CDC EPI-AID Santa Clara County Recommended Suicide Prevention Strategies

1. Multiple prevention approaches to address multiple risk factors
2. Access to evidence-based mental health care
3. Family relationships and family-based programs
4. Connection to school and school-based programs
5. Identify and support people at risk
6. Crisis intervention
7. Suicide postvention
8. Prevention of other forms of violence
9. Reducing access to lethal means for youth at risk
10. Safe messaging and reporting about suicide
11. Strategic planning for suicide prevention
12. Selection and implementation of evidence-based programs
13. Continuous program evaluation

The International Declaration on Youth Mental Health

A shared vision, principles and action plan for mental health service provision for young people aged 12–25 years



Imagine a world where...

- ➡ Every young person has a meaningful life and can fulfil their hopes and dreams
- ➡ All young people are respected, valued and supported by their families, friends and communities
- ➡ Young people feel empowered to exercise their right to participate in decisions that affect them
- ➡ Young people with mental ill-health get the support and care they need when and where they need it
- ➡ No young person with mental ill-health has to endure stigma, prejudice and discrimination
- ➡ The role of family and friends in supporting young people is valued and encouraged

10-year targets

1. Suicide rates for young people aged 12–25 years will have reduced by a minimum of 50% over the next ten years. This minimum target means that we do not accept that the death of any young person by suicide is inevitable.
2. Every young person will be educated in ways to stay mentally healthy, will be able to recognise signs of mental health difficulties and will know how to access mental health support if they need it
3. Youth mental health training will be a standard curriculum component of all health, youth and social care training programmes
4. All primary care services will use youth mental health assessment and intervention protocols
5. All young people and their families or carers will be able to

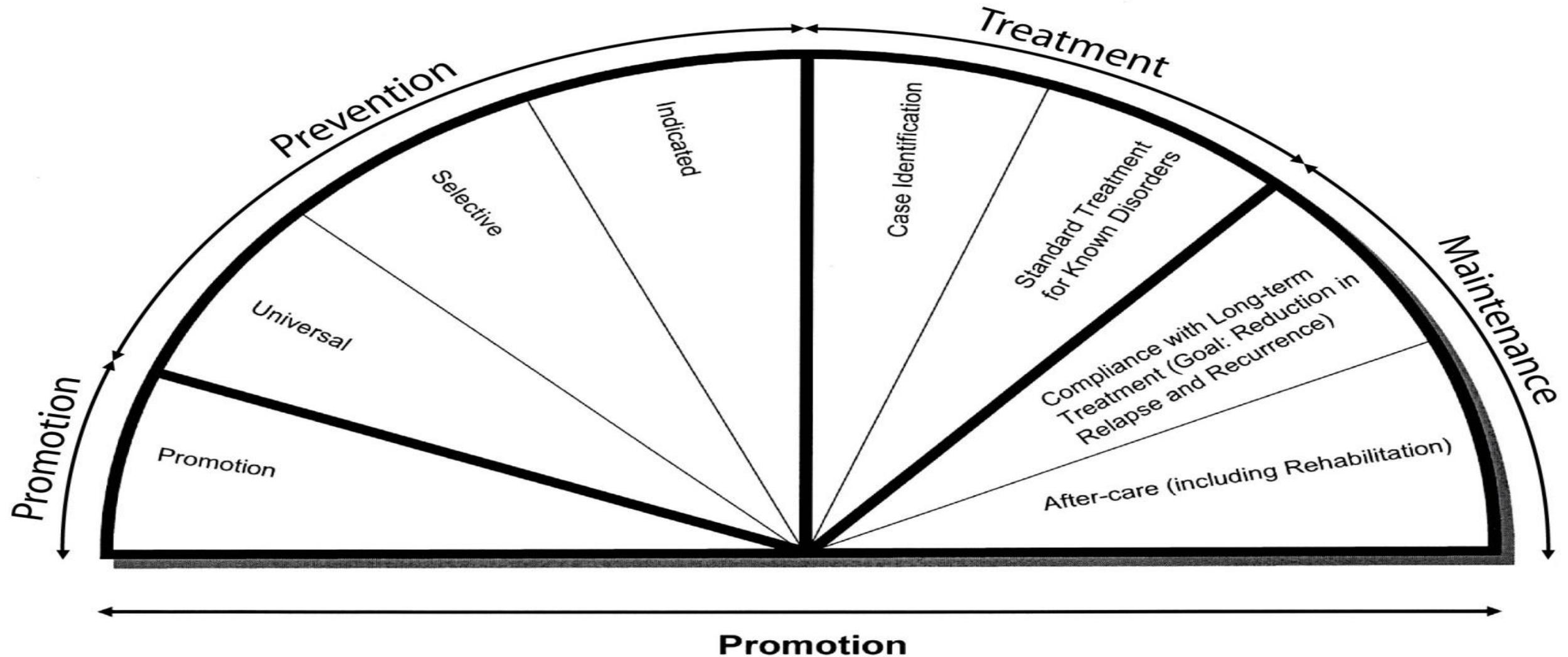
Why an International Declaration on Youth Mental Health?

“International declarations that articulate core values, goals and standards have played an important role in enhancing the quality of care in a number of areas of medicine”

(Bertolote & McDermott, 2005)

The World Health Organization

Prevention And Promotion (IOM)



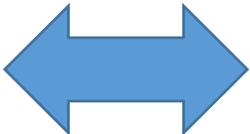
A Public Mental Health Continuum for Youth



**School health/
mental health
programs**



**Integrated
Youth Mental
Health Care**



**Early
psychosis
program
s**

- **Early Mental Health Support**
- **Primary care**
- **Supported education and employment**
- **Early Substance Use Tx**
- **Peer support**

INTERNATIONAL



One stop service for mental health, AOD, physical health, vocational assistance that is youth friendly and free or low cost



What to expect at a centre?

