
FISCAL YEAR 2018-2019 ANNUAL REPORT

THE MENTAL HEALTH BOARD OF SAN FRANCISCO

PRESENTED TO

THE MAYOR AND BOARD OF SUPERVISORS OF THE

CITY AND COUNTY OF SAN FRANCISCO

JUNE 2019



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EXECUTIVE SUMMARY

The California Welfare and Institutions Code, Section 5604.2 (5), requires that the Mental Health Board (MHB) "Submit an annual report to the governing body on the needs and performance of the county's mental health system." The report highlights changes in the behavioral health system about what was good, problem areas, and, finally, recommendations by the Board.

The Annual Report includes the goals and priorities the Board focused on, as well as the accomplishments of the Mental Health Board. Behavioral Health Services programs are highlighted, with new programs mentioned as well as updates on existing programs. Outcomes are presented from the annual review by the External Quality Review Organization" (or "EQRO"), and the most recent results from the Client Satisfaction Survey.

San Francisco City and County's Mental Health Board (MHB) has a dedicated, engaged and diverse membership that cares very much about the mental health and substance use disorder services, programs, and facilities that are available. The Board currently has sixteen board members, with one consumer seat vacant. A recent change in the California Welfare and Institutions Code regarding members of the Board is that people holding consumer seats, may be employed by Behavioral Health Services (BHS), or organizations contracted to BHS. All other seats on the Board cannot work for BHS or its contractors.

The regular MHB meetings were held on the third Wednesday of the month, except for August and December. The Board has a retreat in December. Biographies and photos of the Board members are at the end of this report.

In addition to the Executive Committee, the MHB had three committees in place for the first half of the fiscal year: Substance Use Disorders, Older Adults and Transitional Age Youth. At the 2018 Mental Health Board retreat in December, the Board changed from population focused priorities to issue-focused priorities that would include all populations. Two committees were formed, the Information Gathering Committee, which would gather information about supportive housing, and the Implementation Committee which would draft resolutions and develop strategy for sharing the resolutions with BHS, the Board of Supervisors, and the Health Commission.

The MHB submitted the annual Data Notebook to the California Behavioral Health Planning Council. This year it was focused on programs and gaps in services for children, transitional age youth, adults and older adults. The data provided by the San Francisco Mental Health Board for the Data Notebook are included in this report.

Finally, the Mental Health Board lists recommendations for Behavioral Health Services, the Health Commission, and the Board of Supervisors to consider.

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MENTAL HEALTH BOARD MISSION

THE MISSION OF THE SAN FRANCISCO MENTAL HEALTH BOARD The Mental Health Board of San Francisco represents and ensures the inclusion of the diverse voices of consumers, citizens, and stakeholders in advising how mental health services are administered and provided. Through its state and city mandates, the Mental Health Board advises, reviews, advocates, and educates; with the aim of having that advice integrated, incorporated, and reflected in implementation of mental health policy; with the ultimate goal of ensuring quality mental health services.

Adopted October 12, 1994

THE MISSION OF THE CALIFORNIA MENTAL HEALTH PLAN The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

Passed as part of the Bronzan-McCorquodale Act of 1991

LETTER FROM CO-CHAIRS

2018-2019 has been an eventful year thus far, filled with both accomplishments and challenges. The San Francisco Mental Health Board (MHB) is in the process of seeking a name change to the Behavioral Health Commission. Supervisor Catherine Stefani is sponsoring the legislation on behalf of the MHB.

We are pleased that peer-based services have expanded during this past fiscal year. Peer engagement with consumers and people in different communities strengthens the linkage of consumer services; when consumers interact with Peers, who have lived experience with mental illness or substance use disorders (SUD), they know that they are being heard and understood in a way that renews hope and expands possibilities.

The Board was sorry to say good-bye to Kavoo Ghane Bassiri, former Director of Behavioral Health Services (BHS) and the county's Behavioral Health Director (Mental Health Plan Director). He made a number of important changes to BHS during his tenure as director. Dr. Irene Sung has taken over as interim Director of BHS during the transition to a new permanent Director. As Chief Medical Officer (CMO) of BHS, Dr. Sung has been a leader and integrally involved in programs across the department for almost 15 years.

Dr. Hali Hammer has attended our MHB meetings, following Mr. Ghane Bassiri's departure, providing monthly reports on the goals, successes, and challenges of BHS. She is currently the Director of Ambulatory Care, and her focus is on improving client care through the integration of primary care, mental health care, and substance use disorder treatment.

We have been monitoring the current heated debate over reform of our systems of Conservatorship regarding individuals demonstrating the most profound need for behavioral health services; this has led to stark questions about the delivery of mandated treatment, utilization and availability of resources and accountable and effective oversight. Additionally, we are keeping a close watch on Mental Health SF, the newly proposed universal behavioral healthcare legislation drafted by Supervisors Ronen and Haney. We are heartened that the Office of The Mayor and the Board of Supervisors are escalating efforts to alleviate the state of decline that we have observed in our support systems and in our streets. While there may be a disparity in the proposed methods of attacking these issues, our civic leaders and institutions continue to work together creating beneficial solutions for all San Francisco residents.

This year our primary focus has been on advocating for a pronounced increase in permanent supportive housing. We have learned from the testimony of countless consumers, clinicians, and service providers, through site visits and program reviews, and attendance at community meetings and events that permanent supportive housing is the linchpin of effective treatment, stabilization, and reintegration. We have also submitted resolutions supporting the important issues which were the focus of previous

years including Mobile Wellness Resources, Medically Assisted Treatment for Substance Use Disorders, and a request for additional funding for our Behavioral Health network.

We are proud of the hard work, commitment and accomplishments of the Mental Health Board members this past fiscal year. They have attended board meetings, committee meetings, Board of Supervisor's meetings, meetings with individual Supervisors, Health Commission meetings and many BHS meetings and training. Board members have met with many department program directors for Adults and Older Adults, Children, Youth and Families (CYF), Mental Health Services Act program, and the new Transitional Age Youth division of CYF. Several board members attended the California Association of Local Mental Health Boards and Commissions meetings and training in both San Francisco and Sacramento. Board member Dr. Harriette Stevens was recently elected President of the association.

It is undeniably rewarding to serve on a board whose commissioners, regardless of divergent opinions on the issues at hand, display an amazing level of empathy and concern for the good of individual consumers and their communities, a commitment to underserved populations, and a strong desire to contribute to the betterment of our society as a whole.

Sincerely,

Marylyn Tesconi, MA, Co-Chair

Njon Sanders, (formerly Weinroth), Co-Chair

OVERVIEW OF MENTAL HEALTH BOARD ACCOMPLISHMENTS

The Mental Health Board priorities for 2018, were a focus on three areas: older adults, transitional age youth and substance use disorders. Three committees were in place since January 2018 and continued their work for the first part of the fiscal year 2018-19.

The Executive Committee is a standing committee. It changes membership every two years when new officers are elected in February. Committee members from July 2018 to February 2019 were Harriette Stevens, EdD, Co-Chair; Ulash Thakore-Dunlap, MFT; Idell Wilson, Vice Chair; Judy Drummond, MA, Secretary; Toni Parks and Richelle Slota, MA. February 2019, Njon Sanders and Marylyn Tesconi, MA; were elected Co-Chairs; Carletta Jackson-Lane, JD was elected Vice Chair, and Judy Drummond, MA was elected Secretary. Marcus Dancer became a member, at large, of the committee.

The Older Adult Committee, chaired by Gregory Ledbetter with members Terry Bohrer, RN, MSW, CLNC; Idell Wilson; Richelle Slota, MA; Marylyn Tesconi, MA; and Benny Wong, LCWS, focused on access, accessibility of services, and isolation for the older population. Some of the unmet needs they found were the need for pre-crisis and crisis services, in particular, 24/7 treatment services. Additional stable, safe and supportive housing that also focuses on working with the isolation of seniors. There is a shortage of providers with specialized training, linguistic capabilities, and training about culturally relevant needs for working with and providing case management services for the older adult population. There is a need for peer counselors for isolated seniors with mental illness, and to enhance the service of home visits.

