

The Performance and Needs of San Francisco's Mental
Health System

**The Mental Health Board of San Francisco
Annual Report | Fiscal Year 09/10**

Presented to the Board of Supervisors
of the City and County of San Francisco
June 2010

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Mental Health Board
1380 Howard Street, 2nd Floor, San Francisco, CA 94103
Telephone 415-255-3474
email: mhb@mentalhealthboardsf.org
websites: www.mhbsf.org
www.sfgov.org/mental_health

**THE MISSION OF THE
SAN FRANCISCO MENTAL HEALTH BOARD**



The Mental Health Board of San Francisco represents and ensures the inclusion of the diverse voices of consumers, citizens, and stakeholders in advising how mental health services are administered and provided.

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

Adopted October 12, 1994

**THE MISSION OF THE
CALIFORNIA MENTAL HEALTH PLAN**



The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

Passed as part of the Bronzan-McCorquodale Act of 1991

A Word From the Chair: What is mental health?

Mental health is not just the absence of a mental illness disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.(1)

Yet we find many who are unable or unwilling to realize their potential to become contributors to their community. Whether the reasons are because of mental illness or a co-occurring disorder, thousands of San Franciscans face a bleak future without some intervention.

San Francisco mental health services are severely short of resources - both human and financial. And without the monies from the "Mental Health Services Act" many of San Francisco's "Community-Based Organizations" that perform outreach, counseling and more "on the ground" would have been decimated. Yet is this enough? Of the health care resources available, most are currently spent on the specialized treatment and care of the people with mental illness, and to a lesser extent on an integrated mental health system. And the Governor of California has proposed a \$602 million cut to mental health services while on the local level San Francisco waits patiently in regards to the budget cuts for mental health from the Administrative Branch.

The goals and traditions of public health and health promotion can be applied just as usefully in the field of mental health as they have been in the prevention of both infectious and chronic diseases. Public health agencies can incorporate mental health promotion into chronic disease prevention efforts, conduct surveillance and research to improve the mental health evidence base, and collaborate with partners to develop comprehensive mental health plans and to enhance coordination of care. The challenges for public health are to identify risk factors, increase awareness about mental disorders and the effectiveness of treatment, remove the stigma associated with mental disorders and receiving treatment for them, eliminate health disparities, and improve access to mental health services, particularly among populations that are disproportionately affected. (2)

We ask that the Mayor of San Francisco, the Board of Supervisors and the Health Commission take a long hard look at its priorities as a City. Are we working to ensure that "every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community?" Maintaining the safety-net of community services for San Francisco residents is crucial to correcting the environment, physical and mental health, education, recreation and leisure time, and social belonging of the citizens of our fair city.

James Shaye Keys, Chair
Mental Health Board

(1) World Health Organization definition. <http://www.who.int/features/qa/62/en/index.html>

(2) Marshall Williams S, Chapman D, Lando J (2005). The role of public health in mental health promotion. MMWR 54(34):841-842.

COMMUNITY BEHAVIORAL HEALTH SERVICES HIGHLIGHTS

Mental Health Services Act (MHSA)

CBHS receives about \$17 million in Mental Health Services Act funding. The Redwood Center project, part of our Capital Facilities Plan. This project will convert the Redwood Center into a dual diagnosis residential treatment facility, providing rehabilitative services as well as mental health and substance abuse treatment. The last project proposal to be funded by capital facilities component is the renovation of the Sunset Mental Health Services building.

On May 26, 2009, the IT Planning Committee held its last meeting to vote upon and finalize the IT recommendation for inclusion in the County Plan. The top vote-getter prioritizes a consumer-staffed help desk, located at 40 provider sites, operating eight hours a day for three years, at a cost of \$4,148,350.

Community Services and Support

The fourth quarter unduplicated counts were finalized for Fiscal Year 2008-2009. There were 582 clients served by the full service partnerships, 76 of whom were housed in stabilization and permanent housing situations. These numbers represent a 68% increase from FY07-08 fourth quarter unduplicated client count of 346. Overall, the full service partnerships served a total of 608 individuals for the fiscal year ended June 30, 2009.

The general system development agencies served 4,105 clients, providing a variety of services: peer based centers (n=2,104), school-based Wellness Center at School of the Arts (n=48), residential treatment for dually diagnosed individuals (n=9), children exposed to trauma and violence (274), increasing capacity for culturally and linguistically appropriate services (n=57); behavioral health services in primary care settings (n=151); supportive services for housing (n=322); vocational rehabilitation (n=39); transitional housing for youth (n=10); and centralized access to mental health and substance abuse services (n=1,066); and services to seriously emotionally disturbed children (n=25). In addition, 3,415 individuals were reached through outreach and engagement activities performed by all MHSA funded agencies and 2 clients in the supportive services for housing were approved for stabilization room housing. Overall, the general system development agencies served 7,176 individuals for the fiscal year ended June 30, 2009.

Workforce Development, Education and Training

The Health Professions Education Foundation is pleased to announce the March 2009 award recipients for the Mental Health Loan Assumption Program (MHLAP). Pursuant to the Mental Health Services Act (MHSA),

MHLAP was created to increase the supply of hard to retain professionals practicing in California's public mental health system by providing a financial incentive to repay educational debt.

MHLAP's inaugural application cycle- March 24, 2009- demonstrates the overwhelming need for this program with 1,222 applicants statewide. Applicants incurred an educational debt burden of \$57,594,700, requested more than \$15 million in loan repayments and more than half (55%) were employed in a hard-to-fill/retain position within the state's public mental health system. Overall, MHLAP was able to reward \$2,246,874.31 to 283 individuals employed in 41 counties across the state.

Out of 38 applications received in San Francisco, 8 recipients were chosen. They are: 1) Terese Allen, Edgewood Center for Children & Families; 2) Margaret Amaral, UCSF, Trauma Recovery Center; 3) Caroline Cangelosi, San Francisco General Hospital; 4) Brenda Meskan, City & County of San Francisco Department of Public Health, San Francisco FIRST Program; 5) Ivania Molina, Homeless Prenatal Program; 6) Michelle Vidal, Instituto Familiar de la Raza; 7) Ellen Zhou, Department of Public Health; 8) Ingrid Zimmermann, Instituto Familiar de la Raza. Congratulations to all of the award recipients!

About half-a-million dollars from the Workforce Development, Education, and Training (WDET) and the Capital Facilities were allocated to renovating Silver Avenue Family Health Center.