Centres provide service across four core streams, at a minimum;

- Physical health
- Mental health
- Alcohol and other drug services
- Vocational and educational support

Youth friendly location and centre

- Entry point for ALL young people, aged between 12-25 years
- Focus on early intervention and early help seeking
- No geographical catchment areas
- Fee structure – free, low cost or fee for service
- Co-location and integration of support services



OUR BRAND TOOK A YEAR TO DEVELOP WITH HUNDREDS OF YOUTH CONSULTED...



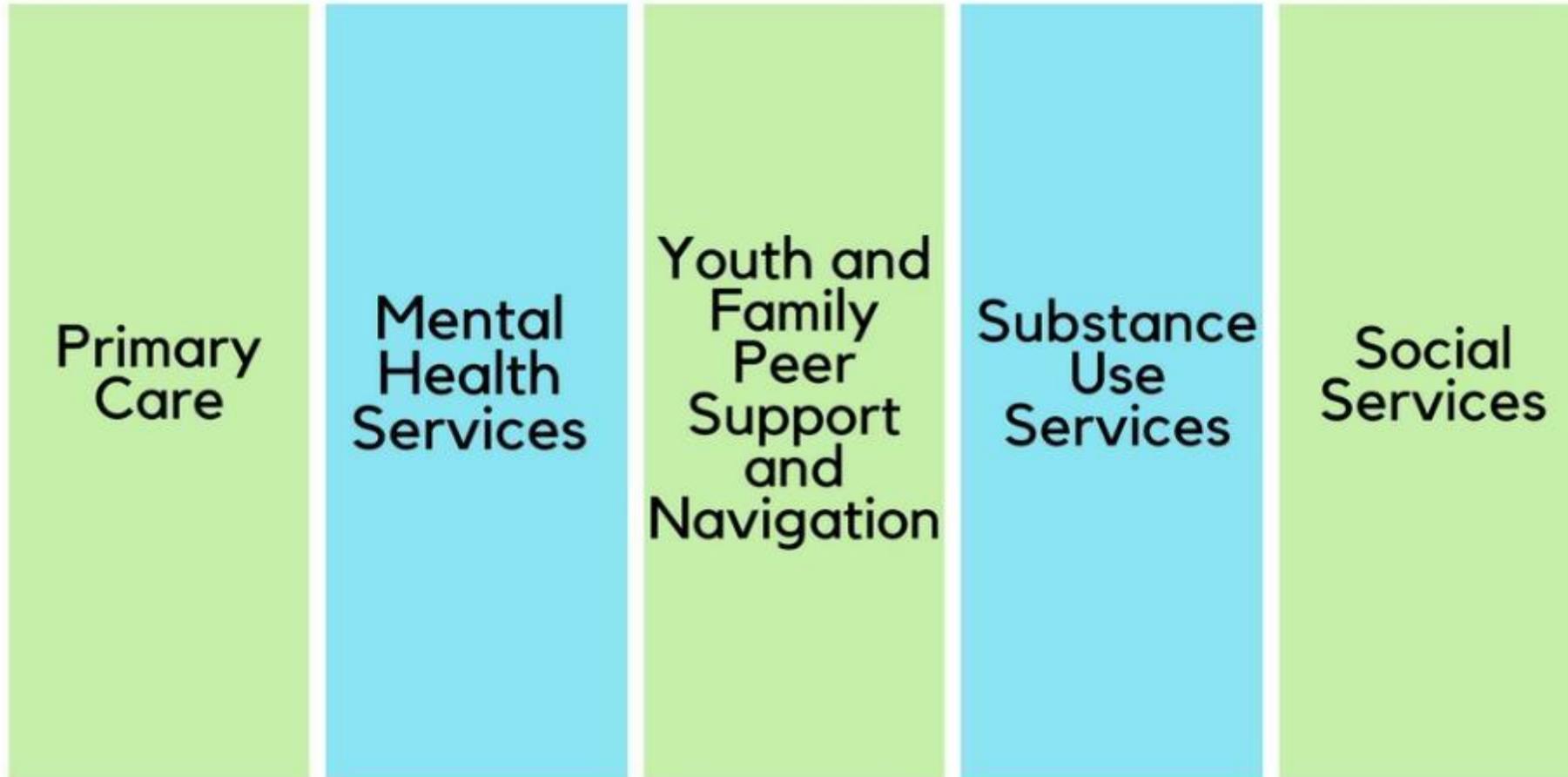
FIND HELP, HOPE, SUPPORT, FIND YOURSELF.

FORGE NEW CONNECTIONS AND NEW ABILITIES.
FORGE YOUR PATH FOR WELLNESS.

