

# THE MENTAL HEALTH BOARD OF SAN FRANCISCO ANNUAL REPORT



## THE PERFORMANCE AND NEEDS OF SAN FRANCISCO'S MENTAL HEALTH SYSTEM

FISCAL YEAR  
2012-13

Presented to the Board of Supervisors of the City and County  
of San Francisco  
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# The Mental Health Board of San Francisco Annual Report

## THE PERFORMANCE AND NEEDS OF SAN FRANCISCO'S MENTAL HEALTH SYSTEM

### 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.

Adopted as part of the Bronzan-McCorquodale Act of 1991.

## A WORD FROM THE CO-CHAIRS

It has been an honor and truly a life enhancing experience to be elected by my fellow members of the Mental Health Board of the City and County of San Francisco to serve as Board Co-Chair along with fellow Co-Chair Ellis Joseph. The board was designed to both inform the public as well as help set mental health policy for our city. What I didn't initially realize is how much I personally would be informed and how much personal growth I would enjoy as a result of serving. I say this in part because our board, as of this writing, has a few openings. I want to encourage any interested persons to apply with our board's Executive Director, Helynna Brooke.

Each monthly board meeting, always open to the public, provides an update on the activities of our Mental Health Services Act (California Proposition 63) as well as an update from CBHS (Community Behavior Health Services) Director Jo Robinson. Following, we focus on a key issue, usually picked from the topic list generated in our annual retreat in December. As you review this report, you will enjoy a good overview of the topics we covered over the last years board meetings.

One of the topics that I personally invested much time and effort in was the negotiation of the development agreement (DA) between our City and Sutter Health/CPMC (California Pacific Medical Center) in their plans to rebuild St. Luke's hospital and build a new destination hospital at Van Ness and Geary named "The CPMC Cathedral Hill Campus".

Initially, there were many troubling concerns about this project. In addition to not providing for any inpatient mental health treatment, the proposal to reduce St. Lukes hospital, which is also owned by Sutter Health, to only 80 beds would create an institution that medical economists said was destined to fail because it would not be economically viable.

These CPMC negotiations with the City had dragged on for almost six years with little hope of a successful agreement until Mayor Lee appointed the businessman Lou Giraudo as negotiator and mediator. Lou was able to bring two warring sides into a much better agreement for the city than anyone expected.

The battle for funding inpatient mental health beds and community mental health services, however, continues. With over two billion dollars being spent on this construction project, I continue to hold out hope that at least a small amount can be allocated to directly treating severe mental illness.

Doing this would help reduce the burden on our city's Psychiatric Emergency Services (PES) at SF General Hospital (SFGH), currently the only secure (locked) psychiatric facility in San Francisco. As our city suffers one of the highest per capita rates of 5150 emergency psychiatric hospital admissions and as PES is frequently at capacity, this is a crucial issue. Sadly, serious mental health crises, untreated, can often result in an arrest and diversion to our city jail - a place ill equipped to treat these cases.

The Mental Health Board will strive to streamline its agenda items, start meetings on time and board members will be more active speaking at the meetings of the Board of Supervisors.

Board members will continue to watch over the mental health budget to prevent cuts in services which lead to increased problems with access to care and activities of daily living. This creates greater problems with homelessness, being victims of crime, crime, and additional problems.

The Board will strive to pursue information about mental health and substance abuse needs in our community and develop strategies to share this information. Members plan to increase the number of programs

receiving a visit and a program review. The Board will continue to look for ways to better serve the needs of the community.

Sincerely,

David Elliott Lewis, PhD, Co-Chair

Ellis Joseph, MBA, Co-Chair

## COMMUNITY BEHAVIORAL HEALTH SERVICE

### HIGHLIGHTS OF THE YEAR

#### **New Director of Children, Youth and Families**

The new fiscal year started off with the hiring of Ken Epstein as the new Director of Children, Youth and Families System of Care. With all his many years of experience working with children, youth and families, most recently at Edgewood Center for Children and Families, he is a great addition to Community Behavioral Health Services.

These are some of the initiatives and processes he will oversee:

**Trauma Informed Initiative:** all of our work will be influenced by a foundational understanding of trauma from birth to death, and all service providers from clerk to psychiatrist will have a shared terminology and knowledge about trauma.

**Substance Abuse Treatment for Children, Youth and Families:** resources and gaps in our current system for treating substance abuse in youth. strategize about how to meet the identified needs.

**Clinical Excellence:** forums to exchange successes, best practices, innovative models and even failures to learn together how to best build an effective treatment system for the children, youth and families.

**Children, Youth and Family Advisory Group:** advisory group of youth and families with lived experience in a system of care to sort through the ways our system does or does not meet the needs of the folks we serve.

**Providers Meeting:** Provider relations are central to a functional system. address operational needs and develop a place to discuss strategy.

**Building strong relationships with our county child and youth serving partner agencies:** shared vision that allows the agencies to grow collaborative prevention and intervention initiatives and creative funding.

**Outcomes and performance:** present the data we have, discuss it in the aggregate with larger groups, specifically with individual programs and incorporate all of that feedback into a system improvement process.

#### **Programs Merge and Re Brand**

On July 1, 2012, Haight Ashbury Free Clinics – Walden House became known as HealthRIGHT 360. Dr. Vitka Eisen, Chief Executive Officer, stated that last year's merger presented them with the opportunity to rebrand and market with an identifiable name that would allow them to grow with enhanced services; be more reflective of the services provided; and not be geographically-bound to one local.

#### **New Medical Director for Substance Abuse Services**

Dr. Judith Martin joined San Francisco's Community Behavioral Health Services in the role of Medical Director for Substance Abuse Services. Dr. Martin is an Addiction Medicine specialist who has been working in the Bay Area with addicted patients and their families since 1987. She originally trained as a family physician, and later became board certified in addiction medicine. Her latest position was Medical Director at BAART Turk Street Clinic in San Francisco's Tenderloin district, an integrated care clinic that offers methadone maintenance, buprenorphine maintenance, mental health services, drug counseling, perinatal enhancement care for opioid addicted women and their families, and medical home primary care.

Dr. Martin has been President of the California Society of Addiction Medicine, a professional organization of



physicians who treat addiction in California, and has been on the Executive Council and the Committee for the Treatment of Opiate Dependence of that organization (CSAM). She is currently on the Board of Directors of the American Society of Addiction Medicine, and is Co-chair of the Education Council of that organization (ASAM).

Dr. Martin has participated in the National Institute of Drug Abuse (NIDA)'s Clinical Trials Network (CTN) on multi-site research studies of treatment of opioid dependence and cocaine dependence. She was a member of the Research Utilization Committee for the CTN. She has co-authored various articles related to methadone, buprenorphine, and physician education, and is co-author of the chapter on Opioid Agonist Treatment of the ASAM Textbook.

Dr. Martin was co-chair of the Buprenorphine Training group for ASAM, and has led more than 20 physician courses about office-based treatment of opioid dependence using buprenorphine. She has participated in SAMHSA-sponsored physician mentoring networks as a clinical expert, including physician support systems for therapeutic use of buprenorphine, methadone, and other opiates.

### **CBHS Launches Groupwork Initiative**

Since 2011, a small committee in CBHS, composed of central administration, civil-service and contractor staff, and a consumer representative, have been quietly working on expanding the use of groups as a mode of treatment within the CBHS outpatient system of care. Increased demand for behavioral health services combined with the budget restrictions of the last few years have put a premium on efficient ways to provide behavioral health treatment, and on tapping into client and community strengths to promote wellness and independence. Groupwork allows staff to help more clients, and is beneficial in that it promotes community and self-help among clients. Groups have also been proven effective for certain clients and issues. Last year, the CBHS Groupwork Committee launched a training and system-wide implementation of the evidence-based Seeking Safety groups across 40 CBHS agencies/programs, involving over 100 trained counselors initiating the Seeking Safety groups at their service sites. CBHS is continuing to provide consultation, training and support to these group facilitators as they fulfill their one-year commitment to conduct these Seeking Safety groups at their programs.

This year the Groupwork Committee launched its next system-of-care groupwork implementation of the SAMHSA evidence-based "Illness Management and Recovery Program." The Illness Management and Recovery Program (IMR) consists of a series of weekly sessions where mental health practitioners help people who have experienced psychiatric symptoms to develop personalized strategies for managing their mental illness and recovery. The weekly sessions are built around the following modules: Recovery Strategies; Practical Facts about Schizophrenia, Bipolar Disorder and Depression; Stress-Vulnerability Model and Treatment Strategies; Building Social Support; Using Medication Effectively; Reducing Relapses; Coping with Stress, Problems and Symptoms; and Getting Your Needs Met in the Mental Health System.

Mission Assertive Community Treatment piloted IMR late last year, and participants found that IMR empowered them with skills and knowledge to manage their lives toward recovery from mental illness.