The Youth Committee co-chaired by Judy Drummond, MA, and Susan Page (former board member), Carletta Jackson-Lane, JD, and Marylyn Tesconi, MA, visited three youth servicing programs in 2017. They were Horizons Unlimited, Inc., a community-based program primarily serving Latino at-risk youth and young adults ages 12-25, the ROUTZ Aarti Hotel, a residential program in the Tenderloin for transitional age youth with behavioral health needs, and the Transition Age Youth Full Services Partnership Program. In 2018, the committee arranged a presentation to the Board about the launch of a TAY SOC (Transitional Age Youth System of Care) linkage program to provide programs and support for this age group. One of the challenges the program cites is the high cost of housing in San Francisco when trying to locate adequate residential placements for the youth.

The committee recommended that TAY SOC receive additional funding and that there be more focus on homeless youth, and youth living in the Southeast Sector of San Francisco. The committee suggested that the program consider forming a city-wide TAY Advisory Board.

Members of the committee did a program review of ROUTZ Aarti Hotel. Larkin Street Youth Services provides supportive services for the residents. It provides housing for youth ages 18 -24 years old for up to two years. The Monday through Friday daytime

programs are appreciated by the youth, but they expressed the need to have access to program services on the weekends. The site is welcoming, clean, and staff are friendly. Some of the challenges are the high turnover of personnel due to low pay and the high cost of housing in San Francisco, resulting in multiple changes in case managers for residents. We recommend increased access to a licensed therapist who is familiar with this population. A 24-hour hotline would be helpful should a crisis occur outside of regular hours.

The committee also did a program review of Horizons Unlimited, Inc., a community-based program primarily serving Latino at-risk youth and young adults ages 12-25. They provide full wrap-around services, counseling, jobs, music, arts, recreation and referrals to other city-wide agencies. Horizons is also connected to nine other local programs serving youth and family members. All services are free and some services offer a small stipend or minimum wage salary as an incentive for participation. Clients interviewed expressed gratitude for the program and looked forward to groups and other planned activities. Staff enthusiasm, empathy, compassion and a focus on client needs contribute to the success of this program. We recommend more licensed therapists on site and an additional case manager. Cultivating additional peer counselors and mentors to help clients navigate the resources is recommended.

2019 Priority: *Safe, supportive housing for people with mental illness and substance use disorders that encourages growth for people.*

Information Gathering Committee, chaired by Njon Sanders, with members Harriette Stevens, EdD; Marcus Dancer, Marylyn Tesconi, MA; Idell Wilson; and Terry Bohrer, RN, MSW, CLNC reviewed all of the programs reviews of residential or permanent housing programs completed between 2016 and 2019. From these reviews, the committee found that the programs faced common challenges. Those challenges and needs are:

- Staffing: recruiting and retaining long-term behavioral health staff and the need to increase staff pay and professional support and training.
- Insufficient housing programs: a significant increase in available long-term, supportive housing units for clients.
- Wrap-around services: expansion in the number of therapists and case management services, gender and culturally appropriate counseling.
- Fear and safety issues: Providers need to address clients' concerns and fears around safety, bullying and living conditions. There are significantly more males in supportive housing than females, which contributes to women feeling unsafe.
- Vocational and job training that would address clients' skills, training and preparation needs for future employment and increase job training opportunities.
- Client diversity: Expand recruitment efforts to be more inclusive regarding gender, ethnicity and race, and addressing the needs of older adults facing behavioral challenges and provide appropriate services to address gender, ethnicity, age, and racial disparities.

Implementation Committee, chaired by Carletta Jackson-Lane, JD, with members Ulash Thakore-Dunlap, MFT; Richelle Slota, MA; Toni Parks; Njon Sanders and Gregory Ledbetter, focused on information provided by the Information Gathering Committee, and additional data about the numbers of people in some form of supportive housing, either transitional or permanent. Data are included in the Appendix. From the information gathered, the committee drafted two resolutions concerning the need for additional permanent supportive housing and a resolution urging oversight of supportive housing programs and buildings to ensure the safety of residents and livable conditions.

MENTAL HEALTH BOARD MEETINGS AND EVENTS

The Mental Health Board meets monthly in the evening on the third Wednesday of the month, except for July or August. In December the Board has an Annual Retreat.

August 2018

- Public Hearing for the Fiscal Year 2018-19 Mental Health Services Act Annual: Juan Ibarra, Interim MHSA director.

September 2018

- Presentation: Older Adult Services and Gaps, Cathy Spensley, MSW, LCSW, Senior Division Director, Family Service Agency of San Francisco – Felton Institute.

October 2018

- Presentation: Overview of the Transitional Age Youth (TAY) Division of Behavioral Health Services: Marlo Simmons, TAY Systems of Care Director; Heather Weisbrod, Clinical Manager; Kali Cheung, TAY Systems of Care Manager; Maureen Edwards, TAY Clinic Director; Dr. Robin Randall, Medical Director, TAY Clinic.

November 2018

- Presentation: Consumer Experience of Bullying in Residential Hotels: Liza Murawski.

December 2018

- Board Retreat to develop 2019 priorities and goals.

January 2019

- Review of board retreat goals and priorities.

February 2019

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

March 2019

- Presentation: Homelessness in San Francisco: Creating a Significant and Sustained Reduction by 2023. Dara Papo, LCSW, Care Coordination Service Manager.

April 2019

- Presentation: History and Current Challenges Developing Supportive Housing, Steve Fields, MPH, Executive Director, Progress Foundation.

May 2019

- Public Hearing for the Fiscal Year 2019-20 Mental Health Services Act Annual Update. An additional duty of the MHB is to have an annual public hearing about the Mental Health Services Act's new or revised plans and updates, Juan Ibarra.
- Mental Health Board Meet and Greet, May 21, 2019 at the San Francisco Public Library. Sixty people from the community attended the event to meet the Board members and learn about the role and activities of the Mental Health Board.

June 2019

- Board Meeting: Board discussion and voting on the end of the fiscal year Resolutions.
- Awards Event: the Board gave 31 people awards for exceeding the requirements of their jobs and contributing to the mental health and well-being of the people and communities they serve. A list of the awardees can be found in Appendix A.

Note: All agendas and minutes can be found at www.sfgov.org/mental_health

PROGRAM REVIEWS

Baker Street House

MHB Reviewers: Marylyn Tesconi, MA and Judith Klain, MPH

August 16, 2018

This is a residential mental health program with 16 beds offering a maximum stay of 90 days. The program reflects a diverse population in both its residents and staff. Clients interviewed all stated they felt safe in the environment, and that the program was gender responsive. Residents also stated they felt that the staff was very supportive.

The program has some difficulty in attracting and retaining long-term staff, primarily as a result of exorbitant housing costs in San Francisco and requirements of increasingly more education, while offering a salary that is not commensurate with those educational requirements.

This facility is not accessible to disabled clients with mobility issues, as there are no elevators or lifts. It is recommended that funding is provided for the facility to become accessible.

This program holds a vision of an aftercare/alumni group where clients would return regularly to meet with peers and counselors to share experiences and renew support. Lack of funds currently prohibits this idea from becoming a reality, but this is a good idea that deserves support.

Jordan Apartments

MHB Reviewers: Judith Klain, MPH and Carletta Jackson-Lane, JD

September 27, 2018

Jordan Apartments, located in the Tenderloin, provide permanent supportive housing. Conard House provides supportive services and sub-contacts with John Stewart to provide property management. There are 54 studio apartments each with their own kitchens and bathrooms. Most residents have been there long-term. While all residents have access to supportive services, currently only 20 persons are participating in supportive services.

Supportive services include: case management, support groups, psychotherapy and day to day support with managing life issues. Residents described the clinical support very positively — they are accessible and present in the building, are sensitive and welcoming and genuinely care for residents' needs.

The female residents interviewed (although the majority of the residents are male) stated that they have concerns and fears about safety in the building. Some of the women shared that they are harassed by male residents.

While residents rated the support services relatively well, residents experience with the property management company was not as positive and of concern. The complaints ranged from a stove in the kitchen that has not worked for over four months, years of mildew, mice infestation and rusty pipes with brown water.

Residents shared that they had nowhere else to go and were glad to have housing.

The reviewers recommend additional investigation about residents' concerns about both Conard House support services, and the property management company, John Stewart.

