FISCAL YEAR 2017-2018 ANNUAL REPORT THE MENTAL HEALTH BOARD OF SAN FRANCISCO



PRESENTED TO

THE MAYOR AND BOARD OF SUPERVISORS OF THE CITY AND COUNTY OF SAN FRANCISCO

JUNE 2018



Table of Contents

EXECUTIVE SUMMARY	3
INTRODUCTION	4
The Mission	4
Members of the Mental Health Board of San Francisco	5
Staff of the Mental Health Board of San Francisco	5
A Word from the Co-Chairs	<i>6</i>
MENTAL HEALTH BOARD ACCOMPLISHMENTS	7
FY 2017-18 Resolutions	7
Board Member Activities	9
BEHAVIORAL HEALTH SERVICES (BHS) HIGHLIGHTS	11
BEHAVIORAL HEALTH SERVICES NEEDS AND MENTAL HEALTH BOARD	
RECOMMENDATIONS	14
COLLAGE OF MHBSF ACTIVITIES	15

San Francisco Mental Health Board 1380 Howard Street, Suite 226 San Francisco, CA 94103

Phone: 415-255-3474Fax: 415-255-3760

www.mhbsf.org
www.sfgov.org/mental_health

EXECUTIVE SUMMARY

The Mental Health Board of San Francisco (MHBSF) submits this Fiscal Year (FY) 2017-18 Annual Report in accordance with the California Welfare and Institutions Code, Section 5604.2. The Board met 11 times with a robust membership attendance. Monthly Board meetings consisted of salient topic presentations and public participation.

Educational presentations included Mental Health Services Act (MHSA) program updates by Imo Momoh, Director, MHSA, and Concrn, a Tenderloin street outreach program which uses a mobile application enabling people to help those experiencing behavioral health crises by connecting them with compassionate responders. Dr. Deborah Borne, Medical Director of the HIV Homeless Outreach Mobile Engagement program presented techniques used for outreach to people with mental illnesses and substance use disorders (SUD). Other presentations included the Safe Injection Site proposal, Department of Public Health/Behavioral Health Services (DPH/BHS) Grievance Policy and Behavioral Health Pharmacy Services. Additionally, ideas from around the world for Outreach and Engagement Services for Youth and Transitional Age Youth by Steven Adelsheim, MD, an overview of the Mental Health Association of San Francisco programs and finishing the year with the Lanterman, Petris and Short (LPS) Conservatorship program.

The members of the Older Adult Committee completed the California Planning Council Data Notebook which focused this year on older adults with behavioral health disorders. Board members completed eight program site reviews with recommendations forwarded to the Director of BHS.

In FY 2017-18, the Board focused on three priorities: (1) Older Adult Behavioral Health Services; (2) Youth and Transitional Age Youth Outreach and Access to Services; and, (3) Substance Use Issues. The Mobile Wellness Van Committee, convened the previous fiscal year, finished its review of the need for Mobile Wellness Vans. There were mixed responses from the numerous presenters, with several concurring about the need for mobile vans and others focused on increasing outreach and engagement in a variety of other ways. Furthermore, the Board concentrated on the following issues: increasing funding for DPH/BHS; improving quality assurance measures developed and utilized by BHS; improving services for youth with behavioral health and substance use issues, including innovative community outreach programs for youth; advocating for 24 hour/7 days a week mobile treatment services; and reviewing and analyzing the three-year Mental Health Services Act Plan.

In FY 18-19, the MHBSF is planning to change its name to the Behavioral Health Commission of San Francisco (BHCSF). This change involves sending a proposal to the Board of Supervisors. They will submit the resolution to change the San Francisco Administrative Code.

INTRODUCTION

The Mental Health Board of San Francisco (MHBSF), established in 1983, as mandated by the Bronzan-McCorquodale Act within the Welfare and Institutions Code, Section 5604.2, is mandated by the State and County to:

- Review and evaluate the community's behavioral 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 Behavioral Health Services (BHS) as to any aspect of the local behavioral 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 behavioral health system;
- Review and make recommendations on applicants for the appointment of the director of behavioral health services prior to the vote of the governing body and be included in the selection process prior to the vote of the governing body;
- Review and comment on the County's/City's performance outcome data and communicate the findings to the California Behavioral Health Planning Council; and
- Assess the impact of the realignment of services from the State to the County on services delivered to clients and to the local community.

The Mission

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 County mandates, the Mental Health Board advises, reviews, advocates, and educates; with the aim of having that advice integrated, incorporated, and reflected in implementation of mental health policy; with the ultimate goal of ensuring quality mental health services.

