

FY 2015 - 2016 ANNUAL REPORT



SAN FRANCISCO MENTAL HEALTH BOARD

SFMHB 2015-2016
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INTRODUCTION & MISSION STATEMENT

The Mental Health Board (MHB) of San Francisco, established in 1983 in San Francisco, as mandated by the Bronzan-McCorquodale Act within the Welfare and Institutions Code, Section 5600, is responsible for the following:

- Review and evaluate the community's mental health needs, services, facilities and special problems;
- Review County agreements entered into pursuant to Section 5650;
- Advise the Board of Supervisors and the Director of Community Behavioral Health Services (CBHS) as to any aspect of the local mental health system;
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process;
- Submit an Annual Report to the Board of Supervisors on the needs and performance of the mental health system;
- Review and make recommendations on applicants for the appointment of the director of mental health services prior to the vote by the Board of Supervisors; and
- Review and comment of the County's/City's performance outcome data and communicate findings to the California Mental Health Planning Council.

MISSION STATEMENT

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.

Letter from the Chair

This past year was exciting and productive for the San Francisco Mental Health Board. Each board member was committed and determined to work hard on the projects and issues to refine our behavioral health services. We accomplished much during 2015-16:

◆ Some of our board members have been participating in shaping and refining the curriculum of our San Francisco Police Department's Crisis Intervention Training (CIT). The Board passed resolutions to urge our Mayor and the Board of Supervisors to provide sufficient funding for CIT for both the San Francisco Police Department and the San Francisco Sheriff Department.

◆ Many of our board members visited and conducted program reviews of behavioral health programs and clinics which provide services and treatment to San Francisco residents and mental health consumers. These board members offered heartfelt and constructive feedback to ensure the services and treatment delivered is effective, efficient and culturally sensitive. Also, they have been actively promoting service providers' adherence to their mission statements and focusing on developing and maintaining client-centered services and treatment.

◆ Our board members worked very hard to develop informative presentations and to invite public participation and discussions during our monthly meeting. Therefore, we were able to achieve the goal of better informing our San Francisco residents on how to access behavioral services, addressing the need to provide adequate treatment and to prevent unnecessary incarceration of the mentally ill, and urging timely provision of resources and treatment for chronic trauma of youth and families as related to violence.

In March 2016, The Board reluctantly bid goodbye to our Behavioral Health Director, Jo Robinson, wishing her a happy retirement. The Board is grateful for her leadership, commitment and dedication in shaping and sharpening our city's behavioral health system, promoting greater access for our San Francisco residents, reducing stigma for individuals who are struggling with mental health challenges, promoting innovative programs to ensure treatment compliance, and maintaining stability for individuals who need behavioral health services, treatment and support.

Looking ahead in 2016-17, we will be tackling challenging areas: 1) identifying barriers to access of Behavioral Health Services, 2) increasing access to Behavioral Health Services for individuals who are homeless, and 3) measuring the impact of community violence on the behavioral health of our youth and families.

While realizing that we are still struggling with resources, we strongly believe that the leaders of our city and our behavioral health system are capable of retooling and refining existing programs in order to serve the most vulnerable populations. By working together, we can build San Francisco as a national model of delivering Behavioral Health Services in a smart way. The continued and strong commitment and dedication of my fellow board members has been inspirational to me. It has been a privilege and an honor to work with them and to serve on the board.

Kara Ka Wah Chien
Chair, Mental Health Board of the City and County of San Francisco

Letter from the Vice-Chair

This year I have truly enjoyed working with my Mental Health Board (MHB) team. The energy and passion each board and staff member brings keeps me invigorated as we move forward into a new year. The board members are volunteers who dedicate their time and energy to supporting the behavioral health needs of our San Francisco community. I feel the board is working hard through various committees to address the following goals: Identifying Barriers to Services, exploring Barriers to Services for People who are Homeless, and addressing Community Violence.

As Co-Chair of the Community Violence committee, my personal hope is we can explore the behavioral health crisis services available for those experiencing community violence, identify gaps in services, and explore better ways to collaborate in increasing services to support our community members. Specifically, I am interesting in exploring how we can better support our children and adolescents experiencing multiple community violence. I have enjoyed meeting many community-based organizations that are doing amazing work in supporting our children and families. With budget cuts, I believe it becomes even more important for us as a community to keep advocating to our city and highlight the importance of behavioral health services.

I urge each of you to do your part in advocating to your local Board of Supervisor and city officials. In addition, our board meetings are a great opportunity to come share your thoughts and ideas on behavioral health needs. It is only when we work together that great change occurs. With gratitude,

Ulash Thakore-Dunlap
Vice Chair, Mental Health Board of the City and County of San Francisco

Letter from the Executive Director

My letter is dedicated to writing about the extraordinary leadership of Jo Robinson, Director of Behavioral Health Services (BHS) for the past seven years, and to my deep and profound respect and admiration for all of the board members who have served the Mental Health Board during the past year and the many people who came before them.

I met Jo in 2000 when she was the Executive Director of Jail Psychiatric Services and she became part of the team to develop the Police Crisis Intervention Training. I learned then how exceptional Jo is in working equally well with people from all different fields and perspectives, such as police officers, city officials, mental health staff, consumers and family members.

One of the first things Jo did when she started with BHS was to review the current vision, mission, policies and procedures. She shortened the vision to:

The vision of Behavioral Health Services is to have a welcoming, culturally and linguistically competent, gender responsive, integrated, comprehensive system of care with timely access to treatment in which “Any Door is the Right Door” and individuals and families with behavioral health issues have medical homes.

And the mission to: *The mission of Behavioral Health Services in the San Francisco Department of Public Health is to maximize clients' recovery and wellness for healthy and meaningful lives in their communities.*

She then set out to replace names of people listed in policies, many of whom had retired years before, to the appropriate contact information for the specific department.

Jo Robinson has a profound belief in the potential of all human beings, and the belief that their worst moments and behaviors do not define them, and that everyone can achieve a level of wellness and recovery.

Here are some words of appreciation of others when she retired:

***DPH Staff:** “In appreciation and recognition of over 30 years of your commitment to our community and the San Francisco Department of Public Health. From your early work with Jail Psychiatric Services to the leadership you have offered to Behavioral Health Services as a whole, you have embodied the elegance and commitment to mental health that we all strive to have. The way in which you have embraced and integrated the recovery and wellness principles into all aspects of our system of care has been an inspiration. Your accomplishments within DPH and the field of mental health as a whole will have an enduring effect on the well-being and care provided to the population we serve. Your expertise and leadership has been an invaluable asset to all that have been fortunate enough to work alongside you. While your presence will be missed, we wish you all the best as you embark on the next chapter of your life.”*

***South Van Ness Clinic:** “When Jo Robinson led the Executive Team Meeting at our clinic, she set the tone for listening that made this such a successful meeting. Jo listened before responding and so did her team. Jo listened before she gave solutions and so did her team. Jo showed compassion for each member of our team and thanked us for the work that we do every day. Her facilitation of this meeting exemplified some of her greatest leadership skills of listening intently, caring deeply and offering compassionate solutions. “*

Jo Robinson came to every Mental Health Board meeting she possibly could and stayed until the end. We share a deep appreciation for the extraordinary members of the board who spend many hours of their time volunteering to oversee the behavioral health system in San Francisco. Board members spend a Saturday in the busy month of December planning the priorities and goals for the coming year. They attend ten evening board meetings, dozens of committee meetings, and hearings by the Board of Supervisors and the Health Commission. In addition, they visit programs and interview clients and staff to gain first-hand knowledge of how well programs are working for the people we serve, and then they write a report about their visit.

Board members all have an extraordinary commitment to making sure that San Francisco Behavioral Health Services are accessible to people of all ages, cultures and languages. Without their dedication and the hours they spend, San Francisco would not have such exceptional programs.

I commend each and every one of you.

Helynna Brooke
Executive Director Mental Health Board of the City and County of San Francisco

SFMHB PRIORITIES 2015-2016

Access to Behavioral Health Services for People Who Are Homeless

Committee Members: Idell Wilson, Co-Chair, Gene Porfido, Co-Chair and member, Virginia Lewis

- Disparities for people with homelessness and mental illness
- Behavioral Health Access barriers
- Outreach
- Housing Options

Identifying Barriers to Behavioral Health Services

Committee Members: Dr. Harriett Stevens, Co-Chair, Njon Weinroth, Co-Chair, and members Benny Wong, Dr. David Elliott Lewis, Toni Parks and Virginia Lewis

- Breaking barriers to eligibility
- Systemic barriers to eligibility and access to services for those who meet criteria
- Impact and effectiveness of eligibility criteria for social services programs
- Senior issues isolation
- Housing
- Seniors

Impact of Community Violence on Behavioral Health

Committee Members: Ulash Thakore-Dunlap, Co-Chair, Wendy James, Co-Chair and members, Terry Bohrer, and Adrian Williams

- Community and Relational Violence
- Children and Adolescent Trauma
- Violence Prevention
- Crisis Service
- Bullying and Racial Discrimination
- Impact of mass shootings

2015-2016 MENTAL HEALTH BOARD MEETINGS/PRESENTATIONS/RESOLUTIONS MEMBER ACTIVITIES/COMMITTEES

JUL 15, 2015 PRESENTATION: HUMMINGBIRD PLACE PEER RESPITE PRESENTATION

Summary: A mayor's task force came to fruition before the summer of 2014 under Mayor Edwin M. Lee composed of a broad range of community stakeholders. Two Mental Health Board members on the task force were Kara Chien and David Elliott Lewis. One of the outcomes was the first peer run respite in San Francisco, called Hummingbird Place, which opened in June 2015. On the opening day, the Mayor and DPH Director Barbara Garcia were there.

Peer counselors are hired to work at the Hummingbird Place which has a large backyard designed to provide a safe space to decompress. Responding to those in emotional distress and having lived experience, peer counselors have an instant connection with the person in crisis because they "get it" without requiring much explanation. Everyone at the respite is considered a "guest".

BOARD MEMBER ACTIVITIES

Ms. James attended the regional California Association of Local Behavioral Health Boards/Commissions (CALBHB/C) meeting. She learned that it is now possible to do genetic testing to predetermine mental health risk. Medi-Cal has agreed to pay for the test. She learned of a few social media apps focusing on behavioral health, like NAMI's Air app and PTSD T2 app (t2health.dcoe.mil/) for PTSD by the National Center for Telehealth and Technology in the Department of Defense.

