



## SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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Harriette Stallworth Stevens, Ed. D., Co-Chair  
Ulash Thakore-Dunlap, MFT, Vice Chair  
Idell Wilson, Vice Chair  
Gene Porfido, Secretary  
Terezie "Terry" Bohrer, RN, MSW, CLNC  
Judy Zalazar Drummond, MA  
Wendy James  
Judith Klain, MPH  
Carletta Jackson-Lane, JD  
Gregory Ledbetter  
Toni Parks  
Angela Pon  
Richard Slota, MA  
Marylyn L. Tesconi  
Njon Weinroth  
Benny Wong, LCSW

### **ADOPTED MINUTES**

Mental Health Board Meeting  
Wednesday, [June 21, 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; Idell Wilson, Vice Chair; Gene Porfido, Secretary; Judy Zalazar Drummond, MA; Carletta Jackson-Lane, JD; Judith Klain, MPH; Gregory Ledbetter; Toni Parks; Angela Pon; Richard Slota, MA; Marylyn Tesconi; Njon Weinroth; and Benny Wong, LCSW.

**BOARD MEMBERS ON LEAVE:** [Ulash Thakore-Dunlap, MFT, Co-Chair](#); [Terry Bohrer, RN, MSW, CLNC](#); and [Wendy James](#).

**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; David Elliott Lewis, PhD, former Mental Health Board member; Virginia Lewis, LCSW, former Mental Health Board member; Kelly Hiramoto, LCSW, Director of Transitions, San Francisco Health Network; Annabel Gardner, Young Minds Advocacy (YMA); Nicole Melinda, YMA; Thomas Dunston; and [one](#) public member.

## CALL TO ORDER

**Dr. Stevens** called the meeting of the Mental Health Board to order at 6: 35 PM.

She welcomed the newest board member, Gregory Ledbetter. He was appointed by Supervisor London Breed to the consumer seat formerly held by David Elliott Lewis.

## 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** highlighted two MHSA programs that received the National Association of Counties (NACo) Brilliant Ideas at Work Presidential Initiative. Those programs are the Vocational Rehabilitation Employment and Training Programs and the Peer to Peer Program. This is the second award for these two programs, the other award being for the category of Health.

The BHS Quality Management team prepared two evaluation briefs to highlight outcomes of two MHSA funded programs: Horizons Emic Behavioral Health Services and Seneca Family of Agencies Wraparound Full Service Partnership.

RAMS (Richmond Area Multi-Services) Division of Peer-Based Services is launching the fall cohort 2017-18 Peer Internship program which is a 9 month, 20 hours/week, paid position.

DPH has been very proactive in using Naloxone (Narcan) to reduce mortality by reversing the respiratory depression that can result from an overdose. Recently a person was saved by BHS pharmacy & BH Access staff in the alley next to 1380 Howard. The life saved is an opportunity for a life in recovery.

BHS responded to the tragic shooting at the UPS facility with over 40 BHS staff engaged with UPS staff. They also engaged with and talked with families of the staff as well as going to the hospital. They were on site from early in the morning and staying late into the evening to provide support. There are about 400 UPS personnel stationed in their Potrero Hill facility. Most likely starting next week, UPS will utilize its own resources to manage and respond to staff needs, but BHS may need to follow up and check back with them after about couple of months to see how they are doing. Within the same week, there was car accident & shooting that took place outside of the Silver Avenue Clinic (unrelated to the Clinic and fortunately no one was hurt), where DPH had to engage and offer support for those at the Clinic.

**Mr. Porfido** asked how BHS decides where to send folks to help.

**Mr. Ghane Bassiri** responded that the Department has a robust protocol to notify and as needed request to deploy staff for support services. BHS, Mr. Edwin Batongbacal, Director of Adult and Older Adult Systems-of-Care has been actively assisting with responding to such emergencies upon notification to identify appropriate staff and deploy them to a specific location(s). The Comprehensive Crisis Services (CCS) provides array of services in response to crisis/emergency situations for assessment and debriefing as well as follow up support. Initially, City/Civil Service staff are engaged but per nature of incident, magnitude of the situation, and type of services, BHS reaches out to and requests services from the Community Based Organizations which are contracted by DPH.

**Ms. Drummond** asked if there is a coordinated effort.

**Mr. Ghane Bassiri** said per current City structure in place and DPH protocol there is a coordinated local response which may involve staff deployment and sometimes may only require sending written information.

On May 24th San Francisco City Hall was lit up in lime green (Each Mind Matters' campaign signature color) in honor of May Mental Health Awareness Month.

