

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

**The Mental Health Board of San Francisco
Annual Report | Fiscal Year 10/11**

Presented to the Board of Supervisors
of the City and County of San Francisco
June 2011

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**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: A Year of Change

This has been a year of change for Community Behavioral Health Services. Jo Robinson, MFT, formerly the executive director of Jail Psychiatric Services, was appointed Director of Community Behavioral Health Services (CBHS) July 1, 2010. She replaced Bob Cabaj, MD who became Medical Director. Then in April 2011, Dr. Cabaj left this position, and in May Irene Sung, MD, was appointed Medical Director of Community Behavioral Health Services.

Ms. Robinson brought a wealth of experience from leading an organization that works with clients who have come into contact with the criminal justice system as a consequence of their mental illness. She had been with the City of San Francisco since 1985. Ms. Robinson was part of the interdisciplinary team that founded and implemented Behavioral Health Court in San Francisco that provides support and services for people so that incarceration can be avoided. The program has been extremely successful. She was also one of the creators and instructors for the ten year long Police Crisis Intervention Training that was a collaboration between the San Francisco Police Department and Mental Health. In addition she was significantly involved with the implementation of the Mental Health Services Act, and served on the committee to design the program for San Francisco.

Ms. Robinson has an open door policy and encourages open dialog. During her first year as director she visited many programs, met with community leader, including attending a meeting of the Community Wellness Partners founded by the Mental Health Board.

Ms. Robinson's appointment of Dr. Irene Sung to oversee both children's and adults services will provide a stronger link for transitional age youth as they move from one system to the other. In this role, she will provide medical and clinical oversight for the Children's and Adult Systems of Care. Dr. Sung will also remain as the Chief Medical Officer of Community Programs.

Prior to her current position, Dr. Sung was the Medical Director of Children, Youth and Family System of Care, Community Behavioral Health Services; Associate Medical Director, Edgewood Center for Children and Families; and Medical Director of the Family Mosaic Project, San Francisco Department of Public Health.

Dr. Sung is Board certified in Child and Adolescent Psychiatry. She completed medical school at the University of Minnesota and her residency at University of California, San Francisco. In addition to being a member of the American Academy of Child and Adolescent Psychiatry, Dr. Sung is a past president of the Northern California Regional Organization of Child and Adolescent Psychiatry.

Contractors for CBHS and civil service staff have shared with the Mental Health Board that they feel that Ms. Robinson leads the department very effectively. She listens to people, facilitates the development of solutions to problems and acts on issues and problems. One of her first projects was to revise and update all of the policies for the department, many of which were ten years old. She has promoted strong and effective people to key positions such as Dr. Irene Sung to the position of Medical Director of both children's and adults services, which helps to provide more direct linkages for transitional age youth as they leave children's services. She also promoted Jim Stillwell to the position of Assistant Director of Community Behavioral Health Services. He brings nearly 30 years of experience with substance abuse, facilitating the integration of substance abuse and mental health.

Ms. Robinson's management of the annual budget process was significantly less stressful for contracted programs than it has been in the past. The Mental Health Board looks forward to the coming year with Ms. Robinson.

M. Lara Arguelles, Chair

COMMUNITY BEHAVIORAL HEALTH SERVICE HIGHLIGHTS OF THE YEAR

Mental Health Services Act (MHSA)

Five Year Draft Data

According to the Five Year MHSA draft, people with mental illness who participate in the Full Service Partnerships, which provide the most intensive care, do get better with such care.

The preliminary data for housing show apartment leases dramatically increased by 3000% for the Transitional Age Youth (TAY). The TAY also showed a 71% decrease in the number of events with the criminal justice system. Also, there was a 72% reduction in hospitalization, as well as an 82% drop in homelessness for TAY.

In the Adult category, the numbers were equally impressive. The report showed criminal justice involvement decreased by 32%, hospitalization was lower by 42% and homelessness dropped by 59%. In the Older Adult group, we also saw positive results: criminal justice involvement decreased by 53%, hospitalization was lower by 55% and homelessness dropped by 33%.

However, there was an 8,000% jump in residential treatments for Older Adults. More and more Older Adults with mental illness are participating in services and treatments.

In the emergency visits induced by psychosis, TAY decreased by 86%, adults decreased by 83% and overall medical emergencies decreased by 90%.

We are making improvements in quality of life. For adults, we housed 236 people, and for TAY we provide housing to 43 youths. We see a reduction in arrests. Clients are getting increased time in a safe living environment. We achieved advanced recovery and increased employment opportunities. We also noticed an increase in inter-agency collaboration.

The Five Year MHSA draft marks not only dramatic results for Full Service Partnerships but it also shows that as people improve their mental health, their physical health gets better as well. The Step-Up Step-Down model segues people in advanced recovery toward a reduced intensive case management. If there is a crisis, they would step up to more intensive care and then step down again to reduced intensive case management.

The bad news is the decrease in Proposition 63 funds as millionaires are decreasing in the current economy. This shortfall means less MHSA money for the City and County of San Francisco. They are predicting that more money will increase around the year 2013.

There is no full-service partnership outreach in the Bayview Hunter's Point (BVHP) and the Visitacion Valley. For the 2010 Mega RFP, programs that received funding from CBHS were asked to replicate full-service programs, however, few programs were funded in Bayview and Visitacion Valley.

More group therapy is being encouraged and paid peers are stepping up to co-facilitate group therapies.

We encourage referrals to wellness centers to help clients maintain stability and to build themselves a healthy support system.

MHSA Innovation Planning

The MHSA Innovations funding presents SFDPH with an unprecedented opportunity to test new ideas with the potential to transform the local mental health service system and to supports enhancements in the Children, Youth, and Families and Adult and Older Adult systems of care. In 2009, the San Francisco MHSA Innovations Advisory Committee and participating community members developed an initial set of INN projects to be implemented in FY 10/11. In addition, the INN Committee established the following five priorities for future community-led planning.

1. Access to services for the transgender community;
2. Older adult consumers who are socially isolated and disconnected from services;
3. Residents of Bayview Hunters Point, a high need and under-resourced geographic area of the City where tremendous health disparities exist in mental health;
4. The need to form new partnerships particularly with the faith-based community, an underutilized sector with strong connections to INN-identified underserved populations and geographic areas; and,
5. Community-driven funding initiatives implemented within an existing institutional framework to support bringing new partners to the table (mini grants).

While the INN Advisory Committee provided parameters and descriptions for each of the five priorities, the Committee concluded a separate community planning process was needed to develop the overall design for each of the pilot projects. This next phase of INN planning will bring the community together in a more focused way to turn the five priorities into creative and original mental health projects. The projects will serve as incubators for new ideas and to test hypotheses that will contribute to learning how the San Francisco mental health system of services can achieve one or more the four essential purposes defined in the statewide INN guidelines: 1) increase access for underserved populations; 2) increase the quality of services, including achieving better outcomes; 3) promote interagency collaboration; and 4) increase access to services.

