

SAN FRANCISCO MENTAL HEALTH BOARD



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

ADOPTED MINUTES

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

BOARD MEMBERS PRESENT: Marylyn Tesconi, Co-Chair; Njon Weinroth, Co-Chair; Judy Z. Drummond, MA, Secretary; Marcus Dancer; Gregory Ledbetter; Toni Parks; Richelle Slota, MA; Idell Wilson; Judith Klain, MPH; Ulash Thakore-Dunlap, MFT; Wyatt Donnelly-Landolt (on behalf of Supervisor Catherine Stefani).

BOARD MEMBERS ON LEAVE: Carletta Jackson-Lane, JD., Vice Chair; Harriette Stevens, EdD; Terry Bohrer, RN, MSW, CLNC;

BOARD MEMBERS ABSENT: Benny Wong, LCSW

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; Dara Papo, Program Manager, Department of Homelessness and Supportive Housing; Wynship Hillier, member of the public; David Elliott Lewis, PhD, member of the public; Wendy Yu, member of the public; Liza Murawski, member of the public.

Mr. Weinroth called the meeting to order at 6:10 PM.

Roll Call

Ms. Brooke called the roll.

ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES

The full Behavioral Health Services -Communications 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.

Dr. Hammer is the Director of Ambulatory Care for the Department of Public Health. She reports to Roland Pickens (Director of the SF Health Network, DPH) and she oversees BHS, Jail Health, Primary Care, and Maternal, Child and Adolescent Health. Prior to this position, she was the Director of Primary Care for the San Francisco Health Network for five years, overseeing 14 health centers, and prior to that position, she was a Medical Director and physician at ZSFGH for 20 years.

She announced that Dr. Irene Sung will be the Interim Director of BHS. She has been the Medical Director for 15 years. She also announced that Imo Momoh, MPA, is the new Director of the Office of Equity, Social Justice, and Multicultural Education (OESM).

Dr. Hammer highlighted the new Transitional Age Youth (TAY) navigation program and the new collaboration of all directors of BHS adult and older adult programs. They will meet monthly.

Ms. Parks asked what the MHB might present to the Board of Supervisors for needed services.

Dr. Hammer suggested support to develop more outpatient programs for people with both substance use disorder and serious mental illness, in particular, methamphetamine (meth) usage. There is lots of room for innovation, but the City is often hampered by State regulations. It has been estimated that half of all Psychiatric Emergency (PES) room visits are for meth-induced psychosis.

Ms. Slota and Mr. Weinroth requested that Dr. Hammer report on both good news and problems in BHS. Too often the report only includes good news.

Dr. Hammer said that in Ambulatory Care, there are not enough psychiatrists, clinicians of color, Spanish speakers, or primary care providers. We need to provide incentives for people such as TAY to be inspired to choose these fields. We need to ensure that people don't experience racism in their jobs. We need to go out and find promising people, and we need to make sure San Francisco is a popular place to begin careers.

Ms. Klain shared that she worked for DPH for 20 years and found that there were challenges in integration of services and a lack of warm handoffs, clinicians communicating with each other and a database of information about clients.

Dr. Hammer said that we are in the process of implementing a new Electronic Health Record (Epic), which will be used across the DPH. By August we will be able to see the records from Laguna Honda Hospital and ZSFGH. Public health nurses and jail health will also be part of the Electronic Record System, and eventually BHS programs as well.

1.2 Public Comment

Dr. Lewis asked about the Mental Health Diversion program; the court ordered diversion to mental health services. It is really treatment when you can get it, not treatment on demand.

Dr. Hammer replied that she will provide a response to the board at a later date.

Ms. Yu asked if there are new programs, will old programs be phased out? She also asked about services for people with hoarding and cluttering problems. She is excited about the increase in peer involvement.

Mr. Hillier asked BHS to account for the 2,500 people put into involuntary treatment.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

The passage of Proposition 63 (now known as the [Mental Health Services Act](#) or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

None

2.2 Public Comment

[No public comments.](#)

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 February 20, 2019 be approved as submitted.

The resolution unanimously approved.

ITEM 4.0 PRESENTATION: *HOMELESSNESS IN SAN FRANCISCO: CREATING A SIGNIFICANT AND SUSTAINED REDUCTION BY 2023.* DARA PAPO, LCSW, CARE COORDINATION SERVICE MANAGER, SAN FRANCISCO DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING (HSH).

4.1 Presentation: Homelessness in San Francisco: Creating a Significant and Sustained Reduction by 2023. Dara Papo, LCSW, Care Coordination Service Manager, San Francisco Department of Homelessness and Supportive Housing (HSH).

Mr. Weinroth introduced Dara Papo. She is the Care Coordination Service Manager for the San Francisco Department of Homelessness and Supportive Housing. She will share with us the City's plans for supportive housing for people who are homeless.

Ms. Papo said that there are approximately 7,500 people who are homeless every night, with 150 newly homeless each week. The annual count of people who are homeless at one point is 15 – 20,000 people. There have been decreases in homelessness for families and youth.

Until the formation of the Department of Homelessness and Supportive Housing, there were resources for people who were homeless in most city departments. The resources have all been moved to this department, so people don't have to get on many different lists. The long term goal is that homelessness is rare, brief and a one-time event.

Staff focus on problem-solving with people first. For example, a person has been staying with relatives but didn't have a bed, so HSH provided a bed. Another example was assisting with resolving family conflicts that resulted in homelessness for the person. The goal is to find something that can be done other than going to a shelter.

She said they ask 18 questions of each person and if they have trouble answering them, they work with them to help answer the questions. Prioritization is based on self-report. How vulnerable the person is on the streets, length of time homeless, income, and previous evictions. To date, HSH has assessed 4,700 individuals and 1,500 members of families.

The city currently has 7,700 permanent housing units, so there are not many left to move people into from the streets. To free up some of these units, HSH is working with people in supportive housing units to move to Section 8 housing. The city has 1,400 shelter beds, 500 Navigation beds, 450 transitional housing beds, 100 stabilizing units and 440 rapid rehousing slots. There are 60 buildings run by 20 providers with a 95% retention rate. All have on-site services with a ratio of one case manager to 25 residents. Some have clinical services, and there is a roving clinician and roving medical staff. HSH operates on a "housing first" model to make access a low barrier. Only 12 out of the 60 have onsite nurses.

The overall goal of HSH is housing retention and community engagement. The total cost per client for housing and services is \$9,800 per year. There is a monthly report on the HSH website: <http://hsh.sfgov.org/>.

Ms. Parks asked how she might respond to tourists asking what San Francisco is going to do about homelessness.