## **1.2 Public Comment**

**Dr. David Elliott Lewis** asked if there were plans to replace the Hummingbird Place with another respite place since it is being converted to a Navigation Center.

**Mr. Ghane Bassiri** noted that since Ms. Kelly Hiramoto is presenting at the Mental Health Board on housing and this program falls under her Division, she would be able to respond and provide an update as requested. At this time, he did not have any update different from what was shared previously.

**Dr. David Elliott Lewis** asked about the funding for No Place like Home.

**Mr. Ghane Bassiri** said that the MHSA (Mental Health Services Act) presentation is scheduled for an upcoming Mental Health Board meeting and this topic will be covered in that presentation. No Place Like Home is a State initiative. The San Francisco Department of Homelessness & Supportive Housing (DHS) and Mayor's Office of Housing & Community Development are taking the lead on this project. At this time, there are no plans to reduce the current and proposed SF MHSA budget for services due to needing to allocate funds for No Place Like Home. There is about 30 million dollars of MHSA revenue noted for the current fiscal year 2016-2017. The MHSA work plan, that is going to be presented, will incorporate the impact of No Place Like Home.

## **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:**

### **2.2 Public Comment**

No public comments

## **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 May 17, 2017 be approved as submitted.

Unanimously approved.

**3.3 Proposed Resolution:** Be it resolved that the Mental Health Board will not meet in the month of August 2017.

Unanimously approved.

## **ITEM 4.0 PRESENTATION: HOUSING OPTIONS FOR PEOPLE WITH BEHAVIORAL HEALTH NEEDS, KELLY HIRAMOTO, LCSW, DIRECTOR OF TRANSITIONS, SAN FRANCISCO HEALTH NETWORK.**

**4.1 Discussion: Housing Options for People with Behavioral Health Needs, Kelly Hiramoto, LCSW, Director of Transitions, San Francisco Health Network.**

*The Housing Options power point presentation is at the end of the minutes.*

**Dr. Stevens** welcomed Kelly Hiramoto who is Director of Transitions for the San Francisco Health Network. Prior to assuming this position, Ms. Hiramoto was the Placement Coordinator for Behavioral Health Services.

**Ms. Hiramoto** mentioned that services for direct access to housing are now under the Department of Homeless Housing. She shared that most homes in the housing stock are Victorian styled homes, and stairs can be a problem for some people to walk up and down.

After presenting her power point presentation, she responded to questions from board members and members of the public.

**Ms. Parks** mentioned about the merger of housing programs between Baker Place and Positive Resources.

**Ms. Hiramoto** stated the merger is still in the final stages. She hoped there would be more services available after the merger.

**Mr. Ledbetter** asked about supportive housing in the Western Addition area.

**Ms. Hiramoto** mentioned that there is already a partnership with RAMS for board and care on Broderick Street. There is a housing building that has 33 beds. She said most board and care places are scattered throughout the Mission.

**Ms. Klain** shared that her son is in the system of care. During his multiple transitions between places, her son got lost in the system because his services were interrupted. People who go

through multiple housing transitions might not get case management because the information might not easily follow people during the moves.

She would like to see a mechanism in place that ensures a continuum of care; clients should not have to decompensate when they experience multiple housing transitions.

**Ms. Hiramoto** explained that residential care clients who are ready to engage in services often voluntarily work with the system. But, sometimes, when a client is not ready to engage in services, the client often has to start over. Sometimes, it is a matter of fit since the residents frequently change, and the change of residents can be difficult for people who need structure and familiarity.

**Ms. Klain** said that her son was 5150'ed twice. He got into an in-patient program, but the police were summoned because he was banging on things. Banging on things can be a self-soothing tool to calm the voices in his head. The calls to the police put her son at risk of being kicked out of the treatment facility.

She would like to see treatment providers be better trained in properly interpreting client's symptoms rather than being punitive. She would like the behavioral health language to be more positive because of certain labels such as "treatment resistance" can be stigmatizing.

**Ms. Hiramoto** said there is a strong need to balance needs of the group and needs of individuals. She concurred that a more positive language of recovery could help with destigmatizing people.

**Ms. Drummond** added there is the frustration of seeing kids die because of no timely detoxification.

**Ms. Wilson** asked how subsidized housing works for people.

**Ms. Hiramoto** stated that clients must be in the full-service partnership (a program within the Mental Health Services Act that provides wrap-around services) status in order to qualify for a place.

**Mr. Ledbetter** inquired about housing availability for a person with mental illness.

**Ms. Hiramoto** said there are other housing lists that prioritize eligibility. For example, clients with a serious health issue who are facing imminent homelessness may need immediate shelter.

