

## SAN FRANCISCO MENTAL HEALTH BOARD



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**Mark Farrell**

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

### ADOPTED MINUTES

Mental Health Board Meeting  
Wednesday, June 20, 2018  
City Hall  
One Carlton B. Goodlett Place  
Room 421, 4th Floor  
6:00 PM – 8:00 PM

**BOARD MEMBERS PRESENT:** Harriette Stevens, EdD; Co-Chair; Terry Bohrer, RN, MSW, CLNC; Judy Z. Drummond, MA; Carletta Jackson-Lane, JD; Judith Klain, MPH; Gregory Ledbetter; Susan Page; Toni Parks; Richard Slota, MA; Marylyn Tesconi; and Njon Weinroth.

**BOARD MEMBERS ON LEAVE:** Ulash Thakore-Dunlap, MFT, Co-Chair; Idell Wilson, Vice Chair; and Benny Wong, LCSW.

**BOARD MEMBERS ABSENT.** Gene Porfido, Secretary.

**OTHERS PRESENT:** Helynna Brooke (Executive Director); Loy M. Proffitt (Administrative Manager); Kavoos Ghane Bassiri, LMFT, LPCC, CGP, Behavioral Health Services (BHS) Director; Linda Ross; Rachel Rodriguez, Saint Francis Inpatient Behavioral Health Unit; Jill Nielsen, LCSW, Office of the Public Conservator; Sandra Teixeira, LCSW, Office of the Public Conservator; Michael Lim, ACCESS California; Laura Moore, ACCESS California; David Elliott Lewis, Mental Health Association (MHA-SF), National Alliance on Mental Illness (NAMI-SF), Crisis Intervention Training (CIT); Andre Cooh, ACCESS California; Steven Cella; John Aguirre, ACCESS California; Andrea Cooke; Wynship W. Hillier; and **five** public members.

**Dr. Stevens** called the meeting to order at 6:08 PM.

### **Roll Call**

**Ms. Brooke** called the roll.

### **Agenda Changes**

No changes

## **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** highlighted several items from the report. OMI Family Center has implemented a welcoming video for all clients coming in seeking services. The footage informs clients about the range of services provided at the site to empower clients with information about their care.

Southeast Child & Family Therapy Center just hired a full-time Behavioral Health Clinician. He will be part of the Kuumba Healing Project to help meet the needs of African American youth and their families.

As part of new programs expanding under the Transitional Age Youth (TAY) Systems of Care, the TAY Homeless Treatment Team Program is meeting homeless youth on the streets, in homeless shelters, and in supportive housing and offering responsive and flexible treatment services. This is a collaboration with the Department of Children, Youth and Their Families (DCYF) which received funding for the Harm Reduction Therapy Center (HRTC). The Homeless Treatment Team is piloting the HRTC. It will provide engagement, linkage, consultation to staff, and on-sight services. They will be working closely with the Department of Homelessness too.

Law Enforcement Assisted Diversion Program (LEAD-SF) is in its eighth months of operation. The program diverts more individuals from custody and into social support services. There were 120 referrals, and members can get services in the Tenderloin and Mission Districts. Glide and Felton are providing the services and engagement staff.

BHS Quality Management created and implemented a system-wide four-hour training on the updated 2017 Medicaid Managed Care Final Rule for over 100 provider staff. This Final Rule aligned Medicaid managed care regulations with requirements for other sources of funding. The list of conditions covers the following categories: beneficiary informing materials, network adequacy data and reporting, beneficiary protections, program integrity, quality rating systems and record keeping procedures, ensuring parity between mental health and substance use disorder services, and that client's pay no cost for interpretation services. BHS is in the process of updating materials, posters, and the website as well as updating grievance requirements. There are specific language and fonts required for all documents.

**Ms. Parks** asked about getting financial reimbursement for San Francisco for this work.

**Mr. Ghane Bassiri** explained that the State DHCS may allow counties to submit reimbursement requests for the additional costs of implementing the Final Rule. However, the process can be challenging. There is currently a freeze on any new positions. BHS is also looking at working with other local counties to see if there can be any collaboration and sharing of resources. CalMHSA will be solicited in this process and is the entity who is now handling the translation for all the required languages of the Medi-Cal Beneficiary Guide.

Presentation on the Board of Supervisors' BHS Audit Report will be postponed to the July meeting.

**Mr. Ledbetter** asked about information on the list of housing / scattered sites with supported housing funding through DPH-BHS.

**Mr. Ghane Bassiri** said he would follow up and provide a list of the sites BHS funds.

**Mr. Weinroth** commented about parity for mental health and substance use disorders to treat people with mental health and substance use disorder or co-occurring disorders. He noticed the concept of integrative care is often talked about but has not seen funding for integrative services.

## 1.2 Public Comment

**Mr. Hillier** asked for information about involuntary outpatient treatment and psychosurgery practice on patients in outpatient centers.

**Mr. Ghane Bassiri** explained about Assisted Outpatient Treatment (AOT) and goal for voluntary services first and foremost, and also, DPH does not perform and provide psychosurgery.

**Ms. Linda Ross** asked if psychosurgery still exists in San Francisco.

**Mr. Ghane Bassiri** shared that psychosurgery is not practiced here and is not done in/at SF DPH and as part of our behavioral health services. On a separate front, for clarification, ZSFG does have an ECT program (once the primary MD determines it is the course of treatment, and request for the second opinion, then as indicated it is made available), and several Bay Area hospitals provide ECT.

**Dr. David Elliot Lewis** announced the annual Crisis Intervention Training (CIT) Award is on June 19, 2018 at the Scottish Rite Temple.

## 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. Ghane Bassiri** mentioned that San Francisco County received the 2018 National Association of Counties (NACo) Achievement Award for its Population focused: Mental Health

Promotion and Early Intervention Pop Focus programs in the category of health. Pop Focus programs center on the heritage, healing practices, ceremonies and rituals of indigenous communities.

The Mental Health Services Act Oversight and Accountability Commission approved a one year extension for three MHSA Innovation programs: First Impressions, Addressing the Needs of Socially Isolated Adults and the Transgender Pilot Project.

