

SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION



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Judy Zalazar Drummond, MA, Secretary
Dawson Emmett Cooper II
Arthur Curry
Judith Klain, MPH
Gregory Ledbetter
Toni Parks
Harriette Stallworth Stevens, EdD
Richelle Slota, MA
Ulash Thakore-Dunlap, MFT
Idell Wilson

MINUTES
Behavioral Health Commission Meeting
Wednesday, September 16, 2020
6:00 PM – 8:00 PM
REMOTE MEETING ZOOM

COMMISSIONERS PRESENT: Marylyn Tesconi, MA, Chair; Carletta Jackson-Lane, JD, Vice-Chair; Judy Z. Drummond, MA, Secretary; Dawson Emmett Cooper II; Arthur Curry; Ulash Thakore-Dunlap, MFT; Gregory Ledbetter; Toni Parks; Richelle Slota, MA; Harriette Stevens, EdD; and Idell Wilson

COMMISSIONERS ON LEAVE: Judith Klain, MPH

COMMISSIONERS ABSENT: none

STAFF PRESENT: Loy M. Proffitt, MBA, ARC, Assistant Director

PUBLIC PRESENT: Marlo Simmons, MPH, Acting Director, Behavioral Health Services (BHS); Dr. Mary Ann Jones, Ph.D., CEO, Westside Community Services (<https://www.westside-health.org/>); David Elliott Lewis, Ph.D.; MHA-SF; Wynship Hillier; and Steven Banuelos.

CALL TO ORDER

Chair Marylyn Tesconi the meeting to order at 6:15 p.m.

ROLL CALL

A quorum was present.

ITEM 1.0 COMMISSIONER'S REPORTS

1.1 Report from Chair of the Commission and the Executive Committee

- a. According to the City Attorney, we must have quorum to have this meeting.
- b. Would the person using the name "International Terrorist" please change name to "unknown." No response. Loy Profit changed name to "unknown."

- c. Site visit training is changed to September 26, 2020 at 10-12.
- d. Commissioner Richelle Slota was reappointed by Sandra Fewer through 2023. Commissioners Judy Drummond, Ulash Thakore-Dunlap Dunlop, Gregory Ledbetter, and Marylyn Tesconi are waiting reappointment. There are 7 vacancies.
- e. Theresa Hu will send a representative to give us a short report about the start of Mental Health San Francisco (MHSF) and talk about housing.
- f. Legislation posed by Supervisor Stefani was posted on August 31, and will be heard by the Rules Committee after 30-day rule, by October. 1st.
- g. Spoke with City Attorney re zoom identification (international terrorist), she recommended we rename that person or disable the chat.
- h. Theresa Comstock training was very helpful.

1.2 Reports from Committees: all Commission members are required to be on one committee.

Strategic Planning Committee should be a standing committee. We will take this up at the Executive Committee meeting.

1.2a Information Committee

Does not need to exist anymore.

1.2 b Implementation Committee

We met on September 13. Ida McCray will come to the next meeting to talk about women in the jails. Commissioner Idell Wilson wanted to discuss the impact of Prop 63 dollars on programs that are being pushed forward, especially in Hunters Point/Bayview. Commissioner Jackson-Lane is looking for someone to present.

1.2 c Nominating Committee

This committee needs to reconvene because we need new officers and we need to elect new people into Commission positions. Commissioners Judith Klain, chair, and Gregory Ledbetter, Idell Wilson volunteered. We want them to step up in January. You can nominate but may not be on the committee if you want a position.

1.2 d Bylaws Revision Committee

We had a successful meeting on 9/10/2020. The City Attorney's office is willing to give us a law student to review our bylaws. Will meet in next few weeks to continue this project.

1.2 e Strategic Plan Committee

Chair Judy Drummond, Commissioners Marylyn Tesconi, Judith Klain, Dawson Cooper II, Gregory Ledbetter, Carletta Jackson Lane are on the Committee. Commissioner Drummond did not get the post onto the agenda with a 72-hour window. She will set up a new meeting through Loy Proffitt.

1.3 People or Issues Highlighted by BHC: Suggestions of people, programs, or both, that Commissioners believe should be acknowledged or highlighted by the Behavioral Health Commission

1.3 a Presentation of Commendation for Dr. MaryAnn Jones

Vice Chair Carletta Jackson-Lane presented an award to Dr. Mary Ann Jones, CEO of Westside Mental Health Services for her lifelong work as a brave, revolutionary leader for mental health services to underserved communities.

- a. Commissioner Idell Wilson wants to thank Helynna Brooke for the work she did for 25 years.
- b. Commissioner Richelle Slota recommended we have a resolution commending health care workers who are working above and beyond the call of duty. How is this done? We will work on this. Write it and present it to the Commission meeting or the Executive Committee.
- c. Commissioner Gregory Ledbetter nominated NAMI Peer to Peer Training Program.

1.4 Report by members of the Commission on their activities on behalf of the Commission

- a. Commissioner Gregory Ledbetter is attending NAMI Peer to Peer Training Program. It is excellent.
- b. Chair Marylyn Tesconi will participate on 9/22/20 in a discussion of human rights funds in the African American community. Money is being reallocated from the Police Department. Loy Proffitt will send link to participants if they want to attend.
- c. Commissioner Dr. Harriette Stevens is attending meetings on the Data Notebook which will be due in January. It contains information on what should be put into tele health and issues related to COVID19. We have been restricted in our activities, so we need to write about our responses. What will our plan be in the future?
- d. Commissioner Idell Wilson went to the Implementation Committee meeting and it was very informal and very interesting
- e. Commissioner Dawson Cooper II will participate in CORO of No CA, resilient SF infrastructure Leadership every Wednesday through the end of November.
- f. Commissioner Gregory Ledbetter attended a meeting with Mega Black SF, a group Mayor Breed put together looking for reparations with money taken away from police.