Projects Selected and Contracts Awarded Regarding Wdet and Pei Funding

AGENCIES	PROJECTS (WDET and PEI)	AMOUNT
Bayview Hunters Point Foundation	Balboa HS Wellness Center	150,000
Bayview YMCA	1. African American Holistic Wellness Program 2. Burton HS Wellness Center	250,000 150,000
California Institute of Integral Studies	Supportive Services for Higher Education	252,000
Central City Hospitality House	1. Holistic Violence Prevention and Wellness Promotion Project 2. Older Adult Behavioral Health Screening	250,000 122,862
City College of San Francisco	2-year MH Certificate	447,427
Edgewood Center	1. Drew Elementary Wellness Center 2. Mental Health Consultation for JJ	150,000 425,000
Family Service Agency	1. Early Psychosis 2. Trainings-Early Psychosis and Older Adult Behavioral Health Screening	790,000 127,600
Harm Reduction Therapy Center	1. Cultural Competency Training 2. WDET Trainings	150,881 88,960
Homeless Children's Network	Early Childhood Mental Health Consultation	

		192,000
Huckleberry House	Transitional Age Youth Center	200,000
Institute on Aging	Older Adult Screening in Primary Care Clinics	670,078
Instituto Familiar de la Raza	1. Early Childhood Mental Health Consultation 2. Indigena Health and Wellness Collaborative 3. Paul Revere Wellness Center	42,000 250,000 150,000
Jewish Family and Children's Services	Early Childhood Mental Health Consultation	49,000
Mental Health Association of San Francisco	Consumer Support and Outreach	194,600
Native American Health Center	Living in Balance Holistic Wellness Center	250,000
Richmond Area Multi Services (RAMS)	1. Summer Bridge 2. Early Childhood Mental Health Consultation 3. Peer Specialist Certificate Program 4. School of the Arts Wellness Center & Expansion of School-Based Centers	60,000 25,000 200,000 232,400
Seneca Center	Screening and Support for Incarcerated Youth	312,000
San Francisco State University	Supportive Services for Higher Education	252,000
University of California San Francisco Infant Parent	Early Childhood Mental Health Consultation	178,000
Youth Justice Institute	Screening and Support for Incarcerated Youth	100,000
TOTAL		3,247,105

MHSA Housing Update

Construction work at 365 Fulton (also known as Parcel G) has begun. This new development, called the Richardson Apartments, is a partnership of Mercy Housing and Community Housing Partnership. Citywide Case Management will provide onsite supportive services. Richardson Apartments will have 120 studio apartments for extremely low income and chronically homeless individuals. Twelve of these studio apartments will house MHSA clients. Construction is estimated to be completed in August 2011.

FY 10-11 Annual Plan Approval

The FY10-11 Annual Plan Update was approved by both Department of Mental Health on May 26, 2010 and the Mental Health Oversight and Accountability Commission on May 24, 2010. The FY10-11 Annual Plan Update is required for all components that have had a Three Year Program and Expenditure Plan approved. The budgets are consolidations of new allocations in FY10-11, unapproved prior year funds, and unspent prior year funds. For the San Francisco Plan Update, requests were made for the Community Services and Supports, Workforce Education and Training, and Prevention and Early Intervention components for a total of \$25,866,611 to continue with approved projects for these three components. With this approval, 75% of the requested amount will be released to San Francisco.

Innovation Plan Approval

The Innovation Plan, with a budget of \$4.M was approved at the May 27th meeting of the Mental Health Oversight and Accountability Commission. The

Innovation Plan includes 9 that were developed through community planning process which extended for almost a year and vetted by the MHSa Advisory Committee. The focus of these innovative projects is to learn how they could increase access to underserved groups, increase the quality of services including better outcomes, promote interagency collaborations, and increase access to mental health services. Projects will be implemented by civil service and contracted programs. Contracted agencies will be selected through a Request for Proposal which will be released in the next fiscal year. The Innovation Projects included in the Plan are: Adapt the Wellness Recovery Action Plan to media that youths can identify with; Mindfulness Based Interventions for Youth and their Providers; Supported Employment and Cognitive Training; Digital Storytelling for Adults; Youth Led Evaluation of Assessment Tools; Peer Education/Advocacy on the Self-Help Movement and Consumer Rights; Peer Led Hoarding and Cluttering Support Team; Collaboration with the Faith Based Community; and a Mini-Grant project that will fund and encourage creative and novel ideas from various communities.

Community Behavioral Health Services (CBHS) Highlights

The Board of Supervisors maintained the single standard of care, allowing CBHS to continue to serve indigent clients.

CBHS has the Access program that people can call for behavioral health services. On the DPH web site there is a list of community oriented primary care clinics. There are about fourteen such sites. Also there is a consortium of eight-to-ten clinics who participate in Healthy San Francisco.

Therapeutic Drumming Practice

The Therapeutic Drumming Practice at Instituto Familiar De La Raza (IFR) has been accepted into the SAMHSA National Database of Community Driven Evidence Based Practices. The official acknowledgement and acceptance of Community Defined Evidence Practices by National Institutes is a shift in policy that resonates with the vision of San Francisco, DPH, IFR, and our Communities at large; and empowers the voices of our diverse people. SFDPH supports their efforts for being visionaries and leaders in promoting culturally appropriate practices throughout San Francisco.

Nonprofits Join Forces on 990 Polk

Affordable Housing Finance magazine has named 990 Polk Street, where formerly homeless and low-income seniors are integrated under one roof at 990 Polk Street, as one of two finalists in its senior housing category for its Reader's Choice Award for the Nation's Best Affordable Housing Developments. This is a national competition, with entries from 140 projects in 20 states, with selection based among other things on community impact and overall role in community revitalization.

SAMHSA TCE Grant Awarded to CBHS

Community Behavioral Health Services (CBHS) was awarded the Substance Abuse and Mental Health Services Administration (SAMHSA) Targeted Capacity Expansion grant for Substance Abuse Treatment and HIV/AIDS services. Southeast Health Opportunities Project (SHOP) is a service expansion and enhancement project that will serve the predominately African American residents of San Francisco's Bayview Hunters Point (BVHP), Potrero Hill, and Sunnydale neighborhoods impacted by substance use and abuse and HIV/ AIDS. The San Francisco Department of Public Health's Community Behavioral Health Services (CBHS) and its partners will implement this project. These partners will include contract agencies, affiliated community-based organizations, and stakeholder groups. The program will focus on low-income individuals who use or abuse illegal substances, engage in high-risk sexual behaviors, are involved in the criminal justice system and are in need of comprehensive treatment services. At least 300 people will be served annually. The contract award is in the total amount of \$2,250,000 (\$450,000/yr * 5yrs).

