

SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION



**Mayor
London N. Breed**

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Supervisor Catherine Stefani, JD, LLM
Ulash Thakore-Dunlap, MFT
Idell Wilson
Benny Wong, LCSW

MINUTES

Behavioral Health Commission Meeting
Wednesday, November 20, 2019
1380 Howard Street
5th Floor, Room 424
6:00 PM – 8:00 PM

COMMISSIONERS PRESENT: Marylyn Tesconi, MA, Co-Chair; Njon Sanders, Co-Chair; Carletta Jackson-Lane, JD, Vice-Chair; Judy Drummond, MA, Secretary; Marcus Dancer; Richelle Slota, MA; Idell Wilson; Harriette Stevens, EdD; Ulash Thakore-Dunlap, MFT; Terry Bohrer, RN, MSW, CLNC; MFT; Benny Wong, LCSW and Andrew Mullen (on behalf of Supervisor Catherine Stefani).

COMMISSIONERS ON LEAVE: None

COMMISSIONERS ABSENT: Gregory Ledbetter; Judith Klain; and Toni Parks

OTHERS PRESENT: Helynna Brooke (Executive Director); Loy M. Proffitt (Assistant Director); Hali Hammer, MD, Department of Public Health (DPH), Director of Ambulatory Care for the DPH and SFHN; Liza Murawski; Winship Hillier; Alan Waxman, Olmsted Health

Commissioner Tesconi called the meeting to order at 6:05 PM.

Roll Call

Ms. Brooke called the roll.

ITEM 1.0 PRESENTATION: MENTAL HEALTH SERVICES IN THE SAN FRANCISCO JAIL, ARTHUR CURRY, MEMBER BEHAVIORAL HEALTH COMMISSION

For discussion

1.1 Presentation: Mental Health Services in the San Francisco Jail, Arthur Curry, Member Behavioral Health Commission

Commissioner Curry introduced himself by sharing that he spent 22 years in prison. Currently, he works with clients who are in jail and have mental health and substance use issues. The clients are pending discharge and probation assignment. There are over 100 probation officers. Working with Mr. Curry are two clinicians who are licensed clinical social workers (LCSW) and two case managers. He meets with the clients to assess their level of readiness, develop a discharge plan, and advise the case managers as to the appropriate placement after jail. Some clients will go to Harbor Lights Salvation Army residential program or if they are ready for placement with Healthrite 360, an outpatient program. Mr. Curry shared the extensive paperwork necessary for the process, describing the step by step process of assessment and intake that is required.

1.2 Public Comment

No comments

ITEM 2.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR

The full director's report can be viewed at the end of the minutes or on the internet.

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

Dr. Hammer shared that Mayor Breed and the Board of Supervisors are working together to develop a collaborative plan for Mental Health SF. One of the issues they need to explore is how to hire sufficient staff and the need to expand treatment beds.

Dr. Hammer thanked Commissioner Jackson-Lane for her role on the interview panel for hiring the new director of BHS. A new search has been launched due to a change in the job description.

2.2 Public Comment

Member of the Public raised questions about the availability of data regarding who needs beds, how many beds are needed. He shared that his daughter has psychosis and was seen by the Felton Institute Early Psychosis program. He asked if the program would be continued.

Dr. Hammer replied that it would continue under the auspices of the Transitional Aged Youth (TAY) Program.

ITEM 3.0 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.

3.1 Mental Health Services Act Updates

No updates

3.2 Public Comment

Mr. Hillier that he continues to have difficulty getting information about people who are involuntarily committed.

Ms. Murawski shared concerns about incarcerated women with mental illnesses.

ITEM 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolution: Be it resolved that the minutes for the Behavioral Health Commission meeting of October 16, 2019 be approved as submitted.
Approved unanimously

4.3 Proposed Resolution (BHC – 07-2019) (Attachment A) Be it resolved that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to secure more long- term care beds for our most vulnerable residents.
Approved unanimously following minor word changes.

4.4 Proposed Resolution (BHC - 08-2019) (Attachment B) The San Francisco Behavioral Health Commission urges the Health Commission to submit a proposed ordinance to the Board of Supervisors, adding Section 4131 to the San Francisco Health Code
Approved unanimously following minor word changes.