The San Francisco (SF) Public Library on May 15, 2018, hosted the third Annual Vocational Summit where consumers graduated from the Growing Recovery and Opportunities for Work through Horticulture (GROWTH) Project. This is a UCSF Citywide Employment Services program. UCSF Citywide also runs the Slice of Life Café and Catering Training program. There is also an IT Helpdesk training program.

Richmond Area Multi-Services, Inc. (RAMS) provides the i-Ability Program of RAMS Hire-Ability Vocational Services. The Division of Peer-Based Services of RAMS celebrated the graduation in June 2018. It is a nine month, 20 hour a week stipend program. People shared that these were the kind of programs they want to see. Peers will be trained to use the electronic health system too.

## **2.2 Public Comment**

**A Member of the Public** from the San Joaquin Valley was interested in transgender programs in San Francisco.

**Mr. Ghane Bassiri** shared about the programs in San Francisco, specifically Gender Health SF (located at ZSFG) and Gender Services (located in South Van Ness), with BHS.

**Ms. Cooke** stated that she is a director from San Joaquin. She attended the meeting to learn about San Francisco BHS programs and meaningful stakeholder involvement.

## **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 May 16, 2018 be approved as submitted.

Unanimously approved.

**3.3 Resolution (MHB-2018-06):** ([Attachment A](#)) Be it resolved that the Mental Health Board urges the Mayor, the Health Commission, and the Board of Supervisors to increase behavioral health intensive case management and supportive long-term housing for older adults with mental illnesses and/or substance use disorders.

Unanimously approved on the changes

Unanimously approved on the whole resolution.

**3.4 Resolution (MHB-2018-07):** ([Attachment B](#)) Be it resolved that the Mental Health Board approves the Annual Report 2018.

Unanimously approved.

#### **ITEM 4.0 PRESENTATION: OVERVIEW OF THE SAN FRANCISCO OFFICE OF PUBLIC CONSERVATOR, SANDRA TEIXEIRA, L.C.S.W., PROGRAM MANAGER AT THE OFFICE OF PUBLIC CONSERVATOR PROGRAMS.**

##### **4.1 Presentation: Overview of the San Francisco Office of Public Conservator, Sandra Teixeira, L.C.S.W., Program Manager at the Office of Public Conservator programs.**

**Dr. Stevens** mentioned that Sandra Teixeira would be unable to present this evening, so Jill Nielsen, Director of Programs at the Department of Aging and Adult Services will present on her behalf. She will introduce herself and her role with the Department of Aging and Adult Services.

*The San Francisco office of public conservator presentation is at the end of the minutes.*

**Ms. Nielsen** said that the Department of Aging and Adult Services offers direct service programs to adults with disabilities. Public conservatorship provides services for gravely disabled people with mental illness or chronic alcoholism who cannot provide food, clothing or shelter for themselves.

Since 1972, the Lanterman-Petris-Short (LPS) Act has applied to people who are a danger to self, a danger to others or gravely disabled. It also established the public guardian for adults with deteriorating dementia like Alzheimer's or traumatic brain injury. Most people who meet one of the three conditions are not moved towards conservatorship. They are put on a 5150 hold for three days, which could be extended to a 5250 hold for 14 days, then a 5170 hold for 30 days, followed by a Probable Cause Hearing. Public conservatorship does not get involved at this point. The Conservatorship office only accepts referrals from hospitals. The act works under court oversight and the State of California's Welfare and Institution Code (WIC). LPS conservatorship also is referred to as Mental Health Conservatorship. In California, this language is unique in having a legal arrangement called a conservatorship.

There are 14 licensed clinical social workers (LCSW) who have an average of 64 clients each. There is a shortage of LCSW's coming out of colleges, so it is difficult to hire enough case managers. Currently, 548 clients are under conservatorship, and 65% of them live in placements outside of San Francisco, as there are very few suitable placements available in San Francisco. For those in San Francisco clients are connected to Felton or Citywide for many services.

The Office of the Public Conservator collaborates and coordinate services with many partners such as the Department of Aging and Adult Services (DAAS), the Department of Public Health (DPH), law enforcement, and psychiatric hospitals.

Conservatorship related services have included investigating referrals, preparing court reports, and recommending the appropriate level of placement.

**Ms. Jackson-Lane** has practiced law. She commented that there are many details involved in public conservatorship. She has observed that lots of minorities are not receiving services.

**Ms. Nielson** said that wellbeing and appropriate treatment is their responsibility. They work with DPH and the Transition Division, working as a team with the Department of Aging and Adult Services, DPH, law enforcement and other departments if needed.

**Ms. Drummond** asked for demographic data regarding gender and ethnicity.

**Ms. Nielsen** shared that clients are mostly white males.

**Ms. Drummond** asked about the average wealth/income of a person in the conservatorship program.

**Ms. Nielsen** explained that a few clients have an estate. However, most of the clients are indigent. If there is an estate, the Public Guardian will provide oversight.

There are different types of conservatorships. A Murphy Conservatorship applies to those with felony charges or danger to others. There is also a Community Independence Participation Program (CIPP). Clients live in less restrictive settings. There is no violence or self-harm. They are not contesting but retain the right to object to the conservatorship. They go to court monthly.

At the state level, Senate Bill 1045 proposed conservatorship for chronically homeless, mentally ill adults with substance use disorders. At the local level, supervisor London Breed has considered a three-year pilot program. The program includes a mental healthcare coordinated team. To pass, the City must be able to work in compliance with lots of services.

#### **4.2 Public Comment**

**Dr. Lewis** commented that the proposed plans would remove psychiatric requirement as a decision in conservatorship.

Ms. Neilson said that the Conservatorship office receives a referral and investigates, meeting with the treating team and looks at all options. Mayor Breed's plan might lead to people repeating hospital and jail times but can only implement if an Assisted Outpatient Plan has been developed first.

**Ms. Ross** inquired about whether probate requires conservatee's assets be spent down with probate before they qualified for conservatorship.

