Marylyn Tesconi, MA, Co-Chair
Njon Sanders, Co-Chair
Carletta Jackson-Lane, JD, Vice Chair
Judy Zalazar Drummond, MA, Secretary
Terezie "Terry" Bohrer, RN, MSW, CLNC
Marcus Dancer
Judith Klain, MPH
Gregory Ledbetter
Toni Parks
Harriette Stallworth Stevens, EdD
Richelle Slota, MA
Supervisor Catherine Stefani, JD, LLM
Ulash Thakore-Dunlap, MFT
Idell Wilson, Vice Chair
Benny Wong, LCSW

ADOPTED MINUTES
Mental Health Board Meeting
Wednesday, May 15, 2019
1380 Howard Street
4th Floor, Room 424
6:00 PM – 8:00 PM

BOARD MEMBERS PRESENT: Marylyn Tesconi, Co-Chair; Njon Sanders (formerly Weinroth), Co-Chair; Carletta Jackson-Lane, JD, Vice Chair; Ulash Thakore-Dunlap, MFT; Marcus Dancer; Judith Klain, MPH; Gregory Ledbetter; Toni Parks; Richelle Slota, MA; Harriette Stevens, EdD; Idell Wilson; Benny Wong, LCSW; and Wyatt Donnelly-Landolt (on behalf of Supervisor Catherine Stefani).

BOARD MEMBERS ON LEAVE: Terry Bohrer, RN, MSW, CLNC; and Judy Z. Drummond, MA, Secretary.

BOARD MEMBERS ABSENT: None

OTHERS PRESENT: Helynna Brooke (Executive Director); Loy M. Proffitt (Chief Financial Officer); Hali Hammer, MD, Department of Public Health (DPH), Director of Ambulatory Care for the DPH and SFHN; Juan Ibarra, Interim Director of Mental Health Services Act (MHSA); Liza Murawski; Winship Hillier; and four additional members of the public.

Mr. Sanders called the meeting to order at 6:05 PM.

Roll Call
Ms. Brooke called the roll.

Agenda Changes
The order of the agenda has been changed to accommodate Dr. Hali Hammer’s schedule. She is in a clinic serving clients until 6 PM, so it is difficult for her to get to 1380 at the beginning of our meeting. She will get here as soon as she can as she does want to hear the presentations.

ITEM 1.0 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.

Mr. Sanders shared that by state mandate, the Mental Health Services Act division of Behavioral Health Services is required to have the Mental Health Board hold a public hearing on the Annual Update or new plans. We don’t approve the updates or plans, but we can make comments on them, and BHS is required by the State to include those comments when they send the report to the State. Ms. Brooke emailed a link to the report and suggested that board members go through the Table of Contents and review sections of particular interest to you, so that you can provide comments. Hopefully, you have all had a chance to do that.

Juan Ibarra is the Director of the MHSA programs. He will provide an overview of the Fiscal Year 2018-19 Annual Update.

1.1 Mental Health Services Act Updates

The full MHSA Update report can be viewed at the end of the minutes.

Mr. Juan Ibarra, Interim Director of Mental Health Services Act (MHSA), highlighted items in the attached powerpoint to provide the Mental Health Board with an overview of the 2019-20 Update.

Ms. Jackson-Lane asked for clarification about the term Non-Competitive Allocation.

Mr. Ibarra explained that it meant that certain counties in California were selected to receive these funds, rather than competing with all of the counties.

Ms. Parks asked if any of the San Francisco MHSA funds were being used for housing.

Mr. Ibarra responded that all housing is now under the Department of Homeless and Supportive Housing.

Ms. Klain asked if MHSA was meeting its objectives.

Ms. Jackson-Lane asked the data from the stakeholder meetings were broken down by the location of programs. She also asked whether the programs receiving the funding are noted in a report. She is concerned about direct services in communities.

Mr. Ibarra said that location of programs are noted and the information about who received funding is available.