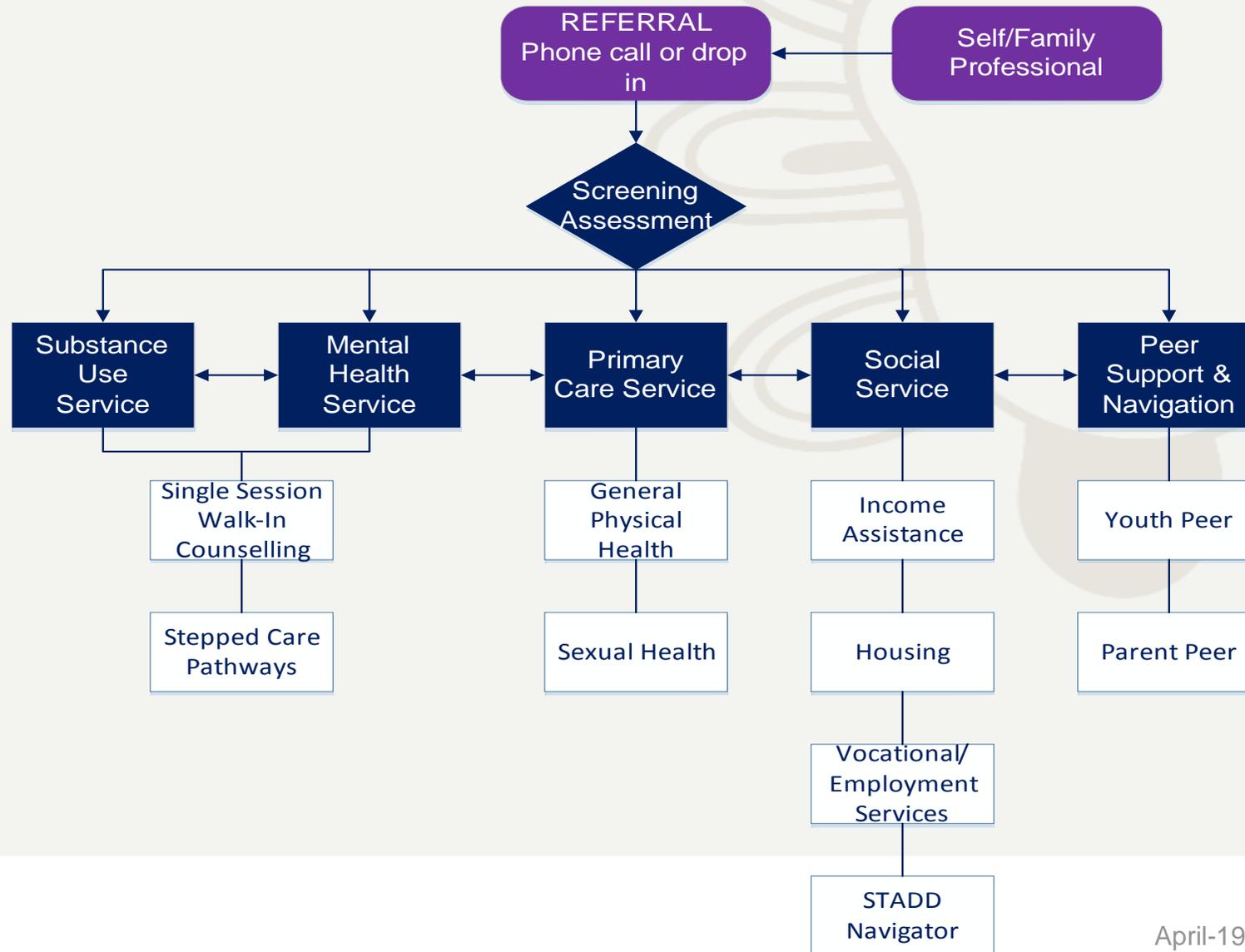
A FOUNDATION FOR HEALTH AND WELL-BEING.
A FOUNDATION FOR WHO YOU WANT TO BE.

WELCOME TO FOUNDRY.