San Francisco Medical Respite and Sobering Center

MHB Reviewers: Terezia S. Bohrer, RN, MSW, CLNC and Richelle Slota, MA
August 22, 2018

The San Francisco Medical Respite Care (MRC) and Sobering Center offers an array of behavioral health, medical and residential services to 85 adults (75 respite and 12 sobering) including: medical triage of urgent care needs, referral to primary care, medications, behavioral assessments, individual therapy, case management, three meals a day, links to public benefits, and transportation. The average age of clients is 51 years old, and they are seeing an increase in an aging homeless population.

The mission of MRC is to provide medical and social services to promote stabilization, hope and healing for adults experiencing homelessness in San Francisco.

Clients interviewed were very satisfied with the services offered and expressed extreme gratitude for being there. It is a welcoming environment, clean and well maintained. There have been recent attempts to renovate gardens and decorate walls. The staff is well trained, qualified and meets cultural diversity standards. They convene monthly community meetings to elicit ideas.

Program successes include: 80% completed their medical treatment program, 20% discharged directly to permanent housing, 85% are discharged with a community primary care provider, and 30% apply for permanent housing.

Recommendations include more clinical staff, social workers and nurses. DPH clinical staffing could be more culturally and linguistically diverse. There is a consistent waiting list of 5-20 clients, so there is a need for double the beds and budget.

Hummingbird Place

MHB Reviewers: Marylyn Tesconi, MA and Idell Wilson

April 30, 2019

This program serves an often marginalized population in a welcoming, clean and structured environment, with a garden area, a basketball court and walking area. There are 30 beds total, and the average stay is about 2 weeks. Staff assists clients with securing a shelter bed, finding supportive housing or getting on a waitlist for supportive housing before they leave the program. They also provide day treatment 7 days a week from 10 - 6, and these day clients receive meals and snacks provided by Project Open Hand. There are also groups held each weekday for the residents from 9-10 in the mornings that include discussion of drugs, housing, and medication compliance among other topics. The purpose of the facility is to engage people to be willing to seek services with Behavioral Health Services.

The staff members were dedicated, competent and respectful. Unfortunately, they are tending approximately 15 clients each per shift, so they are spread somewhat thin. Potentially only one staff can make the decision that determines if a person is threatening or not. People can sit to rest, but they can't lie down or even go to sleep sitting up. Staff are not always consistent about sharing what programs and resources are available. Extended hours for the day treatment program might be helpful. Many folks who do not have secure housing could possibly benefit from services starting at 6 or 7 a.m. Additional staff would be helpful.

Although this program provides much needed support and services, the dilemma of long term permanent housing remains. Many clients move from this program to shelter beds or an SRO which may not provide a safe and secure environment for an extremely vulnerable population. Also, supportive housing for clients with physical disabilities is very limited.

Edgewood Center for Children and Families

MHB Reviewer: Marylyn Tesconi, MA

June 17, 2019

This community-based program serves children with mental health and educational challenges and their families, including children from the foster care system. There is a non-public, therapeutic multi-disciplinary special education school on the grounds and two cottages on-site with the capacity to house a total of 24 students 12 years of age or older; the program offers 24/7 support for a residential stay of 2-6 weeks. Teachers, counselors and therapists are focused on how to diminish target behaviors that prevent clients from accessing their education and successfully returning to their homes and communities.

The parents interviewed were pleased with the broad services offered by Edgewood programs including: transportation, flexibility and collaboration, availability and responsiveness of staff and a safe and nurturing environment. Parents would like more frequent supportive parents groups. An ongoing problem is high staff turnover.

One of the causes is the high cost of living in San Francisco, making it difficult to retain and hire staff.

South Van Ness Gender Program

MHB Reviewers: Richelle Lee Slota, MA and Judy Drummond, MA

June 19, 2019

The Gender Program is located at the South Van Ness Behavioral Health Clinic. It offers psychotherapy to 20 transgender adults, 5 of whom are monolingual Spanish. Their mission is to provide services to San Francisco residents with challenges and treatment goals related to gender. They provide psychotherapy, case management, psychiatry, and a mindfulness class.

The Client Satisfaction Surveys indicate that there is overall satisfaction with the program. Gender services are tailored to each client. Evidence-based therapies used: Cognitive behavioral therapy, dialectal behavior therapy, and motivational interviewing. There is very low turnover among staff. They have no vacant positions, indicating high staff morale. It is a welcoming, clean and well-maintained facility. It is an exceptional program, but they have no transgender staff. It was suggested they hire transgender staff. They might also use volunteers who are transgender. They have had an increase in referrals, so more clinical staff might be hired.

RESOLUTIONS

The complete resolutions are included in Appendix F.

RESOLUTION: (MHB 01-2019) The Mental Health Board urges the City and County of San Francisco to significantly increase permanent housing with supportive services for people with mental illness and substance use disorders.

RESOLUTION: (MHB 02-2019) The Mental Health Board urges the City and County of San Francisco to develop a system of oversight and accountability for buildings providing permanent supportive housing to people with behavioral health challenges.

RESOLUTION: (MHB 03-2019) The San Francisco Mental Health Board urges the City and County of San Francisco to provide additional funding to expand mental health and substance services and supported housing for Transitional Age Youth (TAY) who are experiencing behavioral health challenges.

RESOLUTION: (MHB 04-2019) The Mental Health Board urges the Department of Public Health and Behavioral Health Services to take significant steps to implement the findings of the Black/African American Health Initiative Health data and Health Action regarding African American health and wellness, and implement department wide policies, procedures and changes in response to this data.

RESOLUTION: (MHB 05-2019) The San Francisco Mental Health Board urges the City and County of San Francisco to initiate a study to determine the efficacy of providing Medically Assisted Substance Use Disorder service providers increased access to Buprenorphine and Naltrexone to afford patients a greater degree of self-determination in their individual recovery plans.

RESOLUTION (MHB-06-2019): The Mental Health Board urges the Mayor, the Health Commission and the Board of Supervisors to significantly increase the Department of Public Health Services Budget for Behavioral Health Services to provide increased supportive housing, staffing, and innovative programs.

BEHAVIORAL HEALTH SERVICES NEW PROGRAMS AND UPDATES

MENTAL HEALTH SERVICES ACT (MHSA) NEW PROGRAMS AND UPDATES.

Intensive Case Management to Outpatient (ICM-OP) Transition Program is a five year project funded through the Innovation component of the Mental Health Services Act (MHSA). It involves an autonomous peer linkage team providing both wraparound services and a warm hand-off for clients stepping down from Intensive Case Management Programs to Outpatient services. Innovative projects are strategies that test new approaches, contribute to learning, and can inform current and future mental health programs.

Technology-Assisted Mental Health Solutions, an innovative project under the MHSA program, was approved in the amount of \$2.2 million for three years by the Mental Health Services Oversight and Accountability Commission (MHSOAC). The project will use technology to increase access to mental health care and support for all individuals in San Francisco.

2018 MHSA Awards Ceremony: The 8th Mental Health Services Awards Ceremony celebrated 185 awardees were celebrated, honoring and recognizing peers who are actively working on their own recovery and wellness.

Wellness in the Streets (WITS) under the MHSA program, was approved by MHSOAC, in an amount of \$1.75 million for a period of five years. The project will adapt existing mental health approaches to increase access to underserved groups, specifically, providing peer-to-peer counseling and peer interventions to unhoused people living on the streets.

School-Based Prevention Project, MHSOAC approved a new MHSA Innovation project, entitled *Fuerte*, in the amount \$1.5 million for five years. *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.

Mental Health Workforce Development update: The program 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 and 20 service providers who work directly with transitional age youth. They learn about continuous self-care, community mental health, trauma-informed care and basic counseling skills.

CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEM OF CARE NEW PROGRAMS AND UPDATES

Lifting and Empowering Generations of Adults, Children and Youth

(L.E.G.A.C.Y.) and Parent Training Institute (PTI), are family-focused programs working to better integrate youth and families with lived experience into the system planning, development, and implementation of family focused services. The programs have added training and capacity building of family systems therapists and family-focused practices across our system.

STAIRs (Skills Training in Affect and Interpersonal Regulation), a new program of Project 500, focuses on building skills to support emotion regulation and healthy relationships. Project 500 began regular mental health consultation to case conferences with the Nurse Family Partnership team of the University of California San Francisco (UCSF) for their co-facilitation of a UCSF mini-course on addressing racial health disparities with the Expecting Justice program.