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

- a. Commissioner Gregory Ledbetter: We need to look at Kindred Nursing Home on Bush Street, a senior care home operating under COVID. Conditions are horrendous. There is undertrained staff. Only 2 telephones for patients to use, with one designated to quarantine unit. Only one cell phone for 100 patients. This is only one of many complaints.
- b. The Retreat just doesn't seem feasible. People can't stay on Zoom for 2+ hours. We need a retreat that will help us plan our vision for the next year.

1. Commissioner Richelle Slota: I have been in Zoom meetings where they do 2 hours in the morning and 2 more after a break. We can do that on the 26th when Terry does her training. Maybe we can have a diversity training for 45 minutes with Dawson Cooper II?

Commissioners Gregory Ledbetter and Carletta Jackson-Lane will help Commissioner Dawson Cooper II plan this.

- c. In October the Strategic Planning Committee will lay out things we want to do in the New year and incorporate this into our work. We can move forward in a united front. Commissioner Ulash Thakore-Dunlap said she liked the idea of strategically training and scaffolding. We need to support and prepare ourselves to support our communities.

1.6 Public comment

- a. Wynship Hillier: I was kicked out of the Zoom meeting. I'm well within my constitutional rights to have the name "international terrorist." It has nothing to do with anyone's comfort level; some things are going to be uncomfortable for important and pressing issues. I think people want to silence my message. I was trying to respond when you put me on mute. You are violating the Brown Act because you need to allow public comment on each item.
- b. David Elliott Lewis: Nobody has the right to threaten anybody else. "International terrorist" is a threat and is entirely unprofessional. Free speech is not unlimited speech and threatening to report us is the act of the bully. The president of this country is a bully. I'm sorry you Commissioners have to deal with this.

ITEM 2.0 ACTION ITEMS

For discussion and action

None

2.1 Public comment

- a. Wynship Hillier: David Elliott Lewis: if I have threatened anyone else, please let me know. Spell my name correctly. July minutes: motion to accept Dawson Cooper II did not happen. The resignation of Marcus Dancer was not there. There were many errors in the July minutes. At the August meeting, Arthur Curry was present. (Gregory Ledbetter says he was not present.) My comments are completely misrepresented. After motion I said you should rescind and expunge that motion because no notice was given for that. "I'm wondering if there was a breach of the rules," there was no disability notice on the agenda.
- b. Stephen Banuelos: The August minutes were not posted with agenda.
- c. Chair Marylyn Tesconi: What are the changes you want made? Send changes to Loy Proffitt and they will be there when they are posted.

2.2 Proposed Resolution: Be it resolved that the minutes for the Behavioral Health Commission meeting of August 19, 2020 be approved as submitted

10 Aye, Commissioner Arthur Curry voted Nay, Adopted.

ITEM 3.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR

The Director's Report was based on information that went out with the agenda. The greatest impact is on our staffing. We are working hard to hire new people to take the weight off. We are getting people vaccinated for flu season. We are working to hire an Executive Director. BHS is moving up the ladder. There will be 2 new divisions for health services. One for rules of all health plan systems. There will be an office of coordinated care. Over the next couple of years, we will restructure all adult systems of care. We have opportunities for better care over the next three years. We highlighted Helynna Brooke in our newsletter for her years of service to Behavioral. Health. MHSF is getting ready to be implemented. Prop C will give hundreds of millions for housing and mental health. The Supreme Court of CA said they are not going to hear the complaints. The City is redirecting police funding to the African American community. We need to be better partners with the community, so if you have any ideas, let us know.

Questions:

Vice Chair Carletta Jackson Lane:

1. We are moving forward hiring our new Executive Director. How do we get involved to be part of the hiring process?
 - a. Marlo Simmons said she would email Clair on the hiring committee.
2. Prop C: are there specific sections for behavioral health money?
 - a. Marlo Simmons: At least 25% of the funding needs to be spent on mental health, specifically for preventing homelessness. It can't be used to replace things. It has to be for new services.
3. Is it true that there is a 30% loss of staff?
 - a. Marlo Simmons: Staff is down, Clinicians by 20%, psychiatrists by 30%, leadership by 40%. Email me if you want exact numbers. 24% are managing COVID deployments – trying to manage staff to part time. There is a peak in overdoses in hotel rooms and we need staff to go there. Lots of people are working to help with COVID but it is impacting our services.

Commissioner Richelle Slota:

1. How are DPH staff doing in staying free of COVID-19?
 - a. Marlo Simmons: There are not many cases. Handful of concerns that turned out to be nothing. 2 programs had a staff person get COVID-19. Cases were traced to the community. COVID-19 is wreaking havoc across the board.

Commissioners Richelle Slota and Gregory Ledbetter offered support for their great work. Commendations across the board. We respect and appreciate what you have done in the hardest of times. BHS in facing an incredible amount of change, including money, our vision, and our principles. How do we engage you in our strategic planning even?