Budget Cuts

The City-wide deficit for 2010 – 2011 is \$500 millions, and a \$102 million shortfall in the General Fund for the Department of Public Health (DPH). Mid year cuts were applied. The biggest impact to CBHS was the closure of two substance abuse residential programs. There were other reductions based on lower contract usage and some savings from the Mental Health Services Act funds. All together, DPH had over \$7 Million in mid-year cuts as discussed at the Health Commission in December, 2009.

The San Francisco model of care is an inverted pyramid with the most expensive services at the bottom and prevention at the top. Thirty years ago we had 300 beds at Napa State Hospital and we now have only 41 beds. People were discharged however, before community services were available. There was also an explosion of access to street drugs at that time. Napa costs \$175,000 per year per person for long term care.

In-patient adult psychiatry did not generate revenue for the City. The City has lost psychiatric beds at St. Mary Hospital, St. Luke Hospital and San Francisco General Hospital (SFGH) when these institutions went through down sizing. They tried to work with University of California of San Francisco hospital (UCSF) but UCSF does not take people with Medicare. The City still has a few beds with San Francisco General Hospital and at St. Francis Hospital, up to 36 beds. UCSF cannot accept Medicare. They have 42 beds. At St. Mary's Hospital, there is a small adolescent psychiatric unit. There are some people at California Pacific Hospital but it is expensive because the City doesn't have a contract with them because they will not abide by the City's Sunshine Laws.

The Dore Urgent Care Center is an alternative to the Psychiatric Emergency Services (PES). Dore is able to receive people who are 5150'd but cannot hold people involuntarily. There are roughly fifty-two beds at Acute Diversion Units where patients can get about two weeks of care.

Day treatment for adults has been replaced with the wellness recovery and socialization program because this program is more cost efficient.

The Mental Health Plan was originally designed for MediCal clients. That is why the Alameda County only takes MediCal clients and turns away indigents. But San Francisco uses general fund to contract out mental health services to providers who can provide the best services regardless of the person's MediCal status.

Another thing San Francisco is doing is the integration of mental health with primary care. The placement team authorizes the levels of care based on various criteria that sometimes shift people outside of San Francisco to places like Crestwood Manors which is operated by the Crestwood Behavioral Incorporated. It has places in San Jose, Vallejo, Novato, and Fremont.

The cost of real-estate property in San Francisco is still very high which prohibits building any new long-term care facilities. Utilizing out-of-county services, sometimes, is the only option. One of the reasons CBHS is trying to reduce long-term out of county beds is because it is expensive and hard on families. It would be good to have more access to safe housing and case management.

The average length of stay at places like St. Francis is about seven days and SFGH is about eleven days. With modern medications, people with mental illness can be stabilized in about five days.

The Mayor handed his budget recommendations to the Board of Supervisors on June 1, 2010. Many proposed cuts to residential programs, children's mental health services, and methadone were restored. Significant cuts, however, remain mainly in outpatient mental health and substance abuse services as well as vocational services.

San Francisco Library Hires Social Worker For Homeless

DPH set up a program operating out of the Main Library that provides a social worker to interact with the many homeless individuals who use the library as a safe, dry and secure place to spend the day. This particular item caught the attention of Chronicle reporter Heather Knight, whose feature story on the program was subsequently picked up by other journalists, talk radio shows and internet bloggers. The most recent story about the program was written by Evelyn Nieves, former writer for the New York Times and currently on assignment with the AP. Ms. Nieves' article and photos appeared in the over 200 publications throughout the US.

Mega RFP

The awards for the Mega Request for Proposal (RFP) were released but the appeal process has not been completed so the programs will not be listed in this Annual Report. Two-thirds of the funding for CBHS services were sent out to bid.

Transitions at CBHS

As of July 1, 2010, CBHS will be a part of a bigger Community Health Program and not independent of primary care. The Director of CBHS and the Designated Mental Health Administrator for San Francisco after July 1, 2010, will be Jo Robinson, MTF, currently Director of San Francisco Jail Psychiatric Services. Bob Cabaj, MD, will become the Medical Director for CBHS. Dr. Aaron Chapman who has been the Medical Director for over five years will remain with DPH working more directly with primary care clinics.

EQRO Summary

EQRO will supply an official report as a result of their visit, but in the mean time, what follows is a summary of their closing remarks.

Focus groups: The reviewers noted that there were many new participants, especially consumers who started services within the last 6 months. Reviewers were impressed that most consumers felt that reported that individual therapy, case management, and medication services were readily available to them.

API focus group: Consumers reported mostly being satisfied with services. They especially liked the structure (vocational supports and wellness center) of day treatment, but miss that structure when they step down to socialization.

TBS focus group: Reviewers met with biological mothers who reported that the experienced mental health, substance abuse, as well as socio economic issues. They were pleased with services, but wish that they could have had these services before their children were removed from the home.

Consumer Employee focus group: The reviewers were pleased with the support group and liked the recent change of opening that group to a larger group. However, they felt that job opportunities available to them did not provide a career ladder.

Assessment of CBHS: The reviewers recognized that strides have been made to improve communication between CBHS and providers.

CBHS was commended for outstanding service delivery in that SF provides more services per client when compared to other large counties. They note significant strides in Foster Care penetration rates. They voiced one concern that among

Latinos who are Medi-Cal eligible, the percentage of those seeking services is lower than expected.

CBHS was commended for its sophisticated use of data in decision making. Specifically, they mention the good use of data within the Foster Care system, the HUMS system, and the analysis of Advanced Access. However, they noted that line staff are not always aware of, or do not recall seeing data on a regular basis.

Regarding the implementation of Avatar, the reviewers were impressed with our standardization of the use of CANS and ANSA. They felt that time spent in various workgroups was "time well spent" and that decision making structure lent itself to increasing user buy-in. They felt that conversion strategy of immediate (as opposed to gradual) conversion from BIS would minimize confusion. However, they expressed concerns about how the implementation of Phase II would affect the amount of denied claims.

Finally, the reviewers evaluated our Performance Improvement Projects to ensure that they meet specific documentation requirements. They will provide additional details in their final written report.