Mental Health Service Act (MHSA) Update MENTAL HEALTH LOAN ASSUMPTION PROGRAM (MHLAP):

MHLAP is a loan forgiveness program available to professionals in the mental health field who are pursuing their licenses or registrations within the state of CA. This program is a partnership with the CA Department of Mental Health (DMH) and the Office of Statewide Health Planning and Development (OSHPD)

CBHS has developed a local program eligibility criteria that address hard-to-fill/retain professional categories as well as cultural and linguistic capability needed to serve our county's diverse populations. These criteria will be used to screen local applicants from San Francisco.

MHSA Innovation Project Showcase

Seeding Resilience is a new project of Growing Home Community Garden (GHCG) designed to increase access to holistic wellness services and increase employment opportunities and skills. The two year innovation project funded through MHSA is 75% focused on the GHCG (Octavia & Lily) and 25% on Urban Agricultural leaders in San Francisco to build a citywide network of support for mental health consumers. Program activities include:

- Skill share opportunities for individuals to learn about: 1) cooking & nutrition; 2) garden skills; and 3) health skills and stress reduction
- Regular support groups, workshops and events on topics recommended by garden members and skill share participants
- Educational opportunities for urban agriculture leaders to increase their awareness, create collaboration opportunities and employment opportunities for mental health consumers
- Information about the learnings of the project that will be made available so that the successful parts of the project can be reproduced in other locations

Ongoing efforts to develop partnerships with the urban agriculture community in San Francisco has resulted in the development of SF Refresh. Inspired by Sunday Streets, SF Refresh was created by Megan Rohrer, manager of the Growing Home Community Garden. The project is being developed in partnership with the San Francisco Urban Agriculture Alliance, a new organization created to connect the city's community gardens. SF Refresh's goal is to create six daylong citywide events that enable San Franciscans to receive free whole body care in community garden settings in 2011. Activities include: gardening classes, yoga, life coaching, meditation, trauma care, nutrition classes, massage, acupuncture, movement classes, preventative health care information and more.

The Seeding Resilience Project takes place at the Growing Home Community Garden, which is located at 250 Octavia.

Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Update

The California Department of Mental Health (DMH) is charged with administering three PEI Statewide Projects: Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction. San Francisco County received an annual allocation for PEI Statewide Projects of \$750,000 for a period of four years, totaling \$3,000,000. Currently, counties do not have the option to independently develop programs with Prevention and Early Intervention Statewide funds. As a result, the Joint Powers Authority (JPA) known as the California Mental Health Services Authority (CalMHSA) was founded by member counties to jointly develop, fund, and implement mental health services projects and educational programs at the State, regional, and local levels.

CBHS, in consultation with the MHSA Advisory Committee, and with support from the Board of Supervisors, decided to assign San Francisco's allocation for PEI Statewide Programs to the California Mental Health Services Authority (CalMHSA). San Francisco received the support of the CalMHSA board to join on February 10, 2011. San Francisco joins 29 other counties already participating in CalMHSA.

State Releases Findings on MHSA Community Services and Supports

The statewide evaluation brief of the Mental Health Services Act (MHSA) provides a summary of the impact of Community Services and Supports (CSS) programs in terms of consumer outcomes. The seven key consumer outcomes include: 1) Homelessness/living situation; 2) Acute psychiatric hospitalization; 3) Arrest/incarceration; 4) Physical health emergency; 5) Education; 6) Mental health functioning/quality of life; 7) Employment. The outcomes are summarized below.

1. Participation in Community Services and Supports (CSS) programs is strongly associated with reductions in homelessness. Overall, the number of days spent homeless decreased for transition age youth (TAY) and adults. With these reductions came additional improvements in residential outcomes.
2. CSS program participation is linked to reductions in acute psychiatric hospitalizations. The number of hospital episodes for mental health emergencies decreased across all age groups.
3. Participation in CSS programs showed a decrease in arrests and incarcerations for TAY, adults, and older adults.

4. There is an overall trend of reductions in physical health emergencies during CSS program participation across all age groups. However, since supporting evidence is limited, an association between CSS program participation and reduced physical health emergencies cannot be confirmed at this time.
5. There are positive trends in education in terms of school discipline events and improved academic performance for children and youth participating in CSS programs. However, an association between CSS participation and improvements in education cannot be asserted at this time because supporting evidence is limited.
6. Participation in CSS programs shows an overall trend toward improved mental health functioning and quality of life for adults and older adults. However, because supporting evidence is limited, an association between CSS participation and improvements in education cannot be confirmed at this time.
7. In regard to employment outcomes for TAY, adults, and older adults participating in CSS programs, there appears to be little to no change.

Fiscal Year 2011-2012 MHPA Allocations:

DMH has released the allocations for FY11-12. A total of \$975 million will be made available to counties in this fiscal year. San Francisco's allocation amounts to \$13,557,900 for Community Services and Supports (CSS); \$3,638,800 for Prevention and Early Intervention (PEI); and \$904,300 for Innovation (INN) for a total of \$18,101,000, which is 12.49% lower than FY10-11 allocation. MHPA regulation allows counties to redirect up to 20% of the most recent 5 year funding for capital facilities, IT, workforce development and prudent reserve. For San Francisco County, the amount allowable for redirection is \$4,514,000. Planning for these allocations will concurrently occur with the City budgeting process and schedule.

CBHS UPDATES

Medical Director Update

CBHS, SFGH, Community Oriented Primary Care, and Laguna Honda Hospital (LHH) have been working together to have their formularies (list of covered and available medication) as closely match as possible for behavioral health medications. Such alignment means clients placed on medications that work would not have to face the risk of needing to change medications at another level of care if that new level did not have that medication available. We have successfully matched the formularies as closely as possible and we believe this

change will greatly improve client care and ease in moving from one level of care to another. CBHS is also looking at encouraging the greater use of long-acting medications to make it easier for clients who could possibly cut down on the number or frequency of medications and make it easier to comply with a treatment program that is beneficial.

Network of Care

CBHS contracts with the Network of Care website to facilitate access to valuable behavioral health resources and information for consumers, family members, and providers. One resource on this site is the Personal Health Record (PHR). Although over the next several years, CHBS will be developing a consumer portal to assist clients to access their DPH-based health information, the Network of Care PHR is available now. Here is an update on this valuable and free service:

- The PHR is free to use and contains no commercial advertisements.
- The PHR is a fully registered, HL7-compliant record, meeting the highest international standards for electronic medical records, including fully encrypted, password-protected security.
- The PHR offers private and safe storage of virtually any medical, health, personal and legal documents, as well as private notes.
- The PHR can grab and store the best-in-class articles from the Network of Care Library relative to any condition or medication typed into the record. It can even immediately find the local San Francisco service agencies that deal with that condition.
- Because the PHR is fully integrated with the Network of Care, it also has the remarkable capacity to find and store a wide variety of interactive self-assessment tools and eLearning-based educational and recovery programs.
- The person who creates the PHR may grant access to a guest who can see all or part of the record – all under the exclusive control of the PHR’s creator. A guest, in turn, can leave a private message for the record’s creator inside the PHR.
- The person who creates a PHR can make an Emergency Card or Care Coordination Card that can be kept in a purse or wallet for valuable use in a wide variety of circumstances.
- The PHR has full “interoperability standards” with electronic medical records, if there is a willing provider.
- The link for San Francisco network of Care is:
<http://sanfrancisco.networkofcare.org/mh/home/index.cfm>

The Network of Care **Personal Health Record** is an excellent way to privately store important information that can be easily retrieved at any time.

