ADOPTED MINUTES
Behavioral Health Commission Meeting
Wednesday, August 19, 2020
6:00 PM – 8:00 PM
REMOTE BHC MEETING ZOOM
CALL-IN #: 1-669-900-6833 & MEETING ID #: 939 8475 9984

BOARD MEMBERS PRESENT: Marylyn Tesconi, MA, Chair; Carletta Jackson-Lane, JD, Vice-Chair; Judy Z. Drummond, MA, Secretary; Dawson Emmett Cooper II; Ulash Thakore-Dunlap, MFT; Judith Klain, MPH; Gregory Ledbetter; Toni Parks; Richelle Slota, MA; Harriette Stevens, EdD; and Idell Wilson

BOARD MEMBER ON LEAVE:

BOARD MEMBERS ABSENT: Arthur Curry

STAFF PRESENT: Loy M. Proffitt, MBA, ARC, Assistant Director

PUBLIC PRESENT: Marlo Simmons, MPH, Acting Director, Behavioral Health Services (BHS); Geoffrey Grier; David Elliott Lewis, Ph.D.; MHA-SF; Terry Bohrer, RN, MSW, CLNC; Stephen Banuelos; and Winship Hillier

Commissioner Tesconi called the meeting to order at 6:03 PM.

Mr. Proffitt called the role.

ITEM 1.0 COMMISSIONER’S REPORTS

For discussion

1.1 Report from Chair of the Commission and the Executive Committee

Commissioner Tesconi met with BHS Acting Director Marlo Simmons, Dr. Hali Hammer, Department of Public Health (DPH), Director of Ambulatory Care for the DPH and SFHN and Terry Bohrer regarding her proposal to separate the BHC and the San Francisco Mental Health Education Funds, Inc. (SFMHEF).
On Tuesday, August 18, 2020, Supervisor Catherine Stefani has also proposed legislation recommending the ED become a civil service position (Ordinance 200951; https://sfbos.org/sites/default/files/LI081820.pdf).

There are no updates yet on the hiring of the Executive Director. Marlo Simmons said staff support for the BHC will continue until a contract has been signed.

The BHC website needs to be renamed and the information updated.

1.2 Reports from Committees

Discussion regarding committee meetings, goals and accomplishments

- **Ms. Bohrer** will do Site Visits Training. She would like the training to be on the evening of Friday, 9/11, since some commissioners are working and not available before 5 pm.

  **Commissioners Parks, Jackson-Lane, Slota, Cooper, Ledbetter, Drummond, and Tesconi** will attend the Site Visits Training. Other commissioners needed to check their schedules

- **Ms. Teresa Comstock**, Executive Director, CA Association of Local Behavioral Health Boards & Commissions (aka California Association of Local Behavioral Health Boards & Commissions), will train Commission members on Commissioners' role and about the Brown Act on Wednesday, 9/2/20.

  **Commissioners Drummond, Slota, Parks, Klain, Ledbetter, Cooper, Tesconi, and Jackson-Lane** will attend. Other commissioners needed to check their calendars.

1.2a Information Committee

There is no chairperson, referred to the Executive Committee.

1.2 b) Implementation Committee

Has not met.

1.2 c) Nominating Committee

Recommends we keep the same structure with same officers because of unstable situation until we have a contract in place.

**MOTION** to keep the same structure until we have contract in place by Commissioner Klain, seconded by Commissioner Cooper.

- **All ayes:** Commissioners Tesconi, Jackson-Lane, Judy Z. Drummond, Cooper; Thakore-Dunlap, Klain, Ledbetter; Slota, Stevens, and Wilson

- **A nay:** Commissioner Parks

1.2 d) Bylaws Revision Committee

There may be changes that will impact our ability to change certain sections. Tabled for more research. Commissioner Slota will join the Bylaws Committee.

1.2 e) Strategic Plan Committee

We need to look at new member orientation and new member job description/expectations.

Formed Ad Hoc Strategic Plan Committee: Commissioners Judy Drummond, Judith Klain, Gregory Ledbetter, Marylyn Tesconi, Dawson Cooper, and Carletta Jackson-Lane.
1.3 People or Issues Highlighted by BHC: Suggestions of people, programs, or both, that Commissioners believe should be acknowledged or highlighted by the Behavioral Health Commission

Commissioner Klain nominated BHS Director Marlo Simmons for her perseverance and advocacy on behalf of those with mental health needs.