Transitional Age Youth (TAY) System of Care (SOC): Behavioral Health Services (BHS) developed a new comprehensive SOC for TAY, ages 16-24, by enhancing cross systems coordination, building provider capacity, and expanding behavioral health services tailored to TAY. It will establish 20 plus 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, TAY Homeless Treatment, TAY Peer Certificate and Peer Employment, TAY SOC Advisory Board* for TAY clinical providers, non-clinical providers and general TAY serving network, there is a *TAY SOC Network Development, Training & Capacity Building* program.

Kuumba Healing Project, at Southeast Child/Family Therapy Center (SECFTC) was awarded a National Network to Eliminate Disparities grant to train Kuumba clinicians in implementing the PLAAY (Preventing Long-Term Anger and Aggression in Youth) model. PLAAY is a model which teaches coping skills to African American boys through racial socialization, cultural pride and in-the-moment interventions during athletics. It is an African-Centered strength and culturally-based community clinical collaborative model which reminds us to “always do as much as we can, with the intention of leaving our collective community more beautiful and beneficial than when we inherited it.” The team works in schools and within the community. Kuumba seeks to integrate the Ancestral Wisdom of the African Diaspora with community endorsed and practice-based clinical expertise, as well as culturally resonant practices that inform and empower SF youth and families of African descent towards health.

ADULT & OLDER-ADULT (A & OA) SYSTEM OF CARE NEW PROGRAMS AND UPDATES

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

In December 2018, the new BHS Office of Equity, Social Justice & Multicultural Education (OESM) was launched. The OESM is comprised of the following units: Cultural Competence, Training, Workforce Development, Staff Wellness, Mental Health Services Act, Communications, and Community Outreach. The office will develop an Equity Work Plan to address service gaps and ensure equity, diversity and inclusion for clients and staff.

Tracking Behavioral Health Outcomes: BHS' Adult and Older Adult System of Care uses the Adult Needs and Strengths Assessment (ANSA) to track client outcomes over time. The San Francisco ANSA has 27 items among four domains: Behavior Health Needs; Life Domain Functioning; Risks; and Strengths. By comparing a client's ANSAs over time, it can be determined which problems BHS clients are most burdened with. Depression has been the most prevalent problem clients are struggling with system-wide. In both FY16-17 and FY17-18, about 70% of all clients had a scored high on the ANSA Depression item, more than any other item. During these two years, about 40% of clients system-wide have shown improvement in this area. The prevalence of depression appears about the same among men and women and is experienced by a higher proportion of TAY (18 - 25 year olds) than for other ages.

Drug Court Treatment Center (DCTC) celebrated its fourth and last graduation for 2018. DCTC works closely with participants to support them on their journey to recovery and wellness. Prior to joining DCTC, 92% of graduates used drugs daily or multiple times a week. At the time of graduation, all participants were drug-free for at least 6 months! Similarly, 56% had no income at intake and now 88% are employed and have legal sources of income. All participants are now safely housed (48% homeless at intake) and 40% of participants are enrolled or plan to enroll in school or vocational training. Lastly, 32% of graduates have reconnected or reunified with their children.

Assisted Outpatient Treatment (AOT) completed three years of implementation on November 2, 2018. AOT is comprised of the San Francisco Department of Public Health (SFDPH) Behavioral Health Service Care Team and UCSF Citywide treatment team. Since implementation, individuals in contact with AOT have shown overall reductions in psychiatric emergency services (PES) contacts, psychiatric hospitalizations, and incarcerations. Specifically, 74% of AOT participants were successful in reducing or avoiding PES contacts, 91% were successful in reducing or avoiding time spent in inpatient psychiatric hospitalization, and 88% were successful in reducing or avoiding time spent on incarcerated. Only 13% of cases move forward with a court order to participate in treatment, with an overwhelming number of individuals accepting voluntary services. AOT will be expanding both teams in order to serve a growing number of referrals. Behavioral Health Services has been recognized with an Achievement Award by the National Association for Counties (NACo), for AOT.

San Francisco Law Enforcement Assisted Diversion (LEAD) Program: The grant funding through the Board of State and Community Corrections for LEAD, which launched in October 2017 has ended. This program was a collaboration across city departments, law enforcement agencies, and community-based organizations. The program has connected almost 200 individuals at risk of recidivism, at the earliest contact with law enforcement, to harm-reduction-based case management services through the Glide Foundation and Felton Institute. Because of LEAD's harm-reduction approach and the persistent and patient nature of the case management teams, the program has been able to engage individuals and celebrate small and large successes with clients. Some of these successes include getting an ID for the first time in years, entering housing, residential programs, re-connecting with families after experiencing homelessness, and starting on suboxone and psychiatric medications.

QUALITY MANAGEMENT OUTCOMES

External Quality Review Organization (EQRO) Visits in December 2018: Each year, the California Department of Health Care Services (DHCS) is required to evaluate the quality of behavioral health services provided to Medi-Cal beneficiaries. The EQRO review covers the four aspects: Quality, Access, Timeliness, and Outcomes. Four focus groups with consumers representing White and African American older adults, Latino, Spanish-speaking adults, Chinese Mandarin-speaking adults, and Transitional Age Youth. In addition, EQRO staff conducted group interviews with multiple staff. Staff shared that there have been a number of high-level staffing changes, and contracting-process delays.

This year was the first year for the review of the new Drug Medi-Cal Organized Delivery System. Interviews with clinic management and line staff were conducted as well as consumer focus groups with adults in narcotic treatment programs, perinatal adults, and outpatient Latino Spanish-speaking adults.

For both the Mental Health and Drug Medi-Cal ODS Reviews, counties are rated on the extent to which they have addressed recommendations and have implemented key quality components as identified by DHCS. These ratings are then communicated to DHCS and to the federal Centers for Medicare and Medicaid Services (CMS), and are made available on the EQRO website.

Consumer Satisfaction Survey: The results from the Fall 2018 Mental Health Client Satisfaction survey are included in Appendix D.

MENTAL HEALTH BOARD RECOMMENDATIONS TO BEHAVIORAL HEALTH SERVICES AND BOARD OF SUPERVISORS

- More supportive housing for women
- 24-hour crisis line for transitional age youth (TAY)
- Weekend services for TAY
- More focus on homeless youth, and youth living in the Southeast Sector of San Francisco
- Convene a city-wide TAY Advisory Board
- Increase number of supportive housing sites for all age groups
- Increase funding for the TAY Linkage program
- Institute an independent oversight committee for transitional and permanent housing programs serving vulnerable populations
- Behavioral Health Services needs to improve coordination of services, how people flow through the system, and the handoff to the next level, with follow-up, as indicated
- Review outcome data and assess how data can be shared more effectively.
- Research new methods of treatment for substance use disorders to include the use of Buprenorphine
- Resolve inequities within the Department of Public Health and Behavioral Health Services that are contributing to the disproportionate involvement of African Americans seeking mental health and substance use disorder treatment

BOARD PHOTOS AND BIOGRAPHIES



Marylyn L. Tesconi, MA, Co-Chair

Seat #13
Family Member
Appointee of the Board of Supervisors

Marylyn Tesconi is a native San Franciscan with a strong commitment to the city and its services, its providers and its consumers. The unexpected mental health crisis of a close family member brought her attention to behavioral health services and crisis interventions, motivating her to finish her BA. She went on to get a Master's Degree in Community Mental Health, Counseling Psychology. Ms. Tesconi spent 10 years as an intern/volunteer at the Haight Ashbury Free Clinic, first as an addictions specialist and counselor and later as an intern therapist working with diverse and often marginalized populations. She learned how to be an advocate for client services, and to recognize when service goals fell short. As a member of the Mental Health Board of SF, she feels she is a part of a collective and proactive solution, contributing to the wellness of our society and the betterment of our wonderful city.



Njon Sanders (formerly Weinroth), Co-Chair

Seat #2
Consumer Seat
Appointee of Supervisor Norman Yee

Njon Sanders has been a San Francisco resident for over 20 years. For the past decade, he managed operations at a number of technology start-ups and volunteers with non-profit organizations. This background has afforded him a unique perspective on a comprehensive cross-section of our population. Mr. Sanders's personal experience with substance use disorder led him to a consumer seat on the Board, as a means of helping his peers. During his time on the board, he has participated on committees addressing Substance Use Disorder and the needs of older adults. Mr. Sanders's focus this year has been advocating for the transition of the Board to become a Behavioral Health Commission and promoting the provision of adequate permanent supporting housing for consumers. Without this crucial housing, many consumers lack the consistent shelter and subsequent dignity and safety needed for effective stabilization and treatment.