Ms. Bohrer also attended the CALBHB/C meeting. She was elected to be a CALBHB/C director. She also attended a planning meeting with the California Mental Health Services Act director.

Ms. Virginia S. Lewis shared a personal letter she read at the Board of Supervisors. Her letter is in support of crisis intervention training for law enforcement.

Ms. Stevens attended the recent regional National Alliance on Mentally Illness (NAMI) conference and agreed to be a liaison for San Francisco with the international Alpha Kappa Alpha (AKA) Sorority to share about mental health awareness. She said AKA is the oldest Greek-letter organization established in America in 1908 by twelve Black college women at Howard University.

August 19, 2015: No Meeting

SEPTEMBER 16, 2015 PRESENTATION: THE STRUGGLES OF PEOPLE WITH MENTAL ILLNESS IN JAILS AND PRISONS, DR. TERRY KUPERS

Summary: Dr. Kupers gave an overview of how people with mental illness are being criminalized. He is concerned about the trend to incarcerate people with mental illness because he does not believe that people get better treatment and care in jails and prisons than in community behavioral health systems. He shared

concerns about the War on Drugs, along with sentencing laws, and criminalize people of color and the poor to sustain the prison industrial complex.

OCTOBER 21, 2015 PRESENTATION #1: SAN FRANCISCO BEHAVIORAL HEALTH SERVICES AFTER HOURS TELEPHONE ACCESS TO SERVICES, EVE MEYER, EXECUTIVE DIRECTOR, AND ERIN HISCOCK-WAGNER, SAN FRANCISCO SUICIDE PREVENTION

Summary: After Hours Telephone Access to Services program fills in the needs for calls that come in between 5 pm and 8 am, weekends and holidays. ACCESS matches the needs of callers to the correct services funded by Medi-Cal. Services are provided to most individuals who receive Medi-Cal benefits at no fee or with a minimum share of cost.

PRESENTATION #2: UNITED WAY OF THE BAY AREA 211 INFORMATION AND REFERRAL HOTLINE, KELLY BATSON

211 is the designated number for social services in five bay area counties: San Mateo, San Francisco, Marin, Napa and Solano, and it is available 24x7. About 29 California counties have 211 coverage. 60% of the callers usually seek basic needs such as food, clothing and rental assistance. 211 provides referrals to medical, mental health and crisis information. There has been a drop in calls as people utilize the Internet to find resources.

BOARD MEMBER ACTIVITIES

Ms. Bohrer represented San Francisco at the CALBHB/C meeting in Folsom, California. Twenty-eight California counties were at the event. The major issues are to become more business-like to procure funding resources, to be able to hire staff.

Ms. James attended the NAMI conference in August 2015. She said the conference mentioned that grief is not being addressed as a mental health issue.

Dr. David Elliott Lewis said he served on CIT and taught two modules at the latest CIT training. On October 15, 2015 he was a co-master of ceremony for the Mental Health Services Act (MHSA) Award Ceremony.

Ms. Parks attend a Veterans Conference and was very impressed by services for veterans. She said people don't recognize the connection between eviction and mental health.

NOVEMBER 18, 2015 PRESENTATION: TRAUMA IN THE WESTERN ADDITION: ADRIAN WILLIAMS, MENTAL HEALTH BOARD MEMBER; TERENCE PATTERSON, EDD, ABPP, USF; CHERYL DAVIS, EXECUTIVE DIRECTOR, MO' MAGIC; SONYA ROBINSON, PARENT; SEAN COCHRAN, CLINICAL CASE MANAGER, SUPERVISOR, OCCUPATIONAL THERAPY TRAINING PROGRAM

Summary: They presented that community violence impacts everyone personally and on many levels. For example, children's safety is at risk, most youth are left to their own devices to make some sense of the violence, and complex trauma furthers destabilization of the community wellbeing.

Through the McCauley Center for the Common Good, they obtained a grant to determine service needs and programming. The survey resulted in the "A Collaborative Needs Assessment Of Western Addition Youth: Empowerment Through Innovative Services" report.

The survey looked carefully at where mental health services were located and showed that turf issues were one of the major barriers for youth as well as stigma and shame.

DECEMBER 05, 2015 ANNUAL RETREAT

JANUARY 20, 2016 PRESENTATION: BREAKING THE BARRIERS TO ACCESS TO BEHAVIORAL HEALTH SERVICES.

Summary: Setting the tone for the hearing, many board members shared their personal and professional mental health experiences before the public members shared their challenges and frustrations. The board learned that people with mental illness are at risk for eviction from supportive housing and would often result in homelessness and decompensation. Community clinics do not have on-demand treatment for walk-in people. The BHS system has a shortage of psychiatrists and licensed bilingual social workers.

FEBRUARY 17, 2016 PRESENTATION: LAURA GUZMAN, DIRECTOR, MISSION NEIGHBORHOOD RESOURCE CENTER: BARRIERS AND CHALLENGES TO ACCESSING BEHAVIORAL HEALTH SERVICES FOR PEOPLE WHO ARE HOMELESS, LAURA GUZMAN, DIRECTOR, MISSION NEIGHBORHOOD RESOURCE CENTER

Summary: The percentage of homeless women with post-traumatic stress disorder (PTSD) ranges from 60% – 90%. Most homeless women with PTSD have a history of childhood sexual trauma. Mission Neighborhood Resource Center (MNRC) has incorporated trauma-informed care to provide compassionate, patient-centered care. She would like to see more addiction treatment in integration of care which addresses not only addiction per se but also addiction consequences. She said San Francisco has only 25 medical detox beds in the whole City and County of San Francisco. The system needs more on-demand treatment beds. She suggested more funding for food and nutrition. She recommended better service for language minorities and cultural minorities such as Hispanic and African American populations.

Ms. Idell Wilson, Board Member gave a moving overview of the importance of celebrating Black History.

“Black history changes the world day by day. Some are always asking ‘Why do we continue to celebrate black history?’ But let me quickly remind people of the history of the black people who died so we can sit at this table today facing each other without spit and anger, about what we are so passionate about, mental illness. Also, we celebrate the first black president after 43 white men.

Why we celebrate black history! After, Martin Luther King died just to teach justice, fairness and equal opportunity. Also, let’s not forget the people who fight with disabilities just for better health care.

Why we celebrate black history! Because no one has to die for something we take for granted every day. Sitting at the table face to face is our freedom.

Why we celebrate black history today! So you and I can make new black history. I am able to stand here tonight without fear of being put to death or someone following me home because I am speaking about black history, disability, race, gender, health care, equal opportunity, and more. If it were not for black history, we would not be sitting at the table today helping the people of San Francisco with what is the hardest part to me in life, mental illness. So look around you today, look at your neighbor, look across the table --we have this freedom so we are celebrating black history for generations to come.

Thank you for listening to why we need to celebrate black history today!”

BOARD MEMBER ACTIVITIES

Ms. Bohrer , in January 2016, represented San Francisco at the California Association of Local Behavioral Health Boards/Commissions (CALBHB/C) in San Diego. Wendy James is the alternative. The next CALBHB/C meeting will be in San Francisco.

Dr. David Elliott Lewis participated in Crisis Intervention Training (CIT) with the San Francisco Police Department (SFPD) and participates in a CIT mental health working group to develop a ten hour training on de-escalation techniques during officers annual recertification on the shooting range. He is also on a Shoot/No Shoot Use of Force Committee. He is also on the MHSA-SF advisory council. The council meeting is open to the public.

MARCH 16, 2016 PRESENTATION: BARRIERS AND CHALLENGES TO ACCESSING BEHAVIORAL HEALTH SERVICES FOR PEOPLE WHO ARE HOMELESS, SAN FRANCISCO HOMELESS OUTREACH TEAM (HOT), JASON BLANTZ, PSYCHIATRIC NURSE PRACTITIONER.

Summary: On March 16, 2016 the San Francisco Chronicle reported that 51% of the people recently surveyed said that homelessness is their biggest concern, while two years ago, only 29% said it was a major issue. We have about half the number of homeless residents as we had ten to fifteen years ago. Currently, there about 6,600 homeless residents in San Francisco. HOT is integrated with shelters to coordinate care for homeless residents. Currently, HOT's new medical team could use more mental healthcare staff.

The average age of homeless residents is 50 years old, but there are homeless residents who are in their 80's and has seen at least 30 homeless residents in their 90's as well. There is an increase in seniors living on the streets and in shelters. Approximately 100 - 200 homeless residents are over the age of 80! There is a need for senior specific services.

Within the homeless population of seniors, senior women feel very much attached to shelters, because housing can be very isolating for seniors. Seniors are over-represented in shelters and are high utilizers of medical emergency services. For the poor seniors, homeless shelters are becoming the new senior citizens' homes!

BOARD MEMBER ACTIVITIES

Dr. David Elliott Lewis shared that he, Toni Parks and Ulash Thakore-Dunlap met with Supervisor Weiner to share the 2016 MHB goals, and to encourage CIT funding support.

Ms. Parks shared that on March 11, 2016 she and Dr. David Elliott Lewis attended the work group that re-envisioned the jail replacement project. There were about 39 people at the work group meeting. The workgroup has three co-chairs: Sheriff Hennessey, Roma Guy and Barbara Garcia, and accepts outside recommendations. By November 2016, the workgroup needs to present four goals.

Dr. Stevens shared that the Black History Event with Dr. Kenneth Hardy and Dr. Joy DeGruy was very extraordinary. The following board members attended the event: Wendy James, Idell Wilson, Kara Chien, Harriette Stevens and Ulash Thakore-Dunlap.

APRIL 20, 2016 PRESENTATION #1: CHANGES IN SAN FRANCISCO POLICE DEPARTMENT USE OF FORCE POLICIES, DAVID ELLIOTT LEWIS, PHD.

Summary: Dr. Lewis has been working with the new crisis intervention training (CIT). He provided information about the recent changes in the San Francisco Police Department (SFPD) Use of Force Policies. We don't hear about those successes in the media, just the negative items, such as the recent case of a homeless man, Luis Gongora who was shot by police on Shotwell Street. He said Police Chief Greg Suhr instituted a couple of changes after the Shotwell incident.