THE FOUNDRY MODEL: CORE SERVICES



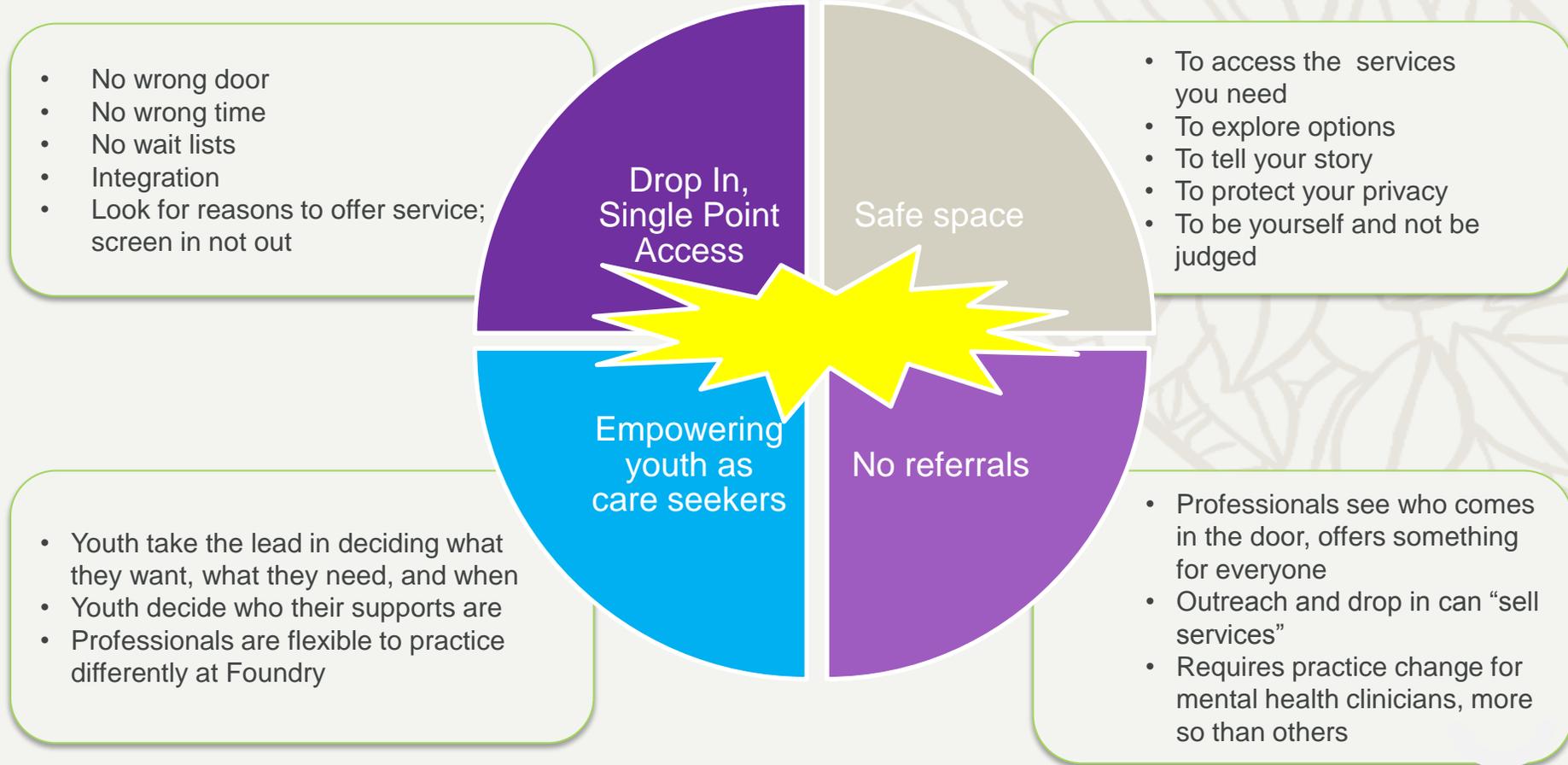
THE FOUNDRY MODEL: PATHWAYS



THE FOUNDRY MODEL: INTEGRATED STEPPED CARE



CORE COMPONENTS OF A FOUNDRY CENTRE: CYCLE 2



FRAYME-Youth Engagement

- An active and ongoing **process that embeds youth voice at all levels.**
- A set of practices that offer youth opportunities to develop **meaningful relationships with adults, learn skills, work on issues they're passionate about and contribute to social change.**
- Engaging youth means giving them the power to influence and shape their lives in the direction that they believe is right for them.
- Gives young people an opportunity to build capacity and contribute to positive change.
- **This can occur on an individual level, local community level or on a societal or system level.**

Advisory on Youth Matters (AYM)
Terms of Reference

Date of Amendment
July 24th, 2017

MANDATE		The NCE-IKTP YMH Advisory on Youth Matters (AYM) is made up of youth ages 18 to 29 who are interested in making a significant impact on youth well-being in Canada and across the world.
PURPOSE		To provide support to the NCE-IKTP YMH leadership by: 1) drawing on their lived experience to strategically advise and provide input on items of relevance to the NCE-IKTP-YMH's work; and 2) acting as ambassadors for the NCE-IKTP-YMH throughout their membership term.
GOALS		To inform and advise organizations to create services and partnerships that serve youth effectively and are geographically and culturally relevant.
VALUES		AYM values include genuine youth engagement (no tokenism allowed), flexibility, transparency, and diversity in both perspective and experience.



FOUNDRY CAMPBELL RIVER

OPENED APRIL 2017
OPERATED BY JOHN HOWARD SOCIETY



LOST IN THE MESS?

NO SHAME IN TALKING IT OUT

HEADING: Closing the Gap through caring for our people
Year of the Aboriginal Health Worker
2014-2015

HEADSPACE · YOUR SPACE · YARN SAFE

www.headspace.org.au

headspace
National Youth Mental Health Foundation

GOT A LOT GOING ON?

NO SHAME IN TALKING IT OUT

HEADSPACE · YOUR SPACE · YARN SAFE

www.yarnsafe.org.au

headspace

NEED SPACE?

NO SHAME IN TALKING IT OUT

HEADSPACE · YOUR SPACE · YARN SAFE

www.yarnsafe.org.au

headspace

GOT A LOT GOING ON?

NO SHAME IN TALKING IT OUT

HEADSPACE · YOUR SPACE · YARN SAFE

www.yarnsafe.org.au

headspace

headspace acknowledges Aboriginal and Torres Strait Islander peoples as the first Peoples of Australia and we pay our respects to their elders both past, present and future.

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health under the Youth Mental Health Initiative.

A STORM IS BREWING

DANIEL VS THE BLACKCLOUD

headspace
National Youth Mental Health Foundation

WE'VE GOT YOUR BACK

THE ULTIMATE TEST

DAVID VS THE AVALANCHE OF EXAMS

headspace
National Youth Mental Health Foundation

WE'VE GOT YOUR BACK

SHORT & LONELY WHEN IT'S LONELY

CHARLIE VS BIG SECRET

headspace
National Youth Mental Health Foundation

WE'VE GOT YOUR BACK

YOU DON'T HAVE TO FIGHT DEPRESSION ALONE. GET HELP. VISIT HEADSPACE.ORG.AU

SARAH VS THE DREADED BUTTERFLIES

THE HEART-POUNDING EXTRAVAGANZA

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WE'VE GOT YOUR BACK

If your child doesn't seem like themselves

If your child doesn't seem like themselves

headspace
National Youth Mental Health Foundation

Support for young people and their families
Visit headspace.org.au to find a centre near you or phone 1800 650 650



suprè



WHAT'S YOUR STATE OF MIND?