Mr. Ledbetter asked how they are following up on people they work with, and how they are dealing with retention of staff, which is an issue that the MHB has been hearing about a lot. He is also concerned about programs doing what they say they are doing. Are there safeguards to be sure services are actually happening?

Ms. Papo replied that there are 20 different non-profits with contract objectives. They have annual visits by the department. There are annual client satisfaction surveys, and there is a grievance process for each agency.

Ms. Klein shared that some people are falling through the cracks such as people with severe mental illness who exhibit inappropriate behavior are often kicked out of housing.

Ms. Papo said they are asking housing providers to lower their barriers and work with housing to accept those with some criminal history. They are also helping people get the needed documents ready.

Ms. Drummond commented that as she heard that 7,000 permanent housing units are not available to the 7,500 people who are homeless.

Ms. Thakore-Dunlap asked if the services were culturally responsive.

Ms. Papo said they have data but it is not in the power point. African Americans are only five percent of the population of San Francisco, but 40% of the homeless population. The LBGT community are also overrepresented as experiencing homelessness. There are more men than women. This data is also on their website.

Ms. Thakore-Dunlap asked what type of training is provided to staff regarding cultural humility? Is staff culturally appropriate and reflects the population served?

Ms. Papo said they are committed to having a diverse staff and staff with lived experience, but they are not hitting the mark yet.

Mr. Weinroth said that in the MHB's committee work, they see momentum in getting into the system, but a severe lack of supportive housing. He asked if she could help the committee in putting together a resolution to go to the Board of Supervisors regarding this issue. She agreed to help.

Ms. Tesconi noticed that the pie chart shows that only 2% of the services are health services, and she felt that it was quite low.

Ms. Papo replied that HSH provides those services, and the Department of Public Health provides additional services to this population.

Mr. Dancer said that we can't build to keep up with the demand and put shelters in different areas. He asked if there are any plans to add units.

Mr. Donnelly-Landolt said that there are 1,300 units planned in the pipeline that need sites and funding. There are three sources of possible funding: the Affordable Housing Fund, General Fund and State and Federal funds.

Mr. Dancer asked about the use of the \$125 million in MHSA funding that is coming to the city.

Mr. Donnelly-Landolt said there is currently a lawsuit about using those funds for housing because MHSA was originally supposed to be just for services. Proposition C which was also to provide housing is also in a lawsuit.

Mr. Ledbetter said he is working with people living in tents and said the SFPD are constantly removing the tents. He asked if these encampments are getting any help.

Ms. Papo said that they are building relationships with people in tents and that DPH is doing health fairs and proving porta potties.

Ms. Drummond asked about whether transitional age youth (TAY) are getting housed as this is a fluid population.

Ms. Papo said that HSH is working with the TAY population.

4.1 Public comment

Ms. Murawski asked if there was a list of all of the properties and whether there were reviews of each of the properties.

Ms. Papo said that Ms. Murawski would need to get in touch with the individual properties to find out about reviews.

Dr. Lewis said he is on the board of Community Housing Partnership. He said he thought Ms. Papo's presentation was great. He asked how they were using peers and mentors on discharge as well as warm handoffs.

Ms. Papo replied that they looked at the cost of bringing on Richmond Area Multi-Services (RAMS) and couldn't add it to the budget at this point, but they are looking at training placement experience for peers. At this time they do not have any peers.

Ms. Yu asked about when the results of the Point in Time (PIT) survey will be available. She also asked whether the PIT counts people in RVs and people who are couch surfing. She asked if there were plans for a navigational center for vehicles only. She also asked how long people can stay in transitional housing.

Ms. Papo said the results of the PIT would be available in July 2019. Everyone who is experiencing homelessness, whether they are on the streets, in vehicles or on couches can go to the access point and get assessed. There may be a vehicle navigation center coming. Transitional housing is up to two years. Most of the transitional housing resided in DPH.

Mr. Donnelly-Landolt said that there is legislation to propose a pilot for a navigation center for vehicles, but space and a strategy is needed.

ITEM 5.0 REPORTS

For discussion

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

- Ms. Brooke passed out a form for board members to respond anonymously to demographic data for the Department on the Status of Women.
- She announced she would be on vacation from Tuesday, April 23rd through Saturday, May 4th.

5.2 Report from Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance use.

Mr. Weinroth said the next Executive Committee meeting had not been set yet. He requested that board members respond to Doodle Calendar requests quickly so that the times board members were available for committee meetings could be determined.

5.3 Committee Reports

Information Committee:

Mr. Weinroth, Chair, shared that the committee had an excellent presentation by Kelly Hiramoto, Director of Transitions. The committee is looking at gaps between transitional housing and permanent housing.

Implementation Committee: Carletta Jackson-Lane, Chair. Ms. Jackson was on leave.

Ms. Drummond reported that the committee is working on a supportive housing resolution.

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.

None mentioned

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

On behalf of Dr. Stevens, Ms. Brooke shared that Dr. Stevens, along with Mr. Weinroth has participated in a conference call with the governing board of the California Association of Behavioral Health Boards/Commissions (CABHB/C). They are connecting and collaborating with a Behavioral Health Wellness Fair and visits to California legislators.

Ms. Parks attended a Health Commission meeting.

Mr. Dancer went to a residential tenant meeting in a building at Octavia and Bush where his sister resides. He also went to the Oakland CABHB/C training.

Ms. Slota went to Mr. Ghane Bassiri's going away party and said he gave a great speech. He also shared that she, Ms. Wilson and Ms. Bohrer met with Mr. Batongbacal, Director of Adult and Older Adult Services for BHS to discuss the Data Notebook.

Ms. Klain met with Supervisor Mandelman. He is very interested in mental health issues.

Mr. Donnelly-Landolt mentioned that the supervisors had a hearing about the coordination of services and transitioning out of services. It is available on the website as a video.

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

None mentioned

5.7 Public comment.

Ms. Yu said that housing is needed for mental health staff. She would like the board to hear from the Association of Bay Area Governments about coordination among counties.

6.0 Public Comment

None

The meeting was adjourned at 8:15 PM



Behavioral Health Services - *Communications*

Message from Director of Ambulatory Care



Behavioral Health Services staff, community partners, and colleagues from the broader DPH gathered on Tuesday, March 12 to celebrate the career of Kavoo Ghane Bassiri and wish him well as he leaves the DPH after two years as BHS Director. As Director of Ambulatory Care for the DPH and SFHN, I owe a great debt to Kavoo not only for his many years of dedicated service to the people of San Francisco, but also for his patience and thoughtfulness in teaching me about Behavioral Health, our programs and services, as I've been onboarding into my new position.

Kavoo has an encyclopedic knowledge of behavioral health, from policy to regulations to clinical care, and he translated that knowledge and his vast experience into tangible improvements in Behavioral Health over his two years as Director.