Carletta Jackson-Lane, JD, Vice Chair

Seat #3
Public Interest Seat
Appointee of Supervisor Matt Haney

Carletta Jackson-Lane, JD, has focused on supportive mental health services for Transition Age Youth, 18-24 years old, who are emancipated foster youth, and chronic mental health disparities targeting African American homeless women with children currently in SF City & County Jail. Ms. Jackson-Lane received her BA from San Francisco State University and her Juris Doctorate of Law from New College of California School of Law. She is also a Certified Mental Health Specialist, and NAMI Trainer for the Family to Family program. Ms. Jackson-Lane is the Executive Director of Sojourner Truth Foster Family Service Agency, Inc., which was founded by her mother Mrs. Alma Jackson, CEO& Founder; this STFFSA has serviced the City & County of San Francisco, the Greater Bay Area and the State of California since 1989.



Judy Z. Drummond, MA, Secretary

Seat #11
Public Interest Seat
Appointee of Supervisor Rafael Mandelman

Judy Zalazar Drummond is a retired teacher. She worked for the San Francisco Unified School District, teaching elementary and middle school for 38 years. Ms. Drummond has been a community activist since 1969 when she was part of the Los Siete de la Raza Defense Group, supporting and eventually exonerating seven young Latino males accused of killing a police officer. The group organized the Mission community and began studying police brutality, racism, affordable housing, and loss of jobs. Ms. Drummond has a weekly political commentary radio show on KPOO 89.5 FM, "Connecting the Dots," that airs Thursdays from 1-2 P.M.



Terezie "Terry" Bohrer, RN, MSW, CLNC

Seat #4
Public Interest Seat
Appointee of Supervisor Aaron Peskin

Terry Bohrer is a Nurse, Social Worker, and Certified Legal Nurse Consultant, with expertise in mental health public policy. For over 20 years Mrs. Bohrer was employed in directing and managing local and state government agencies and programs, including Director of the Maryland Patients' Rights program, Director of the Prince George's County Health Department Disability Support Services and Director of the Prince George's County Core Service Agency (the local mental health authority). Ms. Bohrer engaged in numerous volunteer activities over the past 45 years on the east coast and now in San Francisco. She volunteers for the Mental Health Association of San

Francisco as Public Policy Committee Coordinator, and counselor at the San Francisco Suicide Prevention Center.



Arthur Curry

Seat #06
Consumer
Appointee of Supervisor Shamann Walton

Arthur Curry is an advocate for those who still struggle in their journey for self-improvement. His experience with homelessness, substance use disorder, and Bipolar disorder have motivated him to give back, advocate for, and represent multiple communities of interest. Mr. Curry is employed by Behavioral Health Services of the Department of Public Health within the Treatment Access Program (TAP) and contracted with Healthright 360. His client base is people involved with the criminal justice system. Mr. Curry advocates and consults with in-custody clients, conducting co-occurring disease assessments, determining the level of care for residential treatment placements, developing care plans and treatment plans, and coordinating care services in San Francisco County. Mr. Curry also helps manage human resources and services focused on resolving specific needs of Criminal Justice Services clients, along with his team, the Offenders Treatment Program.



Marcus Dancer, Associate Minister

Seat #14
Family Member Seat
Appointee of the Board of Supervisors

Marcus Dancer is an Associate Minister at Golden Gate Church of Christ. He has worked for ten years as a minister and loves that calling. He also has, for the past six years, worked as a facilitator of Crisis Intervention Training (CIT) for first responders throughout the state. Mr. Dancer shares his holistic approach to pain management with anyone who is interested and appreciates every opportunity to be of service. He loves his wife, and he loves his life.



Ulash Thakore-Dunlap, MFT

Seat 15
Mental Health Professional Seat
Appointee of the Board of Supervisors

Ulash Thakore-Dunlap is a Licensed Marriage and Family Therapist and holds a PPSc (School Counseling Credential). Currently, she is a full-time faculty at the Wright Institute, Masters Counseling Psychology Program, and adjunct lecturer at San Francisco State University, MS Counseling Program. Ms. Dunlap also maintains a

private practice in San Francisco. Ms. Dunlap has extensive clinical experience working with children, adolescents, schools, families, and adults. Her passion for adolescent, school-based, immigrant, and Asian American mental health has led her to advocate and present on these topics at local, national, and international levels and publish articles.



Judith Klain, MPH

Seat #5
Family Member Seat
Appointee of Supervisor Gordon Mar

Judith Klain worked 30 years for the City and County of San Francisco, twenty of those years at SF Department of Public Health. It wasn't until her son became a user of the mental health system that she really understood the challenges people face in accessing care. She worked at the AIDS Office during the height of the epidemic, at SF General Hospital, at Community Programs, and at Laguna Honda Hospital. Ms. Klain was the founding Director of Project Homeless Connect, a best practice model of care for working with complex individuals which has won numerous national and local awards and which has been replicated around the world. She is currently working for the San Mateo Health Department focusing on creating innovative programs and housing for people who are homeless and mentally ill.



Gregory Ledbetter

Seat #7
Consumer Seat
Appointee of Supervisor Vallie Brown

Gregory Ledbetter is a native San Franciscan, and a Lincoln High School graduate. He pursued his education at Lamar University of Texas with a focus on community organization. When he returned to San Francisco, he continued to stay active in issues that matter. He is a member of the Black Coalition on AIDS. He has been recognized by the Board of Supervisors for his work in housing rights, as well as his community-awareness efforts with seniors. He is an active member of the Senior Disability Action Network and The Homeless Advocacy Project. Mr. Ledbetter is a mentor to hundreds of people in urgent need of services.



Toni Parks

Seat #12
Consumer Seat
Appointee of the Board of Supervisors

Toni Parks is a native of Denver, Colorado, and a graduate of University of Denver with a major in Art. She moved to San Francisco in 1974. She arrived at the beginnings of the gay movement and got involved with women’s support groups, Harvey Milk’s supervisorial campaign, and performance art. Ms. Parks spent decades as a health care worker for hospitals, non-profits, and private doctors. Being a victim of eviction from an apartment of 25 years is how she ended up being a consumer of the system rather than a provider. Currently, her interests are connecting the technology community with the reality of the needs of San Francisco and using their resources to assist with the disenfranchised. She expands her interest in technology by being a computer graphic artist and filmmaker.



Richelle Slota, MA

Seat #9
Family Member Seat
Appointee of Supervisor Sandra Lee Fewer

Richelle Slota first sought service on the Mental Health Board because her son has a mental illness. Her son had refused all help and was homeless on the streets of San Francisco. Happily, he has now returned to family. Ms. Slota advocates for better services for people like her son, as well as better services for people who are transgender. As a transgender woman, issues of gender identity have always been central in her professional writing and life. She is a playwright, novelist, non-fiction writer and poet. Ms. Slota, now retired, has worked in residential treatment with disturbed adolescent boys and on acute psychiatric wards. She last worked for Dreamcatchers Empowerment Network in Napa and Solano County as a Director of Community Employment, helping people with mental illness find and keep a job.



Catherine Stefani, JD., LLM., Member of the Board of Supervisors

Seat 17
Supervisor seat
Appointee of the Board of Supervisors

Supervisor Catherine Stefani is a City Hall veteran, gun violence prevention activist, and former prosecutor, and served as San Francisco’s County Clerk since 2016. She has had key legislation passed that affects people who are homeless with mental illness and substance use disorders. One such ordinance is requiring the Department of Homelessness and Supportive Housing to implement a Coordinated Entry System

governing the assessment, prioritization and referral of homeless persons to housing programs; to give priority to adults who have been discharged from residential behavioral health programs when making assignments to certain housing programs; and to coordinate with the Department of Public Health to ensure access to uninterrupted supportive services for those adults. Another ordinance abolishes fees associated with probation costs, restitution, booking, and more, as well as local penalties associated with alcohol testing, all of which impact people with mental illnesses and substance use disorders.



