

SAN FRANCISCO MENTAL HEALTH BOARD



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London N. Breed

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Judith Klain, MPH
Gregory Ledbetter
Susan Page
Toni Parks
Richard Slota, MA
Marylyn Tesconi
Benny Wong, LCSW

ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, August 01, 2018
25 Van Ness Avenue
6th Floor, Room 610
6:00 PM – 8:00 PM

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

BOARD MEMBERS ON LEAVE: Gregory Ledbetter.

BOARD MEMBERS ABSENT

OTHERS PRESENT: Helynna Brooke, Executive Director; Loy M. Proffitt, Chief Financial Officer; Kavos Ghane Bassiri, LMFT, LPCC, CGP, Behavioral Health Services (BHS) Director; Imo Momoh, MPA, Director, Mental Health Services Act (MHSA); Hannah Abarquez, MHSA; Juan Ibarra; MHSA; Josephine Ayankoya, MHSA; Trina Zhao, Richmond Area Multi-Services (RAMS); Rachel Rodriguez, LCSW; Liza Murawsky; Wynship W. Hillier; Dennis Daver; Mike Field, RAMS; Rachel Rodriguez, Co-Founder of Community Partners Case Management; Dennis Daver; and 20 public members.

Dr. Stevens called the meeting to order at 6:07 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.

The Behavioral Health Services Update & Review of BOS Performance Audit presentation at the end of the minutes.

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

Mr. Ghane Bassiri announced the Transitional Age Youth System of Care (TAY SOC) Launch event from 10 am to 12:30 pm on September 28, 2018, at the Women's Building. He shared the flyer with everyone.

In his monthly director's report, he shared that Julie Graham, LMFT, Gender Health SF program director has resigned, yet she left a strong legacy in our systems of care and the community at large. The new program director is Jenna Rapues, MPH.

In his presentation regarding the Board of Supervisors (BOS) performance audit of SFDPH-BHS, he explained that BHS is within the San Francisco Health Network (SFHN). BHS has many levels of care starting with the lowest threshold, the lowest cost, and the least restrictive increasing up to the highest limit, the highest cost, and the most restrictive. For example, the lowest level focuses on prevention, early intervention, self-help, education, and assessment. Institutions for Mental Disease (IMD) and state hospitals are examples of increasing restrictive levels.

Access to services available throughout the City includes, but not limited to, walk-in clinics, primary care, behavioral health, and substance use disorder (SUD) programs, vocational rehabilitation, collaborative courts, psychiatric respite, and psychiatric hospitalization. Clients accessing services are children, youth, adults, and older adults.

In the FY2016-2017, the total number of clients accessing services was 27,183; 17% of the total clients are youth (4,537). Outpatient settings are least restrictive for clients with behavioral health issues, SUD, or both. Clients participate periodically in the Consumer Perception/Satisfaction Survey. The data offers valuable insights into improving client care and care coordination. FY2017-2018 data will be available soon, as the fiscal year just closed recently.

He shared several achievements. BHS earned 95% compliance rating both regarding access and quality standards on the state Triennial Review. Clients consistently rated 90% satisfaction with services. In 2018, BHS received two Mayor's Office Data and Innovation Awards, and five awards from National Association of Counties (NACo's) for Peer-to-Peer. Furthermore, the trauma-informed systems and gender-specific behavioral health services have been recognized nationally.

Audits are seen as an opportunities for improvement and are always welcomed. There are required and volunteer audits at state and local levels: Annual California External Quality Review Organization (CalEQRO), Annual State Department of Health Care Services (DHCS), Triennial State (DHCS) and ongoing Compliance audit of documentation and claims. The Board of Supervisors performance review of BHS, covering an eight-year period, occurred from August 2017 to April 2018 and covered 2010-2017 period. At the conclusion of the inspection, the audit report mentioned 15 recommendations, although the Department of Public Health agrees with many, agrees on the concept, yet it does not agree with them all.

The five top recommendations of 15 findings & recommendations are:

The five top recommendations of 15 suggestions are:

1. **CBO performance:** Monitor and support to improve productivity, assess service demand and supply across the system
2. **Civil service performance:** Documentation training, performance monitoring, and corrective action
3. **Transition intensive case management (ICM) clients:** To a lower level of care and monitor waitlist
4. **ICM waitlist and utilization management:** Assess unmet needs and increase staff
5. **PES discharges:** Referrals to outpatient care, access to care and advance notice of discharge

He said the system has already ramped up training and technical assistance on documentation, and over 300 staff have received documentation training. All Contractors are undergoing a new evaluation of their Quality Assurance plans, with focus on monitoring, and for civil service clinics, BHS is using a new audit tool at the clinic and system of care levels, to monitor staff and clinics.

Improvement in Intensive Case Management (ICM) includes coordinating clients' transition into regular outpatient clinics. MHSA Innovation Project funding will support ICM for the outpatient transition with peer navigators. Eliminating waitlists for ICM, with better client flow, is another goal through effective Utilization Management review, and to open 200+ ICM slots by the end of this year. ICM enhancement includes TAY expansion.

PES discharged clients are referred to community providers for continued care, service linkage for those that are not already connected to community providers can occur upon transition to Dore Urgent Care Center (DUCC), warm-handoffs to Hummingbird facility, through Sobering Center and working with Behavioral Health Access Center.

Regarding the Civil Grand Jury Report on Crisis Intervention Team, DPH responses to the findings were reviewed. Five Crisis Intervention Specialists will be in place through Comprehensive Crisis Services to support the Crisis Intervention Team of the San Francisco Police Department (SFPD), with four specialists having been hired already.

Ms. Parks wanted to know more about the homeless issues and outreach efforts in place.

Mr. Ghane Bassiri explained the Health Streets Operation Center (HSOC) structure in place. He shared about the hired Engagement Specialists who are responding community needs involving those who are experiencing mental health symptoms and are homeless, in different neighborhoods. The LEAD program, which is a collaboration between SFDPH, SFPD, Felton Institute, and Glide, focuses on the Tenderloin and the Mission districts. He hoped to expand utilization of peers, and see more and more mobility in the provision of services.

Ms. Klain asked about the efficacy of the ICM program and whether the WRAP plan is implemented.

Mr. Ghane Bassiri explained that the ICM structure, level of care, and its current practice as well as the new ICM transformation process that the department has embarked on, which will take multi-years to implement fully. BHS is reviewing different levels within ICM service provision, from intensive shorter term linkage to more longer term outpatient-based Case Management services that are more mobile.

He would like more outcome-based metrics to be implemented as part of provider performance objectives and then monitored. There are changes in the performance objectives to reflect more outcomes versus compliance. For example, one area to monitor is to report on data as to how many people are completing programs (meeting or partially meeting treatment/plan of care goals) versus not completing or dropping off and/or requiring a higher level of care.

Ms. Jackson-Lane asked who will provide TAY services and the roll-out period.

Mr. Ghane Bassiri shared more information about the TAY providers and notified about the upcoming Transitional Age Youth System of Care (TAY SOC) Launch event from 10 am to 12:30 pm on September 28, 2018, at the Women's Building, where a lot of this information will be presented on.

Ms. Jackson-Lane followed up on services for African American TAY's.

Mr. Ghane Bassiri explained the current population-focused services, specifically focused on serving African American TAY. MHSA presentation will provide additional information on this.

Mr. Wong asked who sets the criteria for ICM.

Mr. Ghane Bassiri explained the requirements as to how the ICM criteria are set, based on required standards, but also input from a system of care, community partners and consumer groups. There is a current outpatient consultant to DPH who is working on defining ICM, uniformly, across the system as well as setting the utilization management tool in place based on national standards & best practices.

1.2 Public Comment

Mr. Hillier shared that he attended Mayor Breed's inaugural address. Mayor Breed is very committed to connecting homeless clients to services.

Mr. Ghane Bassiri added that updates as to the Senate Bill 1045 by Senators Scott Weiner and Henry Stern focuses on providing wraparound services for Californians who are chronically homeless, have severe mental illness (SMI) and suffer from Substance Use Disorders.