Protected Health Information (PHI)

As of January 2010, sharing protected health information is no longer limited to providers in the DPH Safety Net; as long as the following criteria are met:

1. When sharing PHI with providers (and providers' staff) for the purposes of treatment, diagnosis, or referrals, or to coordinate care with any healthcare provider (any discipline and his or her staff) who has medical or psychological responsibility for the patient.
2. When coordinating care, you share the minimum amount of PHI needed to improve outcomes for the client/patient.
3. Prior to making any disclosures permitted, you verify the identity of the person requesting DPH PHI and the authority of any such person to have access to DPH PHI.

Behavioral Health Court Update.

Mental Health Courts work! These are the findings of a longitudinal, multisite study conducted by the Policy Research Associates Inc., Delmar School of Criminal Justice, University of Albany that was just published in the October 10, 2010 Archives of General Psychiatry. San Francisco's Behavioral Health Court was one of the four participants in this study. The results showed fewer post-18-month arrests and incarceration days than the treatment as usual group. The mental health court graduates had lower re-arrest rates than those whose participation was terminated both during mental health court supervision and after supervision ended. San Francisco's BHC participants showed a reduction of annualized arrested by 39%, 18 months after enrolling into the program. The study conclusion states, "Mental health courts meet the public safety objectives of lowering post-treatment arrest rates and days of incarceration. Both clinical and criminal justice factors are associated with better public safety outcomes for MHC participants." This study offers encouragement that these courts are achieving their goal of placing mentally ill people, usually with co-occurring substance use disorders, safely in community treatment settings. Once again San Francisco has taken a lead in helping to reshape policy in the treatment and outcomes of people with mental illness in the criminal justice system.

New Voices at Bay

New Voices at Bay is written and illustrated entirely by behavioral health consumers, many of whom work at CBHS, and is published by San Francisco Study Center, a longtime CBHS contractor providing self-help and mental health advocacy services.

The first issue featured stories about a mental health clinic in the Tenderloin for Muslims, a former state prison inmate's plea for therapy, a piece on hoarding and cluttering and one on how Work Can Help Keep a Person Sane, among other stories.

San Francisco Youth Creating Community Change, (SYCCC)

In response to the Department's expanded focus on environmental prevention approaches to substance abuse, CBHS prevention providers have formed a new city-wide coalition focusing on changing SF laws, policies and norms that make alcohol popular, appealing, and available. This coalition includes student leaders, CBHS prevention providers, and advocates, including Horizons Unlimited, Community Youth Center of San Francisco, Bayview-Hunter's Point Foundation, Filipino Community Center, Samoan Community Development Center, Vietnamese Youth Development Center, National Council on Alcoholism, Japanese Community Youth Council, OMI/Excelsior Beacon, Larkin Street Youth Services, San Francisco Friday Night Live, Asian American Recovery Services, Asian Youth Prevention Services, and the Marin Institute. The Youth Leadership Institute staffs the coalition. Though coalition meetings began in mid October, they have already secured a small victory with the recent SF Chronicle article targeting liquor stores that continue to sell recently banned Alcoholic Energy Drinks like Four Loko. The Coalition identified these continued sales as a problem, and successfully pushed for press coverage, resulting in a number of stores immediately ceasing sales. Unlike many adult-led efforts, this coalition—San Francisco Youth Creating Community Change, (SYCCC) brings youth leaders together with adult and youth to set priorities and solve problems collectively. SYCCC is currently finalizing the selection of its larger campaign and will be moving forward with campaign development and implementation shortly. Many of the coalition's prevention provider members are also launching exciting new prevention projects with their own youth, but focusing on issues of access, norms and media messages at the neighborhood or school site level.

Pathways to Discovery

Pathways to Discovery, the peer-run counseling and support services component of Community Behavioral Health Services, hosted its annual Holiday Retreat and Celebration at 1380 Howard Street on December 22, 2010. Staff and guests were treated to a noontime celebration of food, friendship, and recognition of achievements and individual contributions to the four year old organization, including the awarding of certificates of honor to various community institutions whose collaborations make the work of Pathways so relevant and unique. Among the agencies so honored were the San Francisco Study Center, Mission ACT, the Coronado Hotel, the Mental Health Board, and City College of San Francisco for helping to ably assist Pathways in attaining its goals and guiding its direction in the services to its clientele during the year just concluded. Also recognized were the contributions of the staff, the volunteers, the interns, and Pathways "Heroes" who contributed to another successful year. Pathways to Discovery's Director, Sandi Robison, has proposed that Mission ACT be considered for a

Promising Practices designation from the Department of Public Health, for its outstanding leadership role in advancing the work of consumer providers in its mission and in its daily practice. We look forward to increased visibility from Pathways in the behavioral health community in its own mission to support and assist consumers in the ways and means of mental health/substance abuse service delivery as we enter the forthcoming year.

Jelani Childcare Program

Jelani, Inc. opened a new childcare area at its Family Program site. Funding was provided by Bud and Lil Moose Memorial Bright Space. The childcare area is a new addition to the Family Program that provides residential drug treatment to couples with children and fathers with their children. This new area will promote on-site parental bonding and therapy services for clients of Jelani, Inc.

Peer Specialist Mental Health Certificate Program

The Peer Specialist Mental Health Certificate Program - a collaboration between Richmond Area Multi-Services, Inc. and San Francisco State University's Department of Counseling presented its first cohort of graduates from the Fall Cohort of 2010. This unique class offering, funded by the Mental Health Services Act, allowed both agencies to create a pioneering curriculum designed to prepare individuals for employment into the behavioral health system. After 12 weeks of intensive and rigorous training, the students are ready to increase the workforce and let their voices be heard. Engagement and retention was high with 18 students successfully completing the course out of the 20 that were selected for the initial class offering. The program included weekly classes, quizzes & exams, job shadowing and volunteer experiences that each individual had to complete in order to pass this course. The success of this program would not have been possible without the amazing support that was received from the San Francisco community that came in various forms such as the contributions of valuable hours from our panel of guest lecturers who agreed to share their knowledge and expertise free of charge as well as donations of food and supplies. The Certificate Program had the opportunity to acknowledge all these contributions and honor the students' accomplishments during the graduation ceremony held in December 2010. The presence of family members from as far as Alaska and Utah as well as having representatives from three generations truly made this event memorable. It was a fitting way to honor the level of commitment, focus, and determination of all the students who plowed through all obstacles imaginable just to finish this course.

