

SAN FRANCISCO MENTAL HEALTH BOARD



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Judith Klain, MPH
Gregory Ledbetter
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Richelle Slota, MA
Harriette Stallworth Stevens, EdD
Supervisor Catherine Stefani, JD, LLM
Ulash Thakore-Dunlap, MFT
Idell Wilson
Benny Wong, LCSW

ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, February 20, 2019
1380 Howard Street
4th Floor, Room 424
6:00 PM – 8:00 PM

BOARD MEMBERS PRESENT: Harriette Stevens, EdD; Co-Chair; Idell Wilson, Vice Chair; Njon Weinroth, Secretary; Terry Bohrer, RN, MSW, CLNC; Marcus Dancer; Judy Z. Drummond, MA; Gregory Ledbetter; Toni Parks; Richelle Slota, MA; Marylyn Tesconi; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Supervisor Catherine Stefani; Ulash Thakore-Dunlap, MFT, Co-Chair; Judith Klain, MPH; and Carletta Jackson-Lane, JD.

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Helynna Brooke (Executive Director); Loy M. Proffitt (Chief Financial Officer); Kavooos Ghane Bassiri, LMFT, LPCC, CGP, Behavioral Health Services (BHS) Director; Wyatt Donnelly-Landolt, Legislative Aide to Supervisor Catherine Stefani; Wynship Hillier; Liza Murawski; David Elliott Lewis, PhD, Mental Health Association (MHA); and three public members.

Dr. Stevens called the meeting to order at 6:08 PM.

Roll Call

Ms. Brooke called the roll.

Agenda Changes

Dr. Stevens said that the Executive Committee changed the order of the agenda for this evening from the usual order to finish the meeting with Mr. Ghane Bassiri's presentation.

She then announced that the Mental Health Board is pleased that Supervisor Catherine Stefani has joined the board. She welcomed Mr. Donnelly-Landolt, aide to Supervisor Stefani and asked him to introduce himself and share a few words about the supervisor's interests.

Mr. Donnelly-Landolt shared that mental health and homelessness are key issues the supervisor is interested in. She wants to work with different departments. As a former prosecutor, she saw so many people with mental health issues in the criminal justice system.

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.

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 shared that the latest Consumer Satisfaction survey results are completed and published. This is the State mandated process and BHS shares the data after for distribution. BHS also reviews the comments on surveys, analyzes for specifics and trends as well as provides overall summaries to be shared with providers. The report is now available online.

He highlighted Project 500, a behavioral health team focused on planning for implementation of a STAIRs group. STAIRs is a skills group for people with a trauma history which focuses on emotion regulation, distress tolerance, and healthy relationship skills. He also highlighted the Mission Family Center collaboration with the Transitional Age Youth (TAY) program. TAY is building provider capacity, focusing on targeted services and receiving funding from multiple sources.

SF TV featured the LEAD pilot program (Law Enforcement Assisted Diversion), with the episode Leading the Way to Treatment and Recovery. KQED featured a program about the methamphetamine addiction epidemic, and Mayor Breed & Supervisor Mandelman have called for, and, are creating a Methamphetamine task force to review this issue and make recommendations. Opioid addiction is a big concern as well in San Francisco, but methamphetamine use has become a major issue.

He then announced that he is resigning from his position (his last day at work will be March 15th) and that this will be his last meeting. There will be an interim director appointed who will be attending the board meetings rather than a rotating staff like last time. It will take several months or more to fill this position.

Ms. Slota asked when the replacement director will occur.

Mr. Ghane Bassiri said there will be an interim director and it could take several months to find a new director.

1.2 Public Comment

Mr. Hillier asked Mr. Ghane Bassiri to account for the 2,500 people put into involuntary treatment. He asked if BHS was involved.

Ms. Murawski shared about a phone app called CALM and another one that helps you fall asleep.

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 highlighted that the MHSA Oversight Committee and Accountability Committee which oversees funding for Innovation, approved an innovation project for San Francisco entitled Fuerte. It is a unique culturally tailored program to address the needs of newly immigrated Latinx youth, ages 12-18. In the past, San Francisco has received funds for peer support and warm handoff support.

An RFP (Request for Proposal) has been put out seeking providers for peers Wellness in the Streets services to help with engagement of people on the streets with services and support.

2.2 Public Comment

David Elliott Lewis commended Mr. Ghane Bassiri for attending MHB meetings regularly and staying to the end of the meeting. He asked for more information about the Wellness in the Streets upcoming program.