Adopted October 12, 1994

Members of the Mental Health Board of San Francisco

July 2017 – June 2018	Term Expires
Seat 1, Susan Page	1/31/2020
Seat 2, Njon Weinroth	1/31/2020
Seat 3, Carletta Jackson-Lane, JD	1/31/2020
Seat 4, Terezie Bohrer, RN, MSW, CLNC	1/31/2020
Seat 5, Judith Klain, MPH	1/31/2020
Seat 6, Gene Porfido, Secretary	1/31/2020
Seat 7, Gregory Ledbetter	1/31/2020
Seat 8, Benny Wong, LCSW	1/31/2020
Seat 9, Richard Slota, MA	1/31/2020
Seat 10, Harriette S. Stevens, Ed.D., Co-Chair	1/31/2020
Seat 11, Judy Zalazar Drummond, MA	1/31/2019
Seat 12, Toni Parks	1/31/2018
Seat 13, Marylyn Tesconi	1/31/2019
Seat 14, Angela Pon* *Resigned March 2018	1/31/2019
Seat 15, Ulash Thakore-Dunlap, MFT, Co-Chair	1/31/2019
Seat 16, Idell Wilson, Vice Chair	1/31/2019
Seat 17, Vacant (Supervisor)	

Staff of the Mental Health Board of San Francisco

Helynna Brooke, Executive Director Loy Proffitt, MBA, Administrative Manager For more information about board members, please go to www.mhbsf.org.

A Word from the Co-Chairs

The Mental Health Board of San Francisco consists of volunteers who advocate for the behavioral health needs of our San Francisco community. Each Board and staff member brings unique experiences and talents. I am honored to work alongside our dedicated members who work hard to meet Board goals.

In 2017-18, the Board supported policy changes to improve services for children, adolescents, transitional age youth, and adults. The Board met with the Behavioral Health Director and BHS staff members and connected with the Board of Supervisors to advocate for an increased awareness of needs, and engaged the public to hear their concerns. The Board welcomed community and program speakers in order to widen the range of views on current behavioral health issues in our city.

My personal passion lies in exploring ways we can better support and serve our children, adolescents and transitional age youth. I have enjoyed meeting many people that are doing amazing work in supporting our community. I urge each of you to do your part to advocate for enhanced behavioral health services. Our Board meetings are open to the public and are a great place to share your thoughts and ideas on how to improve the behavioral health system. Through our collective efforts, we can make San Francisco a better place in which to live.

Ulash Thakore-Dunlap, MFT, Co-Chair

FY 2017-18 was an exciting time for the Mental Health Board of San Francisco. Our committee members and public participants actively engaged in examining various programs that serve San Francisco residents struggling with mental illnesses and substance use.

Our committees' areas of focus include: identifying services that better meet the needs of older adults, youth and transitional age youth; and examining ways to strengthen community-based outreach programs, particularly for our youth. We gained immense knowledge from the Mobile Wellness Van Committee's work on the potential use of mobile vans to expand behavioral health services across the City. A more mobile outreach to people in need of assistance navigating services could increase the success of clients in accessing appropriate programs."

The Board also submitted resolutions to the SF Board of Supervisors advocating increased funding for the Departments of Public Health and Behavioral Health Services (BHS). Several programs (Concrn, BHS Pharmacy, and outreach services for youth) discussed their work at our meetings.

As Board co-chair, I met regularly with the Director of BHS, Kavoos Ghane Bassiri, and other executive staff, and gained a deeper understanding of the behavioral health programs, and the critical staffing and funding issues they face.

Recently, I was elected to serve on the governing board of the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C). Through this work, I am able to collaborate with Board members statewide and continue my MHBSF advocacy.

Harriette S. Stevens, Ed.D., Co-Chair

MENTAL HEALTH BOARD ACCOMPLISHMENTS

FY 2017-18 Resolutions

RESOLUTION (MHB-2017-3): Be it resolved that the Mental Health Board commends Concrn for its work with people living on the streets in the Tenderloin.

RESOLUTION (MHB 2018-01): Be it resolved that the Revised Strategic Plan for 2018 for the Mental Health Board be approved as submitted.

RESOLUTION (MHB 2018-02): Be it resolved that the Mental Health Board advocates that the Behavioral Health Services division of the Department of Public Health creates additional 24/7, coordinated street outreach teams and on-the-spot appropriate intensive case management and crisis intervention, in order to reduce expensive psychiatric hospitalizations and alleviate human suffering.

RESOLUTION (MHB 2018-03): Be it resolved that the Data Report on Older Adults be approved as submitted to the California Behavioral Health Planning Council.

