



## SAN FRANCISCO MENTAL HEALTH BOARD

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**Mayor Edwin Lee**

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Harriette Stallworth Stevens, Ed. D., Co-Chair  
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Susan Page  
Toni Parks  
Angela Pon  
Richard Slota, MA  
Marylyn L. Tesconi  
Njon Weinroth  
Benny Wong, LCSW

### **ADOPTED MINUTES**

Mental Health Board Meeting  
Wednesday, **September 20, 2017**  
City Hall, 2<sup>nd</sup> Floor, Room 278  
One Carlton B. Goodlett Place  
San Francisco, CA  
6:30 PM – 8:30 PM

**BOARD MEMBERS PRESENT:** Harriette Stevens, EdD; Co-Chair; Ulash Thakore-Dunlap, MFT, Co-Chair; Idell Wilson, Vice Chair, Gene Porfido, Secretary; Judy Zalazar Drummond, MA; Carletta Jackson-Lane, JD; Gregory Ledbetter; Susan Page; Toni Parks; Angela Pon; Richard Slota, MA; and Marylyn Tesconi.

**BOARD MEMBERS ON LEAVE:** Terry Bohrer, RN, MSW, CLNC; Judith Klain, MPH; Njon Weinroth; and Benny Wong, LCSW.

**BOARD MEMBERS ABSENT.** **None.**

**OTHERS PRESENT:** Helynna Brooke (Executive Director); Loy M. Proffitt (Administrative Manager); Kavooos Ghane Bassiri, LMFT, LPCC, CGP, Director of Behavioral Health Services; Imo Momoh, MPA, Director of MHSA; Don O'Connor, SRO Collaborative; Meredith DeHaas, UCSF Citywide Case Management; Jasmine Lin; David Elliott Lewis, PhD; Paul Hickman, Felton Institute Family Service Agency (FSA); George McNeely, Janssen; Molly Brown, Neil Shah, Executive Director of Compassionate Crisis Response for Neighbors in Need (CONCRN);

Jacob Savage, CONCRN; David Rado Hato, City Resource SF, Ashley Thomas, City Resource SF; Liza Murawski and six members of the public.

## **CALL TO ORDER**

**Ms. Thakore-Dunlap** called the meeting of the Mental Health Board to order at 6: 30 PM.

She welcomed District 1 Supervisor Sandra Fewer and thanked Angela Pon for inviting the supervisor to say a few words at the board meeting. Supervisor Fewer appointed Richard Slota to the board. Before being elected to the Board of Supervisors, Supervisor Fewer served on the San Francisco School Board.

**Ms. Fewer** stated that she is a fourth generation Chinese American. She is exploring the possibility of a public bank for San Francisco. Cannabis money could be used to reinvest back into San Francisco communities.

One of her concerns is for safe injection sites in San Francisco. She asked board members for their thoughts on safe injection sites.

**Ms. Parks** shared that she is an HIV counselor and suggested injection sites should include a needle exchange program.

**Mr. Porfido** was a former heroin addict in his early 20's. He shared that a safe injection can be a good thing because he has seen too many sufferers. He lives on 6<sup>th</sup> Street and has seen people practicing the street injection, and he worries that they might overdose. He suggested naloxone be readily available.

## **Members of the Public:**

**Ms. Murawski** shared that she is a certified Alcohol and Drug Counselor and suggested that locations for injection sites should be a convenience for people with substance use disorders. She wanted to see more compassion and less judgmental attitudes towards people struggling with substance use. Everybody and anybody should be treated with dignity.

**Dr. David Elliott Lewis** said he is on the National Alliance on Mental Illness (NAMI-SF) and the organization believes in the harm reduction model.

## **ROLL CALL**

**Ms. Brooke** called the roll.

## **AGENDA CHANGES**

None.

## **ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR (See Attachment A)**

*The full director's report can be viewed at the end of the minutes or on the internet.*

*<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>*

**1.1 Discussion regarding Behavioral Health Services Department Report, a report on the activities and operations of Behavioral Health Services (BHS), including budget, planning, policy, and programs and services.**

**Mr. Ghane Bassiri** reviewed the report and highlighted the following items in his August/September report. The consumer portal has gone live. The Children, Youth, and Families (CYF) current priorities are addressing racial equity, creating a Trauma Informed System (TIS), cultural humility, and reflective leadership.

BHS is broadening services for the forensic/justice population who have significant behavioral health and psychosocial needs. The Law Enforcement Assisted Diversion program (LEAD-SF) and Proposition 47 programs are starting to reduce recidivism and to provide comprehensive services.

He shared that Tracey Helton Mitchell, received the 2017 “Storyteller” Award from the California County Behavioral Health Directors Association (CBHDA). Ms. Helton Mitchell has used her own personal story of recovery from heroin addiction, homelessness, and mental health challenges as a tool to inform system change. She has published her memoir called the Big Fix and has been an active advocate for peer-to-peer services. Her journey of recovery and rebuilding her life has been a significant transformation. She is a champion of and leader in peer-based services at SFDPH and in the behavioral health services field.

The BHS pharmacy implemented a safe depository for used needles and discarded medications.

In the data collection process, there was a collaboration between Quality Management and System of Care (SOC) staff to identify meaningful ways to use Adult Needs Strengths Assessment (ANSA) in client care. The ANSA assessment process enables better outcomes in treatment collaboration between clinicians and clients. For the children and adolescent population, CYF is committed to integrating data and a practice improvement lens, and two examples of this effort included the launch of enhanced Utilization Review and ongoing coaching/TA for Child and Adolescent Needs and Strengths (CANS) Data Reflection.

Mr. Ghane Bassiri highlighted the expanded clinical linkage and triage for transitional age youth (TAY) supervised by Maureen Edwards, to improve access to services for this population.

He announced that Ms. Sandi Robison recently passed away in September. He acknowledged her significant contributions to the peer-based mental health services. Ms. Robison left a powerful legacy to promote & incorporate peer counselors and peer-to-peer services within the San Francisco Department of Public Health Behavioral Health Services. Back in 2007, we had six identified MHSA funded peer staff, and now we have over 200 MHSA funded peer staff within BHS (civil service and contractors) placed at about 50 different clinics/centers.

At the start of the new fiscal year on July 1, 2017, SFDPH San Francisco Health Network rebranded its new banners. The new SFHN logo is a heart & flower shaped and “brand principles” are; Welcoming, Caring, Connecting, and Quality. The new logo is shown below:



**Dr. Stevens** commented that the new logo is great. She asked how people know how to access services.

**Mr. Ghane Bassiri** said they can find services through the departmental website or at clinics, by calling Behavioral Health Access Center.

**Mr. Porfido** inquired about services for the transitional age youth (TAY).

**Mr. Ghane Bassiri** explained about the current services and that more TAY level services will be incorporated into the BHS system of care, as part of the recent Request for Qualifications (RFQ) which was released at the end of July 2017, with selection and negotiations to take place in October and November. The services would include expanded Full Service Partnership, population specific engagement & treatment, Homeless Mobile Treatment Team, peer training certificate program, TAY employment program, and provider network development.

### **Public Comment**

**Dr. Lewis** suggested having the DPH logo on the 1380 Howard Street building to let people know they can come in to obtain wellness services.

**Ms. Brown** shared that she does not share the same optimism about the TAY request for Proposal.

**Ms. Murawski** is on the SF Client Counsel at BHS. The council has discussed an award for Ms. Sandi Robinson at the October MHA-SF award event.

**A member of the Public** suggested RAMS graduates would like to have an educational fund set aside for peers to go to colleges.

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

The passage of Proposition 63 (now known as the [Mental Health Services Act](#) or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

### **2.1 Mental Health Services Act Updates**

*The Mental Health Services Act – 3-Year Integrated Plan Fiscal Years 17/18 – 19/20  
Presentation to the Mental Health Board on September 20, 2017, powerpoint presentation is at the end of the minutes.*

**Mr. Momoh** provided a brief overview. He said the MHSA was passed in November 2004 and enacted in 2005. The core principles of the MHSA are cultural competence, community collaboration, client and family member inclusion, integrated service delivery and wellness and recovery.

He answered questions from board members and the public throughout his presentation.

**Ms. Drummond** said the official San Francisco population is about 865,000 people. She asked what percentage of the total population engage in mental health services.

**Mr. Momoh** said there are about 28,000 San Franciscans who received Medi-Cal's qualified mental health services.

**Mr. Ghane Bassiri** added the exact percentage is difficult to track for mental health-related needs of multiple San Francisco communities.

**Dr. Stevens** asked about support for clients who want to be in training programs,

**Mr. Momoh** replied that Behavioral Health Workforce Development and Training help case managers to do outreach for vocational referrals.

## **2.2 Public Comment**

**Dr. Lewis** asked about the State of California “No Place Like Home” program and how the program impacts the county budget.

**Mr. Momoh** said the No Place Like Home (NPLH) housing bond is \$2 billion dollars. They are currently anticipating about \$2 billion would come to the State of California.

**A member of the Public** inquired about using Workforce Development and Training for clients in single room occupancy (SRO’s) hotels.

**A member of the Public** suggested specified services for the peer-to-peer workforce.

## **ITEM 3.0 ACTION ITEMS**

### **3.1 Public comment**

[No public comments.](#)

**3.2 Proposed Resolution:** Be it resolved that the minutes for the Mental Health Board meeting of July 19, 2017 be approved as submitted.

[Unanimously approved.](#)

## **ITEM 4.0 PRESENTATION: INNOVATIVE OUTREACH PROGRAMS FOR PEOPLE WHO ARE HOMELESS: NEIL SHAH, EXECUTIVE DIRECTOR, CONCRN; JACOB SAVAGE, CONCRN, AND DAVID RADO HATO, CITY RESOURCE SF, ASHLEY THOMAS, CITY RESOURCE SF.**

### **4.1 Discussion: Innovative Outreach Programs For People Who Are Homeless: Neil Shah, Executive Director of CONCRN; Jacob Savage, CONCRN; and David Rado Hato, City Resource SF, Ashley Thomas, City Resource SF.**

**Ms. Thakore-Dunlap** introduced Neil Shah, Executive Director of Compassionate Crisis Response for Neighbors in Need (CONCRN) and his colleague Jacob Savage. Following their presentation about CONCRN, David Radohato presented about his program, City Resource SF.