Now, in the target shooting practice for annual fire arm recertification there will be a scenario component that requires an officer to determine whether to shoot or not to shoot. Police need to determine, for example, if the target is a woman who is holding a baby, before discharging their weapons, or a civilian holding a knife. When the target turns they have to decide whether to shoot or not shoot. De-escalation techniques are a part of the passing score.

The use of force against edged weapons like a knife is being updated. The old guideline has been for officers to shoot if threatened by a knife. Now, the new guideline being considered is to withhold gun firing if it is determined that the person holding an edged weapon is only a threat to him/herself, since many homeless people are easily preyed upon and depend on a knife for self-protection.

PRESENTATION #2: BEHAVIORAL HEALTH SERVICES RESPONSE TO COMMUNITY VIOLENCE AND HOMICIDES; CRISIS RESPONSE NETWORK, COMPREHENSIVE CRISIS SERVICES, STEPHANIE FELDER, PROGRAM DIRECTOR

Summary: Comprehensive Crisis Services (CCS) is comprised of three integrated crisis programs: Mobile Crisis, Child Crisis, and Crisis Response Team (CRT). The Mobile Crisis team does 5150 assessments on adults on the streets, people's homes and in clinics. Mobile Crisis responds to calls from concerned citizens, law enforcement and others throughout the City.

The Child Crisis team also does 5150 assessments and interventions for children under the age of eighteen. The Child Crisis team does not normally go into homes but does go to police stations and the ER to do an assessment. The team also provides case management services for up to 30 days.

For children, CCS just added a Crisis Stabilization unit, which is a collaboration between Edgewood and the City, since Psychiatric Emergency Services (PES) can be traumatic for children. During the assessment process, the Crisis Stabilization unit allows children to stay for up to 23 hours.

CRT provides services in responding to and in following up with communities and families affected by homicides and critical shootings. Because many of our families are impacted by crimes and community violence, CRT expanded programming about 18 months ago to include stabbing incidents.

CCS has partnerships. Some partners of the wraparound team include a street violence intervention program (SVIP) that does community outreach support, which is a collaboration out of the Mayor's Office and Department of Public Health, to help prevent retaliations. While CRT does linkage care, the SVIP team goes out and works with the community at large to try to de-escalate and to prevent any kind of retaliation. The SVIP population age ranges from 14 to 30 years of age, while the CRT populations are below 14 and above 30 years and immediate families whenever there is a homicide.

BOARD MEMBER ACTIVITIES

Dr. David Elliott Lewis shared that he, Ms. Parks and Ms. Chien attended the monthly re-envisionings jail replacement project in April 2016.

Ms. Parks reported her attendance at two meetings: Tobacco Treatment and San Francisco MHSA Advisory Committee.

Ms. Chien flew down in April to Orange County's Behavioral Health Court and learned that the system includes substance abuse.

Mr. Weinroth shared his program review of Stonewall project. He found their practices to be innovative and would like to see their model be replicated across the country.

Dr. Stevens shared attending the Millennial Health Forum. The forum focused on the needs of the Millennial age group, particularly low income and minority populations.

MAY 18, 2016 PRESENTATION: COMMENDATION OF FIVE PROGRAMS: HOMELESS OUTREACH TEAM (HOT), RICHMOND AREA MULTI-SERVICES, INC. (RAMS), STONEWALL PROJECT, CITYWIDE CASE MANAGEMENT PROGRAMS, AND LIFTING AND EMPOWERING GENERATIONS OF ADULTS, CHILDREN AND YOUTH (LEGACY). SURPRISED COMMENDATION OF MHB EXECUTIVE DIRECTOR HELYNNA BROOKE

Summary: The board honored five extraordinary programs. These were all programs that have either presented to the board, or board members or staff have visited the program. Additionally, the board acknowledged our Executive Director and gave Helynnna Brooke a surprise commendation for her dedication to the Mental Health Board.

BOARD MEMBER ACTIVITIES

Mr. Weinroth shared that he attended an inspirational conference recently. Clinicians were discussing changing the landscape of service delivery. They were talking about multiple pathways for recovery.

Ms. Bohrer represented the board at the two-day California Local Behavioral Health Boards/Commissions CALBHB/C conference in San Francisco.

Dr. David Elliott Lewis shared that he and Ms. Bohrer organize and teach at CIT trainings. He has been talking with Chief Suhr about a proposal called Critical Incidents Review program.

Ms. James reported that she completed her teaching recently for the NAMI: Peer-to-Peer program.

JUN 15, 2016 PRESENTATION: CHALLENGES AND BARRIERS TO CRISIS SERVICES, CECILE O'CONNOR, RN, FOUNDER AND FORMER DIRECTOR DORE URGENT CARE

Summary: Cecile O'Connor, RN, founder and former director Dore Urgent Care presented her perspectives from more than 20 years of working with clients in crisis. She believes that many crises can be averted by providing a safe place for people and a person to talk to.

BOARD MEMBER ACTIVITIES

Ms. Terry Bohrer provided training for the Berkeley and Oakland Mental Health Boards and will go to Ontario, California for the California Association of Local Behavioral Health Boards/Commissions meeting.

Dr. David Elliott Lewis attending the Jail Replacement workgroup meeting.

Ms. James attended the Mental Health Services Act Advisory Committee meeting and shared its plans to expand the recruiting of young people to pursue mental health careers starting at middle school.

Dr. Stevens met with the Director of Senior Disability Action to learn about barriers seniors face in accessing behavioral health services. One key need is for more at home programs for seniors.

SUMMARY OF JANUARY-DECEMBER 2016 MENTAL HEALTH BOARD RESOLUTIONS

January 20, 2016 Resolution: Be it resolved that the following Mental Health Board Goals and Priorities for 2016 be approved as submitted.

- Access to behavioral health services for people who are homeless
- Identifying barriers to behavioral health services
- Impact of community and societal violence on behavioral health.

February 17, 2016 Resolution: The Mental Health Board commends the Behavioral Health Services Client Council for its exceptional work.

April 20, 2016 Resolution: Be it resolved that the Mental Health Board commends Jo Robinson for her years of dedicated service to the City and County of San Francisco, the Department of Public Health and Behavioral Health Services.

June 15, 2016 Resolution: Be It Resolved the Mental Health Board of San Francisco advocates increased funding to provide 24-hour/7 days a week comprehensive mobile crisis intervention services for the people of San Francisco, commencing in Fiscal Year 2016-2017

COMMUNITY BEHAVIORAL HEALTH REPORTS / UPDATES

San Francisco Health Network - Behavioral Health Alignment Philosophy of Care

Our Purpose: As members of the San Francisco Health Network (SFHN) deepen integration efforts, its behavioral health leaders will work together to build a comprehensive behavioral health system of care for the patients of SFHN. This includes community, urgent, emergency, acute, long-term, and ambulatory care. By applying “Quadruple Aim”¹ through the lenses of cultural humility, wellness and recovery, we will work to meet the behavioral health needs of San Franciscans who access care through the SFHN.

Our Philosophy of Care: Throughout the SFHN, we envision a system of care that promotes wellness and recovery by supporting clients with mental health and substance use disorders to pursue optimal health, happiness, recovery, and a full and satisfying life in the community via access to a range of effective services, supports, and resources. In support of our vision, we value the following aspects of care:

1. A trauma-informed system of care that fosters wellness and resilience for everyone in the system, from our clients to the staff who serve them;
2. The practice of cultural humility where we make a consistent commitment to understanding different cultures and focusing on self-humility, maintaining an openness to someone else's cultural identity, and acknowledging that each of us brings our own belief/value systems, biases, and privileges to our work;
3. Whole Person Care that integrates both behavioral and physical care of a client including assessing the needs of a client’s identified family and other significant relationships;
4. Colleagues who have experienced behavioral health challenges and bring their empathy and empowerment to recovery in others, as well as inspire and share their experience to create a truly recovery-oriented system;
5. Valuing all clients that seek our services;
6. Shared decision making in providing the best possible coordinated care, where clients and their providers collaborate as part of a team to make care decisions together;
7. Integration of prevention, early intervention, education, outreach, and engagement within the continuum of care.

Our Commitments: As behavioral health leaders, we will

1. Share the S.F. Department of Public Health vision as we implement change within our organizations.
 2. Promote collaboration across the SFHN in finding solutions for our common clients.
 3. Designate a single point of responsibility (case coordinator) within a client’s care team to support client needs and preferences when a client cannot be responsible for his or her care due to health and/or behavioral health challenges;
 4. Communicate at all levels to empower our staff to communicate and find common ground;
-

5. Articulate within our organizations that we are part of a larger system;
6. Create a workforce that strives for excellence and commit the resources needed to achieve excellence;
7. Implement a trauma informed system of care;
8. Provide services with cultural humility with a priority focus on Black/African American health disparities;
9. Address all health disparities, as well as the needs of underserved populations;
10. Promote fiscal responsibility;
11. Convene regularly to share best practices, solve challenges, and foster open lines of communication among each other.

Our Alignment Opportunities: We acknowledge that integration offers the SFHN opportunities for alignment including:

- Philosophy of care (wellness and recovery, team-based care);
- Communication/Electronic Health Record;
- Evaluation of program and staff performance and staff competency;
- Single point of responsibility for high need clients (care coordination);
- Utilization of local experts;
- Patient flow and transitions of care;
- Shared knowledge of systems;
- Standardization of practice;
- Productivity standards;
- Standardized definitions and meaning;
- Philosophy of collaboration at line staff level across system;
- Appropriate level of care – commitment to stretch services to fill gaps and meet needs;
- Shared accountability for all aspects of the system of care from client engagement to regulatory compliance;
- Any door is the right door to receive seamless, coordinated, quality and appropriate care.

Behavioral Health Services Department Updates

Celebrating Another Successful EQRO Visit!