Mr. Dancer asked if the results from Avatar are included in the data collected?
Mr. Ibarra confirmed that this data was used.

1.2 Public Comment

Mr. Hillier said he thinks that the statistics in the MHSA Update have been whitewashed. He wanted information about how many clients have been forced into treatment and inflicted with anti-psychotic substances in the air. He is also concerned about remote monitoring of clients.

Member of the Public asked if programs provide services for veterans as they did not see specific programs for veterans mentioned.

ITEM 2.0 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.

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. Hali Hammer shared that she is now the Director of Ambulatory Care, and no longer overseeing both Ambulatory Care and Primary Care. She stated that the Mental Health Board will be involved in the selection of the new Behavioral Health Services Director. She mentioned that the new Director will have additional responsibilities from previous directors.

Dr. Stevens asked whether there would be a new classification for the position to reflect the additional responsibilities? Dr. Hammer did not have those details.

She then highlighted items contained in the Communications Report from BHS.

One of the items she highlighted was the Healthy Streets Operation Center. It is led by the police department but is a collaboration between police and BHS. It is located in the Department of Emergency Services building located at 1011 Turk Street.

Dr. Hammer also works with the Jail Health program, which includes both medical and behavioral health.

Ms. Jackson-Lane asked whether there were specialized services for women in the jails.

Dr. Hammer replied that women are offered health care, and they are trying to place women into appropriate care in the community.

2.2 Public Comment

Ms. Murawski feels there is no collaboration between the Police Department and the Department of Public Works. People on the streets are cited and sometimes jailed. She knows four women in shelters who have been there for several years waiting for housing.

Member of the Public stated that there is a violent, mentally ill man in their neighborhood who is threatening people. They are concerned that someone in the community may go vigilante and hurt this man. When neighbors call the police, they are told that the police can't do anything, saying the man can be assessed at Psychiatric Emergency Services at SF General Hospital, but they will only hold him for 72 hours.

Mr. Hillier stated that there are another 400 San Franciscans who have been given treatment orders involuntarily.
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 April 17, 2019 be approved as submitted.

The resolution unanimously approved.

3.3 Proposed Resolution: Be it resolved that the Mental Health Board held a public hearing and reviewed the Mental Health Services Act FY 2019-20 Annual Update.

The resolution unanimously approved.

3.4 Proposed Resolution (MHB 01-2019): Be it resolved that the Mental Health Board urges the City of San Francisco to significantly increase permanent housing with supportive services for people with mental illness and substance use disorders. (Attachment A).

Discussion ensued, and the following items were approved for change in the resolution.

- Whereas #1 and #2, changed 15 to 15,000 and added and County of to #1
- Whereas #4 to Multiple vulnerable populations in the City and County of San Francisco who are incarcerated in the County Jail, and will be facing homelessness upon release, such as African Americans, who are 38% of those with mental illness in jail, while African Americans are only 5% of the total population of San Francisco, and;
- Therefore, added, and County.

A roll call vote was taken on the changes, and the outcome was:

The vote was then taken on the resolution as a whole. All in favor except one nay from Idell Wilson.

Item 4.0 Reports
For discussion

4.1 Report from Executive Director of the Mental Health Board

Ms. Brooke shared that the MHB Meet and Greet will be Tuesday, May 21st in the San Francisco Public Library, the Latino/Hispanic room in the lower level. It will be catered by the library Cafe, The Poet's Cafe. To date, not including board members, there are 54 people registered.

She shared about the upcoming Behavioral Health Court graduation and encouraged board members to go to it.

She talked lastly about the upcoming Mental Health Awards Event on Tuesday, June 25th, at the Google Community Room at 188 The Embarcadero Street. She encouraged board members to submit names of people who have jobs where they serve in the background, give more than 100% to their jobs to contribute to the mental well being and health of the people and communities they serve.