**Mr. Shah** said CONCRN’s mission is compassionate crisis response for neighbors in need, bridging people in crisis to services and reducing demand on the emergency system.

CONCRN includes programs for street outreach, community training, and leveraging technology. CONCRN has a pilot program in the Tenderloin, District 6<sup>th</sup> of San Francisco.

**Mr. Porfido** asked about the replication of services to other areas of the City and necessary credentialing for trainers.

**Mr. Savage** explained the program just started about a year ago and mainly focuses on District 6. Expanding services to other areas of the City is possible in the future.

The CONCRN Responder model is based on Compassionate Crisis Response training. A team of licensed experts developed the curriculum which has seven modules. There are two cohorts, and each cohort has 25 people. After 100 hours of training, volunteers become certified lead responders. In the training program are Jason Albertson, LCSW and Dr. Deborah Borne who provide medical protocols.

**Mr. Shah** addressed expansion and collaboration with the Glide Harm Reduction program, the Homeless Outreach Team (HOT-SF) and Lava Mae, and using peers to help a person in acute crisis.

**Mr. Savage** said CONCRN clients received linkage services through partnering programs. CONCRN responders receive ongoing training.

**Ms. Parks** suggested CONCRN responders not only report information but also do a quick wellness check when they see a client decompensating.

**Mr. Ledbetter** asked about the number of participants

**Mr. Savage** said there are about 100 ongoing relationships, and over 2,000 crisis reports from 800 different people.

**Ms. Page** asked about a client's state of mind and police interventions.

**Mr. Shah** said a client's state of mind could be very highly decompensated and varied considerably. A client's state of mind can range from clinically depressed to debilitating anxiety to psychosis.

CONCRN has been receiving more calls from the police. CONCRN has received about 40 police requests.

**Mr. Savage** said there are fewer calls to the police but more calls for first responders.

**Ms. Jackson-Lane** asked about children and parents in need of help, and if a CONCRN female will be present for them.

**Mr. Shah** said each team is composed of two CONCRN members.

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## **CITY RESOURCE SF PRESENTATION**

**Mr. Hato** is the founder of City Resource SF, and his partner Ashley Blair Thomas who is a trained EMT and peer service advocate. Being pro-active and hands-on are parts of the solution.

He shared that KQED did a special show about City Resource SF's innovative approach to caring for homeless people with substance use disorders. He hoped for more funding to sustain access for the program 24 hours per day, 365 days per year.

Some people in the general public do not understand the daily suffering and indignity of homeless individuals with substance use disorder (SUD). They do not always have the convenient access to a shower to maintain personal hygiene on a daily basis. When SUD is involved, a used syringe picked off the street is often laced with blood borne diseases like

hepatitis C and HIV viruses. They do not have access to laundry facilities and must wear the same clothes for weeks. Moreover, they are more likely to get victimized. Having access to a warm shower and having clean clothes can impact a person's sense of dignity.

His innovative program includes a retrofitted van that is equipped with washing facilities. The program has a healthcare tent. His program is in the process of obtaining a 501c3 status.

CONCRN is the fiscal sponsor for City Resource. The healthcare tent accepts self-referred clients or clients who are brought by CONCRN. The tent has several amenities. Clinicians provide medical triage. Social workers offer supportive care. Volunteers provide hot food and water. At the same location, people obtain hygiene products, access to solar power to charge their cell phones, access to computers with Wi-Fi internet connections to look up referrals. In 2016, a top priority was a van with an office setup.

A homeless person who comes to the location can wash, get clothes and bedding washed, then go to a clinician for a blood pressure check and health triage, see an acupuncturist, receive a haircut, and obtain new needles. The food program offers home cooked nutritious food and free coffee.

Teams of volunteers have cleaned up the Tenderloin Park and have transported people to services. The program trains rescuers and provides naloxone (Narcan) which is the antidote to opiate overdose. On an average day, about 160 lives get saved.

**Ms. Thakore-Dunlap** concluded the presentations and thanked the presenters for their exceptional dedication and passionate work.

#### **4.1 Public Comment:**

[No public comments.](#)

### **ITEM 5.0 REPORTS**

#### **5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.**

**Ms. Brooke** mentioned the following items:

- University of California medical students want to interview individuals willing to talk about mental illness during the month of October
- MHSA Awards Ceremony Thursday, October 26th from 10 – 1:30, and if you wish to nominate someone for an award the form is in your packet.

#### **5.2 Report of the Chair of the Board and the Executive Committee.**

**Ms. Thakore-Dunlap** mentioned that there are three committee meetings next week, the Wellness Van Committee meets on Monday, September 25th at 5:00 PM in room 515 at 1380 Howard Street, the Executive Committee meets Tuesday, September 26th at 10:00 AM at 1380 Howard Street in the MHB office, Room 226 and the Senior Committee meets Thursday, September 28th at 5:00 PM in Room 515. All board members, as well as members of the public, are welcome to attend all meetings.

She reminded board members about the Meet and Greet at the San Francisco Public Library is Saturday, November 4th from 10:00 AM – 12:00 Noon. She also reminded the board that the 2017 Board Retreat is Saturday, December 2nd from 9:00 to 4:00,

### **5.3 Committee Reports**

Item tabled.

### **5.4 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.**

Item tabled

### **5.5 Report by members of the Board on their activities on behalf of the Board.**

Item tabled

### **5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee**

Item tabled

### **5.7 Public Comment**

Item tabled

## **6.0 PUBLIC COMMENT**

**Ms. Murawski** shared that CONCRN and City Resource SF are operated by compassionate volunteers who meet people where they are at is a more dignified approach. It cost about \$50,000.00 in operating expenses for City Resource SF.

### **Adjournment**

Adjourned at: 8:37 PM





**Mayor Edwin M. Lee**

## **Behavioral Health Services Monthly Director's Report August & September 2017**

### Fiscal Year 2016-2017 Highlights

- As part of Quality Management, staff developed and implemented a “Professional Development Workshop Series” with 60+ mental health staff from County-operated and contracted provider organizations in attendance.
- In the Triennial Medi-Cal Compliance Review across 200 standards related to Access, Quality, Provider Relations, Program Integrity, Interface with Primary Care, and more, BHS achieved 95% compliance.
- Representing 3 years of work by staff and contracted partners, BHS successfully launched the San Francisco's Drug Medi-Cal Organized Delivery System to fill gaps in addiction treatment.
- BHS Pharmacy began furnishing naloxone and NRT for substance use treatment clients.
- To improve patient experience, BHS Consumer Portal access and electronic laboratory ordering and results review went live.
- Three BHS clinics collaborated with Office of the Controller's City Performance team to identify broadly implementable tools for verifying client guarantor information, and developed a comprehensive manual: “Guide: Verifying Client Health Plan Status” for all BHS clinics.
- The Adult & Older Adult System of Care convened BHS intensive care management (ICM) and mental health outpatient programs and identified improvements for the flow of clients from ICM-level to regular Outpatient-level to enhance wellness-recovery.

### *Children, Youth, and Families System of Care*

To improve quality of care and workforce development, the Children, Youth, and Families (CYF) System of Care has three aims: 1) Racial Equity, 2) Trauma Informed System (TIS), and 3) Reflective Leadership, Supervision, & Practice. Towards these aims, CYF engaged in numerous activities during FY16-17.

The leadership team completed 6 Racial Humility trainings, including a leadership retreat, standard 4-day training, and the Validate, Challenge, and Request (VCR) 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 3 pilot sites to implement champions, leadership learning community focused on workforce development and implementation of TIS principles. CYF in collaboration with Adult & Older Adult System of Care conducted a survey of BHS civil service clinical supervisors and their supervisees. This survey measured several domains: Clinical Supervision Practice, Supervisory Relationship, Competencies, Job Satisfaction, and Burn Out, and will help inform development of the BHS Clinical Supervision Training & Learning Academy (launching in September 2017).

Finally, CYF is committed to integrating data and a practice improvement lens while meeting compliance activities. Two examples of this effort during FY16-17 include the launch of PURQC Level 2 (Utilization Review) and ongoing coaching/TA for CANS Data Reflection (Outcome Performance Objective). Both activities incorporate CYF's three aims, and have led to evaluation projects that inform the system of practice improvement efforts needed to enhance services for the children, youth, and families we serve.

### ***Forensic/Justice Involved Behavioral Health Services***

There are multiple justice involved programs within BHS – 4 are listed below with highlights from Fiscal Year 2016-2017:

AB1421, Assisted Outpatient Treatment (AOT), allows for court ordered outpatient treatment for individuals with a mental illness who meet strict legal criteria. In FY 16/17 there were 89 referrals, with 60 active participants. Individuals in contact with AOT showed overall reductions in psychiatric hospitalization and incarceration.

San Francisco was chosen as a recipient of two Board of State and Community Corrections (BSCC) grants to implement Law Enforcement Assisted Diversion and Proposition 47. Both programs begin in 2017 and aim to reduce recidivism and improve the health and housing status of participants.

Through the Community Justice Center, DPH provides case management and linkages to social services, community resources, and health services to people charged within select SF neighborhoods. In FY 16/17, there were 355 court ordered assessments and 105 individuals completed the program.

The San Francisco Drug Court is a collaborative court serving as an alternative to traditional sentencing for individuals with drug offenses. The Drug Court Treatment Center is a DPH program providing case management and services on site for these individuals. During FY 16/17, 136 individuals were referred and 29 individuals completed the program.

### **1. MENTAL HEALTH SERVICES ACT (MHSA)**

Congratulations to Tracey Helton Mitchell who was selected by the County Behavioral Health Directors Association (CBHDA) of California to receive the 2017 "Storyteller" Award. The award ceremony was held in San Diego at the 2017 California Behavioral Health Policy Forum. The "Storyteller" award is given to an individual or organization that uses their story of recovery for the benefit of helping others. Ms. Helton Mitchell has been working in the behavioral health field for 19 years, using her own personal story or recovery from heroin addiction, homelessness, and mental health issues as a tool to inform system change.