Commissioner Dr. Harriette Stevens: When we have an event, we should let everyone know what is going on. We need to hear about all the programs. We need the big picture, then stakeholders can fit into that.

Commissioner Judy Drummond suggested an umbrella group around mental health like you did under the transitional age youth (TAY) umbrella. That was incredible.

Commissioner Ulash Thakore-Dunlap: Thank you for your leadership. We appreciate your collaborative efforts. How can we advocate on red tape, bureaucracy? How can we elaborate for you?

- a. Marlo Simmons: One of the challenges are the Civil Service Rules and how they operate in the hiring process. We are committed to hiring from the community. It may take 18 months to hire someone. This creates the most barriers.

Chair Marylyn Tesconi: Those are barriers that need to be pushed a bit.

Commissioner Toni Parks: My experience with websites and forms has shown me that government forms are so user unfriendly and poorly designed.

3.2 Public Comment

- a. Wynship Hillier: 2500 people are on involuntary treatment. It is appalling that this Commission is not going into this. It is 3% of the City and County's population. How many patients are under Section 5300? Marlo Simmons responded that she has requested that information and will follow-up on the request.
- b. David Elliott Lewis; It's more like 500 who are in involuntary treatment.
- c. Stephen Banuelos: Thank you Marlo. I dealt with budgets for residential beds. Because of the nature of San Francisco, this supportive housing becomes permanent and then there is nowhere to go.

4.0 PUBLIC COMMENT

- a. Stephen Banuelos: How can this Commission make sure we can participate in these funding entities? Maybe we can have someone sit in on this so we don't replicate what is happening, and our time and energy are efficiently used. Do you have any sense about the % of client contacts pre COVID? Marlo Simmons: in a two-week period, 67-80% are in contact by phone. We're evaluating if there is enough frequency. COVID is traumatizing everyone. A lot more is needed.
- b. David Elliott Lewis: We are in a time of great change. Mayor Breed wants to mandate public mental health, but we have not had a seat at the table. The refunding of police money will do this. We should try to get seats on these advisory boards so there are mental health people on board. BHC should have a seat at the table.
- c. Commissioner Toni Parks: I tried to apply for the committee They want long essays. Seems like you have to know someone. Judy Drummond said she will help.
- d. Wynship Hillier: I remind you that there are 2500 petitions filed for long term treatment. I made a reference to staff to ask for more information to Marlo Simmons to report back to October meeting. How many new outpatients come in from June to July?
- e. Marlo Simmons: I sent you an email, I think I found out what you are referencing. I want to talk to you offline.
- f. Wynship Hillier: You said new legislation by Supervisor Stefani to reform staff relationship was introduced on 8/13. The 30th day is tomorrow. It could come up in the Rules Committee next Monday. It is your choice if you wish to continue to hold a

meeting in violation in the Brown Act. It is a criminal violation. The August meeting was not posted. Section 9A of the Sunshine Act says any document used in a meeting must be distributed beforehand.

Vice Chair Carletta Jackson Lane moved to adjourn, seconded by Commissioner Idell Wilson. Approved.

ADJOURNMENT

Secretary Judy Drummond prepared the minutes.

There being no further business, the Commission adjourned at the hour 8:13 p.m.

DRAFT



Behavioral Health Services – Monthly Communications Report

Connect to Protect: Suicide Prevention in the midst of COVID-19, physical distancing, and telehealth

September is Suicide Awareness and Prevention Month and this year’s theme is: “Connect to Protect.” At this time when we have to shelter-in-place and physically distance from many of our relationships, social connections are difficult to strengthen and sustain especially if most of them are virtual.

We are seeing a rise in suicidality and other risk behaviors. The CDC found that 25% of people aged 18-24 reported considering taking their own life as a result of COVID-19. In San Francisco, calls for high-risk suicide situations increased by 25% when the pandemic hit (SF Suicide Prevention). The spike in suicidality has been mostly associated with reported feelings of loneliness and depression during the pandemic.

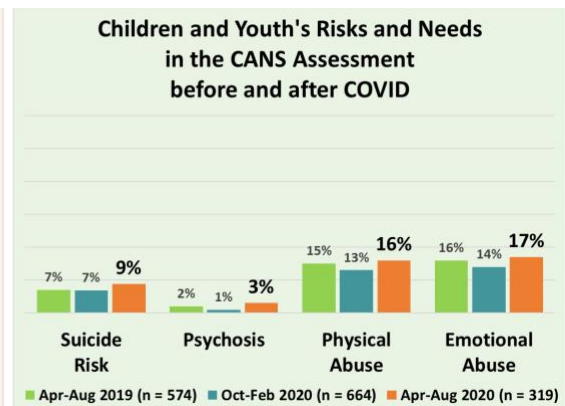
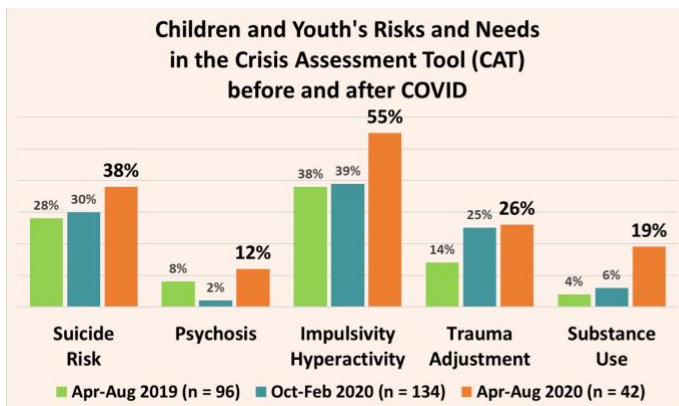
We hear similar stories from some of the youth we serve (see statements on the right). We also see a noticeable increase in acuity among children/youth clients with COVID-19 (see data story charts below) in our *Crisis Assessment Tool* (CAT) and *Child and Adolescent Needs and Strengths* 6 thru 20 (CANS) assessments. We note an increase in number of clients who present with suicide risk and other needs that might precipitate suicidality such as trauma experiences.