4.2 Report from Co-Chairs of the Board and the Executive Committee
Ms. Tesconi announced that the next Executive Committee meeting is Monday, June 3, 2019 at 4:00 PM at 1380 Howard Street, Mental Health Board office, Room 225.

She attended the Board of Supervisors meeting about AB1045, the California Conservatorship legislation. She shared concerns about:

- people’s rights being taken away from them
- concern that people of color would be disproportionally affected
- how would it be funded?

She also shared that she and Idell Wilson completed a program review of Hummingbird Place. The program’s purpose is to serve people in need of help who are not quite ready to ask for help, with the goal of engaging them to seek services. It also provides beds for people in transition from the hospitals or jail. She believes that many more beds are needed. She also expressed concern that people are then sent to Single Room Occupancy (SRO's), which are not the best option.

Ms. Wilson shared that she thinks there needs to be more staff training, and training that provides more uniformity of background for staff. They all come from different past experiences and training. More attention needs to be paid to residents in housing settings as well.

4.3 Reports from Committees

Discussion regarding committee meetings, goals, and accomplishments.

4.3 a) Information Committee

The Information Committee did not meet in April.

4.3 b) Implementation Committee

Ms. Jackson-Lane, Chair reported that the committee wrote the resolution voted on at this meeting, at the last meeting. They will continue to meet the third monthly Tuesday at 10 AM.

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.

Item tabled

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

Item tabled

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

Item tabled

4.7 Public comment.

No public comments

5.0 Public Comment
Mr. Hillier expressed his concern that BHS does not know the number of people who are being involuntarily treated.

Adjournment
The meeting was adjourned at 8:06 PM.
May is Mental Health Awareness Month – Each Mind Matters

BHS has put together a calendar of events in recognition of Mental Health Awareness Month. Click here to view the events and join us in celebrating resilience, recovery, and wellness.

Each Mind Matters, a BHS statewide partner, has created tools that make it easy and fun to spread mental health awareness in our communities. The theme of the 2019 May activation kit is “Strength in Community.”

Click the following link to find tools and activities designed to help build resilient communities. You will also find in the 2019 activation kit, files to share via email, social media and print: https://www.eachmindmatters.org/may2019/

Program Spotlight - BHS Office of Equity, Social Justice & Multicultural Education

In December 2018, the new BHS Office of Equity, Social Justice & Multicultural Education (OESM) was launched. The OESM is comprised of the following units: Cultural Competence, Training, Workforce Development, Staff Wellness, Mental Health Services Act, Communications, and Community Outreach.

In collaboration with clinics and programs across our systems of care, we are currently developing an Equity Workplan to address service gaps and ensure equity, diversity and inclusion for clients and staff. An Equity Quality Improvement workgroup has been established to investigate root causes of behavioral health disparities. A Video Medical Interpretation (VMI) pilot is underway in efforts to expand language services; and we are exploring Tele-health in order to more successfully “meet clients where they’re at.” We are in the process of placing more specific qualifications on job postings to address language shortages and increase multicultural staff.

Our population-focused community-based prevention and early intervention programs include: Black/African American Family Behavioral Health Services (in collaboration with the Dept. of Children, Youth, & Their Families); Black/African American Wellness & Peer Leadership Program (in collaboration with SFPDH Office of Equity, and the Community Health Equity & Promotion program); Indigena Health & Wellness (Latinx Population); Living In Balance (Native American Population); and Asian Pacific Islander Mental Health Collaborative. For more info please contact: bhs-oesm@sfdph.org.
BHS Recognized With National Achievement Award

Behavioral Health Services has been recognized with an Achievement Award by the National Association for Counties (NACo), for the Assisted Outpatient Treatment (AOT) program.

The overarching goal of the AOT program is to provide intensive outpatient services to clients in an effort to improve their quality of life, while preventing decompensation and time spent incarcerated or in acute services e.g., psychiatric hospitalization. The AOT is a program within BHS under the Mental Health Services Act (MHSA) Full Service Partnership (FSP) program, with case management services provided by Citywide Case Management. To learn more about the AOT program, visit https://www.sfdph.org/aot/.