## 2. BEHAVIORAL HEALTH SERVICES PHARMACY

For International Overdose Awareness Day on August 31<sup>st</sup>, CBHS Pharmacy provided information at the 1380 Howard Lobby. There was an excellent turnout of staff, community members and clients. 22 naloxone kits were furnished!

Did you know? BHS Pharmacy furnishes Naloxone Opioid Overdose Rescue Kits to clients, staff and the public. No appointment required. Come to 1380 Howard, Room #130, Monday to Friday, 9am - 4:30pm. Questions? Ask our pharmacists at 415-255-3659.



In the photo (left to right): Devin Erbay, Intern Pharmacist; Theresa Maranon, Pharmacist; Jenny Behan, Pharmacist; Michelle Geier, Clinical Pharmacist Supervisor; Stephanie Pang, Intern Pharmacist; Tiffany Tran, Intern Pharmacist.

## 3. ADULT & OLDER-ADULT (AOA) SYSTEMS OF CARE UPDATE

### Meaningful ways to use the Adult Needs and Strength Assessment (ANSA) in client care

Since last fall, a team of BHS Quality Management (QM) and System of Care (SOC) staff at 1380 Howard, in collaboration with a number of BHS mental health Adult & Older-Adult (AOA) and Transition Age Youth (TAY) providers, has promoted thoughtful and clinically meaningful use of the data BHS regularly collects from consumers, as part of the Adult Needs and Strengths Assessment (ANSA) Data Reflection Initiative.

It started with a question back in October 2016, “Can the ANSA provide useful information to assist BHS mental health clinicians and their clients improve their work together to achieve treatment plan goals?” At monthly AOA provider meetings, the team discussed with providers the possibility of making ANSA not just a tool to score providers’ achievement of their contracted objective to improve client outcomes, but

also a tool to gain insights into each client's progress in their behavioral health, life functioning, and personal strengths, that can, as well, inform the direction of future services, treatment planning, and the focus of collaboration between the consumer and clinician.

From late 2016 into the first half of 2017, the QM and SOC team visited eighteen BHS AOA Mental Health programs, both contractor and civil-service operated, to test the hypothesis that a client's ANSA Traffic Light Report can enhance the quality of clinical case conferences conducted.

(The ANSA Traffic Light Report compares the client's most recent ANSA scores with the ANSA scores immediately prior. It conveniently lists the ANSA domain items for which the client has shown improvement in the intervening time between two scores, and the items for which the client has shown decline or non-improvement of severe needs.)

The team also wanted to find out, from the programs they visited, how the ANSA was already being used by programs, in ways other than as a scoring tool, to reflect upon and improve clients' progress and courses of treatment. (Programs under the BHS Children, Youth and Families System of Care, for example, have also started using program-level ANSA results to reflect upon their programs' strengths and opportunities for improvement.)

From these testing of including the ANSA Traffic Light Report into client case conferences, the feedback from most of the programs were positive. Many groups found the experience to be helpful and supportive as often there is not enough time to discuss cases in such depth, with the use of data (from ANSA), and in such a reflective manner. It was important to see on the traffic light report the large number of areas where a client has made improvements. It was reinforcing for the team to see that often, behind the day-to-day challenging presentations, there were personal strengths, and real improvements being made.

The potential emerges for the ANSA Traffic Light Report to be brought into regular program work practices, such as; into one-on-one clinical supervision, into quality and utilization management reviews (PURQC), and into annual treatment planning with the client, aside from into case conference discussions. ANSA can become a tool not just to score the past but to plan the future with the client.

In the process of conducting the ANSA Traffic Light Report exercises at the BHS programs, the 1380 Howard QM and SOC team heard time and again that clinicians were interested in seeing more strength areas reflected in the ANSA tool. BHS is therefore requesting input from all mental health clinicians, clinical supervisors, and program directors, on any potential changes to be made to the ANSA strengths items. To give input, direct-service staff, supervisors and program directors were invited to complete an online survey, for BHS to ensure incorporation of all input into decision-making about any changes to be made in the number of ANSA strength items.

#### **4. CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEMS OF CARE UPDATES**

Some staff members participated in the "Parent's Turn" training, a 6- week skill building and support group for parents of teens and young adults. This training was hosted by Margo Levi, LCSW (from Huckleberry House Inc.). The goal is that staff who attended this training will be able to implement English and Spanish-Speaking parent groups during the year.

Staff at Southeast Child/Family Therapy Center (shout out to Roberto and Silvestre) co-developed and implemented a 4-week boys' anxiety management group. BHS appreciates their commitment and energy to these boys. They have had a great turnout for the group.

## 5. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICE

The new fiscal year brought some changes to BHS management structure as related to the forensic and justice involved programs/services.

Dr. Angelica Almeida is now overseeing the following programs with a criminal justice or court focus:

- Assisted Outpatient Treatment (AOT)
- Partnership with Aging and Adult Services on LPS Conservatorships
- Law Enforcement Assisted Diversion (LEAD-SF)
- Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)
- Community Justice Center (CJC)
- Violence Intervention Program (VIP)
- Drug Court

To highlight, below are some additional information about a few of these programs:

-San Francisco has been chosen as a recipient of a Board of State and Community Corrections (BSCC) grant to implement Law Enforcement Assisted Diversion (LEAD). Based on the Seattle LEAD program, LEAD SF will be an innovative pre-booking diversion program that will refer repeat, low-level drug offenders or individuals engaged in sex work at high risk of recidivism, at the earliest contact with law enforcement, to community-based health and social services as an alternative to jail and prosecution. This program will focus on the Mission and Tenderloin Districts with a goal of improving the health and housing status of participants, reducing the recidivism rate for low-level drug and alcohol offenses, and strengthening the collaboration with city and community based partners. This program is based in principles of harm reduction. We are looking forward to starting the program in the fall!

-San Francisco has also been chosen as a recipient of an additional Board of State and Community Corrections (BSCC) grant to implement a Proposition 47 program which is being called Promoting Recovery and Services for the Prevention of Recidivism (PRSPR). This program is designed to work with individuals who have been charged with, convicted of, or arrested for a criminal offense with a goal of reducing recidivism and improving the health and housing status of participants. This grant will fund 32 Substance Use Disorder residential treatment beds, as well as 5 detox beds. The program will provide peer support to individuals as they complete the program and, while available for adults over the age of 18, will also have an additional Transitional Age Youth (TAY) component to support the outreach of TAY participants and development of TAY specific SUD curriculum. We look forward to starting this program!

The Community Justice Center (CJC) is a community-based collaborative court program which partners with the San Francisco Superior Court, the San Francisco District Attorney's Office, the San Francisco Public Defender's Office, Human Services Agency and the San Francisco Adult Probation Department. DPH staff provide case management services to people who are charged within the geographic area of the Tenderloin, Civic Center, parts of the South of Market neighborhood, and Union Square. Some individuals are cited directly by the San Francisco Police Department for arraignment to the court, which

is located next door to the service center. DPH staff provide linkage to social services agencies; community resources; and primary, behavioral health and substance use disorder treatment programs. Possible outcomes for successful completion of CJC may include: case dismissal under diversion and/or deferred entry of judgment; charge reduction; time off probation; early successful probation termination.

The Violence Intervention Program (VIP), which originated at the Center for Special Problems, has been providing treatment to residents of San Francisco with behavioral health needs who are also court-ordered for treatment due to violent offenses. Most of the clients are referred by San Francisco Adult Probation Department. The aim of the program is to enhance community safety by assisting at-risk individuals in improving their coping skills and quality of life so as to reduce the risk of future violence. The four treatment programs within VIP are Domestic Violence, Interpersonal Violence, Sexual Offenses, and Child Abuse. Length of treatment and curriculum content is contingent in most cases on Penal Code stipulations and oftentimes on the specific court mandate. Treatment is coordinated with community treatment programs for clients with co-occurring substance use disorders.

The San Francisco Drug Court is a collaborative court that was established in 1995 as an alternative to traditional sentencing for individuals with drug offenses. The goal of the program is to connect individuals in the criminal justice system who have substance use treatment needs to community based services in an effort to enhance public safety, reduce recidivism, and reach legal dispositions that take their treatment needs into account. This voluntary intensive program combines either residential or outpatient treatment and court supervision. The Drug Court Treatment Center is a DPH program and allows for court participants to receive case management and services on site. Participation in Drug Court is a minimum of 6 months, but may be longer depending on the unique needs of each participant.