STRIKE

facebook

Instagram



Leo Burnett



Mental Health Australia



Girlfriend



BLACKMORES SYDNEY RUNNING FESTIVAL Sunday Telegraph



big day out



1.6 million visits
to the **headspace** website
this year

32 per cent

The increase in Aboriginal and Torres Strait Islander young people accessing headspace centres in the 12 months since the campaign launched

61 per cent

Total **headspace** brand awareness amongst young people grew from 34 per cent since 2012

46 per cent

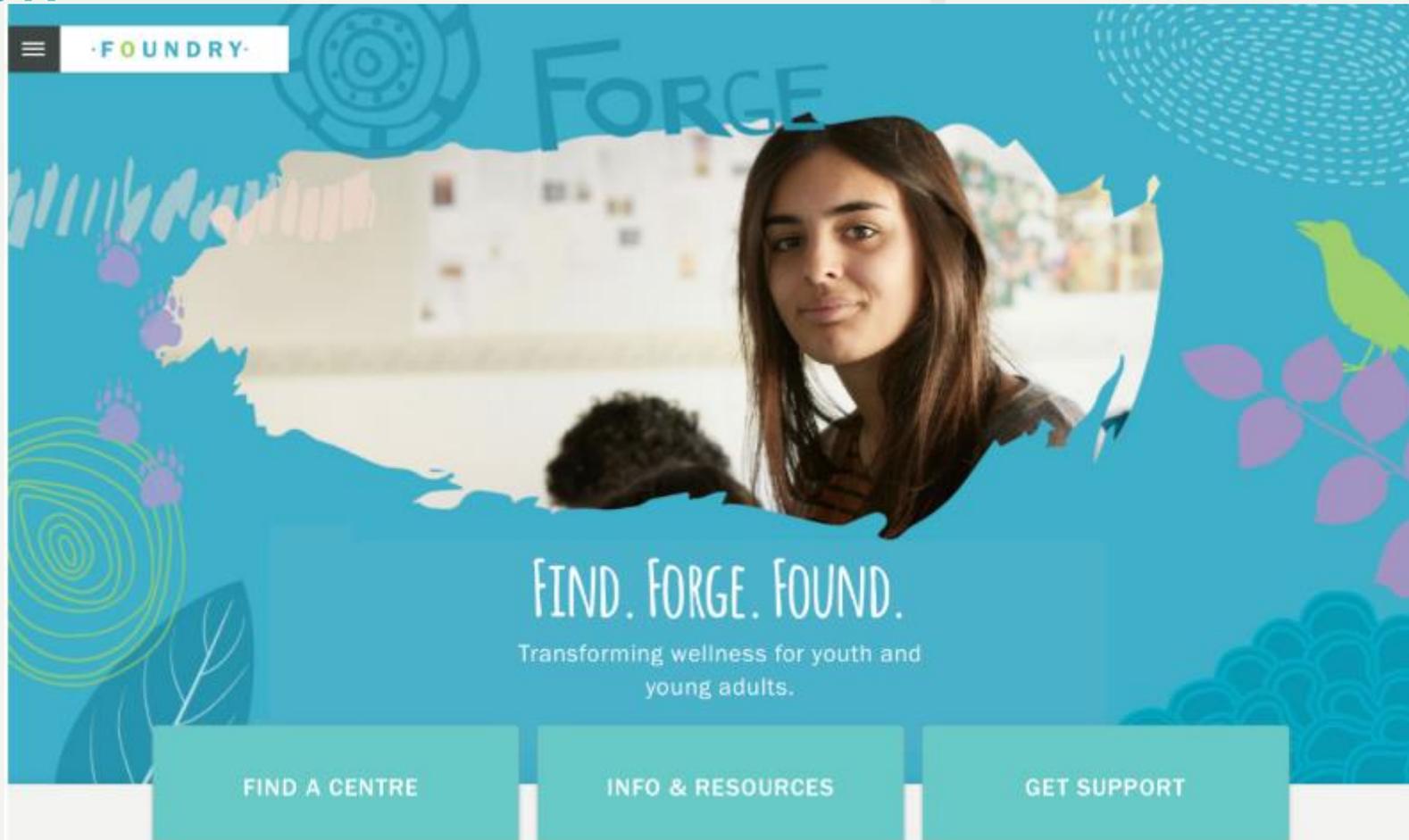
Percentage of family and friends that recognise **headspace** when prompted