We are fortunate to have another experienced leader, Dr. Irene Sung, take over as interim Director of BHS during our transition to a new permanent Director. As CMO of BHS, Irene has been a leader and integrally involved in programs across BHS for almost 15 years. She will work closely with me and the other executive leaders of BHS to make sure we continue moving forward until a new Director comes on board. Key to our success during this time of transition for BHS and the DPH is that we start to break down siloes which prevent us from working collaboratively with colleagues both within BHS and in the larger department.

As Director of Ambulatory Care, which includes BHS, Primary Care, Jail Health, and Maternal, Child, and Adolescent Health, we have many opportunities to work across the sections in order to achieve our goals. The main areas where we will work across Ambulatory Care to improve processes and clinical services are:

- Reducing health disparities;
- Developing our work force;
- Implementing a new DPH-wide electronic health record, Epic;
- Working with HR to improve our hiring processes;
- Eliminating racial bias in hiring and in discipline;
- Transforming our services to better meet the health needs of people experiencing homelessness;
- Implementing a more "whole person" approach to patient and client care through integration of physical and mental health care.

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The demands on Behavioral Health right now are great, and I believe that we have the people and the resources needed to meet those demands. One of my goals in this first year as Ambulatory Care Director is to visit as many BHS programs and meet as many of you as possible. I look forward to learning about your work and how our services meet the behavioral health needs of our clients. I also want to hear from you if you have ideas about how we can do better and how we can truly achieve our mission of providing high quality health care which enables all San Franciscans to live vibrant, healthy lives.

Triage, Stabilization, & Linkage Program for TAY



The BHS Transitional Age Youth System of Care (TAY SOC) is working with Felton Institute to develop a new triage, stabilization and linkage program serving TAY (ages 16-24) with acute behavioral health needs. This program, funded by MHSOAC, will take referrals from PES, emergency rooms, inpatient psychiatric units, and crisis stabilization and acute diversion programs, as well as from other community partners.

This program will provide short-term intensive case management services with the goal of stabilizing TAY and linking them to ongoing care. This new program will function as a part of the TAY Linkage Collaborative, and will also work closely with Citywide Linkage and other existing city services to ensure well-coordinated care for TAY. The program is expected to launch this spring.

For more information contact *Heather Weisbrod* at heather.weisbrod@sfdph.org.

Community Mental Health Academy



San Francisco Health Network's Mental Health Service Act (MHSA) program has again invested in a very high impact mental health workforce development program that places San Francisco community members on a trajectory to careers in the public behavioral health sector. In its second year of operation, the Community Mental Health Academy has expanded its reach by training (20) frontline case managers of the city's Roadmap To Peace initiative (<http://ifrsf.org/road-map-to-peace-connecting-our-most-vulnerable-and-most-disconnected-latin-youth-in-san-francisco>) and (20) service providers who work directly with transitional age youth. In this academic setting, direct service providers learn about continuous self-care, community mental health, trauma-informed care and basic counseling skills (e.g. effective & supportive communication).

For more information about the Community Mental Health Academy, please contact *Kim Ganade* at Kimberly.Ganade@sfdph.org.

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

On Thursday, January 24, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved a new Mental Health Services Act (MHSA) 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, Behavioral Health Services, and University of California, San Francisco.



Funding will provide for a robust evaluation for the program, allowing it to 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.

MHSA 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.

Events Hosted by Mission Family Center



In February, Mission Family Center (MFC) hosted and participated in an array of community activities. MFC hosted an interactive workshop titled *Career Paths in Behavioral Health*, for 50 youth from John O'Connell High School. MHC also hosted the monthly Unaccompanied Minors Workgroup with special guests including Ron Gutierrez of Legal Services for Children. It was an amazing opportunity to interface with this international contingent representing Colombia, Ethiopia, Ghana, Guatemala, Lebanon, Mexico, the US, as well as

international members of the organization's Secretariat. Thank you to all who work so diligently to create policy and programs enabling children to grow up in permanent, safe and caring families.

For more information contact *Roban San Miguel* at roban.sanmiguel@sfdph.org.

Sexual Orientation & Gender Identity (SOGI) Initiative



The San Francisco Department of Public Health continues its Implementation Phase of the Sexual Orientation & Gender Identity (SO/GI) Initiative in response to the state and local [SO/GI data collection mandate](#). Over 8,000 DPH Staff have been trained as part of this effort. SO/GI workgroups exist in every DPH Branch, and we are

constantly learning from your feedback! Thank you! Below is some helpful information so we can keep learning and improving together as part of this important initiative.



DO.

If you are 18 years or older, talk with your BHS provider about SO/GI. We are mandated to ask you about SO/GI, but your response is voluntary. You may “decline to state” to any question.



KNOW.

The San Francisco Health Plan’s mission is to provide high quality health care that enables all San Franciscans to live vibrant and healthy lives. This initiative will help us reduce LGBTQ health disparities and to better meet your health needs.



SHARE.

Our goal is to make any door the right door for you to receive care. We want to hear from you. Share your experiences with us. More information is available online at: www.sfdphsogi.org. Email us at: DPH-SOGIquestions@sfdph.org

Gender Health SF Presenting at the 2019 National Transgender Health Summit



UCSF's Center of Excellence for Transgender Health is hosting the [2019 National Transgender Health Summit](#) (NTHS), the premiere national conference in transgender health on April 12-14, in Oakland, CA.

SFDPH Gender Health SF, in collaboration with several partners, submitted several abstracts to present at the summit. Several of the abstracts were accepted and team members from GHSF will lead presentations at ten different workshops addressing numerous topics. Gender Health SF is a program funded by the San Francisco Department of Public Health that provides access to transgender (gender-related) surgeries and related education and preparation services to eligible uninsured transgender adult residents.

The 2019 NTHS aims are to increase healthcare and social services provider skills in the provision of optimal HIV prevention, treatment, and care for transgender patients and to provide a professional forum for disseminating best practices, innovative techniques, and cutting-edge research to providers of transgender health and HIV prevention services.

For more information please contact *Jenna Rapues* at jenna.rapues@sfdph.org.

P500 Program Update



Project 500 is collective impact initiative that seeks to break the cycle of intergenerational poverty for low-income families by weaving together several evidence-based and promising service interventions that promote positive life outcomes for both mothers and their children (under the age of 3 upon entry into the program).