Harriette Stallworth Stevens, EdD

Seat 10
Family Member Seat
Appointee of Supervisor Catherine Stefani

Dr. Harriette Stevens is a mathematics educator and consultant. She is involved with a national education research project that focuses on improving problem solving and discourse practices in urban school classrooms. Dr. Stevens is a published author of educational articles and books. She is also a credentialed counselor. In her work, she discovered that many of her students faced life challenges they needed to address in order to continue their academic pursuits. Dr. Stevens is president-elect of the CALBHB/C Governing Board for 2019-2020. She is also a member of the National Alliance for Mental Illness (NAMI), San Francisco, and an accomplished NAMI facilitator, leading monthly support groups for caregivers, families and friends in San Francisco. In this capacity, she is committed to fostering discussions that offer hope and help families communicate, share experiences, and acquire an ability to cope with the major challenges they face in dealing with mental illness.



Idell Wilson

Seat 16
Family Member Seat
Appointee of the Board of Supervisors

Idell Wilson is a native San Franciscan and an SFSU Peer Specialist Mental Health Certificate graduate. She brings the experience of recovery life: single parent of 4, mental health services user, and has overcome homelessness, drugs, illiteracy and Black stigma. She is a product of San Francisco services and has overcome many obstacles through volunteer work with NAMI, AmeriCorps Vista, Peers Alameda, WRAP, 15 years TV host producer, SF Health Plan Advisory Board, and Hospitality House. Ms. Wilson works to break the stigma of mental illness by sharing her real-life experiences. Today, she is a survivor, a peer life coach, a keynote speaker, a journalist, a TV producer of 15+ years, writer, alumni of CCSF, and a mentor. Ms. Wilson educates Board members on how the stigma of a mental illness makes a recovery more difficult for many. Idell's motto is "Making Impossible Possible and Never Give Up."



Benny Wong, LCSW

Seat #8
Mental Health Professional Seat
Appointee of Supervisor Hillary Ronen

Benny Wong immigrated to San Francisco in 1998 and got his Master Degree in Social Work in 2001, and he is a Licensed Clinical Social Worker. He has been working with immigrants, especially Chinese senior immigrants, for over 20 years. His specialties are mental health issues, particularly facing senior immigrants. Mr. Wong has conducted different research studies starting from 2001. For example, he coordinated a research study, "Suicide in Chinese Older Adults." He also teaches professionals, such as social workers and nurses, as a fieldwork instructor supervising social work interns from different universities, such as San Francisco State University, San Jose State University, University of California, Berkeley, California State University, East Bay and the City University of Hong Kong. Throughout his career, Mr. Wong has been very committed to advocating the rights of Asian Pacific Islander seniors.

APPENDIX

APPENDIX A: Mental Health Board 2019 Awardees June 25, 2019

1. Alex Wan Ming Liu
2. Antjuan Taswell
3. Arturo Carrillo
4. Benjamin Kao
5. Bonnie Friedman
6. Charles Houston
7. Charles Maranon
8. David Zouzounis
9. Georgia Jackson
10. Irene Sung
11. John Grimes
12. Joseph Rivera
13. Kaela Joseph
14. Kathleen Lu Gilligan
15. Kevin Ortiz
16. Maria Castro
17. Marlo Simmons
18. Maureen Edwards
19. Maxine Ussery
20. Michelle Long
21. Pamela Grayson
22. Patrick Anderson
23. Philip O'Donnel
24. Russell Berman
25. Shunda Criswell
26. Terri Byrne
27. Tom Mesa
28. Tracy Brown Gallarodo
29. Valerie Tulier
30. William Thomas Cromartie
31. Wing Yee Wong

APPENDIX B: Data Notebook

Local behavioral health boards/commissions are required annually to review performance data for mental health services in their county and to report their findings to the California Behavioral Health Planning Council (CBHPC). The CBHPC, in collaboration with: California Association of Local Behavioral Health Boards/Commissions creates a Data Notebook to provide structure for reviewing information and reporting on specific mental health services in each county to the California Behavioral Health Planning Council. The goal of the 2018 Data Notebook is to survey types of services and needs in the behavioral health systems of care for children, adults, and older adults. This year the focus was to have a survey approach to collecting data as the foundation for an overall needs review.

San Francisco City County: Evaluation of Services, Barriers to Access, and Unmet Needs

1) Service areas for which persons are substantially underserved or experience substantial unmet behavioral health needs.

Age Groups:

- (a) Pre-crisis and crisis services.
- (b) Assessment
- (c) Medication education & management
- (d) Case management
- (e) Twenty-four-hour treatment services
- (f) Rehabilitation and support services
- (g) Vocational services
- (h) Residential services

	TAY (age 16-25)	Adult	Older Adult
Child			
X			X
X			
X		X	X
X	X	X	X
X	X		
N/A			
N/A		X	X

2) Major barriers to behavioral health service access for persons who are in need of these services?

Age Groups:

- A: Lack of Program Funding
- B: Lack specialized prof. expertise
- C: Lack BH workforce/providers
- D: Clients dispersed outlying areas

	TAY (age 16-25)	Adult	Older Adult
Child			
X	X	X	X
X	X		
X	X	X	X

- E: Transportation problems (bus, etc.)
- F: Lack available appointment times
- G: Fear government involvement
- H: Linguistic needs (translation, etc.)
- J: Culturally relevant needs
- K: Other barriers

	X	X	X
	X	X	
X			
X	X	X	X
X	X	X	X
X	X	X	X

Child: Not covered by medical insurance

TAY: Hours available for direct services only 9 – 5; if call afterwards told will receive a Call back in the daytime only. Also no weekend services.

Adults/Older Adults: Lack of stable housing San Francisco County

3) Areas for which new programs were implemented within the last 3 years.

For each age Group:

- (a) Pre-crisis and crisis services.
- (b) Assessment
- (c) Medication education & management
- (d) Case management
- (e) Twenty-four-hour treatment services
- (f) Rehabilitation and support services
- (g) Vocational services
- (h) Residential services

	TAY (age 16-25)	Adult	Older Adult
Child			
	X	X	X
	X	X	X
	X		
	X		
	X		
	X		
	X		

4) Services that are funded with temporary (one-time, time-limited) funding for which we are seeking a sustainable fund source to continue services?

For each age Group:

- (a) Pre-crisis and crisis services.
- (b) Assessment
- (c) Medication education & management
- (d) Case management
- (e) Twenty-four-hour treatment services
- (f) Rehabilitation and support services
- (g) Vocational services
- (h) Residential services

	TAY (age 16-25)	Adult	Older Adult
Child			
	X	X	X
X			
X			
	X	X	X
X	X	X	X

5) Highest priority programs and facilities needed within the next three years.

Child: A previously existing facility that can be converted to expand child services to include difficult trauma cases, more beds, and enhanced multilingual services.

TAY: Long-term housing as most current housing ranges from twelve months to two years.

Adults and Older Adults: Increase outreach and case management services for individuals who are homeless and have behavioral health needs.

MHSA: Stakeholders have expressed the need for stable and affordable housing (and supportive housing programs) particularly for those with serious mental illness.

For all ages: Free standing crisis center to offer assessment/evaluation, crisis stabilization, respite services, and referral services including inter-disciplinary case conferences for “frequent faces” to develop individualized service plans.

The CSS, PEI and INN components are funded through ongoing revenue into the MHSA Fund. Per provisions of the MHSA, the Workforce Education and Training, Capital Facilities and Technological Needs components were initially funded up-front in the early years and are not currently actively funded through MHSA revenues. Although counties can transfer some CSS funds for these purposes each year, essentially, the availability of that upfront funding for Workforce Education and Training, Capital Facilities and Technological Needs ended on June 30, 2018.

6) Is there still a need for any of these three components in your county?

Yes X No

If yes, please rank the following in priority order of need, #1 being highest.

- 1 **Workforce Education and Training**
- 2 **Capital Facilities**
- 3 **Technological Needs**

We have a need to recruit, train and retain more staff who provide culturally-relevant healing practices and staff who ethnically/culturally represent the demographics being served.