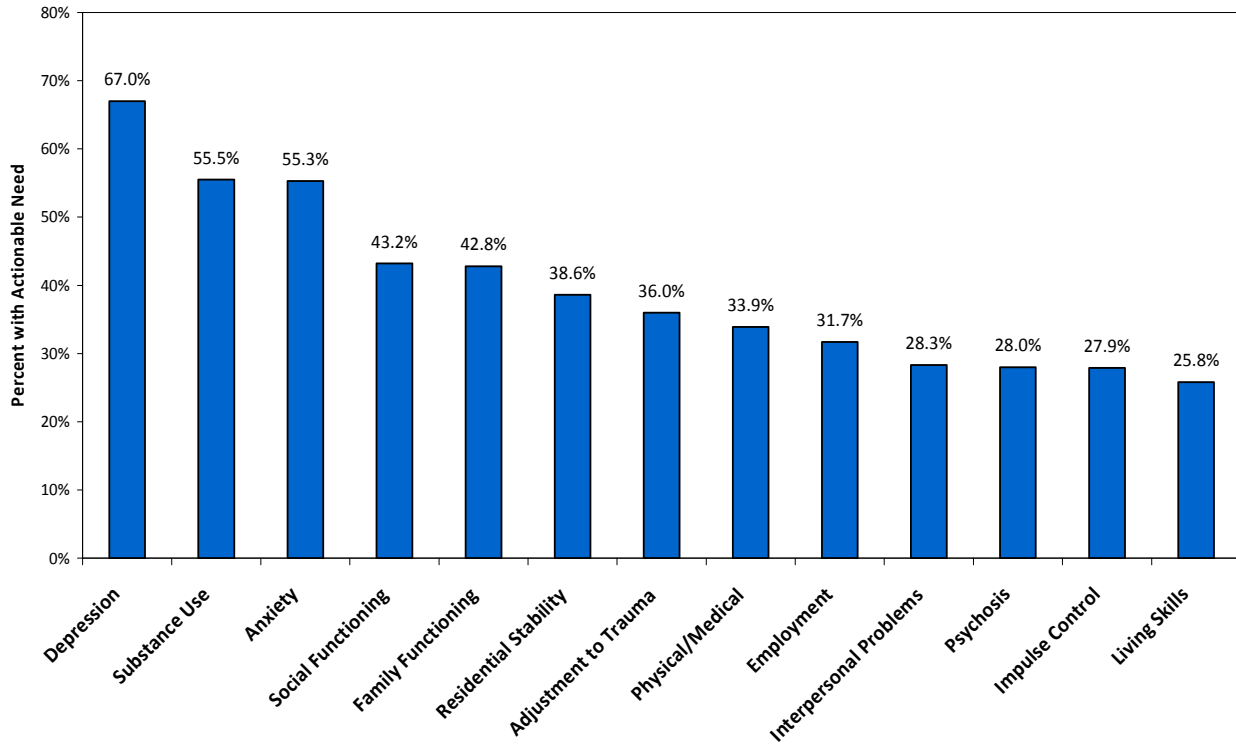
### **Adult Needs and Strengths Assessment (ANSA) Baseline Profile**

The Adult Needs and Strengths Assessment (ANSA) was implemented to support decision making about level of care and service planning, to facilitate quality improvement, and to allow for the monitoring of client outcomes. ANSA items cover the content of a typical clinical assessment, and are each rated on a scale of 0 to 3. The higher the rating, the higher the need, with scores of 2 and 3 indicating actionable and urgent needs, respectively.

The Adult/Older Adult System of Care adopted the ANSA in 2010. To date, more than 8,000 ANSA assessments have been completed. The data from the ANSA present us with the opportunity to look at client concerns and strengths at multiple levels: the individual client, the clinician, the program, cohorts of programs (e.g., levels of care), and the system as a whole.

Data from the ANSA assessments and re-assessments allow us to measure change over time in clients' needs and strengths within each of the levels enumerated above. Beginning in FY 11-12, contract performance objectives included an expectation that clients will improve in one or more of the ANSA domains. The most prevalent needs among adults entering treatment are shown in the chart below.

**Adult Needs and Strengths Assessment (ANSA)**  
Top Actionable Needs at Intake (N=5222)



These bars represent ANSA data from all initial assessments for all Adult/Older Adult programs. They show that 67% of clients presenting to A/OA programs have Depression rated as an “actionable” need, meaning that the clients’ mood difficulties are sufficiently dire that program staff need to take some action to respond. Next most prevalent Behavioral Health needs are Substance Use and Anxiety (approximately 55% of clients each). The next two most prevalent needs on initial assessment are Functional needs: Social Functioning and Family Functioning (approximately 43% of clients). Such data is helpful for selecting best practices and for prioritizing training. Annual ANSA follow-up data are currently being analyzed to assess change over time.

**National Drug Overdose Awareness Day Celebrated in San Francisco**

On August 31st, 2012, San Francisco recognized National Overdose Awareness Day and celebrated the success of the Drug Overdose Prevention Education Program (DOPE) by granting the program and its director, Eliza Wheeler, a “Public Health Hero” award on the steps of City Hall. The award followed a march from the office of the San Francisco Drug Users Union in the Tenderloin to City Hall with community members, DOPE staff and other advocates carrying paper flowers and signs decorated with names of those who have been lost through overdose death. The procession was accompanied by a police motorcycle escort and music by the Brass Liberation Orchestra.

In the United States, the number of lives lost to accidental drug overdose has recently surpassed deaths caused by motor vehicle accidents, and increases in prescription drug abuse are contributing to these rates. The Director of the

White House Office of National Drug Control Policy (ONDCP), Gil Kerlikowske, has outlined a national goal of reducing unintentional drug overdose deaths by 15 percent over the next five years.

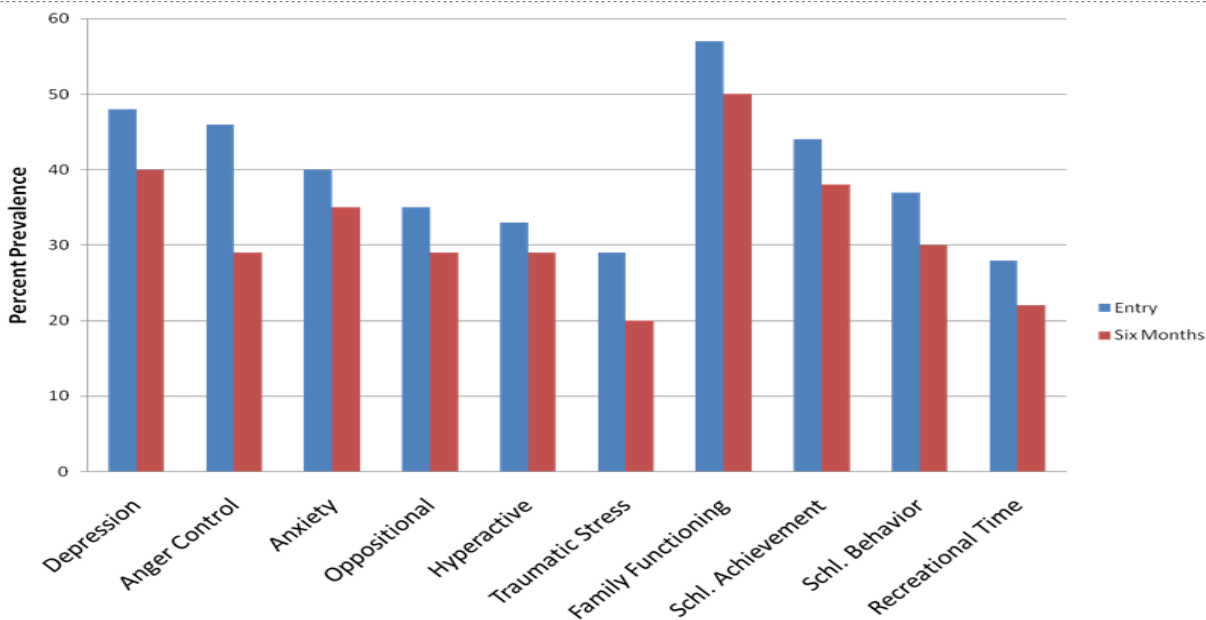
**San Francisco 49ers Create Suicide Prevention Video**

This month the San Francisco 49ers became the first NFL team to produce an "It Gets Better" suicide prevention video. The video is aimed at LGBT youth who may be being bullied because of their sexual orientation, and offers words of encouragement and hope. The video refers those who may be thinking about suicide to the National Suicide Prevention Lifeline (877-273-TALK) and the Trevor Project Lifeline (866-488-7386),

**Child and Adolescent Needs and Strengths (CANS) Tool Longitudinal Profile**

The Child and Adolescent Needs and Strengths (CANS) tool was implemented across the child-serving system to create a shared understanding of client needs and strengths among youth, caregivers, behavioral health providers, supervisors and administrators. Items on the CANS are used to rate a child’s behavioral and emotional needs, strengths, risk behaviors, functioning, trauma experience, and social and cultural context. Each item is rated on a scale from 0 to 3, with items rated a ‘0’ indicating no need for intervention in this area, and items rated a ‘3’ indicating a need for immediate or intensive intervention.

Table 1. Children’s Behavioral Health Needs, Risk Behaviors, and Functioning at Entry and 6-Months.



In this table we see that Depression is the most common presenting problem for children and youth in our system. Nearly 50% of children and youth in our system present with Depressive symptoms requiring treatment at entry. About 45% of children and youth present with Anger Control (externalizing) concerns. After six months of treatment services, about 40% of children and youth have Depressive symptoms requiring treatment; children and youth presenting with Anger Control problems show a sharper decline in these problems (from 45% to 29%). In terms of Functional concerns, more than half of all children and youth have a need to improve their functioning and participation in family activities (57%). After six months of treatment, this need has dropped only slightly (to about 50%).

These profiles of change provide us with data about the initial presenting needs of children and youth, and our effectiveness as a service system in providing specialty mental health services to address those needs. These data begin to show some of our strengths and needs in treating children and youth. In the next installment of this series we will look at the data on children's strengths and strength development, to understand what strengths children and youth present with, and how we can build and build on these strengths over time.

### **Child Abuse Intervention Program**

The Department of Public Health has been recently certified by the San Francisco Adult Probation Department to provide a comprehensive year-long treatment program for eligible and suitable offenders convicted of Section 273(a) of the California Penal Code (Child Abuse/Endangerment) and/or Section 273(d) Penal Code (Child Abuse via Trauma Inducing Cruel Corporal Punishment) and placed on probation. In September, the Adult Probation Department began referring people on probation to the program.

The Child Abuse Intervention Program (CAIP) is a collaborative effort involving various community stakeholders and City Departments, including the District Attorney, the Mayor's Office, the San Francisco Domestic Violence Consortium, the San Francisco Child Abuse Prevention Center, Police Department, the Department of Public Health, and the San Francisco Adult Probation Department. CAIP will provide a range of interventions through treatment and evidence-based practices and proven mechanisms to address the causes of child abuse and to prevent relapse. These interventions include, Cognitive Behavior Therapy, Triple P Parenting Practices, and Thinking for a Change. The goal of treatment is to change attitudes and behaviors that lead to the maltreatment of children.