The P500 Behavioral Health team completed training and preparation for the implementation of the STAIRs curriculum (a group therapy focused on skills building for clients with a trauma history), which will begin March 4. To increase engagement of mothers into the group, they facilitated a “meet and greet” so mothers could meet the clinicians, learn about the program, and build a sense of community and trust with the other mothers in P500 before making a decision to join the group. This proved to be successful given the positive experience reported by mothers at the “meet and greet” and the increased enrollment of mothers into this group. In addition to this group, the clinicians have a full case load of Child Parent Psychotherapy clients, have expanded their mental health consultation to two new Human Services Agency (HSA) mobility mentors, and have been working closely with the HSA mobility mentors on the implementation of their new evidence-based home-visiting curriculum, Parents as Teachers. The P500 Behavioral Health clinical supervisor has been working with HSA’s CalWORKS program to discuss the implementation of Reflective Supervision across all CalWORKS sections and has continued capacity building activities with the Maternal Child and Adolescent Health home-vising nurses with the focus in February on Professional Boundaries.

For more information contact *Farahmand Farahnaz* at: farahnaz.farahmand@sfdph.org.

Behavioral Health Services Internship Program



The mission of the BHS Internship program is to provide behavioral health internship opportunities that integrate students' academic learning with practical clinical skills within the trauma informed, racial/cultural humility, and wellness and recovery framework; our program also enhances our workforce's diversity and promotes vocations in community mental health among graduating professionals. Behavioral Health Services is a culturally diverse network of community mental health programs, whose services are provided

by psychiatrists, psychologists, therapists, nurses, social workers, peer professionals, and trainees.

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This culturally reflective interdisciplinary workforce supports the needs of all San Francisco residents that access our system by providing comprehensive behavioral health services to adults with serious mental illness and children with emotional disturbances and their families. We achieve this mission through the Adult/Older Adult and Child, Youth, and Family systems of care.

Our training program supports MSW, MFT, Psy.D/Ph.D., LPCC trainees, RN students, and certificate program students from local universities and colleges from across the nation. Along with a rich clinical experience providing direct service, our students receive the required supervision hours, trainees/interns also have weekly didactic seminars, clinical case consultations, and in-service trainings. An intern lecture series is offered that provides trainings on a wide range of behavioral health topics that augment the didactic trainings provided by their placements.

For more information contact *Jonathan Maddox* at jonathan.maddox@sfdph.org.

Mental Health Diversion Program



We are excited to announce that Dr. Jeannie Chang will be joining the Forensic/Justice Involved Behavioral Health Services team on March 18, 2019. Dr. Chang will lead the out of custody assessments for the new Mental Health Diversion program. This program is located at the Community Justice Services Center at 555 Polk Drive. Dr. Chang comes with 14 years of experience working in corrections in California, West Virginia, and Hawaii, at the local, state, and federal levels. While in graduate school, she received training at Jail Health's Behavioral Health Team (Formally Jail Psychiatric Services) here in San Francisco and worked as a part-time therapist at SF's Youth Guidance Center and at Cornell Companies, federal halfway house. As she has continued her work in corrections, she's seen the growing population of inmates with SMI. Dr. Chang noted that this is what attracted her to this new position.

In June of 2018, Governor Brown signed Mental Health Diversion into law. This legislation gives the Judge discretion to authorize pretrial diversion for an individual who has a mental health diagnosis, with some exclusions. The individual must be willing to participate in treatment, and there must be minimal public safety risk.

The Department of Public Health is excited to be partnering with the Court on this new program to support individuals with behavioral health needs who have contact with the criminal justice system.

For more information contact *Angelica Almeida* at angelica.almeida@sfdph.org.

Launch of the BHS Adult/Older-Adult Mental Health Outpatient Programs Monthly Meetings



On February 27, BHS adult/older-adult (AOA) mental health outpatient (MH OP) program directors commenced monthly meetings that will regularly take place every 4th Wednesday, from 3:00 to 4:30 pm, at the BHS central office, 1380 Howard Street, San Francisco. According to Alex Jackson, AOA System-of-Care (SOC) Deputy Director, the purpose of the monthly meeting is “to bring together MH OP program directors from across the AOA SOC to create a space for updates, problem-solving, networking and resource sharing.” MH OP programs remain the cornerstone of the AOA SOC, where long-term wellness and recovery in the community takes place.

“Working together, we can harness our collective wisdom to guide policy, promote best practices, and most importantly improve communication,” Alex told the MH OP program directors who attended the first meeting.

There are about 30 AOA BHS MH OP programs, operated by civil-service and community-based organizations, serving adults, older-adults, and transition-age youth (TAY), across all of the neighborhoods of the city, and with some programs possessing expertise in serving varied client populations, such as those with differing cultures and languages, age groups (older-adults and TAY), sexual preferences, etc.

The first meeting of the BHS AOA MH OP Collaborative included a discussion of how MH OP programs can be ready to receive step-down referrals to MH OP level-of-care of clients graduating from the intensive case management higher level-of-care. The meeting also reviewed the results of the recent December/January BHS MH OP capacity survey, which revealed an overall 20% position vacancy rate of direct service workers across the MH OP SOC, and with a disproportionately high percent of the vacancy (71%) being comprised of bilingually-designated positions. The MH OP survey was participated in by 18 BHS MH OP programs, representing a total of 192 FTE of MH OP direct service workers. The survey also revealed an average elapsed time of 21 days from the date of initial screening interview of a new client to the date of the client’s first treatment session.

The directors assembled for the first meeting also brainstormed ideas on what supports MH OP program will need in order to welcome clients, and provide quality and effective services. The AOA SOC leadership team at BHS central administration, which will be supporting the work of BHS MH OP program across the city, is composed of Alex, Susan Esposito (BHS AOA SOC Asst. Director), Jennie Hua (BHS AOA SOC Program Manager), and Charles Rivera (BHS Older-Adult SOC Director).

The next meeting of the BHS AOA MH OP Collaborative is on March 27, 2019, 3:00 – 4:30 pm, at Room 424, BHS central administration office, 1380 Howard Street. For more information, you can contact Alex at alexander.e.jackson@sfdph.org.

Chinatown Child Development Center – Staff Update



In the month of February, Chinatown Child Development Center welcomed a new behavioral health Mandarin-speaking clinician, Sheryl Soo. As the number of our monolingual Mandarin-speaking clients and families have increased, we are excited to have Sheryl on board. Sheryl comes to us from Seneca Family of Agencies and is a

San Francisco native.