Several of the graduates came to the Open House for the Spring 2011 cohort to show support for the program but more importantly to provide assistance to the new applicants, a testament to how they have eased into their roles as

peer counselors. With the amount of work that has been accomplished in the past year, there is still a lot more to be done yet RAMS is filled with an overwhelming sense of renewed hope and faith in the future.

Evidence Based Practices Award Presentation Summary

The Community Behavioral Health Services' Child, Youth and Family Section Provider Meeting held on December 21, 2010 was a celebration of providers' efforts to implement empirically based practices (EBPs) during the past year. CBHS administrators presented certificates of recognition to provider agencies for their implementation of nine types of evidence-based practices. In addition, a special CBHS/CYF Service Effectiveness Award was given to a team of three clinicians whose clients showed remarkable positive changes on objective outcome measures.

Second Step Program: a research based violence prevention curriculum that emphasizes the development of social and emotional skills to help students succeed in school and life.

Recognized programs: RAMS, Chinatown Child Development Center, Edgewood Center for Children and Families, Instituto Familiar de la Raza, Oakes Children's Center, and Sunset Mental Health Center.

Strengthening Families: a SAMHSA Best Practice substance abuse prevention service

Recognized programs: Horizons Unlimited, OMI/Excelsior Beacon Center, NCADA-BA, Bayview Hunters Point Foundation, Community Youth Center, and Samoan Community Center.

Multi-Systemic Therapy: an evidence-based practice that provides intensive family and community based treatment for youth on probation

Recognized program: Multi-Systemic Therapy Program

CAT and Inpatient CANS: for exceptional program-wide compliance in providing pre- and post-outcome data on youth who receive crisis evaluations, psychiatric hospitalizations, and discharge planning services by utilizing the Crisis Assessment Tool (CAT) and the Inpatient Child and Adolescent Needs and Strengths (CANS) Assessment Tool

Recognized program: Comprehensive Child Crisis Services

Traumatic-Focused CBT for Community Violence: an evidence-based practice to meet the needs of youth who have been affected by community violence

Recognized programs: Center on Juvenile and Criminal Justice, Crisis Response Team, Comprehensive Child Crisis Services, Community Youth Center, Instituto Familiar de la Raza, Occupational Therapy Training Program, and YMCA Urban Services

Brief Strategic Family Therapy: an evidence-based practice for working with Hispanic families to prevent and treat child and adolescent behavior problems

Recognized programs: Mission Family Center, Southeast Child and Family Therapy Center

Seeking Safety: an evidence-based, manual-guided cognitive behavioral therapy for co-occurring PTSD and substance abuse issues

Recognized program: RAMS Wellness Behavioral Health Services Program in high schools

Incredible Years: an evidence-based parenting program

Recognized programs: Children's System of Care (CSOC), Chinatown Child Development Center, Oakes Children's Center, Southeast Child and Family Therapy Center

Service Effectiveness Award: This special award reflects both commitment to evidence-based practice and the achievement of significant client outcome. This award was given to three individual clinicians who were members of the Southeast Child and Family Therapy Center/ Children's System of Care Incredible Years Team: **Ines Ascencio** (SECFTC), **Gilma Cruz** (CSOC) and **Victoria Mycue** (SECTFC). Their work was laudable for their commitment to the conducting of Incredible Years parenting groups in Spanish as well as the achievement of the best outcomes in a parent training group.

CANS Compliance Awards: agencies which had exceptionally high compliance rates on the Child and Adolescent Needs and Strengths (CANS) tool

Recognized programs in order of compliance (top 12):

- i. Seneca
- ii. Alternative Family Services
- iii. CYO/St. Vincent's
- iv. YMCA Urban Services
- v. McAuley Day Treatment
- vi. UCSF (Child and Adolescent Services, CASARC, Infant Parent Program)
- vii. A Better Way
- viii. Multi-Systemic Therapy

- ix. Mission Family Center
- x. (tie) Edgewood and RAMS
- xi. Chinatown Child Development Center
- xii. Southeast Child and Family Therapy Center

External Quality Review Organization (EQRO)

CBHS has successfully completed its External Quality Review in March 2011. Due to stellar performance last year, this year's review was a Desktop review. Every year, the State of California Department of Mental Health contracts with an External Quality Review Organization (EQRO) to review our initiatives, evaluate progress in our annual Quality Improvement Work Plan and ongoing Performance Improvement Projects, and assess our ability to measure clinical outcomes and provide feedback to providers.

EQRO had the following summary comments. CBHS was acknowledged for outstanding service delivery in that SF provides more services per client when compared to other large counties. CBHS also received high marks on our sophisticated use of data in decision making. They recognized the challenges of converting to a new electronic documentation system and suggested a gradual implementation of any changes in Phase II.

EQRO was particularly impressed with the Antipsychotic Polypharmacy PIP (Performance Improvement Project) spearheaded by Gloria Wilder, PharmD and the CBHS Pharmacy Staff. The success of this PIP was largely due to their leadership and the input and active participation of all of the Medical Directors and Prescribers. CBHS achieved a 21% reduction in the clients treated with multiple antipsychotics with no measured increase in utilization of crisis services or symptom severity.

Electronic Health Record

In January 2010, the California Department of Mental Health implemented new claiming requirements under Short-Doyle Phase II, which significantly increased the level of training, claiming and reporting requirements, and corresponding reviews. In July 2010, as part of Short Doyle Phase II, CBHS implemented a State-required new electronic health record (EHR), which includes billing, claims, and clinical documentation. The new EHR, called Avatar, replaced three existing systems: 1) Insyst, a 15 year-old legacy system used for billing; 2) eCura, the managed care system used to pay private provider claims; and 3) Clinicians Gateway, a rudimentary electronic clinical record system that was used only by civil service providers. Avatar, which is a product of Netsmart, Inc., has been implemented as the EHR in over 20 other California counties.

Implementation of the new system significantly increased the number users from 800 in Insyst to 2,700, primarily because it includes a full electronic health record and other new clinical functions. Since an electronic health

record is mandated by the State as part of Short-Doyle Phase II, it is essential that clinicians enter their clinical documentation and other required information electronically. It is this information that results in the claim for reimbursement. Because a client's electronic health record is now in Avatar, other clinicians involved in a mental health client's care can access the shared client's clinical information (due to Federal privacy statutes, substance abuse treatment client information cannot be shared with clinical staff outside of the treatment program without client authorization). Allowing access to clinical information for shared mental health clients improves care by ensuring care coordination and reduces the replication of data collection and entry by clinical staff. Additionally, it will allow CBHS to better meet one of the guiding principles of the Mental Health Services Act (MHSA), which is to monitor client outcomes and increase treatment accountability by using standardized measures, all toward the goal of ensuring that our clients are improving.