Commissioner Jackson-Lane nominated Dr. Mary Ann Jones, CEO of Westside MHS.

1.4 Report by members of the Commission on their activities on behalf of the Commission

Commissioner Tesconi was on zoom call with Police Chief Scott and USF. $120 million has been cut from budget to be reallocated to mental health services.

Commissioner Stevens, President of the California Association of Local Behavioral Health Boards & Commissions, (CALBHB/C) gave Board Conduct Guidelines given to Loy Proffitt to disseminate to all Commissioners.

Commissioner Ledbetter nominated National Alliance on Mental Illness (NAMI-SF) Peer to Peer Training Program.

1.5 New business - Suggestions for future agenda items to be referred to the Executive Committee

It was recommended that the Retreat becomes our venue to do trainings and meetings in two-hour blocks on Zoom, recorded so any who miss can watch them. These will include Site Visit Training, Commissioner Roles and Brown Act, Strategic Plan Committee, goals and priorities for the coming year. We want to do this in September.

1.6 Public comment

Mr. Grier: This is a once in a lifetime opportunity. There is a meeting on 9/25-9/26/20 to figure where the $120 million needs to go. It is a perfect fit for the BHC. He wants guidance about what the Executive Director does.

Mr. Hillier believed that you can’t bypass elections: rescind from minutes. Referred to the Brown Act and Sunshine Committee and still wondering if we, the Commission, are breaking rules.

Mr. Banuelos said, “Director Simmons can address some of the increases for mental health services.” Please get in touch with people at 1380 Howard to see what their site visits are doing and so we can get an idea of how programs are going to be reviewed.

Dr. David Elliott Lewis stated, “I applaud Geoffrey Grier for being here. He is an excellent choice to lead us in the future.” He stated, “Commissioners to get involved in the many mental health initiatives. Let’s not make this a missed opportunity: this is once in a millennium opportunity.”

ITEM 2.0 ACTION ITEMS

For discussion and action

None

2.1 Public comment

Mr. Hillier said, “I asked for agenda packets to be sent to me – not done, no response.”
Mr. Profitt sent them to the website -- which became available to the public around 5 PM on Tuesday, 8/11/2020 -- and emailed them -- which distributed in the afternoon of Thursday, August 13, 2020. Loy will double check Mr. Hillier’s website info and confirm Mr. Hillier’s email on the public distribution lists.

Mr. Hillier went on to say that if more than a majority of the commission is not present, then it is a violation of the Brown Act. No one can speak if they are not on the committee, it’s a violation of the Brown Act.

2.2 Proposed Resolution: Be it resolved that the minutes for the Behavioral Health Commission meeting of July 15, 2020 be approved as submitted

Adopted

2.3 Public Comment

none

ITEM 3.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR

Ms. Simmons informed that budget conversations are going well. No cuts to staff. If voted in, the unlocked Prop C funding will provide $30 million for beds across the continuum of care. This will work to improve access to 24/7 care, like the Cahoots model in Eugene, OR. The new job posting will elevate mental health higher with more access to resources. We’ve expanded from 400 to 1200 tents in the last 4 months. More people are on the streets. The focus is on treatment beds, from board and care and skilled nursing, Hummingbird beds. No funding for permanent supportive housing is on the list now.

Another one of her major concerns is that staff is very impacted, and stated, "I am worried about their health." We’re trying to increase training, making connections between staff, follow up, employee assistance programs, and health support. All employees have health insurance and access to, employee assistance programs. Nothing has been done to increase access to housing. There is emergency access to hotel rooms.

3.2 Public Comment

Mr. Hillier shared that 2500 people are on involuntary treatment. It is appalling that this Commission is not going into this – sharing the same urgency as he would like. It is 3% of the City and County’s population. How many patients are under Section 5300?

Ms. Simmons responded that she has requested that information and will follow-up on the request.

Dr. David Elliott Lewis who was a former commissioner, shared his follow-up research offered a different number. He stated, “It’s more like 500 involuntary treatment.”

Mr. Banuelos thanked Ms. Simmons. He dealt with budgets for residential beds. Because of the nature of San Francisco, this supportive housing becomes permanent and then there is nowhere to go.