TRAININGS

- "Don't Worry Be Happy": Anxiety Disorders in Primary Care, integrating treatment of anxiety disorders and other behavioral health conditions in Primary Care Settings.
- Methamphetamine Treatment Strategies in Integrated Mental Health and Primary Care Services, with Dr. Rick Rawson
- SDMC Mental Health Services HIPAA Phase 2 Training
- The Therapeutic Value of Work, with Dr. Marty Nemko
- Into the Eye of the Storm: Essentials of Disaster Mental Health
- CISM: Group Crisis Intervention A Curriculum of the International Critical Incident Stress Foundation (ICISF)
- Legal and Ethical Issues in Providing Mental Health and Substance Abuse Treatment in Multicultural Contexts
- The Recovery Model and Harm Reduction: What's it look like in an Integrated Health System
- HIV/AIDS in Aging Adults
- 5150 Training

- Adult Needs and Strengths Assessment (ANSA)
- Behavior Change 101: Learning to Practice as a Behaviorist in Primary Care
- Older AND Wiser: Getting better at serving older adults
- It Takes a Village: Culturally Sensitive and Community-Based Approaches in working with Asian & Pacific Islander Americans
- Introduction to Acceptance and Commitment Therapy
- More Than Just Letters: Exploring the LGBTQIQ Community
- The Bridge to Adulthood: Supporting Transition Aged Youth (TAY) in a Changing World
- Brief Strategic Family Therapy
- Methamphetamine Treatment Strategies
- Documentation Training
- Older Adults Who Hoard
- Triple P Training
- Introduction to CANS
- MD Quarterly Trainings
- Adult Needs and Strengths Assessments
- The Primary Care BH Model
- IMQ Conference
- DBT Consultation
- Cultural Competency Report
- Engaging Resistance
- CANS Training
- LGBTQIQ Inclusion
- LYRIC Training
- MH & SA Documentation
- Co-Occurring Disorders
- Buprenorphine Basics
- In One Voice, We Unite
- Consumer and Family Workshop

GABHS for Gals

(Gender Appropriate and Culturally Competent Behavioral Health Services for Women, Girls, and Families)

2009-2010: A Year of Growth

In June 2010, GABHS for Gals celebrated its second year anniversary – we have now been advocating for women, girls, and families within San Francisco’s Community Behavioral Health System for two full years! FY 09-10 has been a year of growth for GABHS for Gals, and though budget cuts have threatened our work, we are proud to say that GABHS has flexed and adapted to accommodate the changes throughout Community Behavioral Health Services (CBHS). This report will detail GABHS for Gal’s work over the past year, the needs of women and girls in CBHS, and the gaps in services for women and girls.

Just a reminder...What is GABHS for Gals?

GABHS for Gals is a nickname for the full title of the group: **Gender Appropriate and Culturally Competent Behavioral Health Services for Women, Girls, and Families**. We are a group of clinicians, managers, civil servants, mental health workers, health educators, administrators, and consumers. Our members represent a coalition of diverse organizations serving populations throughout San Francisco, all committed to advocating for gender and culturally appropriate services for women, girls, and families in San Francisco’s behavioral health system. Started in June 2008, GABHS for Gals has held monthly policy advocacy meetings, inviting group participation in order to work for change to support the needs of women, girls, and families. Currently, due to budget cuts throughout San Francisco that have resulted in members either losing their jobs or having minimal extra time to attend meetings, GABHS for Gals holds bi-monthly policy meetings and has increased email communication and participation. The group operates on two parallel tracks to support women, girls, and families throughout San Francisco: a macro-level track, focusing on systems and policy change, and a micro-level track, committed to supporting clinicians who provide direct service to women, girls, and families.

Just a reminder...What are “Gender Appropriate and Culturally Competent Services?”

Gender Appropriate and Culturally Competent Behavioral Health Services is the umbrella term used to describe behavioral health services that both consider and meet the unique needs of women, men, girls, boys, transgender people, and families from all different cultures. Providers are encouraged to consider the complex interactions between biological, social, psychosocial, family, language, and cultural factors when serving each individual. These services may or may not include gender and/or cultural specific services, where services are targeted to

only one gender or culture. A neutral approach, where the same services are provided to everyone without regard for gender and culture, neglects the crucial impact of gender and culture on client needs.

All health services should be both gender appropriate and culturally competent. An assessment or treatment plan should consider an individual's unique gender needs alongside his or her cultural and language needs. Clinicians should feel comfortable assessing for these needs. To provide the most comprehensive, holistic treatment, providers should encourage their staff to seek training on gender topics, culture, language, and ethnicity topics, and their interconnections. San Francisco's Department of Health Community Programs (and specifically Community Behavioral Health Services) will continue to bring varied training opportunities for gender, diversity, and cultural awareness to its providers.

The Continued Need for Gender Appropriate and Culturally Competent Services within San Francisco's Behavioral Health System:

Unfortunately, San Francisco's Community Behavioral Health System still is not fully addressing the needs of women, girls, and families. Though GABHS for Gals has been hard at work, ultimately, system change must also be supported from upper-CBHS leadership. Right now, budget cuts have decimated behavioral health services throughout San Francisco, and programs traditionally strong in serving women, girls, and families have suffered, such as Iris Center, Sage, Horizons Unlimited Girls Program, Citywide Forensic Case Management, Women's Program at Jail Psychiatric Services, Ella Hill Hutch Shelter, Marion's Shelter, Instituto Familiar de la Raza Girls' Drumming group, Edgewood Girls' Shelter and more. Without adequate funding, women, girls, and families always lose as less-intensive inpatient services, outpatient services, and community based services are often the first to be cut.

One prime example that CBHS has not fully addressing the needs of women, girls and families is evidenced by the fact that CBHS has not yet implemented language changes in official policy documentation or in procedural shifts to reflect a commitment to gender appropriate and responsive services. Research conducted during the last ten years from leading public health and behavioral health institutions throughout the state, the nation, and the world, emphasize the unique needs of women and girls, including the World Health Organization (http://www.who.int/mental_health/resources/gender/en/), US Department of Health and Human Services (<http://www.womenshealth.gov/mental-health/>), and SAMSHA (<http://womenandchildren.treatment.org/more.asp?id=14>). A growing body of work has summarized the importance and effectiveness of gender-responsive services, similar to gender appropriate services in providing appropriate treatment for women and girls (see www.nicic.org, "Gender-Responsive Strategies for Research, Practice, and Guiding Principles for Women Offenders" by Bloom, Owen, and Covington, 2003, for a succinct summary of research on this topic). Several groups have even adopted a set of "Core Competencies for Work with Women and Girls" that emphasizes gender-

responsive treatment and gives concrete guidelines for systems make their services more gender appropriate, including SAMSHA (<http://womenandchildren.treatment.org/more.asp?id=14>) and California Department of Alcohol and Drug Programs (http://www.adp.ca.gov/Perinatal/pdf/Core_Compencies_Wm_Tx.pdf).