**Ms. Nielsen** explained that the public guardian would manage the assets, but they would have to go to court to sell the home. Some clients can live at home, but they must have the income to maintain their housing. She added that her office is acutely aware of financial abuse among the elderly. Elder abuse is on the rise.

**Ms. Ross** commented that she has seen families lose their homes.

**Ms. Nielsen** mentioned that financial elder abuse is projected to cost families over \$36 billion a year.

### **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** had no report.

**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.**

**Dr. Stevens** reminded the board that the Executive Committee meets next Tuesday, June 26, 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 third meeting of the Older Adult Committee, chaired by Gregory Ledbetter, 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 Tuesday on June 26, 2018 at 9:00 AM, 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. The ED Succession Committee had its first meeting on June 5th and will meet again on July 12th.

She invited each of the committees to give a brief report. Njon Weinroth for the Substance Use Committee, Gregory Ledbetter for the Older Adult Committee, and Marylyn Tesconi for the ED Succession Committee. The Youth Committee took a break this month.

**Mr. Weinroth** reported he is looking at barriers to methadone treatment.

**Mr. Ledbetter** said the committee is considering a resolution for older adults living in SRO's.

**Ms. Tesconi** shared her committee needs more information about the succession plan.

**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

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

**Ms. Drummond** shared that she attended Supervisor Fewer's public event and was very impressed with the broad range of service information tables provided.

**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.

**Ms. Drummond** suggested the elder abuse topic.

**5.7 Public comment.**

**Ms. Ross** would like to hear a presentation about incarcerated women.

**6.0 Public Comment**

**Mr. Hillier** commented that Citywide Case Management appeared to do involuntary outpatient treatment. He is concerned about possible forced injectable medications.

**Dr. Lewis** would like to see SB 1045 modified and revised to include an option for voluntary treatment.

**Adjournment**

The meeting was adjourned at 8:10 PM.



**Mayor Mark Farrell**

## **Behavioral Health Services** **Monthly Director's Report** **June 2018**

### **1. MENTAL HEALTH SERVICES ACT (MHSA)**

#### **Mental Health Services Act programs Awarded Additional Year of Innovation Funding**

The Mental Health Services Oversight and Accountability Commission has approved one year extensions for three Mental Health Services Act (MHSA) Innovations Programs: *First Impressions*, *Addressing the Needs of Socially Isolated Older Adults* and the *Transgender Pilot Program*. These Innovation pilot projects will focus upon strengthening their evaluations and testing out new interventions.

*First Impressions* is a basic construction and remodeling vocational program that assists Behavioral Health Services mental health consumers to learn marketable skills and receive on-the-job training. This was approved for an additional year of funding for the period of July 1, 2018 to June 30, 2019.

*Addressing the Needs of Socially Isolated Older Adults*, provides peer-based outreach and engagement services to older adults, socially isolated, with mental health concerns living in the Central neighborhoods of San Francisco. The overarching goal of the *Transgender Pilot Project* is preventing mental illness through the creation of social support networks and culturally responsive services. Both of these programs were granted an additional year of funding for the period of July 1, 2019 to June 30, 2020.

Innovation projects are defined as creative and innovative mental health practices or strategies that test new approaches, contribute to learning, and can inform current and future mental health programs.

For more information, please contact [MHSA@sfdph.org](mailto:MHSA@sfdph.org).

#### **Department of Public Health, Behavioral Health Program, Wins National Achievement Award**

The **National Association of Counties** (NACo) has granted the City and County of San Francisco the **2018 Achievement Award** for its *Population-focused: Mental Health Promotion and Early Intervention (Pop Focus) programs* in the category of health. SFDPH Mental Health Services Act's (MHSA) pioneering Pop Focus programs seek to help oppressed and marginalized communities by honoring their histories; cultural and spiritual beliefs around health & mental health; and their community defined practices that lead to wellness. Pop Focus programs center on the a) heritage, healing practices, ceremonies and rituals of indigenous communities; b) understanding that culture frames communities' interactions with San Francisco's public mental health system; and c) careful blend of clinical and non-clinical services designed to suit each individual community.

These Pop Focus programs have helped transform San Francisco's landscape of public mental health prevention and early intervention service provision in ways that have defied conventional practices and historical "ways of doing business". They have recognized and honored communities' timeless connections to culture, heritage and generational eras and have shaped them into contemporary and relevant ways of bringing mental health support and therapeutic care to their community members. Despite the vast differences among the communities they serve, these Pop Focus programs hold common bonds around outreach and engagement; screening and assessment; wellness promotion; individual and group therapeutic services; and service linkage, which have resulted in:

- Successful programming that has high resonance with their communities and is backed by quantitative and qualitative data;
- communities' heightened awareness about mental health and how to take care of one's mental health – especially within the contexts of cultural and linguistic heritages and generation/age groups;
- the reduction of people's stigmatizing and discriminating views toward mental/behavioral health and seeking mental health care; and
- the uptick of people accessing mental health support when they are ready.

### San Francisco Behavioral Health Services - Third Annual Vocational Summit

The third Annual Vocational Summit was held at the San Francisco (SF) Public Library on May 15, 2018, with over 75 attendees including staff, consumers, peer leaders, and community members from SFDPH Behavioral Health Services (BHS), Vocational Programs, California Department of Rehabilitation (DOR), and the community. The Summit is part of a series of BHS events in celebration of May as Mental Health Awareness Month. The Summit highlighted the successes of the three graduates of the San Francisco Vocational Co-op, which consists of Richmond Area Multi-Services (RAMS) Hire-Ability, UCSF Citywide Employment Services, Caminar Jobs Plus, Occupational Training Therapy Program, and Positive Resource Center (PRC). Each of these programs presented on their specific vocational services, target population, and client success stories. Heather Haney and Jose Orbeta, both of whom are peer employees at RAMS, served as masters of ceremony.