During this time of telehealth, when we work with clients who present with suicide risk, we can promote and strengthen ‘connection’ by: (a) adopting risk assessment processes that are more collaborative such as the [CAMS](#); (b) adapting [safety planning](#) that invite seeking virtual connections; or (c) using [trauma-informed](#) telehealth practices. For consult or questions, reach out to Ritchie Rubio of CYF (ritchie.rubio@sfdph.org) or Petra Jerman of QM (petra.jerman@sfdph.org).

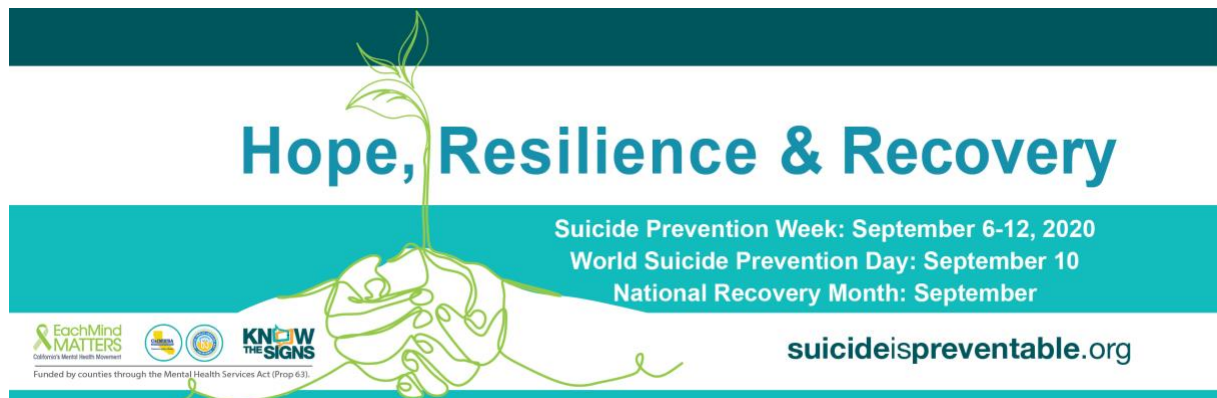


Client has recent history of suicidal ideation with thoughts of cutting...resulted in referral for crisis assessment...followed by an onset of increased depressive symptoms...after the combination of various stressors...feelings of isolation and loneliness due to COVID-19 SIP order...painful experience of being rejected and bullied by peers.

Over the past year this client has not had a suicidal attempt...her suicidal ideations decreased up to May 2020...when SIP started and COVID-19 persisted...Client has reported increased hopelessness and desire to reach out for help when feeling suicidal.



Note: % = proportion of clients rated as needing intervention (2) or intensive action (3). n = new clients for that period.



“Each Mind Matters: Hope, Resilience and Recovery Suicide Prevention Week” -September 6th-12th

National Recovery Month is an observance held every September to educate Americans that substance use treatment and mental health services can enable those with a mental and/or substance use disorder to live a healthy and rewarding life. This year, in support of National Suicide Prevention Awareness Week and World Suicide Prevention day, we are encouraging a special focus on the intersection between alcohol and drug use and suicide prevention. The observances are closely related, as there’s a strong co-morbidity and substantial overlap among risk and protective factors.

The theme for 2020’s Suicide Prevention initiative is “Hope, Resilience and Recovery”. By promoting protective social and emotional factors such as hope and resilience, we may reduce the likelihood that someone experiencing challenges will go down the suicidal crisis path. These protective factors may also help to prevent substance use, while fostering recovery and wellness.

In September 2019, the Mental Health Services Act (MHSA) partnered with SFDPH BHS Stigma Busters, a consumer-led committee, to disseminate Each Mind Matters’ suicide prevention “Know the Signs” campaign materials to providers, cafes, businesses, and community members. The materials were shared at tabling events all over the City to promote awareness and inform the public on how to identify the warning signs of suicide and provide resources to those in crisis. We are excited to again share resources with our partners and their communities this September 2020.

