

## SAN FRANCISCO MENTAL HEALTH BOARD

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**London N. Breed**

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

### **ADOPTED MINUTES**

Mental Health Board Meeting  
Wednesday, November 28, 2018  
1380 Howard Street  
4th Floor, Room 424  
6:00 PM – 8:00 PM

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

**BOARD MEMBERS ON LEAVE:** Ulash Thakore-Dunlap, MFT, Co-Chair; Idell Wilson.

**BOARD MEMBERS ABSENT:** Susan Page

**OTHERS PRESENT:** Helynna Brooke, Executive Director; Kavoos Ghane Bassiri, LMFT, LPCC, CGP, Behavioral Health Services (BHS) Director; Liza Murawski, presenter; and 16 public members on the sign-in sheet.

**Dr. Stevens** called the meeting to order at 6:01 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** highlighted items in his Director's Report. He mentioned two Children, Youth and Families programs, the Chinatown Child Development Center's participation in the 23rd Annual Chinatown Community Health Fair, and the Southeast Child and Family Therapy Center's announcement that they have developed three Workgroup Committees to address issues that impact program development. He highlighted that the Drug Court Treatment Center has transitioned to become a Department of Public Health program. Significant successes were achieved by participants by the end of 2018.

The BHS Pharmacy embarked in a quality improved journey, using a system called Value Stream Mapping work. It is detailed in the attached Director's report. He mentioned the programs and items that BHS will highlight for the External Quality Review Organization (EQRO). The first week will focus on mental health programs and the second week on substance use disorder programs.

### **1.2 Public Comment**

**Mr. Hillier** commented that the Assisted Outpatient Treatment program is involuntary, stating that only 17% of the cases are voluntary and the rest are involuntary treatment.

## **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** shared items in his Director's Report. He mentioned the recent Mental Health Services Awards Ceremony. Over 185 awardees were celebrated. He highlighted the state approval of the BHS Innovation Project entitled Wellness in the Streets. He also mentioned that the Richmond Area Multiservice Program (RAMS) is accepting applicants for its upcoming Peer Specialist Mental Health Certificate Program.

**Ms. Wilson** asked if there were plans for peer courses for alumni of the program. She stated that it is very difficult to obtain employment with the city.

**Mr. Ghane Bassiri** said that part of the work RAMS is doing is developing more positions. However the Governor vetoed the state legislation approving a Peer Specialist Mental Health Certificate.

## **2.2 Public Comment**

**Mr. Hillier** said that at the Client Council he was asking to be put on the agenda but the administration of the council would not agree. It was his impression that the council was supposed to be client led. He also asked about the Board of Supervisors Audit.

**Mr. Ghane Bassiri** stated that the BHS report responding to the audit was submitted to the Board of Supervisors on August 27, 2018.

**Ms. Rodriguez** asked if SB1045 regarding conservatorship would be funded by MHSA.

**Mr. Ghane Bassiri** said the City has to fund it, not MHSA.

## **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 October 17, 2018 be approved as submitted.

Unanimously approved.

## **ITEM 4.0 PRESENTATION: BULLYING IN RESIDENTIAL HOTELS BY LIZA MURAWSKI**

For discussion

### **4.1 Presentation: Bullying in Residential Hotels by Liza Murawski**

*The following is a presentation of her personal experience.*

**Ms. Murawski** shared that she is living at the Jordan Apartments, a building owned by Conard House that has supportive services funded by BHS. She has been clean and sober for 15 years. She has worked with BHS as a peer intern and job coach in jails and residential properties. She has a BA degree from CIIS and SF City College certifications in counseling.

Jordan Apartments has 56 units of which only 8 are occupied by women and 4 are people who are transfluid. Residents have complained about mold and mice and appliances not working. Appliances have not been fixed with consistency and the mold and mice are being blamed on the residents. Liza has filed many incident reports and currently has a case in court.