However, though the San Francisco Mental Health Board and GABHS for Gals have advocated for action towards these goals over the past two years, CBHS has not fully embraced this effort and has not taken enough steps to create the necessary system shift. The results of this inaction are readily available. For example, the Cultural Competency Department collects demographic, salary, ethnicity, and language capacity data every year from every civil servant and staff person working at a CBHS contact agency; however, last year, an employee noted that gender has never been collected, resulting in the inability to analyze these data points by gender (thanks to this employee's efforts, gender has been collected for the first time this year). Also, trainers at CBHS trainings may make generalizations that their presentation applies to all clients, but then are unable to address questions about whether the research that supports this presentation is has been conducted on both men and women, the sample size, the age of participants, the ethnicity of participants, socio-economic status of research sample, and whether the research has been conducted in ways that have taken gender and culture into account.

Similarly, clinicians at GABHS for Gals meetings report that female clients have been emotionally, sexually or physically harassed by other clients due to gender while in CBHS programs (including shelters, food lines, transitional housing facilities, Single Room Occupancy hotels(SROs), inpatient, and outpatient settings), resulting in a feelings of low perceived safety, and thus a lack of rapport with clinicians and staff, low penetration and retention rates, and lower outcomes with women and girls. Clinicians report that they do not have enough resources and training opportunities to engage with clients around issues that particularly affect women, including trauma, body image, violence, self-esteem, hormonal cycles, pre and post-natal health, reproductive health issues, and cannot offer their clients basic supplemental services such as childcare, transportation to and from services, services in their first language, health education, and a central information source on women, girls, and family-centered services throughout San Francisco. Clearly, CBHS has a long way to go in establishing gender appropriate and culturally competent services for all clients. GABHS for Gals has attempted to address some of these gaps in our work over the past year.

What We Have Accomplished During FY09-10:

A Language Shift to “Gender Appropriate and Culturally Competent” and “Women, Girls, and Families.” Over the past year, the group decided that we

needed to include the terms “cultural competence” and “Families” in the title of GABHS for Gals, as well as use these terms more prominently in the group’s literature. As discussions deepened, the group wanted to indicate more clearly their commitment to consider gender and culture as two parts of the same whole, that gender and culture are always intertwined and must be conceptualized as such. Similarly, the group chose to emphasize that women and girls exist in contexts that almost always include families, and that family-centered services are an important aspect of supporting women and girls. By adding in the terms “cultural competence” and “families” to the GABHS title and by using it throughout definitions, flyers, policy discussion, and more, the group hopes to indicate that behavioral health services must be gender appropriate, culturally competent, and family-centered, that you cannot have one without the other two, and that treating a client holistically requires considering these as essential and interconnecting factors in an individual’s wellbeing. Currently, CBHS literature typically includes only the term “cultural competence” and not “gender appropriate” as well; also, families are not always mentioned when discussing women and girls’ services. We hope CBHS will begin to adopt language that includes gender appropriate, culturally-competent, and family-centered services as a goal for the entire city of San Francisco. (Please see our updated Mission, Goals, and Definition Statement for more information.)

Macro Level Work

Ongoing Needs Assessment of Women and Girls in Behavioral Health Programs in Diverse Communities throughout San Francisco. In order to assess the unmet needs of women, girls, and families in San Francisco, GABHS for Gals and the San Francisco Mental Health Board have been conducting an ongoing needs assessment of women and girls in behavioral health programs in diverse communities in San Francisco. The goal of these Needs Assessments is to develop a more nuanced understanding of what it means to provide gender appropriate and culturally competent behavioral health services for different communities throughout San Francisco. GABHS for Gals is curious to learn from local experts about the demographics of the women and girls in these communities, what is working when providing behavioral health services, and what are the needs of women, girls, and families being served in this community. Ultimately, GABHS for Gals will create a comprehensive Needs Assessment of Women, Girls, and Families in San Francisco that will be used to raise awareness and support for women, girls, and families, and to assist local efforts to raise funds for women, girls, and family services.

In Summer 2008, Sarah Accomazzo, Special Projects Manager for GABHS for Gals, conducted the first Needs Assessment. She visited twenty-five programs throughout San Francisco, but mostly focusing on programs in the Civic Center and Tenderloin area. Themes that emerged from this needs assessment included issues of safety, trauma, body image, and language needs. Interviewees stressed a lack of a comprehensive, centralized listing of behavioral

health resources and services for women, girls, and families and a lack of evidence-based practices that focus on gender issues. Also, participants highlighted the need for more services for transgender folks, sex workers, and undocumented immigrants.

In October 2009, Erika Carlsen, CORO Fellow for the Mental Health Board, conducted a Needs Assessment of women, girls, and family behavioral health services in the Bayview/Hunters' Point/Visitacion Valley area, visiting twenty-four programs. Themes as to what is working included an ability to build trust and relationship with clients, offer services in different languages, provide culturally-competent, community-based, grassroots services, provide stability, foster self-esteem, unconditional care models, and peer mentorship. Themes around needs included services to address PTSD, sexual abuse, sexual exploitation, depression, violence in the home and community, children in foster care, healthy relationships, the division of families, and stigma surrounding mental health services. Participants requested child-care and safe space for families to interact while in services and stressed the need for culturally specific and culturally competent mental health services that also address stigma surrounding mental health.

Currently ongoing in June and July 2010, Sandra Saucedo, Mental Health Board Intern and PsyD Candidate at Alliant University, is conducting a needs assessment of women, girls, and families in San Francisco's Mission District. We eagerly await her findings.