DPH Got Talent Fundraiser

The Department of Public Health held a fundraising event featuring talented DPH performing artists from staff, called "DPH's Got Talent!" It will showcase that talent in a family-friendly, fun-packed venue complete with celebrity judges, prizes, and bragging rights. All proceeds from this fundraiser will go directly to the clients and communities we serve. The San Francisco Public Health Foundation has already signed up to assist us and manage the funds

Sai-Ling Chan-Sew retired. Sai –Ling Chan-Sew has been a very valuable member of Community Behavioral Health Services for the last thirty years. She began her career at Chinatown Child Development Center. Sai –Ling reports she was in the best shape ever climbing the hills around Russian Hill to visit families in their homes and at school. She became the Director of Chinatown Child Development Center in the 1980s. She expanded their programs and become an active member of the Chinatown community. In the mid 90's, Community Behavioral Health administration recognized Sai-Ling's talents and extraordinary commitment to San Francisco families and promoted her to Assistant Director and subsequently to Director of the Child, Youth and Family Division of Community Behavioral Services.

The Child, Youth and Family Division grew exponentially under Sai-Ling's leadership. She forged alliances with other child serving departments bring comprehensive mental health services to foster care children and juvenile offenders. Under Sai-Ling's leadership, Child, Youth and Family Division was able to decrease its out of home care population from 30 to 4. This was done through her tireless effort to bring innovated interventions such as wrap around programs and other evidenced based practices the CYF System of Care.

Sai-Ling leaves behind a legacy of integrity, commitment and compassion in providing services to our most vulnerable population-the children and youth of San Francisco. Thank you Sai-Ling for your dedication, and for the years of services that you so gracefully provided to the citizens of San Francisco; you will be missed.

New Program Director for Family Mosaic Project

Ms. Jana Rickerson, LCSW, was hired to the position of program director for the Family Mosaic Project. Ms Rickerson brings years of clinical, supervisory and managerial knowledge and expertise in the clinical and family services field. Ms. Rickerson started as a medical social worker at the Southeast Health Center before moving on to the Human Service Agency, where she worked as a child welfare worker, supervisor, program analyst and program manager. Most recently she worked at the Annie E. Casey Foundation, where she provided technical assistance to the Family to Family Initiative, served on the management team of a newly reorganized division and provided intensive strategic consultation to various jurisdictions across the United States.

California Mental Health Services Authority (CalMHSA) Awards Suicide Prevention Contracts

CalMHSA recently announced that it will begin contract negotiations for the fulfillment of suicide prevention services with providers who were awarded the Suicide Prevention contract. **Congratulations to San Francisco Suicide Prevention**, who was one of ten California agencies selected by CalMHSA. As one of the lead agencies, San Francisco Suicide Prevention will implement a regional effort to make a broader range of additional services available to clients by exchanging expertise and technologies. The other nine providers include, Didi Hirsch Psychiatric Services, Transitions Mental Health Association, North Bay Suicide Prevention Project, Family Services Agency of Marin, Family Services Central Coast, Kings View Suicide Prevention Program, Institute on Aging Center for Elderly Suicide Prevention, AdEase, Inc., and Living Works Education, LP.

Developed under the Mental Health Services Act, Suicide Prevention Statewide Prevention and Early Intervention, is one of three statewide projects administered by CalMHSA. Awardees will provide prevention services to clients throughout California. They will also serve as the focal point for statewide suicide prevention activities, including working to reduce service gaps, creating a social marketing campaign, expanding the number and capacity of accredited local suicide prevention hot lines and warm lines, and developing program curricula that will address professionals across systems and disciplines.

For additional information about San Francisco Suicide Prevention, please contact Eve Meyer at evem@sfsuicide.org.

San Francisco Health Reform Task Force Final Report

Executive Summary

In response to the passage of the Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010 (herein referred together as “Health Reform”), former Mayor Gavin Newsom announced the creation of a Health Reform Task Force (Task Force) to analyze the impact of Health Reform on San Francisco. The Department of Public Health (DPH) was asked to convene the Task Force.

Implementation of Health Reform on both the federal and state levels will require San Francisco’s health care community to be both responsive and proactive. It must respond to the various new programs, regulatory provisions and timelines. At the same time, it must also be proactive by anticipating implementation challenges, preparing its delivery systems and proposing program/policy modifications, as appropriate. The formation and work of the Task Force is an example of San Francisco’s proactive approach to Health Reform implementation.

The mission of the Task Force was to plan for a San Francisco health care safety net that thrives under Health Reform and California’s Section 1115 Medicaid waiver. The Task Force was specifically asked to develop recommendations that would be considered by the Mayor working in concert with the San Francisco Board of Supervisors and the San Francisco Health Commission.

The Task Force comprised broad representation from San Francisco’s health care community – providers, hospitals, labor, advocates, business, and City staff. It met from September 2010 to March 2011 and, through a consensus process, defined the components of San Francisco’s health care safety net and adopted a series of local, state, and federal program and policy recommendations in five key areas:

Enrollment;

Infrastructure;

Capacity;

Economics; and

Local programs.

The key finding of the Task Force is that there will be a continued need for a health care safety net in San Francisco after implementation of Health Reform. San Francisco’s health care safety net is composed of public and private non-

profit organizations that disproportionately provide health care services to low-income, uninsured, publicly-insured, and vulnerable populations. The safety net is still needed post-implementation because Health Reform does not provide health care insurance for all uninsured U.S. residents. Nationwide, an estimated 23.3 million people will still be uninsured after full implementation.¹ In California, the figure is 3.1 million² and, applying San Francisco's current proportion of the total California population to that figure, would mean an estimated 68,400 San Franciscans would remain uninsured after Health Reform.

The 37 local, state and federal recommendations presented in this report recognize that while Health Reform is federal law, many aspects of implementation occur at the state and local levels. As a result, communities such as San Francisco have a vested interest in not only understanding the components of the law, but also shaping the direction of its implementation locally. Following are the Task Force's recommendations.

AWARDS

State Department of Health Care Services award 2011 Quality Award for Medi-Cal Managed Care Program to Family Mosaic Project

On May 26, 2011, Toby Douglas, Director of the Department of Health Care Services, presented the 2011 Quality Award to Family Mosaic Project, City and County of San Francisco Department of Public Health, to acknowledge their outstanding contribution to quality improvement in the Medi-Cal Managed Care Program through innovation in establishing customized performance measures and quality improvement projects relevant to the plan's special population of children and adolescents.