7) Do you have a particularly successful program funded by CSS, Innovation, or PEI funds that you would like to share with us? Yes X No

The Senior Drop-in Center at Curry engages socially isolated seniors, 55 years of age and older, in Wellness and Recovery activities in a supportive, peer-based environment. This program refers and links seniors to wrap-around services including primary care, behavioral health, and case-management services, as well as socialization opportunities. A consumer Advisory Panel meets monthly to provide feedback to the

leadership team. In FY17-18, significant changes were made to the program including: increasing drop-in program days from 6 to 7 days per week, expanding program hours from 6 to 8 hours per day, and increasing wellness group programming. Seven new groups were started in 2018. Outcomes: 139 seniors attended peer-led, wellness-based activities; 88% reported an increase in socialization: 88% of participants agree with the statement: “My culture and lifestyle are respected in the Drop-In Center”.

Other successful programs are the Transgender-focused programs and significant increase in peer staff and the Full Service Partnership program.

A Full-Service Partnership (FSP) program is a full spectrum of community services, funded by the California Mental Health Services Act, to serve individuals who have been diagnosed with a severe mental illness and would benefit from an intensive service program. The foundation of Full-Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness. Full Service Partnerships embrace client-driven services and supports with each client choosing services based on individual needs. Unique to FSP programs are a low staff to client ratio, 24/7 crisis availability, and a team approach that is a partnership between mental health staff and consumers. FSP programs assist with housing, employment and education in addition to providing mental health services and integrated treatment for individuals who have a co-occurring mental health and substance abuse disorders. Services can be provided to individuals in their homes, the community, and other locations. Peer and caregiver support groups are available. Embedded in Full Service Partnerships is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate for San Francisco County.

APPENDIX C: Gender and Ethnicity Data for Behavioral Health Services and Residential Supportive Housing Facilities FY 2017 - 2018

Mental Health total clients: 21,445:

African American n = 4,215

Female =9,341

Male =12,100

Substance Abuse total clients = 6,535:

African American n = 1,759

Female =2,125

Male =4,409

Residential Treatment Facilities, both short term stays and long term

Baker places

Total Unduplicated Clients (UDC) n: 418

Female n: 125

Male n: 293

Baker Street House Residential
Baker Grove St Crisis Residence
Baker Jo Ruffin Place Residence
Baker Adult Independent Living
Baker San Jose Place Residence
Baker Place Grove St Outpatient
Baker Robertson Place Residence
Baker Odyssey Place

Conard:

Total UDC n: 360

Female n: 102

Male n: 258

Community Housing Partnership: Essex house

Total UDC n: 31

Female n: 18

Male n: 13

Progress Foundation programs

Total UDC: 1085

Female: 376

Male: 709

Rypins House Residential and PD Geriatric
Cortland House Residential
Dorine Loso House Residential
La Posada Outpatient
Progress Avenues Crisis Residential
Shrader House Crisis Residential
Dore House Outpatient and Crisis Residential
Carroll House Residential Geriatric
Shrader House Outpatient
Cooperative Apartment
Avenues Outpatient
Clay Street Residential
Progress La Posada Crisis Residential
La Amistad Residential Adult
Progress House Resident Adult
Progress Ashbury House

Edgewood Residential Mental Health Services

Total UDC: 20
Female: 10
Male: 10

Episcopal Community Services (SF START) - not really a residential program though
- they work in shelters as outpatient.

Total UDC: 254
Female: 134
Male: 120

Golden Gate for Seniors

UDC: 70
Male: 55
Female: 15

HR360 programs:

UDC=344
Male=290
Female=54.

HR360 Adult Residential 815
HR360 CJC Residential Program
HR360 Adult Residential 890
HR360 AB109 Transitional Program
HR360 AB109 Residential Program

APPENDIX D: Fall 2018 Client Satisfaction Survey Results

There were a total of 4,362 people served during the five days the survey was distributed. Of that total, 3394 responded for an overall response rate of 76.7%. Clients responded whether they agreed or disagreed with the following items.

2,419 adults returned their surveys and the overall satisfaction rate was 90.6%

Highest Agreement Items

- 94.6 % like the services they receive
- 90.1% feel the services are available at times that are good for them
- 90.0 % would recommend services to friends or family members.

Lowest Agreement Items

- 79.3% agreed that staff told them what medication side effects to watch out for
- 80.0% agreed that they, not staff, decided their treatment goals
- 81.7% agreed that they were able to see a psychiatrist when they wanted to.

925 youth and families returned their surveys for an overall return rate of 70.0%. The overall satisfaction rate was 93.8%

Highest Agreement Items

- 95.3% feel staff treats them with respect
- 95.3% feel that staff spoke with me in a way that they understood
- 91.9% responded that overall, they were satisfied with the services they receive

Lowest Agreement Items

- 80.6% agreed that they helped choose their services
- 84.9% agreed that they got as much help as they needed
- 87.7% felt the services they received were right for them

APPENDIX E: Methadone Maintenance Treatment Data

Consumers currently enrolled in Methadone Maintenance Treatment (MMT) in the City and County of San Francisco: **2,204**

Count and Percentage of MM Clients by Gender

Gender	Count	Percentage
Male	1465	66.5%
Female	732	33.2%
Trans Female	6	0.3%
Trans Male	1	0.05%

Count and Percentage of MM Clients by Ethnicity

Ethnicity	Count	Percentage
White	1197	54.3%
African-American/Black	609	27.6%
Latino/a	153	6.9%
Other	74	3.4%
Asian	57	2.6%
Multi-ethnic	54	2.5%
Native American	41	1.9%
Unknown	9	0.4%
Native Hawaiian or Other Pacific Islander	8	0.4%
Blank	2	0.1%

APPENDIX F: Mental Health Board Resolutions

RESOLUTION: INCREASE PERMANENT SUPPORTIVE HOUSING

May 15, 2019

RESOLUTION: (MHB 01-2019) The Mental Health Board urges the City and County of San Francisco to significantly increase permanent housing with supportive services for people with mental illness and substance use disorders.

WHEREAS, there are approximately 15,000 to 20,000 people, according to the Department of Homelessness and Supportive Housing, who are homeless, and receive services over the course of a year in the City and County of San Francisco, and;

WHEREAS, this number, 15,000 – 20,000 people, does not include people who are currently incarcerated who may not have housing available when they are released from County Jail, and;

WHEREAS, approximately 40% of people with mental illness in jail are homeless or marginally housed, and;

WHEREAS, multiple vulnerable populations in the City and County of San Francisco, who are incarcerated in the County Jail, and may be facing homelessness upon release, such as African Americans, who are 38% of those with mental illness in jail, while only 5% of the total population of San Francisco, and;

WHEREAS, there are currently 7,770 units of permanent housing for people with mental illness and substance use disorders, only some of which have supportive services available, and;

WHEREAS, of these 7,770 units there is very little turnover so that very few of the units become available for the 15 – 20,000 people currently homeless, and in need of supportive housing, and;

WHEREAS, there has been a commendable increase in San Francisco in programs providing temporary housing and intermediary services, such as the Navigation Centers, Hummingbird Place, and the Women's Resource Center, and;

WHEREAS, the temporary housing is a necessity, but only a temporary solution to the housing and supportive services needs of people with mental illness and substance use disorders.

THEREFORE, BE IT RESOLVED that the Mental Health Board urges the City and County of San Francisco to significantly increase permanent housing with supportive services for people with mental illness and substance use disorders.

RESOLUTION: SUPPORTIVE HOUSING OVERSIGHT

June 19, 2019

RESOLUTION: (MHB 02-2019) The Mental Health Board urges the City and County of San Francisco to develop a system of oversight and accountability for buildings providing permanent supportive housing to people with behavioral health challenges.

WHEREAS, permanent supportive housing residences provide behavioral health services and case management to vulnerable populations, and;

WHEREAS, the people residing in these buildings have behavioral health issues, are very low income and rarely have other housing options, and;

WHEREAS, permanent housing buildings require that building owners have contracts with property management services to collect rents and oversee building maintenance and repairs, and;

WHEREAS, it is contractually necessary for property management services and City and County of San Francisco funded case management and behavioral health services provided in these buildings to maintain a separation of duties, and:

WHEREAS, it has been reported that supportive service staff are violating the 1996 Health Insurance Portability and Accountability Act (HIPAA), that protects the privacy of their clients, and;

WHEREAS, some of these residences are in varying states of neglect and disrepair with incidents of mold, structural damage, missing or broken fixtures and appliances, vermin infestation, and outdated and potentially hazardous plumbing, electrical, and mechanical systems with rusty pipes and brown water, and;

WHEREAS, after seeking resolution with case management, some residents have escalated their concerns through the designated channels and still fear retaliation for voicing their concerns around building conditions and property management practices, and;

WHEREAS, males significantly outnumber females in the majority of the permanent housing residences, and many female residents have expressed feeling unsafe, and site incidents of severe bullying incidents and direct threats to harm, and;

THEREFORE, BE IT RESOLVED that, even with separate responsibilities and legal requirements between case management services and property management, it is essential that this mutual exclusivity not result in unsafe or unnecessarily stressful conditions for residents, and;

FURTHER RESOLVED, that residents of permanent supportive housing need an entity, agency, or City department where their grievances can be heard and addressed, and;

THEREFORE, BE IT RESOLVED that the Mental Health Board urges the City and County of San Francisco to develop a system of oversight and accountability for buildings providing permanent supportive housing to people with behavioral health challenges.