### **Re-Design of SF HOT and MAP into a new Engagement Specialist Team**

DPH-CBHS continues to respond to the needs of the most at-risk individuals in San Francisco, who have severe and chronic health problems, recurrent acute and emergency care, and difficulty meeting their multiple needs for health, housing and social services.

On November 1, 2012, DPH-CBHS, in collaboration with Community Awareness & Treatment Services (CATS), will implement the new focus for the homeless outreach and transportation services provided by the Homeless Outreach Team and Mobile Assistance Patrol programs. These two programs will combine to become the Engagement Specialist Team (EST) program. The EST will prioritize its services to a group of patients in the city (about 500 individuals) who frequently use multiple urgent and emergent services – collectively referred to as the High Users of Multiple Services (HUMS). HUMS individuals are not connected to ongoing and preventive care services, and, as a result, are unable to attain improvement of their chronic and intermittently acute illnesses.

EST will function as the community “glue” for HUMS patients, providing outreach, assessment, information, transportation, interpersonal engagement, placement sites and brief interventions to assist with a shift from recurrent but disconnected urgent/emergent care to preventive, pro-active and continuous care based on community-wide plans of care.

### **RAMS Hire-Ability Graduation**

On October 26, 2012, the IT Department, in conjunction with RAMS Hire-Ability Vocational Training program, celebrated the graduation of eight customer service technicians. They will staff the CBHS HelpDesk and provide customer support for Avatar, the computer record management and billing system.

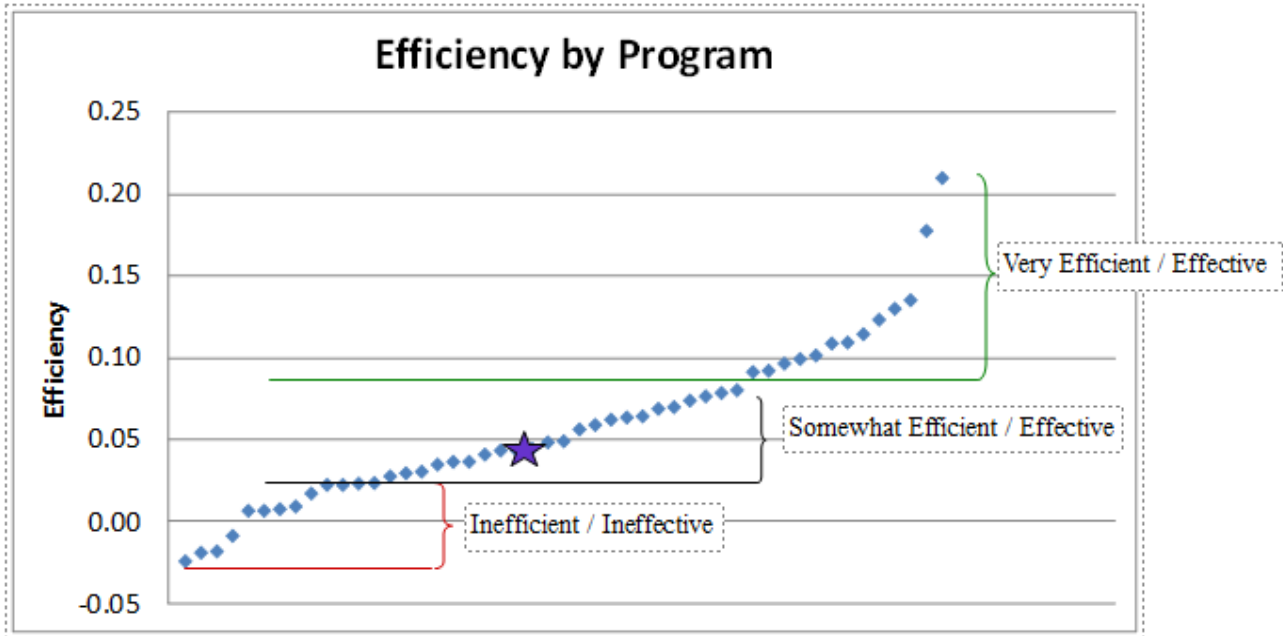
### **2nd Annual MHSA Awards Ceremony**

The 2nd Annual MHSA Awards Ceremony took place on Friday, October, 19, 2012.

In total, 119 individuals were acknowledged for their achievements in recovery and wellness.

**Ensuring Access and Effectiveness: Rates of Client Improvement**

Figure 1. Rates of Client Improvement by Program



These results indicate that the largest group of our programs provides effective relief at a moderately efficient pace. About a quarter of programs provide very efficient and effective care. Another quarter of programs provide care which is inefficient or ineffective. These results demonstrate the importance of looking across programs to understand how to make our system more efficient and more effective.

**Children, Youth and Families, Katie A**

Katie A. is the lawsuit that was successfully litigated and has created an entitlement for mental health services for at risk or dependent foster care youth at risk of placement disruption, residential or admission to a psychiatric hospital. CYF has formed an internal workgroup to begin to sort through and assess our current system, and discuss our readiness to develop practices that are aligned with Katie A. Concurrently, CYF and HSA are working towards developing an interagency work group to align our vision, review our practices and develop recommendations for mental health service delivery. The state has issued the documentation manual, which will include two new services including in home behavioral services and intensive case management.

**ERMHS: Educationally Related Mental Health Services:**

CYF is in its second year in transitioning what were Community Behavioral Health driven school based services (3632) to ERMHS, which are school district driven. We have been meeting regularly with the school district to better understand their objectives for the mental health service and to renew our current MOU. This process has involved assessing our internal practices and realigning our resources to better align with the SFUSD's objectives of insuring that services are primarily delivered in the school setting and are focused on addressing needs stated in the Individual Educational Plan (IEP).

## **Client Satisfaction Survey - Overall Satisfaction Rates Were Very High**

CBHS collected satisfaction surveys from clients during the period 5/14/2012 - 5/25/2012 for Mental Health programs and from 6/25/2012 to 6/30/2012 for Substance Abuse programs. Mental health clients were surveyed using the State-mandated measures, the MHSIP (Mental Health Statistics Improvement Program) for Adults and the YSS (Youth Services Survey) and YSS-F (Youth Services Survey-Family) for Child, Youth, and Family clients. Substance Abuse clients were surveyed using the much shorter (11-item) scale that CBHS QM staff developed and used during the previous fiscal year.

Overall satisfaction rates were very high.

Results from the Mental Health program clients indicated extremely high levels of satisfaction. CBHS received 2,512 valid responses from clients of Adult/Older Adult programs, of which 2,291 had an average score that indicated they were satisfied with services (91.2% satisfaction rate). CBHS received 1,225 valid responses from clients of Child, Youth, and Family programs, and 1,139 had a score that indicated satisfaction with services (92.9% satisfaction rate).

CBHS received 1,934 surveys from clients of Substance Abuse programs. Of those, 1,661 had an average score that indicated satisfaction with services (85.9% satisfaction rate).

## **San Francisco State University Releases Two Year Outcome Report on Student Success Program**

The College of Health and Human Services at San Francisco State University has received funding through both the Mental Health Services Act (MHSA) and the University to support students who are preparing for careers in public health. Called the Student Success Program, they employ a wrap-around and multidisciplinary approach, assisting students in building a healthy and stable lifestyle while in school. Their services are student driven, focusing on the students' short and long-term goals, individual and environmental strengths and assets, potential challenges to academic success, and the types of supports that they believe would be helpful in navigating the university system. Findings revealed over the past 2 years

- Students reporting behavioral health issues are significantly more likely to enumerate a multiplicity of needs & goals related to physical & mental health, academic performance, relationships, as well as financial & material stability
- In the course of students' ongoing relationship with the SSP, they become more interested in serving the community as providers or advocates
- Most frequently presenting issues: challenges related to physical and mental health, getting back on track academically after setbacks related to life stressors, loneliness and isolation
- Services are most effective when implemented in an open-ended fashion over an extended period of time
- Drop-in services are effective, with 1,124 contacts between August 22, 2011 and May 19, 2012

### **Highlights**

- During its first two years of operation, the SSP has served (130) students through intakes and individual services
- 21 students who were served by the Student Success Program (SSP) during its first two years of operation have graduated
- Of those 21 students who graduated, 71% were either employed or were volunteering in a position related to mental health; and 15 identified as consumers or family members
- SFSU was awarded an MHSA Student Mental Health Initiative grant (\$410,000) to provide campus-wide prevention and early intervention programming – including curriculum development and training, peer-to-peer support and suicide prevention – which will substantially increase the reach of the Student Success Program

## **HOPE**

The O.M.I. Family Center has been participating in a 15 month long statewide learning collaborative sponsored by the California Institute of Mental Health. The O.M.I. Family Center is one of 17 teams throughout California who are working together to learn how to advance Wellness and Recovery Practices into our daily clinical work.

The “Tree of Hope” project was born out of the idea of creating a collaborative project for all clinic clients, family members, caregivers, friends and staff to complete together that would build awareness of the importance of strengths in our lives and in particular in our path to wellness and recovery.



The first image is of the 5 foot felt tree entitled “Growth of Hope” which was located in the clinic waiting room. Each leaf on the tree is a strength which was identified by a client, family member, friend, or staff as being important to them.

The second image is a digital version of the “Growth of Hope” tree. All of the strengths identified in the original version of the tree were recorded and downloaded into a word cloud software program.