4.0 PUBLIC COMMENT

4.1 Public Comment

Mr. Grier stated, “I applaud everyone.” We have a magnanimous job to do and have to step up. There is an initiative to ownership for those underserved.
**Mr. Hillier** in direct response to Dr. David Elliott Lewis’s different number, shared that conservatorship accounts for only 60 patients. 2500 petitions are filed per year. There are only 600 in the system. You’re saying only 1 in 3 of those petitions fail or are not honored? The Superior Court is concealing information.

**Commissioner Cooper** stated, “I’m hearing comments about stigmatizing language. That language matters is met with opposition.” Police say they don’t have time to defer to mental health vocabulary when a person on is on the Golden Gate Bridge, they want to just call them a “jumper.” There is opposition on all sides.

**Mr. Grier:** This was brought up over 15 years ago. Lots of trauma and drama can be mitigated through training. Crisis Intervention Training (CIT) went to the San Francisco Police Department (SFPD). That CIT training should be externalized again.

**Dr. David Elliott Lewis** share he was part of that internal conversation this A.M. He clarified that Police were not advocating the use of “jumper” other than in their internal conversations.

**Adjournment 8:02**
In Loving Memory: Maria X Martinez

From DPH Director Grant Colfax

It is with a heavy heart that I share the sad news that a longtime member of the DPH family, Maria X Martinez, died peacefully in her home yesterday. She was surrounded by a loving circle of close family and friends and a more extended spiritual circle of all she has touched during her lifetime. Some of you may know that Maria has been on leave for the past couple of months due to illness. I am sorry to share this with you during this time of isolation and separation when we cannot be together.

Maria worked for San Francisco’s Department of Public Health for 23 years, during which time she passionately championed the needs of vulnerable populations. She focused on building initiatives and developing care models for high-risk populations through new collaborations and system design. A key member of DPH leadership, she served in the following roles: Deputy Director of Community Programs, Senior Staff to the Director of Health, Chief Integrity Officer, and the Director of Whole Person Care. Maria continually strived to bring a racial and equity lens to creating a seamless network of services to engage and meet the most complex needs of San Francisco’s most vulnerable residents.

The capstone of Maria’s career was serving as the Director of Whole Person Care, a project that aims to improve outcomes for adults experiencing homelessness in San Francisco through enhanced care coordination. Maria solidified interagency partnerships among DPH, the Department of Homelessness and Supportive Housing (HSH) and the Human Services Agency (HSA), bringing these departments together to work in ways they previously had not. Under her leadership and vision, San Francisco adopted a population-based approach to providing holistic health, housing, and human services to vulnerable adults experiencing homelessness. The Shared Priority project piloted citywide care coordination and interagency data sharing to identify and problem-solve system barriers and create street-to-home plans with a “whatever it takes” approach.

DPH’s Whole Person Care work will continue through the Shared Priority collaboration; direct clinical services which have coalesced as our new Whole Person Integrated Care section; and in the new Integrated Homeless Resources Center which will be located in our beautiful new supportive building at 1175 Mission Street.

Outside of her work with DPH, Maria helped build public-private coalitions, regional and community-based initiatives, and public policies. For the past 15 years, Maria was an active board member of the Chicana Latina Foundation, where she developed a leadership institute for scholarship recipients. We will share more information about how to donate in Maria’s honor at a later date.

Maria truly led the way in creating care models and effective systems of care for people experiencing homelessness and other medically vulnerable people in our community. So much work that lives on in the Department of Public Health is a result of Maria’s vision, commitment, and dedication to improving the lives of people experiencing homelessness or with unstable housing. She was a beloved colleague, leader, and mentor who touched innumerable lives during her 23 years with DPH.

We will miss our dear Maria tremendously and express our deepest condolences to her beloved daughter Paloma and the rest of her grieving family and close friends. I also know that many of you are really suffering with the news of Maria’s death, especially during this time when there is so much loss and pain and when there are many barriers to taking care of ourselves and each other. Please do try to take time to honor Maria’s memory and to reach out to those who bring you comfort as well as those who knew and loved Maria and may need support. The Employee Assistance Program can also provide support during difficult times.