BHS Training Opportunities

March 2019	Time	Training	Location	Trainer	CE's Offered
Monday March 4	9:00AM – 4:30 PM	Using the ASAM Criteria to Re-Assess Clients	25 Van Ness Rm 610	Grant Hovik, MS	6 CE's (PhD/PsyD LMFT, LCSW. LPCC)
Wednesday March 13	9:00 AM- 4:30 PM	Clinical/Contemporary Implications of working with LGBTQIQ Clients	West Bay Conference Center 1290 Fillmore St	Sand Chang, Ph.D	6 CE's (PhD/PsyD LMFT, LCSW. LPCC)
Friday March 22	9:00 AM – 4:30 PM	Culturally Sensitive Approaches in Suicide Prevention	25 Van Ness Rm 610 Full	Brandon Hoeflein, MS	6 CE's (PhD/PsyD LMFT, LCSW. LPCC)
Tuesday March 26	9:00 AM- 12:30 PM	The Commercial Sexual Exploitation of Children and Young Adults	Main SF Library 100 Larkin St Latino Heritage Room	Carly Devin and Kailey Norris	Pending

April 2019	Time	Training	Location	Trainer	CE's Offered
Monday April 11	9:00 AM – 1:30 PM	Verbal De-escalation	TBD	Michael Arrajj, RN	N/A
Friday April 19	9:00 AM- 4:30 PM	Culture-Based Countertransference	West Bay Conference Center 1290 Fillmore St Full	Dana Crawford, Ph.D	6 CE's (PhD/PsyD LMFT, LCSW. LPCC)
Wednesday April 24	9:00 AM – 4:30 PM	The Quality Assurance Toolkit and How to Use It DMC ODS – Quality Assurance-C Training	1 South Van Ness, 2 nd Floor Atrium Registration to come.	TBD	6 CE's (PhD/PsyD LMFT, LCSW. LPCC)

Future Trainings in Spring 2019

Clinical Supervision, 2-Day CBT for Depression (May 5-6)
Secondary Traumatization/Burn out (May 2019)

CONTACT US

To register (except as indicated): www.sfdph.org/training Click 'Behavioral Health Services'

To sign up to receive our monthly calendar, please contact patricia.lacayo@sfdph.org



Our hearts and thoughts are with the families and others affected by the March 15, New Zealand Terrorist Attack.

BHS denounces all forms of racism, islamophobia, xenophobia, homophobia and any other form of discrimination against a person or group of people.

Many of us are impacted in unanticipated ways when tragedy occurs. We are acutely aware that hearing about or witnessing acts of violence is frightening, destabilizing, and may be retraumatizing, particularly for those who are members of groups which have historically been targeted. In order to sustain ourselves, our families, and others in our communities, it is important that we seek support and comfort so that we can continue to remain a pillar of strength to those we serve.

DPH employees can seek support from the Employee Assistance Program (EAP) through the San Francisco Health Service System, at 1-800-795-2351 or <http://www.myhss.org/eap>.

The logo features the letters 'HSH' in a bold, green, sans-serif font, centered within a white, stylized house shape. This house shape is set against a background of green, wavy, circular patterns that resemble a globe or a stylized landscape.

HSH

Homelessness in San Francisco

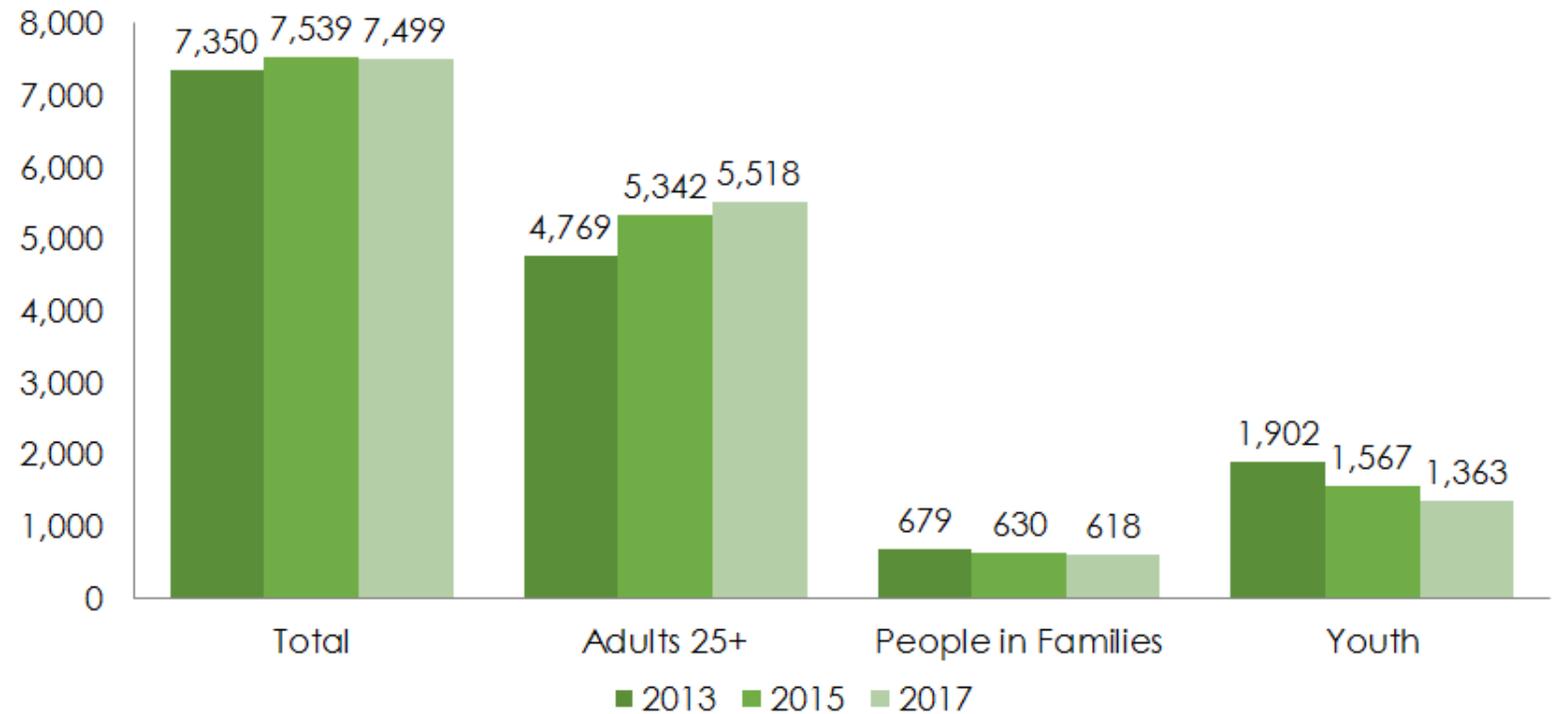
**Creating a significant &
sustained reduction by
December 2022**