Mr. Ghane Bassiri said the RFP is posted online on the DPH website, with the intention to roll it out in July 2019. He shared about the proposed services, to provide Wellness in the Streets programming to unserved/underserved communities, to meet the needs of homeless and unhoused San Francisco residents who experience mental health issues. The Wellness in the Streets project will foster a peer-based mental health team that will work with unhoused individuals directly on the streets, in their environment, in order for the individual to be successful in their personal recovery. The purpose of this project will be to increase access to underserved populations, with the target population being San Francisco adult and older adult residents who are homeless that do not typically access behavioral health services despite experiencing behavioral health needs. The intention is to make sure they work along with existing structures, doing linkage with others and not work in a silo. Other new things are Engagement Specialists, with evening and weekend hours, including a mobile van. The TAY Linkage program already has a mobile van, and this will be expanded to include a second van.

ITEM 3.0 REPORTS

For discussion

3.1 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 invited board members to the upcoming Black History event on Friday, February 22nd. She also mentioned the upcoming California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) meetings in Oakland in March and Sacramento in April. She asked board members to let her know if they are interested.

3.2 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 the Executive Committee will be scheduled and a notice posted. It will be in the Mental Health Board office, Room 226.

She also shared her reflections on being a leader. She said, "I want to take this opportunity to share with you some of the lessons I've learned about leadership while growing into my role as co-chair of the SF-MHB.

During the two years that I've served as Board co-chair: We have had a strong Executive Committee and dedicated Working Committee members. I learned to step outside of my comfort zone. There's a saying: "As a leader, you should always be a bit uncomfortable." — This always gave me the inspiration to step out of my comfort zone and further develop my leadership skills. When I'm uncomfortable, I know I'm doing the right things."

Here are some of the other lessons I've learned:

- **I learned to *Be an active listener*.** Listening clearly allowed me to not only hear a unique point of view but to truly understand other people's ideas.
- **I learned to *Address challenges head-on*.** When I was addressing challenges, I tried to understand the challenge. I wanted to know the data. I reviewed the options. Remember, there are always options, nothing is hopeless or unsolvable.

I also discovered that sometimes you're the leader in addressing an issue, sometimes you're the follower or a participant. It all depends on the challenge.

- **I learned to *Celebrate the people who do the work*.** We have great people on the SF-MHB, people who go out of their way to take great care of other people's needs, the Executive Committee, and also our Executive Director, Helynna and Loy, and Kavoo, actively involved as Director of BHS. These are extraordinary people who do their job tirelessly. Celebrating them is important.

I want to close by saying **THANK YOU** to my co-chair, Ulash, and to Helynna, Loy, and to each member of the Board for the work that you do. This was a truly special opportunity.

3.3 Committee Reports

Information Committee: Mr. Weinroth, Chair

They discussed goals and will work more on them at the February 25th meeting. They are collecting information about what we know already from program reviews. They are also looking at other programs in other areas that are working well. Mr. Dancer and Ms. Wilson visited a program called Big Health. It is a cognitive behavioral treatment (CBT)

based app for people. They also have an app focused on sleep and anxiety and are working on one for depression.

Implementation Committee: Carletta Jackson-Lane, Chair.

Ms. Drummond said the committee talked about their mission and going over what to do, using what the Information Committee gathers to develop resolutions. They also intend to follow up on the resolutions with the Board of Supervisors. Every board member will also be doing site visits on both committees. Ms. Drummond will also put the information on her radio show and in social media.

3.4 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.

Ms. Bohrer suggested the attended Mental Health Court and would like to highlight it. Judge Harry Dorfman is doing an extraordinary job. She would like the board to commend him.

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

Ms. Bohrer is involved with Senate Bill 1045, involving legislation on conservatorship. She has attended three meetings to date. Many people believe that involuntary conservatorship is not good. There are different factions right now and it has not been decided where this is going to go. There is a public forum tomorrow evening at St. John's Episcopal Church. Jennifer Friedenbach, Susan Mizner and David Elliott Lewis will be speaking. She suggested that board members attend so that we understand why some people are so against it and others are for it.

Mr. Donnelly-Landolt said that the legislation requires the city to offer services with another path first. The target population is 50-100 people.

Mr. Dancer asked if there is variation among counties in response to SB 1045.

Mr. Ghane Bassiri said that only three counties can pilot it at this time: San Diego, Los Angeles and San Francisco.

Dr. Stevens attended a meeting with BHS providers, sharing that new procedures are coming.