4.5 Proposed Ordinance (Attachment C) Draft Language of Proposed Ordinance
Approved unanimously.

Item 5.0 Reports

For discussion

5.1 Report from Executive Director of the Behavioral Health Commission

Ms. Brooke reported that the deadline for submitting the Data Notebook had been extended. She reviewed details about the upcoming retreat.

5.2 Report from Co-Chairs of the Commission and the Executive Committee

Commissioner Tesconi said there would be no executive committee meeting in December. She is looking forward to working with the Commission at the retreat to develop new priorities.

5.3 Reports from Committees

No reports

5.4 People or Issues Highlighted by BHC: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Behavioral Health Commission.

No suggestions

5.5 Report by members of the Commission on their activities on behalf of the Commission.

Commissioners shared about events they attended.

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

Item 5.6 to 6.0 tabled.

5.7 Public comment.

6.0 Public Comment

Adjournment

The meeting was adjourned 8:42 PM.

Resolution
November 20, 2019

Resolution (BHC – 07-2019) Be it resolved that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to secure and maintain more long-term care beds for our most vulnerable residents.

Whereas, the Adult Residential Facility (**ARF**) at Zuckerberg San Francisco General Hospital and Trauma Center is a licensed board and care that provides long term care for people with mental illness in San Francisco; and

Whereas, the ARF is the only city-owned facility that provides 24/7 residential care consistently providing a safe place for people experiencing mental illnesses to sleep and provide meals, laundry, help with medication management, and basic activities of daily living; and

Whereas, these kinds of facilities are a crucial resource for the health and well-being of people experiencing serious mental health challenges; and

Whereas, these kind of facilities are closing all over the State at an alarming rate: with estimates that board and care beds decreased from 999 beds in 2013 to 601 beds in 2019, with more than a third of licensed residential facilities that serve people in San Francisco below the age of 60 years old, have been closed;

Be it Resolved that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to take all steps necessary, including the hiring and training of appropriate staff, to operate and expand services in these facilities; and

Be it Further Resolved that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to secure and maintain more long-term care beds for our most vulnerable residents.

**RESOLUTION
NOVEMBER 20, 2019**

RESOLUTION: (BHC 08-2019) The San Francisco Behavioral Health Commission urges the Health Commission to submit a proposed ordinance to the Board of Supervisors, adding Section 4131 to the San Francisco Health Code,

WHEREAS, mental health hearings are normally conducted without the presence of the individual for whom the hearing is being conducted, and notice of the existence of records is unavailable, even to the patients themselves;

WHEREAS, the most recent *Court Statistics Report* released by the Judicial Council of California shows that 2,491 mental health cases were filed and 2,532 mental health cases were disposed in Superior Court for the State of California, County of San Francisco, during Fiscal Year 2017-2018, or approximately 10 per business day;

WHEREAS, in San Francisco, long-term involuntary mental health petitions have exceeded non-traffic misdemeanor complaints for four of the last seven years on record;

WHEREAS, mental health filings include petitions, and dispositions include orders, for post-certification treatment, LPS conservatorship, freedom from prison commitments, commitment for incompetency to stand trial, sexually violent predator designation, juvenile dangerousness commitments, intellectually disabled and dangerous commitments, commitments to developmental centers, i.e., “mental health filings” are made up substantially cases of involuntary treatment, but do not include short-term “intensive” involuntary treatment;

WHEREAS, according to other statistics released by the Judicial Council of California, mental health filings in the Superior Court of the State of California, County of San Francisco, incurred an order-of-magnitude increase between prior fiscal years and Fiscal Year 2001-2002, which has been sustained and further increased through the most recent figures;

WHEREAS, the most recent statistics show a rate equivalent to nearly 3 filings per year per thousand people in San Francisco, the highest for any County in the State of California; more than 1 filing per year per thousand higher than Tuolumne, the County with the 2nd-highest rate; over two-and-a-half times higher than Los Angeles County, and over four times higher than Alameda County;

WHEREAS, involuntary committed mental health patients have historically been denied their rights to due process and the right to be free from involuntary treatment, which can be harmful;

WHEREAS, incompetency-to-stand-trial determinations are included in these figures and may have impacted due-process protections of civil commitment statutes; and

WHEREAS, this situation requires continual monitoring by the People of the City and County of San Francisco; now, therefore, be it

RESOLVED, that the San Francisco Behavioral Health Commission urges the Health Commission to submit a proposed ordinance to the Board of Supervisors, adding Section 4131 to the San Francisco Health Code.