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

Dr. Stevens introduced Imo Momoh, Director, Mental Health Services Act. He provided an overview of the San Francisco Mental Health Services Act FY 2018-2019 Annual Update. It has been available for review for the past 30 days on the San Francisco Department of Public Health website. As with Mr. Ghane Bassiri's presentation, She requested that Mr. Momoh give the entire presentation first before responding to questions.

The Mental Health Services Act FY18/19 Annual Update presentation at the end of the minutes.

Mr. Momoh explained that MHSA revenue stream is usually difficult to predict, because MHSA funding is driven more by California's general economic conditions. According to the latest data, MHSA distribution for the FY 2017-18 showed a 10% increase from the previous fiscal year.

Today's public hearing on the MHSA plan was a culmination of 17 community forums and stakeholder meetings. Often over 250 attendants participated in discussions.

In September, the Board of Supervisors (BOS) approval is required before the proposal is submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

82 programs are funded by the San Francisco MHSA. These programs include 16 population are focused on the unmet needs of communities such as African American, and the LGBT community. Other programs are 11 Full-Service Partnership Programs, 10 Peer Programs, 10 Workforce Development Programs, 9 Vocational Programs, 4 Community Drop-in Programs and 4 Supporting Housing Programs.

AB 114 requires counties to develop a reversion plan, and SF has developed a plan in the amount of \$1.7 million of reversion dollars. However, under Innovation, the State approved the extension of three projects: First Impressions, Addressing Needs of Socially Isolated Older Adults and the Transgender Pilot Project. These projects will address the SF reversion amount.

Innovation includes Intensive Case Management (ICM) and Full-Service Partnership (FSP) to the Outpatient (OP) Transition Support project. The project is for four years and will start in 2019 on January 1. The project is designed to utilize peer linkage teams who are culturally and linguistically capable of assisting in wraparound services and a warm handoff.

Other Innovation projects in the works include technology-based solutions project includes a 24/7 Peer Chat and 24/7 Evidence-Based Avatar (virtual prevention and early intervention service) program. Wellness in the Streets (WITS) include roving support teams and peer interventions for unhoused SF residents. FUERTE is a population-specific program for 12-18 immigrant newcomers ages 12 – 18 years-old in the San Francisco Unified School District (SFUSD) system. All projects are designed to improve the mental health outcomes of the targeted groups.

At the November 2018 election, the No Place Like Home (NPLH) initiative will be decided by voters. The ballot measure is Proposition 2.

Ms. Jackson-Lane asked about criteria for programs or organizations to become MHSA providers for the TAY population?

Mr. Momoh explained that they are evaluating providers in different parts of the city since different districts have different TAY populations. For example, TAY in the 3rd Street area has different providers focusing on specific TAY needs.

Ms. Jackson-Lane asked how communities know about accessing services.

Mr. Momoh mentioned the handout on the Transitional Age Youth System of Care (TAY SOC) Launch event from 10 am to 12:30 pm on September 28, 2018, at the Women's Building.

Mr. Ghane Bassiri added that the TAY System of Care has staff who can coordinate services for everyone.

Ms. Jackson-Lane pointed out that some organizations are not medically certified to provide services.

Mr. Ghane Bassiri opined that he is trying to get people enrolled in MediCal. The Department of Children, Youth and Family (DCYF) will do some services such as prevention.

Mr. Weinroth asked about the FUERTE program, which is a six-week program.

Mr. Momoh said the FUERTE program is a partnership with SFUSD. School staff can make referrals to help students with limited English capability.

Ms. Tesconi asked about the First Impressions under Innovations component of the MHSa.

Mr. Momoh said the program provides employable skills in construction and landscaping.

Ms. Tesconi asked if innovative programs are evidence-based practices or community-based practices?

Mr. Momoh explained the Innovations funded project are very much focused on the community-based practice model. The programs are First Impressions, Addressing Needs of Socially Isolated Older Adults and Transgender project.

Ms. Tesconi asked if any innovative TAY programs address TAY experiencing co-occurring disorders (COD's)?

Mr. Momoh explained that his programs address both mental health and substance use disorders (SUD) among the TAY population.

Ms. Bohrer suggested a partnership with the peer-run program by the Mental Health Association (MHA-SF) for technology-based mental health solutions: 24/7 Peer Chat and 24/7 Evidence-Based Avatar.

Ms. Jackson-Lane asked for the location of the First Impressions.

Mr. Momoh mentioned that First Impressions is project-based and activities conducted in locations where the projects are located. UCSF Citywide operates the First Impression program.

2.2 Public Comment

Mr. Hillier commented that the statistics and data are white-washed, since many people are subjected to coerced treatment. He submitted a letter, which is at the end of the minutes.

Mr. Daver asked about hiring peers for the ICM/OP Transition Support project.

Mr. Momoh explained that four peers and one clinical specialist will be hired under this program, as currently designed.

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 June 20, 2018 be approved as submitted.

Unanimously approved.

3.3 Resolution (MHB-2018-01): Be it resolved that the Mental Health Board held a public hearing and reviewed the Mental Health Services Act FY 2018-2019 Annual Update.

Unanimously approved on the changes

3.4 Resolution: Be it resolved that the Secretary for the Mental Health Board be elected.

The Nominating Committee chaired by Richard Slota, with members Idell Wilson and Judy Drummond, nominated Njon Weinroth for the position of Secretary to replace Gene Porfido who resigned from the board. The person will fill this office until February 2019 when elections will be held for all of the positions.

Mr. Weinroth accepted the nomination.

Unanimously approved.

3.5 Resolution (MHB-2018-02): 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 care housing for older adults with mental illnesses and/or substance use disorders.

The resolution was tabled until the October meeting.

ITEM 4.0 REPORTS

For discussion

4.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

Ms. Brooke shared a flyer about the September 28th official launch of the San Francisco Transitional Age Youth System of Care at the SF Women's Building.

4.2 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.

The meeting of the Older Adult Committee, chaired by Gregory Ledbetter, met today just before this board meeting. They will not meet in August and may change the time of the regular meeting beginning in September.

The Substance Use Committee, chaired by Njon Weinroth, will meet from 9:00 AM to 10:00 AM Tuesday on September 25th, 2018 just before the Executive Committee meeting.

The Executive Director (ED) Succession Committee chaired by Marylyn Tesconi had its first meeting on will meet again on Wednesday, August 15th at 5:30 PM at 1380 Howard Street, Room 226.

4.3 Committee Reports

Mr. Weinroth reported that his committee found FDA approved opioid treatment is more focused on an opiate replacement. He would like to see the goal of opioid therapy be more about titration down to complete abstinence. Committee members are evaluating barriers for people with co-occurring disorders. The committee has put together an excellent questionnaire for surveying clients, clinicians, and providers.

Ms. Bohrer reported the assessment of older adults with behavioral health needs in homeless shelter. She hoped to have a white paper discussing needs and unmet need. She shared Mr. Benny Wong is working on a resource directory for the older adult.

Ms. Tesconi shared her committee examined the ED duties and dual responsibilities – non-profit and MHB board -- of the new ED role. She hoped to have a job description by September.

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

none

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

none.

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

Ms. Klain suggested a presentation from a developer who is considering developing a site for people with schizophrenia who choose non-psychiatric medications.

Ms. Jackson-Lane suggested a presentation on disparities of mental health services in African Americans specifically Bay View Hunters Point and the Western Addition areas of San Francisco.

Ms. Drummond suggested getting Young Minds Advocacy to help develop a focal point and re-opening the TAY Committee.

4.7 Public comment.

A public member suggested providing legal support for people living in single room occupancy units (SROs) with mental illness who are at risk for eviction.

5.0 Public Comment

Mr. Field from RAMS distributed a flyer about a 12-week course on peer advocacy program.

A Member of the Public shared RAMS program is about people with lived experiences and with the desire to help other people.