**Dr. Stevens** noted the lists are called affordable housing lists. Qualified clients may get a housing subsidy.

**Mr. Porfido** noted that dementia is a growing factor among people who are already in the system.

**Ms. Hiramoto** said the Department of Aging and Adult Services is working on a plan to ensure clients with dementia are better served by the system.

#### **4.2 Public comment**

**Ms. Gardner** is concerned about appropriate supportive housing services in mixed age groups since needs of a transitional age youth (TAY) could be very different than an older adult.

**Ms. Hiramoto** said that there are hotel units for TAY's to regain stability. There is Crossroads Board and Care placement for youth in need of vocational development. Progress House is

designed for TAY's to help them transition into independent members of society. Staffers try to match people to right places.

She added that there is already a TAY homeless focus group where youth come together to share their needs and wants. Former Supervisor Bevan Dufty started the homeless youth focus group.

**Ms. Virginia S. Lewis, LCSW** shared that her clinical experiences and community involvement have shown her that people with severe mental illness could decompensate and wander the streets. What she would like to see is the system being more responsive to these people's needs.

**Ms. Hiramoto** said the system is providing more support with peer-based programs since peers and navigators can quickly engage with clients and peers can often intuitively relate to client's needs. For example, there is a pilot peer-based program called Whole Person Care, and people who are homeless have been high utilizers of the program. The peer-based model has been sharing data across systems, and there is hope that this program can be replicated in the public health system.

## **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 followings:

- Program Review Training: Terry Bohrer has offered to provide a training to board members on doing program reviews. We are looking at Thursday, July 6th in the evening starting at 6:30 PM.
- Vacant Seats: We have only one seat left to fill, Wendy James seat, to be appointed by Supervisor Safái. His aide said they will have an appointment shortly. The only other open seat we have is the seat held by a member of the Board of Supervisors.

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

The next Executive Committee meeting is Tuesday, July 25, 2017 at 10:00 AM at 1380 Howard Street, Room 226. All board members, as well as members of the public, are welcome to attend.

**Dr. Stevens** shared that the Executive Committee met yesterday for the month of June so that members could review and approve the Annual Report FY 2016-2017. The report will be posted by June 30th. She thanked Richard Slota for leading the process of writing the report and his two committee members, Njon Weinroth and Terry Bohrer, as well as Loy Proffitt for putting together the photo collage at the end of the report.

### **5.3 Committee Reports**

- Mobile Wellness Van Committee: David Elliott Lewis, Chair
- Youth Committee: Judy Drummond, Chair
- Annual Report Committee: Richard Slota, Chair

**Ms. Drummond** shared that at the Youth Committee meeting on June 8, 2017, there was a strong focus on a campaign to reduce stigma such as a hashtag and/or a mixed media poster.

**Dr. David Elliott Lewis** said the next meeting of the Mobile Wellness Van Committee is on June 26, 2017. He will be a co-chair with Richard Slota, since he has ended his final term on the board. The June meeting will have Sargent Kelly Kruger who will talk more about the crisis response system in San Francisco.

**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.**

None mentioned.

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

**Ms. Jackson-Lane** shared that she met with Sheriff Vicky Hennessey today. She said women make up about 33% of the incarcerated.

**Dr. Stevens** attended the retirement party of Ms. Marcellina Ogbu, Deputy Director of the San Francisco Health Network.

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

**Mr. Ledbetter** suggested mental health and housing services for seniors.

**Ms. Park** suggested a presentation on the appeal process of the grievance process.

**Ms. Drummond** suggested a Whole Person Care presentation.

**5.7 Public Comment**

**Ms. Gardner** asked the board to have a presentation on Proposition 47.

**Dr. David Elliott Lewis** suggested No Place Like Home and the Jail Rebuild programs.

**6.0 PUBLIC COMMENT**

No public comments.

**Adjournment**

Adjourned at: 8: 45 PM



Mayor Edwin M. Lee

## Behavioral Health Services Monthly Director's Report June 2017

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

#### San Francisco City & County Receives Two Awards from the National Association of Counties (NACo)

SFDPH Behavioral Health Services is pleased to share that San Francisco's "*Vocational Rehabilitation Employment and Training Program*" and "*Peer-to-Peer Programs*" both have been selected as **one of the 100 Brilliant Ideas at Work**, as part of the National Association of Counties' (NACo) Brilliant Ideas at Work Presidential Initiative. Under the leadership of NACo President, Bryan Desloge, NACo embarked on an initiative in 2016 and 2017 to identify and share 100 examples of visionary county leadership that results in improving residents' quality of life.