ATTACHMENT C: DRAFT LANGUAGE OF PROPOSED ORDINANCE

Be it ordained by the People of the City and County of San Francisco:

Section 1. Article 41 of the Health Code is hereby amended by adding Division IV to read as follows:

DIVISION IV: LONG-TERM INVOLUNTARY TREATMENT

SEC. 4131. REPORTS.

The Department of Public Health shall provide an annual report to the Board of Supervisors showing the following numbers for each fiscal year:

- (a) *Regarding misdemeanor defendants who have been determined to be incompetent to stand trial due to mental disorder alone, whom the court has either found not to be appropriate candidates for diversion pursuant to California Penal Code § 1001.35, or who are not eligible for diversion pursuant to California Penal Code § 1001.36,*
- (1) *The number of such individuals whom the local behavioral health director was ordered to evaluate pursuant to California Penal Code § 1370.01(a)(3)(A) during the fiscal year;*
 - (2) *The number of initial determinations regarding the suitability of outpatient treatment the local behavioral health director or designee made pursuant to California Penal Code § 1370.01(a)(3)(A) for such defendants during the fiscal year;*
 - (3) *The number of such defendants whom the local behavioral health director or designee recommended that they be required to undergo outpatient treatment, rather than committed to a treatment facility during the fiscal year;*
 - (4) *The number of such defendants who were transferred from outpatient to inpatient status pursuant to California Penal Code §§ 1608 or 1609 during the fiscal year;*
 - (5) *The number of such defendants who were transferred from inpatient to outpatient status pursuant to Title 15 of Part 2 of the California Penal Code during the fiscal year;*
 - (6) *The number of such defendants who departed from the City and County while on outpatient status, including, but not limited to, departures from the state pursuant to California Penal Code § 1611, during the fiscal year;*
 - (7) *The number of such defendants who entered the City and County while on outpatient status during the fiscal year;*
 - (8) *The number of such defendants who recovered competency while on outpatient status pursuant to California Penal Code § 1607 during the fiscal year;*
 - (9) *The number of such defendants who recovered competency while inpatients;*
 - (10) *The number of such defendants whose involuntary treatment terminated without recovery of competence due to the conclusion of the period of commitment, while inpatients, during the fiscal year;*
 - (11) *The number of such defendants whose involuntary treatment terminated without recovery of competence due to the conclusion of the period of commitment, while on outpatient status, during the fiscal year;*
 - (12) *The number of such defendants who died while inpatients during the fiscal year;*
 - (13) *The number of such defendants who died while on outpatient status during the fiscal year;*

- (14) *The number of such defendants who were inpatients at the end of the fiscal year;*
 - (15) *The number of such defendants who were on outpatient status at the end of the fiscal year; and*
 - (16) *Other matters the Department deems relevant.*
- (b) *Regarding individuals subject to postcertification treatment pursuant to Article 6 of Chapter 2 of Part 1 of Division 5 of the California Welfare & Institutions Code,*
- (1) *The number of such individuals whom the local behavioral director or designee assumed supervision as outpatients pursuant to California Welfare & Institutions Code §5305(c) during the fiscal year;*
 - (2) *The number of such individuals who were transferred from outpatient to inpatient status pursuant to California Welfare & Institutions Code §§ 5306.5(b) or 5307 during the fiscal year;*
 - (3) *The number of such individuals who were unconditionally released from inpatient status pursuant to California Welfare & Institutions Code § 5309(b) during the fiscal year;*
 - (4) *The number of such individuals subject to supervision as outpatients pursuant to California Welfare & Institutions Code § 5305(c) who departed from the City and County during the fiscal year;*
 - (5) *The number of such individuals who died while inpatients during the fiscal year;*
 - (6) *The number of such individuals who died while subject to supervision as outpatients pursuant to California Welfare & Institutions Code § 5305(c) during the fiscal year;*
 - (7) *The number of such individuals who were inpatients at the end of the fiscal year;*
 - (8) *The number of such individuals who were subject to supervision as outpatients pursuant to California Welfare & Institutions Code § 5305(c) at the end of the fiscal year; and*
 - (9) *Other matters the Department deems relevant.*

Section 2. **Effective Date.** This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor’s veto of the ordinance.