Ms. Rodriguez commented that San Francisco voters approved the measure F. She said, “The eviction notices, write-ups, and challenges that her clients have had in the support service buildings come from the fundamental challenges presented when adults with disabilities are infantilized in their housing, and expected to live under restrictions and rules which are not

reflective of the leasing rules throughout the city for folks without disabilities. Even if these lease violations don't end up being the valid reason behind an eviction itself, the adversarial relationship fostered between on-site support and the tenant contributes to their lack of engagement with the on-site support providers and property management in linking to eviction defense. So, her hope would be that this is monitored, with some outreach involved through that process, by a third party organization which would be carbon copied and followed up eviction notices each time an eviction notice is issued to an individual with a known behavioral health treatment history or presenting with behavioral health needs at the time of the eviction.”

Adjournment

The meeting was adjourned at 8:00 PM.



Mayor London N. Breed

Behavioral Health Services Monthly Director's Report July 2018

1. MENTAL HEALTH SERVICES ACT (MHSA)

Acknowledgement of julie graham, LMFT, Gender Health SF

SFDPH-BHS honored julie graham, founding Program Director of Gender Health SF, who resigned from the position. Gender Health SF (formerly Transgender Health Services) was founded in late 2012 by julie along with Dr. Barry, to provide mental health services in conjunction with medical services to the transgender and gender non-binary clients. Gender Health SF is an innovative program of SFDPH that provides access to transgender surgeries and related education and preparation services to eligible uninsured transgender adult residents. julie's holistic approach to providing services for the clients included mental health assessments; pre-surgery preparedness resources; advocacy; case management for clients to access food, shelter, discharge planning, and employment; and trainings to various medical and mental health providers and facilities to increase cultural sensitivity, decrease treatment barriers and discrimination, and increase quality of care.

julie is very proud of the amazing team who are the workforce at this program and mirror numerous forms of diversity found in the clients and communities they serve. In alignment with True North and Trauma Informed Systems principles, julie has strived to increase cultural awareness and accountability throughout the department and San Francisco. Several trainings throughout San Francisco were built upon or furthered by julie's efforts including the Trans 101, SO/GI, and Gender Pre-surgical Assessment trainings.

julie's impact was evident by all the program staff, BHS leadership and staff, and community supporters alike who attended the gathering & celebration. As one employee stated, "Words can't quite capture the collective gratitude for Julie, but both the energy in the room and the words spoken were evident of trans magic excellence fostered at GHSF." julie was recognized by both SFDPH Director Garcia, with the Public Health Hero certificate. The Public Health Hero Award recognizes the outstanding work of individuals working within and outside the Department of Public Health to advance the health and well-being of the residents of San Francisco and surrounding communities. julie was recognized for tireless advocacy on behalf of the transgender and gender non-binary communities both in San Francisco and nationwide. julie, we thank you! You will be missed, but know your work has left a lasting legacy of betterment for all those who are and who will be served by SFDPH in the future.



Welcoming Jenna Rapues, MPH, New Program Director, Gender Health SF

It is with great pleasure that BHS announces the selection of Jenna Rapues, MPH as the Director of Gender Health SF, effective July 2018. Spending nearly two decades in the field of transgender health and HIV prevention work, Jenna understands the importance of centering community experiences and voices to increase access to comprehensive, effective, and affirming healthcare services for transgender and gender non-binary people.

Prior to joining SFDPH, Jenna was the Acting Director of UCSF's Center of Excellence for Transgender Health (CoE) overseeing its National Capacity Building and Technical Assistance and Research portfolios. Previous to CoE, Jenna managed both provider and community-based transgender HIV and health promotion efforts within SFDPH. In this capacity, Jenna organized and coordinated SFDPH provider and community-led health initiatives, provided programmatic oversight to SFDPH's HIV prevention contracts with transgender populations, and conducted several research studies on transgender HIV and health. Additionally, Jenna's work is published in several journal articles highlighting the impact of HIV and health disparities among San Francisco's transgender communities. Jenna holds a Master of Public Health degree, with focus on Community Health Education, from San Francisco State University.

Please join us in extending a warm welcome to Jenna Rapues, MPH to this leadership role, as the Director of Gender Health SF, at Behavioral Health Services, SFDPH.

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

ICM/FSP to Outpatient MH Client Flow: A Celebration of Collaborative Improvement Work

In the behavioral health system, transitioning clients from Intensive Case Management (ICM) programs, which includes Full Service Partnership (FSP) programs, to standard mental health outpatient clinics (OP), has met many challenges, often resulting in clients not connecting to OP services.

Since December 2017, over 40 stakeholders from outpatient mental health, ICM/FSP programs, behavioral health consumer advocates, and BHS administrative staff from the Systems-of-Care (SOC), Quality Management, and MHSA, have met bi-monthly in three cross-modality, multidisciplinary workgroups to improve the success and experience of clients as they transition from ICMs to lower intensity behavioral health care.

The three workgroups each focused on a different area of the flow then conducted small tests of change (PDSAs), such as identifying **client readiness** to transition, introducing a new administrative **referral process** and an ICM-OP Referral Form, involving ICM and OP directors in all the referrals, **tracking referrals centrally** and **inviting peers to support clients** through the transition. Through testing, the workgroups generated important data and learning and formulated recommendations.

On June 26th, workgroup members and other interested stakeholders convened at the San Francisco Public Library to showcase new tools, celebrate discoveries, share key learning, and formalize the presentation of their recommendations to the larger group.



Top Left/Workgroup 1: Elizabeth Chavez (Mission ACT), Karen Lancaster (SF FIRST), Natalie Henry-Berry (SOMMHS), Paul Hickman (Felton/FSA GOS/ICM and SPRC), Stephen Dempsey (BHS Vocational Programs), Scott Arai (Baker Places), Jenifer McAtee (Felton/FSA Older Adult FSP), Ryan Reichel (BHS/QM), Sidney Lam (BHS Adult System of Care)

Top Right/Presentation by Workgroup 2: Veronica Hamilton (Felton/FSA Older Adult ICM), Cindy Gyori (Hyde Street), Lucy Vargas (Mission MH), Mary Lam (Chinatown/North Beach MH), Elizabeth Barr (MHA-SF), Nora Zapata (Mission MH)

Bottom Left/Workgroup 2: Veronica Hamilton (Felton/FSA Older Adult ICM), Mary Lam (Chinatown/North Beach MHS), Seth Pardo (BHS/QM), Danielle McVay (Progress Foundation), Jordan Pont (Felton/FSA Adult and TAY FSP); Cindy Gyori (Hyde Street), Susan Esposito (BHS System of Care), Lucy Vargas (Mission MH), Nora Zapata (Mission MHS), Elizabeth Barr (MHA-SF), Meaghan O'Brien (MHA-SF).

Bottom Right/Workgroup 3: Heather Hanley (RAMS), Jose Orbeta (RAMS), Ana Gonzalez (BHS Psychiatry/Mission MHS), Cathy Spensley (Felton/FSA Older Adult), Charles Rivera (BHS System of Care), Juana Gonzalez (Mission ACT), David Fariello (UCSF Citywide Case Management), Diane Prentiss (BHS/QM), Paul Lam (Sunset MH), Ramon Matos (UCSF Alliance Health Project), Edwin Batongbacal (BHS System of Care), Jennie Hua (BHS System of Care).

A few of the key recommendations put forth by the groups, to be developed into system-wide recommendations and policies, include:

- 1) Nurture a culture in all ICM and OP clinics that normalizes and prepares clients for transitioning
- 2) Use the Recovery Questionnaire to assess ICM client readiness and identify the areas of development to help prepare a client for transition
- 3) Utilize a standardized procedure to refer ICM clients to OP
- 4) Communicate referrals between ICM to OP director to director (or to a designated point person)
- 5) Use the ICM-OP Referral Form to ensure OP has the information they need
- 6) Track referrals centrally (BHS) so that improvement can be measured and challenges logged and addressed
- 7) Conduct a warm hand-off in person when an ICM client is transitioning to OP
- 8) Provide monetary resources to OP clinics for tokens, food, and other supports for incoming ICM clients on a time-limited basis
- 9) Provide rep payee / public guardian office services to recently transitioning clients in OP with a greater emphasis on customer service, including working with case managers
- 10) Provide more flexible ways to dispense medications in OP settings; and co-located ICM-OP programs should consider implementing continuity of clients prescriber across levels of care
- 11) Track progress and retention of clients arriving at OP from ICMs through a clinic based client registry

A small implementation team will be meeting, starting late July, to take accountability for progress on, and completion of several identified tasks arising from the recommendations of the workgroups:

- 1) Write a policy and procedure to outline referrals from ICM to OP that are standardized across the system of care
- 2) Continue to collect referral data centrally and evaluate the impact of the changes
- 3) Continue to investigate ways to expand outreach and supportive services at the OP level to ensure successful transitions for incoming ICM clients
- 4) Communicate with providers on a monthly basis any updates on implementation of the task force's recommendations

BHS is grateful to this dedicated team of stakeholders who invested considerable energy and time into such an important collaboration, the benefits of which will be revealed in the follow up over the next several months. Many thanks to all who participated!