### **Holistic Wellness Evaluation Summary of MHSA Prevention and Early Intervention Holistic Wellness Programs.**

The Office of Quality Management completed an evaluation of MHSA Prevention and Early Intervention’s Holistic Wellness Programs in the fall of 2012. The goals of Holistic Wellness are to engage cultural and linguistic traditions in order to strengthen community resilience to trauma and improve behavioral health outcomes. Examples of ongoing Holistic Wellness program activities include YMCA’s Parenting Class, Central City Hospitality House’s Community Arts Program, and Instituto Familiar de la Raza’s embroidery workshop. The programs also organize annual community events such Native American Health Center’s Gathering of Native Americans and YMCA’s Kwanzaa celebration. Overall, the Holistic Wellness Programs are having a positive impact on program participants. They expressed improvement in their physical, mental, and emotional health, as well as social connectedness, community building, and coping skills.

### **Primary Behavioral Health Care Integration - South of Market Behavioral Health Clinic**

The San Francisco Department of Public Health was awarded funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) for Primary Behavioral Health Care Integration (PBHCI) for consumers with serious mental illness (SMI). The grant funding is supporting integration of care and the creation of a health home for clients at South of Market Mental Health Services (SOMMHS). Because the program includes a tremendous amount of technical support and funding for evaluation, we anticipate that this program will serve as a model for DPH in its ongoing efforts to integrate services. The program’s goals are: improved access to primary care services; improved prevention, early identification, and intervention to reduce the incidence of serious physical illnesses, including chronic disease; increased availability of integrated, holistic care for physical and behavioral disorders; and

better overall health status of clients.

**Clients seen through PBHCI to date**

~35% of SFFIRST clients are enrolled in onsite primary care

~ 5% of ISC clients are enrolled in onsite primary care

On average, clients have been open at SOMMHS or SFFIRST for more than two years and receiving onsite primary care for more than one year.

Open	With primary care at matched DPH clinics *	With primary care onsite
175 (SFFIRST)	105	65
1072 (SOMMH outpatient)	476	77
*TWHC, HUH, SOM, SEHC, Glide, Potrero Hill, Castro Mission, MNHC		

**To meet grant goals, more than 10 clients per month need to be referred & enrolled in PBHCI**

**Since July, about 5 clients per month have been enrolled**

**Based on our measures, this is what we can know about clients served to date:**

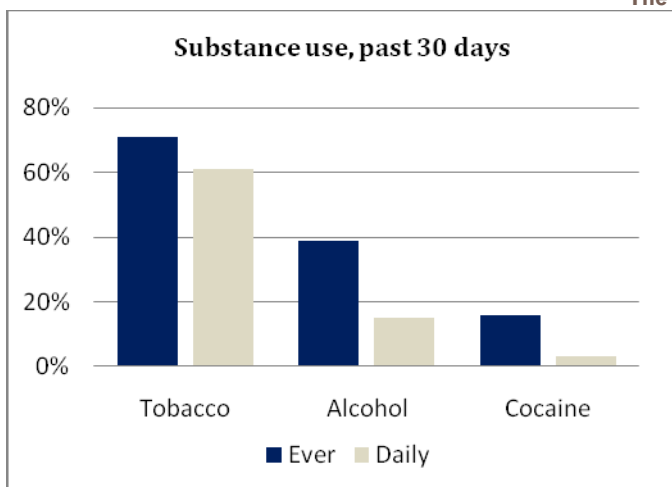
- ✓ Most are daily smokers
- ✓ 6% are at significant risk of metabolic syndrome
- ✓ The most common principal diagnosis is schizophrenia (47%)
- ✓ Over 40% were admitted to PMR or

EMR in the past 12 mos & many had multiple hospital stays

- ✓ About half show symptoms of trauma & 1 in 5 were depressed most of the past 30 days
- ✓ Most would rate their health as good or better

Physical health risks		
	N	%
Diabetic	11	6%
Chronic pain	18	10%
HIV	3	2%
High	27	15%





Blood Pressure (>130/85)		
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**And about services:**

- ✓ 53% of PBHCI clients had blood pressure as part of primary care visit in the past 6 mos
- ✓ 51% of PBHCI clients had HgbA1c drawn as part of primary care visit in past 12 mos
- ✓ 43% of PBHCI clients had fasting labs drawn as part of primary care visit in past 12 mos

**Men and Women Are Helped Differently by Alcoholics Anonymous**

Men and women benefit in different ways from Alcoholics Anonymous (AA), a new study suggests.

Men benefit more from avoiding companions who encourage drinking and social situations in which drinking is common, according to Health24. Women benefit from the program by having increased confidence in their ability to avoid alcohol when they feel sad, anxious or depressed.

“Men and women benefit equally from participation in AA, but some of the ways in which they benefit differ in nature and in magnitude,” lead researcher John F. Kelly, PhD, of the Massachusetts General Hospital Center for Addiction Medicine said in a news release. “These differences may reflect differing recovery challenges related to gender-based social roles and the contexts in which drinking is likely to occur.” One-third of AA’s members are women, the article notes.

The researchers studied more than 1,700 participants in AA, 24 percent of whom were women. They were enrolled in a study called Project MATCH that compared three alcohol addiction treatment approaches. The study tracked participants’ success in maintaining sobriety and whether they attended AA meetings. It also evaluated specific measures, such as participants’ confidence in their ability to stay sober in certain situations.

In both men and women, AA participation increased confidence in the ability to deal with high-risk drinking situations, and increased the number of social contacts who supported their recovery efforts. For men, the effect of both of those changes on the ability to stay sober was twice as strong, compared with women in the study. Women were much more likely than men to benefit from improved confidence in their ability to stay away from alcohol when they were sad or depressed.

**Full Service Partnerships (FSPs)**

The Office of Quality Management partnered with Citywide Forensics FSP and SOMMHS to focus on identifying

clients nearing readiness for graduation, supporting their transition out of the FSP and linking them effectively to outpatient services. To that end, the FSP Graduation team developed Talking Points for recovery conversations; utilized the Strengths Assessment, Strengths based Group Supervision and Personal Recovery Plan from Kansas University School of Social Welfare (R Goscha); developed a 22-item Recovery Checklist; and piloted a roadmap for client transitions called the Linkage Process.

Highlights of Learning from the FSP Graduation Team:

- Client conversations about recovery and “graduation” are best as early as possible after enrollment
- Peer specialists are key players in helping to:
  - o Make clients feel welcome in a new setting
  - o Model client self-advocacy and recovery
  - o Connect clients to non-mental health community-base activities
- Focusing on client’s strengths builds both client and provider hope for recovery
- Newly developed 22-item Recovery Checklist helps:
  - o see a client’s recovery progress and needs more clearly
  - o focus on key recovery areas that need support before graduating out of the FSP
  - o provide a communication tool for understanding the client’s recovery that can be shared
    - between client and provider
    - between FSP and outpatient providers during linkage
  - o Expand use of the Recovery Checklist to other FSP and ICM programs
  - o Develop an age-appropriate Recovery Checklist with the Child/Youth/Family (CYF) programs
  - o Both ARP teams will meet monthly with CBHS Leadership and key program directors to work on spread of ARP-informed, recovery-oriented tools and practices across the SOC.

CIMH will initiate the next ARP Learning Collaborative later this year. This offers an opportunity for other CBHS programs to take advantage of their structured model, extensive training and tools in order to test and implement recovery-based program changes, leading to improvements in clients’ well-being and outcomes.

**The Mental Health Services Act Housing Program in San Francisco**

The San Francisco Department of Public Health (SFDPH) has used Mental Health Services Act (Prop 63 or MHSA) housing funds to create permanent supportive housing and services for individuals with serious mental illness who are homeless or at risk of being homeless. All tenants have leases and maintain independent housing with the support provided through MHSA, the sponsors, and SFDPH.

**Development Project Summary**

**Cost Allocations**

<b>SF MHSA Housing Funding</b>				
Income	Capital	Subsidy	Discretionary	Total
MHSA Allocation	\$5,142,900	\$2,571,500		\$7,714,400
Discretionary Fund Transfer			\$2,163,000	\$2,163,000
Interest			\$281,514	\$281,514
<b>Total</b>				<b>\$10,158,914</b>
<b>SF MHSA Housing Funded Projects</b>				

Polk and Geary	\$1,000,000			\$1,000,000
Richardson	\$1,200,000	\$1,200,000		\$2,400,000
Veterans Commons	\$800,000			\$800,000
Kelly Cullen Community	\$1,700,000	\$1,700,000		\$3,400,000
Ocean Avenue	\$600,000	\$600,000		\$1,200,000
Rene Cazenave	\$1,000,000			\$1,000,000
Admin Fees				\$98,776
<b>Total</b>	<b>\$6,300,000</b>	<b>\$3,500,000</b>		<b>\$9,898,776</b>
<b>Balance*</b>				<b>\$260,138</b>

\*Balance to be allocated to reserve additional units in an existing MHA housing project.

### MHA Housing Development: Completed

Project	Address	Sponsor	Total Units	MHA Units	Population
Polk and Geary Senior	990 Polk	TNDC/Citizens	110	10	Seniors
Richardson Apartments	365 Fulton Street	CHP/Mercy	120	12	Adults
Veterans Commons	150 Otis	CCDC/Swords	76	8	Adults (Vets)
Kelly Cullen Community	220 Golden Gate	TNDC	174	17	Adults
Ocean Avenue	1100 Ocean Ave.	BHNC/Mercy	60	6	Youth
Rene Cazenave	530 Folsom	CHP/BRIDGE	120	10	Adults
<b>Total</b>				<b>63</b>	

### New York Times Does a Story about Triple P – The Parent Training Institute

In February, Stephanie Romney, Phd, Director of The Parent Training Institute, was interviewed by David Bornstein, a reporter with the New York Times, about Triple P. The story came out in the 2/20/13 paper and it does a nice job of highlighting both the science behind the intervention and the positive impact that it has on families. Here is the link: <http://opinionator.blogs.nytimes.com/2013/02/20/helping-the-parents-to-spare-the-children/>

### CBHS completed our annual External Quality Review Organization (EQRO) Site Visit

CBHS completed our annual External Quality Review Organization (EQRO) site visit on March 5 - 7, 2013. The Department of Health Care Services (DHCS) contracts with APS Healthcare to conduct annual independent reviews of each county's quality improvement, performance management, and IT systems, with a special focus on the role of consumers and providers in working with CBHS central administration to improve the quality of care.