Every year, Behavioral Health Services (BHS) undergoes an independent evaluation by an External Quality Review Organization (EQRO). The EQRO reviews information on quality, timeliness, outcomes, and access for Medi-Cal covered specialty mental health services to Medi-Cal beneficiaries provided by BHS. After months of preparation, SF BHS hosted a three day visit from Behavioral Health Concepts, the current EQRO contractor for California, from December 8th through December 10th, 2015. The reviewers were impressed with the overall quality of the presentations and commented that the use of data exceeded expectations. The reviewers also shared positive feedback regarding the recent IT/Avatar improvements.

Drug Medi-Cal Organized Delivery System III15 Waiver Approved

California's III15 waiver was approved to allow a pilot program to test a Drug Medi-Cal Organized Delivery System for Medicaid eligible individuals with substance use disorder. Critical elements of the DMC-ODS Pilot include providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment serviced, increased local control and accountability. San Francisco has opted to participate in the pilot program.

BHS Chart Compliance Efforts to Increase

Administrative support staff at civil-service BHS adult mental health outpatient programs were trained last on how to conduct a quick checklist review of clients' medical records to ensure that important documents are up-to-date in the client charts, and with the appropriate signatures and timely completion dates.

In response to the 56% billing disallowance rate incurred by San Francisco Behavioral Health Services on a sample of charts reviewed by the CA Department of Health Care Services at the April 2014 triennial audit of the county mental health plan, BHS Adult Systems-of-Care instituted a redesign of its utilization review and quality management procedures (PURQC), to increase the monitoring and correction of charts for compliance with Medi-Cal specialty mental health documentation requirements. The redesigned PURQC will now include a 100% annual review of all charts by administrative support staff using a Part I PURQC checklist to ensure that required consents for treatment, HIPAA forms, acknowledgment of receipt of materials, annual re-assessments and annual treatment plans are present in the medical record.

First Innovations Showcase event hosted by SF MHSA!

San Francisco hosted its first ever Mental Health Services Act (MHSA) Innovations Showcase event on July 15, 2015, at the Community Justice Court. MHSA "Innovations" funding supports pilot projects of novel, creative, and original mental health practices and approaches to care. Innovation funding contributes to learning in the following ways:

- Introduces new mental health practices that have never been done before
- Makes a change to an existing mental health practice, including adaptation for a new setting or community
- Introduces a new application to the mental health system of a promising community driven practice

The Showcase featured five presentations, which included the **Peer Response Team** from the Mental Health Association of SF, **Alleviating Atypical Antipsychotic Induced Metabolic Syndrome (AAIMS)**, **Reducing Stigma in the Southeast Sector (RSSE)**, **LEGACY** from BHS, and **First Impressions** from UCSF Citywide. Table displays were also hosted by several programs (Supported Employment and Cognitive Training, **SECT**, from UCSF Citywide, the Isolated Older Adults Outreach program from **Curry Senior Center**, **Transgender Health Services** from BHS, MHA of SF, AAIMS, and the **I2N Project** from BHS) providing social networking opportunities where the participants learned about their consumer-driven services. **Slice of Life Catering**, a consumer-based vocational catering program fed and nurtured the celebratory crowd.

Mental Health Loan Assumption Program (MHLAP) and the Licensed Mental Health Services Provider Education Program (LMHSPEP)

MHLAP recipients can receive up to \$10,000 awards in exchange for one year service obligation in California's public mental health system; and LMHSPEP recipients can be awarded up to \$15,000 in exchange for a two year service obligation in qualified facilities.

Eligible MHLAP professions include (but are not limited to) registered or licensed psychologists and psychiatrists and postdoctoral psychological assistants/trainees. Eligible LMHSPEP professions include registered or licensed psychologists and postdoctoral psychological assistants/trainees.

For more details on these two loan assumption programs please call (916) 326-3640, email hpef_email@oshpd.ca.gov or visit: <http://www.oshpd.ca.gov/hpef/mhlap.html>, <http://www.oshpd.ca.gov/hpef/lmhsplr.html>, or www.healthprofessions.ca.gov

Who are the individuals that make up the Avatar Help Desk?

The RAMS/Hire-Ability Vocational IT Training Program began in 2011 in a close collaboration between RAMS and BHS. It was originally conceived as a desk top training program and has grown from one staff and one cohort to three concurrent cohorts; Desktop, Avatar Help Desk, and Advanced Avatar Help Desk supported by six Staff, who act as Trainers and On-Site Coaches/Counselors.

To date, approximately 60 individuals have successfully completed the program. Some have gone through multiple cohorts to acquire additional skillsets in an effort to secure entry level technical support employment opportunities. As a result of the program, approximately 25 graduates have been able to secure employment following the program.

The journey that many of these trainees experience has been arduous. Some have reported that they had given up on ever rejoining the workforce and could not imagine the possibility of a career. Many have struggled to attain the basic necessities of stable housing, food, clothing, or eye glasses and the program counselors have been able to assist them to get these needs met. They were faced with additional challenges of managing their behavioral health issues and have benefitted from a supportive work environment in order to assist their transition towards stability. One major focus of the program is confidence building. Many trainees join the program with trepidation and fear of failing. These programs positively reinforce the individuals by celebrating their achievements and successes while guiding them to overcome obstacles or barriers to their success. The advanced cohort has had an invaluable opportunity to teach others skills that

they have learned. This is incredibly empowering and they are able to help create an environment where it is safe and peers feel supported by one another. They have developed such an advanced understanding of Avatar that they currently are able to resolve 80% of the approximately 700 monthly Avatar tickets without further escalation.

It has been impressive to witness the growth of each and every one of the graduates. Their stories of survival, overcoming adversity, and success are inspirational. Witnessing their growing knowledge base, developing technical skills, increased confidence, and blossoming team spirit has been a distinct honor.

The Benefits of Universal Medication Scheduling (UMS)

Universal Medication Scheduling (UMS) is the California Board of Pharmacy and National Council for Prescription Drug Programs recommended system for standardized prescription label instructions. UMS is a set of basic and specific directions intended to help patients take their medication safely and efficiently. In May of this year, the CBHS Pharmacy adopted this approach in Spanish and English to improve client care. The chart below shows examples of UMS label instructions.

| Old Instructions | New UMS Label Instructions (more specific to help patient better understand when to take medications) |
|------------------------------|--|
| Take one tablet daily. | Take one tablet every morning. |
| Take one tablet twice a day. | Take one tablet every morning and evening. |

UMS was developed in response to vast research illustrating that the average patient is unable to understand and effectively consolidate their medication regimens. This research unveiled the many ways medication directions can be lost in translation between doctors, pharmacists and patients. For example the instructions “one tablet daily” can be interpreted 44 different ways by doctors. Directions can become even more convoluted once processed by a pharmacy, ultimately leaving patients frustrated and forced to do guess work. UMS is a patient centered approach that helps alleviate this confusion.

The chart below displays how 4 patients interpreted the same medication regimen using traditional (non-UMS) label instructions. The “UMS Regimen” column highlights how scheduled medication timing could improve adherence and patient/caregiver understanding of when to take medication.

| Hour | UMS* Regimen | Patient #1 | Patient #2 | Patient #3 | Patient #4 |
|--------------|--------------|------------|------------|------------|------------|
| 5:00 AM | | | | | |
| 6:00 AM | | | | | |
| 7:00 AM | | | | | |
| 8:00 AM | | | | | |
| 9:00 AM | | | | | |
| 10:00 AM | | | | | |
| 11:00 AM | | | | | |
| 12:00 PM | | | | | |
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| 7:00 PM | | | | | |
| 8:00 PM | | | | | |
| 9:00 PM | | | | | |
| 10:00 PM | | | | | |
| 11:00 PM | | | | | |
| Doses | 4 | 8 | 10 | 12 | 14 |

Drug A = ; Drug B = ; Drug C = ; Drug D = ; Drug E = ; Drug F = ; Drug G =

Reference

Universal Medication Schedule White Paper (2013). National Council for Prescription Drug Programs (NCPDP).

Behavioral Health Services Clinical Supervision Initiative

Within the Department of Public Health, Behavioral Health Services are provided by a network of Civil Service staff and providers from Community Based Organizations. These services are provided within two systems of care: the Child, Youth & Family (CYF) and Adult/Older Adult (AOA) divisions. The CYF system prioritizes a strength based, family focused, trauma-informed lens when serving their clients. The AOA system focuses on a multi-cultural, wellness & recovery, whole person lens; these priorities allows us to identify and address the multi-faceted needs that our clients present. As a behavioral health system, our ongoing pursuit is to provide excellent care to both our workforce and clientele. Therefore, we are developing a Clinical Supervision Initiative to support those who provide and receive these vital services. Research shows that quality clinical supervision and consultation provides numerous benefits to the workforce, clients, and the system that provides it; they include:

- Increased work satisfaction
- Reduced staff burn out
- Improved staff self-care
- Increased staff retention
- Professional growth of clinicians
- Decreased sickness rates
- Improved relationship w/ management
- Informs system training needs
- Improved quality of care & treatment outcomes
- Increased accountability in work settings

Through the implementation of this initiative the leadership of BHS expects that the workforce will experience increased job satisfaction which will enhance the quality of services provided and improve the treatment outcomes of our clients. We are excited to engage our system of care in this initiative and we look forward to working with our staff as we identify, organize, and implement the best way forward.

Children, Youth & Families (CYF)

The Competency Attainment Program (CAP)

CAP provides legal education to youth who have been found to be incompetent by the Juvenile Courts began their pilot program in February 2015. CAP offers their service in the community, home or detention center with the goal of achieving legal remediation allowing the youth to continue with the court process and complete their involvement with probation sooner. In August 2015, one of the first youth in the program was successfully found to be “competent”.

The Parent Training Institute

The Parent Training Institute begins in the Fall with many new developments. The most exciting development is the PTI has recently expanded into a more comprehensive program encompassing several family-focused initiatives in addition to Triple P and the Incredible Years. One of the initiatives is an evidence-based program called Supporting Father Involvement, which will begin implementation in late 2015 / early 2016.

Trauma Informed Care

As part of SFDPH’s efforts to become trauma informed system, more than 2,000 staff members have completed a plan for a Commitment to Change project. These employees have committed to making one small trauma informed change in their work-lives to help improve our system for everyone. The TIS Evaluation team has followed up with more than 400 of these employees to find out about their experience with the project and how it impacted their daily work-lives.