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

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

The CYF Community Advisory Board (CAB) was hosted at LEGACY in June, 2018. CAB participants were trained in group facilitation skills with the expectation that the members will begin facilitating the CAB group themselves.

LEGACY hosted a 5-day Girls' Empowerment Group from June 11- 15, 2018. The group focused on wellness, self-care and self-esteem building. There was also open discussions around internal and external pressures that young women face. On June 16, 2018, LEGACY staff participated in community outreach at the Juneteenth celebration in the Western Addition. LEGACY hosted a Family Support Night on June 25, 2018 and there was a presentation & sharing tools with the families around financial planning.

Southeast Child & Family Therapy Center will be offering three therapeutic summer groups for youth and their families. Sekayi Edwards, AMFT and Silvestre Mancera, AMFT will be providing a summer outing group in San Francisco for youth ages 12-15 called "Navigating Uncharted Stories" and a Roleplaying and Storytelling Adventure Game Group. Both of these adventure-based activity groups will support socialization skills, environmental and social-emotional awareness, self-esteem and identity, and focus and attention. Sekayi will also provide a Drumming Group for clients and their families aimed to relieve stress and encourage expression and celebration of cultural diversity. Aside from having therapeutic qualities, these groups are bound to be fun for the youth and their families!

Chinatown Child Development Center (CCDC) staff attended Tenderloin Family Day on June 8, 2018, the Asian-Pacific Islander Family Resource Network/APA Family Support Services Family Day 2018. The event was held at the Tenderloin Rec. Center. Many CCDC consumers attended this event and enjoyed the petting zoo, face painting activities and arts & crafts with their families. Participants also received linguistically appropriate health information and community resources. This was a free event planned annually for the community. On June 16, 2018, CCDC hosted a 2-hours workshop on estate planning and conservatorship focused on individuals with special needs. The presenters addressed questions about financial planning, guardianship, family trusts and estate/legacy planning. The entire workshop was presented in Chinese and was well received by approximately 30 families in attendance. There are also plans to have the presenters return to present on more specifically requested topics of interest in the near future.

The Parent Training Institute had the graduation of five fathers from the Supporting Father Involvement (SFI) program at the Sunnyside Wellness Center. The SFI program is an evidence-based curriculum paired with case management to improve the fathers' relationships with their children and partners, and to improve the economic well-being of the families. The June 20th graduation ceremony was well attended and featured Joey Cordero as an invited speaker. Congratulations to the graduates! The Parent Training Institute also continued its support of the practitioners in delivering evidence-based parenting by holding two Triple P trainings in June 2018. The first was a training on the Stepping Stones curriculum, which is intended for parents of children with disabilities, and the second was a Triple P training for therapeutic visitation clinicians. 40 participants in total received Triple P training in June through the Institute. BHS Parent Training Institute looks forward to continuing to expand both the Triple P and SFI programs in the fall.

4. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

Spotlight on the Violence Intervention Program (VIP)

The Violence Intervention Program is a specialty behavioral health program focused on stopping all violent behavior. One specialty is the treatment services for people who have committed sexual offenses and may or may not be a registered sex offender under penal code PC290. The program is open to any client who has a history or an active pattern of offense (both contact offenses and/or the viewing of child pornography on the internet) and wishes to stop their behavior on a voluntary basis. One of the group members states that, "Since I have been attending this group it has saved my life. Most importantly, it has helped save the lives of those that I was hurting. At the time, I thought that I was acting as a mentor and guide. Now I understand the damage that I've done. This group is the most important thing that I do each week."

The Violence Interventions Program also serves individuals who have perpetrated interpersonal violence, including stalking, and/or have a history of domestic violence. Many clients have co-occurring disorders which are treated concurrently while in treatment. There is a psychiatrist available for medication evaluation and management. Violence Intervention Program is currently certified by San Francisco Adult Probation to provide treatment for court-mandated clients who have been convicted of child endangerment. In the past year, there have been no hospitalizations for psychiatric crises and no new arrests for offenses committed by Violence Intervention Program clients. In Fiscal Year 2017-2018, there were 5 clients that successfully completed the program. The Violence Intervention Program is collaborative, strengths-based, and uses best-practice models to treat the whole-person in their environment. Most services are provided in a group with exceptions for those clients that are not appropriate for group due to the nature of their offense or their ability to benefit from treatment in a group setting. All services are clinic-based with some scheduling flexibility for those who are also working.

5. BHS PHARMACY

Deprescribing of Benzodiazepines in Older Adults

The BHS Medication Use Improvement (MUI) Committee works on continuously improving medication safety for all clients. A focus for 2018 is the safer use of sedative-hypnotics, including benzodiazepines. These medications include: Lorazepam (Ativan), Clonazepam (Klonopin), Diazepam (Valium), Zolpidem (Ambien).

Why a focus on these medications?

- Long-term use of benzodiazepines is associated with depression, cognitive impairment, increased rates of motor vehicle crashes, increased rates of falls and hip fractures and increased rates of mortality
- Benzodiazepines carry more risk for harm than alternative treatments for insomnia and anxiety disorders
- The American Geriatrics Society recommends avoiding all benzodiazepines in most older adults 65 years of age or older. When use is unavoidable they should be used in lower doses and short term only.
- Despite strong recommendations based on high-quality evidence, a substantial portion of older adults use these medications chronically

The taskforce has interviewed prescribers and clients to better understand why clients of BHS continue to be prescribed these medications. Barriers to de-prescribing are being identified so that providers and clients can be best supported and to improve medication safety.

More to come!

Information to support deprescribing of benzodiazepines can be found on the SFPDH-BHS Webpage

Here is the link to the “Safer Prescribing of Sedative-Hypnotics Guidelines”, updated May 2018:

<https://www.sfdph.org/dph/files/CBHSdocs/Sedative-Hypnotic-Guideline.pdf>

Here is the link to the “Empower Patient Handout”, which is for clients:

<https://www.sfdph.org/dph/files/CBHSdocs/EmpowerPatientHandout.pdf>

Posters for Clinics/Programs:

English: <https://www.sfdph.org/dph/files/CBHSdocs/Sedative-Hypnotics-English.pdf>

Chinese: <https://www.sfdph.org/dph/files/CBHSdocs/Sedative-Hypnotics-Chinese.pdf>

Spanish: <https://www.sfdph.org/dph/files/CBHSdocs/Sedative-Hypnotics-Spanish.pdf>

Tagalog: <https://www.sfdph.org/dph/files/CBHSdocs/Sedative-Hypnotics-Tagalog.pdf>

Vietnamese: <https://www.sfdph.org/dph/files/CBHSdocs/Sedative-Hypnotics-Vietnamese.pdf>

NOTICE OF PHARMACY HOURS CHANGE, EFFECTIVE July 18, 2018:

NEW Patient Service Hours

9:00am to 3:30pm

CBHS Pharmacy

1380 Howard Street, Room 130, San Francisco CA 94103

415-255-3659

ANNOUNCEMENT

30-Day Public Review and Comment – MHSA FY18/19 Annual Update

The Behavioral Health Services (BHS) unit of the Department of Public Health is inviting all stakeholders to review and comment on the San Francisco Mental Health Services Act (MHSA) FY 2018-2019 Annual Update for a period of 30 days from July 2, 2018 to August 1, 2018. This 30-day stakeholder review and comment period is in fulfillment of the provisions of the Welfare and Institutions (W&I) Code Section 5848.