The EQRO review was extensive and involved numerous staff presentations, site visits, consumer/family member focus groups, and staff group interviews. We want to extend our sincere thanks to all of the staff and consumers who participated in this important review.

The review included the following site visits and focus groups:

- A site visit at the Gender Services Program at 755 S. Van Ness Ave, and a focus group with transgender consumers and family members who participate in the Transgender Support Group at 1380 Howard St.
- A site visit at DORE Clinic (Progress Foundation) and a focus group with consumers who had recently experienced psychiatric hospitalization or crisis services.
- A site visit at South of Market Mental Health Services, Integrated Services Program, and a focus group with consumers who are receiving primary care services at South of Market Mental Health through a SAMHSA Primary Behavioral Health Care Integration grant.

Staff Interviews included 10 Adult System of Care clinical line staff, 10 Children, Youth, and Families clinical line staff, 8 Civil Service Clinical Program Managers, 8 Contract Provider Managers and Administrators, central Fiscal and Billing staff, and key Information System Managers.

Staff presentations included the Wellness and Recovery Model, Performance Management Data Dashboards, Timeliness of Care, Functional Outcomes, Disparities, Transitions in Care, Primary Care and Behavioral Health Integration, Telepsychiatry, Consumer Employment, and Performance Improvement Projects.

APS Healthcare staff will produce a final report by the beginning of June that will provide important feedback to the county, with recommendations on how we can improve our work. This report is also sent to DHCS and CMS (the federal Center for Medicaid and Medicare Services). Past EQRO review reports for all California counties can be found at [www.caeqro.com](http://www.caeqro.com).

### **New Spanish-language Brochure for Clients**

Determining whether you have a mental or substance use disorder is the first step to seeking and receiving treatment. The Spanish-language version of *Should You Talk to Someone About a Drug, Alcohol, or Mental Health Problem?* is a consumer brochure that contains a series of questions people can ask themselves to help them decide whether to seek help for a mental or substance use disorder (or both). The brochure urges those who answer “yes” to any of the questions listed to seek help and provides resources on where to find more information.

The brochure is available at <http://store.samhsa.gov> or through the link below:

<http://store.samhsa.gov/product/Deberia-usted-hablar-con-alguien-sobre-un-problema-relacionado-con-las-drogas-el-alcohol-o-la-salud-mental-/SMA12-4731>

## COUNTY AND STATE LEGISLATION

### County, State and Federal Initiatives – Child, Youth and Families System of Care

A number of county, state and federal initiatives will define CYF work plan for 2013. Some of these have clear directions, others need more organization but they all involve building strong collaborative relationships internally and externally. These initiatives are:

- Continued integration of Behavioral Health and Primary Care in San Francisco;
- Federal health care reform;
- Improve Substance Use Disorder treatment in CYF;
- Make our EHR user friendly and efficient;
- Integration of Healthy Families into MediCal;
- Implementation of Katie A. statewide (entitlement of at risk or dependent foster care youth to mental health services);
- Continued rollout of Educationally Related Mental Health Services (ERMHS formerly 3632);
- Trauma informed care;
- Indications that EPSDT will become outcome based statewide; and
- Realignment of behavioral health funds to the county from the state.

### ASPE Research Brief Estimates ACA will Expand Mental Health and Substance Use Disorder Benefits and Parity Protections for 62 Million Americans

The U.S. Department of Health and Human Services (HHS) has issued through its Office of the Assistant Secretary for Planning and Evaluation (ASPE) an ASPE Research Brief, “Affordable Care Act Will Expand Mental Health and Substance Use Disorder Benefits and Parity Protections for 62 Million Americans,” explaining how the ACA “will provide one of the largest expansions of mental health and substance use disorder coverage in a generation.” The report notes that – overall – some 62.5 million Americans will “benefit from federal parity protections as a result of the ACA.” These Americans include 11 million who are currently in individual plans, 24.5 million now in small-group plans, and 27 million who are currently uninsured, all of whom will be required under the EHB final rule to have mental health and substance use disorder coverage as one of 10 required benefit categories.

### California Mental Health Services Authority Reports that the Associated Press will Include Guidelines for Reporting on Mental Illness

CalMHSA’s collective effort to change public attitudes around mental illness took a giant step forward today: The Associated Press, an international news organization, will include guidelines for reporting on mental illness in its influential AP Stylebook. Known as the “The Journalists’ Bible” for its influence on the media industry, the publication is widely used by print, broadcast and online newsrooms and taught in journalism classes, so the new guidelines present an opportunity to significantly improve the way the news industry reports on mental illness.

The new entry in *The Associated Press Stylebook* directs news media to avoid describing people as mentally ill unless someone’s mental health is clearly pertinent to a story and the person’s diagnosis is properly sourced. The new entry addresses the assumption that mental illness is a factor in violent crime and identifies that people with mental illness are more likely to be victims of crime rather than perpetrators. It also suggests a more precise use of language, such as avoiding derogatory terms in health and non-health stories.

As you know, the news media’s impact on public attitudes is profound, and ensuring that media portrayals of mental illness and individuals living with mental challenges are accurate and balanced is an important part of the Prop. 63

(MHSA) supported efforts the California Mental Health Services Authority (CalMHSA) is making on behalf of counties to reduce stigma and discrimination that prevents people with mental illness from seeking services. The new guidelines for the AP were developed with our partner, the Entertainment Industries Council, as part of CalMHSA's Stigma and Discrimination Reduction Prevention and Early Intervention Initiative.

An EIC analysis of stories published in more than 20 English- and Spanish-language newspapers in California over 12 months revealed that most coverage about people with mental illness is negative and much of it links mental illness with dangerousness. The analysis, coupled with EIC's survey of 40 California reporters, shows that members of the news profession could benefit from specific guidelines and more resources to help with their coverage of mental health. In response, EIC, through the TEAM Up project, is developing a wealth of resources in English and Spanish for reporters that will supplement AP's mental health guidance. To download the materials, visit [www.eiconline.org/calmhsa](http://www.eiconline.org/calmhsa).

Press releases from the National Association of Broadcasters and AP can be found at

<http://www.nab.org/documents/newsRoom/pressRelease.asp?id=2886> and

<http://www.ap.org/Content/Press-Release/2013/Entry-on-mental-illness-is-added-to-AP-Stylebook>

## FISCAL YEAR 12-13 ANNUAL REPORT: GABHS FOR GALS

### GABHS for Gals

Gender Appropriate and Culturally Competent Behavioral Health Services  
for Women, Girls, and Families

#### 2012-2013: Five Years an Counting...

In June 2012, GABHS for Gals celebrated its fifth anniversary – advocating for women, girls, and families within San Francisco’s Community Behavioral Health System for four full years! The most significant contribution has been the inclusion of Gender Responsive to the mission for Community Behavioral Health Services.

#### What is GABHS for Gals?

GABHS for Gals is a nickname for the full title of the project: Gender Appropriate and Culturally Competent Behavioral Health Services for Women, Girls, and Families. This year, however, the name was changed to San Francisco Women and Girls Resources. It a special project of the San Francisco Mental Health Board, welcoming participation from a diverse coalition of clinicians, managers, civil servants, mental health workers, health educators, administrators, and consumers. It is committed to advocating for gender appropriate and culturally proficient services for women, girls, and families in San Francisco’s behavioral health system. Started in June 2008, GABHS for Gals has held monthly policy advocacy meetings, inviting group participation in order to work for change to support the needs of women, girls, and families. The group works for change on two parallel tracks: a macro-level track, focusing on systems and policy change, and a micro-level track, committed to supporting clinicians who provide direct service to women, girls, and families.

#### What are “Gender Appropriate and Culturally Competent Services?”

Gender Appropriate and Culturally Proficient Behavioral Health Services is the umbrella term used to describe behavioral health services that both consider and meet the unique needs of women, men, girls, boys, transgender people, and families from all different cultures. Providers are encouraged to consider the complex interactions between biological, social, psychosocial, family, language, immigration, sexuality, geography, and cultural factors when serving each individual. These services may or may not include gender and/or culturally specific services, where services are targeted to only one gender or cultural group. This is in direct contrast to a gender and culturally “neutral” approach to service provision, where the same services are provided to everyone without regard for gender and culture, neglecting the impact of gender and culture on client needs. All health services should be both gender appropriate and culturally competent. To provide the most comprehensive, holistic treatment, providers should encourage their staff to seek training on gender, culture and ethnicity, language, immigration, sexuality, geography, and their interconnections. Clinicians should feel comfortable assessing for these needs and creating treatment plans that reflect this client-centered approach to treatment. San Francisco’s Department of Health Community Programs (and specifically Community Behavioral Health Services) should offer ample training opportunities in gender appropriate and culturally competent service provision.

#### Accomplishments During FY12-13:

Ongoing Needs Assessment of Women and Girls in Behavioral Health Programs in Diverse Communities throughout San Francisco. Over the past four years, GABHS for Gals and the San Francisco Mental Health Board have conducted an ongoing needs assessment of women, girls, and families in behavioral health programs in diverse communities in San Francisco utilizing fellows from Coro and interns from local colleges. The goal of these Needs Assessments are to develop a more nuanced understanding of what it means to provide gender appropriate and culturally competent behavioral health services for diverse communities

throughout San Francisco. This year two UC Berkeley Social Work graduate students focused on literature search projects looking at the issues around depression and difficult menstrual cycles and depression seen in Hispanic girls at puberty.