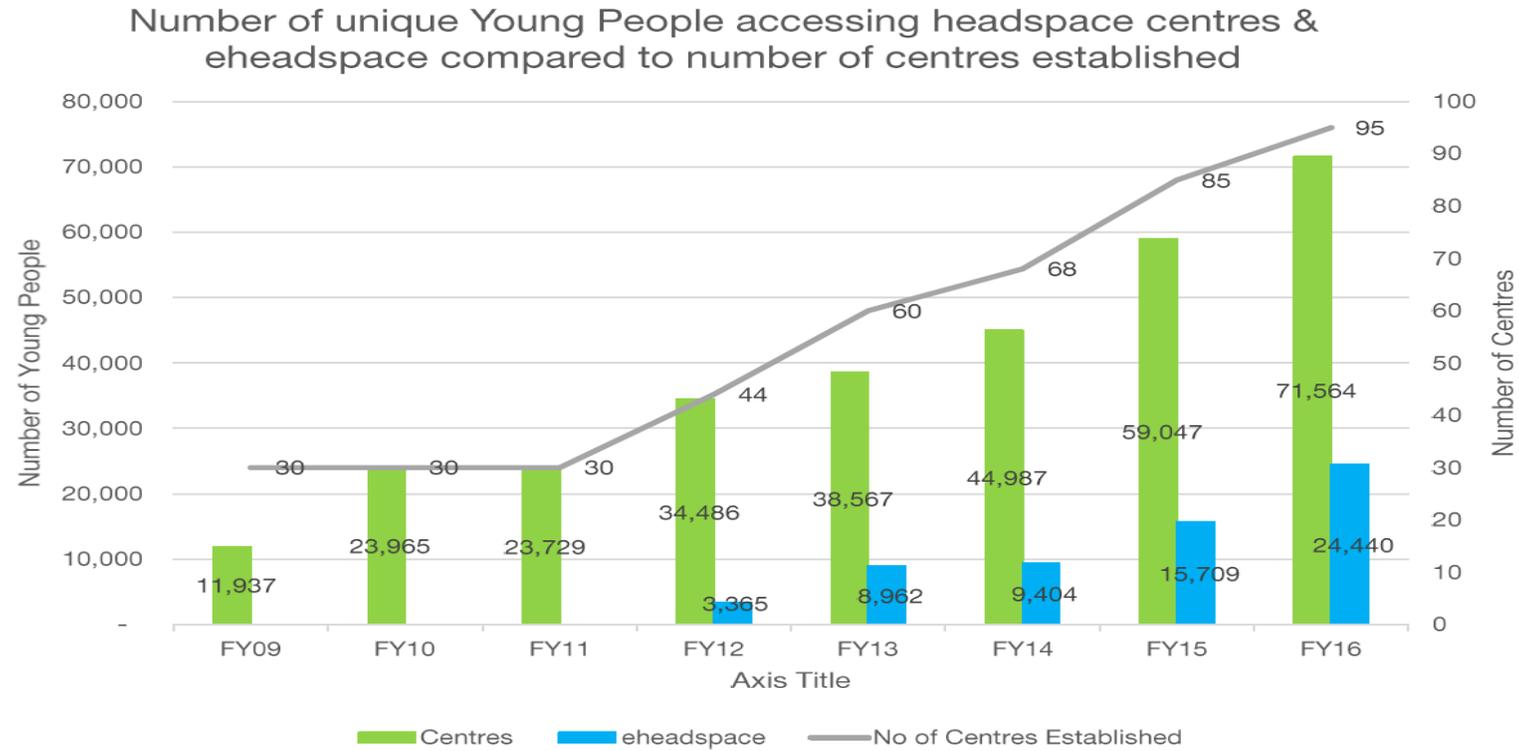
THE APPLICATION PROCESS BROUGHT TOGETHER OVER 100 PARTNERS (AND COUNTING)



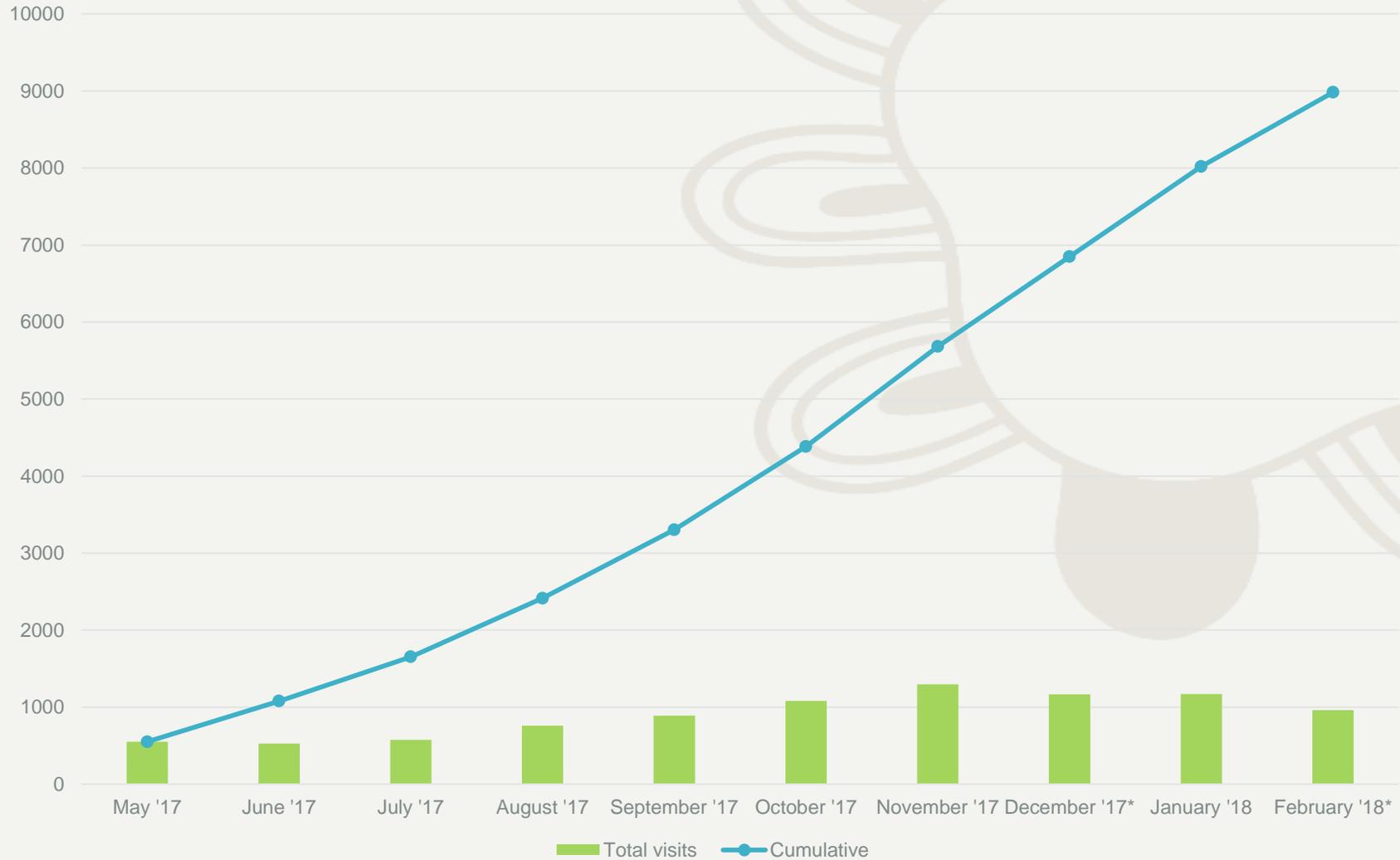
WE HAVE PARTNERED WITH BC CHILDREN'S HOSPITAL TO BUILD FOUNDRY ONLINE LAUNCHING NOVEMBER 2017