Section 3. **Scope of the Ordinance.** In enacting this ordinance, the Board of Supervisors intends to amend only those words, phrases, paragraphs, subsections, sections, articles, numbers, punctuation marks, charts, diagrams, or any other constituent parts of the Health Code that are explicitly shown in this ordinance as additions, deletions, Board amendment additions, and Board amendment deletions in accordance with the “Note” that appears under the official title of the ordinance.

Section 4. **Undertaking for the General Welfare.** In enacting and implementing this ordinance, the City is assuming and undertaking only to promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an obligation for break of which it is liable in money damages to any person who claims that such breach proximately caused injury.



Behavioral Health Services - *Communications*

San Francisco Department of Public Health Announces Office of Health Equity

On Wednesday, November 13, the Black/African American Health Initiative (BAAHI) hosted a Think Tank Meeting where the Office of Health Equity was announced. This office will lead and coordinate health and racial equity efforts across all branches of the Department of Public Health.

Dr. Ayanna Bennett, Director of the Office of Health Equity, presented on the progress of BAAHI over the last five years, highlighting its influence on the creation of the office. Afterward, Anh Thang Dao-Shah gave an overview of the Zuckerberg San Francisco General Hospital and Trauma Center's success with tracking and addressing health equity.



The Behavioral Health Services – Office of Equity, Social Justice and Multicultural Education congratulates BAAHI on five years of leadership in promoting robust efforts to understand and mitigate health disparities in San Francisco County. We look forward to our continued collaboration with the Office of Health Equity and our respective partners across the department.

MHSA Providers Connect with San Francisco State University at Input Meeting



On Thursday, November 14, roughly sixty people engaged in a community input meeting hosted by the Mental Health Services Act (MHSA) in collaboration with several teams from San Francisco State University (SFSU), including Health Promotion and Wellness, Residential Life, and Student Activities and Events.

Last week's gathering was one of the many Community Program Planning (CPP) meetings organized by MHSA to collect input on mental health needs.

Teresa Yu and Josephine Ayankoya of MHSA host CPP meeting at SFSU.

Students, staff, and faculty shared input during the discussion such as:

- specific mental health needs of college students,
- feedback on new and existing ideas for innovative, pilot projects, and
- resource-sharing between government entities and on-campus, student services.

In the spirit of its core value of sustaining Community Collaboration, MHSA coordinated a resource fair to increase knowledge of existing services which the San Francisco State University community can access and utilize. The resource fair included a variety of MHSA providers, as well as partners from Gender Health San Francisco and the Community Health Equity and Promotion (CHEP) Branch of the Population Health Division.



MHSA providers and DPH partners share resources at SFSU community meeting.

Special thanks to all the organizations that conducted outreach with the SFSU community, and for our San Francisco State University partners for making the CPP meeting a success!

As the end of the year approaches, MHSA will be concluding a series of CPP meetings which have strived to center the voices of the most marginalized communities when collecting feedback on MHSA services and programs. Over the past three weeks, four additional CPP meetings were implemented to get feedback from the BHS Client Council and BHS clients, people involved in the justice system, Spanish speaking families, and Black and Latino men who have sex with men.

For information about the final CPP meetings, contact MHSA@sfdph.org.

The Mental Health Services Act was approved by California voters in November 2004 to provide funding to create fundamental changes to the access and delivery of mental health services throughout the state. Enacted in January 2005, it became known as the Mental Health Services Act (MHSA). Counties are required to collaborate with diverse community stakeholders in order to realize the MHSA's vision of recovery and wellness. This vision is based on the belief in the strengths and resiliency of each person with mental illness and has been fundamental to the development of more comprehensive, innovative and culturally responsive services for individuals and families.