Lenora Oliver-Williams, a member of the Family Involvement Team at the Children's System of Care Program, received a national award at the CANS conference in May 2011

Ms. Lenora Oliver-Williams, a member of the Family Involvement Team at the Children's System of Care program, was recently given a national award. Ms. Oliver-Williams was named the 2011 CANS Parent/Advocate of the Year by the John Praed Foundation. In presenting the award, the Foundation noted that her work in advocacy for Caregiver and Youth empowerment in behavioral health care set a standard for systems across the nation. Ms. Oliver-Williams worked to develop a curriculum to teach clinicians how to create a more collaborative, empowering relationship with families receiving services in the behavioral health system

Nate Israel, PhD, of the Quality Improvement Team for Community Health Programs, received System Outcome Champion award at the CANS conference in May 2011

Nate Israel, PhD, of the Quality Improvement Team for Community Health Programs, was recently honored at the 2011 CANS national conference. Dr. Israel was awarded the System Outcome Champion of the Year by the John Praed Foundation. He received the award as a representative of the work that San Francisco Department of Public Health have done to improve the quality of care for children and families, especially in the area of looking for ways to collaborate with and empower youth and families in understanding and meeting their behavioral health and wellness goals.



GABHS for Gals

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

Fiscal Year 10-11 Annual Report

2010-2011: Three Years and Counting...

In June 2011, GABHS for Gals celebrated its third anniversary – we have now been advocating for women, girls, and families within San Francisco’s Community Behavioral Health System for three full years! This report will detail GABHS for Gal’s work over the past year.

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

GABHS for Gals is a nickname for the full title of the project: **Gender Appropriate and Culturally Competent Behavioral Health Services for Women, Girls, and Families**. We are a special project of the San Francisco Mental Health Board, welcoming participation from a diverse coalition of clinicians, managers, civil servants, mental health workers, health educators, administrators, and consumers. We are committed to advocating for gender appropriate and culturally proficient 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. The group works for change on two parallel tracks: 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 Proficient 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, immigration, sexuality, geography, and cultural factors when serving each individual. These services may or may not include gender and/or culturally specific services, where services are targeted to only one gender or cultural group. This is in direct contrast to a gender and culturally “neutral” approach to service provision, where the same services are provided to everyone without regard for gender and culture, neglecting the impact of gender and culture on client needs. All health services should be both gender appropriate and culturally

competent. To provide the most comprehensive, holistic treatment, providers should encourage their staff to seek training on gender, culture and ethnicity, language, immigration, sexuality, geography, and their interconnections. Clinicians should feel comfortable assessing for these needs and creating treatment plans that reflect this client-centered approach to treatment. San Francisco's Department of Health Community Programs (and specifically Community Behavioral Health Services) should offer ample training opportunities in gender appropriate and culturally competent service provision.

**What We Have Accomplished During FY10-11:
Macro Level Work**

Language Changes in CBHS Policies. At the request of GABHS for Gals and the San Francisco Mental Health Board, Director Jo Robinson approved new language for the Official CBHS 2010-2011 Mission and Vision Statement to reflect the unique role of gender in behavioral health service provision. The statement now reads, "The vision of behavioral health services is to have a welcoming, culturally and linguistically competent, **gender responsive**, integrated, comprehensive system of care with timely access to treatment in which 'Any Door is the Right Door' and individuals and families with behavioral health issues have medical homes" (2010-2011 Organizational Provider Manual, CBHS). This is an important beginning, however this language shift has not yet been brought to the attention of the city at large. GABHS for Gals hopes that in the upcoming year, CBHS will continue this language shift by adopting the term "gender appropriate and culturally competent" in all of its policies and procedures. More work is needed on the part of CBHS leadership to ensure that this change is not just in language alone, but that practice throughout the city begins to reflect this new gender awareness.

Ongoing Needs Assessment of Women and Girls in Behavioral Health Programs in Diverse Communities throughout San Francisco. Over the past one and a half years, GABHS for Gals and the San Francisco Mental Health Board have conducted an ongoing needs assessment of women, girls, and families in behavioral health programs in diverse communities in San Francisco. The goal of this Needs Assessments is to develop a more nuanced understanding of what it means to provide gender appropriate and culturally competent behavioral health services for diverse communities throughout San Francisco. GABHS for Gals hoped to learn from local experts about the demographics of the women and girls in these communities, best practices and strengths of current programs providing behavioral health services to women, girls and families, and the unmet needs of women, girls, and families being served in these communities.

The Needs Assessment focused on three major neighborhoods in San Francisco: Southeast Sector (focusing on African-American populations), the Mission District (focusing on Latino/a populations), and Chinatown/North Beach (focusing on Asian and Pacific Islander populations). During each Needs

Assessment, a San Francisco Mental Health Board Intern interviewed executive directors, program managers and coordinators, therapists, and some clients, asking the following questions:

- Whom does your program serve?
- How are you funded?
- What are your best practices in working with women and girls?
- What are the needs of the women and girls you serve?
- How do you address safety issues? And in particular, client-to-client sexual harassment
 - policy?

Each Intern kept extensive notes in an excel spreadsheet of each interview and prepared a final report and PowerPoint presentation summarizing her findings.

Southeast Sector. In Fall 2009, Erika Carlsen, CORO Fellow for the Mental Health Board, conducted a Needs Assessment of women, girls, and family behavioral health services in the Southeast Sector (including Bayview, Hunter's Point, Visitacion Valley, Sunnyside, and Potrero Hill), 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 lack of funding, 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.

Mission District. In Summer 2010, Sandra Saucedo, Mental Health Board Intern and Masters student in Psychology at CIIS, conducted a needs assessment of women girls and family behavioral health services in the Mission District, visiting or speaking on the phone with 21 programs. The Spanish-speaking population in San Francisco is quite diverse and so this needs assessment focused on programs serving Spanish-speaking clients, regardless of country of origin of original immigrants. Ms. Saucedo identified several best practices among current programs, including culturally competent programming that honors each family's immigration story, helping recent immigrants to adjust, not "acculturate," to a new life in San Francisco, latino-to-latino mentorship programs (both peer-to-peer and intergenerationally), using Latino native cultural traditions and practices to reduce stigma around mental health issues, and embracing Latino cultures as strengths to empower healing and recovery. Needs included raising awareness about gender appropriate and/or gender-specific programming in general, lack of necessary funding to update materials and make other changes towards gender appropriate programming, stigma around mental health services, dealing with trauma on an individual and community level due to immigration and family separation, job development, training, and higher

education support for youth and adults, division of families and reunification of families (within this country and between countries), sexual exploitation, interpartner violence, integration of art and spiritual practices into healing, access to affordable/free mental health programs, and lack of child care for parents who need services.