Causes of homelessness

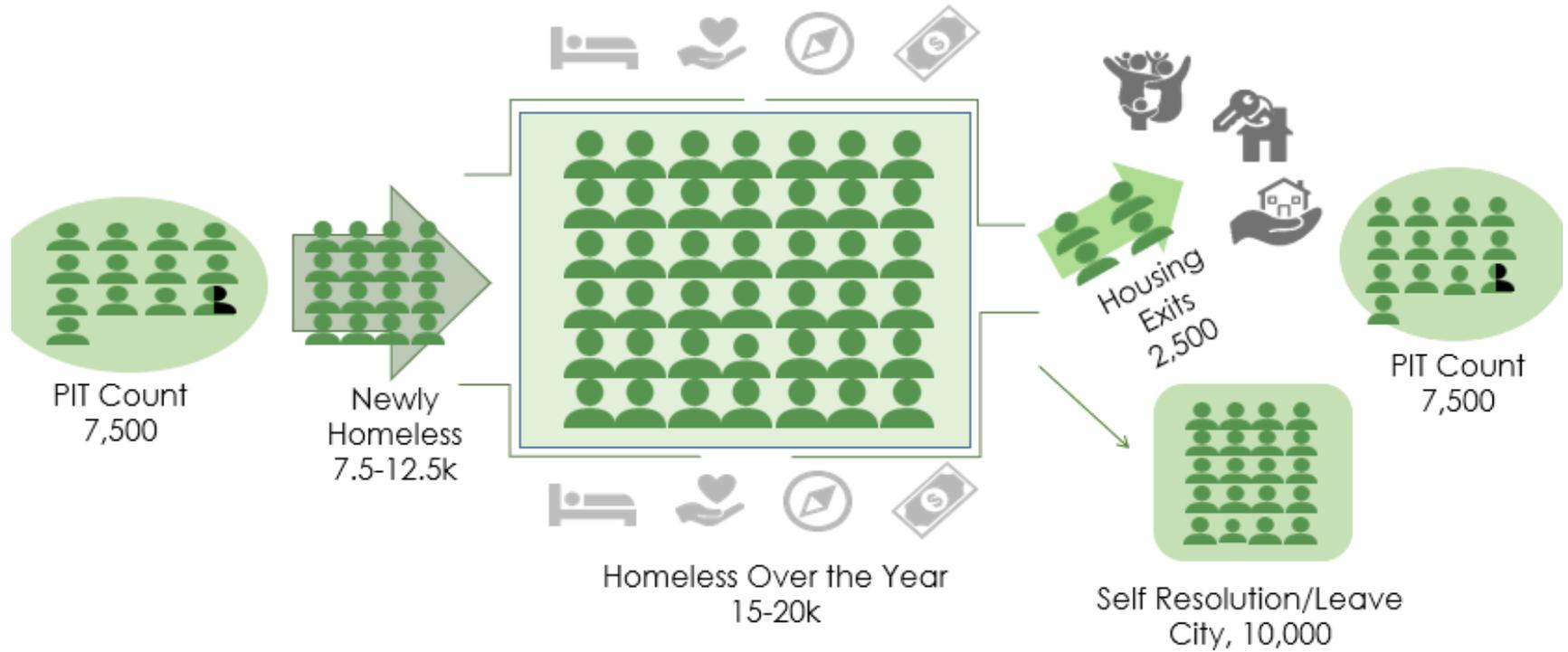
- Federal housing policies and funding cuts
- State housing policies and limited funding for homelessness
- Inequity in the US economy and public health system

Homelessness in San Francisco



San Francisco Point In Time Count 2013-2017

Homelessness in San Francisco



Department of Homelessness and Supportive Housing

- Launched in August 2016
- Combined and coordinated city programs to address homelessness
- Mission is to make homelessness in San Francisco rare, brief and one-time.
- Issued a 5 Year Strategic Framework in October 2017

A large, stylized green circular graphic with a white center. The letters "HSH" are written in a bold, green, sans-serif font within the white center. The green area around the white center has a rough, torn-paper-like edge. The background of the entire image is white.

HSH

Strategic
Framework
Goals: 2018-
2022

SYSTEMS CHANGE

Design and implement coordinated systems for adults, families with children, & youth by December 2019

Implement performance accountability across all programs and systems by December 2019

Adults

Families

Youth

Street
Homelessness

Reduce chronic homelessness 50% by December 2022

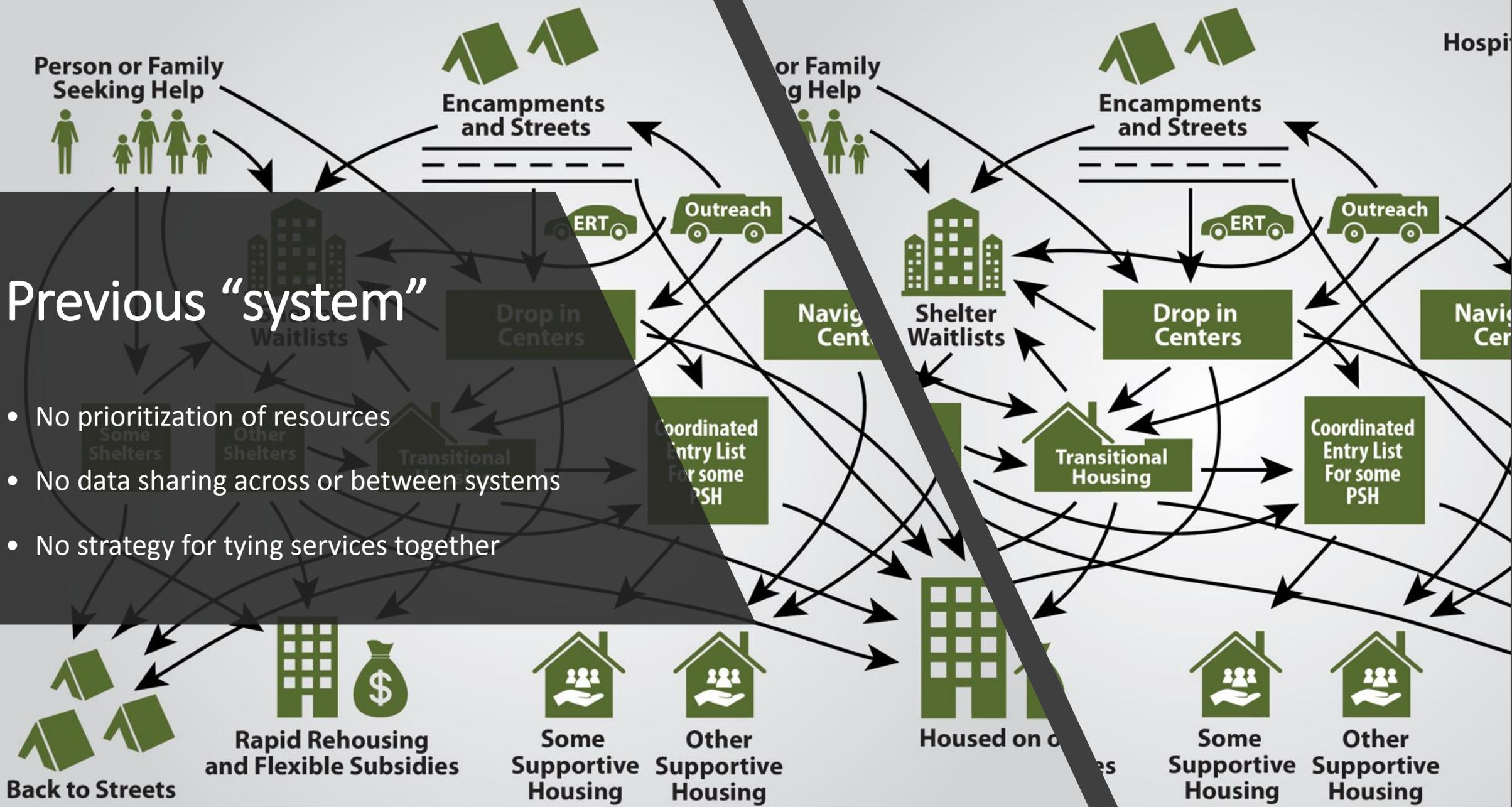
End family homelessness by December 2021