Deadline Extended for Racial Equity Champions Program Applications



The application deadline for the Racial Equity Champions Program has been extended to Friday, November 22. The first cohort of this year-long program will launch in January 2020, with champions from a diversity of sections in the Department of Public Health. The 2020 cohort of the Racial Equity Champions will participate in training and capacity-building to better understand and address issues of racism and health disparities. After dedicating time to gaining foundational

knowledge, the Champions will implement projects intended to advance health equity in the department.

In the inaugural year of the program, the Racial Equity Champions will identify projects that explore ways of integrating equity into existing work. Interested staff are encouraged to apply. This program is currently for civil-service staff only. We encourage our contracted providers to develop similar programs to advance health equity in your respective organizations. For the application, email Equity@sfdph.org. If you are a BHS staff, email questions or inquires to josephine.ayankoya@sfdph.org.

Colleagues Say Farewell in a Family Feud-Style Gathering for Imo Momoh

This month, Imo Momoh, Director of the Office of Equity, Social Justice and Multicultural Education, said farewell to the Behavioral Health Services Division. For the last year, Imo led over twenty initiatives to support the division's ability to be culturally and linguistically responsive, while advancing health equity in the context of behavioral health. Previously, Imo served as the Director of the Mental Health Services Act, where he administered over eighty mental health programs. In that role, he secured approval for nearly \$10,000,000 in funding for innovative learning programs focused on reducing mental health disparities.



Helynna Brooke presents Imo Momoh with a certificate of appreciation.



Colleagues enjoying a "Family Feud" game with BHS-related trivia.

On Thursday, November 7, colleagues from across the division and county gathered to bid Imo farewell. At the celebration, Dr. Irene Sung presented Imo with the Public Health Hero Award on behalf of Dr. Grant Colfax, Director of Health. Additionally, Helynna Brooke, Executive Director of the Behavioral Health Commission, presented Imo with a certificate of appreciation. The event included a "Family Feud" trivia game that got everyone in the room involved.

The Behavioral Health Services Division thanks Imo Momoh for his leadership and service!

Drug Court Treatment Center Graduation

Monday, October 28 marked the last graduation date of the year for the Drug Court Treatment Center (DCTC). These ceremonies are inspiring celebrations of client resilience and recovery. In 2020, the frequency of graduations will be increased to every other month, so that more clients in the program can view the graduation and feel inspired by the stories and successes of Drug Court Treatment Center graduates.

Prior to joining the DCTC program:

- 67% of the October graduates were using substances daily,
- 67% of the October graduates had no income,
- 100% of the October graduates were experiencing homelessness, and
- 33% of the October graduates were enrolled in school or vocational training.

Now, 100% of the graduates are substance free, have a legal source of income, and are safely housed. We would like to extend thanks to Interim District Attorney, Suzy Loftus, who attended our October graduation, and gave our graduates words of encouragement and acknowledgement of their successes! Congratulations to all graduates of the DCTC program!



Trainings on Cognitive Behavioral Therapy for Insomnia Promote Non-Pharmacologic Treatment



In October, two trainings were held on the use of Cognitive Behavioral Therapy for Insomnia (CBTi), currently recognized as the first line treatment for those with chronic insomnia or anxiety. Seventy clinicians attended the two-day training, and a smaller cohort of clinic champions will participate in follow-up trainings and consultations over the next six months to support the application of CBTi with our clients.

The Medication Use Improvement Committee (MUIC) of the Behavioral Health Services Division created a work group to decrease sedative hypnotic prescribing in older adults.

Research has shown that sedative hypnotic medication, even in small doses, is not a safe long-term treatment for anxiety or insomnia. This is especially true for people ages sixty-five and older. A key feature of reducing prescriptions is supporting clients through a medication transition that is often difficult to manage. To address this challenge, the MUIC work group developed guidelines for deprescribing sedative hypnotic medications, which were presented in the October trainings.

The recent trainings supported capacity-building in the BHS workforce by increasing knowledge of the side effects and risks of benzodiazepines prescriptions among older adults, and the use of Cognitive Behavioral Therapy for insomnia. Resources from the training, including a client agreement letter and deprescribing guidelines, are posted on the DPH website at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp>.