Safety in Community Behavioral Health Programs - Policy Brief and Program Checklist. For the 2009-2010 fiscal year, GABHS for Gals identified Safety in Community Behavioral Health Programs as a macro-level priority. This priority came about after several group members told stories of female clients who had felt unsafe in their neighborhood, housing, or even at the behavioral health agency, due to physical, emotional, and sexual harassment; group members wondered if these safety concerns seemed to result in lower service penetration rates, lower retention rates, and a reduction in positive behavioral health outcomes for female clients. Unfortunately, members often felt powerless to help their clients in these situations, stating that they lacked resources and strategies to increase the safety of their clients. Thus, over the course of several meetings, the group created a Checklist for Safety in Community Behavioral Health Programs, to be used by administrators, managers, staff, and clinicians, to raise awareness and increase safety for clients at programs. Also, based on the group's discussions, Sarah wrote a policy brief entitled "Making Your Program More Gender Appropriate: Addressing Safety in Community Behavioral Health Programs," currently in press with the California Women's Mental Health Policy Council. The brief and checklist will be distributed statewide by the CWMHPC and locally by GABHS for Gal within the next few months.

GABHS for Gals First Annual Survey: What Can We Do For You This Year?

In January 2010, GABHS for Gals sent out a first annual survey to its mailing list. The survey was an attempt to solicit feedback and input on how GABHS for Gals could better support people working with women and girls throughout San Francisco. We received 40 responses and collected both quantitative and qualitative data. Out of fourteen possible priorities on a 1-4 scale, five priorities received a score higher than 3: “evidence-based practices that are gender and culturally appropriate,” “Best practices for working with women, girls, and families,” “intake and assessment strategies that are gender appropriate,” “trainings on behavioral health and gender issues,” “trauma and gender.” Body Image/Eating Disorders also received a high rating. Respondents indicated that they were most likely to attend short trainings focused on specific topics over the lunch hour or day-long trainings as opposed to monthly policy meetings, meetings after work, etc. In qualitative comments, respondents indicated that women, girls, and families are very important issues, but that the current budget crisis has made attending monthly policy meetings unfeasible. This survey was immensely valuable in establishing GABHS’ priorities for the year, and GABHS intends to send out an annual survey each upcoming year to continue to solicit this important input and feedback.

Micro Level Track

Women and Girls Hot Topics Seminar Series. In March 2010, GABHS for Gals kicked off a “Women and Girls Hot Topics Seminar Series.” This series is a direct response to feedback received in the First Annual GABHS Survey and also from participants in CBHS’ 2009 Women’s Health Conference, asking for more trainings specifically on women and girls’ topics, with a diverse set of trainers who deliver specifics about how to work with diverse clients in San Francisco. Thus, GABHS’ monthly brown bag lunch workshop series focuses on best practices for working with women and girls in San Francisco, always with an eye to cultural contexts, and features “local experts,” or trainers who work in San Francisco and provide case examples from a diverse clientele base in San Francisco. Thus far, the series has completed a three part module on body image and continues throughout the summer with a three-part module on trauma, both issues that were identified in the survey and at the conference as needing more attention. The workshops have been well-attended (and attendance is growing!), and participants have often asked for more time for each of these important topics.

Women and Girls Hot Topics Workshops 2010

Date: March 9th, 2010

Title: The Language of Body Image: Working with Women and Girls from the Inside Out in Culturally Diverse San Francisco

Speaker: Brooke Miller, MFTi

Attendees: 20

Date: April 27th, 2010

Title: Working with Women of Color around Eating Disorders

Speaker: Marcella Raimondo, MPH

Attendees: 25

Date: May 25th, 2010

Title: Working with Queer Women around Body Image (featuring multiculturalism, weight bias, and substance abuse topics)

Speaker: Marcella Raimondo, MPH

Attendees: 31

Date: June 29th, 2010

Title: What is your story? Using Personal and Cultural Narrative to Heal from Trauma

Speaker: Sheila Butcher Smith, MA

Date: July 27th, 2010

Title: Hormonal Cycles, Trauma, Substance Abuse, and Recovery

Speaker: Elayne Doughty, MFT

Date: August 20th, 2010

Title: Stages of Trauma Recovery and Healing from Traumatic Grief

Speaker: Carla Richmond, LCSW, Trauma Recovery Center

Date: September, 2010

Title: Victims Compensation Board, Immigrant Women, Domestic Violence Trauma

Speaker: Trauma Recovery Center Staff

Full Day of Body Image Training. In response to requests for further body image training and longer amounts of time devoted to body image content with more room for discussion and in-depth analysis of case examples, GABHS for Gals will be holding a day-long training in August, 2010, entitled "Working with Women and Girls from Diverse Cultural Backgrounds around Body Image." The training will be at the State Building, Room TBD, and Representative Fiona Ma will give remarks. Marcella Raimondo, MPH, will be leading the training and the San Francisco Public Health Institute will be offering CEUs for providers. Please keep an eye out for a Save the Date card in the next few weeks.

MENTAL HEALTH BOARD PRIORITIES AND ACCOMPLISHMENTS 2009-10

- **Goal #1:** Further investigate mental health services and advocate for increased funds in the Southeast sector, and present findings to relevant stakeholders and policymakers for the City and County of San Francisco.

Community Wellness Partners continued to meet and strategize the development of more funding connections with CBHS. One of the programs developed a collaboration with a downtown non-profit, however, funding cuts may keep that program from being funded.

- **Goal #2:** Outreach to community organizations such as the National Alliance on Mental Illness (NAMI), In Your Own Voice, to youth organizations, the media, newspapers, and blogs. Attend community meetings. Outreach to encourage people to seek mental health careers and participate in the Workforce, Development and Education Plan.

The National Alliance on Mental Illness (NAMI) and the SF Mental Health Board sponsored a joint hearing in February 2010 to present mental health concerns and issues to the community. The hearing was held in the Board of Supervisors Chambers and it was attended by more than 50 people. The meeting was televised and played on public television many times.

- **Goal #3:** Investigate elderly issues like suicide prevention, socio-economic concerns, general safety, timely access to medical services and advocate for mental health services for the elderly.

The Board receives regular updates from Dr. Cabai regarding issues concerning older adults. The board also heard from Dr. Katz about the integration of mental health and primary care which would affect the elderly. In addition the Board had a presentation about seniors and depression.

- **Goal #4:** Investigate mental health issues for veterans, including women veterans, through research and communications to advocate and collaborate with current stakeholders.

Mental Health Board Projects

Police Crisis Intervention Training

The Mental Health Board continued to provide the Police Crisis Intervention training initiated and facilitated by the MHB. Officers rate the training as very

effective and many have stated that it is the best training they have ever received. Since May 2001, Community Behavioral Health Services (CBHS) and the San Francisco Police Department (SFPD) have been offering the Police Crisis Intervention Training (PCIT) to police officers. The goal of this training is to educate officers about mental illness and provide them with new skills and tools to use when interacting with the mentally ill. In June 2010, we finished the 34th PCIT, and to date nearly 1000 officers have received training. Many Mental Health Board members have participated on the consumer/family member panel and in the role-playing sessions of the training. Sadly, the police department has decided to bring the training into the Police Academy so the Mental Health Board will no longer be involved in the training.

