



## SAN FRANCISCO MENTAL HEALTH BOARD

**Mayor**  
**Mark Farrell**

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### **MOBILE WELLNESS VAN COMMITTEE MINUTES**

Tuesday, January 23, 2018

1380 Howard Street

Room 515

5:00 PM

The meeting was called to order by Richard Slota, Co-Chair at 5:10 PM.

**PRESENT:** Richard Slota, Co-Chair, David Elliott Lewis, PhD, Co-Chair, Lixa Murawski, Michale Morrissay, Amy Farah Weiss

#### **1.0 REVIEW OF MOBILE WELLNESS VAN COMMITTEE FINDINGS**

For discussion and action

\_\_\_ 2017 speakers at the Mobile Wellness Van Committee

1. Abner J. Boles, Ph.D. Director of African American Healing Alliance and former CEO of Westside Community Services.
2. Jacob Savage, Director, CONCRN
3. David William Radohato, Director, City Resource
4. Dr. Courtney Thomas, Clinical Psychologist and Crisis Intervention Specialist, DPH
5. Sgt. Kelly Kruger, SFPD CIT Officer
6. Rachael Del Rossi, Executive Director, MHASF
7. Deborah Borne MD, Street Medicine, DPH
8. Emily Cohen, Deputy Director, DSHS

#### Project Goals:

Reduce suffering

Reach underserved and hard to reach populations

Provide a safe space for emotional crisis de-escalation

Provide referrals and resources to people in need.

\_\_\_ Key findings from our eight committee meetings in 2017:

Many presenters have said that such vans, at minimum, should be staffed by a team that includes one licensed mental health professional, one medical professional such as a nurse and also one peer/consumer with lived experience.

Vans should be staffed with small teams that include someone to provide:

1. Case management services
2. Mental health clinical services
3. Medical services.

All staff should receive training in crisis de-escalation.

**Mobile Wellness Van Committee findings:**

Many presenters to our committee have said that mobile vans, at minimum, should be staffed by a team that includes a licensed mental health professional, a medical professional, such as a nurse, and a peer/consumer with lived experience. Should be staffed with small teams that include someone to provide:

1. Case management services
2. Mental health clinical services
3. Medical services.

All Mobile Van staff should receive training in crisis de-escalation.

Rather than try to be all things to all those in need, Vans should specialize in helping the most critical, high-risk and/or most costly to treat populations.

For each area they are parked in, they would need to do outreach to neighborhood and community groups to increase awareness and acceptance of the vans.

Initially, Mobile Vans should focus on serving under-served parts of the city such as the Southeast sector.

Vans should be well-linked with existing mobile crisis services including the Homeless Outreach Team, Mobile Crisis and Street Violence Prevention, plus the city's Behavioral Health Services.

We should investigate possible funding from the MHSA Innovations grants to fund planning and design.

In addition to behavioral health services, some medical services would also be needed because of the nature of the Van's walk-in population.

Vans should focus on specific populations such as shut in-seniors or mentally ill homeless.

Vans should offer a restroom, water, snack food such as energy bars and some basic hygiene items such as socks and underwear.

Vans should meet people where they are at without judgement.

Vans should provide a warm hand-off to other agencies that can provide additional services.

Vans should work with CONCRN to both refer and receive client referrals.

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Train van staff using the compassionate responding model developed by CONCRN.

Vans could quickly expand working space for client meetings with a full standing height pop-up gazebo style tent.

Use a “buddy system” to provide wellness checks on homeless clients.

Van design should focus comfort including seating, lighting, decorations. Should provide comfort items including blankets, socks and under clothing, water and snack food such as energy bars.

Contract with a transportation service to bring clients to treatment centers, which could be as simple as a trained peer compassionate responder using a taxi cab

Measure Impact:

Document impact of the Van and Reduce stigma by capturing personal narrative through video recorded interviews with willing clients. The sharing of personal stories of change during these interviews can offer emotional healing as an additional benefit.

**If the committee were to continue, these might be groups to speak to in future meetings:**

- > Larkin Street Youth services
- > SF Night Ministry
- > Street Violence Prevention project
- > Adrian Williams Village Project
- > Senior Action disability group
- > Tracy Hilton, Hummingbird Place
- > Stephanie Felder, Director, SF Mobile Crisis (DPH)
- > HOT Team
- > Jason Alberman, MD.
- > Stonewall Project
- > Zendo Project

- 1.1 Public comment
- General discussion

**2.0 DEVELOPMENT OF PROPOSED RESOLUTION:**

- 2.1 Discussion: Draft a resolution to send to the Executive Committee

Resolution drafted to present to the Executive Committee.

- 2.2 Public comment

**ADJOURNMENT**

The meeting was adjourned at 6:30 pm

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