This is the sixth NACo award given to DPH-BHS in recent years. Other programs awarded in the past include:

Achievement Awards
1. Vocational Rehabilitation Employment & Training Program (2017)
2. Peer-to-Peer Program (2017)
4. Assisted Outpatient Treatment Program (2019 – new)

Brilliant Ideas at Work
5. Vocational Rehabilitation Employment & Training Program (2017)
6. Peer-to-Peer Program (2017)

NACo Awards honor innovative and effective county government programs that enhance services for residents.

Each Mind Matters – May at the Ballpark

During Mental Health Awareness Month in May, Each Mind Matters (EMM) has partnered with California Major League Baseball parks to bring mental health awareness events at select games. May is a month dedicated to help raise awareness about mental health issues, promote good mental health practices, and encourage people to support others around them.

You can join EMM on Wednesday, May 15th at 12:45pm in Oracle Park (sections 143 & 144) as the San Francisco Giants take on the Toronto Blue Jays. EMM will also be at the Oakland Coliseum (sections 103R & 104R) on Saturday, May 25th at 1:07pm as the A’s take on the Seattle Mariners. EMM will play their new public service announcement on the jumbotron and will have a table with outreach materials. Step up to the plate and wear lime green, the national color of mental health awareness, to show your support! Tickets can be purchased on www.eachmindmatters.org or the MLB website.

EMM is a California’s Mental Health Movement which consists of thousands of organizations and millions of individuals that work to advance mental health and to reduce stigma and discrimination around mental health. EMM is implemented by the California Mental Health Services Authority (CalMHSA) and is funded through the Mental Health Services Act (MHSA). For more information, contact MHSA@sfdph.org.

Page 2 of 7

May 2019
Tracking Behavioral Health Outcomes

BHS' Adult and Older Adult System of Care uses the Adult Needs and Strengths Assessment (ANSA) to supplement clinical assessments and track client outcomes. The San Francisco ANSA has 27 items among four domains: Behavior Health Needs; Life Domain Functioning; Risks; and Strengths. Each "Need" item (the first three domains) is scored based on the level of difficulty the client has in that area. Strengths are rated on how available they are to the client and the role that strength is able to play in the client's life.

By comparing a client's ANSAs over time, we can determine if the client has achieved change in each area. By aggregating ANSAs, we can learn how individual programs, or the system as a whole, is performing. We can also learn which problems our clients are most burdened with.

Depression has been the most prevalent problem clients are struggling with system-wide. In both FY16-17 and FY17-18, about 70% of all clients had an "actionable" score on the ANSA Depression item, more than any other item. During these two years, about 40% of clients system-wide have shown improvement in this area.

The prevalence of depression as an actionable score appears about the same among men and women. Interestingly, it is an actionable problem for a higher proportion of TAY (18-25 year olds) than for other age groups.

Given the importance of depression as a behavioral health need, it is timely that BHS will be offering trainings on Cognitive Behavioral Therapy (CBT) for depression.

For information contact Tom Bleecker at Tom.Bleecker@sfdph.org.

Join us for Mental Health Matters Day
May 22, 2019
9:30 a.m. - 2:00 p.m.
East Side - California State Capitol
Mental Health Association of San Francisco (MHASF) is providing a bus (pick-up at 71 Ellis St. - cross street at Powell) which will depart at 7:30am for Sacramento. Click here to RSVP.
Certificate & Employment Program for TAY – New Pilot

Our Transitional Age Youth System of Care (TAY SOC) contracted partner RAMS has tailored a new peer certificate training program for TAY SOC leaders called Youth 2 Youth!

With a cohort of 10-15 TAY, this in-depth 16-week certificate program seeks to empower San Francisco TAY, who are individuals between the ages of 16 and 24, with peer counseling skills and knowledge for entry-level employment in the mental health field. Additionally, RAMS' Youth 2 Youth will provide ongoing academic and career planning for all participants. Each enrolled TAY receives a stipend upon completion of the program, and will then be eligible to enroll in the TAY leaders in Behavioral Health (BH) Employment Program.