Rapid growth



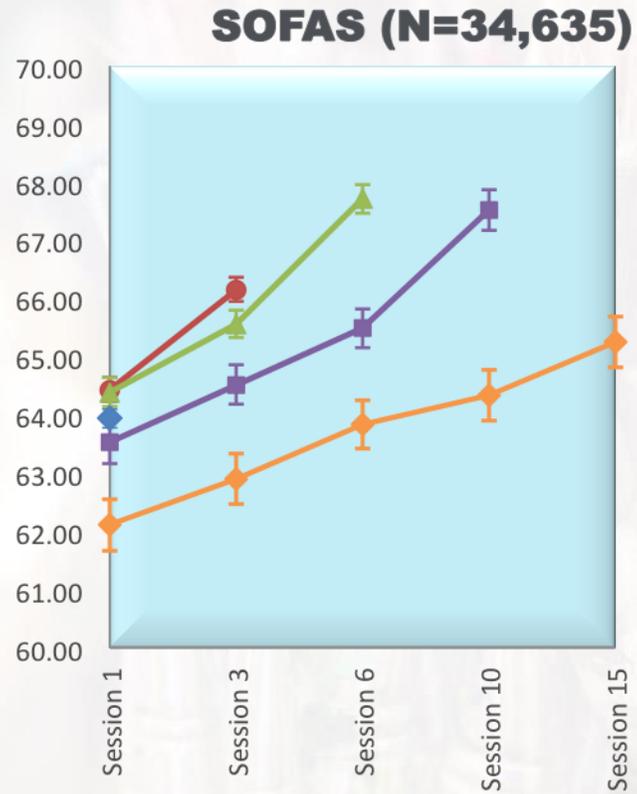
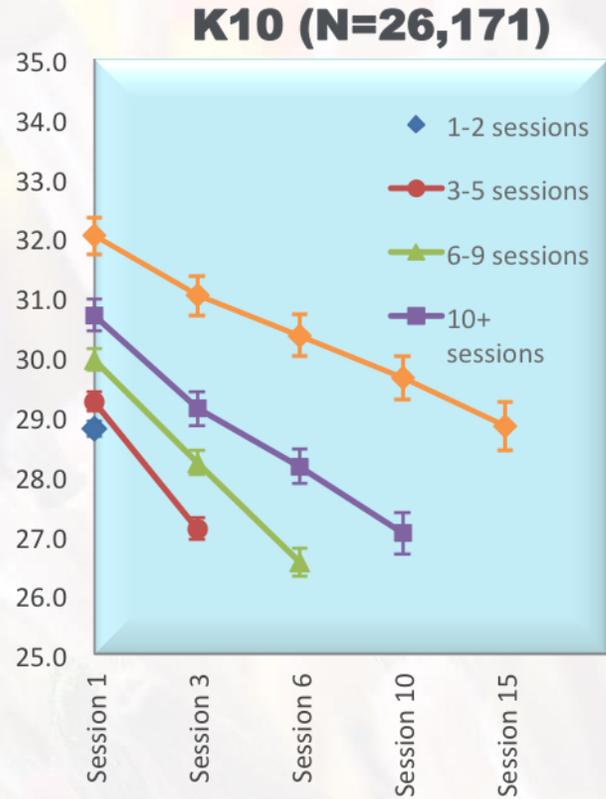
FOUNDRY- VISIT VOLUME



Effective

April 2013 – March 2015

headspace centres



Next Steps in Santa Clara County Site Development and Implementation

- Continued Funding Partnership Development
- Initial funds from Santa Clara County support our new youth and school/employment specialists
- Youth Advisory Board in Place with 27 members
- Looking now for 2 sites in Santa Clara County
- Discussions with Commercial and Medi-Cal partners
- Initial Evaluator on Board
- Community Partners awaiting Proposal



Broader County & State Partnership Development

- MHSA and County Behavioral Health Directors support for March 7 visit from Foundry
- Stanford Center for Youth MH & Wellbeing and Foundry developing partnership to support implementation initially with 4-5 interested counties
 - Protocol and service development
 - Support with site selection & development
 - Data and evaluation support
- Developing funding to support Implementation Team
- Working with IDEO.org on design, space, & name



OUR INSIGHTS

no. 1

A young person's life is a constant hum of things coming at them, and sometimes it's just too much.

no. 2

To ask for help is admitting you're still not enough of an adult to do it all.

no. 3

Seeking professional care requires a leap over a huge abyss.

no. 4

Youth struggle with mental hardship but rarely talk about it, making the topic feel like an isolating form of failure.