Reduce youth homelessness 50% by December 2022

End large, long-term tent encampments by December 2018

Previous "system"

- No prioritization of resources
- No data sharing across or between systems
- No strategy for tying services together



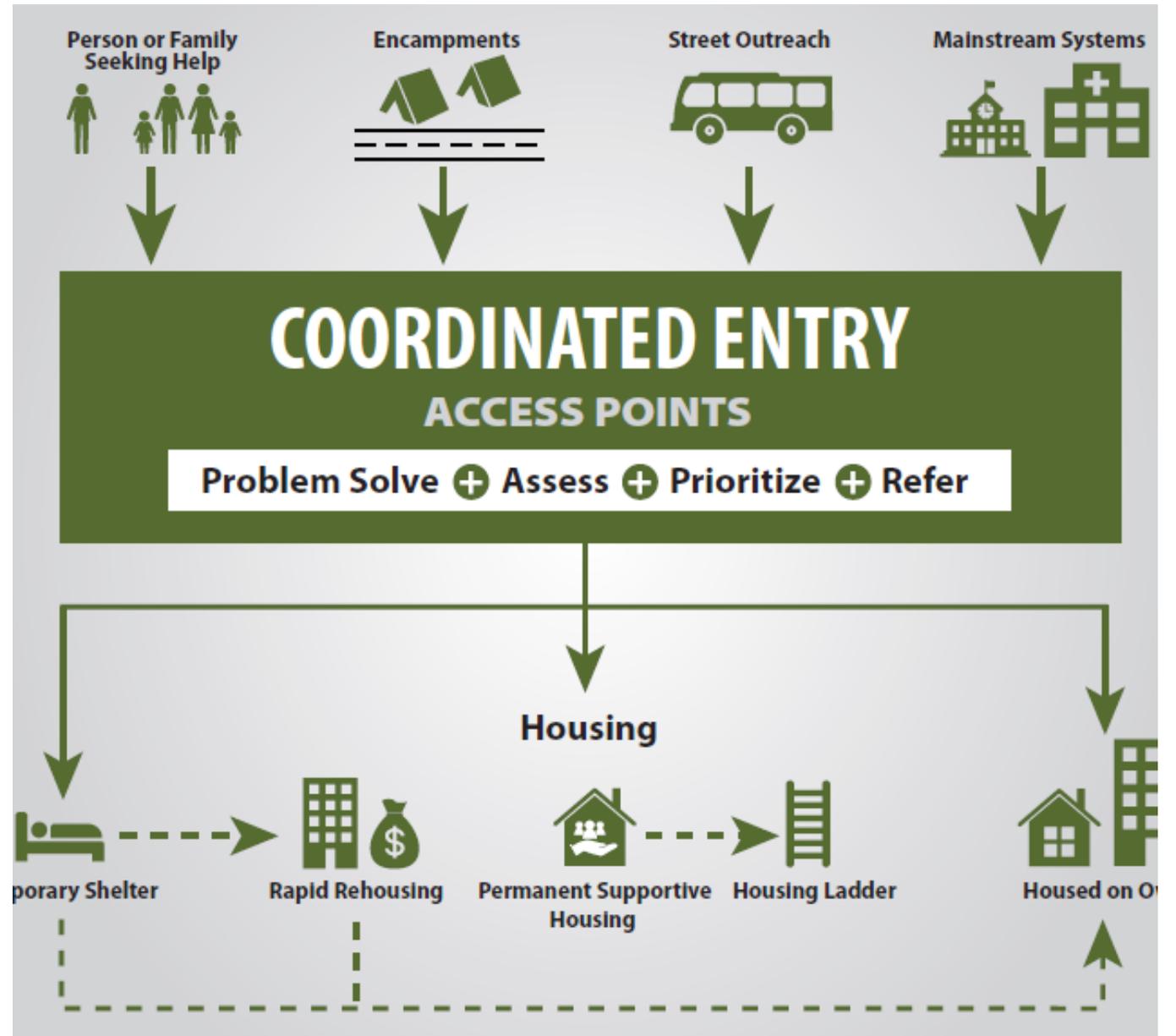
Hospit

Housed on streets

Some Supportive Housing

Other Supportive Housing

Homelessness Response System



Summary of Key Strategies

- Implement Coordinated Entry
- Utilize single data base
- Offer Problem Solving options to everyone
- Target Housing resources to those most in need
- Provide population specific programs and services
- Develop a plan to address gaps in the system
- Set goals and ensure accountability



Proof of Concept

Houston

Implemented coordinated entry and housing-first

Result

Homelessness decreased by
75% in 7 years



Virginia

Shifted to coordinated entry, rapid rehousing and
performance measurement focus

Result

Homelessness by 31% in 5 years



Homeless Services

Intervention	Capacity
Problem Solving	<ul style="list-style-type: none"> • 1,700 Eviction Prevention & Move-In Assistance Slots (One-Time Grants) • 850 Homeward Bound Slots
Street Outreach	<ul style="list-style-type: none"> • 193 Chairs in Resource Centers • HOT, ERT, and Other Nonprofit-Led Teams
Temporary Shelter (year round)	<ul style="list-style-type: none"> • 1,400 Shelter Beds/Units (does not include winter beds) • 500 Navigation Center Beds • 450 Transitional Housing Beds • 100 Stabilization Units
Housing	<ul style="list-style-type: none"> • 7,770 Units of Permanent Supportive Housing • 440 Rapid Rehousing Slots
Housing Ladder	<ul style="list-style-type: none"> • 300 Moving On Initiative Subsidies