Youth 2 Youth serves as a pipeline program into the TAY in BH Employment program where they will be placed in a paid mental health field internship at identified sites across our TAY SOC network of community-based organizations! This is an exciting opportunity provided in a supportive environment for TAY interested in exploring the mental health field as a profession. Currently Youth 2 Youth successfully launched its 2nd cohort this Spring with the 1st cohort of graduates placed at several of our TAY SOC contracted sites!

Stay tuned for future highlights about this program! For questions about these programs and applications for the next recruitment period, please contact Fei Hu at tungfeihu@ramsinc.org or (415) 530-9080 and check out their website! For questions about TAY SOC, please contact Kali Cheung at kali_cheung@sfdph.org

Staff Update – Medical Director for Sunset Mental Health

BHS is pleased to announce that Dr. Jenya Kaufman has accepted the position of Medical Director of Sunset Mental Health.

Born in New York and raised in South Florida, Dr. Kaufman received her medical degree from Stanford School of Medicine and then completed her residency in Psychiatry at UCSF in 2012. Dr. Kaufman joined SFDPH in 2013 as a staff psychiatrist at OMI Family Center, a comprehensive clinic located in the Ocean/Merced/Ingleside district. In 2017, while continuing to provide psychiatric services to clients at OMI, she transitioned to the role of Associate Chief Health Information Officer (ACHIO). In this newly developed position, she has worked hard to optimize Avatar in BHS while supporting the implementation and adoption of Epic on a network level.

Our system is very fortunate that Dr. Kaufman has worked so effectively managing multiple complex systems and bringing together various stakeholders in her role as ACHIO over the past two years. Dr. Kaufman will begin the transition to Sunset Mental Health on Monday, June 3rd, still maintaining some hours as ACHIO in order to support the Epic role out. By August, she will fully transition to Sunset Mental Health.
Testimonials on BHS Programs

“There are few places in the neighborhood I can go and feel the support and safety I feel here.”
- Client Testimony from the Senior Drop-In Center

“I am inspired by the people at the Center who took their first step to recovery, got better, and eventually contributed back to the community.”
- Client Testimony from the Peer Wellness Center

“The program increases integration into the community and feelings of self-worth. It’s all about better lives and hope for the people it serves; that was clear from the wonderful graduation celebration!”
- Testimony from the CEO at Zuckerberg San Francisco General Hospital in regards to the Slice of Life Café and Catering Vocational Program

“My experience was difficult. People changed and moved, but the care team was there for me through all of the changes.”
- Client Testimony from Gender Health SF

Recognizing Earth Day and Promoting Zero-Waste

On Monday, April 20th, 1380 Howard St. celebrated Earth Day with a Zero-Waste Training and Plant Exchange. Much appreciation to Ana Ortega-Garcia, Carla Colbert, and Jennie Hua from DPH and Soko Made from SF Environment for making the event such a success! We learned about the latest recycling and composting changes, the importance of being mindful when purchasing items, and shared ideas on how we can each promote a healthier environment. Here are the highlights of the latest Recycling and Composting changes:

- Empty paper coffee cups can now go in the blue bin - plastic top, cup, and cardboard sleeve all together. (Why not use a reusable cup?)
- Clean soft plastic such as bread bags, sandwich bags, plastic film, and bubble wrap can now be recycled! They must be bundled into one bag, no larger than a basketball.
- Empty paper cartons such as milk, juice, and ice cream containers and mixed material cartons such as those used for soy milk or stock can now go in the recycling.

San Francisco continues to lead in promoting sustainable practices and protecting our environment. As we work to combat and reverse the environmental damage our disposable culture has caused, we all must do our part by Reducing, Reusing, and Recycling. Protecting the environment is Public Health work!