## **6. QUALITY MANAGEMENT UPDATES**

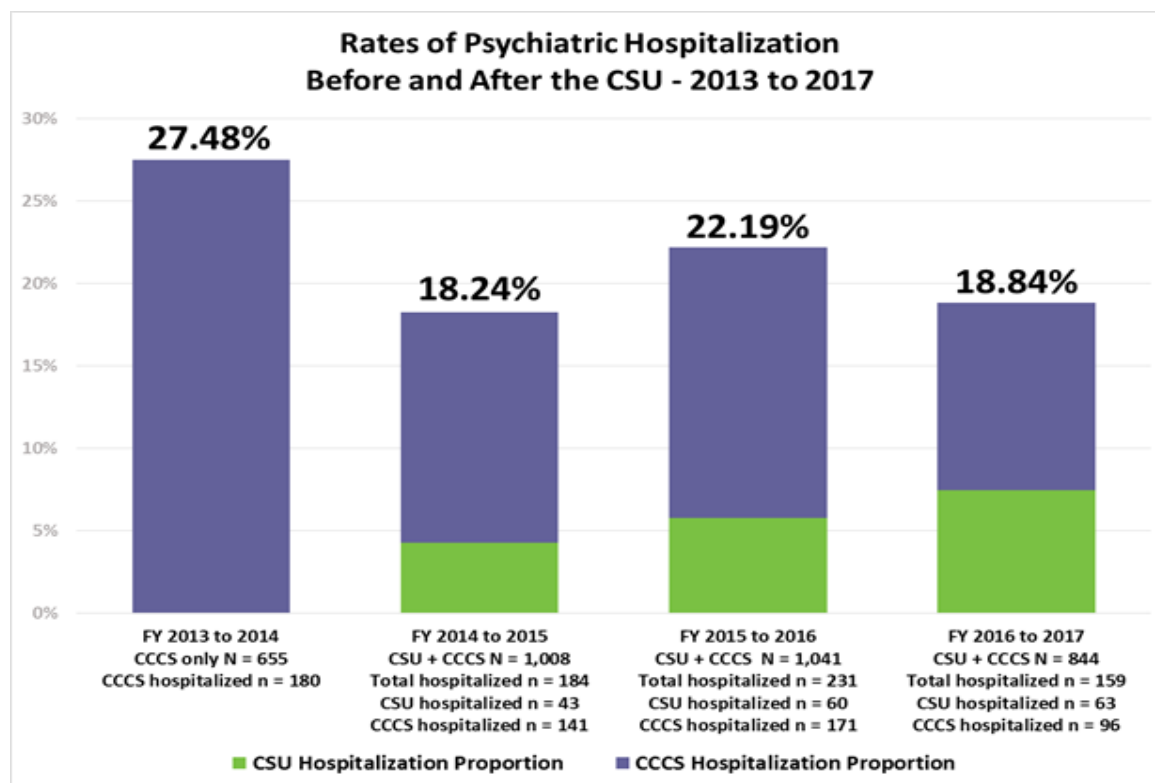
### **Child and Adolescent Strengths and Needs (CANS) Assessment**

The Child and Adolescent Strengths and Needs Assessment (CANS) is a treatment planning and outcome tool used by the Children, Youth and Families System of Care programs. For our children, youth, and their families; the CANS is used to track their improvement in functioning across time in the areas of Strengths, Needs, Impact on Functioning, and Risk Behaviors. For FY 2016 to 2017, in the area of Strengths, our providers have been successful in helping children/youth excel or like school (36% rate of improvement); and identifying or developing their talents, interests, or hobbies (36%). In the area of Needs, providers successfully helped their clients decrease problems around non-compliance with authority (51%), anger control (48%), adjustment to trauma (45%), and depression (45%). Across life domains, providers effectively improved their clients' living situation (50%); access to and engagement in leisure activities (50%); school behavior (49%); and school attendance (49%). With regards risk behaviors, there was considerable improvement in helping children and youth decrease their risks for suicide (70%) and other forms of self-harm (64%). Overall, across the four domains, 47% of children and youth improved on 50% or more of their CANS items.

### **Crisis Stabilization Unit (CSU) at Edgewood**

The Crisis Stabilization Unit (CSU) at Edgewood Center for Children and Families celebrated its 3<sup>rd</sup> year anniversary this year. The goal of this CSU is to provide children and youth between the ages of 6 and 17,

experiencing a psychiatric crisis, a safe and supportive place for assessment and stabilization of the crisis in order to avoid unnecessary hospitalization. In conjunction with crisis triage services provided by the SFDPH's Comprehensive Crisis Services (CCS), the CSU has been very successful in decreasing rates of psychiatric hospitalization throughout the three years of its existence. Before the inception of the CSU, the rate of hospitalization was 27%. When the CSU commenced crisis triage services in July of 2014, the rates of hospitalization decreased to: (1) 18% in FY 14-15; (2) 22% in FY 15-16; and (3) 19% in FY 16-17.



## 7. TRANSITIONAL AGE YOUTH (TAY)

### New TAY BHS Clinical Linkage Program

BHS is pleased to announce a new behavioral health resource for Transitional Age Youth (ages 16-24). The new TAY Behavioral Health Linkage Program works with Transitional Age Youth (and caring adults in their lives) who need support accessing appropriate mental health services in San Francisco or who are transitioning between systems of care.

The goals of the new linkage program are to:

- ✚ Ensure that TAY are linked to the appropriate level of behavioral health care
- ✚ Provide capacity-building support for TAY providers by ensuring shared knowledge of system resources and interventions
- ✚ Increase coordination across systems

Services include:

- ✚ Clinical consultation for TAY providers on behavioral health services, interventions and system transitions
- ✚ Assistance for TAY clients, families and providers with accessing needed levels of care

- ✚ Support for TAY clients moving across systems (for example: child to adult, intensive to less intensive, residential to outpatient)
- ✚ Short-term care coordination
- ✚ Systems and services navigation and peer support

Referrals to the TAY Clinical Linkage Program are welcome from a variety of sources, including hospitals, housing programs, behavioral health clinics, foster care mental health, residential programs, juvenile/criminal justice, primary health care clinics, CBOs, as well as directly from youth and their families.

Thanks to new resources from Proposition 47, BHS will be launching an effort with Felton Institute to expand this program model and develop additional linkage capacity focused on increasing TAY access to substance use treatment.

For additional information about the linkage program or to request a copy of the linkage program referral form, please contact:

Maureen Edwards, LCSW

TAY BHS Linkage and Triage Supervisor

415 642-4509 | Maureen.edwards@sfdph.org



**Health care is here.**

**Welcoming  
Caring  
Connecting  
Quality**

*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [vita.ogans@sfdph.org](mailto:vita.ogans@sfdph.org)



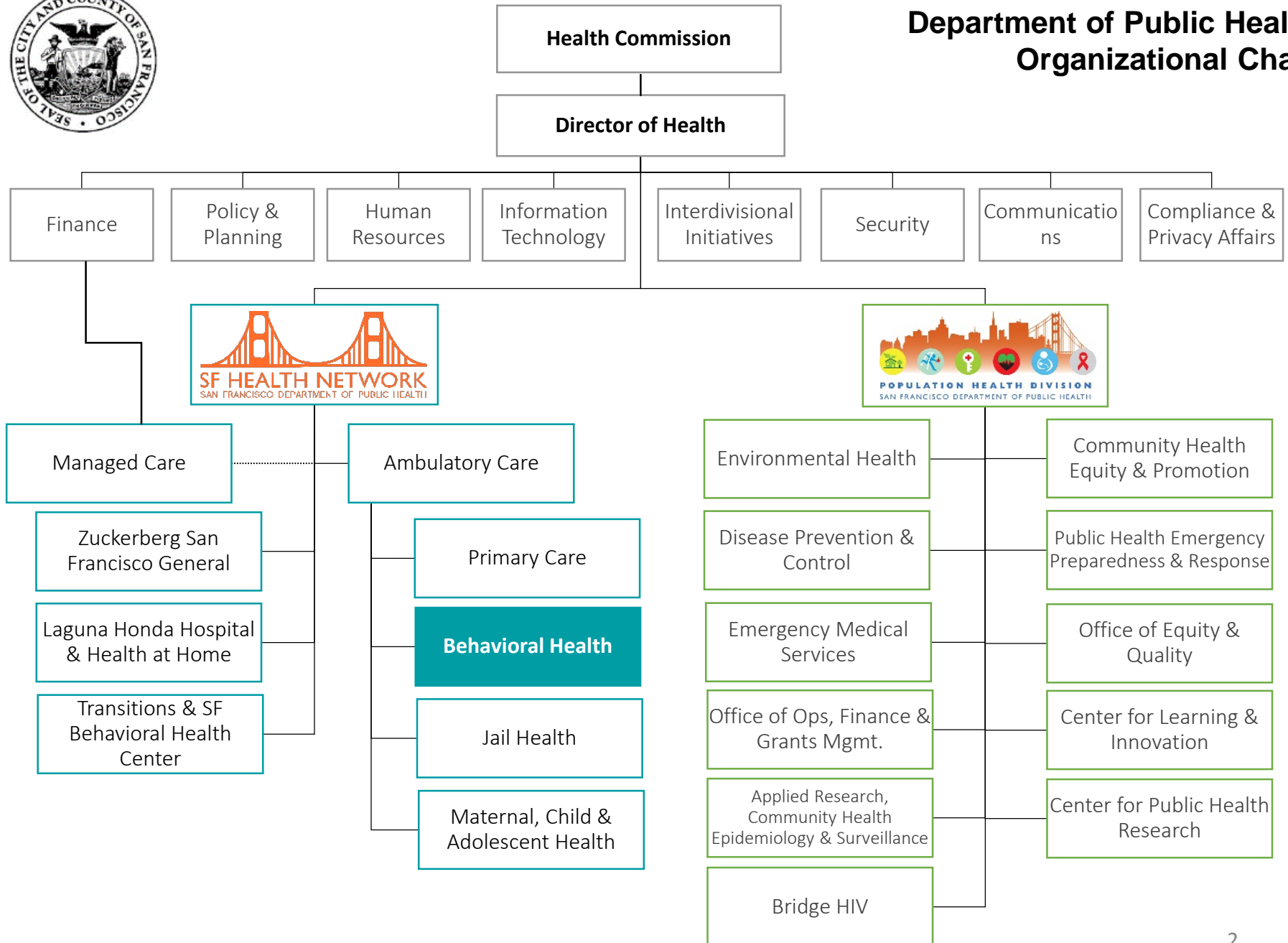


# **Mental Health Services Act – 3-Year Integrated Plan Fiscal Years 17/18 – 19/20**

*Presentation to the Mental Health Board  
September 20, 2017*



# Department of Public Health Organizational Chart





# Presentation Overview



- MHSA Overview and Structure
- State Requirements - MHSA Three-Year Integrated Plan
- Highlight Plans for Upcoming Years (FY 17/18 – 19/20)
- Review Highlights of Program Outcomes for FY 16/17
- Moving Forward



# MHSA Overview



- Enacted into law in 2005
- 1% tax on personal income over \$1 million
- Designed to transform the mental health system to address unmet needs
- Based on a set of core principles
  - ✓ Cultural Competence
  - ✓ Community Collaboration
  - ✓ Client and Family Member Inclusion
  - ✓ Integrated Service Delivery
  - ✓ Wellness and Recovery





# San Francisco MSHA Service Categories



MHSA Components	San Francisco Service Categories
Community Services and Support (CSS)	Recovery-Oriented Treatment Services
	Peer-to-Peer Support Services
	Vocational Services
	Housing (for Full Service Partnerships (FSP) clients)
Prevention and Early Intervention (PEI)	Mental Health Promotion & Early Intervention (PEI) Services
Workforce Education and Training (WET)	Behavioral Health Workforce Development & Training
Capital Facilities and Technological Needs (CF/TN)	Capital Facilities/Information Technology

Innovations (INN) Component/Funding is integrated into all SF MHSA Service Categories.