There were twelve vocational providers from San Francisco at resource tables providing networking and one-on-one discussions about vocational opportunities for attendees. The summit featured an engaging activity called, Vocational Trivia. Attendees who answered questions correctly received Each Mind Matters prizes as a way to raise awareness about May as Mental Health Awareness Month. Thank you to the Mental Health Services Act (MHSA) staff (Stephen Dempsey, William Hill, and Kristalia Williams) and RAMS staff (Heather Haney and Sherronda Wright), who helped plan and organize such a successful summit. For more information about the SF Vocational Co-op, please contact the BHS Vocational Services Program Manager, Juan Ibarra, at 415-255-3693 or [juan.ibarra@sfdph.org](mailto:juan.ibarra@sfdph.org).

Here is a link to the SF Vocational Co-op Access4Jobs referral form: <http://bit.ly/SFVOC>



Co-Masters of Ceremony: Jose Orbeta & Heather Haney,  
RAMS Staff

### Consumers of Behavioral Health Services Graduate from Vocational Rehabilitation and Peer Programs

San Francisco Mental Health Services Act funds programs that provide vocational rehabilitation employment and training, and peer-to-peer counseling services to consumers in Behavioral Health Services. As part of the wellness and recovery philosophy, BHS believes that engaging in meaningful activities, such as employment, can help pave one's path to wellness. The following are submissions from recent graduation ceremonies from vocational rehabilitation and peer programs:

#### **UCSF Citywide Growing Recovery and Opportunities for Work through Horticulture (GROWTH) Project**

The UCSF Citywide Employment Services' GROWTH Project is a training and employment program designed to provide individuals with the opportunity to work in horticulture and landscaping. The GROWTH Project empowers participants to gain meaningful employment, create space for personal and social transformation, and nurture a connection with nature. The classroom completion graduation was held on Thursday, June 7, 2018. Friends, family, and case managers attended the ceremony for the 8 graduates who successfully completed 12 weeks of professional instruction. The next step for all the graduates is to move on to the 6 month paid work portion of the program where the GROWTH Project will conduct indoor & outdoor maintenance, and outdoor installation at various behavioral health clinics. A graduate, who had a long history of substance use and had not worked in twenty years, stated this program built his confidence to be able to apply for employment with a local nursery. Then, he got the job! So he will work at the nursery in addition to completing the paid work portion of GROWTH.



**Program contact:** Gregory Jarasitis, MOT, OTR/L, Director, Citywide Employment Program, 415-597-8057, [Gregory.Jarasitis@ucsf.edu](mailto:Gregory.Jarasitis@ucsf.edu)

## UCSF Citywide Slice of Life Cafe and Catering Training Program

The UCSF Citywide Employment Services' Slice of Life Cafe and Catering Training Program individuals with a 6-month paid work experience in food safety, handling, and preparation.

The Slice of Life program graduated its 4<sup>th</sup> cohort, in April 2018, at the San Francisco Behavioral Health Center located next to the Zuckerberg San Francisco General Hospital. Under the expert tutelage of Chef Mike Sullivan, Program Coordinator Gigi Lapuz, and Peer Mentor Joseph Rivera, the graduates prepared an elegant and delicious luncheon for 35 family, friends and staff. The luncheon was a culinary culmination of the skills the graduates learned over their 6-month, paid-work experience. It is great news to hear that one of the graduates already attained competitive community employment at a local gelateria, and started work in May!

**Program Contact:** Mindy Oppenheim, M.Ed., Director, Vocational Rehabilitation Program, UCSF at Zuckerberg San Francisco General Hospital, 415-206-5962, [Mindy.Oppenheim@ucsf.edu](mailto:Mindy.Oppenheim@ucsf.edu)



## i-Ability Vocational IT Program of Richmond Area Multi-Services, Inc. (RAMS)

The i-Ability Program of RAMS Hire-Ability Vocational Services provides on-the-job training that allows trainees to serve as a vital part of the SFDPH Information Technology team. By troubleshooting real-world technical issues, trainees gain experience and soft skills that prepare them for competitive employment in office environments and in the tech field. This past spring, i-Ability oversaw the graduation of three program tracks (16 graduates in total). A ceremony was held at 1380 Howard for graduates of the frontline Avatar Help Desk track. Since i-Ability's graduates have been able to attain a wide variety of jobs after completing the program, it is sometimes understated how much the program impacts each trainee's life beyond work preparation. In recent exit interviews, graduates shared that the i-Ability program has influenced them to expand their social circles, better manage their emotions, develop coping skills, and build greater confidence to pursue more difficult and enriching life goals.

**Program contact:** John Cabiles, Services Manager, i-Ability Vocational IT, 415-255-3563, [johncabiles@hireability.org](mailto:johncabiles@hireability.org)

## RAMS/SF State University - Peer Specialist Mental Health Certificate

In June 2018, the RAMS Division of Peer-Based Services celebrated the graduation of a cohort of 12 students who successfully completed the 12-week, 100-hour RAMS/SF State University Peer Specialist Mental Health Certificate Entry Course. This Peer Certificate Program, established in 2010, offers training and education for individuals with lived experience to provide counseling, advocacy, and support services to behavioral health consumers. The graduates are in the process of interviewing for positions at various sites throughout San Francisco, and multiple students from this cohort are already providing services at different sites,



including Community Awareness Treatment Services, Tenderloin Housing Clinic, and RAMS, among others. The Peer Certificate program looks forward to these graduates creating positive impact and contributing meaningful support in our community!

**Program contact:** Kristin Snell, MSW, Program Manager, Peer Specialist Mental Health Certificate, 415-579-3021 x102, [kristinsnell@ramsinc.org](mailto:kristinsnell@ramsinc.org)

### RAMS Peer Counseling Internship

The RAMS Peer Counseling Internship is a 9-month, 20 hours per week, stipend program for individuals who are present or past consumers of behavioral health services, or family members of a consumer. The Internship Program helps peers learn to effectively utilize their lived experience in behavioral health settings to benefit the recovery and wellness of clients being served.