Chinatown/Northbeach. In Fall 2010, Victoria Benson, CORO Fellow for the Mental Health Board, conducted a needs assessment of the Chinatown/North Beach neighborhoods, interviewing 12 agencies. Asian/API is a broad term encompassing people who speak several different languages and who originally emigrated from several distinct countries; the interviews in this assessment focused on Chinese, Vietnamese, Cambodian, Filipino, and Japanese populations. Best practices and strengths included incorporating API cultural and spiritual practices into behavioral health treatment, placing programs in easy access of enclaves of particular ethnic populations, client-centered programming, providing intergenerational treatment and services (as opposed to focusing on just one individual), normalizing immigration experiences and supporting biculturalization, some gender-specific programming, addressing psychosomatic expression of behavioral health issues, and education to decrease stigma around behavioral health services. Needs include identity development for women and girls in a bicultural context, attention to body image/eating disorders issues, reducing family pressures to achieve in particular ways, domestic violence and sex work, addressing stigma around asking for help, trauma informed services that address traumas due to immigration and family separation and also traumas that occurred in home countries (such as war, refugee experience, etc), understanding variability within one ethnic group’s experiences ex. rural versus urban), and raising awareness about gender-appropriate services in general.

Final Report and Policy Recommendations. During Spring 2011, Maru Salazar, Public Policy B.A. candidate at Mills College, authored a final report summarizing the findings from the three needs assessments, analyzing themes, and making policy recommendations to CBHS based on the needs assessments. The following recommendations are excerpted from the final report (please contact Sarah Accomazzo, sarah@mhbsf.org for a copy of the final report in its entirety):

“Figure 5: Recommendations and Actions

Recommendation 1: Improving quality of service delivery
1.1 Increase outreach and engagement strategies that are culturally relevant.
1.2 Incorporate recovery-oriented systems of care in continuum of care.
Action
1.3 Develop minimum standards of practice for programs.
Recommendation 2: Increasing system capacity
2.1 Dedication of gender-specific funding streams.
2.2 Increase capacity of support service programs.
Action
2.3 System-wide education and training.

Recommendation 1: Improving quality of service delivery.

To be effective, services must be of the highest quality, based on promising and best practices in the field, reflective of the cultural and developmental needs of the various age groups served, and focused on documented results. With this in mind, the following are actions with specific steps to improve the quality of service delivery.

Action 1.1 Increase outreach and engagement strategies that are culturally relevant.

In order to address the shame and stigma that keeps women and girls of color from accessing and remaining in services, outreach and engagement strategies must be deployed. These strategies will be most effective when they incorporate the cultural context of the populations of focus and are being carried out in the environments and settings where women and girls gather. Materials must represent the ethnic, cultural and linguistic diversity of the three specific populations. As previously mentioned in *Section 4. Evidence-Based Practices. Culturally Relevant Approach*, Outreach and engagement efforts will work best when they focus on a core message. Women and girls of color living in San Francisco will benefit from learning about available services and how to access them (eligibility criteria, waiting time for intake and/or services, and what to expect when making appointment) as well as education on the signs and risks (including legal ramifications) of substance abuse and mental illness.

Action 1.2 Incorporate recovery-oriented systems of care in continuum of care.

Treatment services must provide sufficient time and support for women and girls from the point of entry into services, through the treatment phase, and through the transition of reintegrating into their families and communities to better support women and girls in sustaining recovery across their lifespan. Since trauma and violence are common experiences for women and girls in San Francisco, sufficient length of programming must be incorporated to address these issues, as they are often triggers for substance use. In addition, a recovery-oriented lifestyle requires that individuals be connected to other supportive services, i.e., housing, child-care, educational/vocational training, primary health care, case management, etc.

Action 1.3 Develop minimum standards of practice for programs.

Based on the findings of the needs assessments, programs have inconsistent practices in regards to behavioral health services for women and girls of color in San Francisco. The development of minimum standards of practice across the board will increase the quality of service delivery. Although inconsistent practices throughout the programs exist, it is important to note that many programs are implementing similar approaches and activities in their efforts to better serve their clients. This can serve as an advantage as the requirement to meet the minimum standards can be introduced in stages, beginning with those who are closest to meeting the requirements and allowing for the programs with the greatest lack of compliance to slowly incorporate the minimum practices into their programming. In addition, CBHS can introduce the minimum standards to existing grantees as

a condition of funding as well as include these standards in future funding opportunities.

Recommendation 2: Increasing system capacity.

Increasing system capacity can only be done through genuine commitment and follow through to meet the needs of women and girls of color. With this in mind, the following are actions with specific steps to increase system capacity.

Action 2.1 Dedication of gender-specific funding streams.

In order to guarantee the implementation of gender-responsive, trauma-informed services, dedicated gender-specific funding streams are necessary. The intentional and deliberate allocation of funds will serve as the commitment to provide quality treatment services that provide a safe environment, have qualified staff, develops materials and contents relevant to the lives of women and girls, and allows program participants to have a proactive role in their recovery. Due to funding cuts from local, state, and federal sources this may be difficult to achieve but perhaps by partnering with other city departments such as the Department On the Status of Women and the Juvenile Justice Department, this may be easier to achieve.

Action 2.2 Increase capacity of support service programs.

Women and girls are experiencing other challenges in addition to substance use and mental illness while in treatment. These include the need for stable housing, educational support, vocational and employment training, multiple systems involvement, and parenting, to name a few. Often, treatment services lack coordination with other service providers, as well as there exists a limited number of programs that serve women and girls exclusively, especially those with children. In order to increase the capacity of support service programs, the incorporation of case management services to existing community based behavioral health treatment services will result in more efficient use of resources. Clients will also be more likely to maintain their recovery over time as a result of having other issues in their lives addressed or resolved.

Action 2.3 System-wide education and training.

Providers who participated in the needs assessment as well as the literature review, shows that women and girls are feeling misunderstood by providers. Lack of understanding of certain cultural norms and values, spiritual beliefs and practices as well as gender differences contribute to this frustration that keeps women and girls of color from accessing and remaining engaged in treatment services. System wide education and training can be implemented with little cost to the SF DPH and CBHS by utilizing a cross education and training approach. CBHS can host the sessions in which existing providers can rotate in delivering educational workshops and training on practices they have been able to exceed in. For example, IFR has been successful in implementing indigenous teachings into their clinical practices and other programs can benefit greatly from this approach.

Conclusion.

This report examined the three needs assessments of African American, Latina and API women and girls in San Francisco, reviewed existing literature in respect

to evidence based practices and provided recommendations that will result in the improvement of service delivery.

The findings identified common themes among the three populations: shame and stigma, high incidence of trauma, relationship issues, treatment barriers, and system issues. Included in the needs assessment is the recognition of several local programs that are employing best practices, therefore, a section is dedicated to these programs. The report also identifies five (5) key features in successful implementation of mental health and substance abuse treatment programs for women and girls. These features are: (1) outreach and engagement strategies, (2) gender responsive programming, (3) trauma-informed services, (4) culturally relevant approach, and (5) recovery-oriented treatment. This report concludes with two recommendations: *Improving quality of service delivery* and *Increasing system capacity* and three action steps for each proposed recommendation.”

Safety in Community Behavioral Health Programs - Policy Brief and Program Checklist.