Ms. Drummond said there are many points of views on SB 1045 since it is very complicated.

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

Ms. Wilson suggested a meeting focused on conservatorship and Assisted Outpatient Treatment (AOT) update.

Mr. Marcus would like more information about App based support.

Ms. Drummond suggested a hearing about how the city plans to spend the surplus dollars it has and could they be used for mental health services.

3.7 Public comment.

Dr. David Elliott Lewis said that when AOT was initiated in response to Laura's Law, the Mental Health Board did not take a stand. He feels this conservatorship issue is a number one issue and urged the board to look at it more closely.

Mr. Hillier said that SB 1045 is unconstitutional and unlikely to be implemented. He added that with regard to Laura's Law, only ten people have participated in it. You can't force people into

treatment. Mental Health and Behavioral Health courts are voluntary. He is concerned about the 2500 people who are being treated involuntarily and feels the board should look into it.

Ms. Murawski said she attend the forum about SB 1045. You have to be 5150'd eight times to qualify. She wondered what it takes to help people where they are at. She feels the police need to be trained more and that there need to be more wrap-around services going from being 5150's to wrap around services to acute housing. Fear and anger are contagious.

ITEM 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

[No public comments.](#)

4.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of January 16, 2019 be approved as submitted.

The resolution unanimously approved.

ITEM 5.0 ELECTION OF OFFICERS

5.1 Public Comment

No public comments.

ITEM 5.2 Report from Nominating Committee

Dr. Stevens said the nominees stated at the January 16, 2019 meeting were Co-Chairs: Marylyn Tesconi and Njon Weinroth, Vice Chair, Carletta Jackson-Lane and Secretary, Judy Drummond. An email was sent out to the entire board in November asking for interest in being nominated for an office. No board members responded, but additional nominations can still be taken from the floor and a roll call vote will be taken.

No additional nominations were requested from the floor.

ITEM 5.3 Election of Officers

5.3a Election of Co-Chairs: Marylyn Tesconi and Njon Weinroth were approved unanimously.

5.3b Election of Vice Chairs: Carletta Jackson-Lane was approved unanimously.

5.3c Election of Secretary: Judy Drummond was approved unanimously.

5.3d Proposed Resolution: Be it resolved that the nominees for Co-Chairs, Vice-Chair and Secretary be approved.

Dr. Stevens congratulated the new officers and asked each to share what they hope to accomplish.

Mr Weinroth shared that for the past year he has wanted to be more impactful. He has seen the board do really good things but it has seemed at times fragmented. There are so many critical issues. He wants to bring the board together to focus on specific items and be more impactful, increasing unity and finding commonality.

Ms. Tesconi shared that she decided originally to join the board because as a native San Franciscan, she cares what is happening in the City. She is also the parent of a child who has utilized services and wants to do more. She has met such committed people working the system.

Ms. Drummond shared that she was a teacher for 50 years. She met with much frustration and wants to do more. She feels the board needs to respond to SB 1045 regarding conservatorship.

ITEM 6.0 PRESENTATION: KAVOOS GHANE BASSIRI, DIRECTOR OF BEHAVIORAL HEALTH SERVICES, CONVERSATION AND GENERAL DISCUSSION: BEHAVIORAL HEALTH SERVICES SYSTEMS OF CARE.

6.1 Presentation: Kavoos Ghane Bassiri, Director of Behavioral Health Services, Conversation and General Discussion: Behavioral Health Services Systems of Care.

Dr. Stevens mentioned that Mr. Ghane Bassiri announced at the last board meeting that he is leaving this position on March 15th, so this will be his last board meeting. She invited him to share his thoughts about the Behavioral Health Services System of Care.

Mr. Ghane Bassiri shared some thoughts and had a conversation and dialogue about behavioral health services. He shared about his work experience with San Francisco General Hospital-psychiatry department (through UCSF), then at a non-profit organization, and now with the local government public health department. He has had the opportunity to see things from different perspectives. We need to look at all sides, be able to “hold” and hear from different sides. There are many requirements and expectations coming from the State and Federal governments, and these have increased recently. Counties receive new Information Notices regularly and need to implement. A lot of focus has been in very specific areas, like parity, network adequacy, utilization management, treatment authorization, credentialing, billing and documentation. Funding and support for prevention and early intervention programs and services are less than what has been the focus these days on crisis management and intervention. The focus has been a lot on how to treat people, but we also need to assess how the problems have evolved. He referred to the recent KQED program on which a caller suggested that maybe people use methamphetamine and drugs because they don't like how they feel or want to feel different, and we need to find out what their situation is needing to change.