Our 1380 Howard St. Zero-Waste Coordinator, Nick Hancock, is available to come to staff meetings to conduct a brief training so please take advantage of that opportunity. Contact Nick at 415.255.3776 or via email at nick.hancock@sfdph.org.
Evaluation Highlights – Assisted Outpatient Treatment Program

The Assisted Outpatient Treatment (AOT) program is excited to share results from their first three years of implementation. Thanks to Harder & Co for their support in the evaluation process.

Highlights include:

- 74% of AOT participants were successful in reducing or avoiding Psychiatric Emergency Services (PES) contact.
- 91% were successful in reducing or avoiding time spent in inpatient psychiatric hospitalization.
- 88% were successful in reducing or avoiding time spent incarcerated.

There are statistically significant reductions in PES contacts, as well as days spent incarcerated and psychically hospitalized when comparing contact prior to and after working with the AOT program. Additionally, only 13% of cases move forward with a court order to participate in treatment, with an overwhelming number of individuals accepting voluntary services.

There has been positive feedback from families and participants about the support offered to them by the program. Feedback from participants has been overwhelmingly positive with 82% of respondents reporting that the AOT program always treated them with respect and 81% reporting that the AOT program always listened to their concerns about treatment. One family member reported that “AOT’s diligence and care has literally been life saving for my sister.”

The AOT program is a strong partnership between DPH and ZSFG’s Division of Citywide Case Management to support individuals who meet the strict legal criteria. This level of collaboration is a model for the work needed to treat some of our most vulnerable community members. Many thanks to Citywide for their amazing work and dedication to client care! Please visit our webpage at [www.sfdph.org/aot](http://www.sfdph.org/aot) or contact us at 415-255-3936. The AOT program was recently recognized with an Achievement Award from the National Association of Counties (NACo).

Access to City Employment (ACE) Program

The City and County of San Francisco welcomes and values diversity in all forms. We are committed to increasing our employment of qualified applicants with disabilities. Access to City Employment (ACE) is a program that supports applicants with disabilities throughout the hiring process. Applicants can enter the City workforce without going through the competitive civil service merit process. Applicants hired through this program are designated permanent status upon three successful evaluations within a one year probationary period.

For more information contact Porsche Bunton at Porsche.Bunton@sfgov.org.
Gender Health SF Presents at 2019 National Transgender Health Summit

Shout out to the Gender Health SF (GHSF) team of Behavioral Health Services for showcasing their work at the 2019 National Transgender Health Summit (NTHS) in Oakland, CA, April 13th & 14th. NTHS is the premiere national conference in transgender health offering cutting-edge research, evidence-based educational sessions, and training opportunities across many disciplines. The San Francisco Department of Public Health established Gender Health SF in 2012 to provide access to gender affirming surgeries and related education and preparation services to eligible uninsured transgender and gender non-binary residents.

The Gender Health SF team led the development of at least nine conference presentations and collaborated with key community stakeholders and providers to highlight gender health in public health. In addition to their outstanding presentations, two GHSF staff members were recognized for their outstanding work and leadership in gender health. For their outstanding service to support the health and well-being of the trans and gender non-binary communities, Project AFFIRM awarded Tỗ Như (Lotus) Đào, GHSF Behavioral Health Clinician, the Health Provider of the Year award. And, for her outstanding service and advocacy work with the local trans community, Project AFFIRM awarded Karen Aguilar the Education and Advocacy Achievement Award.

