MINUTES
Mental Health Board Meeting
Wednesday, July 17, 2019
1380 Howard Street
4th Floor, Room 424
6:00 PM – 8:00 PM

BOARD MEMBERS PRESENT: Marylyn Tesconi, MA, Co-Chair; Arthur Curry; Marcus Dancer; Toni Parks; Richelle Slota, MA; Idell Wilson; Harriette Stevens, EdD; Ulash Thakore-Dunlap, MFT; and Andrew Mullen (on behalf of Supervisor Catherine Stefani).

BOARD MEMBERS ON LEAVE: Njon Sanders, Co-Chair; Terry Bohrer, RN, MSW, CLNC; MFT; Judy Drummond, MA, Secretary; Carletta Jackson-Lane, JD, Vice-Chair; Benny Wong, LCSW.

BOARD MEMBERS ABSENT: Gregory Ledbetter.

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; Liza Murawski; Winship Hillier

Ms. Tesconi called the meeting to order at 6:03 PM.

Roll Call

Ms. Brooke called the roll.

Agenda Changes: Item 2.0 was presented first, with Item 1.0 following.
ITEM 1.0 PRESENTATION: GLIDE HOUSING SUPPORTIVE SERVICES AND THE BEST PRACTICES FOR INTERACTION AND COLLABORATION BETWEEN CASE MANAGEMENT SERVICES AND PROPERTY MANAGEMENT, PAMELA GRAYSON, MHB, EXECUTIVE DIRECTOR, GLIDE HOUSING.

Item 1.1 Presentation: Glide Housing Supportive Services and the Best Practices for Interaction and Collaboration Between Case Management Services and Property Management, Pamela Grayson, MHB, Executive Director, Glide Housing.

Ms. Grayson introduced herself. She manages the supportive services in four of Glide’s buildings. She shared the mission: Glide Community Housing, Inc.'s mission is to break the cycles of multi-generational dependency, poverty, and low self-worth by providing a safe and supportive home. Glide Community Housing strives to nurture individuals, families, and community by offering supportive services that foster overall well-being, improve quality of life in an environment of cultural integrity and diversity, and help individuals and families maintain stable housing.

The first building, 333 Taylor Street, known as the Cecil Williams Glide Community House was built 22 years ago. It is a nine-story building with 52 units from one to three bedrooms and a mix of single adults and families. The second building is 149 Mason Street with 56 studios for people who were formerly homeless and who have significant medical and behavioral health issues. The third building is 125 Mason Street, and it has 81 units and is affordable housing for people with a little higher income. Glide Housing provides some support services to this building. A fourth building, 350 Ellis will be added shortly.

Glide uses a supportive services model with two case managers. Utilization of supportive services is not mandatory until a person’s housing is in jeopardy. Property management must notify case managers so that eviction can hopefully be prevented. It is a collaboration. Glide has a very low eviction rate. The two entities meet weekly to discuss current issues. Glide’s goal is to keep people housed. There is a need to acclimate property management to the residents and building a culture.

Dr. Stevens asked how long the waiting list is.

Ms. Grayson said that it varies per building, but the Cecil Williams building waiting list is 5 – 7 years. The studio residents may move on, but families stay.

Mr. Dancer asked if Glide had plans to expand the model.

Ms. Grayson responded that they are not expanding at this point, but they would like to take their supportive service model into other buildings. They have 10 staff people now. Security staff are employed by the property management company. They are there for 24 hours.

Mr. Dancer said he visited Glide Housing, and the building felt very safe.

Ms. Wilson said that Reverend Williams has always had compassion for people in San Francisco.

Ms. Tesconi asked who oversees the property management company.

Ms. Grayson said that the Cecil Williams building oversees them. The onsite property manager attends board meetings to give reports and needs assessments.
Ms. Wilson asked about the procedure if they have a problem with the John Stewart Property Management Company.

Ms. Grayson said that if the problem comes to support services, she will talk with property management and the resident.

Mr. Curry said that he had lived in another building managed by John Stewart. He asked how fast their response was to issues.

Ms. Grayson said that maintenance is on site, which makes their response faster. She said John Stewart is a large company and it is important to work with them to get a person who is right for the building.

Mr. Curry asked if there was a peer representative with the supportive services team?

Ms. Grayson said that case management provides supportive services. They don't have peer support at this time, but they do have a robust Tenants Association. They hold meetings and meet with Glide staff.

2.2 Public Comment

Ms. Murawski said she is glad to see client-centered care. She would like to see the model used in other buildings.