BHS services are much more comprehensive than crisis management and response alone, looking at the full/big picture, as there are outpatient services, case management, wellness & peer-based services, vocational training, residential support services, school-based services, etc. It is important to keep in mind that behavioral health services are being provided in different settings and through various pathways, and not always under the BHS umbrella per se. He shared about the levels of care, including crisis, diversion, as well as hospitalization and care at a locked facility. As a systems of care, it is important to focus on providing resources for prevention and early intervention efforts/activities. Meanwhile, there are central issues to address in outreaching to and engaging people on the streets, and keeping in mind and strengthening the larger systems of care in operation.

Every day we hear and know about stories of success, but sometimes these stories don't get a lot of attention. We can be proud of our peer-based services, its expansion, and how peers are engaging with consumers and people in different communities. It makes the linkage work stronger in the process. Peers are leading in so many ways, since when it comes to services it should be that way by, with and for us, nothing without us (consumers/peers). One area that the

systems needs to and could improve is around coordination of services and one flows through the system and the handoff to the next level, with follow up, as indicated.

The electronic health record system can help in regards to communication for coordination of services and for bringing multiple providers and partners to the table as appropriate. We need to review outcome data and assess how we can properly share data more effectively. He also shared about the upcoming plan to release a new BHS-DPH website which would be more user friendly and resourceful. He discussed the creative technology efforts ahead as well as the new innovation tech suite project (MHSA) which multiple counties are participating in, to develop, implement and use a communication App for consumers.

He discussed the housing need issue and the challenges with getting proper housing. BHS-DPH works closely with the Department of Homelessness and Supportive Housing (HSH) in order to coordinate in meeting the needs of those who have serious mental health needs and have housing needs, due to high vulnerability. It is important for our system to also always include services for, and meeting the needs of, children, youth and families, as there is a lot of emphasis on adults.

Areas where more can be done are services for Transitional Aged Youth (TAY) which BHS has been working on and expanded on and services for older adults. It is important to develop, expand and sustain tailored services for different populations. We need to keep growing stronger around equity, accessibility and reaching different communities. He shared about the funding structure for substance use disorders, mental health and primary care, and its separation. The funding silos make things more challenging. Integration needs to happen on all levels. Also, people with mild to moderate and moderate to severe problems need more of a continuous system to meet their needs as their condition changes, treating the person in the process. Many of the challenges we are facing in San Francisco are also regional issues, so it would be important to come up with regional approaches and solutions (for example, serving out-of-county beneficiaries).

Our state funding and billing system does tend to prescribe the provision of services and specific documentation requirements for payment, yet many of the services provided do not necessarily fall into that methodology. Luckily, MHSA funding provides a lot of flexibility to be more adaptable to the different approaches in meeting the needs of various communities, being creative, with wellness and recovery focus. Ultimately the goal is seeing positive outcomes, showing progress, and achieving success in recovery and wellness.

In San Francisco, we are seeing many challenges on the streets, and unhealthy street behaviors, and we need to be more mobile, adaptable, and less traditional in our approach, as well as have individualize plans for engagement and care. Our services need to demonstrate value to the person for their wellbeing and stability. Referral is beneficial, but actual linkage and engagement are the most important thing.

6.2 Public Comment

Ms. Murawski said she never suggested that Conard House be defunded or John Steward Company be fired. She attended the Conard House board meeting with five other residents of Jordan Apartments. She said all of their comments were included in the minutes, but only a few of her comments were in the minutes, including the statement that she alleged a suicide.

Dr. David Elliott Lewis thanked Mr. Ghane Bassiri for everything he said. He particularly liked his comments about the services being more mobile and more outreach. If we do these things we will have less need for conservatorship. People are not always treatment resistant, but sometimes they have had previous trauma with some providers.

7.0 Public Comment

Mr. Hillier expressed concern that some of the people elected to office would not be able to serve if past their term.

Adjournment

The meeting was adjourned at 8:12 PM.



Behavioral Health Services Monthly Director's Report

February 2019

1. MENTAL HEALTH SERVICES ACT (MHSA)

Behavioral Health Services Awarded Funds to Administer School-Based Prevention Project

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved a new Mental Health Services Act Innovation project for the City and County of San Francisco. The project is entitled the *Fuerte*. *Fuerte* is a unique intervention culturally tailored to address the needs of newly immigrated Latinx youth, ages 12 to 18. It consists of a school-based group prevention program which uses a sociocultural, ecological lens and an evidence-based Attachment Regulation and Competency (ARC) framework.