Expansion of Services

Completed

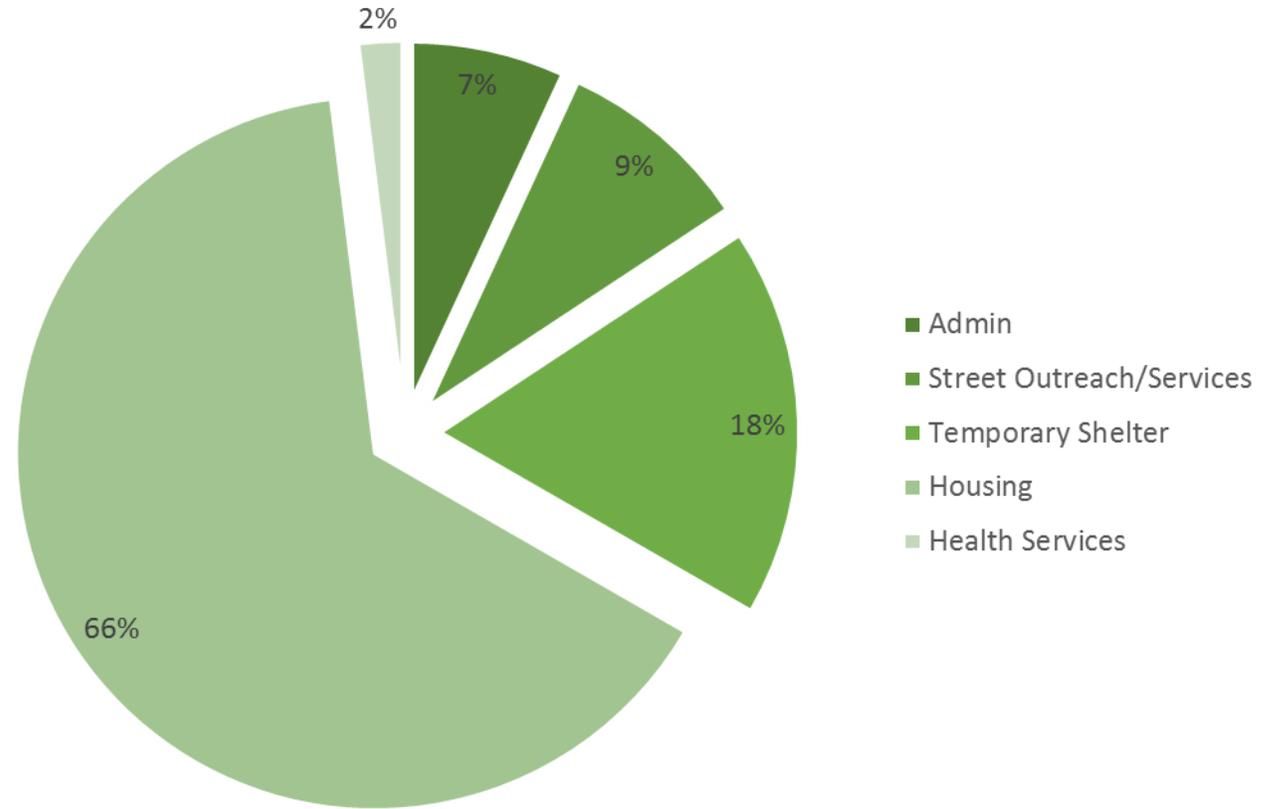
- Problem solving grants, 800
- Permanent Supportive Housing, 326
- Temporary Shelter, 214
- Housing Ladder, 350

Planned for FY18-19 and FY19-20

- Navigation centers, 337
- Permanent Supportive Housing, 430
- Transitional housing, 17
- Rapid Rehousing, 191
- SAFE Centers, 700



Total FY 17-18 HSH Budget \$236M + \$14M in capital and one-time expenditures



Spending on homelessness

Accountability



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Exits From Homelessness

FY 2017-2018 (July 2017-June 30th, 2018)

2,192

Total clients exited from homelessness
FY 2018 Problem Solving and Housing Goal (2,191)



879

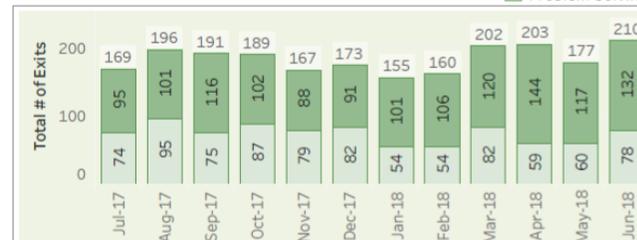
clients served through
Problem Solving methods

1,313

of Housing
placements

Monthly Exits

■ Housing
■ Problem-Solving



Cumulative to Date - Actual vs. Goal

■ Actual Exits
■ Left to Goal

Problem-Solving



FY 2018 Goal period (July 1st, 2017 - June 30th, 2018)

Housing



Homelessness Outcomes



Prevented homelessness for over 3,000 households

Reunified over 800 homeless people with family and friends



Placed over 1,300 homeless people into permanent housing

Helped 150 people move from supportive to affordable housing

Maintained housing for over 9,500 formerly homeless people each night



Sheltered 7,000 people

Outreached to over 6,000 people

Reduced tents by over 50%

Resolved 35 large encampments and sheltered 70% of the campers

Ended large encampments with over 15 people in San Francisco

Impact between 2015 and 2017

Between the 2015 and 2017 Point in Time Counts, San Francisco has decreased in homelessness within key populations, including:

Population	Percent Change Between 2015-17
Youth Homelessness	13%
Family Homelessness	12%
Chronic Homelessness Among Veterans	30%

Community	2017 PIT Total	% Change from 2015-2017
San Francisco City & County	7,499	<-1%
Orange County	4,792	8%
Portland/ Multnomah County	4,177	9%
Santa Clara County	7,395	13%
Seattle/King County	11,643	16%
Sacramento County	3,665	30%
Los Angeles County	57,749	30%
Alameda County	5,629	39%

2015 & 2017
Comparison
to Other West
Coast
Communities

HSH Year Three

- Publish implementation + youth plan
- Reduce veteran homelessness
- End unsheltered family homelessness
- End encampments with 6+ people
- Full roll-out of coordinated entry
- Move to our new offices
- Overall PIT Count <6,750
- Unsheltered homelessness <3,700





Compassion

Common Sense

Courage