Please email your comments to MHSA@sfdph.org or send by mail to:

Mental Health Services Act, SFPDH, 1380 Howard Street, Room 512, San Francisco, CA 94103

Click on the link below to view the MHSA FY 2018-2019 Annual Update:

<https://www.sfdph.org/MHSA>

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

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



Behavioral Health Services Updates & *Review of BOS Performance Audit*

San Francisco Mental Health Board
August 1, 2018

Kavoos Ghane Bassiri, LMFT, LPCC, CGP
Director, Behavioral Health Services



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services Levels of Care



Prevention, Early Intervention, Self-Help, Education and Assessment

**Lowest Threshold
Lowest Cost
Least Restrictive**

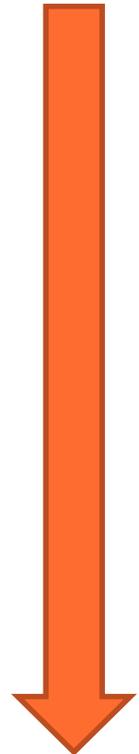
Voluntary Services: outpatient (case management, social rehabilitation, Full Service Partnerships, Intensive Case Management, vocational rehabilitation, day treatment, substance use disorder services, medication support [SUD and MH]), supportive housing, acute diversion units, residential services, crisis residential treatment, residential treatment, wellness centers, collaborative court and psychiatric respite.

Crisis Programs: Comprehensive Crisis, Community Outpatient Crisis, Crisis Stabilization Units (adult and youth).

Psychiatric Emergency Services, Acute Psychiatric Hospitalization

Institutes of Mental Disease

State Hospital



**Highest Threshold
Highest Cost
Most Restrictive**

Clients

MENTAL HEALTH
-Adults
-Children

+

SUBSTANCE USE DISORDER (SUD)

ACCESS POINTS

24 hour Phone Line

Walk into BH Clinic/BHAC

Referrals from Primary Care

Referrals from Schools

Referrals from Foster Care

Referrals from Criminal Justice

Comprehensive Crisis Services

Hospitalizations

Behavioral Health Services



Clients Served* in MH & SU Services

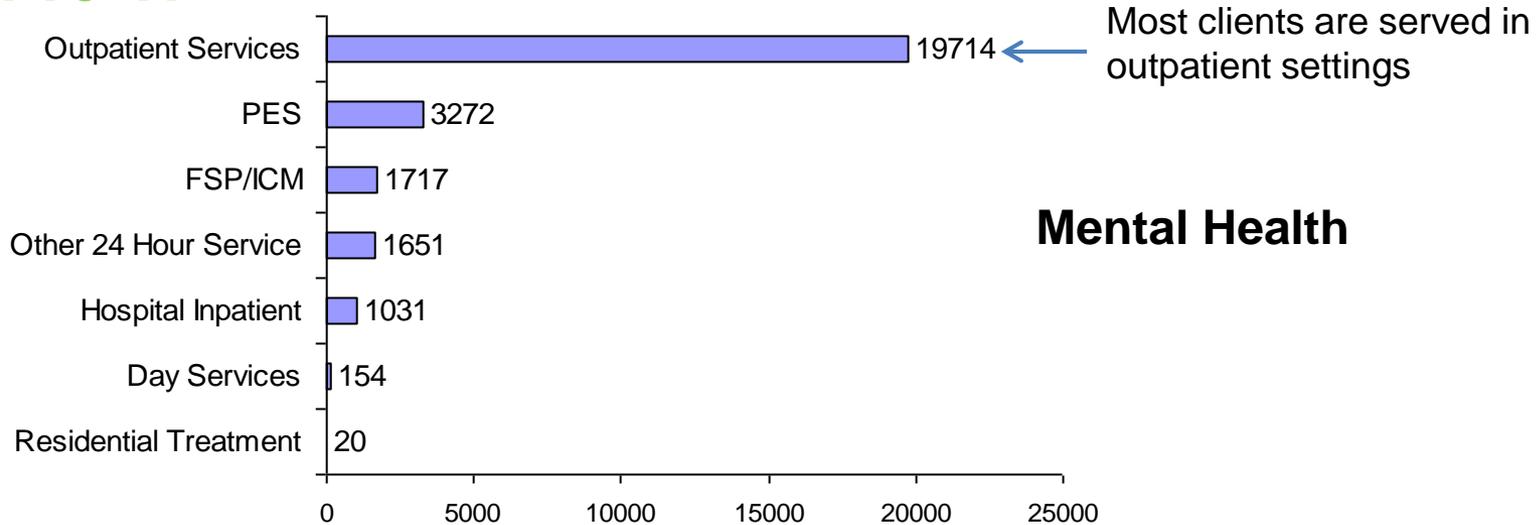
FY16-17

	All	Adults	Youth
Mental Health only	20,056	15,765	4,291
Substance Use only	4,700	4,535	165
MH & SU Services	2,427	2,349	78
Total	27,183	22,649	4,534

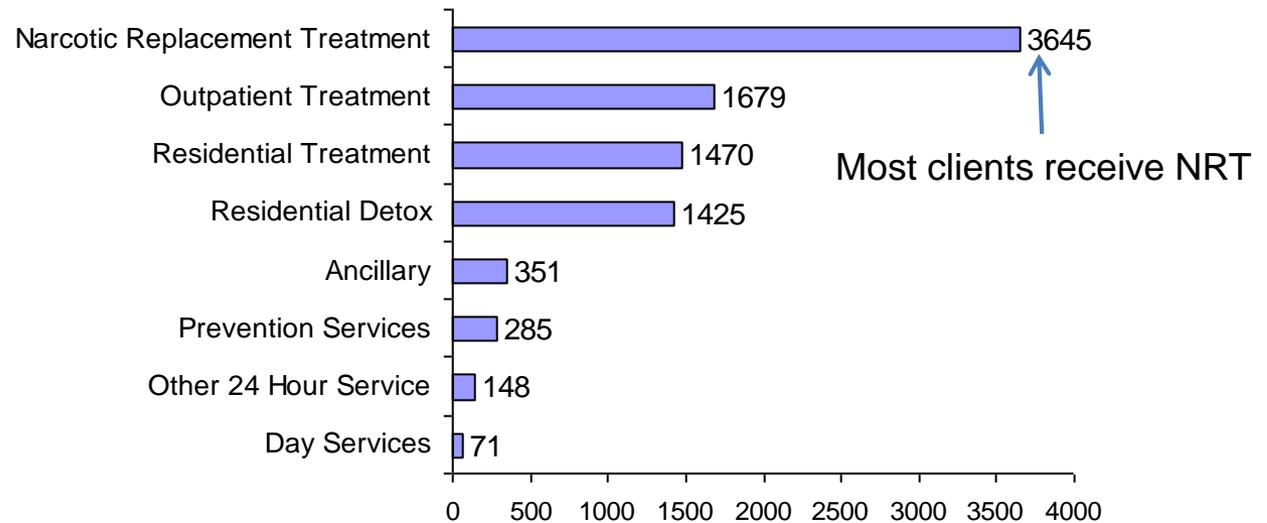
*Clients receiving at least one service during the fiscal year

Clients Served by Level of Care

FY16-17



Substance Use



BHS Recent Accomplishments

- 95% compliance rating for San Francisco County Mental Health Plan from State (2017), including Access and Quality standards
- More than 90% of clients reporting satisfaction with BHS services, from Consumer Perception/Satisfaction Survey (DHCS)
- Two Mayor's Office Data and Innovation Awards for use of data to support improved client care and care coordination (2018)
- Five awards from National Association of Counties for our Peer-to-Peer, Vocational Rehabilitation Programs, and Population-focused: Mental Health Promotion & Early Intervention (2017, 2018)
- Nationally recognized leader in trauma-informed systems and gender-specific behavioral health services

BHS Audits are Opportunities for Improvement

- Long standing experience with audits and assessments
- Both required and voluntary evaluations
- Provide valuable insights, measurement and direction for improvement
- Making progress on many fronts