May Maria’s memory comfort and inspire us all.
In Loving Memory: Jim Smithson

From RAMS, Inc. Hire-Ability Vocational Rehabilitation Services Coordinator Mynor G. Ventura

It is with much sadness that we inform of the passing of our team member, Jim Smithson. Jim worked at the 1380 Howard Street 5th floor reception desk and the first thing that one noticed about Jim upon meeting him was his smile. Jim was always smiling. Jim smiled at you whether you were in a hurry; whether you were having a great day or you were having a bad day; whether it was your first day in the office or your last; whether he knew you or you were a complete stranger; or whether you even noticed him sitting at the receptionist desk at all. Nevertheless, Jim smiled.

I don't think he smiled because it was his job to be welcoming. Jim had his bad days. He at times was drawn into conflicts he didn't want to participate in. Jim was incredibly vulnerable and fragile, at times it was easy to forget the man stood over 6ft tall, towering over most of his colleagues.

I think Jim smiled because his most everlasting characteristic was his selflessness. Jim was immeasurably selfless. For Jim, his smile wasn't part of the job. It was part of a personal goal to try to minimize some of the mean spiritedness in the world, starting with the reception desk at 1380 Howard Street.

He was always offering to help in any way possible. He would take on shifts at late notice, work overnights at different facilities, and participated in any and every RAMS program he could. When shelter-in-place began, Jim was first to volunteer without asking. His reasoning was that he wanted to give back what was given to him.

Jim was a selfless individual yet he had so many beautiful characteristics that we could list off forever. In the end, it is hard to encompass such a complex and whole human being into a few paragraphs. Suffice it to say, we will remember Jim as our friend and a member of the RAMS and SFDPH family. He was a kind, gentle, empathetic, beautiful soul who thought about his fellow human more than himself. We will miss him and his smile always.

If you or a colleague are in need of support, please contact the Employee Assistance Program (EAP) for services or referrals. Employee Assistance Counselors are available for individual confidential telephone counseling and consultations 24 hours a day, 7 days a week: (628) 652-4600 or (800) 795-2351.

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2020 J. Elliot Royer Award for Excellence in Community Psychiatry
Congratulations Dr. Robin Randall!

Dr. Robin Randall, MD, MPH, is the 2020 recipient of the J. Elliot Royer Award for Excellence in Community Psychiatry. Every two years the Royer Award is given to a Community Psychiatrist who has shown evidence of service; teaching excellence; original, creative contributions to the field; and the general esteem and aspect of the candidate's peers as a role model and mentor to others in the field. Dr. Randall has been the Medical Director at Edgewood for over 20 years and is also currently the Medical Director of SFDPH's Transitional Age Youth (TAY) System of Care.

Dr. Randall has devoted his career to serving vulnerable children and families in the Bay Area. He has similarly dedicated his career to teaching, demonstrating a commitment to Child and Adolescent Psychiatry trainees and their transition to becoming colleagues through mentorship and collaboration. Additionally, Dr. Randall has served as a leader in academic, public and community organizations in the Bay Area and California. He is a skilled clinician who is able to integrate systemic problems of poverty, racism and historical trauma into all parts of his practice while holding compassion in his interactions with others.

Dr. Robin Randall is pictured here with members of the TAY Clinic and TAY System of Care (SOC) team. For more information on the TAY SOC please contact Acting Director heather.weisbrod@sfdph.org
Celebrating 25 Years of Service: Maureen Edwards

There is no I in Team

The TAY System of Care celebrates Maureen Edwards’ 25 years of service to San Francisco and her work for racial equity, her unwavering commitment to TAY, and her part in the response to COVID-19. Maureen is a tireless and fearless advocate and her knowledge of the system and ability to find resources is unparalleled. Maureen has long worked for racial equity in San Francisco, helping to coordinate the annual DPH Black History Event for many years, continuously bringing attention to the needs of Black/African American staff and clients, and ensuring that services for TAY are culturally responsive. In her current role as the Clinic Director of the BHS TAY Civil Service Clinic, Maureen is responsible for 2 programs: the TAY Linkage program, which has served over 400 young people in need of connection to services, and the BHS TAY Full Service Partnership program, where she and the program’s dedicated staff ensure young people with acute behavioral health needs receive high quality services.

During COVID-19 Maureen has worked long hours to ensure TAY continue receiving essential services, spending much time in the field providing in-person outreach and crisis intervention while also managing both programs.

She has also simultaneously deployed on weekends to provide Isolation and Quarantine (I/Q) site coverage and has volunteered for on-call support for Shelter in Place (SIP) sites.