Keep an eye out for daily emails with resources, information and more:

- Monday September 7th: Spread Hope
- Tuesday September 8th: Fostering Resilience
- Wednesday September 9th: Celebrating Recovery
- Thursday September 10th: Get Involved in World Suicide Prevention Day
- Friday September 11th: Time for Reflection

Connect with Each Mind Matters and thousands throughout the country during Suicide Prevention Week and National Recovery Month online by tagging @EachMindMatters and using hashtags #EachMindMatters #SuicidePreventionWeek2020 #NationalRecoveryMonth #KnowTheSigns



Suicide Prevention Resources



[Know the Signs, Find the Words, Reach Out](#)

National Suicide Prevention Awareness Week

September 6-12, 2020

World Suicide Prevention Day

September 10, 2020

San Francisco Suicide Prevention Center

(415) 781-0500

Crisis Line: (415) 781-0500

TTY: (415) 227-0245

www.sfsuicide.org

National Suicide Prevention Lifeline

Trained counselors available 24/7 to talk, answer questions & receive help in English (1-800-273-8255) and Spanish (1-888-628-9454)

SAMHSA Disaster Distress Helpline

1-800-985-5990 or text TalkWithUs to 66746

Teen Line

Text “TEEN” to 839863 between 6pm & 9pm PST for teen-to-teen support

Crisis Text Line

Text “EMM” to 741-741 to be connected to trained counselor

Each Mind Matters [Suicide Prevention Toolkit](#)



TAY System of Care Program Spotlight: Instituto Familiar de la Raza



Founded in 1978, Instituto Familiar de la Raza (IFR) has been addressing the most difficult issues, including HIV, violence, trauma, and other behavioral health issues, impacting the San Francisco Latino community. They offer a full spectrum of health & wellness programs & services, serving over 6,000 clients/year.

During COVID-19, IFR has expanded services in unemployment, sheltering in place, loss of housing, health care, childcare, and other supports to meet the holistic needs of the community.

IFR is a great partner to the TAY System of Care, bringing culturally and developmentally responsive services to TAY, ages 16-24. Through their La Cultura Cura program, they provide essential low-barrier access to mental health services to support many issues facing Latinx/Chicanx TAY. Services include Individual Therapy, Timely Access and Linkages, Clinical Case Management, Restorative and Intensive Case Management, Mentoring and group services, like Latinas Unidas (youth leadership program) and Trauma Informed workshops for youth and parents. In addition, they offer meditation, healing and grief circles to clients and providers impacted by community violence. This past June, a San Francisco TAY was sadly killed by police in Vallejo. This TAY was loved and cared for by many in the community and providers and IFR led a remote healing circle for providers to grieve, learn coping strategies and express their hearts.



IFR staff truly strive to develop meaningful consistent relationships with youth to expand their life skills, reinforce positive cultural identity and make positive contributions in their community. Most recently, they welcomed new clinician Alejandro Ochoa Garcia to their TAY team!

IFR is constantly exploring and implementing innovative ways to advocate and enhance the health and well-being of the Chicano, Latinx, Indígena TAY community. To learn more or get involved, visit their website <https://www.ifrsf.org> or contact luiz.guevara@ifrsf.org.



Confronting Risk: Essential Workers in the Mission District

A clinic shout-out from Liz Chavez, Mission Mental Health Clinic

I am writing this to give a huge shout out and virtual hug to the staff of Mission Mental Health Clinic (OP, ICM, Med Team, PC, and Admin/Facility Teams). They are an outstanding team. Mission Mental Health Clinic provides primary mental health treatment to San Francisco residents. Our team specializes in serving the Latinx and monolingual Spanish speaking and LGBTQI underserved populations in our community. For a few years now we have been an integrated clinic; a multi-disciplinary team providing OP services, ICM services, and Primary Care to those who meet medical necessity and need specialty mental health services.

As we have all been confronted by the various pandemics in our society including COVID-19, racial inequities, and all the resulting changes, I admire the staff who have faced it all with grace and come to work to serve the populations we all are so committed to. Though COVID is rampant in the Mission, the frontline workers confront risk every day by stepping outside their doors. They are the ESSENTIAL WORKERS.

We have implemented safety rules that keep clients and staff safe during these times. We have been at the forefront of providing innovative services to our community and as things have changed, staff have pivoted and changed the flow of services in the system to one that prioritizes those at most risk, while also working as disaster service workers at I&Q and SIP sites, as contact tracers, at the hospital, and other remote deployments.



Using the Wellness and Recovery Model, we have engaged clients in looking at and introducing new resources in their lives. We await anxiously the return of our Peers as they are a much-needed part of our team. We welcome the day when we all may be together again and look forward to receiving all our clients again when it is safe to do so. We continue to provide excellent services to the community even with the limitations that we face. This clinic, like many others has been working triple duty, and I take this time to thank each and every staff for the hard and inspiring work that everyone does each day.



Behavioral Health Clinicians Providing Hard Work and Compassionate Care at I&Q Sites

Tiffany Cheuk and **Wan Ming “Alex” Liu**, both senior behavioral health clinicians from Chinatown North Beach Clinic, stepped into the behavioral health leadership role for COVID-19 Isolation and Quarantine (I&Q) sites in August 2020. From the start of their deployment they worked closely with the SF COVID Command Center (C3) and BHS Leadership to support the clients at these sites as well as the staff deployed. Tiffany and Alex have been extremely collaborative and creative in their development of a standardized onboarding process, on call clinical support, and ensuring consistent staffing and scheduling across sites.

They have supported staff to make sure time on site is maximized and linkages to ongoing care occurs. The work they have accomplished highlights the excellent leadership we have among BHS staff. Thank you Tiffany and Alex for all the work along with the clinicians and health workers providing direct services at these sites.



Tiffany shared, "I just want to express gratitude to all the deployed behavioral health staff for their hard work and compassionate care they provide at the sites despite the challenges of being in a completely different environment with rotating staff and different clientele." And Alex noted appreciation for "giving us the opportunity to try out new ideas and the BH team for their hard work, dedication, and being wonderful to work with."