This is the second NACo award for the *Peer-to-Peer Programs* and *Vocational Rehabilitation Employment and Training Program*. Both programs, under SFDPH MHSA, have been awarded 2017 NACo Achievement Awards in the category of Health.

The *Vocational Rehabilitation Employment and Training Programs* service category comprises of ten (10) vocational programs that are designed to ensure that individuals with serious mental illness and co-occurring disorders are able to secure meaningful and long-term employment. In collaboration with the California Department of Rehabilitation, SFDPH identified a need for various training and employment support programs to meet the current labor market trends and employment skill-sets necessary to succeed in the competitive workforce.

The *Peer-to-Peer Program* service category comprises of twelve (12) peer programs that are designed to integrate peer specialists into the public mental/behavioral health system service delivery model. Peer-to-peer support services, a Substance Abuse and Mental Health Services Administration-recognized best practice, are an integral part of a wellness and recovery-oriented mental health system as individuals who have participated in mental/behavioral health services, either as a consumer or as a family member, bring unique skills, knowledge, and lived experience to others who have behavioral health challenges and are struggling to navigate the behavioral health system.

Congratulations to program staff & consumers, our stakeholders & community, and San Francisco!



## **Impacts of Mental Health Services Act Programs**

SFDPH-BHS Quality Management (QM) has prepared two new evaluation briefs to share outcomes of MHPA programs:

- Horizons Efficacy Behavioral Health Services
- Seneca Family of Agencies Wraparound Full Service Partnership

Written by QM staff and approved by program directors, the briefs are based on program-reported data from year-end reports and, for the FSP, continuous state-mandated data collection. Outcome data reflect the last complete fiscal year, FY15-16.

BHS will be highlighting different MHPA programs on a regular basis, with more evaluation briefs as we report on the diverse and powerful work of our many MHPA-funded programs.

With any questions or comments, contact Diane Prentiss (QM) at [diane.prentiss@sfdph.org](mailto:diane.prentiss@sfdph.org), or 415-255-3696.

(Attachment 1)

(Attachment 2)

## **MHPA Peer Internship Fall Cohort 2017-2018**

RAMS Division of Peer-Based Services is very excited to announce the Peer Internship Fall cohort 2017-2018. The Peer Internship Program is designed for individuals with lived experience who are consumers of behavioral health services, former consumers, family members of a consumer, and/or peer providers working for a community agency providing behavioral health services.

The Internship Program offers collaborative learning in a peer-supported environment, in which Peer Interns work with other Peer Practitioners throughout the 9-month program. Peer Interns will attend formal trainings each month provided by RAMS for additional professional development. The Internship Program also provides weekly group supervision by a Peer Supervisor, as well as ongoing individual supervision from a site supervisor.

The Peer Internship Program is a 9-month, 20 hour/week, paid position (\$14.00/hour).

Attached are the Fall Cohort 2017-2018 Peer Internship Brochure and Application forms. Please feel free to share with your networks. For questions, call 415-579-3021 (ask for John McCreary at Ext. 108) or by emailing to [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org).

**APPLICATION DUE DATE:** July 14, 2017 by 5:00pm

**Internship Start Date:** September 5, 2017

(Attachment 3)

(Attachment 4)

## 2. BEHAVIORAL HEALTH SERVICES PHARMACY SERVICES

The problems associated with opioid abuse persist as a significant public health crisis nationwide. However, greater accessibility of the opioid antagonist naloxone (brand name Narcan) has helped to reduce overall mortality by reversing the respiratory depression that can result from opioid overdose.

It has recently been reported in San Francisco that some individuals who had purchased and smoked what they thought was crack cocaine experienced symptoms resembling that of an opioid overdose. One such incident resulted in a fatal outcome. Except for this sole fatality, the others responded to naloxone administration and survived. This suggests that the supply of drugs available on the street, including stimulants such as methamphetamine and cocaine, may be also be contaminated with opioids.

Because of this unpredictability regarding the exact nature of the street drug supply, it is extremely important for naloxone to be more widely distributed for overdose response. Naloxone is currently available at several sites in San Francisco, that also provide training for its use, including the BHS Pharmacy located at 1380 Howard St, San Francisco (Phone: 415-255-3659).