One of Maureen’s favorite sayings is “There is no I in Team” and we think that perfectly exemplifies her leadership style, her collaborative spirit and her commitment to her work. We are immensely grateful for her.

For more information on the TAY Linkage Program please contact maureen.edwards@sfdph.org and for TAY System of Care please contact Acting Director heather.weisbrod@sfdph.org.
Welcome New BHS Training Unit Staff!

Soumia Laktebi
Training Support Specialist
BHS Training Unit

I grew up in Morocco from a bicultural Arabic and French household in Casablanca and migrated to the US in 2011. I went to SF State University where I earned a Peer Support Certificate with Richmond Area Multi Services (RAMS) Program, Entry and Advance Classes, and a 9-month Internship with the Positive Resource Center (PRC). I like cooking and organizing parties.

August 2020 Trainings

<table>
<thead>
<tr>
<th>Time</th>
<th>Training</th>
<th>Location</th>
<th>Trainer</th>
<th>CE’s Offered</th>
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</thead>
<tbody>
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<td>9:00am – 10:30pm</td>
<td>Race, Police &amp; the Pandemic</td>
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<td>Gavin.Morrow-Hall</td>
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<tr>
<td>Thu 8/6</td>
<td>3:00pm – 4:30pm</td>
<td>Supporting &amp; Learning about the Mental Health Needs of LGBTQIA+ Community during COVID-19 Webinar Series</td>
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<td>Tuquan Harrison</td>
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<tr>
<td>Thu 8/6</td>
<td>1:00pm – 3:00pm</td>
<td>De-escalation and Conflict Management</td>
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<td>Charles Hawthorn Harm Reduction Training Institute</td>
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<tr>
<td>Mon 8/24</td>
<td>1:00pm – 3:00pm</td>
<td>The War on Drugs, the Prison Industrial Complex and Harm Reduction</td>
<td><a href="https://www.eventbrite.com/e/the-war-on-drugs-the-prison-industrial-complex-harm-reduction-online-tickets-114559332046">https://www.eventbrite.com/e/the-war-on-drugs-the-prison-industrial-complex-harm-reduction-online-tickets-114559332046</a></td>
<td>Charles Hawthorn Harm Reduction Training Institute</td>
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<tr>
<td>TBD</td>
<td>TBD</td>
<td>Staff Wellness</td>
<td>Virtual-link to be posted on <a href="http://www.sfdph.org/training">www.sfdph.org/training</a></td>
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BHS Avatar eForms are Live!

Since 2016, the BHS Implementation Team has been working to create a full Electronic Health Record (EHR) for the system of care. This project included the development of a scheduler in 2016, the deployment of more than 1,000 signature pads in 2017, along with the introduction of the full electronic Treatment Plan of Care, Consent for Psychiatric Medications, and Consent for Mental Health Services. The eForms component of the project started in June 2017 with the revision of each form. The forms were then reviewed by a panel of experts from the DPH Business Office of Contracts and Compliance (BOCC), Compliance Department, Billing, and Clinical Services. After the review was complete, the forms were converted to an electronic format and tested across three sites including South of Market Mental Health, Sunset Mental Health, and Mission Mental Health.

The final step, completed in February 2020, involved translating the eForms into Tagalog, Russian, Chinese, Vietnamese and Spanish, at which time the translated versions were converted into a digital format and are now ready to be used system wide. An eForms user guide was developed and distributed to all BHS staff. With the implementation of eForms, the BHS system of care will have full electronic patient charts, which are easy to use and will produce status reports to help maintain record updates and chart reviews electronically.

Big thanks to Giovanni Herrera Psy.D, BHS Clinical Coordinator, for championing this critical effort!

For more information please see the BHS eForms Bulletin and BHS eForms User Guide posted on the BHS GoogleDrive.
State Releases LPS Audit Report

The Lanterman-Petris-Short Act (LPS Act) allows county-designated professionals to provide involuntary mental health treatment to people who, because of a mental illness, are a danger to themselves or others, or cannot provide for their basic personal needs of food, clothing, or shelter. In late 2019, the California State Auditor’s Office conducted an audit of the implementation of the LPS Act in three counties: San Francisco, Los Angeles and Shasta.