Congratulations to the team and honorees for leading our public health efforts in providing quality gender affirming care. For more information about GHSF, please contact: Jenna Rapues, MPH – Program Director, jenna.rapues@sfdph.org and Barry Zevin, MD – Medical Director, barry.zevin@sfdph.org

Program Spotlight – Community Drop-In Centers

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<tr>
<th>Target Population</th>
<th>Program Name - Provider</th>
<th>Services</th>
</tr>
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<tbody>
<tr>
<td>Adults who are Homeless or At-Risk of Homelessness</td>
<td>South of Market Self-Help Center – Central City Hospital House</td>
<td>These programs serve adult residents facing behavioral health challenges and homelessness in the 6th Street - South of Market, and Tenderloin neighborhoods. Both programs provide a low-threshold engagement that include peer programs, case management, primary care access, support groups and socialization. Many are referred to mental health services prior to assessment due to the acuity of their needs.</td>
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<tr>
<td>Tenderloin Self-Help Center – Central City Hospital House</td>
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May 2019
JOIN US!

Public Hearing:
Mental Health Services Act
FY 2019-2020 Annual Update

The Behavioral Health Services (BHS) division of the San Francisco Department of Public Health is inviting all stakeholders to participate in a Public Hearing on the draft Mental Health Services Act (MHSA) FY19/20 Annual Update. This Public Hearing is in fulfillment of the provisions of the Welfare and Institutions (W&I) Code Section 5848.

WHERE: San Francisco Mental Health Board Public Hearing

LOCATION: 1380 Howard Street, Room 424, San Francisco, CA 94103

DATE: Wednesday, May 15, 2019

TIME: 6:00 p.m.

For additional information, interpretation services and/or request for disability-related accommodations, please contact Hannah Abarquez at (415) 255-3614 or email Hannah.Abarquez@sfdph.org.
San Francisco Mental Health Services Act (MHSA)
FY19/20 Annual Update

Public Hearing
San Francisco Mental Health Board

1380 Howard St. (Rm 424), SF, CA 94103
May 15, 2019
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

Prevention, Early Intervention, Education and Assessment

Outpatient Treatment, Wellness Centers, Psychiatric Respite

Housing

Intensive Case Management

Crisis Programs

Capital Facilities/Information Technology

Lowest Threshold

Intensive
MHSA Revenue Over Time

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>MHSA Distribution</th>
<th>% Change from Prior Year</th>
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<tbody>
<tr>
<td>FY 12-13</td>
<td>$29,515,643</td>
<td>0</td>
</tr>
<tr>
<td>FY 13-14</td>
<td>$22,944,624</td>
<td>-22%</td>
</tr>
<tr>
<td>FY 14-15</td>
<td>$32,117,207</td>
<td>40%</td>
</tr>
<tr>
<td>FY 15-16</td>
<td>$26,160,492</td>
<td>-19%</td>
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<tr>
<td>FY 16-17</td>
<td>$33,990,315</td>
<td>30%</td>
</tr>
<tr>
<td>FY 17-18</td>
<td>$37,346,778</td>
<td>10%</td>
</tr>
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</table>
Annual Updates are required to provide updates to the Three-Year Integrated Plan.

This year’s Annual Update outlines outcomes achieved in FY17/18 and highlights program plans for FY19/20.

Stakeholder Engagement: Held 23 community forums (over 200 in attendance).
Timeline
MHSA FY 19/20 Annual Update

Finalize Draft Plan

Conduct Public Hearing at Mental Health Board

End 30-day Posting for Public Comment

Final Revisions to Plan

Exec review and Approval

BOS Approval

Submit Plan to MHSOAC

MHSA team – Lessons Learned; Quality Improvement Activities.

2019

April
May
June
July
## San Francisco MHSA Programs

**In FY17-18, MHSA served 52,699 unduplicated individuals**

<table>
<thead>
<tr>
<th><strong>Highlights</strong></th>
<th><strong>Programs</strong></th>
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<tr>
<td>SF MHSA currently funds 80 programs</td>
<td><strong>• 16 Population-focused Programs</strong></td>
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<tr>
<td>In FY17-18, MHSA served 52,699 unduplicated individuals</td>
<td><strong>• 12 Full Service Partnership Programs</strong></td>
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<td></td>
<td><strong>• 11 Peer Programs</strong></td>
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<td></td>
<td><strong>• 8 BH Workforce Development Programs</strong></td>
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<td></td>
<td><strong>• 9 Vocational Programs</strong></td>
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<tr>
<td></td>
<td><strong>• 6 Recovery-Oriented Treatment Programs</strong></td>
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<tr>
<td></td>
<td><strong>• 14 Mental Health Promotion &amp; Early Intervention Programs</strong></td>
</tr>
<tr>
<td></td>
<td><strong>• 4 Supporting Housing Programs (~200 units)</strong></td>
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</tbody>
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## FY17/18 Performance Highlights