## 3. ADULT/OLDER ADULT SYSTEMS OF CARE

### **SFDPH Behavioral Health Services Provides Emotional Support after the Shooting at UPS**

Over 40 BHS counselors from Comprehensive Crisis Services and from a dozen other BHS mental health programs provided disaster mental health services to UPS employees and their families in the wake of the June 14, 2017 fatal shooting at the Potrero Hill UPS facility. Within a couple of hours of the shooting, BHS disaster mental health workers arrived at the assistance center that was set up a couple of blocks from the incident to support family members waiting for word about their UPS-employee loved ones they hadn't yet heard from. Psychological support was also made available to the UPS employees at the facility, once the situation was under police control, and after they were finished being interviewed by the police as witnesses. Comprehensive Crisis Services staff were also at the Zuckerberg San Francisco General Hospital and Trauma Center, where the injured were brought (including, unfortunately, those who later passed away) to begin assisting the families and loved ones of the casualties.

In the next couple of days, and into the following week, BHS coordinated at the facility site with UPS Occupational Health and Human Resources divisions to provide disaster mental health assistance to the 400 employees who worked there. Several rooms in the building were set aside as debriefing rooms, and, in addition, disaster mental health counselors joined staff congregate gatherings at all of the floors of the building in between shifts. BHS disaster mental health workers provided support at the facility from as early as 6 am and into the evening, with language capacity in Spanish, Cantonese, Mandarin, Russian and Tagalog. Other counselors from UPS' Employee Assistance Program (contracted to Beacon Health Options), the American Red Cross, and the Teamsters union, also came to help. Employees who would need/want ongoing counseling are being referred to Beacon Health Options, to avail of their UPS employee assistance benefits.

BHS disaster mental health workers are to be commended for their readiness and willingness to respond (including outside and in excess of their normal work hours), and for their compassion, in serving our community members affected by this tragic shooting. BHS is at the forefront of a caring City of San Francisco, and a responsive Department of Public Health, providing ongoing support to families and loved ones of all victims of homicide, and those who experience trauma from violence.

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

Mission Family Center proudly reported that two current clients graduated from high school and will be attending City College of San Francisco in the fall, and a past client called to share with staff his acceptance to the University of California, Berkeley. Southeast Child/Family Therapy Center reported that they will be mentoring two SF YouthWorks interns this summer at the Silver Avenue site. One of the interns that the Center hosted last school year is returning for the summer to further her training. The Center is also preparing to run a Seeking Group this summer in July & August for parents and caregivers who have a history of trauma and/or substance abuse (they're accepting referrals in June). In May, Chinatown Child Development Center staff accompanied consumers to attend the 69th Cameron Carnival 2017, at Cameron House. The participants, which included children and young adults with physical disabilities and special needs enjoyed playing and winning prizes at the various fun and challenging carnival booths, in addition to exploring the historic building.

#### 5. ASSISTED OUTPATIENT TREATMENT (AOT)

Assisted Outpatient Treatment (AOT) works with individuals with serious mental illness who are at heightened risk of hospitalization and incarceration. A core component of the program is to also support and provide education to families and loved ones of the individuals we are working with.

One mother who lives out of state, referred her son a number of times over the last year and a half. She recently sent a note to the AOT Care Team that we would like to share:

"Just a quick note to say thank you for giving *my son* that one last chance to show up and for all those other "no show" appointments. He is now home where he belongs. He is glad he is home. He is doing really well getting those shots and seeing his doctor and case manager....Thank you [for] the conversational telephone support that [has been] given to me throughout the last year. Hope that you can continue to help others like *my son* and never give up the fight. I know *my son* feels the same appreciation."

While working with AOT the client was stabilized and subsequently supported by our system to return home where he has continued to thrive. A big shout out to UCSF Citywide for providing excellent clinical care, AOT Care Team for engaging the client and providing ongoing family support, and Transitions for ensuring his safe arrival back home!

As always, if you would like more information about AOT, please visit SFDPH webpage at: [www.sfdph.org/aot](http://www.sfdph.org/aot). If you would like to make a referral to AOT, please contact us at 415-255-3936.

## 6. A NEW GRANT FOR SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

On Thursday, June 8<sup>th</sup>, at a meeting of the Board of State and Community Corrections, funding recommendations for the Prop 47 grant funds were presented to the Board from the Executive Steering Committee. The Board voted to approve these recommendations and the BSCC provided a press release including the list of projects that will be funded, for innovative rehabilitative programs.