The second area that has been a focus is on collaborating with non-profits and featuring conferences about mental health issues, particularly trauma. The conferences given to date are:

- Understanding Trauma: The Pervasive and Invasive Effects of Trauma on the Lives of Adolescents
- Effects of Complex Trauma on the Health, Social and Emotional Development, and School Functioning of Children and Youth
- Gender Responsive Theory and Trauma
- Psychophysiology of Trauma
- Attachment Theory and Trauma
- Sex Trafficking and Girls in Foster Care

During the fall of 2012, a Coro Fellow, Laura Gonzalez, developed a plan for developing conferences, a SFMHEF.org website and a Facebook page.



## MENTAL HEALTH BOARD PRIORITIES AND ACCOMPLISHMENTS 2012-13

### Summary of FY 2012-13 Presentations: Monthly meetings July 2012 - June 2013

**July 11, 2012 Presentation:** HOPE, Housing Opportunity, Partnerships & Engagement, Bevan Dufty, Director

**Summary:** Mr. Dufty said that there is an intersection of homelessness and mental illness and that mental illness is another disability. He envisioned expanding housing opportunities through a housing grant. He thinks that homeless centers could support people seeking employment so they can work debts off, which eat up a large portion of their incomes.

He shared with the board several phenomenons in San Francisco. Public housing should be available and be accommodating to seniors with a disability and homeless people with mental illness. Shelter access has not met the needs of people with severe mental illness and/or mental health conditions. A step-up shelter could offer hybridized services like nursing home care and housing to accommodate people with special needs.

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**August 8, 2012** Board recess period

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### September 12, 2012 Presentations:

**Presentation 1:** Chief Kenton Rainey, Bay Area Rapid Transit (BART) Crisis Intervention Training (CIT) follow-up report and introduction to the BART CIT Coordinator

**Summary:** All 200 BART officers, not counting dispatchers, will receive CIT. Chief believes that the best practice for de-escalation is using time to slow down a heated situation during an initial contact, seeking reinforcement from supervisors and requesting help from CIT trained BART officers. BART officers with CIT training wear a pin to identify themselves. During the daily check-in process, BART officers and dispatchers are given a list of CIT trained officers to contact. The Chief said that he, along with the BART board, is very committed to CIT training. He commented that SFPD is one of the few progressive law enforcement agencies that trained over half of its personnel between 2001 and 2010 when the Mental Health Board coordinated the training.

**Presentation 2:** MHB discussion regarding follow-up on 2011 board retreat action items, forming a media and technology committee, and outreach to members of the Board of Supervisors.

**Summary:** The Executive Committee proposed two committees: a media and technology committee and the other a committee of the entire board to contact each supervisor.

The media and technology would bring the board works to a wider attention and would strategize platform alignments with members of the Board of Supervisors. A committee of the entire board contacts supervisors to inform and get information and find out about accomplishments for each district. The Board of Supervisors should be kept abreast of services and programs in the CBHS system.

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**October 10, 2012 Presentation:** Educationally Related Mental Health Services (ERMHS) in the San Francisco Unified School District (SFUSD) and collaborations with Community Behavioral Health Services (CBHS), Kevin Gogin, MFT, Program Manager School Health Programs Student, Family, And Community Support Services Department; Kristin Edmonston, MSW, Program Administrator Student Intervention Teams Student Family and Community Support Services Department; Alison Lustbader, LCSW.

**Summary:** SFUSD and CHBS, in essence, are collaboratively providing Educationally Related Mental Health Services (ERMHS) to San Francisco AB3632 students.

The San Francisco Wellness Initiative provides wellness care to 18 high schools to addresses students' emotional health,

because some students live in chaotic or dysfunctional home life which is not very conducive to academic excellent. For K-8 levels, students' wellness care is provided by nurses. The initiative has about 16 full programs for a spectrum of services including adolescent development, substance abuse, behavioral health needs, healthy body image issues, reproductive health, socio-cultural issues, immigration concerns, LGBTIQ empowerment, nutrition and general well-being, trauma, anxiety and depression, suicide, and boundary appropriate relationships with peers and adults.

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#### **November 14, 2012 Presentations:**

**Presentation 1:** Assisted Outpatient Treatment (AOT), aka Laura's Law, and a Brief introduction to the LPS Reform Task Force II Report, Carla Jacobs, Treatment Advocacy Center and Sally Zinman, Executive Director, California Association of Mental Health Peer Run Organizations

**Summary:** Over 100 people attended the meeting

**Ms. Carla Jacob** spoke in favor of Laura's Law and said people with anosognosia are prone to involuntary homelessness, to revolving hospitalizations, and to wandering aimlessly around the streets hungry and without hope. They, at best, wind up in jails and prisons not because they are criminals but because there is simply no place for them in our society, and, at worse, they get victimized. Supportive services need to change on sociological and institutional levels.

**Ms. Zinman** opposes Laura's Law. The essence of her argument is that self recovery from mental illness is already happening effectively through voluntary treatment resources. AB1421 is really outpatient commitment and coercion.

The first myth is to perceive mentally ill patients as violent when in fact they are no more likely to be violent than the general population. Another myth is that psychiatric medications always work and are safe all the time. In fact, psychotropic medications do not always work and they can cause uncomfortable to severe side. These myths just perpetuate and cause further stigmatization and discrimination.

**Presentation 2:** A resolution about the use of Tasers. Commander Ali, who oversees the Crisis Intervention Team for the SF Police Department was there to respond to questions the board or members of the public may have.

**Summary:** Commander Mikhail Ali said SFPD now has a Crisis Intervention Team (CIT). CIT officers should be allowed to use any necessary tools to de-escalate situations, and Tasers can paralyze any person with mental illness.

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#### **December 1, 2012 Presentation:** Board retreat at the AgeSong Facility

**Summary:** A general priority for 2013 is to strengthen the MHB by its advocacy and leadership on key issues. The board decided to change its approach to focus on a few big issues and develop an Advocacy Model Action Plan to explore the issues in depth over several months rather than the past practice of different presentations each month.

**Priority #1: Trauma and Community Violence, PTSD, Juveniles and Adults system of services.**

**Priority #2: Mental Health and Senior Services**

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**January 9, 2013 Presentation:** Overview of Services Available and System Response to Adults and Juveniles in Crisis in San Francisco: Kara Chien, Mental Health Board Member and SF Public Defender and Sgt. Kelly Dunn, Mental Health Board Member and SF Police Sergeant. The presenters provided an overview of crisis response services for adults and juveniles in crisis.

**Summary:** San Francisco General Hospital's Psychiatric Emergency Services (PES) and Dore Urgent Care Clinic, which was opened in 2008, are 24/x7 medically staffed clinics that triage, assess and provide stabilization for clients with escalating psychiatric crisis. Unlike PES, DUCC is for clients who do not require involuntary treatment, seclusion or

restraint. DUCC accepts clients brought in by county behavioral health providers, all law enforcement agencies from SFPD to CHP to Campus Police and Mobile Crisis.

Working with the Public Defender's office, mentally ill clients are represented in both civil and criminal commitment proceedings. Ms. Chien represents patients being held in SFGH for involuntary treatment due to mental disorder. She represents clients in forced medication hearings, also known as Reise hearings. She also represents clients in forensic commitment where her clients are being confined in state hospitals because they were found not guilty by reason of insanity.

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**February 13, 2013 Presentation:** Public Hearing on AB716: BART (Bay Area Rapid Transit) has new authority to protect riders and employees and is seeking public input before implementing AB716. Speakers: BART Police Lieutenant, Tyrone Forte; BART Police Crisis Intervention Coordinator, Armando Sandoval; and BART Manager of Government and Community Relations, Roddrick B. Lee

**Summary:** BART Police Chief Kenton stated that the AB 716 is BART's response to acts of violence against BART frontline employees. He hoped that AB 716 will serve as a deterrent. BART Police Lt. Forte mentioned that AB 716 does not apply to demonstrations that have proper permits and demonstrators don't hinder BART operations. Mr. Sandoval is the Crisis Intervention Training trainer for BART. He is on the transit advisory committee.

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**March 13, 2013 Presentation:** November 2012 Trauma Summit Report, Lena Miller, MSW, Mental Health Board Member, Executive Director, Hunter's Point Family and Girls 2000.

**Summary:** Over 60 people came to the summit with representatives from different communities, the San Francisco Department of Public Health to the peace keeping agencies.

Too many witnesses have vicarious trauma from homicides. These people, although they received initial crisis care from CRN (Crisis Response Network), they are not receiving follow up care afterward. For example, kids are not getting follow up mental health care or enough after school trauma care.

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**April 10, 2013 Presentation:** Presentation to outgoing Chair Ms. Minda Lara Siazon Arguelles and Introduction of new mental health board members. Presentation by the Physicians Organizing Committee about hospital beds in San Francisco and the need for Sutter Hospital to add more.

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**May 8, 2013 Presentation:** Comprehensive Crisis Services, Stephanie Felder, MS, Director; David Pine, MD, Mobile Crisis; and the "Interrupt, Predict & Organize Initiative", Charles Morimoto

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**June 12, 2013 Presentation:** Cary Martin, President of the California Association of Local Mental Health Boards and Commissions spoke about the roles and responsibilities of mental health board members.

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## Program Reviews

Mental Health Board members reviewed the following programs in FY 2012-13:

### **BAYVIEW HUNTER'S POINT BEHAVIORAL HEALTH CENTER** reviewed by [Virginia Lewis & Lena Miller](#)

The 4301 Family Center provides mental health interventions to a population of chronically mentally ill San Francisco residents, with an emphasis on reducing the number of people requiring more intensive levels of care. Through treatment and community services logical, coordinated interventions will be provided to adult, adolescent, and child residents of San Francisco. The 4301 Family Center represents diverse ethnic and cultural groups, and collaborates with other programs in efforts to enhance learning, growth and development of child and adolescent clients.

### **CHILDREN'S SYSTEM OF CARE ON EVANS** reviewed by [Alyssa Landy](#)

Children's System of Care on Evans assists families in navigating agencies and services such as behavior health, foster care, juvenile justice and special education. Youth team, family and parent advocate, violence prevention programs, parenting classes and other workshops.