**Ms. Murawski** shared that she and others, primarily women, living at Jordan Apartments have been bullied by other residents, mostly male, and threatened with eviction by property management staff. She shared the mission statements of both Conard House and John Stewart Company. Conard House states that its *“purpose is to foster community and relationships that support people to find strength and hope, help and recover and lighten for each other the burden of human experience in all aspects of their lives.”* John Stewart Company states a mission statement: *“To create and manage outstanding residential communities that enrich lives of our*

*residents.....*” The company states its core values as: “*compassion, resourcefulness, integrity, service and professionalism.*” She also shared the roles of each entity.

**Ms. Murawski** and other female residents have been bullied many times. She has been called names and told to “go back to Wisconsin.” A male resident who works the graveyard shift was trying to set up an appointment with property management about his lease. They kept canceling the appointment and then arrived at his unit at 10:30 in the morning when he was sleeping and shouted that if he didn’t sign right away he would be evicted.

**Ms. Murawski** was in the courtyard in the evening and another resident turned out the lights. Another time she was locked in the community room. Her laundry has been stolen. Fifteen of the males signed a petition to suggest she be evicted. She has been stalked and her door was sealed by superglue. A male tenant stripped in front of her. After a suicide in the building by another woman who had also been stalked, there were no supportive services provided for residents to deal with the trauma.

**Ms. Murawski** suggested that an anonymous survey of residents be taken to find out how much bullying is happening.

**Ms. Bohrer** asked how these issues could be remedied. The Department of Justice and HUD are federal dollars and should have a grievance process if the local grievance policy is not working. The Senior and Disability Action (SDA) Committee might also be contacted.

**Ms. Klain** shared that she interviewed seven residents and one shared that there was mold, rusty water in the room of a man with severe disabilities and the other six residents were harassed so much by property management that they were in constant fear of eviction. Property management has put notes on the resident’s doors that contain private information. John Stewart Company is not client centered. She believes we should demand that something be done.

**Ms. Jackson-Lane** was really shaken by what she saw and heard from residents. The issues that Ms. Murawski and others presented are not isolated. There is a need to get to the heart of these issues and see if others in the building are also in the same situation. Residents so not feel they have other housing options so they are afraid to complain for fear of eviction.

**Mr. Ledbetter** said that this is not the first time he has heard people complain about these issues. There needs to be a policing agency for property management and treatment of single room occupancy (SRO) residents in San Francisco. His first room was in an SRO after being on the streets. There were good services but the desk clerks and other property management staff were abusive.

**Mr. Weinroth** suggested that the Mental Health Board, which is an advisory body to the Board of Supervisors, should do a resolution about these issues and suggest an oversight body.

**Ms. Drummond** firmly stated that there need to be standards of behavioral enforced for property management.

**Ms. Parks** affirmed Ms. Murawski’s struggles with the grievance process.

#### **4.2 Public Comment.**

**Member of the Public** shared that he has been a resident of Conard House programs since 2004, first in an SRO and now he is in a Coop. He has seen things similar to what Ms. Murawski

shared over the years but he has also had many very good experiences. Conard House has helped him a lot. Many of the residents have serious mental health conditions.

## **ITEM 5.0 REPORTS**

**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** reported that everything is ready for the retreat.

**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** shared that she is looking forward to the retreat and working with board members to develop priorities for the coming year.

### **5.3 Committee Reports**

**Ms. Tesconi** reported that the Executive Director Succession Committee met in November and finalized the Executive Director announcement. It will be posted in early January 2019.

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

No suggestions

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

**Mr. Dancer** met with Supervisor Stefani and talked with her about being on the Mental Health Board.

**Ms. Jackson-Lane** suggested that Supervisor Haney might also be asked.

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

**Ms. Klain** suggested a presentation about Gnosis Centers and the BHS Client Council.

**Mr. Ledbetter** suggested bullying in SROs and the Grievance Policy.

**5.7 Public comment.**

No comments

## **6.0 PUBLIC COMMENT**

**Mr. Hillier** shared that the number of mental health filings have grown from 100 per year to 2000 per year since 9/11. He said there is resistance from Superior Court and he is having trouble getting support from the court on specifics. He is also concerned about patients being involuntarily detained.

**Mr. Sims**, Pharmacy student from UCSF shared that a bill, AB1963 for funding through Medical for Opioid addiction was stopped.