On September 17, 2015 all of the Human Resources staff in the Department of Public Health completed Trauma Informed Systems training. Understanding trauma and stress helps staff to act compassionately and take well-informed steps toward wellness. For everyone, trauma can be overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust other and receive support. Realizing that we come from diverse social and cultural backgrounds and groups, staff learned how to be open and understanding to these difference and to focus on our strengths toward wellness. This was a great foundational training and we encourage those of you who have not completed it to do so as soon as you possible! All Department of Public Health employees are required to take this important training.

Last year, the Bay Area Trauma Informed Regional Collaborative group made up of CYF SOC Directors from seven counties (San Francisco, Santa Clara, Santa Cruz, Alameda, Marin, San Mateo, and Contra Costa) received a SAMHSA grant to respond to trauma on a systems level, by creating a shared and trauma informed regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma. The grant award will span 4 years and will include the funding of a regional clearinghouse and coordinating center designed to integrate existing knowledge, incorporate new ideas, address challenges

to training and sustaining an effective and diverse trauma informed work force and develop mechanisms to support implementation and sustainability of best practices.

It is with a great deal of excitement to announce that East Bay Agency for Children (EBAC) has been selected to operate the center and partner with the seven counties in reaching the ambitious and regional goals.

Center Announcements and Reports:

- **Center Name:** T²: Trauma Transformed

- **T² Mission and Vision:**
 - **Mission:** Bay Area communities working together to change the way we understand, respond to, and heal trauma
 - **Vision:** We seek to foster healthy, resilient, and safe communities through trustworthy, compassionate and coordinated public systems.

- **Advisory Council Recruitment:** T² is in the process of recruiting an Advisory Council, comprised of parent, youth and family members with lived experience across all seven counties. The Advisory Council will provide input on all center activities, including program planning, policy development, and evaluation.

SF DPH Joins National Multi-Site Demonstration to Advance Trauma-Informed Care

SF DPH Children, Youth and Families System of Care was one of six organizations from across the U.S. competitively selected to participate in *Advancing Trauma-Informed Care*, a national initiative aimed at understanding how trauma-informed approaches can be practically implemented across the health care sector. This multi-site pilot demonstration, led by the Center for Health Care Strategies through support from the Robert Wood Johnson Foundation will focus on improving care for individuals with a history of trauma. CYF SOC will launch “Trauma Informed Systems Leadership and Champions” to translate TIS principles into leadership and workforce practices that result in positive supports and change and improve health for agencies, staff and their clients. This pilot will be implemented in partnership with two participating divisions within DPH, Laguna Honda, and Maternal Child Health and two agencies that are part of the wider System of Care, the Juvenile Probation Department, and the Department of Children, Youth and Families.

Foster Care Mental Health Program

The History of African American quilts is nearly as old as the history of America. Long-ignored and conspicuously absent from many early accounts of American quilt history, African American quilting has become a growing area of study.

Skilled Black slave women on plantations and in other wealthy households also did the spinning, waving, sewing and quilting in addition to many household duties. Their surviving quilts provide a unique history of their lives and culture.” <http://www.quilting-in-america.com/African-American-Quilts.html>

In celebration of Black History Month and in honor of those who have gone before us, in keeping with an African American tradition, FCMH staff will be creating a living quilt. We will be sewing during staff meetings and gathering from brown bag lunches throughout the month in order to share stories about our

own cultures and how we have been influenced by Black Culture, Mentors, Teachers, Spiritual Leaders, Family members, etc.

These stories will be documented in our quilt patches, which we will stitch together, we would like to pass it on to another CYF team to create another “narrative” to add to ours. The result of the Quilting Project will be a Quilt that will be displayed in the FCMH offices.

Comprehensive Child Crisis Services

The Comprehensive Crisis Services is going through some major restructuring in order to maximize our capacity to provide crisis services and to fully integrate our crisis teams for the Adult Mobile Crisis, Child Crisis, and Crisis Response Services. With the new structure, majority of the staff will be “Crisis Responders”, who provide 5150 assessments and crisis interventions for both children and adults, to respond to community violence and critical incidents, and debriefing as needed. Others will be “Case Managers”, whose roles involve providing up to 30-day crisis case coordination to link clients to needed services. “Hospital Discharge Planner” will continue to provide discharging planning services to high risk children/adolescents that are San Francisco publically funded. Lastly, “Therapists” who offer individual and/or family brief therapy for up to 30 days to stabilize individuals and families who are having an acute behavioral health crisis, and to those who have experienced community violence for up to 24 months. The hope is that Comprehensive Crisis Services will eventually operate as a 24-hour crisis response unit within the capacity to address the crisis needs in the community.

Family Mosaic Project

Family Mosaic Project worked with a non-profit organization, Splashes of Hope, to paint murals at their agency. The murals will be in their family therapy room, hallway and common room. Staff, clients and volunteers from Salesforce helped paint and support this project.

Founded in 1996, Splashes of Hope is a 501(c)3 nonprofit organization dedicated to creating art to transform spaces, enrich environments and facilitate worldwide. This positive impact inspires others to join our mission.

See more at <http://splashesofhope.org/about/#sthash.E2FTIY9.dpuf>



ADULT SERVICES

Hope SF housing development sites including Potrero, Sunnydale, Hunters View and Alice Griffith.

HOPE SF is the nation's first large-scale public housing revitalization project to prioritize current residents while also investing in high-quality, sustainable housing and broad scale community development. Hope SF will replace substandard housing with new housing while enabling residents to remain in their neighborhoods during the redevelopment, HOPE SF will serve as a stabilizing force in some of San Francisco's poorest neighborhoods, intended to help African-Americans and families of all colors to remain in the city.

The impact of institutional racism has contributed to impacted communities and impeded trust in the capacity for the delivery system to provide necessary services. Wellness Centers embedded in each community are intended to provide nursing services to link residents to effective preventive care as well as manage and reduce the impact of chronic disease, clinicians and care managers focused on place based non-anthologizing wellness services flexibly provided within the community and Peer Health Educators serving to help build, sustain and spread effective health practices and build bridges between the community and the service delivery system.

(AOA) Adult and Older Adult System of Care Update (AOA)

OMI Clinic steps up outreach to clients discharged from the hospital. When OMI Family Center staff saw an increase in "gold card" priority referrals for them to follow-up on clients discharged from the San Fran-

cisco General Hospital psychiatric ward, they also saw a high rate of no-shows of these clients to the expedited appointments given them at the OMI Clinic. Aside from missing an opportunity to connect with these clients as soon as possible after their hospital discharge, the appointment no-shows also created inefficiency with missed client appointments. As part of the "gold card" protocol, OMI expedites the case assignment of clinicians and appointment time slots for these inpatient referrals, and when clients do not show, valuable clinician time is lost.

Ensuring timely follow-up treatment of clients discharged from psychiatric inpatient is also important because 10% of such clients in San Francisco end up being re-hospitalized a week after discharge, and over 20% get re-hospitalized a month after discharge. Almost half of clients discharged from psychiatric inpatient in San Francisco are also not able to be seen for outpatient follow-up within a week of hospital discharge, and over one-fourth are not able to be seen within a month.

To better ensure successful follow-up of clients after psychiatric hospitalization, OMI administrative staff began calling each client over the phone the day before their appointments to remind them. The expectation was that by doing this OMI's gold card clients would have a better show rate.

The data showed significant improvement as result in appointment show rates. During the baseline week in July when no reminder phone calls took place, OMI's two gold card appointments that week were no-shows. In the following weeks when phone calls were done, 50% of gold card referrals kept their appointments and had service episodes opened.

OMI recognizes that even though a much better show rate was effected by the reminder phone calls, much still needs to be done to improve engagement in the community with clients discharged from psychiatric hospitalization. Among the barriers OMI staff noted were incorrect client phone numbers provided, and insufficient outreach to engage clients who miss their appointments. One recommendation OMI has is to use peer system navigators to provide this linkage from the inpatient units to the clinics.

Rams Peer Internship Program

The RAMS Peer Internship Program is with the "Division of Peer-Based Services" for individuals with lived experience who are a consumer of behavioral health services, a former consumer, a family member of a consumer, and/or currently a peer provider working for a community agency providing behavioral health services.

The Internship Program encourages both Consumer and Peer Practitioner to utilize lived life experience, when appropriate and at discretion of the peer, in peer-to-peer service settings to benefit the wellness & recovery of other peer members / clients being served.

Our internship schedule complements the busy lifestyle of a working adult who is looking to fortify skills, build community & peer network, and gain more knowledge of behavioral health services. Peer Interns work in a variety of roles during the course of scheduled rotations between sites with other Peer Interns, including but not limited to: peer counselors at community-based mental/behavioral health sites, system navigators in direct service as health care enrollers, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

The Internship Program offers a collaborative learning – peer supported environment, in which Peer Interns work with other Peer Practitioners throughout the 9-month program. Peer Interns will receive weekly supervision and also attend at least two formal trainings per month provided by RAMS for additional professional development.

The Internship Program also provides weekly group supervision from a Peer Supervisor, as well as ongoing individual supervision from a site supervisor.

The Peer Internship Program is a 9-month, 20 hours/week, paid (\$12.25/hour), under RAMS “Division of Peer-Based Services”. The Internship Program respects your privacy and adheres to the confidentiality rules and regulations that apply. Should you have any questions, please feel free to contact them at (415) 579-3021 or peerinternship@ramsinc.org.

AOT (Assisted Outpatient Treatment) Fact Corner

| | |
|---|--|
| What is AOT? | AOT stands for Assisted Outpatient Treatment. This program is an engagement and outreach tool designed to assist individuals with a severe mental illness who are not engaged in care with linking to outpatient services. In some cases where an individual meets the AOT criteria and is unwilling to be linked to services despite multiple attempts to engage them, the individual can be court ordered into outpatient treatment. The law was passed in California in 2002 and the San Francisco Board of Supervisors adopted the legislation in July 2014. |
| Who is eligible for AOT? | This program is for adults (age 18 and over) who have a known mental illness, are not engaged in care, are on a downward spiral, and meet strict eligibility criteria. |
| How do I refer someone to AOT? | When San Francisco’s AOT program begins this Fall a public information website will be available with details on how to make a referral via email or fax. Individuals will also be able to call the AOT Office to make a referral and a TDD, local number, and toll free numbers will be available. |
| Who will be providing the AOT services? | The AOT Care Team will consist of director, peer, and family liaison. The peer and family liaison positions will be Health Worker II classifications (2586). UCSF’s Citywide Case Management will be providing the treatment for individuals who are court ordered into outpatient treatment. |
| Where do I learn more about AOT? | Angelica Almeida is the director of the AOT program in San Francisco and can be contacted at 415-255-3722 or angelica.almeida@sfdph.org . |

AOT First Annual Report

Assisted Outpatient Treatment (AOT) was implemented November 2015. The first annual report was submitted to the State Department of Mental Health.