The program targets parents/caregivers of children as well as transitional age youth (18-24) involved in the mental health, foster care, special education or juvenile justice systems.

### **CITYWIDE CASE MANAGEMENT PROGRAMS** reviewed by [Lara Arguelles & Terrance Paterson](#)

UC Citywide Case management and Citywide Forensics program provide intensive clinical, medication, crisis, and case management services to mentally ill individuals who are high-end users of inpatient psychiatric hospitals or correctional facilities. Some clients are not able to come to clinic on their own and require frequent outreach from their case managers. Group therapy and skill building are available to clients as well as on-site job training and treatment for dual disorders. Staff reflect the language and cultural diversity of clients served.

### **COMPREHENSIVE CHILD CRISIS SERVICES** reviewed by [Alphonse Vinh](#)

Comprehensive Child Crisis Services (CCCS) is a 24/7 multilingual crisis intervention service for San Francisco children (under age 18) and their families. CCCS helps children experiencing problems such as acute depression, suicidal ideation, homicidal ideation, psychosis, family violence, truancy and school behavioral problems. Immediate crisis evaluations and crisis stabilization services are offered in the CCCS office and also in the community. Upon arrival, the CCCS team conducts a crisis evaluation to determine if the child needs to be involuntarily hospitalized at a psychiatric facility (5150 evaluation) or if the child is safe to receive treatment on an outpatient basis. All referrals are made by calling the 24-hour number, 970-3800.

### **SAN FRANCISCO MOBILE CRISIS TREATMENT TEAM** reviewed by [Alphonse Vinh](#)

Mobile Crisis Treatment Team responds to and provide emergency crisis intervention services conducted in the field for early intervention before escalation to critical crisis. Consultation services are provided to consumers, support systems, mental health providers and shelter providers. The team offers assistance with linkage to outpatient mental health services. The team triages and does 5150 evaluation capacity and determination of appropriate level of care, including psychiatry available for short-term medication services. The multi-disciplinary approach includes staff who can speak Spanish, Cantonese, Mandarin, Russian and Tagalog. Services are available to all adult residents ages (18-59), regardless of payer source. It covers for Geriatric Crisis Service after 4 p.m. on weekdays, for HIV Crisis and outpatient clinics after 5 p.m. on weekdays and for Adult and Older Adult Systems of Care on weekends and holidays.

**SOUTHEAST CHILD & FAMILY CENTER** reviewed by [Lena Miller](#)

Southeast Child and Family Therapy Center #2 provides individual, group and family therapy for ethnically and linguistically diverse children, adolescents and their families. The Center collaborates and consults with schools and other child and youth serving agencies. Clinicians also work on-site at elementary, middle and high schools. There are preschool preparation family support programs and summer activities programs. Services are also provided at the Hawkins Village Clinic and the Bennington Family Center at 300 Bennington.

## ABOUT THE SAN FRANCISCO MENTAL HEALTH BOARD

Each of California's 58 counties operates a public mental health system. Under state law each of these systems must have the input of citizen advisors in the form of an official Mental Health Board. Each county may tailor its Board to meet local needs.

### Composition

The San Francisco Mental Health Board has 17 members. Each of our 11 Supervisors makes an individual appointment and the remaining 6 seats are appointed by the full Board, through the Rules Committee. The categories of membership are as follows:

- 5 Consumer Seats
- 6 Family Member Seats
- 3 Public Interest Seats
- 2 Mental Health Professional Seats
- 1 Member of the Board of Supervisors

### Duties & Responsibilities

The Board provides advice on program development, budget prioritization, policy, and strategic planning. The four key duties of the Board members are:

#### 1. Attend the monthly Mental Health Board meetings

This is where resolutions are discussed, debated, and decided. Many of the issues are complicated ones, requiring a great deal of background reading and discussion in preparation for a vote.

#### 2. Serve on a MHB Committee

Each member serves on one MHB Committee, attends its monthly meeting, and participates fully in its work. Committees develop recommendations to send to the full Board. They also plan and carry out special site visits, projects, and events.

#### 3. Conduct Program Reviews

Each member of the MHB must do at least one program review per year. We go out to a mental health program and interview the clients about what's working in the program and what needs to be improved.

#### 4. Attend the Annual Retreat

Once a year, the Board meets all day on a Saturday, which counts as the Board meeting for that month. The purpose of our retreat is to take some time out to pay attention to the larger questions of mission and purpose and to develop our vision and priorities for the coming year.

## Mental Health Board Members During FY 2012 - 13



### **Lara Siazon Arguelles, Retired Chair**

Seat #

Family Member Seat

Appointee of the Board of Supervisors

**Lara Siazon Arguelles** was forced to move to the United States with her five children because her husband was deported from the Philippines in 1970 before Martial Law. This experience has shaped her volunteer work in agencies that deal with new immigrants to the United States, and provided her with a unique understanding of the issues they face.

Ms. Arguelles' daughter, who was studying at Sorbonne University in Paris during her senior year at UC Berkeley, was hospitalized and diagnosed with Bipolar Disorder. Ms. Arguelles became a strong advocate for mental health services and was appointed by the San Francisco Supervisor's to a Family Member Seat on the San Francisco Mental Health Board. She also trained with the Mental Health Association of San Francisco to be a Mental Health Advocate.

In addition, Ms. Arguelles is the Co-Founder of F.O.R.W.A.R.D. (Families Of Recently Paroled Women & Men for Action toward Reunification & Development), a self-help support group in the community created to provide a safe place to address the needs of families, children & friends of parolees.

She is also a member of the San Francisco chapter of NAMI (National Alliance on Mental Illness). She volunteers her time helping at the Potrero Hill Senior Center and offers to drive and accompany the elderly in her neighborhood to their doctor's appointments. She tries to educate the seniors about the services that are available to them, especially mental health services.

Ms. Arguelles says she is so blessed with a loving family therefore she wants to share her joy and dedicates her free time helping families and those living alone. She believes that "A strong family unit is the foundation of a great society."



**Co-Chair (elected March 2013)**

Ellis C. Joseph, MBA

Seat #14

Family Member Seat

Appointee of the Board of Supervisors

**Ellis Joseph** was born and raised in San Francisco where he has resided except when he was in the military and in school. While in school he received a Master's Degree in Business Administration with emphasis in Marketing, and a Master's Degree in Taxation.

He was a professional wedding and portrait photographer for 22 years. He was married and has one daughter.

He worked for FEMA as a First Strike Search and Rescue, Administrative Officer and Emergency Medical Technician. He was one of the pioneers of the single parent Emergency Shelter Person Program. He was a foster parent for 17 years. While providing this service he became acutely aware of the problems and stigma associated with mental health issues such as bipolar disorder, which led him to the Mental Health Board to find ways to help people to fight this stigma.

He is a member of NAMI (National Alliance of Mental Illness). He has served on the Board of the San Francisco African American Historical and Cultural Society as the Treasurer for the last 15 years.

Mr. Joseph has been the owner of Joseph & Associates for over 45 years, which is the parent company for Joseph Tax Services, providing income tax specialists and Sayityourway.biz, the virtual communications and promotions part of the business. With mental health, Ellis envisions opening communication in such a way that families are more aware of what is available to help them help their loved ones get the help they need as early as possible.



**Co-Chair (elected March 2013)**

David Elliott Lewis, Ph D

Seat #7

Consumer

Appointee of Supervisor London Breed

**David Elliott Lewis, PhD**, majored in Psychology at UC Los Angeles. Originally driven to seek greater self



understanding, as his focus shifted to practical applications of Psychology, he continued his education to obtain a Ph.D. in Industrial/Organizational at the University of Tennessee at Knoxville.

For the first part of his career, he worked as a management consultant to the Human Resources departments of large organizations. He helped create surveys, seminars and software to assist in executive performance assessment, training and development.

In addition, from 1985 to 1989, he taught Masters level courses in the Human Resources and Organizational Development program at the University of San Francisco. He spent his first couple of years after graduate school working for the Mill Valley management consulting firm VICI Associates International. After leaving VICI, he co-founded and ran Strategic Edge (1985 to 2000), a database software development, publishing and management consulting company.

At age forty, Dr. Lewis suffered a significant reversal of fortune - including the sudden loss of a parent, the collapse of a long marriage and then his business. This triggered a severe and disabling depression. With time and help from psychologists and other therapists, he has started to recover. Dr. Lewis' values also changed and as a result, he transitioned to living simply and devoting his life to service, art and activism. He devotes his time to writing, photography and volunteering, all with a focus on improving himself by helping his community, the democratic process and striving for social justice.

He has been appointed to the Board of Directors for the Community Housing Partnership and also Central City Democrats. He is also on the board for the Alliance for a Better District 6.

In October 2010, he started a public speaking tour for the Mental Health Association of San Francisco's S.O.L.V.E. program (Sharing Our Lives Voices & Experiences) to help destigmatize mental illness.



**Vice Chair**

Wendy James

Seat #1

Consumer Seat

Appointee of Supervisor John Avalos

**Wendy James** is originally from Southern California, then spent a number of years in Louisiana before moving to the Bay Area. She has been in San Francisco since 1996. She has a grown daughter, three grandchildren and one great grandchild.

In September 2010, Mayor Newsom appointed Ms. James to the Mayor's Office on Disability. There and on the Mental Health Board, Ms. James is a strong advocate for seniors.

Ms. James is a panelist for “SOLVE”, Sharing Our Lives, Voices, and Experience, hosted by the Mental Health Association, and a NAMI educator with a certificate in peer-to-peer mentoring and self-help.