**Ms. Choy**, also from UCSF said that there is limited monitoring of minors for prescription opioids.

**Member of the Public** who is a health navigator shared that a barrier to treatment is proper transportation for people taking Paratransit. It is not very reliable and people wait an hour to two to be picked up.

### **Adjournment**

The meeting was adjourned at 8:02 PM.



## Behavioral Health Services Monthly Director's Report November 2018

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

#### 2018 MHSA Awards Ceremony

This year was San Francisco's 8th Mental Health Services Awards Ceremony. Over 185 awardees were celebrated! The theme for this year was *We Are Legends*. The meaning behind this theme was to honor and recognize peers who are actively working on their own recovery and wellness. The entertainment was fabulous and was put on by peer within our community. We had comedy, beat boxing, acting, poetry, and musical instruments. Every year there is one large award category known as Achievement in Recovery and then there are three additional categories. Kim Knoble was recognized as Peer of Year and Chelzea Esquivel received the Peer Impact Award. SOLVE (Sharing Our Lives Voices and Experiences) and SVIP (Street Violence Intervention Program) were recognized as Teams of the Year. This year two individuals were recognized in the peer community who were lost to acts of violence; Joseph Taeotui who was a part of SVIP and Norman Tanner who helped establish Black Brothers Esteem at the San Francisco AIDS Foundation among other notable things. These two individuals embodied passion and activism for causes that were near to their hearts and they will be dearly missed. The day ended with a delicious lunch from the CHEFS program.



MHSA Awards Committee Members left to right: CW Johnson, Dewonna Howard, Ardeshir Arbab, & Kim Knoble

## SFDPH/BHS Innovation Project Approved by the Mental Health Services Oversight and Accountability Commission

On Thursday, October 25<sup>th</sup>, an innovation project entitled Wellness in the Streets (WITS) under the San Francisco Mental Health Services Act (MHSA) program, was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC), after a panel presentation. The intent of this project is to adapt existing mental health approaches in order to increase access to underserved groups, specifically, providing peer-to-peer counseling and peer interventions to unhoused individuals where they are at & directly on the streets. The project was approved by the MHSOAC in an amount of \$1.75 million for a period of five years.

Peer interventions that will be tested in this peer-run, peer-led innovation project will be manual-based and evidence-based peer modalities including WRAP, Seeking Safety, crisis planning, wellness planning, and coping skills development, which have rarely been utilized directly on the streets. The purpose of the project is to move individuals along the stages of change until they are able to engage in *traditional* services. An innovative real time feedback tool will be used for program development and quality improvement. For questions contact [MHSA@sfdph.org](mailto:MHSA@sfdph.org).



## Peer Specialist Mental Health Certificate Program is NOW accepting applications for its 8-week Peer Specialist Mental Health Certificate Advanced Course Winter 2019 Cohort

Funded by the San Francisco Department of Public Health with Mental Health Services Act (Prop 63) funds, the Peer Specialist Mental Health Certificate Program (part of the Division of Peer-Based Services at RAMS, Inc.) offers training and education opportunities for individuals and family members of individuals that have accessed behavioral health services, and those who are providing--or are interested in providing--peer counseling, advocacy and support services in the field of behavioral health services in San Francisco.



In addition to the flagship Peer Specialist Mental Health Certificate Entry Course that has been offered in partnership with San Francisco State University Department of Counseling since 2010, RAMS has designed its Advanced Course to empower and educate individuals who are currently providing counseling, support services and/or advocacy in the community--or possess relevant training, volunteer and/or educational experience--who would like to obtain specialized training and professional development opportunities in a collaborative learning environment.

We are looking for individuals who:

- Are at least 18 years of age and a resident of San Francisco;
- Have successfully completed at least a High School education or GED, and
- Are able to attend 8 weeks of classes on Tuesdays and Thursdays (3PM-6PM) from January 22nd - March 14th, 2019 @ SFSU Downtown Campus, 835 Market Street.

The course is targeted to individuals (or family members of individuals) that have experience with and/or have accessed behavioral health services. Individuals with current or past work experience, education, and/or training (including volunteer and advocacy work) in peer counseling and the behavioral health services field are highly encouraged to apply.