Of note, 48% of individuals outreached during the reporting cycle accepted voluntary services and 61% were successfully housed. As part of the review process, participants were asked to complete a confidential questionnaire. All of the participants indicated feeling “hopeful” about their future and the majority indicated positive perspectives on the approach to engagement from the AOT Care Team. Further, most family/support persons that completed an interview with the evaluation team reported feeling supported by staff and noted that they have an increased awareness of and access to effective resources in and out of California.

Client Council Turns 15

In the Fall, 2000 issue of the Voices at Bay consumer newsletter, I wrote the following: “On Tuesday, September 19, 2000, a new commitment to community involvement and response began when mental health consumers representing programs throughout the city gathered for the first meeting of the new Consumer Council.”

That night a new monthly forum was born, soon to be renamed the Client Council, in which clients became active participants in helping to shape the decision-making process regarding issues of policy, program development, and treatment practices, within the highest levels of our administrative team, here at BHS. We are indeed proud to be a vital and respected link to the many efforts over the years to improve the quality of the programs and resources available to our mental health community, in service to our clients, family members, and providers, and, in doing so, affecting the quality of so many lives in new and positive directions.

As the Client Council turns 15 this year, let’s celebrate our past with a recommitment to the hopes and dreams and intentions of our original founding members, by building new bridges and sharing those original intentions with new fellow community members, that can and will propel us well into the next 15 and beyond.

Michael Wise, Founder and Former Editor, Voices at Bay consumer newsletter

MHSA

During November and December 2015, SFDPH’s Mental Health Services Act (MHSA) unit has hosted informal community dinners to hear directly from the Latino, Mayan and Native American communities about how mental health/behavioral health services can be improved in their respective communities. Below are some highlights that will benefit SFDPH in its future program planning:

- Connect how physical care can lead to improved mental health care
- Latino/Mayan communities are normalizing utilization of mental health services
- Child care is essential while parents are in their therapy sessions

- Allow therapy with the client's preferred therapist to be extended beyond 12 weeks Allow mental health care to be delivered via home visit settings
- Native American community is able to heal because of their culture and it is therapeutic to learn from community members

South of Market Mental Health Services (SOMMH) Remodel is Complete

On February 1st 2016, South of Market Mental Health Services (SOMMHS) resumed full operation in their newly remodeled space located at 760 Harrison Street. The SOMMHS remodel transformed an older leased clinic by applying MHS funding and negotiated tenant improvements. The remodeled space ultimately benefits the client and staff experience at the South of Market Clinic. This renovation allows for integrated health services and supports the Public Health Department's goal of offering seamless access to Behavioral Health and Primary Care services.

Highlight of Benefits

- A Wellness Center to provide peer-led groups in support of wellness and improving healthcare outcomes.
- The addition of a new medical exam and ADA-compliant waiting area to improve patient flow and capacity for primary care services.
- Efficient space utilization facilitates additional staff offices. The flexible conference room space would enable use of variably-sized groups.
- Alteration of the space for the money management program to enhance safety for staff and clients.
- Increase of space in the waiting room area to improve flow and security.
- Enhanced perimeter lighting which will contribute to safety at the clinic and in the surrounding neighborhood.



BHS Vocational Services Program

Exciting new vocational training, internship, and employment services programs started in January 2016 as a result of the Vocational RFQ published in 2015. Any BHS consumer interested in learning more about vocational services are welcome at the Vocational Drop-In Hour every Wednesday from 1-2pm at 1380 Howard, 1st floor BHAC.

The GROWTH (Growing Recovery and Opportunities for Work Through Horticulture) project is a Citywide Employment Services vocational program that provides 3 month classroom training in basic horticulture and plant-care skills, landscape design and installation, grounds keeping and landscape maintenance skills and tips and tools for finding employment. The training is followed by 6 months of paid fieldwork experience in BHS clinics along with job coaching, and job placement support retention services.

TAY Vocational Services, open to all BHS consumers, is a Richmond Area Multi-Services (RAMS) program that provides time-limited paid internships to transitional age youth, ages 16 to 25, in order to provide healthy activities and entry-level work experience to help behavioral health TAY consumers achieve resiliency and maximize recovery.

Food and Catering Services is a vocational program open to all BHS consumers with Citywide Employment Services that provides skills in Café workforce sectors.

Occupational Therapy Training Program (OTTP) and Toolworks are two new mental health programs joining the BHS-DOR CO-OP. These programs are open to all BHS and SF Health Network consumers. OTTP's TAY Vocational Program works with youth ages 16-25 on employment services and offers a thorough vocational assessment, employment preparation, job development, and job retention. Toolworks provides vocational assessment and employment services to consumers with Deaf and Hard of Hearing.

South Van Ness Services – A Lesson In Positivity & Perseverance

On February 9, 2016 the staff at South Van Ness Adult Behavioral Health Services had the honor of hosting Jo Robinson and the Executive Team for a visit. One of the most helpful aspects of the visit was how well each member of the Executive Team listened to our achievements and successes. The Executive Team was responsive to our concerns and frustrations as well, however when our team debriefed the meeting, staff members reported that they felt heard, acknowledged, valued and appreciated.

During the visit, one of our staff members explained that we begin each of our staff meetings with three minutes of silent mediation followed by the reciting of the following guidelines:

Group members agree to:

- Show compassion for ourselves and each other.
- Listen before responding.
- Listen before giving solutions.
- Assume that we all come with good intentions and motivation to grow as a team.
- Pause, breathe and reflect when we observe something that needs to be addressed.

2nd Annual Behavioral Health Services (BHS) Open Mic

BHS sponsored their second annual Open Mic event on April 25, 2016, as a lead into Each Mind MATTERS. The event was held at the SF Main Library Latino/Hispanic room located in the lower level. The celebration was open to consumers, family members and friends to show their support.

News From The Pharmacy – MUIC Develops Flyers To Educate Clients

Over the past months, the Medication Use Improvement Committee (MUIC) developed several patient flyers aimed at educating clients about various MUIC initiatives. The flyers include information about anticholinergic medications, sedative-hypnotic medications and drug interactions. Pictured below, the aim of the flyers are to empower patients to speak to their providers about these medication concerns. They have been translated into the threshold languages- Chinese, Spanish, Tagalog, Vietnamese (Russian pending) and posted to the Community Behavioral Health Services public website.

DO I REALLY NEED COGENTIN?



DID YOU KNOW?
YOU MAY BE AT RISK FOR **MEMORY PROBLEMS AND INVOLUNTARY MOVEMENTS**

Cogentin (Benztropine)
Benadryl (Diphenhydramine)
Artane (Trihexyphenidyl)

[Learn More](#)

Talk to your health care provider or pharmacist today!



HEADS UP!



DO YOU TAKE ANY OF THESE MEDICATIONS

| | |
|-----------------------|----------------------|
| Ativan (Lorazepam) | Restoril (Temazepam) |
| Ambien (Zolpidem) | Valium (Diazepam) |
| Klonopin (Clonazepam) | Xanax (Alprazolam) |


YOU MAY BE AT RISK FOR SERIOUS HEALTH SIDE EFFECTS INCLUDING **FALLS AND MEMORY LOSS**

[Learn More](#)

Ask your medical provider or pharmacist today about safer alternatives!



BUPRENORPHINE SAVES LIVES!



BUT **NOT IF YOU TAKE ANY OF THESE:**

| | |
|-----------------------|----------------------|
| Ativan (Lorazepam) | Ambien (Zolpidem) |
| Klonopin (Clonazepam) | Restoril (Temazepam) |
| Valium (Diazepam) | Xanax (Alprazolam) |


YOU MAY BE AT RISK FOR SERIOUS HEALTH SIDE EFFECTS INCLUDING **ACCIDENTAL DEATH**

[Learn More](#)

Don't become a statistic
Talk to your medical provider or pharmacist today!



METHADONE SAVES LIVES!




BUT **NOT IF YOU TAKE ANY OF THESE:**

| | |
|-----------------------|----------------------|
| Ativan (Lorazepam) | Ambien (Zolpidem) |
| Klonopin (Clonazepam) | Restoril (Temazepam) |
| Valium (Diazepam) | Xanax (Alprazolam) |

YOU MAY BE AT RISK FOR SERIOUS HEALTH SIDE EFFECTS INCLUDING **ACCIDENTAL DEATH**

[Learn More](#)

Don't become a statistic
Talk to your medical provider or pharmacist today!



Medicinal Drumming: An Ancient And Modern Day Healing Approach

Since 2013 Dr. Sal Nunez of City College of San Francisco has been implementing and evaluating an SFDPH Mental Health Services Act-funded pilot project called the Medicinal Drumming Praxis project, where staff from San Francisco community based behavioral health agencies are trained in a culturally affirming wellness and recovery therapeutic methodology of *group drumming*. Staff learn and practice the skills needed to facilitate group drumming (at their own respective agencies), a therapeutic milieu that has demonstrated profound benefits for numbers of San Franciscans.