This project is a unique collaboration between San Francisco Unified School District (SFUSD), Behavioral Health Services (BHS), and University of California, San Francisco (UCSF). Funding would provide for a robust evaluation for the program, allowing it be successfully adapted to other populations. Parent-caregiver education and peer-based support would be provided as part of this program. The project was approved by the MHSOAC in an amount of \$1.5 million for a period of five years.

Innovation projects are defined as creative and innovative mental health practices or strategies that test new approaches, contribute to learning, and can inform current and future mental health programs.

For more information, contact MHSA@sfdph.org.

2. Quality Management

Consumer Satisfaction Survey

The results from the Fall 2018 Mental Health Client Satisfaction survey are now posted online. Report location:

https://www.sfdph.org/dph/files/CBHSdocs/QM2018/2018Fall_AOA-CYF_MentalHealth_satisfaction.pdf

At the beginning of the PDF are the results for the Systems of Care (All Mental Health Programs), followed by the reports for each program in alphabetical order (use PDF viewer's bookmarks pane for quick browsing).

Please review this valuable feedback to see where the Systems of Care and/or program's strengths are as well as areas that need to be targeted for improvement.

Please send any questions you may have about the reports to Ryan Reichel at ryan.reichel@sfdph.org.

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

Spotlight on Mission Family Center and Project 500

Project 500 behavioral health team focused on planning for implementation of a STAIRs group. STAIRs is a skills group for people with a trauma history which focuses on emotion regulation, distress tolerance, and healthy relationship skills. The group will commence in the beginning of March. Also, staff co-facilitated a UCSF mini-course on addressing racial health disparities with the Expecting Justice program, which will continue to inspire medical and pharmacy students to actively address racial health disparities throughout their careers. Management solidified a plan with home visiting nurses for the implementation of regular individual mental health consultation with each nurse, which will begin soon.

The Mission Family Center collaborated with BHS Transitional Age Youth (TAY) program on a joint in-service with Catholic Charities (on 18th Street). A lot of useful resource information was exchanged, especially as the two programs continue to build relationships across Children, Youth and Families and Adult & Older/Adult Systems of Care.

4. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

Spotlight on Community Justice Center (CJC)

Behavioral Health Services would like to extend a warm welcome to the newest team member, Akiko Allen, LMFT, who joins the team as a Program Manager for the Community Justice Center (CJC).



CJC is a community-based collaborative court program that partners with the San Francisco Superior Court, the San Francisco District Attorney's Office, the San Francisco Public Defender's Office, Human Services Agency and the San Francisco Adult Probation Department. SFDPH-BHS staff provide case management services to people who are charged within the geographic area of the Tenderloin, Civic Center, parts of the South of Market neighborhood, and Union Square. SFDPH-BHS staff provide services on site and linkage to social services agencies; community resources; and primary, behavioral health and substance use disorder treatment programs.

Akiko has a diverse background in the mental health field. While accruing hours for licensure she utilized evidence-based practices and narrative/solution-focused therapies at a jail diversion program, a minor consent drug Medi-Cal program, at a homeless shelter, and at schools. She is passionate about neuroscience and is also certified as a computer system engineer. Learning about human behavior from multiple disciplines has broadened her perspective and pliability in thinking. Since becoming licensed in January 2008, she has worked as a mental health clinician at a local jail, as a utilization management clinician at USCF, and most recently as a supervisor in County Adult Assistance Program (CAAP) at Human Services Agency (HSA). Working in culturally rich and diverse community continues to expand her worldview and she feels fortunate to be able to serve for the community. BHS is excited to have Akiko as part of the team in this management role.

5. Transitional Age Youth (TAY)

BHS TAY System of Care in 2019

Behavioral Health Services (BHS) has been taking exciting steps in its development of a comprehensive Behavioral Health System of Care for Transition Age Youth (TAY), ages 16-24, by: 1) enhancing cross **systems coordination**, 2) building **provider capacity**, and 3) **expanding behavioral health services** tailored to TAY.

Funding from multiple sources including the Mental Health Services Act (MHSA) and the Department of Children Youth and Families (DCYF) have allowed the TAY SOC to establish 20+ new programs across a

continuum of services under the following categories: *TAY Linkage Collaborative, TAY Crisis Stabilization & Support, TAY Full Service Partnerships (FSPs), TAY Early Psychosis Prevention & Intervention, TAY Population Specific Engagement and Treatment (i.e., African American, Asian and Pacific Islander, Latino and Mayan and LGBTQ), TAY Homeless Treatment, TAY Peer Certificate & Peer Employment, TAY SOC Advisory Board* and for TAY clinical providers, non-clinical providers and general TAY serving network, we have the *TAY SOC Network Development, Training & Capacity Building* program.