In May, RAMS celebrated the graduation of seven interns who have linked clients with primary care providers, co-facilitated Dual Recovery Groups, provided triage phone support for clients, and other counseling support services. Some of the graduates have already secured permanent employment in the behavioral health field, one is heading to graduate school for a master's degree program in counseling in the fall, and another is exploring volunteer and mentoring opportunities in the field. We are already accepting applications through July 13th, 2018, for the next cohort of Peer Counseling Interns, so please visit the website at [www.ramsinc.org](http://www.ramsinc.org) for more information.



**Program Contact:** Richard Zevin, LCSW, Clinical Manager, Division of Peer-Based Services, 415-579-3021 x.103, [richardzevin@ramsinc.org](mailto:richardzevin@ramsinc.org)

## 2. ADULT & OLDER-ADULT (AOA) SYSTEM OF CARE UPDATE

### Good Customer Service at Behavioral Health Programs

Ease of access to behavioral health care is a fundamental value that BHS upholds. Clients seeking services should experience a warm welcome at all of our programs, and timely access to care as well. Unimpeded access to behavioral health care is also monitored by the Department of Health Care Services for Medi-Cal beneficiaries who come to BHS for specialty mental health and substance-use disorder services.

BHS AOA System of Care would like to highlight a couple of great welcoming practices occurring in at least two of the BHS mental health outpatient programs.

At OMI Family Center, all clients coming in seeking services are shown a video, which features an OMI staff-member describing the range of services provided at the site. The content of the video is very positive, and imparts confidence in clients' wellness and eventual successful recovery. The welcoming video avoids the use of clinical jargon, and portrays services at the clinic as geared towards helping clients achieve their personal goals that have been impeded by behavioral health issues. The Officer-of-the-Day clinician

screens each client individually for any crisis or urgent needs, and determines from each client what brings them to the clinic. Clients who meet medical necessity for specialty mental health services are given an appointment for a comprehensive assessment, or otherwise given a referral to other appropriate services.

Sunset Mental Health Services clinic will be starting an Orientation/Welcoming Group Sessions in August, the purpose of which is to extend a personal and warm welcome to all new clients. The group session will orient new clients to the availability for each of them of their team of behavioral health staff – case manager, psychiatrist, nurse, pharmacist, primary care provider, and peer support staff – who they will work with together in support of their personal goals, recovery, and wellness. The session will convey to all new clients the clinic's confidence and commitment to their recovery and wellness.

This Sunset Mental Health Services orientation group will be part of clients' intake process. The Orientation/Welcoming Group Sessions will run twice a week and will consist of a presentation, a time for questions & answers, and the distribution of a short client checklist as well as a condensed strength-based self-assessment for the new clients to individually and privately complete. The newly developed checklist will assist in connecting clients to services that Sunset clinic offers, and assist in the linking clients to services or resources they may be eligible for in the County.

The OMI and Sunset welcoming group sessions empower clients with information about their care, confidence in their strengths & abilities, and respect for their personal goals as the focus of treatment.

These are just two examples of welcoming practices at our clinics, and BHS knows that other programs/clinics are extending wonderful & engaging customer service as well. Please inform BHS AOA System of Care leadership team of other excellent practices which your program is engaged in/offering.

### **3. CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEM OF CARE**

#### **Spotlight on Chinatown Child Development Center, L.E.G.A.C.Y., Mission Family Center, Project 500, and Southeast Child & Family Therapy Center**

Southeast Child & Family Therapy Center is very excited to welcome its new Full-Time Behavioral Health Clinician, Sekayi Edwards, Associate MFT to the center. He comes to BHS with a rich clinical experience working with children & families in diverse settings. He will be part of the Kuumba Healing Project and begin to roll out the different aspects of this program to build partnerships in helping to meet the needs of Black/African American youth and their families.

Mission Family Center participated in the Mission District's 40th Anniversary CARNAVAL in collaboration with the Health Pavilion and Instituto Familiar de la Raza. Staff conducted outreach, provided information, and facilitated the making of masks and paper flowers for over 250 children and their families. This was a huge success again this year. A special thanks goes out to Ana Magaña, MFC's Clerk, who took on the primary role of organizing MFC's CARNAVAL booth this year. Also, the Center is excited to announce the re-surfacing of its backyard area after 4 years in the making. It looks beautiful and staff & clients can't wait to obtain the new basketball net, with the support of the TAY program neighbors, with whom Mission Family Center shares the backyard.

On June 5<sup>th</sup>, the 12th quarterly CYF Community Advisory Board (CAB) meeting was held at LEGACY, where participants also received a training on group facilitation.

Chinatown Child Development Center (CCDC) has experienced a rise in the number of referrals coming to CCDC from various sources, such as schools, community, primary care, ERMHS, etc. CCDC actively engages in outreach efforts in the Chinatown community. In May, 40 consumers (children, youth & families) attended the annual Cameron House Carnival. This annual event is much anticipated by former and first time attendees. Participants enjoy the day by engaging in fun-filled carnival-themed games and activities as well as enjoy variety of delicious food. Cameron House empowers generations of Chinese American individuals and their families to fully participate in and contribute positively towards a healthy society.

In May, Project 500 clinicians supported the facilitation of a Reflective Practice training for home visiting field nurses/P500 mentor/P500 case managers, implemented monthly reflective supervision for field charge nurses,\_implemented a socialization group for P500 clients which has been well-attended, and facilitated self-care seminar for nurses. Project 500 provides intensive resources, wrap-around services and case management across City departments and nonprofit providers for at least 500 of the most at-risk families, to give them meaningful pathways up and out of poverty and disrupt its intergenerational transfer.

In May, LEGACY staff participated in a community outreach event at Golden Gate Park that was hosted by Support for Families with Children with Disabilities. Also, LEGACY hosted a successful Family Support Night and families were able to complete a 12-week Summer Activity Planner, focusing on fun, inexpensive summer activities which they can participate in with their children.