Southeast Sector of San Francisco

The board has continued to staff meetings in Visitacion Valley and provide a bridge of information to the community. A few collaborations were developed between programs in the Bayview and Visitacion Valley, but it looks like at the time of the printing of this annual report, that budget cuts may eliminate that funding. CBHS still seems disinclined to fund programs by providers in the Southeast Sector. Unfortunately little progress has been made over the past year to increase funding for these programs. Most clients in the Southeast Sector must still travel to other parts of the city for services that are potentially less culturally sensitive to their needs.

Staff Projects

The administrator serves on the Department of Public Health (DPH) Community Programs Disaster Planning Team in San Francisco and the Bay Area. The team started in meeting in April 2010.

In the Fall of 2009, DPH requested volunteers the H1N1 Swine Flu Vaccination and the administrator vaccinated people for the H1N1 Swine Flu Vaccination Clinic at Potrero Hill Clinic and at Bill Graham Civic Auditorium.

THE MENTAL HEALTH BOARD

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it’s the only thing that ever has.”

—Margaret Mead

Each of California’s 58 counties operates a public mental health system. Under state law each of these systems must have the input of citizen advisors in the form of an official Mental Health Board.

Each county may tailor its Board to meet local needs. In San Francisco, our Board has 17 members. Each of our 11 Supervisors makes an individual appointment and the remaining 6 seats are appointed by the full Board, through the Rules Committee. The categories of membership are as follows:

- 5 Consumer Seats
- 6 Family Member Seats
- 3 Public Interest Seats
- 2 Mental Health Professional Seats
- 1 Member of the Board of Supervisors

The Board provides advice on program development, budget prioritization, policy, and strategic planning. The 4 key duties of the Board members are:

1. Attend the monthly Mental Health Board meeting.

This is where resolutions are discussed, debated, and decided. Many of the issues are complicated ones, requiring a great deal of background reading and discussion in preparation for a vote.

2. Serve on an MHB Committee.

Each member serves on one MHB Committee, attends its monthly meeting, and participates fully in its work. Committees develop recommendations to send to the full Board. They also plan and carry out special site visits, projects, and events.

3. Conduct Program Reviews

Each member of the MHB must do at least one program review per year. We go out to a mental health program and interview the clients about what’s working in the program and what needs to be improved.

4. Attend the Annual Retreat

Once a year, the Board meets all day on a Saturday, which counts as the Board meeting for that month. The purpose of our retreat is to take some time out to pay attention to the larger questions of mission and purpose and to develop our vision and priorities for the coming year.

MENTAL HEALTH BOARD MEMBERS

CHAIR

James Shaye Keys

Seat #3

Public Interest

Appointee of Supervisor Chris Daly

James is currently the Office Manager and Admin Supervisor for the MSSP/Linkages Program of the Institute on Aging, and he is a well know advocate for mental health services in San Francisco. He previously handled constituent concerns for Supervisor Chris Daly who represents District 6. James has written numerous resolutions, written policy for the Department of Public Health and worked on legislation for the City and county of San Francisco.

James is a member of HSF Advisory Board, Coalition to Save St. Luke's, MacCanDo Board member, F.O.R.W.A.R.D. Board member, United Playaz member, Single-Payer Now!, Advisory Member of the NCCPR, Community Budget Reform Council, California Alliance for Retired Americans, Alliance for a Better District 6 – President, and Central City Democrats.

James has won numerous awards such as Mental Health Association “Champion Award” –2009, Betty T. Yee, Chairwoman, First District, State Board of Equalization Resolution –2009, Congressional Recognition from Congresswoman Nancy -2009 Pelosi, C.L.A.E.R. A.R.M.S. Award (A Real Man Standing) Award -2009 and from Assemblymember Ammiano a Certificate of Recognition –2009.

VICE CHAIR

Susan McIntyre

Seat #12

Consumer

Appointee of Sean Elsbernd

Susan McIntyre was appointed to the board in 2009 and was elected Vice Chair in 2010.

Susan’s background is in public health, where she has worked primarily in disease prevention in such areas as infectious disease and substance abuse. Most recently she worked for UCSF as a research associate to study the effects of low-cost, web-based smoking cessation treatments. Susan monitored study progress and provided cessation counseling.

Prior to working in clinical trials, Susan collaborated with SF Dept. Public Health as well as the HIV Prevention Project to promote health in the community. In her

role with HPP, Susan worked directly with participants of the needle exchange program and contributed to client research by interviewing over 200 injection drug users (IDU'S) at multiple exchange sites to analyze their health habits.

Susan also serves on the Board of Directors for San Francisco Women's Political Committee (SFWPC) as Endorsements Co-Chair. In this role, she advances the mission of the organization by endorsing male and female candidates who support SFWPC's values as well as local and statewide ballot measures that are aligned with those goals.

Susan is third-generation Irish American. She received a B.A. in Psychology from San Francisco State University, and is currently working towards a certificate in Clinical Research at UC Berkeley Extension. She grew up in New England and has lived in San Francisco for 19 years. Currently she lives in District 8.

SECRETARY

Mary Ann Jones, PhD

Seat #15

Mental Health Professional

Appointee of the Board of Supervisors

Mary Ann Jones, Ph.D. is a licensed clinical psychologist and has worked in community mental health for over 20 years. Mary Ann was raised and currently lives in the Western Addition. She began her professional career in the San Francisco Department of Public Health, AIDS Office and has continued to work as an advocate, clinician and administrator for community based organizations throughout the United States and abroad in Africa, India, Brazil and the Caribbean. Mary Ann currently serves as the Chief of Program Operations at Bay Area Community Services where she provides oversight to behavioral health care services across 18 locations in Alameda County.

MEMBERS

Lara Siazon Arguelles

Seat #13

Family Member

Appointee of the Board of Supervisors

Lara Siazon Arguelles gave up her beauty business (Gloria Munde' Int'l.) 2 years ago so she could focus on Mental Health issues. Her daughter was diagnosed as bi-polar 19 years ago. She just finished her training with the Mental Health Association of San Francisco to be a Mental Health Advocate. She wants to especially help the family members of the mentally challenged by working with support groups and agencies. She is a member & serves on the Grievance Committee for the Yellow Cab Coop. Inc. She also is a member of the Sacramento chapter of NAMI (National Alliance on Mental Illness).