BHS Audits and Assessments/Evaluations

Required State/DHCS Audits

- Annual California External Quality Review Organization (CalEQRO)
- Triennial State Department of Health Care Services (DHCS)
- Annual State Department of Health Care Services (DHCS)

Voluntary Audits and Assessments – from 2014-present

- ZSFG Psychiatry
- Jail Health and ZSFG Forensic Unit Behavioral Health Services
- Laguna Honda Hospital Psychiatric Services
- Acute Adult Psychiatric System
- New Strategic Plan for Utilization Management by the County Mental Health Plan
- Compliance audit of documentation and claims (Ongoing)

Other Reviews

- Civil Grand Jury Report on Crisis Intervention: Bridging Police and Public Health

BOS Performance Audit of BHS

- ❖ Conducted Aug 2017 - April 2018
- ❖ Covered FY2010-2011 to FY2016-2017 years
- ❖ 15 recommendations
- ❖ SFDPH does not agree with all of the conclusions in the report
- ❖ SFDPH agrees with the recommendations in concept and for continuing improvement
- ❖ SFDPH has several quality improvement activities underway that address and precede the BOS audit findings

BOS Audit Top 5 Recommendations

- 1. CBO performance:** Monitor and support to improve productivity, assess service demand and supply across system
- 2. Civil service performance:** Documentation training, performance monitoring and corrective action
- 3. Transition intensive case management (ICM) clients** to lower level of care; Monitor waitlist
- 4. ICM waitlist and utilization management:** Assess unmet needs and increase staff
- 5. PES discharges:** Referrals to outpatient care, access to care and advance notice of discharge

Performance Audit Findings & Recommendations

Behavioral Health Service Providers' Performance

Recommendation #1

CBO performance: Monitor and support to improve productivity, assess service demand and supply across system

SFDPH-BHS Response – Ongoing Improvement Work

Monitoring

- ✓ Annual program reviews and random audits

Documentation

- ✓ Improved documentation through Documentation Specialist, new Documentation Manual & Reference Guides, Training (300+) and Technical Assistance
- ✓ New Evaluation of Quality Assurance plans for all CBOs, focused on chart reviews

Supply/Demand

- ✓ Real-time performance analysis, using Tableau (Business Intelligence Software)

Performance Audit Findings & Recommendations

Behavioral Health Service Providers' Performance

Recommendation #2

Civil service performance: Documentation training, performance monitoring and corrective action

SFDPH-BHS Response – Ongoing Improvement Work

Monitoring

- ✓ Annual program reviews and random audits
- ✓ Real-time performance analysis, using Tableau (Business Intelligence Software)

Documentation

- ✓ Improved documentation through Documentation Specialist, new Documentation Manual & Reference Guides, Training (300+) and Technical Assistance
- ✓ New audit tools and documentation monitoring program for all Civil Service Clinics

Performance Audit Findings & Recommendations

Flow: Intensive Case Management

Recommendation #3

- Transition intensive case management (ICM) clients to lower level of care
- Monitor waitlist

SFDPH-BHS Response – Ongoing Improvement Work

- ✓ New BHS Performance Improvement Project with State DHCS focused on flow of clients from ICM to outpatient and capacity of step-down services
- ✓ Secured MHSa Innovation Project funding to support ICM to outpatient transition with peer navigators

Performance Audit Findings & Recommendations

Flow: Intensive Case Management

Recommendation #4

- ICM waitlist and utilization management
- Assess unmet needs and increase staff

SFDPH-BHS Response – Ongoing Improvement Work

- ✓ Full review of all 1,400 ICM cases, including definition, admission & discharge criteria, and all current cases for level of care assessment
- ✓ Launching a new Transition Age Youth (TAY) System of Care Full Service Partnership/ICM this year for up to 40 clients
- ✓ Opening more than 200 ICM slots this year, centralizing utilization through Transitions

Performance Audit Findings & Recommendations

Flow: PES Discharges

Recommendation #5

PES discharges:

referrals to outpatient care, access to care and advance notice of discharge

SFDPH-BHS Response – Ongoing Improvement Work

- ✓ Bringing linkages directly to PES
 - PES staff supported with Linkage Social Worker and Dore Urgent Care Clinic evaluator on site
 - Warm handoffs from PES to Hummingbird Place
- ✓ Protocols for notification from PES and Inpatient Unit to community providers for transition of BHS clients
- ✓ Improving the medical record to make clearer the discharge destination and support communication to receiving providers. Epic will allow more medical record improvements.

Civil Grand Jury Report

Crisis Intervention: Bridging Police and Public Health DPH Recommendations

1. Complete hiring of Crisis Intervention Specialists (5)
2. Review and update MOU with SFPD
3. DPH/BHS leadership & CIT Work Group meet regularly
4. Hire 5 additional Crisis Intervention Specialists



Mental Health Services Act (MHSA)

FY18/19 Annual Update

Public Hearing

Mental Health Board

August 1, 2018



San Francisco
Health Network

MHSA Overview



Enacted into law in 2005



1% tax on personal income over \$1 million



Designed to support the transformation of the mental health system to address unmet needs