San Francisco's Project: Promoting Recovery and Services for the Prevention of Recidivism (PRSPR)

The San Francisco Department of Public Health proposes to interrupt the cycle of substance abuse, unaddressed mental health issues, homelessness, and incarceration by increasing the availability of residential substance use disorder (SUD) treatment for criminal justice system-involved adults who may also have co-occurring mental health (MH) issues. In addition, the project layers peer outreach and developmentally-appropriate programming specific to transitional age youth on top of the residential treatment. Over the three year grant period, the project will serve 192 potentially duplicated participants. All participants, under the guidance of case managers or Peer Navigators, will have access to the city's system of care including behavioral health services (SUD and MH treatment), physical health services, employment, and the newly formed Department of Homelessness and Supportive Housing, which coordinates all of the city's housing resources (bridge housing, support hotels, sober living environments, coops) through one agency.



Photo Credit: Stephen Dempsey

San Francisco City Hall in the Each Mind Matters campaign signature lime green color on May 24, 2017.

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

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

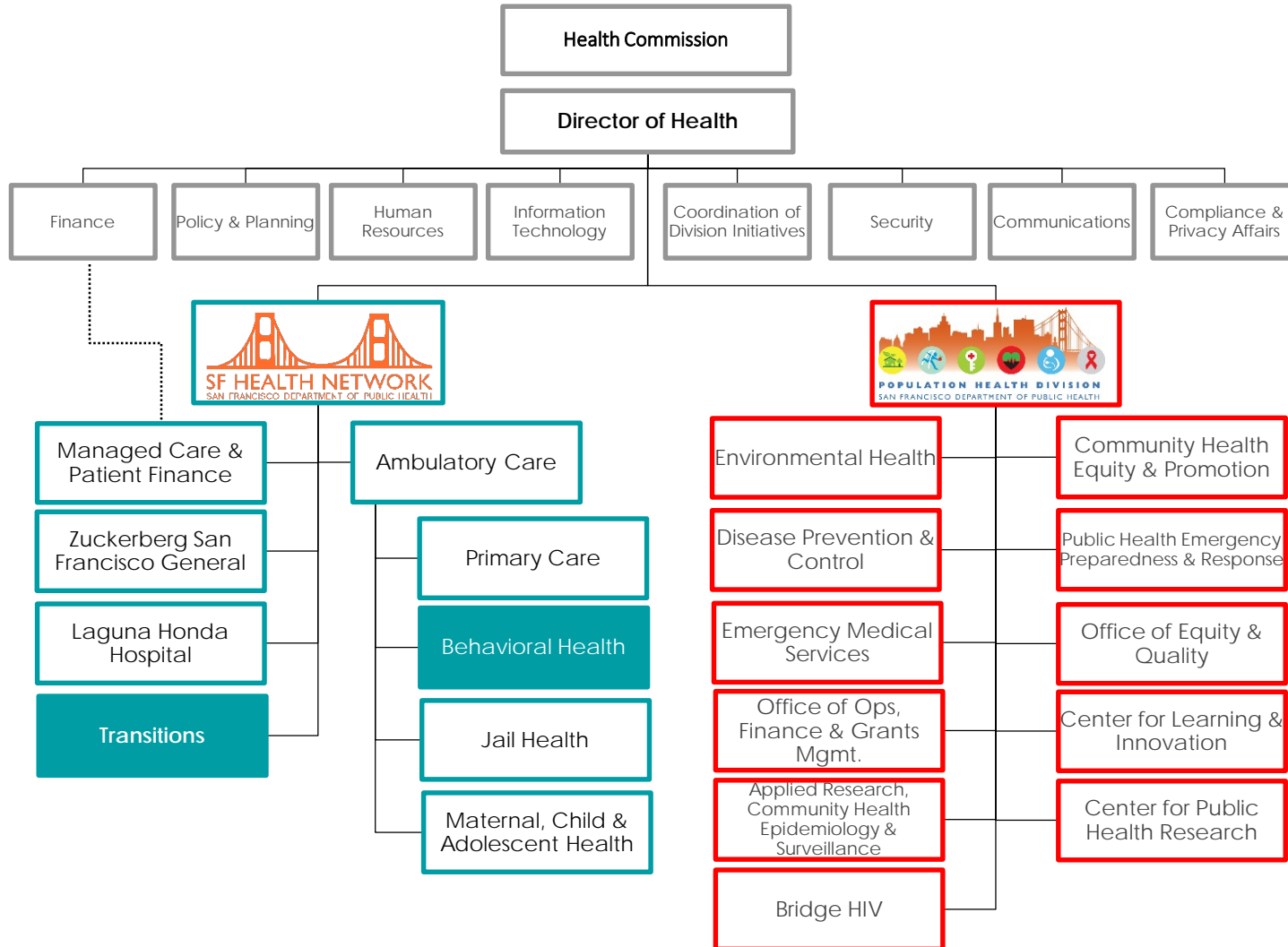


# San Francisco Department of Public Health Behavioral Health Housing Options

Presented by: Kelly Hiramoto, LCSW, Director of SFHN Transitions  
June 20, 2017

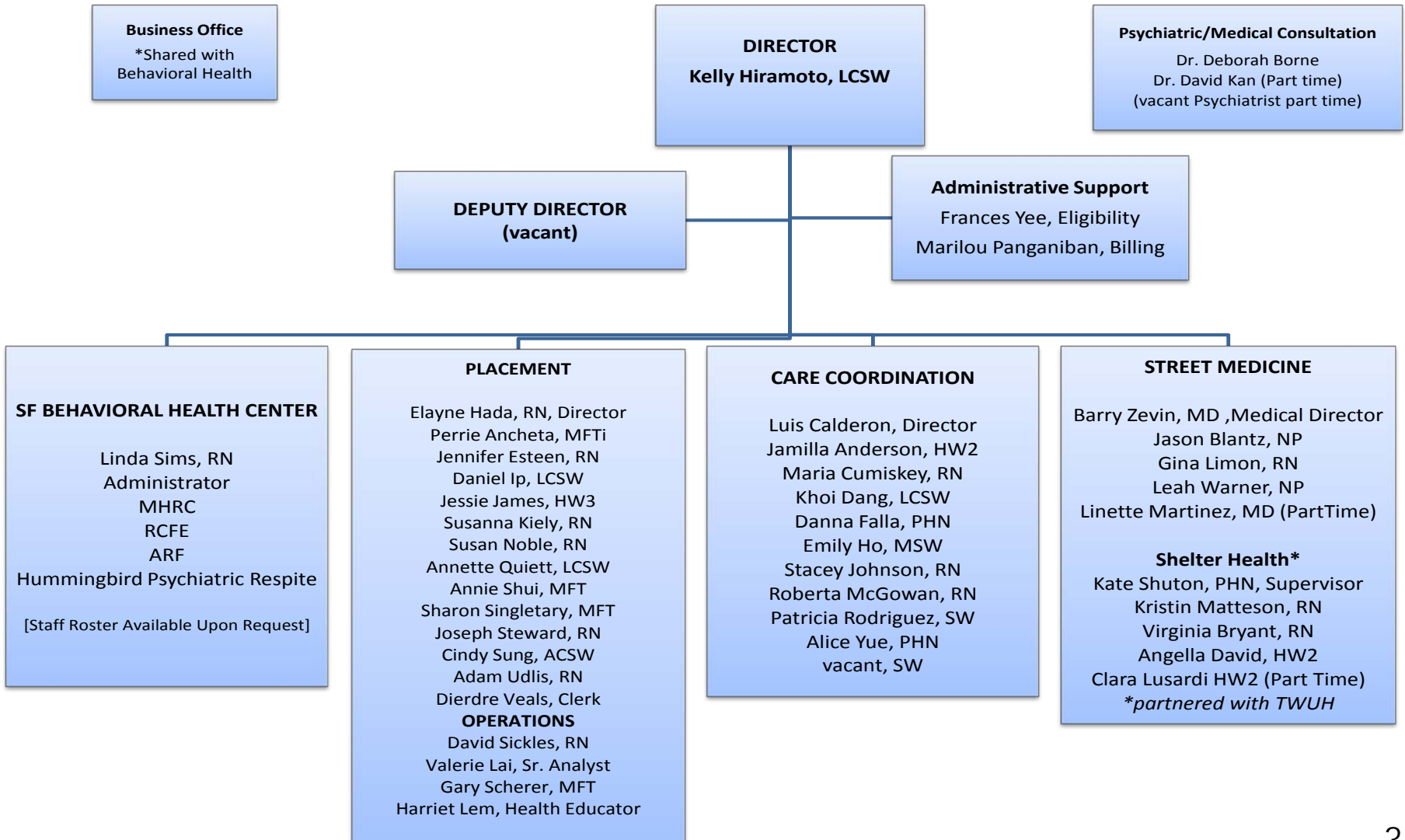


# Department of Public Health Organizational Chart





# Transitions Division *Who We Are*





# The Lingo



- Co-op: Co-operative Housing
- DAH: Direct Access to Housing
- FSP: Full Service Partnership
- ICM: Intensive Case Management
- MHSA: Mental Health Services Act  
(Proposition 63)
- RCF/RCFE: Residential Care Facility/for the Elderly
- SLE: Sober Living Environment
- SRO: Single Room Occupancy