MHB PROGRAM REVIEWS/SITE VISITS

CONARD HOUSE

October 8, 2015

Reviewers: Terezia S. Bohrer, RN, MSW, CLNC and Virginia Lewis, LCSW

MCAULEY ADOLESCENT DAY TREATMENT CENTER

November 17, 2015

Reviewer: Ulash Thakore-Dunlap

SUNSET MENTAL HEALTH CLINIC

January 11, 2016

Reviewer: Benny Wong LSW

WESTSIDE METHADONE MAINTENANCE AND DETOX AND HIV

January 14, 2016

Reviewer: Benny Wong LCSW

BAART COMMUNITY HEALTHCARE

January 12, 2016

Reviewer: Njon Weinroth

CLAY STREET RESIDENTIAL

February 5, 2016

Reviewer: Terezia S. Bohrer

RAMS

February 12, 2016

Reviewer: Kara Chien

CORTLAND HOUSE RESIDENTIAL

February 16, 2016

Reviewer: Harriette S. Stevens Ed.D

THE STONEWALL PROJECT

February 23, 2016

Reviewer: Njon Weinroth

WESTSIDE COMMUNITY CRISIS AND OUTPATIENT CLINIC

April 14, 2016

Reviewer: Terezia S. Bohrer

FELTON INSTITUTE/FAMILY SERVICE AGENCY of SAN FRANCISCO

May 27, 2016

Reviewers: Terezia S. Bohrer, with Wendy James and Loy Proffitt

SFMHB MEMBER PHOTOS/BIOS JULY 2015 – JUNE 2016

Board Officers:



Chair

Kara Ka Wah Chien, JD

Seat # 3

Public Interest Seat

Appointee of Supervisor Jane Kim

Ms. 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.



Vice Chair

Ulash Thakore-Dunlap, MFT

Seat #15

Mental Health Professional

Appointee of the Board of Supervisors

Ms. Dunlap is a Licensed Marriage and Family Therapist and holds a PPSc (School Counseling Credential.) Currently, she is core faculty at the Wright Institute, MA Counseling Psychology Program and adjunct at San Francisco State University MS Counseling Program. Ms. Dunlap also maintains a private practice in San Francisco. She is the Founder of Understand My Mind (UMM) providing free resources and support on wellness and mental health topics.

Ms. Dunlap has extensive clinical experience working with children, adolescents, schools, families

and adults. Her focus is providing culturally appropriate counseling to adolescents and school-based settings. Ms. Dunlap's passion for school-based counseling services has led her to present on this topic at a national and international level and publishing articles on adolescent clinical needs, undocumented students and South Asian immigrant youth.

In her free time, Ms. Dunlap is active in the community and is on several committees and boards including International Committee Member for the American Counseling Association (ACA), past Communications Officer for the Asian American Association (AAPA), past Chair for the Division On South Asian Americans, part of AAPA, past board member for The Children's Book Press and current member for 3rd South Asian International Film Festival.



Secretary

David Elliott Lewis, Ph D

Seat #7

Consumer Seat

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.



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. 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.



Mark Farrell, Board of Supervisors

Seat # 17

Board of Supervisors

Appointee of the Board of Supervisors

Supervisor Mark Farrell represents District 2 in San Francisco, which includes the Presidio, Marina, Cow Hollow, Pacific Heights, Presidio Heights, Anza Vista, Laurel Heights, Jordan Park, the Lake Street corridor, Sea Cliff and parts of Russian Hill.

First elected in November 2010, and subsequently reelected for his second term in November of 2014, Supervisor Farrell currently serves as Chair of the Board of Supervisors' Budget and Finance Committee, as a founding member of the 2016-17 Super Bowl Bid Committee, and also serves on eight other local and state Boards and Committees.

Supervisor Farrell's legislative priorities include advancing policies and projects that address housing affordability and the cost of living, homelessness, boost local economic development, ensure neighborhood vitality, and enhance public safety and quality of life issues that affect all San Franciscans.

Since his election, Supervisor Farrell ushered through a unanimously supported two-year City budget that reflects San Francisco values and priorities, reformed the way San Francisco pays for retiree health care benefits - solving a \$4.4 billion unfunded liability, and passed small business tax credit legislation so our City's small businesses can hire more employees and create more local jobs. In addition, Supervisor Farrell created a public-private partnership between the San Francisco non-profit Kiva.org and San Francisco's Office of Small Business to provide small businesses citywide greater access to capital at 0% interest, and became the first elected official in California to personally endorse Kiva borrowers on the platform.

To address homelessness in San Francisco, Supervisor Farrell led the effort to double San Francisco's Homeless Outreach Team, authored and passed Laura's Law, which is a state law that allows for community-based compelled mental health treatment for the severely mentally ill, and has hosted numerous hearings on services and solutions to reduce and end homelessness in San Francisco.

To help keep families in San Francisco, Supervisor Farrell created the Schoolyards Project which opens public schoolyards on the weekends to create more open space and foster a greater sense of community and annually sponsors the Marina Family Festival in District 2. Supervisor Farrell has also called hearings on family flight to find and discuss the root causes which are causing families to leave San Francisco, and has worked on policies and projects to help reverse family flight.

To help integrate the benefits of technology into resident's everyday lives, Supervisor Farrell led a broad coalition to create "Free Wi-fi" in our city parks, plazas and open spaces and is working to expand online access to all communities across our city. Supervisor Farrell also authored and passed the City's landmark open data legislation that continued San Francisco's national leadership in the open data movement and will promote further local economic development and government efficiency.

Supervisor Farrell was born and raised in San Francisco, where he attended both Stuart Hall and Saint Ignatius. He received his B.A. from Loyola Marymount University in Los Angeles, his M.A. from University College Dublin in Ireland, and J.D. from the University of Pennsylvania Law School in Phila-

delphia. Supervisor Farrell currently resides in San Francisco's Jordan Park neighborhood with his wife and three children.



Wendy James

Seat #1

Consumer Seat

Appointee of Supervisor John Avalos

Ms. 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.



Virginia S. Lewis, LCSW

Seat #5

Family Member Seat

Appointee of Supervisor Katy Tang

Ms. 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 addiction 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.



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 because she visited once and left her heart here, so she returned, which was one of the best decisions she has ever made. 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. She spent decades as a health care worker for hospitals, non-profits and private doctors.

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 to use their resources to assist with the disenfranchised.

She expands her interest in technology by being a computer graphic artist.



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

Ms. Pon has lived in San Francisco and in various Peninsula cities all her life. She has three adult children with whom she has experienced the myriad challenges as well as great joys of parenthood. When a loved one is diagnosed with a serious mental illness, the journey to recovery for the entire family can be not only challenging but harrowing – a road untraveled.

Her professional background has included work in the airline travel industry, also as administrative

support for a real estate/mortgage broker, and most recently in healthcare with Kaiser. She is looking forward to contributing to mental wellness from the sensitive perspective of an informed Family Member. She is honored to be chosen to work with the diversely dedicated, well-credentialed Board Members of MHBSF who have extensive backgrounds in mental health service.

Family recovery can begin with NAMI (National Alliance on Mental Illness), particularly with Family-to-Family education, where reassuring communication is shared without judgment among those with similar experiences. SFDBSA (S F Depression and Bipolar Support Alliance) is another ongoing support network for consumers and all family members. Both organizations have been instrumental in her family's recovery.

Ms. Pon plans to advocate for those searching to find resources for effective mental health treatment. Early intervention and educated options are crucial to recovery. Providing access to mental wellness services will give Hope to Cope. Success in full remission can indeed be a possibility.



Gene Porfido

Seat #6

Consumer Seat

Appointee of Supervisor Malia Cohen

I've spent most of my life working and performing in the music industry, as a musician, live and studio engineer, lighting designer, and producer. After many years of touring and working on all kinds of great music, I came to San Francisco to work in the gaming industry in 1999. After a few award winning games and remakes of classics like Operation and Candyland for computers, I woke up one morning with no feeling in my right hand. That led to a multitude of tests, layers of speculation, and a prognosis that left me angry, disappointed and eventually determined to fight back at what I considered a raw deal at the time.

Permanent disability and heavy medication only led me deeper into a dark place I had never had any intention on visiting. It took a few years of being 'OK' with my situation, and a few eye opening experiences for me to realize I did not have to settle for anything, that I could have my life and my spirit back again. ... I could, and I WILL fight back, if I ever want to be 'myself' again.

It takes a lot of hard work to pick yourself up and pull all the pieces in, and put that back where they belong again. But it's in all of us to have the ability to reach beyond our boundaries and through the fear, to begin advocating for ourselves both internally (by staying positive and winning small battles at a time), and externally, using our voice and experiences to speak out and reach those who cannot, or who haven't discovered their own way back yet... their own voice yet.

The Mental Health Board is one of those places where we meet people who work very hard day in and day out to make things better for everyone, as well as those who are just grasping their first breath on the long journey back, from a place too many of us are familiar with. One battle, one victory at a time.



Richard Slota, MA

Seat #09

Family Member

Appointee of Supervisor Eric Mar

Richard Slota wants to serve on the Mental Health Board because his adopted, African-American, 22-year old son is paranoid schizophrenic, refuses all help and is homeless on the streets of San Francisco. Mr. Slota ran out of things he could do to help his son. His son wouldn't trust him to give him money, buy him a cell phone, a gym membership, a rent him a room. An important way Mr. Slota hopes he can help his son is by serving on the Mental Health Board so he can advocate for better services for people like his son.

Mr. Slota is a Vietnam Era Vet. He earned a BA in Psychology and had a long career working in mental health. He worked in residential treatment with disturbed adolescent boys and on a acute psychiatric ward. He last worked for Dreamcatchers Empowerment Network in Napa and Solano County as a Director of Community Employment. He and his staff and were accredited through the California State Department of Rehabilitation to help people with disabilities, mostly mental, find and keep a job. He worked with a lot of young men very much like his son. He is a licensed Career Development Facilitator. He attends weekly NAMI (National Alliance on Mental Illness) support group meetings. He 'retired' in 2013, but he seems to be working harder than ever.

He is a playwright, novelist, non-fiction writer and poet. He earned an MA in Creative Writing from San Francisco State. He once was a poet in the schools for 7 years. Currently he is an Adjudicator for Theatre Bay Area and a member of the Playwrights Center of San Francisco. Recently the Playwrights Center staged a developmental reading of his new full-length play, *Mascularity*. He travels to West Africa frequently to visit his daughter and son-in-law and do research. Last year he co-authored a book on the kidnapping business in Nigeria, called, *Captive Market: Commercial Kidnapping Stories from Nigeria*. His first novel, *Stray Son*, is about a father and son seeking a difficult reconciliation. It will be published this fall.

Mr. Slota has 2 other adult children and a grandson. The son lives in Napa, California and the daughter has homes in Lagos, Nigeria and Accra, Ghana.