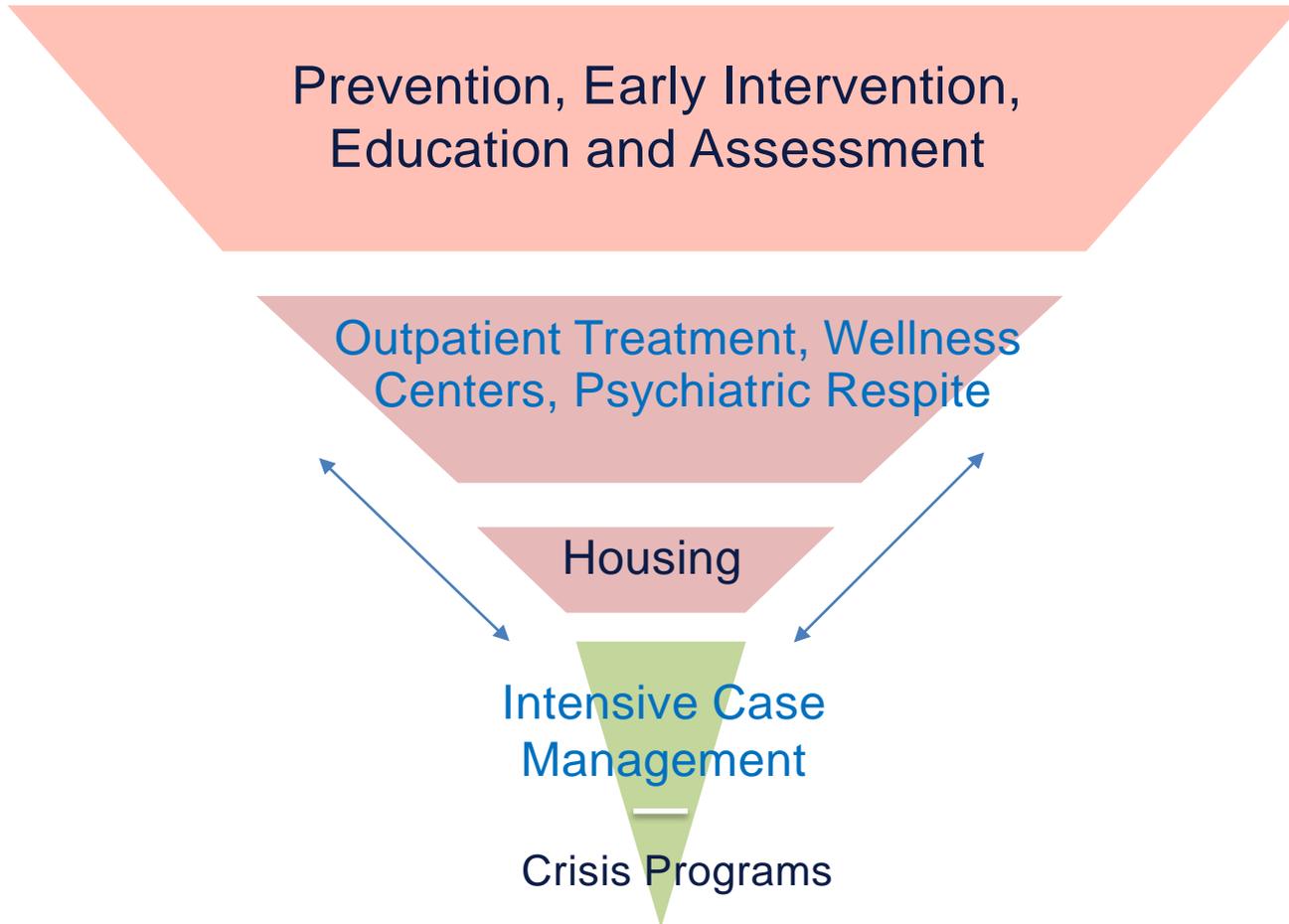


Based on a set of core principles

MHSA Continuum



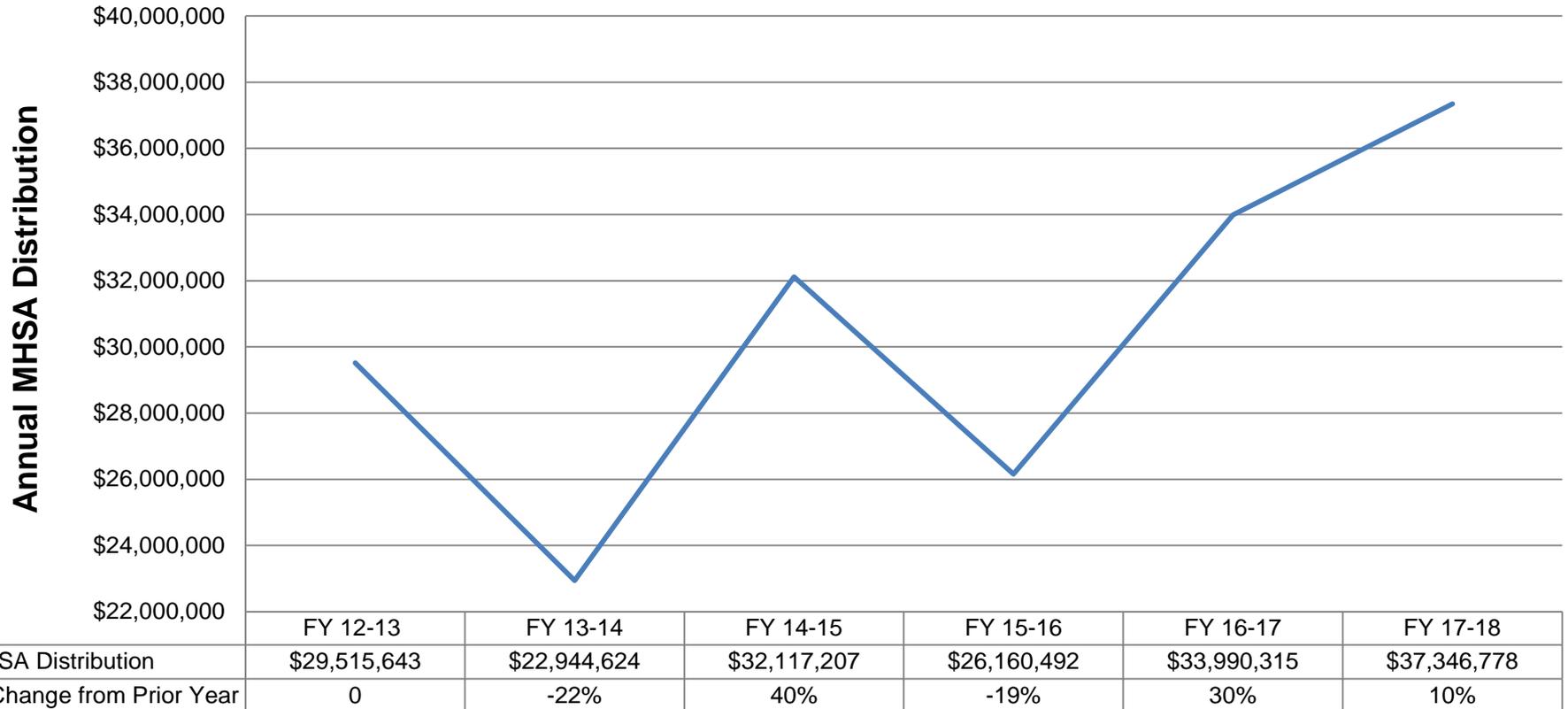
Lowest Threshold



Intensive

Capital Facilities/Information Technology

MHSA Revenue Over Time



MHSA FY 18/19 Annual Update



Annual Updates are required to provide updates to the **Three-Year Integrated Plan**.



This year's Annual Update outlines **outcomes achieved in FY 16/17** and highlights **program plans for FY18/19**.



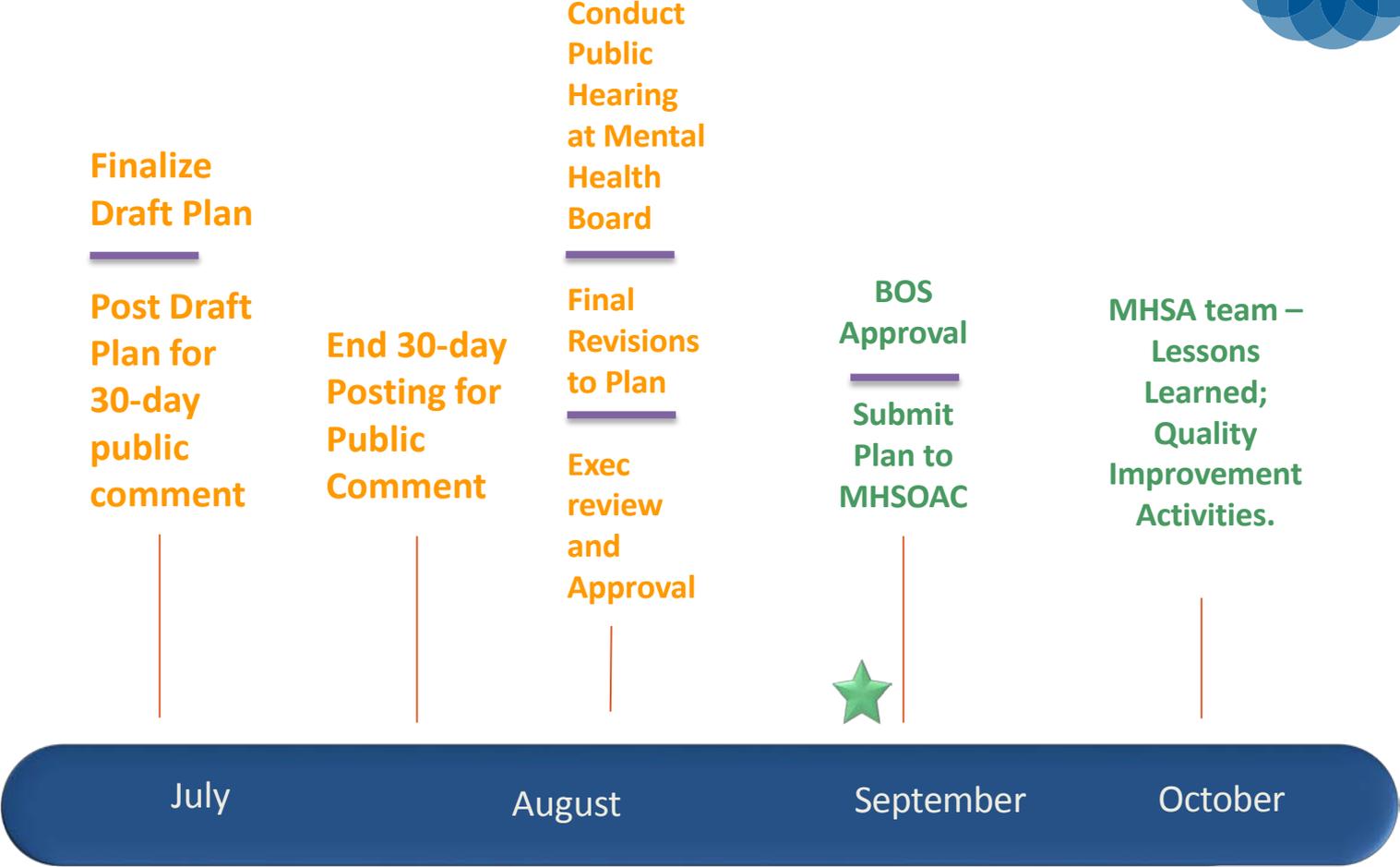
Stakeholder Engagement: held **17 community forums** (over 250 in attendance).