During September, **Ryan Fuimaono** will also be welcomed into this dynamic leadership role.



New MHSOAC Grant Award for BHS Early Psychosis Intervention (EPI) Services

San Francisco is one of five counties awarded a new grant from the California Mental Health Services Oversight and Accountability Commission (MHSOAC) to expand Early Psychosis Intervention (EPI) services. This new funding will total \$2 million over four years and is intended to support the statewide development and expansion of a Coordinated Specialty Care model, an evidence-based and integrated EPI model.



BHS has partnered with Felton Institute over the past 10 years to support the building of a nationally recognized evidence-based EPI model that has been replicated around the state, and these EPI services are an integral part of the BHS TAY System of Care's treatment continuum for youth and young adults. The new MHSOAC grant will leverage the BHS TAY System of Care's current investment in EPI services and allow Felton to increase access to their EPI services and ensure fidelity to the Coordinated Specialty Care model.

Felton's current San Francisco EPI programs include the **(re)MIND** program, which provides evidence-based therapy, medication and employment services for people experiencing first episode psychosis; and the **BEAM UP** program, which provides screening and intervention for young people at clinical high risk for psychosis. This work is extremely important - caught early, it may be possible to delay or prevent the onset of chronic and disabling psychosis. To learn more about Felton's Early Psychosis Intervention programs visit <http://feltonearlypsychosis.org/>. To learn more about the BHS TAY System of Care's investment in Early Psychosis Intervention services, contact Heather Weisbrod (heather.weisbrod@sfdph.org).

Pictured above: Felton TAY FSP/EPI staff, TAY SOC and TAY Linkage staff at TAY SOC launch event.



Welcome to Our New BHS Staff!



Theresa Ick

Forensic/Justice Involved Behavioral Health
San Francisco Department of Public Health

Theresa is part of the leadership team and will be supporting special projects, including grants. During COVID she will be supporting the SIP work as well.

I was born and raised in San Francisco with a passion to help and support the diverse community around me. This has led me to work with the community for the past 20 years with experience in community engagement, outreach, harm reduction, substance use, training, and program development. I have had an extensive background in HIV research with a focus on men who have sex with men, people who use drugs, and transgender women. Most recently, I was part of the Community Health Equity & Promotion Branch in Population Health and had an active leadership role in the planning and implementation of HIV/HEP C/STD testing in non-clinical settings. I am so excited to join the Forensic/Justice Involved Behavioral Health team!



Public Hero Certificate Awards

Myrna Stone

Myrna has served the homeless chronically mentally ill population of San Francisco for 29.5 years. In her role as Clinical Psychologist at South of Market Mental Health, she has proven herself invaluable to both her clients and colleagues. Her dedication, compassion, kindness, and clinical wisdom have been a consistent and integral part of her service, and she has been a tremendous asset to the public health system and greater San Francisco community. Her retirement has been well earned and well deserved, and her presence will not go unnoticed. Thank you, Myrna, for all that you've done for our community. We will miss you and wish you the best of luck in all your future endeavors!

Susan Esposito

In grateful appreciation of Susan's over 22 years of outstanding and dedicated service and leadership within the San Francisco Department of Public Health, Behavioral Health Services, wherein she oversaw the delivery of high-quality, client-centered, and culturally competent services across several program and treatment modalities in the county as the Assistant Director over the Adult and Older-Adult Systems-of-Care, and wherein she had also ably directed the Mission Family Center mental health clinic serving children, youth, and families, and the HIV Gender and Sunset mental health clinics serving adults and older-adults. Susan's take-charge and experienced leadership made her an indispensable colleague to all.

Charles Rivera

In grateful appreciation of Charles' over 22 years of outstanding and dedicated service and leadership within the San Francisco Department of Public Health, wherein he ably directed the Southeast Mission Geriatric Services and Central City Older-Adult mental health clinics, the Laguna Honda Hospital Adult Day Health Care program, and finally the county's entire Behavioral Health Services Older-Adult System-of-Care – ensuring the provision of high-quality, client-centered, and culturally competent services, across several programs and treatment modalities. Charles' incisive and reliable leadership made him a high-valued team member by all.

Nora Zapata-Krey

In grateful appreciation of Nora's over 27 years of outstanding and dedicated service and leadership within the San Francisco Department of Public Health, Behavioral Health Services, wherein she ably directed the Mission Mental Health Center. Nora also led in ensuring the delivery of high-quality, client-centered, and culturally-competent services as a member of the core leadership team overseeing the county's provision of behavioral health services across several programs and treatment modalities in the Adult and Older-Adult Systems-of-Care. Nora's approachable and effective leadership made her a cherished co-worker to all.



Charles, pictured here, enjoying a bike riding during his retirement.



Congratulations on Over 20 Years of Service!



Having served over 20 years as the Executive Director of the [Behavioral Health Commission](#) (formerly the Mental Health Board), Ms. Helynna Lucille Brooke retired on July 3, 2020. Although the retirement celebration of Helynna honoring her contributions in behavioral health and substance services was deferred by the COVID-19 global pandemic, Helynna has left an incredible legacy not only locally and regionally in the San Francisco Bay Area but also internationally. Originally from the east coast, Ms. Brooke is the oldest sister among her many siblings. She never lost her big sister protectiveness, fairness, and was unafraid to champion their well-being. She still sings happy birthday to siblings who are now grandparents! Fearlessly hitchhiking across the US while in her early 20's, Ms. Brooke intended to visit San Francisco and fell in love with the City. She earned a BA in psychology at the California State University of San Francisco (CSU-SF).