Submit Your Ideas for MHSa Innovation Projects by Friday, December 20, 2019



The Mental Health Services Act invites stakeholders, partners, and the community at large to submit ideas to be considered for Innovation funding. Innovation projects are time-limited, pilot projects that afford opportunities to explore creative approaches to mental health and wellness.

Ideas can be submitted by completing an Innovation Project Idea Form. Future San Francisco MHSa Innovation projects will be selected from submitted ideas. To be considered, ideas must meet the criteria defined in the

Innovation Project Idea Process Form, including state regulation criteria, and must successfully pass the local and state funding approval processes.

The deadline to submit ideas for consideration is Friday, December 20. For the Innovation Project Idea Form and guidelines for Innovation criteria, please contact MHSa@sfdph.org.

Program Spotlight: FACES for the Future

The FACES for the Future program is a collective impact model that functions as an intermediary organization between John O'Connell High School, the San Francisco Unified School District, and the San Francisco Department of Public Health to provide internship and leadership development opportunities. FACES for the Future program works with mental health and wellness service providers, as well as other healthcare industry partners to share career exploration, academic enrichment, tutoring, and leadership development opportunities to youth in San Francisco.

In fiscal year 2018-2019, FACES for the future had a series of positive, student-reported outcomes:

- 96% of students increased their understanding of health career options,
- 94% of students increased their willingness to access mental health services,
- 83% of students increased awareness of how to navigate health systems, and
- 71% of students were motivated to do better in school

The Program Associate who manages the FACES for the Future program sustains stakeholder partnerships, manages alumni engagement, and builds additional alumni infrastructure to better track and support the post-high school outcomes of program alumni.

For more information about FACES for the Future, contact Brooke Briggance (brooke.briggance@phi.org).



Staffing Updates

Drug Court Treatment Center



Jennifer Divers, MFT will be joining the Drug Court Treatment Center team at 555 Polk in November as a Clinical Case Manager. Jennifer has worked in the mental health field for over fifteen years in a variety of settings including; suicide prevention line, inpatient psychiatric unit, and private practice. Earlier in her career, Jennifer worked as a visiting therapist providing in-home therapy for children and adolescents in foster care. Since then Jennifer has predominantly worked with clients who have a dual diagnosis, both in a residential treatment program specifically for HIV+ clients with an accompanying mental health diagnosis, and with the Opiate Treatment Outpatient Program at ZSFG.

Most recently, Jennifer worked with the UCSF Roving Team to provide specialty mental health services to formerly homeless individuals living in SRO hotels at risk of eviction. Jennifer outreached clients to provide short and long-term intensive case management, assessment, treatment planning, supportive counseling, and crisis intervention. In addition, she linked clients to resources, including primary medical and psychiatric care, and entitlements to enhance and strengthen their support system.

For information on Drug Court, contact Linda Wu (linda.h.wu@sfdph.org, 415-202-2818).

Office of Equity, Social Justice and Multicultural Education



In November, Josephine Ayankoya, Program Manager for the Mental Health Services Act, was appointed Acting Director for the Behavioral Health Services – Office of Equity, Social Justice and Multicultural Education (OESM). In this interim role, she will administer workforce development, training, communication, and cultural responsiveness initiatives for the division. Furthermore, she will collaborate with the Office of Health Equity and leaders across the Department of Public Health to coordinate efforts to increase health equity. We look forward to working with Josephine in this capacity.

For more information on OESM, please contact bhs-oesm@sfdph.org.

Staff Shout Outs: Community Justice Center (CJC)

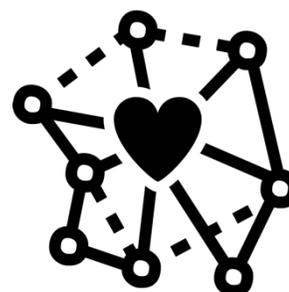
Community Justice Center (CJC) and Veterans Justice Center (VJC) Court Coordinator, Allyson West, started a new position. On Monday, November 4, Allyson began working as the Director of Collaborative Justice Programs. Allyson has served as the CJC/VJC Coordinator for several years and she will be missed. We look forward to continuing to partner with Allyson in her new role. Congratulations!