Overall Findings:
- San Francisco has appropriately administered and overseen mental health conservatorships.
- The definition of grave disability was applied similarly across the 3 counties, and auditors found no reason to recommend a clarification or expansion of the definition.
- Individuals with five or more 5150 holds were often discharged without connection to intensive follow-up treatment through FSPs or Assisted Outpatient Treatment (AOT). The report noted that inadequate care coordination is largely due to the lack of access to data on individuals who are on LPS holds, and without this data, it is difficult, if not impossible, to connect individuals to ongoing treatment.
- State and local facilities lack adequate capacity to treat all individuals who require care under the LPS Act.
- State public reporting of all mental health funds received by counties, and associated outcomes, should be improved.

Select Recommendations for the Legislature:
- Adjust reporting requirements for LPS Act holds to ensure that counties can access existing state-managed data about the specific individuals placed on holds.
- Require counties to adopt AOT programs and allow for medication requirements.
- Assign the Oversight Commission responsibility for developing, implementing, and overseeing a framework for reporting mental health spending across all major fund sources, as well as program-specific and statewide mental health outcomes.
- Direct counties to spend MHSA funds for the purpose of connecting individuals leaving LPS Act holds or conservatorships to community-based services.

San Francisco-Specific Recommendations:
1. Adopt systematic approaches to identifying individuals with multiple involuntary holds, obtaining mental health histories for these individuals, and connecting them to services that support their mental health.
2. Assess the number and type of treatment beds needed to provide adequate care for individuals who require involuntary treatment.

Progress on implementing recommendations will be reported at 60 days, 6 months, and 12 months following the report date. For more information please contact BHS Quality Management Director Deborah Sherwood at deborah.sherwood@sfdph.org.
Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review

Similar to the Mental Health quality review discussed in May’s newsletter, the Substance Use Services team is also reviewed annually by an External Quality Review Organization (EQRO). The upcoming review is scheduled for August 18-20 and will produce a report with a detailed analysis and evaluation of our DMC-ODS programs/services, performance measures, performance improvement projects, information systems, and client and staff perceptions.

Some noted strengths in last year’s report include significant efforts to treat clients with co-occurring serious addiction and serious mental illness and centralized data storage and data sharing for providers who mutually share responsibility for common clients. Some of the recommendations in last year’s report include establishing a specific initiative to outreach and engage the API community and implementing a process to improve the Treatment Access Program’s re-authorization process.

Usually, EQRO assesses the timeliness, access, and quality of services through reviews of data and reports, on-site reviews, in-person focus groups, and interviews with clients, civil service and contracted providers and other stakeholders. However, due to the shelter in place ordinance and COVID-19 safety guidelines, this year’s review will happen remotely via teleconferences. Our county will be the first to conduct client focus groups remotely. COVID-19 has significantly impacted operation, making beneficiary feedback exceptionally important. We are working closely with programs to ensure that we have strong and diverse client participation.

DMC-ODS leaders are looking forward to presenting the significant changes and key initiates since the last review, reporting on their progress on recommendations, and learning from the report that EQRO produces the opportunities for improvement for fiscal year 2020-2021.

For more information please contact BHS Quality Improvement Coordinator Liliana De La Rosa at liliana.delarosa@sfdph.org.
Bay Area Youth Voice: Alcohol Awareness

High school students with the Youth Leadership Institute (YLI) Bay Area Youth Voice project, in collaboration with BHS Substance Use Disorders (SUD) services, completed a project to change youth perceptions on the harm of drinking alcohol. We are so proud of the youth! They were able to complete this project with their YLI adult ally, Stephanie Franco, during the COVID-19 pandemic. Their creativity is off the charts!

For more information and to view the whole project, please see Bay Area Youth Voice.
Health Disparities Among Black Americans with Substance Use Disorders (SUD): How Do We Make a Difference?

On July 30, the Behavioral Health Services Training Unit sponsored a training, Health Disparities Among Black Americans with SUD: How Do We Make a Difference? presented by Nzinga Harrison MD. Dr. Harrison, a board certified psychiatrist and addiction medicine specialist, is Chief Medical Officer of Eleanor Health, which provides outpatient substance use disorders treatment in Atlanta and is the host of the In Recovery weekly podcast.