TRANSITIONAL AGE YOUTH (TAY) RESOLUTION

June 19, 2019

RESOLUTION: (03-2019) The San Francisco Mental Health Board urges the City and County of San Francisco to provide additional funding to expand mental health and substance services and supported housing for Transitional Age Youth (TAY) who are experiencing behavioral health challenges.

WHEREAS, the transition from child to adulthood is can be a precarious period and requires developmentally specific support that address the difficulties many TAY have accessing services, and;

WHEREAS, many TAY fall through the cracks when transitioning from health and social service systems designed to serve children, to those that serve adults, and;

WHEREAS, in the fiscal year 2018-2019, Behavioral Health Services (BHS) Division began the development of a System of Care for TAY (TAY SOC) to enhance coordination and communication across TAY-serving systems, to build provider capacity and to develop and expand services customized for TAY, and;

WHEREAS, the new TAY SOC complements and serves as a bridge between the BHS Children, Youth and Families and Adult Systems of Care by adding services, providing linkages and supporting providers, and;

THEREFORE, BE IT RESOLVED that, while the TAY SOC launch is highly commendable, additional funding is urgently needed to expand the range of services, including the provision of housing and residential treatment for TAY with serious behavioral health challenges, additional training opportunities for providers, and the extension of crisis support to evening and weekend hours.

BE IT FURTHER RESOLVED that the San Francisco Mental Health Board urges the City and County of San Francisco to provide additional funding to expand mental health and substance services and supported housing for Transitional Age Youth (TAY) who are experiencing behavioral health challenges.

AFRICAN AMERICAN HEALTH AND WELLNESS

June 19, 2019

RESOLUTION: (MHB 04-2019) The Mental Health Board urges the Department of Public Health and Behavioral Health Services to take significant steps to implement the findings of the Black/African American Health Initiative Health Data and Health Action regarding African American health and wellness, and implement department-wide policies, procedures and changes in response to this data.

WHEREAS, African Americans are approximately 5% of the population of the nearly 900,000 people in San Francisco, and:

WHEREAS, Caucasians are 47%; Asian Americans are 34% and the Hispanic population is 15%, and;

WHEREAS, the per cent of African Americans receiving mental health services is 20%, four times the percentage of the population, and receiving substance use disorder services is 27%, more than five times the percentage of the population, and;

WHEREAS, African Americans are disproportionately represented in the San Francisco County Jail population, and;

WHEREAS, adverse childhood experiences, social inequities, and institutional racism, leads to disproportionate involvement of African Americans seeking mental health and substance use disorder treatment, and being incarcerated, and;

WHEREAS, inequities within the Department of Public Health and Behavioral Health Services are contributing to the disproportionate involvement of African Americans seeking mental health and substance use disorder treatment, and;

WHEREAS, these inequities include, but are not limited to, very few African American clinicians in the Department of Public Health, very few staff in all positions who are African American, and most staff are not sufficiently trained in cultural humility and sensitivity to African American cultures, and;

WHEREAS, there have been complaints that African Americans who are outspoken or loud, are perceived as aggressive and frightening, and situations where one staff member who feels threatened by an African American client, especially males, has the authority to expel the person from the service, and;

WHEREAS, African American clients have shared that they are negatively affected by institutional racism resulting in frustration and hopelessness, a general lack of respect, and feelings of being devalued within programs.

THEREFORE, BE IT RESOLVED that the Mental Health Board urges the Department of Public Health and Behavioral Health Services to take significant steps to implement the findings of the Black/African American Health Initiative Health data and Health Action regarding African American health and wellness,

and implement department-wide policies, procedures and changes in response to this data.

SUBSTANCE USE DISORDER RESOLUTION

June 19, 2019

RESOLUTION: (MHB 05-2019) The San Francisco Mental Health Board urges the City and County of San Francisco to initiate a study to determine the efficacy of providing Medically Assisted Substance Use Disorder service providers increased access to Buprenorphine and Naltrexone to afford patients a greater degree of self-determination in their individual recovery plans.

WHEREAS, there are approximately 2,204 consumers currently enrolled in Methadone Maintenance Treatment (MMT) in the City and County of San Francisco, and;

WHEREAS, MMT requires that patients receive onsite treatment daily, and;

WHEREAS, MMT patients do not have the option to obtain their medication in pharmacies, and services are generally provided in areas of the city suffering the highest densities of illicit drug trade, and;

WHEREAS, mandated onsite treatment impedes patients' dignity, ability to travel, maintain regular employment or education, or to deviate, in any way, from a restrictive daily treatment regimen, and;

WHEREAS, the stigma of opioid addiction and its treatment are closely associated with an indefinite physical dependency on Methadone, and;

WHEREAS, MMT remains largely accepted as a standard modality despite its relatively elevated risk of dependency and difficult withdrawal and;

WHEREAS, in 2009, the Centers for Disease Control and Prevention (CDC) determined that methadone contributed to one in three prescription painkiller deaths, and;

WHEREAS, when administered in fixed doses, Buprenorphine is equal to Methadone in the reduction of illicit opioid use and patient retention, and;

WHEREAS, Buprenorphine has been found to be safer, with a greatly reduced incidence of overdose, and;

WHEREAS, According to The American College of Obstetricians and Gynecologists guidelines, Buprenorphine is the preferred treatment for opioid-dependent women in pregnancy and is safer than both Methadone and medical withdrawal, and;

WHEREAS, when Buprenorphine is prescribed in conjunction with Naltrexone, an opioid antagonist, patients report few or no cravings and a lack of physical dependency;

THEREFORE, BE IT RESOLVED that the San Francisco Mental Health Board urges the City and County of San Francisco to investigate the efficacy of

providing patients being treated for opioid addiction increased access to Buprenorphine and Naltrexone in an effort to complement the individualized and voluntary nature of recovery that is vital to many receiving services.

BUDGET RESOLUTION

June 19, 2019

RESOLUTION (MHB-06-2019): The Mental Health Board urges the Mayor, the Health Commission and the Board of Supervisors to significantly increase the Department of Public Health Services Budget for Behavioral Health Services to provide increased supportive housing, staffing, and innovative programs.

WHEREAS, San Francisco is enjoying significant prosperity, and the passage of legislation that increases funding sources for Behavioral Health Services, and;

WHEREAS, A significant increase of successful businesses have financial resources that could benefit Behavioral Health Services clientele, and;

WHEREAS, San Franciscans are extremely concerned about the number of people with behavioral health issues who are living on the streets, and;

WHEREAS, Behavioral Health Services has spent years developing a strategic, cost-effective system of care with a focus on community-based treatment replacing institutional care, which meets the Bronzan-McCorquodale guidelines, as detailed and mandated in the Welfare and Institutions code for the State of California, and;

WHEREAS, the Mental Health Board believes a strong and effective public health system directly benefits all neighborhoods and economic sectors of the community; and;

WHEREAS, many people with serious mental illnesses and substance use disorders, in San Francisco, are unable to secure housing with appropriate supports, and;

WHEREAS, the Mental Health Board believes our community has a moral and ethical duty to care for those people who are ill, suffering, in trouble, and in need, now, therefore,

THEREFORE BE IT RESOLVED that the Mental Health Board recommends the City and County of San Francisco do everything in its power to protect the long-term investment it has made in community behavioral health services, and to increase funding to provide the many services still needed, and;

BE IT FURTHER RESOLVED that the Mental Health Board urges the Mayor, the Health Commission and the Board of Supervisors to significantly increase the Department of Public Health budget for Behavioral Health Services to provide increased supportive housing, staffing, and innovative programs.