Timeline

MHSA FY 18/19 Annual Update



2018



San Francisco MHSA Program



SF MHSA
currently
funds 82
programs

Highlights

- **16** Population-focused Programs
- **11** Full Service Partnership Programs
- **10** Peer Programs
- **10** BH Workforce Development Programs
- **9** Vocational Programs
- **4** Community Drop-in Programs
- **4** Supporting Housing Programs (*~200 units*)



Performance Highlights

Program	Outcomes
<i>Full Service Partnership</i>	<ul style="list-style-type: none">↓ 88% decrease in Arrests↓ 80% decrease in Mental Health & Substance Use Disorder Emergencies↓ 81% decrease in Physical Health Emergencies
<i>African American Holistic Wellness</i>	<ul style="list-style-type: none">• 98% of group participants reported increase in their social connections
<i>Community MH Certificate Program</i>	<ul style="list-style-type: none">• 93% participants graduated the program• 93% successful completion of internship placement
<i>Prevention and Early Recovery for Psychosis (PREP)</i>	<ul style="list-style-type: none">• 76% of clients enrolled in new educational/vocational activities• 81% of clients demonstrated decrease in acute inpatient setting episodes
<i>Wellness Centers</i>	<ul style="list-style-type: none">• 247 students served• 95% of students reported coping with stress better as a result of therapy.• 93% of clients reported meeting their treatment goals

What's New



- ❑ State approved the extension of three Innovations funded projects:



First Impressions

Addressing Needs of Socially Isolated Older Adults
Transgender Pilot Project

- ❑ Online Program Reporting System 

- ❑ Reversion Plan – AB 114 

- ❑ Transitional Age Youth (TAY) System of Care



- ❑ Intensive Case Management to Outpatient Transition Support Program



What's New:

AB 114 – Reversion of MHSA Funds



- Funds subject to reversion as of July 1, 2017, are deemed to have been reverted and reallocated to the **county of origin** for the purposes for which they were originally allocated.
- Counties must spend reallocated funds within three **fiscal years**, including the FY when the funding was made available.
- San Francisco developed an **Innovation Reversion Plan** under this bill in an amount of \$1,733,351



What's New:

Summary of Innovation Reversion Plan

Expenditure Item	Year to be Spent	Total to be Spent
Intensive Case Management/Full-Service Partnership to Outpatient Transition Support project	FY18/19	\$1,733,351
Intensive Case Management/Full-Service Partnership to Outpatient Transition Support project	FY19/20	
First Impressions	FY18/19	
Transgender Pilot Project	FY18/19	
----- Addressing the Needs of Socially Isolated Older Adults		

What's New:

New & Expanded Services for TAY, 16-24



- 1) TAY Full Service Partnerships (*2 programs*)
- 2) TAY Prevention and Recovery in Early Psychosis (PREP) Program
- 3) TAY Population Specific Engagement & Treatment (*6 organizations selected targeting API, B/AA, LGBT+, Latino & Mayan; outpatient*)
- 4) TAY Homeless Treatment Team Programs (*2 programs*)
- 5) TAY Leaders Peer Certificate & Employment Programs
- 6) Network Development, Training & Capacity Building (*for providers*)

What's New:

Intensive Case Management (ICM) to Outpatient (OP) Transition Support Project



Project will **focus on transitions and the flow of clients from ICM programs to OP services.**

Project involves an autonomous **peer linkage team** providing both wraparound services and a warm hand off.

The team will consist of culturally and linguistically diverse peers and one clinician. **Peers will serve as step-down specialists**

Project Start Date: January 1, 2019

Looking Forward



No Place Like Home (AB1827)



Seek Approval for **Three** Innovation Projects

- Mental Health Technology Suite
- Wellness in the Streets
- FUERTE

Ongoing **Quality Improvement** activities for all 82 MHSA programs



Technology -Based Mental Health Solutions

- **24/7 Peer Chat**: with a trained peer specialist, and artificial intelligence assistance for the peer to utilize as a resource.
- **24/7 Evidence-Based Avatar**: developed by clinical experts, avatars will provide mental health education, cognitive and behavioral support, and mindfulness techniques.

FUERTE:

- **Curriculum** built on theory and evidence-based practices.
- **Target**: Newcomer immigrant youth (12 to 18) in the SFUSD.
- **Designed to** address trauma, violence, feelings of inadequacy, acculturation and goal setting.

Wellness In The Streets (WITS)

- **Roving support team** of formerly homeless peers.
- **Peer interventions** that include manual-based and evidence-based peer modalities.
- Peer interventions **directly on the streets** have never been tested in San Francisco.

Looking Forward:

No Place Like Home (NPLH)



- NPLH, originally signed in 2016, would **dedicate \$2 billion in state bond proceeds to develop permanent supportive housing** for persons who need mental health services and are experiencing, or are at risk of, homelessness.
- On June 27 California Governor Jerry Brown approved **AB 1827, which will place the NPLH Initiative on the November 2018** general election ballot for validation by California voters.
- The bonds are to be repaid by funding from MHSA. The NPLH initiative will be **Proposition 2 on the November ballot**; voter validation will bypass the pending legal challenge that has delayed implementation to date.



Questions?

Contact:

Imo Momoh

Director, Mental Health Services Act

Imo.momoh@sfdph.org



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Wynship W. Hillier, M.S.

[REDACTED]
San Francisco, California 94142-7214

[REDACTED]
wynship@hotmail.com

August 1, 2018

San Francisco Mental Health Board
1380 Howard Street, 2nd Floor
San Francisco, California 94103

by hand at August 1, 2018, public hearing

Re: Mental Health Services Act FY 2018-2019 Annual Update

Ladies and Gentlemen:

Please regard this correspondence as a substantive written recommendation for revisions to the above-named update (“annual update”) per *California Welfare and Institutions Code* § 5848(a).

The statistics and other information in annual update have been whitewashed. Annual update should include information and/or statistics on the following factors:

1. How many clients are subject to federal intelligence surveillance orders pursuant to the Foreign Intelligence Surveillance Act of 1978, 50 U.S.C. §§ 1801-1885c, or the procedures therein?
2. Among the clients in item #1, intelligence surveillance was used to entrap how many in the commission of crime in order that they could be forced into treatment by adjudicating them incompetent to stand trial?
3. Among the clients in item #2, how many were adjudicated incompetent to stand trial *in absentia* and were made the subject of totally sealed cases, such that they do not know of their status as incompetent to stand trial and cannot find out?
4. Among the clients in item #3, how many are being prevented by the professionals in charge of them from learning about their status as clients and the identity of their treatment provider(s) per *California Welfare and Institutions Code* § 5328(a)(2)?
5. Among the clients in item #4, how many are being treated with antipsychotic medication through the air? Pain-inducing substances? Asthma-inducing substances? Suffocation-inducing substances such as nonlethal doses of sodium cyanide?

6. Among the clients in item #4, how many are subject to interventions using classified technologies?
7. Among the clients in item #4, how many are subject to remote monitoring of their brains?
8. Among the clients in item #4, how many are subject to remote electrical interventions in the functioning of their brains?
9. Among the clients in item #4, how many have been subject to destructive neurosurgery?
10. Among the clients in item #9, how many have been subject to physical intervention(s) in their brains?
11. Among the clients in item #10, how many have been permanently disabled by such intervention(s)?
12. Among the clients in item #11, how many are being denied recognition of their disabilities?
13. Among the clients in item #12, how many are in danger of becoming homeless due to the refusal to acknowledge their disabilities?

Very truly yours,

Wynship W. Hillier