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 said that the MHB Awards Ceremony was really appreciated by DPH staff.

She shared that the position of Behavioral Health Services Director was just posted. She discussed Mental Health San Francisco, proposed by the Board of Supervisors. It would provide mental health services for all, with 24/7 access for urgent mental health services, removing barriers to access to services.

She shared that the Director of Behavioral Health Services, formerly filled by Kavoos Ghane Bassiri has been posted.

Ms. Parks asked about problems foreseen for the next six months.

Dr. Hammer responded that we need to continually look at how we do things to provide services for people. Hiring new people is also very challenging due to the high cost of living in the Bay Area. Mental Health San Francisco is predicated on being able to hire people. We currently have a shortage of behavioral health staff and primary doctors.

She highlighted the Gender Health Program in San Francisco. It provides gender re-assignment support after surgery.

2.2 Public Comment
Ms. Murawski shared that there is a need for peers involved with Mental Health San Francisco and staff who are trauma-informed and have training in cultural humility and there needs to be wage increases.

Dr. Hammer stated that there are lots of peers employed by the Navigation Centers.

Mr. Hillier asked about behavioral health handling people with misdemeanors who are ruled incompetent to stand trial.

**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

No public comments.

**ITEM 4.0 ACTION ITEMS**

For discussion and action.

4.1 Public comment

Mr. Hillier suggested a correction to the minutes.

4.2 RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of June 19, 2019 be approved as submitted.

The resolution unanimously approved with the correction.

**Item 5.0 Reports**

For discussion

5.1 Report from Executive Director of the Mental Health Board

Ms. Brooke reported that there is making progress in the proposed name change for the board from the Mental Health Board to Behavioral Health Commission. Hopefully a date for the item to be heard at the Rules Committee will be set shortly.

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

Ms. Tesconi shared that she and Mr. Sanders met with Dr. Irene Sung, Acting Director of Behavioral Health Services. The number one problem that BHS is facing is the hiring process. There is lots of red tape, and the process is slow. In addition, the expense of housing in San
Francisco, and salaries are not high enough for the cost of living in this city, making it difficult to attract applicants.

She shared that San Francisco has been hit with a lot of bad press lately, which has an effect on staff morale. The department is currently seeking a new director of MHSA.

BHS is working on improving the integration of services, among primary care, substance use disorder, and mental health. A challenge faced by the department is that MediCal does not fund any outreach, so the general fund has to cover it. Outreach can be a very effective way to engage clients. Dr. Sung is focusing on relational and compassionate care within our services.

Mr. Sanders talked about the board moving forward in September.

Mr. Dancer suggested that when the break is over in September, the Information Committee needs to be re-established to create more resolutions regarding housing, and encourage incorporating Glide's philosophy.

Ms. Parks said we need more buildings with supportive housing.

Mr. Dancer suggested there should be more units owned and operated by the City.

Ms. Tesconi mentioned that there is a building on Minna Street that has been empty for the past 17 years. Mr. Dancer knows of another building that is empty.

Ms. Parks said she has seen lots of empty storefronts which might be used for Navigation Centers.

5.3 Reports from Committees

No reports.

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.

Ms. Slota shared that she visited the Adult Transgender program on South Van Ness. There are 200 clients and 10 therapists and very low turnover of therapists. The clients were very happy with the program.

Dr. Stevens spoke about the teleconference call with the California Association of Local Behavioral Health Boards/Commissions. It was suggested that review teams for the boards follow the appropriate guidelines for prison visits involving inmates with mental health issues.

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

Ms. Wilson suggested the board might consider a resolution about the bag tax increase as it tough on people on disability income.

Mr. Mullen shared that the Board of Supervisors 2019-20 budget is $6 billion. He suggested that someone from the Mayor's office might give a presentation to the board on the mental health budget. He also mentioned that the Rules Committee might be hearing the item about the board's name change on September 16th.
5.7 Public comment.

**Ms. Murawski** commented that the issue about the higher cost of bags has resulted in people bringing their own more often. She said there is no room in the new buildings being built for low-income people. She wondered about the oversight of the new Homelessness and Supportive Housing department.

5.0 Public Comment

**Mr. Hiller** shared that San Francisco County was 30th in the state between 1999-2000. Every county is higher now, and San Francisco is number two in the State in filings for long term treatment.

**Ms. Murawski** asked if the board might review the El Dorado and the Navigation Center.

**Adjournment**

The meeting was adjourned at 8:04 PM.