RESOLUTION (MHB 2018-04): Be it resolved that the Mental Health Board commends David Elliott Lewis, Ph.D., for his extraordinary leadership of the Mobile Wellness Van Committee.

RESOLUTION (MHB-2018-05): Be it resolved that the Mental Health Board urges the Mayor, the Health Commission and the Board of Supervisors to increase the Behavioral Health Services base budget, housing, employment and training for people with mental illnesses and/or substance use.

RESOLUTION (MBH 2018-06): Be it resolved that the Mental Health Board urges the Mayor, the Health Commission, and the Board of Supervisors to increase behavioral health intensive case management and supportive long-term housing for older adults with mental illnesses and/or substance use disorders.

Program Reviews

In FY 2017-18, Board members conducted eight program reviews: Curry Senior Center, Odyssey House, a Baker Places Program, San Francisco Mission Geriatric Program, Medical Respite and Sobering Center, Transitional Age Youth Services, Central City Older Adults, Larkin Street Youth Routz Program, and Horizons Unlimited, Inc. Board Members used a standardized format, consisting of interviewing program staff and confidential client interviews. The Board's interest in programs serving people with substance use issues, older adults and those serving transitional age youth guided the selection of programs to review. Generated recommendations were forwarded to the Director of Behavioral Health Services for follow-up actions.

• The Medical Respite and Sobering Center: Clients were very pleased with the services. The program provides respite and sobering beds for people with chronic mental health and substance use issues. Both medical and case management services are provided. We

recommended that sobering beds be expanded to include those with other detoxification needs than for only people with alcohol use.

- Curry Senior Center in the Tenderloin in the Tenderloin is a private non-profit mental health outpatient clinic providing a broad range of services for older adults including health care, case management, medical and psychiatric care, meals, housing and social services. Clients interviewed are extremely pleased with the program. We recommended that the program seek funding to develop peer led support psycho-social groups at the Center to foster socialization and decrease isolation.
- San Francisco Mission Geriatric Services is an outpatient clinic located in the Mission. The clinic sees many clients dealing with trauma and end of life issues. Clients were very pleased with this program as well, believing they were receiving the right services to meet their needs. The clinic overall appearance, especially the waiting room and offices could use improvement and redesign. We recommended that the program incorporate WRAP (Wellness Recovery Action Plan) and Advanced Psychiatric Directives.
- Central City Older Adult Clinic located in the HealthRight 360 building on Mission Street, provides a full range of services from individual therapy to crisis intervention and case management. The facility is bright and cheery, and decorated with client art. The clients interviewed were also extremely pleased with the program. They said the staff is respectful, and clients are receiving the right services for their needs. We suggested that there be more opportunities for group therapy. It would also be good to hold once-amonth client unique events such as potlucks lunches and communal breakfasts.
- Odyssey House is one of Baker Places programs. It is a small, long-term residential program for African-American men and women who have behavioral health issues. Residents shared that they felt a sense of family in this program with communal dinners and gratitude for a living environment in which they felt understood and connected. Counselors provide support and case management services. We recommended that the program outreach for more female residents creating a more balanced population. The familial environment of this program and its commitment to individualized support make it a unique and welcoming experience for the residents.
- Transitional Age Youth (TAY) Linkage Program, the TAY Full Service Partnerships (FSP) Program, ROUTZ Aarti Hotel, and Horizons Unlimited, Inc. The TAY/FSP program provides outpatient services, group, individual and family therapy, case management, peer support and socialization activities. The TAY Linkage program was just created in 2017 with a goal of providing support to youth needing help linking up with appropriate programs and as a bridge between systems to ensure a smooth transition of care.
- The Transition Age Youth Full Services Partnership Program is funded by the County and has adequate staffing. Clients felt that one of the program's strengths was the

availability of one-on-one sessions with clinicians and case managers who focused on their strengths and were available to support and help them navigate other services. The program does not have a substance use counselor on site, although they do refer out to other programs for these services. One of the challenges the program cites is the high cost of housing in San Francisco when trying to locate adequate residential placements for the youth.

The Board member reviewing the program suggested the idea of forming a city-wide TAY Advisory Board. The program is a Monday through Friday daytime program and clients expressed a desire to have access to program services on the weekends.