Ms. Brooke collaborated with many community representatives, healthcare leaders, and elected officials to advocate for social justice and health equity. Around 2008, Helynna initiated the coalition called Gender Appropriate and Culturally Competent Behavioral Health Services for Women and Girls (GABHS for Gals).

Around 2000, Ms. Brooke collaborated with the San Francisco Police Department, the Department of Public Health, non-profit organizations, and community representatives in specialized mandatory training to help people experiencing psychiatric crises. For over ten years, Helynna tirelessly organized the Police Crisis Intervention Training (PCIT) with Police Departments. The 40-hour training covered major topics: mental disorders, multiple diagnosis, post-traumatic stress disorder (PTSD), mental illnesses and cultures, and crisis intervention-communication techniques. To this day, veteran police have found the PCIT helpful.

Since 2013, Ms. Brooke made the link between social justice and health equity more prominent nationally and internationally. She collaborated with community leaders, practitioners, and government officials to develop a “certificate” credential for a comprehensive trauma training curriculum. Helynna organized the 40-hour Trauma-Informed Training series and advocated for the cultural-humility training series to be around \$20; the amount was affordable for small non-profit organizations' early-career clinicians and providers. She also ensured the training be widely accessible to social-work students, lawyers, educators, front-line staff, clinicians, healthcare providers, and public health workers. She brought prominent speakers from throughout the US. Her training series attracted inquisitive students, transitional age youth, and international attendees from Canada, the European Union, to the United Kingdom (UK). Ms. Brooke was a great mentor. In fall and spring, she hosted high school and college interns. Interns worked on various aspects of the GABHS for Gals from implementing a centralized “go-to” website with the resource list of information, recommendations, and policy advisories available to the public to conduct a series of brown-bag lunch workshops for providers, policymakers, and researchers. Her formal interns have become community leaders and executives of other organizations.

Ms. Helynna Lucille Brooke not only was a caring boss, but also is an unsung heroine!

For more information on the SF Behavioral Health Commission please contact Loy Proffitt at L.Proffitt@mhbsf.org.



September 2020 Trainings

	Time	Training	Location	Trainer	CE's Offered
Thurs 9/3	10:00am – 11:30 am	Implicit Bias: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias	https://register.gotowebinar.com/register/3369175615617781004	Adèle James, MA Eric Haram, LADC	1.5 CEU
Thurs 9/10	9:00am – 10:30pm	BAAHI Equity Learning Series: From Anger to Action	Contact Gavin.Morrow-Hall@sfdph.org for Zoom link	Gavin Morrow-Hall	N/A
Thurs 9/10	10:00am – 11:30 am	The Role and Responsibility of Health and Behavioral Health Care Leaders	https://register.gotowebinar.com/register/8864055344173922830	Jei Africa, PsyD André V. Chapman, M.A.	1.5 CEU
Fri 9/11	10:00am – 11:30 am	Making Zoom and Phone Sessions Trauma-Informed and Engaging for Clients during COVID-19 (Part 2)	https://bit.ly/3grhElk	Ritchie Rubio, PhD	1.5 CME/CE (MD/DO, RN, Pharm, PhD. PsyD, LMFT, LCSW, LPCC, CCAPP)
Tues 9/15	9:00am – 11:00am	Changing Addictive Behaviors Using CBT, Mindfulness and Motivational Interviewing Techniques: Part 1 CBT	https://bit.ly/3gAfmqj	Suzette Glassner-Edwards, PhD	2 CME/CE (MD/DO, RN, Pharm, PhD. PsyD, LMFT, LCSW, LPCC, CCAPP)
Thurs 9/15	9:00am – 10:30pm	BAAHI Equity Learning Series: A Conversation About Black and Asian Solidarity	Contact Gavin.Morrow-Hall@sfdph.org for Zoom link	Gavin Morrow-Hall	N/A
Tues 9/17	9:00am – 11:00am	Changing Addictive Behaviors Using CBT, Mindfulness and Motivational Interviewing Techniques: Part 2 Motivational Interviewing	https://bit.ly/3gAfmqj	Suzette Glassner-Edwards, PhD	2 CME/CE (MD/DO, RN, Pharm, PhD. PsyD, LMFT, LCSW, LPCC, CCAPP)
Thurs 9/17	1:00pm – 3:00pm	Foundations of Harm Reduction	Contact hanna.hjord@sfdph.org for registration link	Charles Hawthorn Harm Reduction Training Institute	2 CEU
Tues 9/22	9:00am – 11:00am	Changing Addictive Behaviors Using CBT, Mindfulness and Motivational Interviewing Techniques: Part 3 Mindfulness	https://bit.ly/3gAfmqj	Suzette Glassner-Edwards, PhD	2 CME/CE (MD/DO, RN, Pharm, PhD. PsyD, LMFT, LCSW, LPCC, CCAPP)
Tues 9/22	9:00am – 10:30pm	BAAHI Equity Currents: Topic TBD	Contact Gavin.Morrow-Hall@sfdph.org for Zoom link	Gavin Morrow-Hall	N/A
Wed 9/23	1:30pm – 4:45pm	Interpersonal and Structural Violence Prevention and intervention During COVID-19	https://bit.ly/2Geu9dQ	Leigh Kimber, MD	Pending
Thurs 9/24	9:00am – 10:30pm	BAAHI Equity Learning Series Examining Racialized Police Communication: White Caller Crime	Contact Gavin.Morrow-Hall@sfdph.org for Zoom link	Gavin Morrow-Hall	N/A
Thurs 9/24	10:00am – 11:30 am	Talking About Race and Racism With Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue	https://register.gotowebinar.com/register/8278798498849260555	Adèle James, MA Gloria Morrow, PhD	1.5 CEU
Tues 9/29	2:00pm – 4:00pm	Party n' Play: Crystal Meth, Sex, and Harm Reduction	Contact hanna.hjord@sfdph.org for registration link	Charles Hawthorn Harm Reduction Training Institute	2 CEU