# Housing Collaborations



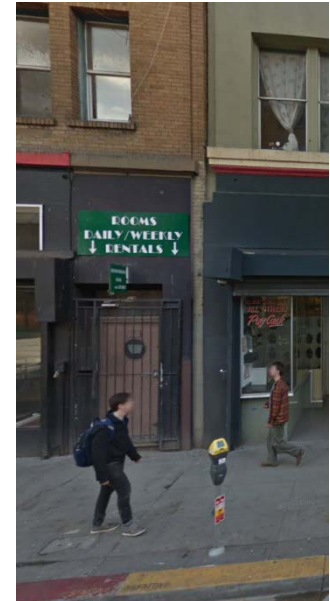
- Baker Places: *Co-op*
- Conard: *Support Hotels*
- Department of Housing and Supportive Housing: *DAH, Shelter Plus Care, Shelter, SF HOT*
- HealthRight360: *Co-op, SLE*
- Progress Foundation: *Co-op*
- Private Hotel Owners



# Hotel/SRO

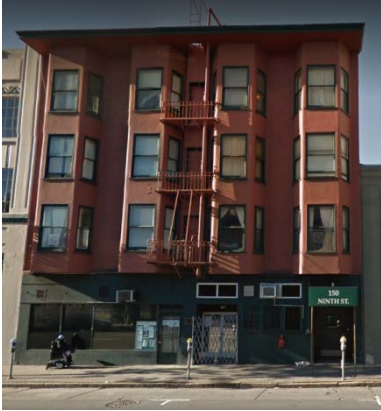


- Private pay
- Stabilization Rooms managed by Homeless Outreach Team
  - *No share of cost*
  - *Room checks daily by HOT staff*
- Stabilization Rooms through MHSA
  - *Full Service Partnership*
  - *Intensive Case Management*
- Hotel vouchers through Placement
  - *Time limited (usually 1-7 days)*
  - *Must have a Case Manager to monitor and assist with transition out of the hotel*





# Support Service Hotels



- Conard Support Service Hotels
  - *Independent apartment*
  - *On site Care Management*
  - *Share of cost = 30% of income*
  - *Third Party Payee required*





# Cooperative Housing



- Operated by Baker Places, Progress Foundation and HealthRight360
  - *Shared living in houses*
  - *Residents select their own roommates*
  - *Residents must follow House Rules*
  - *Counselor available to monitor and mediate*
  - *Share of cost*



# Direct Access to Housing



- Managed by Department of Homelessness and Supportive Housing in collaboration with private Property Managers
- Must be homeless/at risk of homelessness
- Independent apartment
- Share of cost = 30% - 50% of income
- Third Party Payee required
- RN on site at some locations
- Case Management on site



# DAH Sites with FSP Units



Willie B. Kennedy  
 Opened 2016  
 62 ≤ Senior Building  
 20 DAH units, including  
 3 FSP units,  
 financed with MHSAs  
 Capital Dollars

Building	Total DAH Units	FSP Units (MHSAs Operating Funds)	FSP Units (MHSAs Capital Financing)
990 Polk	50		10
Ambassador/Dalt/Ritz	21	21	
Cambridge/San Cristina/Iroquois/Hamlin/Senator	43	20 (will be 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	
<b>Total</b>		<b>71 (will be 94)</b>	<b>60</b>



# Housing First/Shelter Plus Care



- Managed by Department of Homelessness and Supportive Housing
- Must be homeless and staying in shelter for an extended period of time (2+ years)
- Must be assigned to a Shelter Case Manager
- Independent apartments in subsidized buildings (Ex: Folsom-Dore, Parkview Terrace, Mary Helen Rogers)
- Share of cost = 50% income



# Residential Care Facilities



- 2 types of facilities
  - *Adult Residential (18-59 years old)*
  - *Elderly (60+ years old)*
- Share of cost
- In order to receive DPH subsidy, individuals must have a non-family Third Party or Representative Payee
- Limiting factors: ambulation, diabetes management, wound care, oxygen, active substance use, behaviors: aggressive, agitated, intrusive, non-compliance





# Transitions Division Challenges



- **Shrinking availability:** Board & Care closures, increasing Board & Care costs, GGRC and other entities are buying Board & Care beds, decrease in available Stabilization Rooms
- **Shelter Bed access:** no dedicated beds for hospitals or high users so dependent on collaboration with SFHOT
- **Substance Use Disorder management:** treatment resistance
- **Forensic Clients:** Dramatic increase in 1370 "MIST" Misdemeanor Incompetent to Stand Trial and State Hospital Returns
- **Dementia Resources:** few to no custodial care dementia facilities



# Thank you!



## QUESTIONS

# Thank you for your support!