Lara started her own non-profit organization, Family of Recently Paroled Women and Men Action Development (FORWARD). It is a self-help family support group that provides a safe and confidential place for family and friends of parolees to support one another. Lara strives to make a difference, helps others in whatever capacity she can

Officer Kelly Dunn

Seat #11

Public Interest

Appointee of Supervisor Bevan Dufty

Kelly Dunn has been an officer for the San Francisco Police Department for seven years. Prior to becoming a police officer, Ms. Dunn worked in mental health as a psychiatric technician for the Mobile Crisis Treatment teams in San Francisco and Oakland, Langley Porter Psychiatric Institute at the University of California, San Francisco, the Tom Smith Substance Abuse Treatment Center at San Francisco General Hospital, and at the Mount Zion Crisis Clinic. Before these positions, her first job in mental health was at Napa State Hospital on an all male forensic unit. Ms. Dunn's education began at Mount San Jacinto College and she received her psychiatric technician license from Napa Valley College. She is currently working on her Bachelor of Science degree at California State University, Long Beach. Ms. Dunn is also trained and certified in Critical Incident Stress Debriefing and is a Certified Chemical Dependency Nurse.

Kelly's education began at Mount San Jacinto College and she received her psychiatric technician license from Napa Valley College. She is currently working on her Bachelor of Science degree at California State University, Long Beach. She is also trained and certified in Critical Incident Stress Debriefing and is a Certified Chemical Dependency Nurse.

Lynn Fuller

Seat #10

Family Member

Appointee of Supervisor Michela Alioto-Pier

Tom Purvis

Seat #14

Family Member

Appointee of the Board of Supervisors

Tom has worked for more than 40 years as an administrator and evaluator of federal and local human services programs. Through the Mental Health Association, he was very active in the campaign for Proposition 63, the Mental Health Services Act. He is an active member of the National Alliance for the

Mentally Ill and serves on their Board. He has also served on the Board of Directors for the San Francisco Family Service Agency, the Executive Service Corps, and AASCEND, an organization for people with Asperger's Syndrome. Tom's term ended in May 2010.

Ellis Joseph

Seat #14

Family Member

Appointee of the Board of Supervisors

Ellis was appointed to this seat in May 2010.

James L. McGhee

Seat #4

Public Interest

Originally Appointed by Supervisor Aaron Peskin, now Appointee of Supervisor David Chui

James L. McGhee is President of JLM Management Group, a consulting firm focusing on business and organizational development and media and public relations. Mr. McGhee serves on numerous boards and commissions, including the California State Board of Psychology in which he has served as President and Vice President – appointed by former Governor Gray Davis and reappointed by Governor Arnold Schwarzenegger. Mr. McGhee is also President of the California Association of Local Mental Health Boards and Commissions. At the national level, Mr. McGhee previously served as Chair of MED-Week (Minority Enterprise Development) under the auspices of the U.S. Department of Commerce and the Small Business Administration. And in Washington State, Mr. McGhee served as a member of the Washington State Lottery Commission and as a member of the King County Civil Rights Commission, as well a member of the Seattle Planning Commission.

Njoroge C. Tho-Biaz

Seat #8

Mental Health Professional

Originally Appointed by Supervisor Tom Ammiano, now the appointee of Supervisor David Campos

Njoroge Carver Tho-Biaz, M.A. aka "Dr. Imagination" is a metaphysican and holistic health and wellness practitioner and educator. An award winning radio and television writer/producer/director for Chicago NBC-TV and radio, and Fox-TV, he lectures and teaches on consciousness and spirituality, and the transformative and healing power of laughter, play and creativity. Njoroge (pronounced: een - joe - raj -ee, or ja - row -gay, in Kenya), left pulpit ministry in Chicago to minister in community as a LifeArts activist for integral health and well

being. He has been a Hollywood actor for Disney and brings a synthesis of the arts, media and entertainment to any project that he is involved in.

Njoroge has assisted thousands of people experience themselves as intending, creative, responsible, self-determining beings for personal growth and self-healing through his stand up comedy, on his radio and television programs and as an Integral Life Coach. He has had a life long facination with creatively gifted, spiritually emerging adults. After a heart attack in 1998 and a paralyzing stroke in 2000 that affected his mobility and speech, he was determined to bounce back to better health than he experienced before these incidences, and he has. Determined to provide health awareness and encouragement to others, he founded CELEBRATION! Choices for Consciouis Being, a health and wellness resource center. He is currently developing Celebration! Ensemble, an arts for health and well being performance troupe in San Francisco. He is also the founding Integral Health Director of the Holistic Lifestyle Management Clinic, scheduled to open in West Portal (San Francisco, Ca.) beginning this fall. An exponent of the practical value self-actualization and holistic approaches to health and healing, Njoroge lectures and writes lay person 'self-care' holistic material used in diverse professional settings - in schools, colleges, at the work place, medical and therapeutic sessions, and spiritual direction programs.

Njoroge approaches the issues of personal, community, and global health with contagious exuberance. "I believe that daily doseages of laughter, play and creativity, along with a supportive web of relationships and a wide range of psychological, social, and spiritual factors have as much, if not more influence on our health than the more traditional biomedical risk factors for disease." Njoroge C. Tho-Biaz lives and works at his home in San Francisco "as quietly and simply as possible."

Iviana Williams

Seat #1

Consumer

Appointed by Supervisor John Avalos

Lisa Williams

Seat #5

Family Member

Appointee of Supervisor Carmen Chu

Lisa is the President and owner of One Source Consulting, a firm which does political consulting and community advocacy. She has served as Regional Director for the California Democratic Party's Every Vote Counts Campaign, Regional Director for Governor Gray Davis, and Field Representative for Mark Leno for Assembly. She is the Co-chair of LGADDA, a Board member of the Alice B. Toklas Democratic Club, and a member of Black Women of Political Action. She formely served as the Board President for the Homeless Children's

Network.

Errol Wishom

Seat #12

Consumer

Appointee of the Board of Supervisors

Errol was appointed by the Board of Supervisors in 2009. He is a volunteer peer counselor working with clients at San Francisco General Hospital.

Virginia Wright

Seat #14

Family Member

Appointee of the Board of Supervisors

Virginia Wright is the mother of four children, one of whom has been a part of the Children's System of Care. Virginia brings years of experience as a parent in the system and a passion for advocacy and helping others.