Application and Course Timeline:

Thursday, November 15<sup>th</sup>: Application Release

Thursday, November 29<sup>th</sup> @ 4-5:30PM - 835 Market Street: Informational Program Open House

Thursday, December 20<sup>th</sup> @ 5PM: Application Submission Deadline

On or before January 7, 2019: Notification of Application Status

Tuesday, January 22, 2019: First Day of Instruction

Please feel free to contact the Program Manager, Kristin Snell, at (415) 579-3021 x102, or via email at [kristinsnell@ramsinc.org](mailto:kristinsnell@ramsinc.org), should you have any questions or would like any additional information. Materials are also available for download at: <http://www.ramsinc.org/peer.php>. If you would like physical copies of application materials mailed to you, please respond to this email and provide your name and address and materials will be sent to the address provided.

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

### **Spotlight on Chinatown Child Development Center and Southeast Child & Family Therapy Center**

In October, Chinatown Child Development Center (CCDC) participated in the 23<sup>rd</sup> Annual Chinatown Community Health Fair held at the Chinatown YMCA. CCDC staff greeted fair attendees with information about mental health awareness and services provided at CCDC. Participants were able to take advantage of free health screenings, community information and resources, children's games and free gifts. Co-Organizers of this event are Gum Moon/Asian Women's' Resource Center and NICOS Chinese Health Coalition.

Southeast Child & Family Therapy Center is excited to announce that they have developed three Workgroup Committees to address issues that impact program development; Clinic/Staff Wellness and issues related to San Francisco Unified School District. Each committee has staff who are interested in being proactive respective to their interest in each of the committees. The Center's goal is to have these workgroups meet once a month and provide updates at staff meetings to engage all staff in richer discussions about what's happening in & outside the center, and how they all can contribute to improving the services to our families that we serve & with each other as co-workers. Also, in preparation for Día de los Muertos (Day of the Dead), they provided a papel picado (cultural crafts) workshop for families and staff. They created a memorial for loved ones who have deceased, discussing the importance of ritual and remembrance in working through grief.

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

#### **Spotlight on Drug Court**

2018 has been an exciting year for Drug Court Treatment Center (DCTC). During this time, DCTC has completely transitioned to as a Department of Public Health program and moved to 555 Polk Street to co-locate with the Community Justice Center and Violence Intervention Program. There have been a number of changes in staffing and we are excited to introduce our newest hire, Elaine Nicholas, LMFT who started with DCTC in early October. Elaine comes to SFDPH-BHS from a diverse background serving youth and adults. Her career in social work started in New York working at the Children's Art Carnival. She has a wealth of experience with clinical case management having worked at Riley Center, Bayview Integrated Behavioral Health, and at Contra Costa County. Having a licensed clinical at DCTC will allow us to further expand our services and increase our ability to serve individuals who have complex behavioral health needs.

The Drug Court Treatment Center also celebrated its fourth and last graduation for 2018. DCTC works closely with participants to support them on their journey to recovery and wellness. Prior to joining DCTC, 92% of graduates used drugs daily or multiple times a week. At the time of graduation, all participants were drug free for at least 6 months! Similarly, 56% had no income at intake and now 88% are employed and have legal sources of income. All participants are now safely housed (48% homeless at intake) and 40% of participants are enrolled or plan to enroll in school or vocational training. Lastly, 32% of graduates have reconnected or reunified with their children. Congratulations to all the graduates!

#### **Spotlight on Assisted Outpatient Treatment**

Assisted Outpatient Treatment (AOT) completed three years of implementation on November 2, 2018. AOT is comprised of the SFDPH-BHS Care Team and UCSF Citywide treatment team. BHS is pleased to share that AOT will be expanding both teams in order to serve a growing number of referrals. The SFDPH-BHS Care Team is excited to welcome Stephanie Dupuy, ASW, as a behavioral health clinician. Stephanie has joined AOT after completing her clinical internship with the Care Team, has a great deal of experience partnering with a multidisciplinary care team, and is a great asset.