- **ROUTZ Aarti Hotel** is a residential program in the Tenderloin for transitional age youth with behavioral health needs. Housing is provided for youth ages 18 24 years old for up to two years. The youth meet regularly with case management and there are wellness and basic life skills classes offered on site. The program recently added a Navigator position to help clients connect with services. The site is welcoming, clean, and staff are friendly. Some of the challenges are high turnover of personnel due to low pay and the high cost of housing in San Francisco resulting in multiple changes in case managers for residents. We recommend increased access to a licensed therapist who is familiar with this population. A 24 hour hotline would be helpful should a crisis occur outside of regular hours.
- Horizons Unlimited, Inc. is a community-based program primarily serving Latino atrisk youth and young adults ages 12-25. They provide full wraparound services, counseling, jobs, music, arts, recreation and referrals to other city-wide agencies. Horizons is also connected to nine other local programs serving youth and family members. All services are free and some offer a small stipend or minimum wage salary as incentive for participation. Clients interviewed expressed gratitude for the program and looked forward to groups and other planned activities. Staff enthusiasm, empathy, compassion and a focus on client needs contribute to the success of this program. We recommend more licensed therapists on site and an additional case manager. Cultivating additional peer counselors and mentors to help clients navigate the resources is recommended.

Board Member Activities

Board members contributions to the mission of the Board included:

- Membership on the San Francisco Police Department Crisis Intervention Team (CIT)
- Work Group, which provided leadership and training.
- Membership on the Committee to Improve Transitions for Clients in Intensive Case Management to Outpatient Services.

- Meetings and interviews with members of the Board of Supervisors and their staff.
- Meetings with the Behavioral Health Services Executive Committee.
- Monthly meetings with the Director of BHS.
- Community meetings representing the MHBSF.
- Attended trainings with the California Association of Local Behavioral Health Boards/Commissions.

Mental Health Board Meet and Greet. On November 4, 2017, the Mental Health Board hosted a Meet and Greet at the San Francisco Public Library. Board members shared reasons why they joined the Board and what they found most interesting about being on the Board. Nearly 30 members of the public attended the event and enjoyed brunch with Board members.

BEHAVIORAL HEALTH SERVICES (BHS) HIGHLIGHTS MENTAL HEALTH SERVICES ACT (MHSA)

The San Francisco Mental Health Services Act Three-Year Program and Expenditure Plan (FY17/18 - FY19/20): The Mental Health Board held a public hearing about the Plan at its September 2017 board meeting.

The Second Annual BHS Art Show at the Main Library, University of California, San Francisco (UCSF) Citywide Employment Program teamed up with MHSA to present the Second Annual Behavioral Health Services Art Show in the Latino Room of the Main Library in San Francisco. Behavioral health consumers from all over San Francisco exhibited a wide array of art, from paintings, dioramas, airbrush art, wood carvings to beaded bottles. Two artists received special recognition.

BHS Received a Grant for an Innovative Project. The project is titled, Intensive Case Management/Full Service Partnership to Outpatient Transition Support (ICM/FSP to OP Transition Support). It will assist clients, discharged from Intensive Case Management programs, to successfully link with and engage in appointment-based outpatient services. The project was approved by the State of California for \$3.75 million for five years.

In 2018, the National Association of Counties gave DPH an Achievement Award for its program, Population-Focused: Mental Health Promotion and Early Intervention Programs. The goal is to promote stigma reduction and suicide prevention under a campaign titled, Each Mind Matters (EMM). Population focused programs partner with, and provide services to unserved, underserved, and socially-excluded communities by honoring their histories, experiences, and their cultural practices toward wellness.

ADULT & OLDER-ADULTS

San Francisco Healing Center Opens at St. Mary's Medical Center. A new 54-bed facility located at St. Mary's Medical Center is for clients who have a severe mental illness and are placed on conservatorship and who do not need acute care, and yet, are not able to care for themselves on their own. The new Healing Center, is a public-private partnership of San Francisco Department of Public Health, non-profit health provider Dignity Health, Crestwood Behavioral Health, and University of California, San Francisco.

Electronic Laboratory Ordering and Results. DPH and BHS converted to electronic laboratory ordering and results. Laboratory results can now be viewed by clinicians. In the Consumer Portal, consumers can view their own laboratory results.

BHS Private Provider Network Revitalized. The Private Provider Network unit within BHS has been revitalized in the last year, with Gloria Frederico, LMFT, as its Program Manager. Private providers

constitute a significant part of BHS Systems of Care, currently providing one-on-one counseling services for about 750 low-income individuals.

The Trauma Informed Systems Initiative (TIS) team partnered with the Search Inside Yourself Leadership Institute (SIYLI) with the goal of integrating Emotional Intelligence and Mindfulness into the SFDPH culture and workforce with the hopes of becoming a true healing organization.

The Opioid Epidemic. In response to the opioid epidemic, BHS Pharmacy has furnished Naloxone kits to 70 SFPD Officers and Sheriffs and to CCSF Public Safety workers to help prevent overdose deaths in San Francisco.