BHS staff held the first TAY SOC quarterly convening for TAY providers representing across 13 community-based organizations for an intimate meet-and-greet and networking across expanded TAY continuum of services to address a wide range of behavioral health needs tailored to identified TAY priority populations!



This convening also highlighted the establishment of all TAY RFQ-15-2017 funded contracts for FY18-19, programs' current implementation progress and ongoing milestones, such as hiring long awaited new staff, graduating TAY Peers in a Certificate program, travelling to TAY and talking with them over a hot meal, launching Clinician's Academy, developing new program design and serving many TAY with limited resources, were just a few of many that speak to the impacts of TAY program staff and expanded services!



In this Director's reports for 2019, more will be shared about the developing TAY SOC infrastructure, coordinated systems efforts and spotlighting the programs themselves. To stay more closely informed about the TAY SOC and/or to collaborate with us, please contact kali.cheung@sfdph.org.

6. EVENTS, COMMUNITY, MEDIA:

Black History Month Event: The San Francisco Department of Public Health and Human Service Agency present, The Impact of Inter-generational Trauma on African-American Youth in the Foster Care System on Friday, February 22, 2019 from 8:30 AM to 5:00 PM PST at Laguna Honda Rehabilitation Center (375 Laguna Honda Blvd., Gerald Simon Theater). Three renowned speakers Dr. Kenneth Hardy, Dr. Wade W. Nobles, and Daisy Ozim, will discuss the history of foster care in the United States and pathways to creating equity in the foster care system. Part of the event is devoted to hearing stories from youth who have experienced the foster care system. Coffee, tea, a continental breakfast, and lunch will be served. Event Fee is \$25. To Register: Link to register: tinyurl.com/2019DPHBlackHistoryEvent

KQED Forum regarding methamphetamine epidemic and response in San Francisco, featuring Dr. Anton Nigusse Bland, Medical Director of Psychiatric Emergency Services at Zuckerberg San Francisco General.

<https://www.kqed.org/forum/2010101869630/san-francisco-struggles-to-respond-to-methamphetamine-epidemic>

SFGovTV episode of **What's Next, SF? LEADing the Way to Treatment and Recovery**, focusing on the San Francisco LEAD pilot program. SFGovTV airs the series on both of its Comcast channels 26 and 78. You can watch the program anytime on the SFGovTV YouTube channel: <https://youtu.be/8nz3tle24g4>

The second year of the Behavioral Health Services' 10-Month Clinical Supervision Training & Learning Academy launched on January 22, 2019. This cohort includes 60 Clinical Supervisors from across Behavioral Health Services (BHS) including both civil service and community based organization staff, including Licensed Marriage Family Therapists, Licensed Clinical Social Workers, Licensed Psychologists, and Psychiatrists who provide specialty mental health services. This academy offers best practices within clinical supervision. BHS is committed to the provision of clinical supervision for all staff to help ensure the quality of services delivered, the continued competence of our workforce, and that our staff receive ongoing support to do their job most effectively.

7. ANNOUNCEMENT:

Dear colleagues and community partners, I have made a personal decision to resign from my position as the Director of Behavioral Health Services and I will be leaving San Francisco Department of Public Health in March 2019. My last day at work will be March 15th.

I began working in San Francisco back in January 1995, first at UCSF-San Francisco General Hospital, then at RAMS, Inc., before joining San Francisco Department of Public Health. It has been a great honor to work for these three major and reputable institutions in San Francisco. Additionally, it has been a real privilege for me to be the Director of Behavioral Health Services at SFPDH and serve as the San Francisco County's Mental/Behavioral Health Director (Mental Health Plan Director).

I am deeply grateful for the opportunities I have been offered and the vote of confidence I have received along the way. This has been a humbling, rewarding, and learning journey for me and I hope I have contributed in some meaningful way to the well-being of our community members as well as the work experience of those who serve this community.

Your dedication, strong advocacy, and steadfast commitment to community behavioral health are inspiring. The high quality services you offer our consumers, in meeting their diverse behavioral health needs, and doing so in such a compassionate & culturally responsive manner are truly admirable. You elevate the profession and our community is stronger & better because of it. THANK YOU!

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

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