**Secretary**

Virginia S. Lewis, LCSW

Seat #5

Family Member Seat

Appointee of Supervisor Katy Tang

**Virginia S. Lewis, LCSW** is a clinical social worker (MSW, UC Berkeley, 1985), a seasoned psychotherapist in private practice for over 20 years. She has wide-ranging expertise treating clients in many areas: depression, anxiety, anger; conflict resolution; addictions; emotional issues of chronic illness (HIV/AIDS); employment and Worker's compensation issues; transitions. Her clients are from diverse backgrounds including gay and heterosexual individuals and couples, people of color, as well as immigrants struggling with acculturation.

Ms. Lewis was Advanced to Candidacy for her Ph.D. in Sociology at UCLA in 1977. For many years as a research sociologist/consultant, she worked with firms conducting large and small-scale evaluations of government and privately funded social and substance abuse prevention programs (drug, alcohol and domestic violence). She is familiar with the culture and operations of medical, justice, and social services organizations and with state and federal bureaucracies.

Community service is a strong value of hers. In addition to her membership on the Mental Health Board, she is presently Board President of a private, non-denominational organization, the Night Ministry, which nightly provides counseling and service referrals in San Francisco's disadvantaged neighborhoods. The target population includes the destitute, people who are homeless and those who are severely mentally ill. She is responsible for achieving collaborative governance, program development and fund-raising. She is a member of the National Alliance for Mental Illness (NAMI) which provides assistance to the mentally ill and their families.



Terezie "Terry" Bohrer, RN, MSW, CLNC

Seat #4

Public Interest Seat

Appointee of Board President David Chiu

**Terry Bohrer** is a Nurse, Social Worker, and Certified Legal Nurse Consultant, with expertise in mental health public policy. Prior to moving to San Francisco in 2011, she worked for ten years as a professional consultant specializing in Disaster Mental Health, Veterans Mental Health, Suicide Prevention, Peer Support, and non-profit agency organizational development and grantsmanship. 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).

Her numerous volunteer activities over the past 45 years include: President and Board Member of the Maryland Mental Health Association; President of Community Crisis Services, Inc. (a suicide prevention hotline serving five Maryland counties); Board member and Government Affairs Chairperson of the Prince George's County Mental Health Association and Mental Health Association of Maryland; Member League of Women Voters; Member Association of University Women; President of the Women's Political Caucus of Prince George's County; Coordinator for the American Red Cross National Capital Area, Mental Health Lead (worked 9/11 at the Pentagon, DC floods and many local disasters); Member NAMI; and from 1978 to 2011, member of the Maryland Governor's Mental Health Advisory Committee (a committee with a similar purpose to the San Francisco Mental Health Board).

Mrs. Bohrer was a sought after trainer in Maryland, providing Mental Health First Aid Train-the-Trainer training when it was first adopted in the United States; mental health disaster planning and preparedness training for the National Mental Health Association (now Mental Health America); training for the American Red Cross in Psychological First Aid and Disaster Mental Health Services and most recently in ASIST, a nationally recognized suicide prevention training program. Her recent activities in San Francisco include volunteering for the Mental Health Association of San Francisco as Public Policy Committee Coordinator, and counselor at the San Francisco Suicide Prevention Center. Mrs. Bohrer is married to Dr. Norman K. Bohrer--they have four daughters (two live in California, one in Hawaii and one in Virginia) and three adult grandchildren living in California.



Kara Ka Wah Chien, JD

Seat # 3

Public Interest Seat

Appointee of Supervisor Jane Kim

**Kara Chien** has worked for the public interest since becoming a lawyer in 1989. She has practiced law exclusively as a Deputy Public Defender for 23 years. Ms. Chien has extensive experience representing indigent clients in Juvenile, Criminal and Mental Health law. As the Mental Health Unit Managing Attorney, she and her team advocate for clients

with chronic and severe mental illness -- both in civil and criminal courts. Ms. Chien endorses public education, early intervention and strong community support in promoting wellness for mental health.



Melody Daniel, MFT

Seat #13

Family Member Seat

Appointee of the Board of Supervisors

**Melody Daniel** joined the board in March 2013.



Marlene Flores

Seat #16

Family Member

Appointee of the Board of Supervisors

Marlene Flores joined the board in March 2013.



Sergeant Kelly Kruger

Seat #11

Public Interest Seat

Appointee of Supervisor Scott Wiener

**Sergeant Kelly Kruger** became an officer for the San Francisco Police Department in 2001. Prior to becoming a police officer, she worked in mental health as a psychiatric technician for the Mobile Crisis Treatment teams in San Francisco and Oakland, Langley Porter Psychiatric Institute at the University of California, San Francisco, the Tom Smith Substance Abuse Treatment Center at San Francisco General Hospital, and at the Mount Zion Crisis Clinic. Before these positions, her first job in mental health was at Napa State Hospital on an all male forensic unit.

Sergeant Kruger's education began at Mount San Jacinto College and she received her psychiatric technician license from Napa Valley College. She is currently working on her Bachelor of Science degree at California State University, Long Beach. She is also trained and certified in Critical Incident Stress Debriefing and is a Certified Chemical Dependency Nurse.



Alyssa Landy, MA

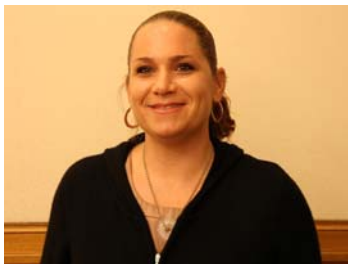
Seat #9

Family Member

Appointee of Supervisor Eric L. Mar

**Alyssa Landy** is a 4th grade public school teacher in San Mateo at an International Baccalaureate school. She is a native of Massachusetts and has lived in San Francisco since 1997. She is a member of NAMI and the San Francisco Democratic Women in Action. Ms. Landy received her MA in Elementary Education San Francisco State University.

Ms. Landy is passionate about mental health issues. She is motivated by public policy, services and patient and family needs. She dedicates her time and energy into helping others.



Lena Miller, MSW

Seat #15

Mental Health Professional Seat

Appointee of Board of Supervisors

**Lena Miller** is the founder and co-Executive Director of the Hunters Point Family agency. Lena founded the agency in 1997, with GIRLS 2000, the agency seminal program. Ms. Miller was raised in Bayview-Hunters Point and educated in

San Francisco's public schools. She received a Bachelor's degree from the University of California at Berkeley and a Masters Degree in Social Work from San Francisco State University. Before founding the Hunters Point Family, she was a Special Assistant to the Mayor under Mayor Willie L. Brown Jr. in the Mayor's Office of Equity programs, where she helped to resolve issues and create opportunities for minority businesses in San Francisco.

Ms. Miller is primarily responsible for development within the HUNTERS POINT FAMILY, growing the agency's seminal program, GIRLS 2000, from a tiny after-school girls program to a community development agency with over 4 program sites, 3 urban farms, and workforce development programs. In 2009, she launched the agency's newest division: Ujamaa Employment and Entrepreneurship. Ujamaa includes over 5 major workforce development contracts and will include the Get Fresh Juice Bar and Café.

Ms. Miller's efforts to develop and implement quality programs for high risk youth in Bayview Hunters Point has been recognized by the United States Senate, Assembly, and Congress for our work in violence prevention and mental health with "high-risk" youth, and includes the following awards and recognition: Certificate of Recognition for work in Violence Prevention from Senator Leland Yee; Certificate of Appreciation for work in Violence Prevention from Assemblywoman Fiona Ma, Majority Whip; Certificate of Recognition for efforts to address mental health from Senator Carol Migden; and Exceptional Programs and People Award for Promoting Mental Health for Youth, from the San Francisco Dept. of Public Health.



Terence Patterson, Ed D, ABPP

Seat #8

Mental Health Professional

Appointee of Supervisor David Campos

**Dr. Terence Patterson** is a licensed psychologist on the faculty of the University of San Francisco and practices in San Francisco. He has been involved in public mental health for many years in issues involving racism, refugees, prisoners, the military, and the seriously mentally ill. His current interests are increasing access to mental health services for the underserved, particularly for individuals and families with serious needs.



Alphonse Vinh, MS

Seat #2

Consumer Seat

Appointee of Supervisor Norman Yee

**Alphonse Louis Vinh, MA**, was educated at Yale University, the University of Michigan, Boston University, and Simmons College. He has a broad range of interests and perspectives. As a Yale undergraduate, he read Classical Civilization and Intellectual History. Mr. Vinh went on to get his teaching license from the Graduate School of Education at the University of Michigan. At Boston University School of Theology, He served as an assistant minister, preaching, conducting services, ministering to the sick and shut-ins, and developed three spiritual growth groups. Mr. Vinh returned to his Alma Mater to become a Fellow of Berkeley College, Yale University, and served as a reference librarian at the Main University Library. He also served as Coordinator of User Education for Yale senior essay writers and doctoral students. As a writer, he has published an academic book and contributed essays to other scholarly books. Mr. Vinh has published more than 60 essays and reviews, as well as poetry and one short story. Recently, he edited many business reference books for a Russian information company. He has been an AIDS hotline counselor, and patient support/patient care work at a hospice in New England. As a staff member for NPR News, Mr. Vinh provided research, advice on experts to interview, and ideas for programming. He even had his own on-line column, reviewing new books and ideas. He interviewed such celebrities as singer Judy Collins and food writer, Amanda Hesser. Mr. Vinh is planning to return to graduate school to get his Master's in Counseling Psychotherapy.



Errol Wishom

Seat #12

Consumer

Appointee of the Board of Supervisors

**Errol Wishom** is a native San Franciscan, the son of Azielee and Frank Lee Wishom and the youngest of eight children. He graduated from Reardon High School in 1983 and then from San Francisco State University in 1993 with a degree in Industrial and Organizational Psychology. After college he traveled and lived in Granada, Spain for several months.

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Errol worked for Safeway Stores as a journeyman food clerk for twelve years. He is a former United States

Marine Corps reservist. Errol worked at San Francisco General Hospital as a peer counselor. He is also a speaker for “In Our Own Voices” with the National Alliance on Mental Illness (NAMI).