#### **4. TRANSITIONAL AGE YOUTH (TAY) SYSTEM OF CARE UPDATE**

##### **Behavioral Health Services TAY is Developing a New Homeless Treatment Team Program**

As part of new programs expanding under the TAY System of Care (TAY SOC), the TAY Homeless Treatment Team Program is being developed to address the need for responsive & flexible treatment services for TAY in homeless shelters, supported housing programs, and those living on the streets. With funding from The Department of Children, Youth and Their Families (DCYF), TAY RFQ-15-2017 awarded the Harm Reduction Therapy Center (HRTC) to develop and pilot this Homeless Treatment Team which will include clinicians (licensed or waivered) and peer staff.

The treatment team will provide engagement, linkage, and treatment services for TAY, provide consultation for program staff, build the capacity of program staff to manage behavioral health issues, and contribute to integration of mental health, substance use, and primary care services. The team will carry a caseload from the housing and homeless service programs serving TAY, and will be available for on-site services, consultation, and support with crisis intervention. Specific sites and service delivery models are currently being designed in consultation with the selected providers, the Department of Homelessness and Supportive Housing (HSH), and other stakeholders. This past April, as part of ongoing planning activities, HRTC and BHS led a providers convening to receive program design input on how to best serve TAY and tailor support to program staff.

To learn more about this program design process and/or get involved with the larger TAY SOC, please contact  
[Kali.cheung@sfdph.org](mailto:Kali.cheung@sfdph.org).



## **5. BHS QUALITY MANAGEMENT REPORT**

### **Medicaid Managed Care Final Rule Training Provided to all BHS Programs**

BHS Quality Management team created and implemented a four-hour training on CMS' "Medicaid Managed Care Final Rule" to over 100 provider staff (i.e., Executive Directors of contracted agencies; Program Managers/Program Directors of civil service programs). QM Team collaborated closely with the Systems of Care and Compliance sections staff to ensure the materials were clear and relevant to client care issues.

The primary purpose of the updated 2017 Medicaid Managed Care Final Rule was to align Medicaid managed care regulations with requirements for other sources of funding. The changes represent a *major advancement of consumer protections* as well as a *major shift in operations for the County Mental Health Plan and Drug Medi-Cal Organized Delivery System* to maintain compliance with new state and federal regulations regarding:

1. Beneficiary informing materials: ensuring clients' rights to information about their benefits, covered services and rights. Changes require modifications to all client informing materials such as the Guide to Medi-Cal Services, Provider Lists, and Notices of Adverse Benefit Determination (previously called Notices of Action);
2. Network adequacy data and reporting: demonstrating the adequacy of the provider network to address client's mental health needs in a timely manner (including availability of needed cultural/language providers as well as expertise with specific conditions/disorders);
3. Beneficiary protections: giving clients information, support and resources to submit a grievance or request a second opinion, etc. Timelines for processing grievances and appeals have changed and all grievance forms and posters are modified. A revised grievance and appeals policy will be released in the next month;
4. Program integrity: implementing processes to monitor and detect non-compliance with Medicaid program requirements (e.g., fraud), to monitor provider eligibility for participation (e.g., exclusion list) and provision of training; processes & requirements for credentialing staff have changed and will be described in a forthcoming policy revision;
5. Quality: implementing a new state Quality Rating System (ability to compare quality across plans), receive external review oversight (External Quality Review) and conduct internal quality improvement; and
6. Additional requirements: ensuring parity between mental health and substance use disorder services, storing/maintaining agency records for longer periods (i.e., 10 years), etc.

San Francisco is one of the first Mental Health Plans in the State to conduct a system-wide training on the Medicaid Managed Care Final Rule.

## **6. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES**

### **Spotlight on Law Enforcement Assisted Diversion Program (LEAD)**

The San Francisco Law Enforcement Assisted Diversion program (LEAD) has now been up and running for 8 months. The program has received over 120 referrals, and are currently working with about 75 active participants to provide ongoing harm reduction based case management services.

LEAD is an innovative pre-booking diversion program that refers repeat, low-level drug offenders, at high risk of recidivism, at the earliest contact with law enforcement to community-based health and social services as an alternative to jail and prosecution.

The Board of State and Community Corrections grant to implement LEAD in San Francisco identifies three primary goals of the LEAD SF Program: 1) reduce the recidivism rate for low-level drug offenders, 2) strengthen collaboration across city & community based partners, and 3) improve health and housing status of participants. Early program outcomes have shown great progress towards these goals, including these initial successes:

- Many individuals are being linked to primary care, medication assisted treatment, and intensive case management for the first time.
- Many clients have been able to enter Navigation Centers, and all clients have been entered into the Coordinated Entry housing system.
- Individuals have quick access to Medi-Cal due to enrollment services at the CASC.
- Clients have expressed feeling truly heard and cared about for the first time.
- LEAD has received positive feedback from law enforcement about participants making concrete changes.
- There has been effective collaboration with CASC, HOT, Street Medicine, and collaborative court staff.
- Through support without judgment, Case Managers have built trust with individuals who have not been previously open to services, and re-engaged individuals who had been disengaged with existing services.
- Outreach capabilities have enabled quick connections at hospitals and shelters, and support during critical moments in clients' lives (i.e., within hours of losing a loved one to overdose, or when facing losing their children).
- Clients have reported changes in drug use based on harm reduction and safe use counseling.
- Legal support has allowed some individuals to finally address warrants in multiple counties.
- Hands-on support of outreach workers has been essential in getting clients through challenging appointments with other providers.

At the most recent LEAD Policy Committee meeting co-chaired by Health Department Director Barbara Garcia, District Attorney George Gascón, and Police Chief William Scott, the members voted to expand the list of LEAD eligible charges to include many Felony Theft and Vandalism charges. This was in an effort to divert more individuals from custody and into social support services.

If you have any questions about the LEAD program, please contact Robin Candler at 415-489-7315 or [robin.candler@sfdph.org](mailto:robin.candler@sfdph.org).