<table>
<thead>
<tr>
<th>Program</th>
<th>Outcomes</th>
</tr>
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</table>
| **Full Service Partnership Programs**      | 91% decrease in expulsions for children and youth  
90% decrease in mental health & substance use disorder emergencies for transition age youth  
90% decrease in arrests for adults          |
| **School-Based Wellness Centers**          | 98% of students receiving services reported improvement in stress levels  
76% of students reported improvements in relationships with family and friends |
| **Drop-In Self-Help Community Center**     | 15,198 unduplicated participants participated in a range of socialization and wellness services  
91% of Harm Reduction Support Group participants demonstrated reduced risk behaviors |
| **Peer Specialist Mental Health Certificate Program** | 100% of graduates reported that they engaged with the health and human services field through employment, volunteer positions, and/or further education within 6 months of graduation |
| **First Impressions**                      | 100% of graduates reported an improvement in development of work readiness skills  
100% of graduates reported an improvement in confidence to use the new skills learned |
What’s New

- SF-MHSA is launching 4 recently approved INNOVATION projects:
  - Peer Transition Support Program
  - Technology-Based Mental Health Solutions
  - FUERTE
  - Wellness in the Streets (WITS)

- The Annual INNOVATION and PEI Reports are included in the FY19/20 Annual Update

- Online Learning System

- Ongoing Quality Improvement Efforts

- No Place Like Home (NPLH)
Recently Launched:

Intensive Case Management (ICM) to Outpatient (OP) Peer Transition Support Program (*Innovations*)

Project focuses 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 consists of culturally and linguistically diverse peers and one clinician. *Peers serve as step-down specialists.*

Project Launched: January 1, 2019
Launching in 2019:

**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 (Latinx; 12 to 18 yrs.) 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.
INNOVATION and PEI Annual Reports

**Reporting Requirements for INN and PEI**

The Mental Health Services Act requires that all Counties submit annual reports that detail individual program outcomes, total dollar amounts expended, program referral and treatment data, and other reporting requirements.

The data included in the Annual Update, along with our efforts conducted through the Community Program Planning processes, are designed to meet and exceed these reporting requirements.

**INNOVATION**

programs served a total of **300** unduplicated individuals.

**PEI**

programs served a total of **39,953** unduplicated individuals.
We are developing and planning for an exciting new project:

- Community members and other stakeholders are calling for the implementation of a new Online Learning System

- This system will be a training tool in order to:
  - increase access to training activities
  - increase capacity for the professional development of staff
  - provide Continuing Education (CE) credits for licensure
  - provide online training seminars covering an array of topics
Ongoing Quality Improvement Efforts

We will place a strong emphasis on program evaluation across the MHSA components.

- Continue to enhance our monitoring and evaluation activities, in order to effectively meet the performance objectives of our programs.
- Continue to gather stakeholder feedback.
- Continue to make improvements to our new HIPAA-compliant electronic data-collection and reporting tool.
Looking Forward:

No Place Like Home (NPLH)

- NPLH re-purposes statewide MHSA funds, and will provide **$2 billion** for the construction and rehabilitation of permanent supportive housing for homeless individuals with severe and persistent mental illness.

- The City and County of **San Francisco applied to two Notice of Funding Availability (NOFA)’s**, one for a Noncompetitive Allocation and the other to be an Alternative Process County.

- Total requested funds from both sources is **$27.7 million**.

- Counties will be notified of awards in **June of 2019**.
Questions?

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