Since implementation, individuals in contact with AOT have shown overall reductions in psychiatric emergency services (PES) contacts, psychiatric hospitalizations, and incarcerations. Specifically, 76% of AOT participants were successful in reducing or avoiding PES contacts, 60% were successful in reducing or avoiding time spent in inpatient psychiatric hospitalization, and 79% were successful in reducing or avoiding time spent on incarcerated.



Upcoming, the pharmacy will have two “Kaizen” improvement workshops based on our Value Stream Mapping work:

1. Kaizen #1: December 3-7 will be about improving and organizing our workplace. LEAN refers to this as “Five S” (Sort, Set in order, Shine, Standardize and Sustain).
2. Kaizen #2: January 28-Feb 1 will be about improving and organizing our workflow.

## 5. Quality Management

### External Quality Review Organization (EQRO) Visits in December 2018

Each year, the California Department of Health Care Services (DHCS) is required to evaluate the quality of behavioral health services provided to Medi-Cal beneficiaries. To do this, DHCS contracts with an independent “External Quality Review Organization” (or “EQRO”) to conduct on-site reviews in every county in the state. The contractor, Behavioral Health Concepts (BHC), will conduct a three-day EQRO review of our San Francisco Mental Health Plan on December 4-6, 2018, and a three-day review of our Drug Medi-Cal Organized Delivery System on December 11-13, 2018. The reviews are coordinated by Behavioral Health Services’ Quality Management team.

The EQRO review covers the four domains of Quality, Access, Timeliness, and Outcomes, and draws on a number of information sources, including written documentation and reports (e.g., analysis of access to care indicators, Quality Improvement Work-plan evaluation reports, Cultural Competency Plan accomplishments, etc.); group interviews with key staff from civil service clinics and contract agencies; focus groups with consumers and family members; a review of two required Performance Improvement Projects; analysis of our Medi-Cal approved claims data; an Information Systems Capabilities Assessment, and clinic site visits.

### *Highlighted Topics for the Mental Health EQRO Review, December 4-6*

This year, EQRO reviewers have asked to conduct focus groups with consumers (whom they refer to as “beneficiaries”) who represent the following groups:

- 1) White and African American Older Adults,
- 2) Latino, Spanish-speaking Adults,
- 3) Chinese, Mandarin-speaking Adults, and
- 4) Transitional Age Youth.

In addition, EQRO staff will conduct group interviews with the following staff groups:

- 1) Clinical line staff,
- 2) Psychiatric Providers and Pharmacy,
- 3) Intensive Case Management Staff,
- 4) Program Managers,
- 5) CBO Leadership,
- 6) IT/Billing Staff,

- 7) Supported Employment Staff, and
- 8) Peers (Integration and Inclusion).

BHS staff will highlight and discuss a number of significant changes that have affected the operations of the Mental Health Plan, including:

- High level staffing changes,
- Contracting process delays,
- New The Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist-35 roll-out in October,
- Planning for EPIC, the new enterprise Electronic Health Record , and
- Medicaid Managed Care Final Rule implementation.

BHS will also highlight the following Mental Health Plan Key Initiatives:

- Improving Client Transitions from Intensive Case Management to Outpatient Services, including the ICM Flow Task Force work and recommendations, and new Utilization Management processes,
- New Transitional Age Youth System of Care,
- Coordinating High Priority Cases, including High Priority Case Review, Healthy Streets Operations Center (HSOC), and SB 1045 – Expanding and Strengthening CA Conservatorship Laws, and
- Improvements in Clinical Documentation, including QA plan reviews & improvements for contract agencies, and tiered-level chart reviews in civil service programs.

The review also includes a discussion of our response to the prior review’s recommendations. These recommendations included: a) Select a clinical performance improvement project focused on aligning consumers’ needs and current level of functioning with the most appropriate level of care; b) Expand Data Reflection training and provide support to staff and program in its use; c) Implement an Information System process to on-board and off-board staff to improve timeliness of account creation and maintenance; d) Complete the roll-out of electronic Signature Pads and create a policy for when “wet” signatures are appropriate; and e) Relocate the Avatar EHR to the DPH Data Center, and monitor network connectivity for all remote program sites to optimize end-users’ experience.