New BHS Webinars Available Online

Healing-Centered and Trauma-Informed Healthcare in COVID-19 and Racism Pandemics

Presented by Leigh Kimberg, MD | August 17, 2020 | <https://vimeo.com/451222925>

Trauma is rooted in oppression and resilience is built through safe, nurturing and just relationships and policies. In this webinar, Leigh Kimberg, MD, will review the impacts of trauma on health and how these impacts can be mitigated. She will highlight how COVID-19 has exploited deep societal wounds created by structural racism and oppression. The training will introduce the foundational principles of trauma-informed care and a paradigm Dr. Kimberg developed called the 4C's to help us embody healing practices. Together we will practice caring for ourselves while caring for others through guided meditation and other small group activities.



Photo courtesy of Michael Barack
BHS Training Unit

Trauma-Focused CBT for Telehealth during the COVID-19 Pandemic



Presented by Regan Stewart, PhD | August 13, 2020 | <https://vimeo.com/448979734>

As many of our organizations go virtual during the COVID-19 outbreak in the United States, children are losing access to vital mental health services. As a result, many have turned to using telehealth technology to provide these services. This training will provide those using, or looking to use telehealth technology, with some critical considerations and safeguards to keep in mind when providing Trauma-Focused CBT to children via telehealth technology.

Other BHS Training Webinars are available on the Training Unit Vimeo Page
<https://vimeo.com/showcase/6956018>

If you have feedback including future training suggestions, please contact Michelle Meier, LCSW, BHS Training and Internship Manager (Michelle.Meier@sfdph.org)



DSW Staff Highlight

Featured in the DPH HR 8/24/20 newsletter

Ana Gonzalez

What has been the highlight of your experience as a DSW?

In addition to having had the once in a lifetime opportunity to be part of San Francisco's COVID-19 emergency response and work in an area completely outside my expertise, I would say that the highlight of my experience as a DSW has been working with an amazing group of dedicated and mission-driven people in BHS and throughout DPH.



What's your regular work at DPH?

In my regular DPH job, I'm the Deputy Medical Director of Adult and Older Adult Outpatient Services for BHS and Medical Director of Mission Mental Health Clinic and Interim Medical Director of Southeast Mission Geriatrics. Since March 2019, I've also been serving as the Acting/Interim Co-Chief Medical Officer of BHS (along with Lisa Inman, my fabulous co-CMO).

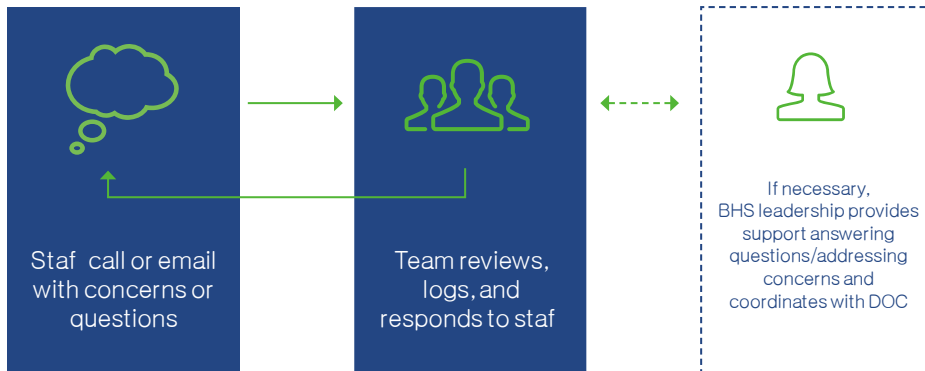
What does your everyday work at 3C look like?

My everyday work at CCC varies from day to day and is interspersed with my regular job. As lead for, and along with, the BHS COVID-19 Medical Team (Lisa Inman, Kim Schoen, Dave Smith, David Pating, and Eme Garcia), I review SFDPH information and guidance as well as health order/advisories/directives, write original or adapted-from-SFDPH COVID-19 guidance for behavioral health providers, serve as BHS COVID-19 medical consultant/liaison to providers, advise on clinical and operational needs related to COVID-19, support providers in implementing COVID-19 policies, procedures, and directives, and most importantly, keep up to date on all things COVID-19.



Do you have general questions about being a Disaster Service Worker (DSW) or are you currently deployed and have concerns you need help getting answers for?

The BHS Clearinghouse team is available to support you regarding your deployment needs.



415-255-3427



bhsclearinghouse@sfdph.org



San Francisco Health Network
Behavioral Health Services

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