# MHSA 3-Year Integrated Plan FY 17/18 -19/20



- County mental health programs are required to prepare and submit a Three-Year Program and Expenditure Plan (Plan) and an Annual Update report for MHSA programs and expenditures.
- Annual Updates to the 3-Year Integrated Plan are required:
  - To provide an overview of progress, highlight outcome data, and any amendments to the plan.

## Community Program Planning






- This 3-Year Plan was developed in collaboration with behavioral health consumers, their families, peers, and service providers.
- In early 2017, SF MHSA hosted eleven (11) community engagement meetings across the City's eleven Supervisorial Districts to identify the most pressing mental health-related needs of the community and develop the continuation of strategies to meet these needs.





# Next Three Years *Looking Ahead*



1. Monitor No Place Like Home (NPLH) housing bond. 
2. Propose New Innovation Programs to the State: 
  - a) Intensive Case Management (ICM) Flow (FY 17/18)
3. Monitor and continue to evaluate 81 current MHSAs programs 
4. Coordinate the solicitation of proposals to continue programs (*Request for Proposals/Qualifications*) 
5. Monitor Revenues and Expenditures 

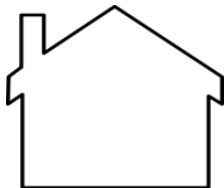


# MHSA Housing



## Summary of DAH Sites with FSP Units

Approximately 210 dedicated MHSA Housing Units →



**Coming Soon**

No Place Like Home  
(\$2 Billion Housing Bond)

Estimating this program will bring **500** additional new units to San Francisco

Building	Total DAH Units	FSP Units (MHSA Operating Funds)	FSP Units (MHSA Capital Financing)
990 Polk	50		10
Ambassador/Dalt/Ritz	21	21	
Cambridge/San Cristina/Iroquois/Hamlin/Senator	43	43	
Camelot	55	0-5	
Empress	89	0-5	
Kelly Cullen Community	172		17
Le Nain	86	0-5	
Pacific Bay Inn	75	0-5	
Rene Cazenave Apartments (RCA)	120		10
Richardson	120		12
Star Hotel	54	0-5	
Veterans Common	8		8
Willie B. Kennedy	20		3
Windsor	91	0-5	
Aarti (TAY Housing)	56	50	6
<b>Total</b>		<b>144</b>	<b>66</b>





# New INN Project Intensive Case Management Outpatient Flow Project



- Clients with:
- Serious Mental Illness
  - History of psych emergencies
  - Homelessness
  - Substance use
  - And more...



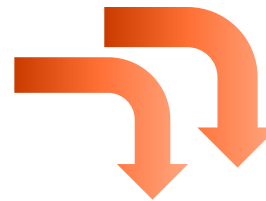
## ICM / FSP programs

- Wraparound case management
- Smaller client caseloads
- Support for housing
- 24/7 access
- Social milieu
- Payee services
- Vocational programming
- Focus on wellness and recovery
- "Whatever it takes"



## Standard OP

- Appointment-based
- Therapy/case management
- Larger client caseloads



### Multiple reasons:

- Huge gap between levels of service
- Client/staff fear, distrust, worry
- Unclear, variable referral processes
- Communication barriers between providers

### Possible Countermeasures:

- Test and implement new communication protocols for referral and linkage from ICMs to OP clinics
- Augment case management and social support at OP clinic sites
- Build a team of highly skilled peer counselors based at OP clinics to support client transitions



# Recovery Oriented Treatment Services



\*FY 15/16 Outcomes

## Full Service Partnerships

☐ An intensive and comprehensive model of case management based on a client-and family-centered philosophy of doing “whatever it takes” to assist individuals diagnosed with SMI/SED to lead independent, meaningful, and productive lives.

- ✓ 1051 clients served
- ✓ 24/7 Access
- ✓ Drop in MH & SUD emergencies (76%)
- ✓ Housing
- ✓ Drop in arrests (85%)

## Early Psychosis Program

• Early intervention treatment program for schizophrenia and early psychosis for individuals between the ages of 16 and 30:

- ✓ 79 clients served
- ✓ Reduction in total number of acute inpatient episodes (26%)
- ✓ Improved well-being as measured by PHQ-9 (74%)



### Looking Forward 17/18:

- Both programs are currently in the solicitation process (Request for proposals)



# Peer-to-Peer Programs



- The *Peer-to-Peer Support Program* comprises of thirteen (13) peer programs that are designed to improve and support the mental health and overall wellness of San Franciscans.
- The peer programs are designed to integrate peer and family member specialists in the public mental health service delivery system.



## Outcomes highlights

- ★ Using an Isolation Scale (*at baseline and six months*) individuals screened (17) showed 20.8% decrease in isolation and 52% increase in social engagement. - **Addressing Needs of Socially Isolated Older Adult Program**
  - ★ 90% (n= 24) of graduates reported engagement with Health and Human Services field, through employment, volunteer work and continued education – **Peer Specialist MH Certificate and Leadership Academy**

## Looking Forward 17/18:

- Some programs under this category are currently in the solicitation process for proposals to continue programming (Request for Qualification)



# Vocational Services



This service category comprises of 10 programs designed to ensure consumers are able to secure meaningful and long-term employment.

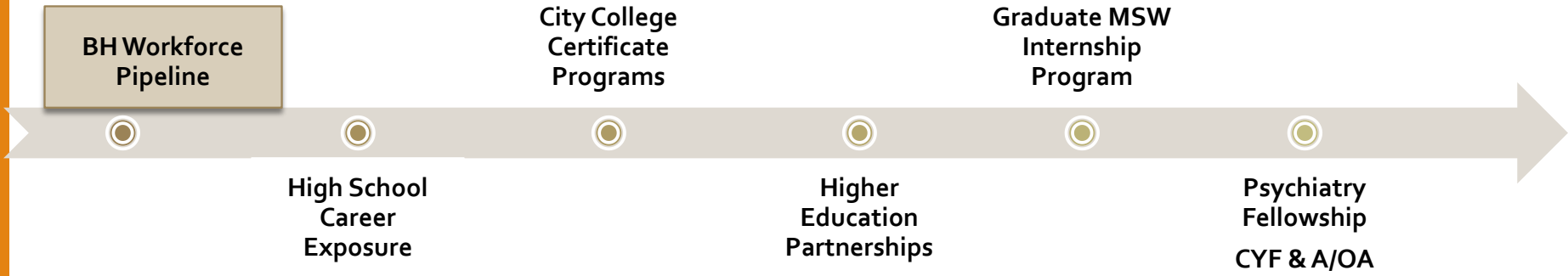
MHSA-funded Peer Staff	
2007	2016
6	164 ↑
Placed in 46 sites (clinic and community-based)	

**OUTCOMES**

- 54% of internship graduates obtained employment after program completion
- 86% of *IT* trainee graduates reported an increase in their coping abilities
- 100% of *Horticulture/Landscaping* trainees reported an improvement in skills



# Workforce Development, Education and Training



### Some FY 15/16 Highlights

- ❑ 80 Interns placed under the Graduate MSW Internship Program.
- ❑ 100% (n=33) of the Faces for the Future graduating seniors have enrolled in post-secondary programs.
- ❑ Within the past 5 years 36% (n = 7) of Child Psychiatrists were hired by the network after completion of the psychiatry fellowship program

### Moving Forward

- ❑ Begin to implement 5-year Strategic Plan for Workforce Development, Education & Training (WDET)
  - † Professional Development
  - † Recruitment and Retention
  - † Develop Trauma Informed Systems
  - † Staff Self-care & Wellness
  - † Succession Planning





## *MH Promotion and Early Intervention*



The Mental Health Promotion and Early Intervention (PEI) service category is comprised of the following five program areas:

1. Stigma Reduction
2. School-Based Mental Health Promotion
3. Population-Focused Mental Health Promotion
4. Mental Health Consultation and Capacity Building
5. Comprehensive Crisis Services.

### **Outcome highlight:**

246 unduplicated participants attended Harm Reduction support groups conducted by the Harm Reduction Therapy Center, with 66% of participants demonstrating reduced risk behaviors.

- Tenderloin Self-Help Center

### **Recent Development:**

Beginning July 1, 2017, new contracts were developed to continue services under the **School-Based & Population-focused** Mental Health programs. This was as a result of an RFQ.