no. 5

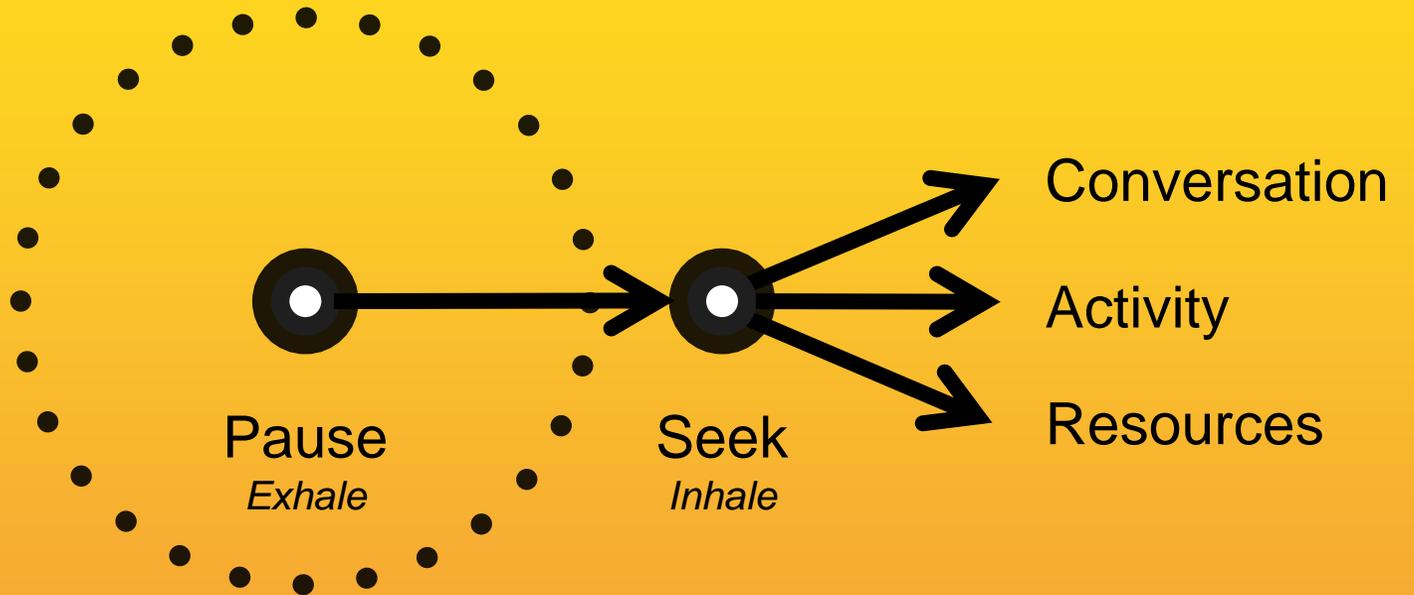
Engaging with mental health services often means going against family and cultural influences.

no. 6

Everyone is trying to solve young peoples' problems, but no one is truly listening.

**Young people
just want to stand still,
but constantly need to
run.**

Designing for the moment of pause



IT IS...

warm
natural
calm
soft
bold
consistent
low-stimulus
round and enveloping
dignified
locally connected

IT ISNT...

tense
judgmental
void
cold
clinical
forced
rigid
obtrusive

Prototyping Environments

We designed several concept environments based on the feedback of youth around moodboards and the interactions they wish to experience in the space. We learned that young people desire variable micro-environments to meet their needs, prefer a comfort-forward aesthetic, and have different perceptions of use for the same space.



Isolation

Young people want a space to retreat away from the world and be with their thoughts.



Community

Group gathering spaces can be used as a hanging out spot, to relax, or to converse.



Comfort

Non-prescriptive, soft, and naturally-lit environments allow for a moment to reset.

2018 Adolescent Mental Wellness Conference

The screenshot shows the top navigation bar of the Stanford Children's Health website. On the left, the logo for Stanford Children's Health and Lucile Packard Children's Hospital Stanford is displayed. To the right, there are links for 'New Hospital', 'Donate', 'Contact', 'Refer A Patient', and 'En Español'. Below these are buttons for 'MyChart Login' and 'Find A Doctor', and a search bar with the text 'Find Doctors, Services, and Health Topics'. A secondary navigation bar includes links for 'Our Locations', 'Medical Services', 'About Us', 'Research & Innovation', 'Patients & Visitors', and 'For Health Professionals'. The main content area features a large photograph of three smiling young people (two girls and one boy) outdoors. A white box with the text 'Register today >' is overlaid on the right side of the photo. Below the photo, the conference title 'Adolescent Mental Wellness Conference: Overcoming Cultural Barriers to Access' is shown in a dark red font, followed by the dates 'April 27-28, 2018' and the location 'Santa Clara Convention Center'. A short paragraph describes the conference's goal: 'This conference will bring together a diverse audience—including policymakers, educators, clinicians, youth and families—to better understand how we can best overcome cultural barriers to access in supporting the'. On the right side of the page, a vertical list of links is provided: 'Adolescent Mental Wellness Conference Overview', 'Registration Rates', 'Venue and Hotel Information', 'Sponsors', and 'Program/Agenda'.

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

New Hospital | Donate | Contact | Refer A Patient | En Español

MyChart Login | Find A Doctor

Find Doctors, Services, and Health Topics

Our Locations | Medical Services | About Us | Research & Innovation | Patients & Visitors | For Health Professionals

Register today >

Adolescent Mental Wellness Conference: Overcoming Cultural Barriers to Access

April 27-28, 2018
Santa Clara Convention Center

This conference will bring together a diverse audience—including policymakers, educators, clinicians, youth and families—to better understand how we can best overcome cultural barriers to access in supporting the

Adolescent Mental Wellness Conference Overview

Registration Rates

Venue and Hotel Information

Sponsors

Program/Agenda

stanfordmentalhealth.com



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