## **7. BHS PHARMACY**

### **NAMI "Ask the Pharmacist" Event**

On June 1st, PGY2 in psychiatric pharmacy resident, Kathie Nowicki, and PGY2 in psychiatric pharmacy residency program director, Michelle Geier, partnered with the College of Psychiatric and Neurologic Pharmacists (CPNP) to volunteer at the "Ask the Pharmacist" table at the National Alliance for Mental Illness (NAMI) California Annual Conference in Monterey. NAMI California is a grassroots organization of families and individuals whose lives have been affected by serious mental illness. Kathie and Michelle were inspired by the supportive family members of those living with mental illness who wanted to learn more about psychiatric medications.



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

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

# SAN FRANCISCO'S OFFICE OF THE PUBLIC CONSERVATOR

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Jill Nielsen, LCSW

Deputy Director of Programs

Department of Aging and Adult Services

Human Services Agency



## Adult Protective Services

CVSO

PA/PG/PC

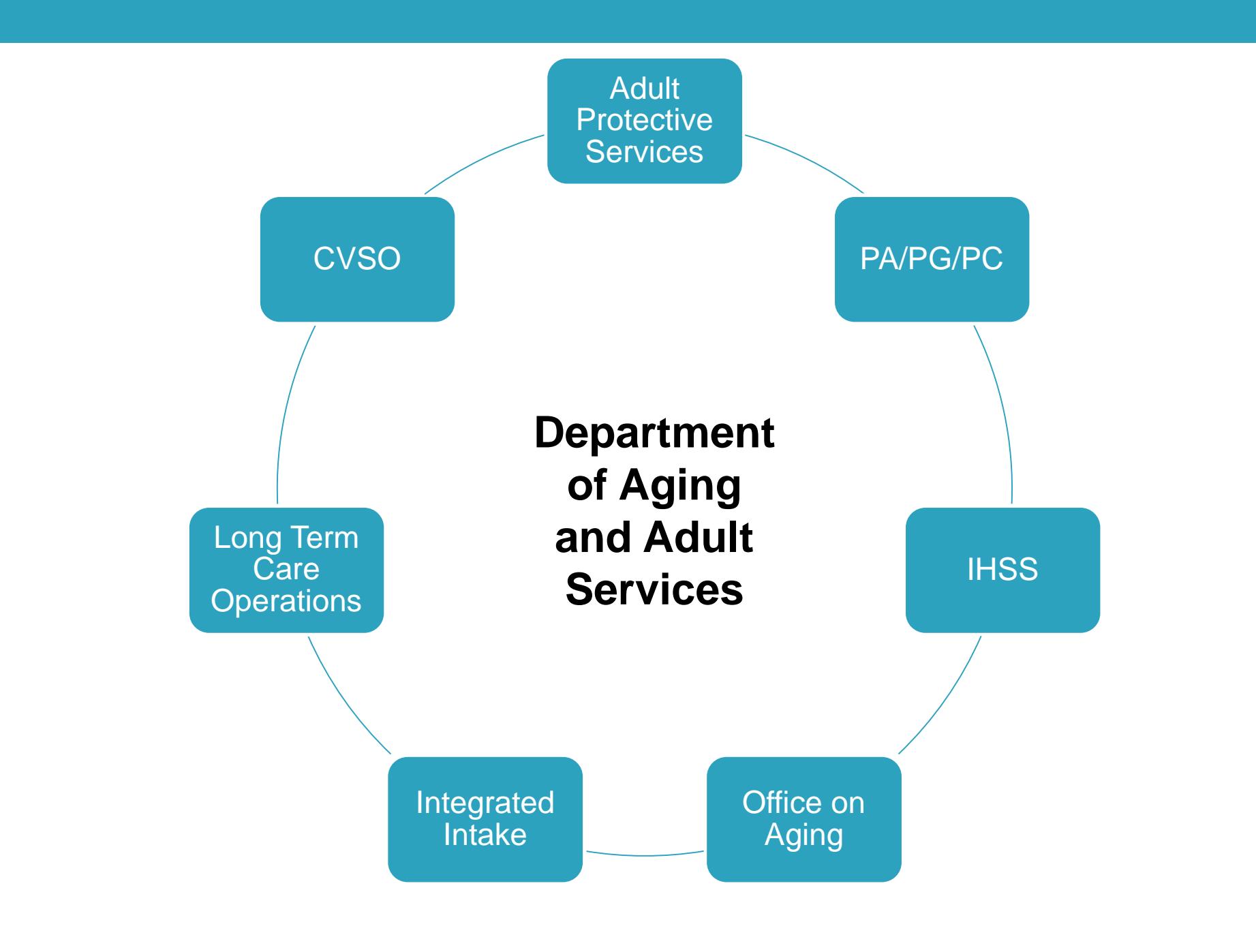
# **Department of Aging and Adult Services**

Long Term  
Care  
Operations

IHSS

Integrated  
Intake

Office on  
Aging



The Office of the Public Conservator is responsible for overseeing the psychiatric care of San Francisco residents who are *gravely disabled* due to mental illness and who have been found by the court unable or unwilling to accept voluntary treatment.

*Grave Disability* is the legal basis for involuntary commitment and refers to the inability of an adult to provide for their basic needs (food, clothing, shelter) due to impairment by mental illness or chronic alcoholism.

# Conservatorship Terminology

**LPS** – Lanterman-Petris-Short Act – The conservatorship law from 1968 that was named after the bill's authors.

**Mental Health Conservatorships** – Another way to refer to LPS conservatorships that are overseen by the Office of the Public Conservator.

**Public Guardian** – The program that oversees probate conservatorships for adults with cognitive impairments and other types of serious functional disabilities.