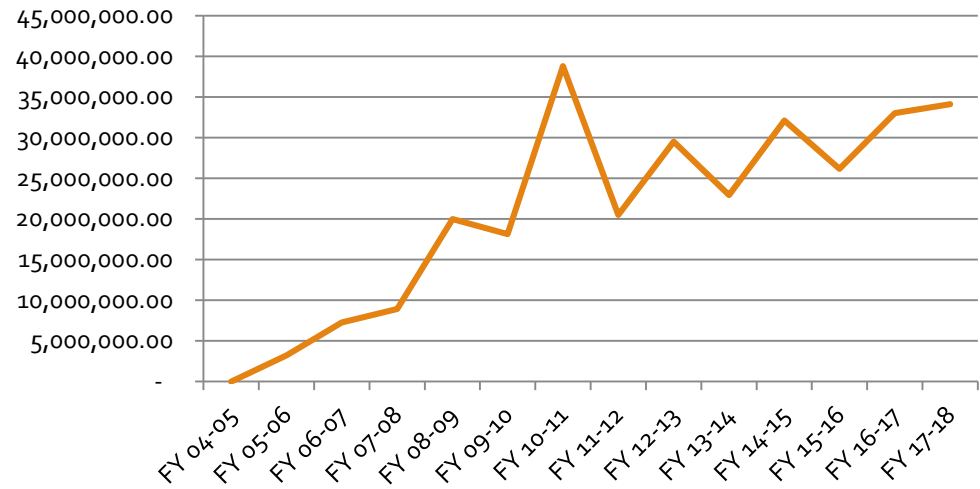
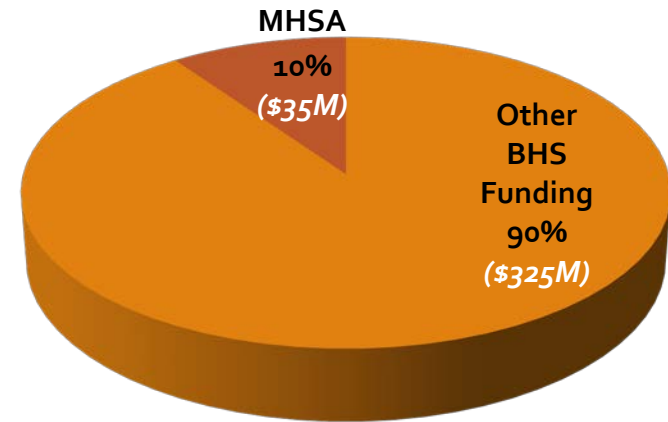




# MHSA Budget and Revenue



- SF receives a monthly allocation from the State based on a formula determined by Department of Health Care Services.
- Based on taxes collected, fluctuations impact fiscal projections and available funding. Annual funding is not confirmed until after FY.
- As a result of MHSA's instable revenue, SF MHSA makes ongoing adjustment to the MHSA budget.





## Program Contact



Imo Momoh

[Imo.momoh@sfdph.org](mailto:Imo.momoh@sfdph.org)

OR

[MHSA@sfdph.org](mailto:MHSA@sfdph.org)