### ***Highlighted Topics for the Drug Medi-Cal Organized Delivery System EQRO, December 11-13***

This year marks the first EQRO review of our new Drug Medi-Cal Organized Delivery System (DMC-ODS). The structure of the review is the same as described above for the Mental Health EQRO, including interviews with clinic management and line staff. In addition, consumer focus groups will be held with the following groups:

- 1) Adults in Narcotic Treatment Programs,
- 2) Perinatal Adults, and
- 3) Outpatient Latino Spanish-speaking Adults.

Similar to the Mental Health EQRO, we will discuss the significant changes that have affected BHS in the past year that may have had an impact on the implementation of the DMC-ODS. In addition, BHS will highlight and discuss current & future Key Initiatives, including the following:

- Implementation of Level Three Central Authorization,
- Use of Substance Use Disorder Level of Care Form for Required ASAM Data Reporting,
- Expansion of Residential Step-Down Beds for Transitions to Outpatient Care, and
- Streamlining Low-Threshold Buprenorphine Pharmacy Services (QI Project).

For both the Mental Health and Drug Medi-Cal ODS Reviews, counties are rated on the extent to which they have addressed recommendations and have implemented key quality components as identified by DHCS. These ratings are then communicated to DCHS and to the federal Centers for Medicare and Medicaid Services (CMS), and are made available on the EQRO website.

Behavioral Health Services Quality Management staff will be contacting many of BHS clinic directors to identify possible participants for the line staff, program manager, and consumer interviews and focus groups. As always, BHS appreciates your cooperation in providing the reviewers with access to staff and consumers, and in some cases, for opening your clinics for reviewers to visit and see the work you do first hand.

Questions about the EQRO review can be directed to Michelle Meier, BHS Quality Improvement Coordinator, at [Michelle.Meier@sfdph.org](mailto:Michelle.Meier@sfdph.org).

## 6. ANNOUNCEMENTS

### **The National Alliance on Mental Illness (NAMI), 2018 Northern California Regional Multicultural Symposium**

“Celebrating Strengths: Empowering Voices from Diverse Communities” was held on October 4, 2018. BHS staff members, Amber Gray & Carolyn Henry (Transgender Pilot Program) and Jenna Rapues (Gender Health SF) led a session on *Collaborative Innovation Project: Transgender Pilot Program (TPP), San Francisco County* to highlight effective best practices on trans-affirming peer-based programs and services for transgender and gender non-binary communities. By sharing best practices on strength-based approaches for supporting transgender peers and staff, the team’s goal was to increase dialogue in encouraging providers to bridge gaps in mental health stigma, access to care and cultural competency. Increased visibility and awareness of trans issues and capacity needs in mental health programs and services improves access and engagement of transgender and gender non-binary people to culturally relevant care and increased community mental health and wellness.



Pictured from left to right: Amber Gray, Carolyn Henry, and Jenna Rapues

### **SFDPH, Behavioral Health Services, Staff Receives Statewide Award**

BHS staff, Jose Orberta, has been selected by the California Behavioral Health Director's Association (CBHDA) to receive the 2018 Consumer Award, as part of CBHDA 2<sup>nd</sup> Annual Community Awards. Jose will be recognized at the CBHDA Behavioral Health Policy Forum in December 2018.

Jose Orbeta began working as a peer counselor within the San Francisco public behavioral health system nearly six years ago. Jose started his employment with San Francisco Study Center then later hired by RAMS, Inc. as a bilingual/bicultural person with lived experience, Jose quickly became a client favorite - known for his cheerful disposition and ability to listen without judgement. In August 2018, Jose began a new position with the City and County of San Francisco as a Health Worker II, working with the Assisted Outpatient Treatment (AOT) program. In addition, Jose recently went to Sacramento, in support of an MHSOA project presentation to the Mental Health Services Oversight and Accountability Commission (MHSOAC), to lend the peer voice on a project designed to support the successful transition of clients from high to lower levels of care. After the presentation to the MHSOAC, this project was awarded a \$3.75 million over a five-year period.

Congratulations to Jose on this achievement award!

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

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