Harriette Stallworth Stevens, Ed D

Seat #10

Family Member Seat

Appointee of Supervisor Mark Farrell

Harriette Stallworth Stevens, Ed.D., is a mathematics educator and consultant. Currently, she is involved with an educational research project that focuses on classroom discourse and problem solving in urban schools. While she grew up in Alabama, she has lived in San Francisco for over 35 years with her husband and two adult children.

Before coming to San Francisco, Dr. Stevens attended the University of Kansas where she received her Bachelor of Arts in Applied Mathematics and Master of Arts in Education, with a concentration in Mathematics. In addition, she received her Doctorate in Education, with an emphasis in curriculum and instructional design, from the University of San Francisco. For over 25 years, she directed a mathematics professional development program for teachers at the University of California, Berkeley's Lawrence Hall of Science. In this capacity, she worked with urban-school teachers and their students and designed various curriculums to support students in succeeding in college and mathematics-based careers. Prior to working at the university, she worked at Cañada Community College, Redwood City, where she developed curriculum and coordinated a program that helped prepare college-level students for the health science professions. In addition, she also taught mathematics at the community college and secondary school levels across the country.

In addition to being a teacher, Dr. Stevens is also a credentialed counselor. In her work, she found that many of her students faced life challenges that they needed to address in order to continue pursuing their academic work. As a result, she felt a need to become better equipped to listen to, advocate for, and provide her students, family members, and staff with as much guidance and counseling support as she could. For these reasons, she returned to school and earned a counseling credential at San Francisco State University.

Dr. Stevens has the compassion and ability to understand other's feelings and offer a nonjudgmental voice, especially to family members with a loved one with a serious mental illness. For almost three years, she has experienced coping with and being a support to her child and the challenges he has faced.

Throughout her career, Dr. Stevens has also been deeply involved in a number of professional and civic organizations. They include the National Council of Teachers of Mathematics, California Mathematics Council, Association for Supervision and Curriculum Development, Cal-PASS Professional Learning Councils, Blue Ribbon Committee/Bill and Melinda Gates High School Reform Initiative, and the National Alliance for Mental Illness (NAMI).

Dr. Stevens is an accomplished NAMI family support group facilitator and has lead/co-lead monthly discussion 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 become better able to cope with major challenges they face with a mental illness.

As a San Francisco Board family member, Dr. Stevens will continue to contribute to essential mental health initiatives, offer a strong voice, advocate for individuals and families, and promote quality treatment and services for families and their loved ones.



Marylyn L. Tesconi

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 first brought her attention to behavioral health services and crisis interventions. With the help of numerous professionals, she and her family began an unexpected journey revealing substance abuse and addiction, a mental health diagnosis and numerous recovery models. Ms. Tesconi resolved to learn all she could about dual diagnosis, alternative treatment options, and the often incremental process of recovery. She enrolled in City College of San Francisco, taking just one class: Drugs and Society. Three years later she graduated with a certificate in Substance Abuse Counseling, and went on to become a Certified Addiction Treatment Counselor through the California Association of Drug and Alcohol Educators. Although this was gratifying and important work, it seemed only to scratch the surface of deeper issues. This motivated her to finish her BA, and in 2012 she completed a Masters Degree in Community Mental Health, Counseling Psychology.

Concurrently, Ms. Tesconi spent nearly 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. Through that experience she was able to see the enormous responsibility of the mental health care system, and the great vulnerability of the clients. She learned how to be an advocate for client services, and to recognize when service goals fell short. She also came to understand the importance of breaking the isolation of a mental health and addiction dual diagnosis, and the significant role of hope in the recovery process. In addition, she began working with families of addicted children, founding a weekly 12 Step meeting for parents, and accepting an ongoing invitation as a guest speaker at Kaiser's Chemical Dependency Recovery Program 6-8 times a year.

Ms. Tesconi has also been a strong advocate for women in crisis, and has worked with City College Women's Studies Department over the last five years on a Healing for Change event; as a workshop leader and organizer of this yearly day long event, she is part of a team offering alternative healing modalities at no cost to female trauma survivors of abuse, relationship violence and neglect. Ms. Tesconi has a strong sense of social justice and is interested in integrated treatment of addiction and mental health issues which are inclusive of the family and surrounding community.

In addition, Ms. Tesconi has over 30 years of public service as a manager in state government, and clearly understands the way bureaucracy works, the way it sometimes does not work, and how to work within it to reach a common goal.

As an appointee to the Mental Health Board of SF, she looks forward to being part of a collective and proactive solution, contributing to the wellness of our society and the betterment of our wonderful city. She hopes to enhance public outreach and to help providers and consumers maximize the benefits of

available and developing services. She wants to be part of a process that de-stigmatizes dual diagnosis, while educating and protecting consumers, their families, and their communities. Ms. Tesconi offers her time, education and experience to this effort, and is excited to join this board of accomplished and committed individuals in service to this community.



Njon Weinroth

Seat #2

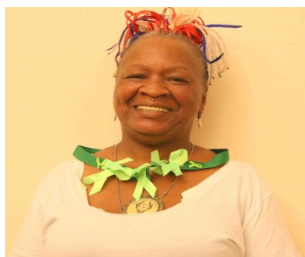
Consumer

Appointee of Supervisor Norman Yee

I am a 20-year San Francisco resident. For the past decade, I've specialized in Administrative and Facilities Operations at a number of named tech start-ups. I was appointed to the Board of Directors of LifeRing Secular Recovery in 2011 and was subsequently reelected and appointed as board chair in 2014. Closer to home I have enjoyed volunteering for the North of Market Tenderloin Community Benefit District. In my free time I am an augmented reality games enthusiast and I write comedy.

My background as an employee, a consultant, and a non-profit administrator gives me a unique perspective on the needs of the often-overlooked working class. Several years ago, when it became apparent that I was having issues surrounding substance addiction, I experienced great difficulty finding a path that would lead me to the help I needed. I had enjoyed a semi successful period of sobriety many years earlier and knew that the one-size-fits-all solutions that have become society's standard would not be effective in my case. Additionally, being neither wealthy nor enrolled in any public assistance programs, I was left to my own devices to sort through the disparate multitude of peer-focused organizations and treatment centers, each aggressively marketing their particular facility or program. I was finally successful in finding the services I needed, but at a great expense in the way of time and only after a few false starts with programs that were ill suited to my individual needs.

My goal for this term on the board is to facilitate the creation of a centralized, standardized and accessible database of local mental health service providers that can be leveraged by the public but also by affiliate and ancillary service providers.



Idell Wilson

Seat #16

Family Member Seat

Appointee of the Board of Supervisors

Idell Wilson is a native of San Francisco and a single mother with four grown children. She shares her story of her family's recovery, life experiences about single parenting, dual mental and others illness, homelessness, drugs, family, and community. She feels we need to work together to break the stigma about mental illness.

She is a talk Show Host and Producer of BLACK DIVA TV Media, "Making The Impossible Possible" on San Francisco public access TV 29, every 1st and 3rd Friday @5:30-5:52PM. and internet www.bavc.org public access TV live stream 76. The staff and team that lead the TV show are people with mental illness and other disabilities.

Idell's motto for life is "never give up" and she really lives her belief. She has overcome tremendous obstacles in order to pursue a college education. She has also lived in an area of San Francisco where many shootings of teenagers have happened. One of her daughter's was an innocent bystander in one of these shootings and fortunately survived.

While working on her degree at San Francisco State University, she noticed the difficulties that other students with disabilities were having so she organized support services for these students. Then she took it a step further and developed her own local cable TV show where she trained women of all ethnicities with disabilities in the broadcasting arts.

Her show focused on real people with real stories. She interviewed people who have overcome life's challenges, highlighted people who have accomplished special things, and entertained and enchanted the audience with her passionate belief in others. For example she invited a homeless man to share his story on her show, but she told him that it was a professional studio and that he would need to take care of his hygiene. He surprised his case managers by complying and showing up for the interview freshly bathed. Idell inspires people to rise to their best.

Idell was appointed to the San Francisco Mental Health Board early 2002 by a member of the San Francisco Board of Supervisors and re-appointed in 2014. Between her two MHB appointments, she served as Chair of the San Francisco Mayor's Disability Council. One of the issues she highlights for the board is the stigma of having a mental illness that makes recovery more difficult for many. She is keenly aware of the subtleties of the effects of stigma on people with a wide range of backgrounds.



Benny Wong, LCSW

Seat #8

Mental Health Professional Seat

Appointee of Supervisor David Campos

Benny Wong immigrated to San Francisco in 1998 and got his Master Degree in Social Work in 2001. He has been working with immigrants, especially Chinese senior immigrants, for over 15 years. Currently, Benny Wong is a senior program director at SteppingStone: Golden Gate Day Health and a licensed clinical social worker. His specialties are mental health issues especially facing the senior immigrants. Because of this reason, Benny Wong has conducted different research studies starting from 2001. For example, he completed a research study, "Life satisfaction among Chinese Immigrant elderly in S.F" in 2001. In 2005, He completed another research study, "A comparative study of Chinese immigrant seniors' and Cau-

casian-American seniors' perception of their mental illnesses in S.F". In 2013, he coordinated a research study, "Suicide in Chinese Older Adult". Last year, he completed research regarding dementia and Therababy Doll.

Benny is not only contributing his time on research but also teaching different professionals such as social workers and nurses. He has been a fieldwork instructor supervising social work interns from different universities since 2004 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. He has been giving different presentations to the community regarding mental health and aging.

Benny is familiar with the mental health services for seniors and adults in SF. Through his career, he has been very committed to advocating the rights of Asian Pacific Islander seniors. For example, he convened Asian Caucus in 2003. He was appointed to serve as a vice president for the Advisory Council to the Aging and Adult Services Commission from 2006 to 2011 and re-appointed as a Advisory Council to the Aging and Adult Services Commission in 2014.

Due to his committed work, Benny Wong was selected as a recipient in the category of "Community Hero" in the First Annual Asian Pacific Heritage Award in 2007. He was selected again as a recipient in the category of "Community Advocacy Award" in the California Association of Adult Day Services Conference in 2010.

Benny Wong is appointed by Supervisor David Campos to serve the mental health board of San Francisco devotedly.