# The LPS Act

## Key Welfare and Institutions Code Sections:

5150 - Involuntary 72 Hour Hold

Danger to Self; Danger to Others; or Gravely Disabled

5250 – Additional 14 Day Hold for Observation and Treatment

5270 – Additional 30 Day Hold that is used for Grave Disability

*Temporary conservatorships may be initiated during the 5250 or 5270 hold.*

# SF Public Conservator Data Snapshot

14

- Licensed Clinical Social Work Positions

548

- Total number of clients under conservatorship

16

- Average number of new referrals received monthly

65%

- The percentage of clients living in placements outside of San Francisco

5

- The average number of years that a client is conserved under LPS

30

- Current number of clients participating in *special programs*

# Conservatorship Related Services

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Investigate referrals for Conservatorship

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Prepare reports for the Court

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Recommend appropriate level of placement

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Monitor psychiatric care in collaboration with treatment team including responding to medication requests

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Advocate on behalf of clients

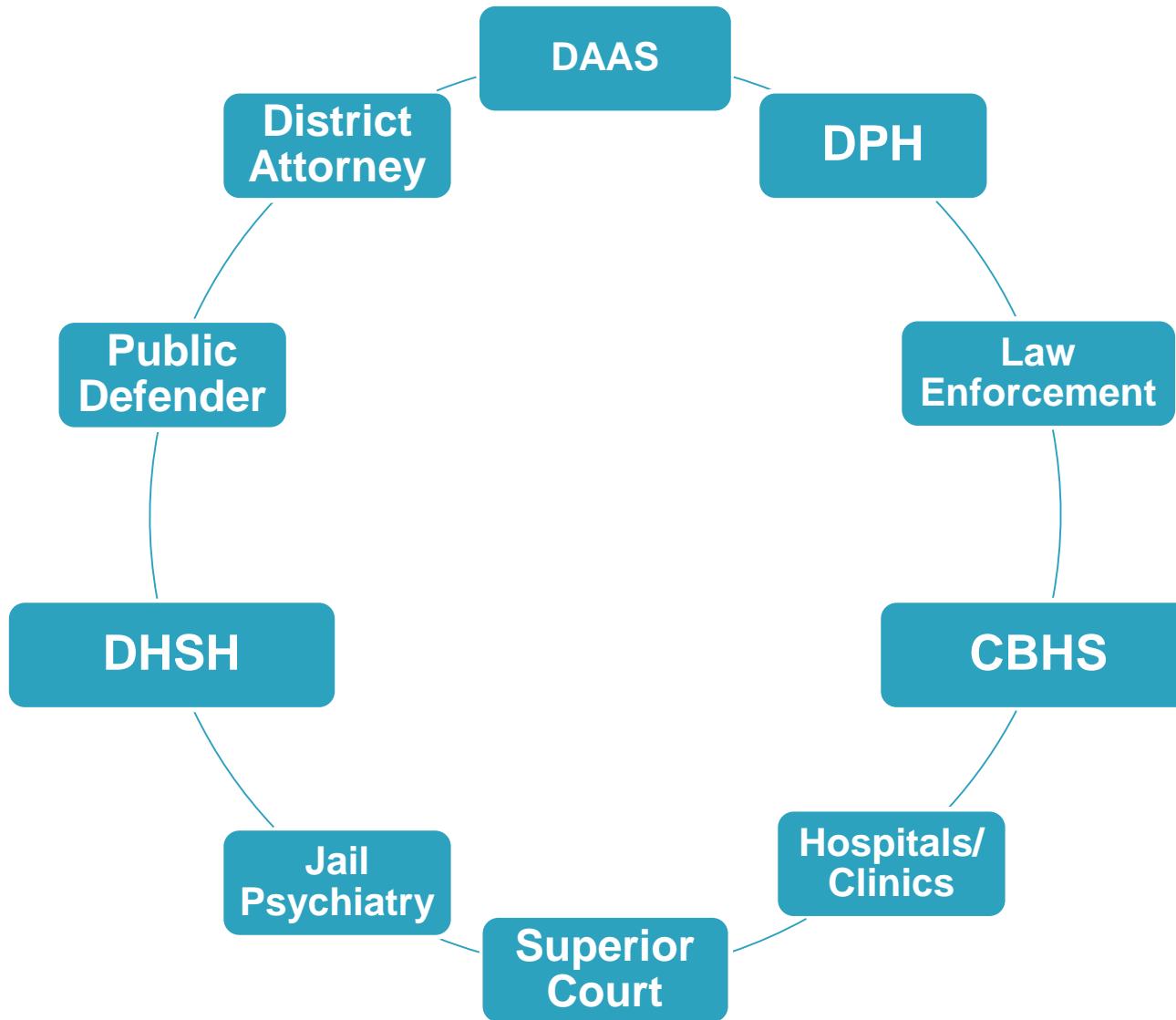
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Provide case management for clients out of county

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Collaborate with Transitions/DPH to ensure appropriate placement in least restrictive setting

# Conservatorship Partners



# Types of Mental Health Conservatorships

- Traditional LPS Conservatorships
- Murphy Conservatorships -   
Conservatee has pending serious felony charges and represents a substantial danger of harm to others
- Community-Based Conservatorships – For clients able to live safely in community settings:
  - Community Independence Participation Program (CIPP) – Non-Contested
  - Post-Acute Conservatorship Pilot

## **Community Independence Participation Program (CIPP)**

- Non-Contested LPS conservatorships for clients that can live safely in the community.
- Clients live in residential settings in SF.
- Clients receive intensive case management services.
- Client and case manager attend court monthly for progress reports.

# Post Acute P-Con Program

- Focus of this program is to place clients into community based settings, directly from acute care and bypass more traditional locked, psychiatric treatment settings.
- Appropriate for clients that do not have a history of violence towards others or self-harm.
- Client receives intensive outpatient treatment.
- Client attends court annually for LPS renewal if needed.

# Laura's Law – Assisted Outpatient Treatment

## Laura's Law

- Referrals may come from family, mental providers, a probation officer, etc.
- Provides for out-patient treatment
- Must have a history of non-compliance with treatment

## Traditional LPS

- Referrals may only come from Psychiatric Hospitals
- Provides for in-patient psychiatric treatment
- Must meet criteria for grave disability

# The PC in the News . . .

- Legal Representation

Recent City Ordinance changed the representation from the District Attorney to the City Attorney.
- Proposed State Pilot – SB1045

Housing Conservatorship for chronically homeless, mentally ill adults with substance use disorder.
- Proposed Mental Health Care Coordination Team

City Ordinance to create a 3 year pilot MDT focused on the most vulnerable adults.

# Questions?

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