Please contact Akiko Allen, (akiko.allen@sfdph.org) with any questions about CJC.

Client Success: Assisted Outpatient Treatment (AOT)

The Assisted Outpatient Treatment (AOT) team celebrated a significant success this month! An individual who has been struggling in the community for years connected with two AOT team members and has begun engaging in services. This individual refused service of any kind for years, and the change in willingness was made possible by the time invested in developing a relationship and trust through ongoing outreach and engagement. Due to their progress, this person is now eligible to access housing. Congrats to this individual and the AOT Team!



For more information on AOT, please contact Chris Wright (christine.wright@sfdph.org, 628-217-6435).

Upcoming Trainings

For registration and information, visit www.sfdph.org/training and click on Behavioral Health Services. Future trainings will be posted once registration is open.

November 2019	Time	Training	Location	Trainer	CE's Offered
Friday 11/22	9:00 AM – 12:30 PM	Treating Substance Use Disorder in LGBTQI Patients (FULL)	1 South Van Ness, 2 nd Floor Atrium	Claudia R. Figallo, MPH and Christopher Powers, MA, LMFT	3.5 CE's (PhD/PsyD, LMFT, LCSW, LPCC)
December 2019	Time	Training	Location	Trainer	CE's Offered
Tuesday 12/3	12:00 PM – 1:00 PM	Improving Black/African American Treatment Retention	Webinar http://bit.ly/Retention_SFDPH	Asale Hubbard, PhD	N/A
Wednesday 12/4	9:00 AM – 4:30 PM	Introduction to Motivational Interviewing (FULL)	1290 Fillmore Street	Jacqueline Tulsy, MD and David Beuerman, LCSW	Pending 6 CE's (PhD, PsyD, LMFT, LCSW, LPCC)
Friday 12/13	10:00 AM – 2:30 PM	Family Peer Conference: Inclusion, Connectedness, & Wellness	188 Embarcadero	Various	N/A
Monday 12/16	9:00 AM – 4:30 PM	Exhale – Self-Care and Wellness (For TAY Providers)	188 Embarcadero https://www.eventbrite.com/e/exhale-self-care-and-wellness-tickets-81585950775 (RSVP)	Robin Love and Mizan Alkebulan Abakah	N/A
January 2020	Time	Training	Location	Trainer	CE's Offered
Thursday 1/23	9:00 AM – 4:30 PM	Using the American Society of Addiction Medicine to Criteria to Re-Assess Clients	25 Van Ness, Room 610	Al Hasson, MSW	6 CE's (PhD, PsyD, LMFT, LCSW, LPCC)
Wednesday 1/29	9:00 AM – 4:30 PM	Motivational Interviewing: Continuing the Journey	25 Van Ness, Room 610	Steven Malcolm Berg-Smith, MS	Pending 6 CE's (PhD, PsyD, LMFT, LCSW, LPCC)
February 2020	Time	Training	Location	Trainer	CE's Offered
Friday 2/6	9:00 AM – 4:30 PM	Cultural Humility People, Principles, and Practices in Behavioral Health	1290 Fillmore Street	Leanna W. Lewis, LCSW	Pending 6 CE's (PhD, PsyD, LMFT, LCSW, LPCC)

Behavioral Health Services - *Communications*

March 2020	Time	Training	Location	Trainer	CE's Offered
Wednesday 3/11	9:00 AM – 4:30 PM	Trauma-Sensitive Mindfulness	7 Hills Conference Center, San Francisco State University	David Treleaven, PhD	Pending 6 CE's (PhD, PsyD, LMFT, LCSW, LPCC)
April 2020	Time	Training	Location	Trainer	CE's Offered
Wednesday 4/1	9:00 AM – 4:30 PM	Law and Ethics Update 2020	TBA	Daniel Taube, JD, PhD	Pending 6 CE's (PhD, PsyD, LMFT, LCSW, LPCC)
Monday 4/6	9:00 AM – 4:30 PM	Acceptance and Commitment Therapy (ACT) for Coping with Trauma	TBA	Robyn Walser, PhD	Pending 6 CE's (PhD, PsyD, LMFT, LCSW, LPCC)

BHS Communications is published by the
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