concern

Compassionate Crisis Response for Neighbors in Need

# Our Mission

Compassionate **crisis response** for neighbors in need

**bridging** people in crisis to **services**

**reducing demand** on the emergency system



# Our Programs

## Outreach



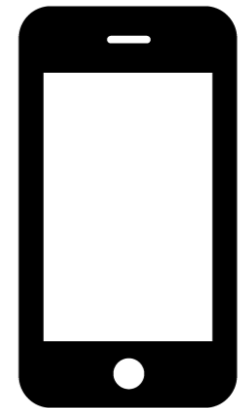
Street  
Outreach

## Training

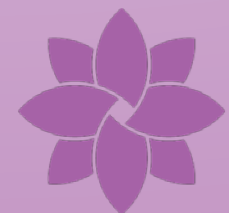


Community  
Training

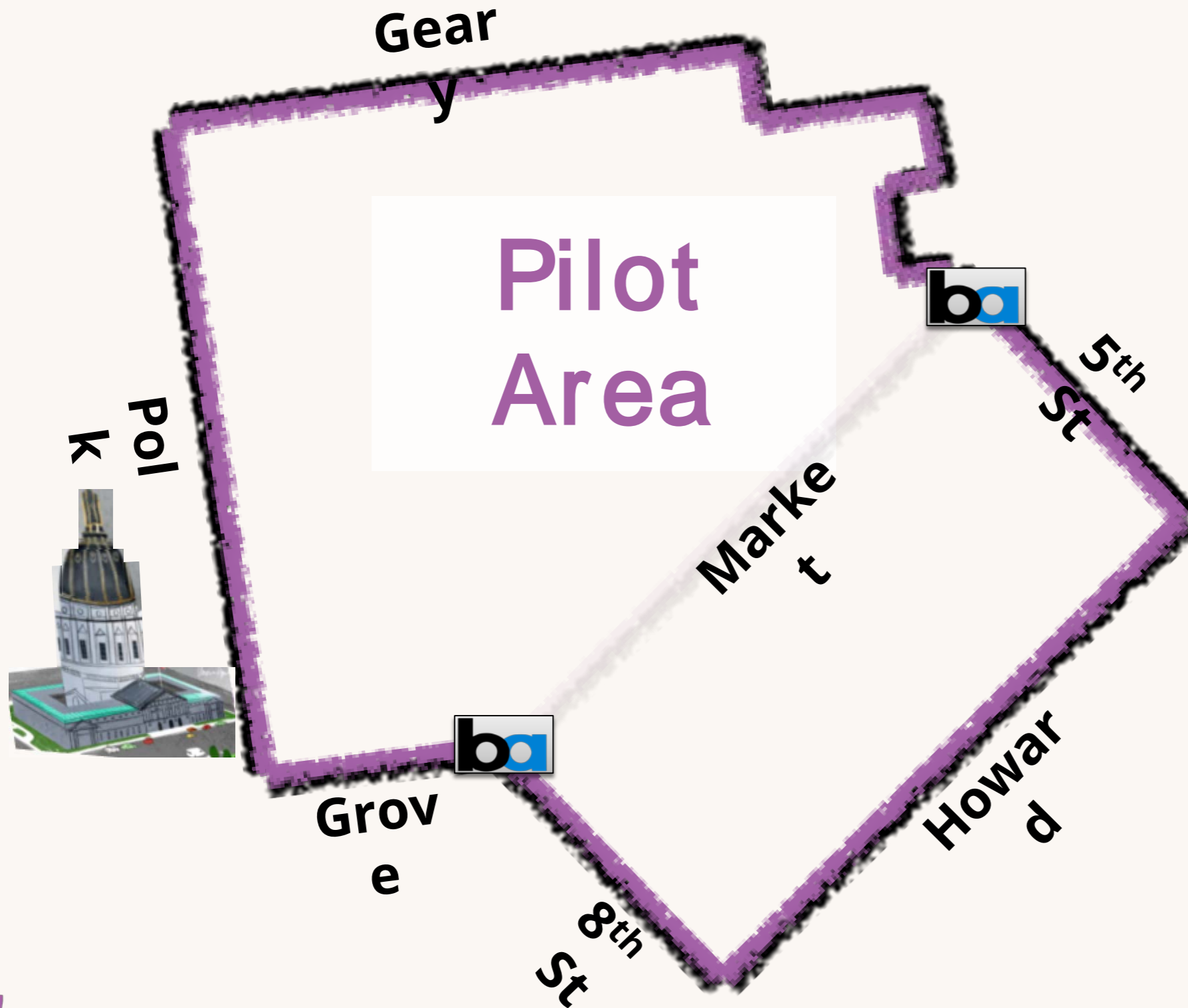
## Technology



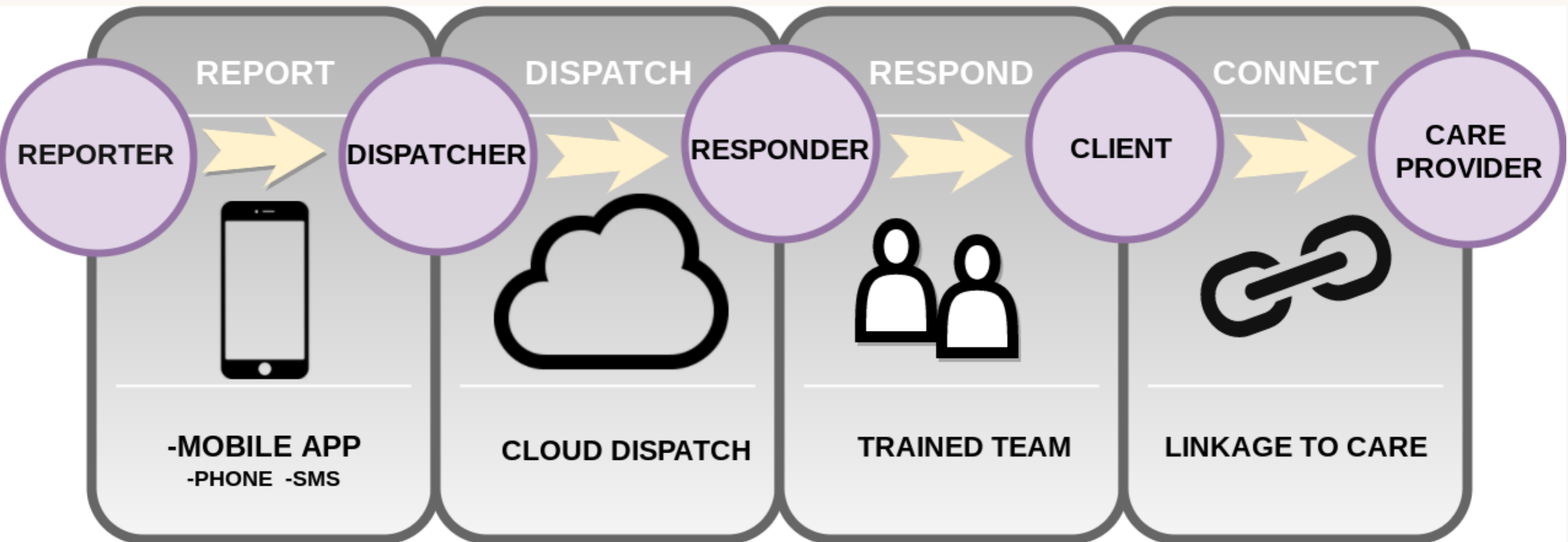
Reporting  
App



# Concrn Pilot: In the heart of District 6



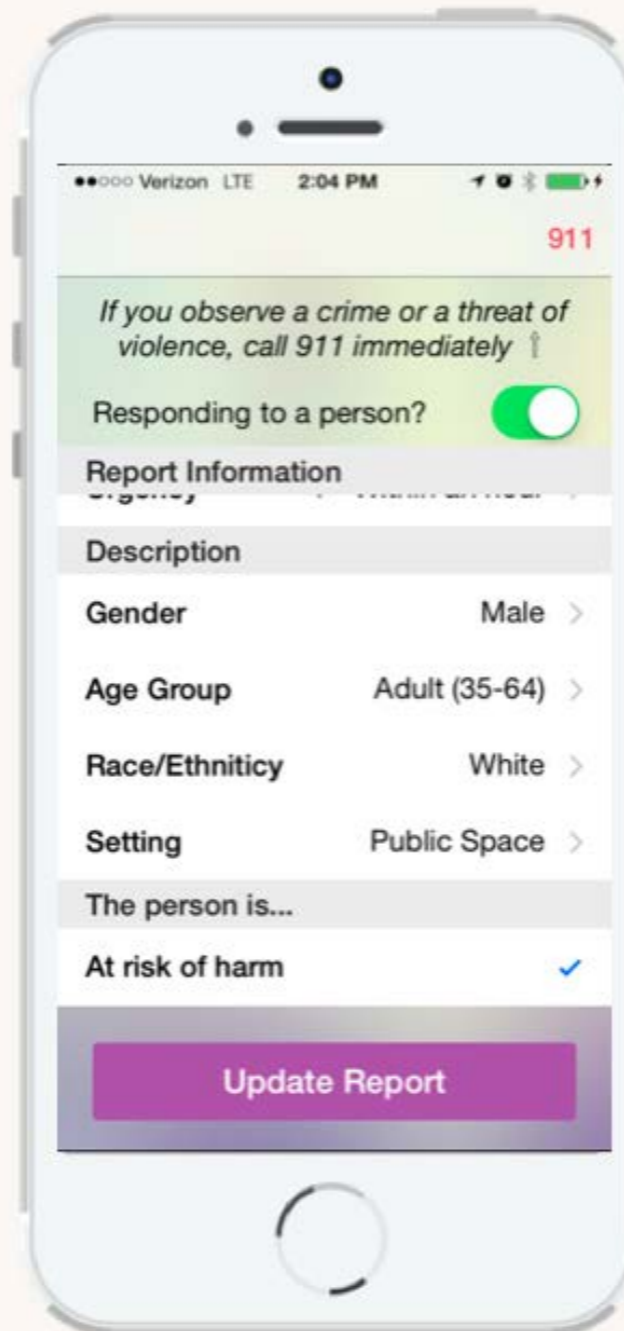
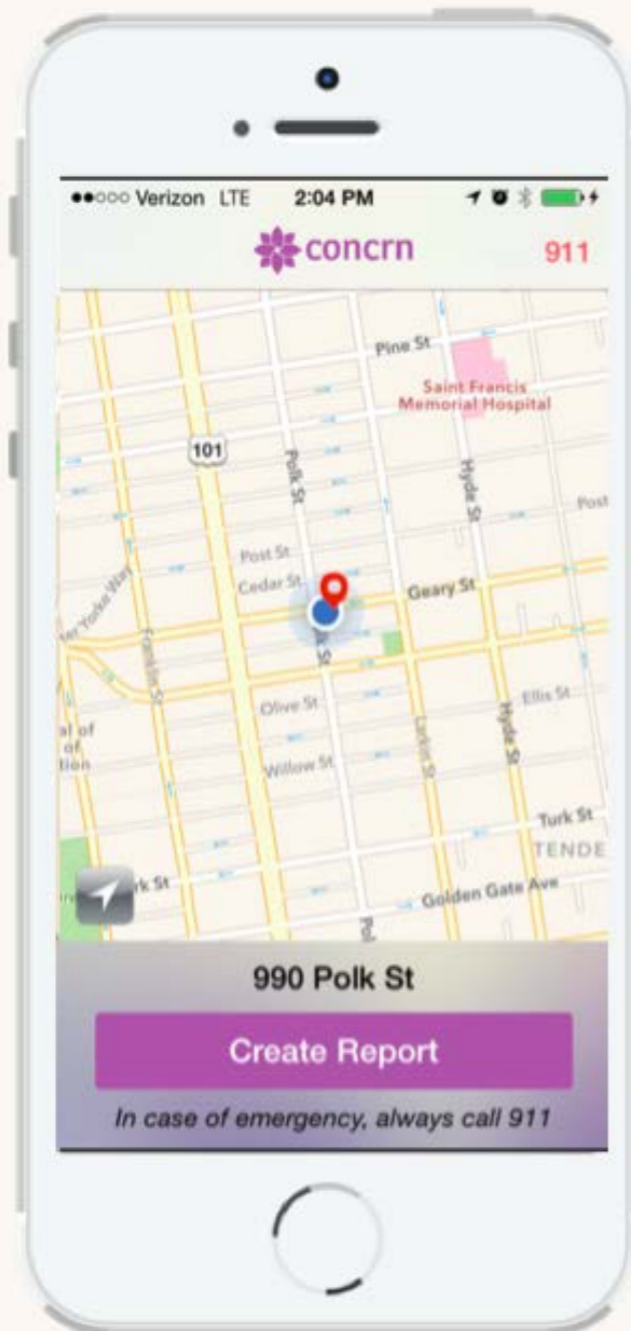
# Our Flow



# Technology

## Crisis Reporting Mobile App

Enables everyday citizens to report crises in real time



Front End  
Interface

(iPhone &  
Android)



# Technology

## Crisis Reporting Mobile App

Detailed report tracks real time contact, actions, and follow up

The screenshot displays the 'concrn' Admin Interface. The top navigation bar includes 'Dispatch', 'Active', 'History', 'Users', and 'Create Report'. The user is logged in as 'Jim Doty (Stanford) Profile | Logout'. The main content area shows a report titled 'Report in Bay Area 10 days ago'. On the left, there are fields for Status (Completed), Reported at (2014-12-17 16:19:28 -0800), Reporting Party (Jacob Savage, 6502481396), Address (870 Campus Dr Stanford CA 94305 United States), Urgency (3 - Today), Client (Young Adult (18-34) White Male), Observations (Depressed), and Files (no file selected). The main section is a 'Transcript with Dr. Joshi @ 4153595228' showing a series of SMS messages between Dr. Joshi and Jim Doty. At the bottom right, it indicates 'Dr. Joshi Dispatched 10 days ago'.

Time	Sender	Message	Action
16:24	Dr. Joshi	--- Accepted the dispatch ---	Send SMS
16:24	Dr. Joshi	Yes	Send SMS
16:26	Jim Doty	Dan is now sobbing in his room	Sent (16:26)
16:29	Dr. Joshi	I am en route to East Housr	Send SMS
16:29	Dr. Joshi	House, sorry	Send SMS
16:29	Dr. Joshi	ETA 15 min	Send SMS
16:30	Jim Doty	copy, Dan is now yelling and talking about jumping out of his window on the 4th story	Sent (16:30)
16:31	Dr. Joshi	Please stay with him until I get there	Send SMS
16:31	Jim Doty	get help	Sent (16:31)
16:32	Dr. Joshi	Am now on scene	Send SMS
16:32	Dr. Joshi	Done	Send SMS
16:33	Dr. Joshi	Has appt with Ron A at 6a tomorrow	Send SMS

## Admin Interface

- Cloud-based dispatch panel
- Real-time SMS dispatching
- Secure report archiving

# Compassionate Response Training

## Concern Responder Training

- 20-hour minimum for volunteer responders
- 100-hour lead responder certification course
- Ongoing training for all responders

## Service Provider and Corporate Training

- 4-hour introductory course
- Custom trainings for other social service providers
- HR/Employee trainings for companies