During her presentation Dr. Harrison reviewed the horrific disparities that Black Americans face and the way those disparities are rooted in historical, systemic, and cultural factors. Tracing how these disparities manifest in medicine, including substance use treatment, Dr. Harrison brought out concrete ways that physicians can address implicit biases that contribute to racial disparities, sometimes even more than explicit bias.

**How Do We Make a Difference?** The attendees drew up an action plan to address racism on individual, programmatic, systemic, and policy levels. One clinician’s plan stated they will:

“Review notes and interactions with my clients, evaluate my outcomes and look for and correct biases that are revealed. Slow down and be more curious about my clients' lives and their lived experiences.”

Over 130 participants attended the webinar and responded with an abundance of gratitude.

This was a MEMORABLE training and life changing. It put language to my thoughts and I am INSPIRED!

Really appreciated the concrete data, mixed with personal experience, and tied together with concrete tools to use. THANK YOU!

Health Disparities Among Black Americans with SUD: How Do We Make a Difference? along with other BHS Training Webinars, are available on the [BHS Training Unit Vimeo Page](#).

Recently posted webinars also include:
- Lessons Learned From the Front Lines: Client Outreach During COVID-19 with SF-FIRST
- Making Zoom sessions trauma-informed, engaging, and playful for children and youth clients (Ritchie Rubio, PhD)
Disaster Service Worker (DSW) Staff Highlight

It Takes a Village

Josephine Ayankoya

A recent interview from the DHR Newsletter

What’s your regular work at DPH?
I serve as the Acting Director for the Office of Equity, Social Justice, and Multicultural Education (OESM) in the Behavioral Health Services section of DPH.

What does your everyday work at DOC/Integrated Command Center look like?
I am activated as the Equity Lead for the Information and Guidance (I&G) Branch, in the Operations section of the San Francisco COVID-19 Command Center. In this capacity, I am directing organizational change and process development projects to optimize equity in the generation, dissemination, translation, and cataloging of guidance needed to prevent and mitigate COVID-19 in communities at increased risk of morbidity and mortality.

How do you juggle regular and DSW work?
Finding balance between my two roles has not been without challenge (and is still a work in progress). The biggest support in juggling my regular work and DSW work has been communication with my supervisors. Both my BHS supervisor (Marlo Simmons) and my DSW supervisors (Rita Nguyen and Alecia Martin) have been incredibly supportive of my need for a balanced workload.

I have also juggled my work by learning from best practices shared by many dynamic colleagues across the County, such as the Office of Racial Equity who released a Citywide Racial Equity Framework, and the expertise of the Equity Leads working with the Office of Health Equity.

I have also started to force myself to take short wellness breaks throughout the day, visiting the Wellness Room at the Emergency Operations Center (EOC) when time permits. Thanks to that team in the Wellness, I started doing yoga again!

What has been the highlight of your experience as a DSW?
A highlight of my DSW experience has been seeing how the OESM team which I supervise has stepped up to leadership during my activation. I could not have dedicated time and energy into my DSW work without my team being willing to take on new roles and operate differently during the COVID-19 response and recovery.

I believe in the African proverb that states, “It takes a village” and it’s been impressive to see the village band together during my time with the COVID-19 response.
Pet Therapy for BHS Disaster Service Workers

We are at a point in our crisis response where we are all struggling with burnout and compassion fatigue. The team with Forensic and Justice Involved Behavioral Health Services has largely been leading the charge to respond to the behavioral health needs at the Shelter in Place Sites, with the amazing support from some of our CBO’s and deployed staff. This has been exhausting while straddling the needs of the more than 2,000 individuals at these sites, as well as the ongoing needs of existing clients and the courts.

One of the staff, Dee Gotthardt, has been kind enough to integrate a little pet therapy into the work. We thank Dee, and her kittens, Hunter Pence and Buster Posey, for helping staff to take a moment and experience some much needed cuddles and support.

For more information please contact Forensic/Justice Involved BHS Director Angelica Almeida at angelica.almeida@sfdph.org
Do you have general questions about being a Disaster Service Worker (DSW) or are you currently deployed and have concerns you need help getting answers for?

The BHS Clearinghouse team is available to support you regarding your deployment needs.

Staf call or email with concerns or questions

Team reviews, logs, and responds to staf

If necessary, BHS leadership provides support answering questions/addressing concerns and coordinates with OOC

415-255-3427  bhsclearinghouse@sfdph.org