Survey Results Show Clients Highly Satisfied with BHS Services. Results of the Fall 2017 Client Satisfaction Surveys for Mental Health and Substance Use Services indicate that the strong majority of clients are highly satisfied with BHS services. Responses from 3,257 unique clients served by behavioral health programs (representing 2,349 adults and 908 youth), indicate that 91.7% were either Satisfied or Very Satisfied with BHS services. Similarly strong results were found for Substance Use programs, where the overall satisfaction was 91.6% based on 1,948 surveys.

CHILD, YOUTH AND FAMILIES (CYF) SYSTEMS OF CARE

CYF Systems of Care Has Three Aims: 1) Racial Equity, 2) Trauma Informed Systems (TIS), and, 3) Reflective Leadership, Supervision, & Practice. The leadership team completed six Racial Humility trainings, including a leadership retreat, a standard four-day training, and the Validate, Challenge, and Request approach. From this work, a CYF Racial Equity Work-Plan was developed to move work from theory and crucial conversations to action. The TIS team developed three pilot sites to implement leadership learning communities focused on workforce development and implementation of TIS principles.

The Crisis Stabilization Unit (CSU) at Edgewood Center for Children and Families celebrated its third anniversary this year. CSU provides children and youth between the ages of 6 and 17, experiencing a psychiatric crisis, a safe and supportive place for assessment and stabilization. Rates of hospitalization have significantly decreased.

Project 500 offers San Francisco families pathways out of poverty by means of intensive resources, wrap-around services, and case management across City Departments.

Lifting and Empowering Generations of Adults, Children & Youth (LEGACY) collaborates with College Track by hosting a six-week Girls' Empowerment Group, for young girls in the community who are struggling with internal and external pressures.

The Parent Training Institute (PTI) partners with the Sunnydale Wellness Center to implement Supporting Father Involvement (SFI) an evidence-based co-parenting curriculum for fathers.

TRANSITIONAL AGE YOUTH (TAY)

TAY BHS Clinical Linkage Program was launched and it works with transitional age youth who need support accessing appropriate behavioral health services in San Francisco, or, who are transitioning between systems of care.

The Advent of Legalized Cannabis for Adults Triggers Dangers for Youth. The Health Department launched a campaign to educate youth about cannabis facts and risks in order to support healthy decisions. Delaying cannabis consumption is the smart thing to do for young brains, which are still developing into the mid-20s.

BEHAVIORAL HEALTH SERVICES NEEDS AND MENTAL HEALTH BOARD RECOMMENDATIONS

The MHBSF, the Legislative Analyst Audit findings of BHS, and the public who spoke out at our meetings, identified the following needs and recommendations:

- Increase Behavioral Health Services funding to provide additional supportive housing for people with mental illness and substance use disorders.
- Expand mobile crisis behavioral health services for adults to 24/7, coordinated street outreach teams and on-the-spot appropriate intensive case management and crisis intervention.
- Improve the transition from psychiatric hospitalization to appropriate BHS placement in the community.
- Provide more primary care coordination and integration with mental health and substance use services.
- Provide access to same day services for prescription medications for all clients.
- Ensure every client has a WRAP Plan and an advanced psychiatric directive.
- Increase the range of job opportunities for peers, from entry-level to career positions with opportunities for advancement in the behavioral health system.
- Provide evening and weekend behavioral health services, especially for youth and transitional age youth.
- Implement Safe Injection sites integrated with current programs to save lives and money.
- Increase the number of therapists, psychologists and psychiatrists in BHS to decrease waiting time, increase ability to serve all in need.
- Expand specialized elder behavioral health services and advocacy throughout the City.
- The Legislative Analyst Audit of BHS, prepared for the BOS and available on the BOS website, identified these eight findings:
 - 1) Community-based organizations scored far higher than civil-service clinics on quality and quantity of services.
 - 2) The need for Intensive Case Management exceeds the available staff by 2:1.
 - 3) Clients on psychiatric discharge from Zuckerberg General Hospital are not consistently handed off to BHS.
 - 4) DPH is implementing a program to better integrate services for the high user population who do not stabilize. BHS should become more involved.
 - 5) BHS does not systematically track waitlist information. BHS needs a centralized database that tracks service availability.
 - 6) BHS Program Performance Measures fail to distinguish between client outcomes and program output.
 - 7) BHS's high Medi-Cal billing documentation error rate and the high number of disallowed billings wastes a lot of money.
 - 8) BHS has the opportunity to increase substance use treatment clients under the new Drug Medi-Cal Organized Delivery System pilot program.

COLLAGE OF MHBSF ACTIVITIES