# Concrn Responder Training

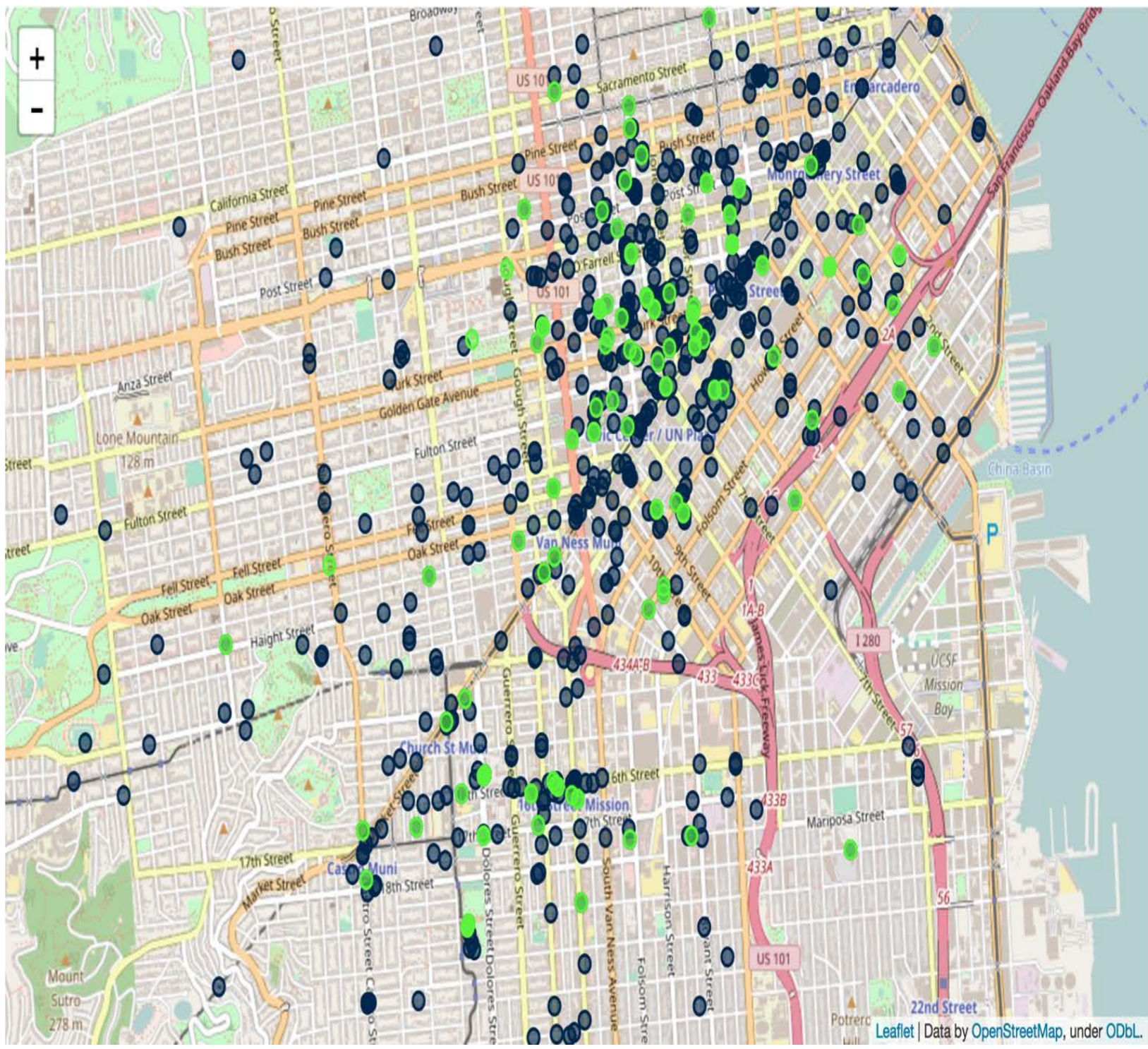
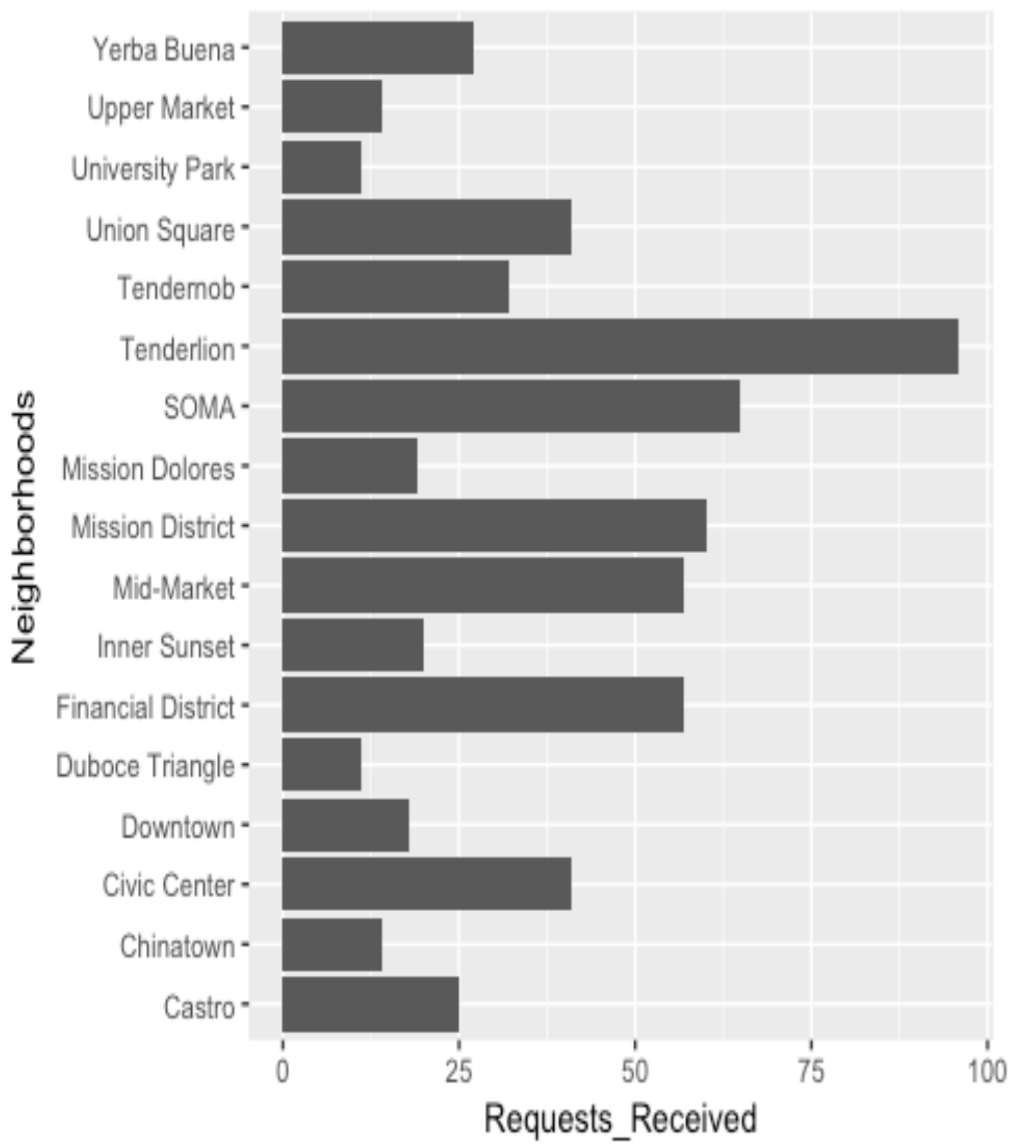
**Curriculum developed by team of experts  
(including MD, LCSW, MFT, RN)**

## Training Modules

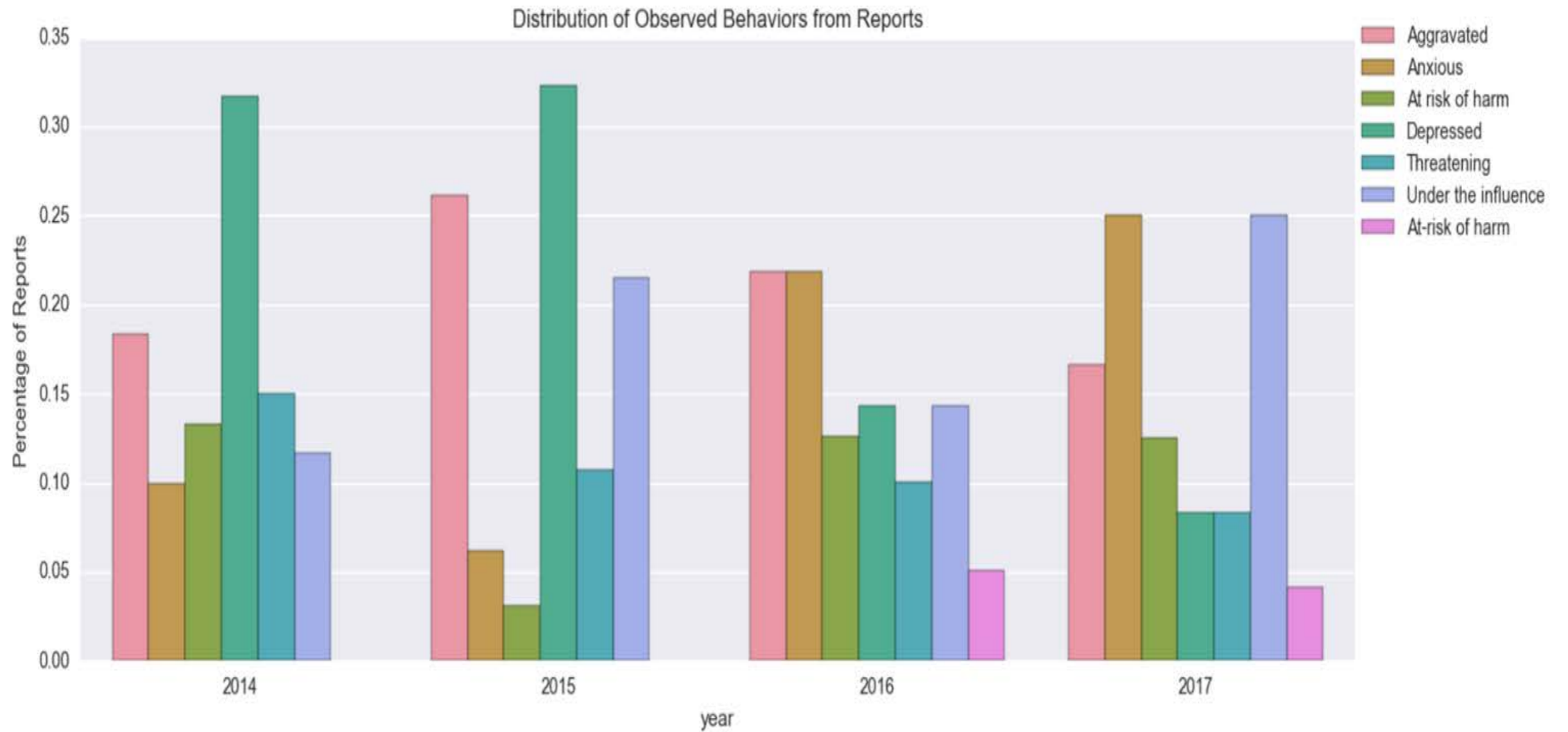
- I. Compassion  
Cultivation
- II. Peer Support
- III. Personal Safety
- IV. Social Work
- V. Self-Care
- VI. Trauma
- VII. Celebrating Diversity

# Active Neighborhoods

● Reports ● Responded to



# Trends from Reports



# Case Study #1

## Concrn connects client to shelter housing to stay off street

### Report

- Police officer uses mobile app to report client (homeless woman)

### Contact

- Client tells Concrn responders she's bullied by shelter bunk mate... prefers to sleep outside

### Action

- Responders work with shelter to find new bed

### Follow Up

- Continued contact to ensure still in shelter & to assess / coordinate ongoing needs

# Case Study #2

## Concrn coordinates with other service provider, helps clients move to housing

### Report

- Community member uses mobile app to report homeless couple (clients)

### Contact

- Clients tell Concrn responders they want to apply for housing

### Action

- Responders help clients fill out housing application

### Follow Up

- Coordinated with SF HOT to move clients to housing

# Partners and Supporters





# con crn

Compassionate Crisis Response for Neighbors in Need

---



concrn



@concrnapp



@concrnapp

[www.concrn.org](http://www.concrn.org)



[jacob@concrn.org](mailto:jacob@concrn.org)

g

HandUP Crowdfunding  
Campaign:

[bit.do/concrn](https://bit.do/concrn)

# Concrn Responder Training

**Curriculum developed by team of experts  
(including MD, LCSW, MFT, RN)**