In August 2010, GABHS for Gals partnered with California Women’s Mental Health Policy Council to publish a policy brief, entitled, “Making Your Program More Gender Appropriate: Addressing Safety in Community Behavioral Health Programs.” Building on anecdotal discussions with clinicians and program managers that identified safety as a barrier to engagement and retention of female clients in community behavioral health programs, the policy brief identified a gap in current service delivery regarding safety and outlined current research on topics related to safety in community behavioral health programs. Included with the policy brief was a Program Safety Checklist (developed by Sarah Accomazzo, Elizabeth Brett, and the GABHS for Gals work group), to be used by administrators, managers, staff, and clinicians to raise awareness and increase safety for clients at programs. Both the policy brief and the checklist have been disseminated throughout the city and the state. Director Robinson forwarded it to the Executive Committee and CBHS staff.

Perceived Safety in Programs Scale (PSPS) Research Study. A literature search of peer-reviewed journals in Spring 2010 demonstrated that there is very little written about perceived safety in community behavioral health programs; to this author’s knowledge, a scale that measures clients’ sense of perceived safety and its effect on their engagement and retention with community agencies did not exist. Thus, Sarah spent FY10-11 working with Professor Eileen Gambrill at UC Berkeley to develop a Perceived Safety in Programs Scale, the first scale of its kind to measure perceived safety of adult clients receiving services in a behavioral health program. The ten page scale collects both quantitative data on clients’ sense of perceived safety on the way to programs, in programs, and in the neighborhood where programs are located, and qualitative data on how clients understand safety and its impact on the behavioral health needs. In early June, UC Berkeley’s IRB program gave preliminary approval for Sarah to pilot the scale with 60 clients at San Francisco’s Citywide Forensic Case Management

starting in July 2011. GABHS for Gals will use the findings from this study to contribute to the literature on effective behavioral health programs and to make policy and practice recommendations to those serving adults in behavioral health programs.

Micro Level Track

Connecting Practice with Research: Updating Practitioners on the Current Research on Behavioral Health Issues Affecting Women, Girls, and Families:

In an effort to help busy practitioners in San Francisco translate current research into practice, Heather Graham and Ann Hung, Masters in Social Work candidates at UC Berkeley's School of Social Welfare, interned with the Mental Health Board during Spring 2011. The interns produced two major products intended to make research more accessible to practitioners. First, each woman picked a topic related to behavioral health practice for women, girls, and families, conducted a literature review in peer-reviewed journals and academic books, and prepared a PowerPoint presentation summarizing the research they reviewed and its implications for practitioners in San Francisco. Ms. Graham focused on Girls and Aggression, and Ms. Hung focused on Early Puberty. On June 8th, 2011, they presented their findings and conducted a discussion during a Brown Bag Lunch, entitled, "A Focus on Girls: Aggression and Early Puberty." Both presentations made a strong case that overall, the lack of rigorous research on these topics is a serious barrier to providing the most effective services for women and girls.

Second, Ms. Hung and Ms. Graham compiled several annotated lists of resources for practitioners who work with women, girls, and families. This project was specifically in response to anecdotal stories from practitioners who attended the Brown Bag Lunch trainings and evaluations and the Gender Responsive Trainings put on by CBHS; these practitioners commented that they do not know where to go to find listings of resources for women and girls throughout San Francisco, and they requested a centralized, "one stop shop" for these resources. In order to begin creating content to meet these needs, Ms. Hung and Ms. Graham compiled a Government Report List (any reports by government entities on women and girls' behavioral health issues in the past ten years), Journal Article List (journal articles with summaries about women and girls' behavioral health issues), and a Big List of Resources List (a centralized list of other lists of resources for women and girls in the San Francisco Bay Area). Currently, these lists are posted on the GABHS for Gals webpage for public access, and they were emailed to Brown Bag Lunch attendees. Staff will continue adding to these lists over the next year. Eventually, these lists will form the basis of content for the new and updated GABHS for Gals website. (For a copy of these presentations or lists, please email Sarah Accomazzo at sarah@mhbsf.org.)

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 was 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 on topics related to women and girls, with a diverse set of trainers who deliver specifics about how to work with diverse clients in San Francisco. These brown bag lunch workshops focus 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. During Summer 2010, nearly 315 participants from over 50 agencies took part in a three part series on body image and/or a three part series on trauma. Feedback on evaluations was overwhelmingly positive and participants called for more workshops on similar subjects. The schedule for Summer 2011 includes:

Date: June 8th, 2011

Title: A Focus on Girls: Aggression and Early Puberty

Speaker: Ann Hung & Heather Graham

Attendees: 23

Date: July 8th, 2011

Title: Final Report: Assessment of Behavioral Health Needs of Women and Girls of Color in San Francisco

Speaker: Maru Salazar

Date: July 2011

Title: Safety in Community Mental Health Programs

Speaker: Sarah Accomazzo, MSW

Date: August 2011

Title: Media Literacy and Body Image

Speaker: About-Face, Inc.

Date: September 2011

Title: TBD

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 held a day-long training on August 9th, 2010, entitled “Debunking the Myths: Working with Women and Girls from Diverse Cultural Backgrounds around Body Image and Eating Disorders.” Marcella Raimondo, MPH, led the training and the San Francisco Public Health Institute offered CEUs for 30 providers. The training was at the San Francisco Public Library and 100 people attended from more than 60 agencies throughout the San Francisco Bay Area.

MENTAL HEALTH BOARD PRIORITIES AND ACCOMPLISHMENTS 2010-11

- **ADD FROM RETREAT POWERPOINT AND GOING FORWARD**

Mental Health Board Projects

Police Crisis Intervention Training

The last Mental Health Board facilitated Police Crisis Intervention Training was in June 2010. The police department chose to take the training in house for the next fiscal year but it was not until January 2011, after a police incident with a mentally ill person in front of the CBHS building, that the Police Commission, under the leadership of Commissioner Angela Chan, that a task force of police officers and community stakeholders met to plan a new version of the training. It was decided that San Francisco would implement the full Memphis Model in addition to the training. A designated team of officers would be formed to respond to calls involving a person with mental illness. That planning is still in process and no trainings have been conducted yet.

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 very little significant additions to funding from CBHS. 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.

The administrator is a certified EMT and volunteered at CBHS's H1N1 vaccination program and has also volunteered at many city involved street fairs.

The special projects manager worked with the Children, Youth and Families System of Care analyzing critical data on outcomes from treatment.

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

Current Board Members as of June 2011

CHAIR

M. Lara Siaizon Arguelles

Seat #13

Family Member

Appointee of the Board of Supervisors

M. Lara Siaizon Arguelles was forced to move to the United States with her five children because her husband was deported from the Philippines in 1970 before Martial Law. This experience has shaped her volunteer work in agencies who deal with new immigrants to the United States, and provided her with a unique understanding of the issues they face.

Ms. Arguelles' daughter, who was studying at Sorbonne University in Paris during her senior year at UC Berkeley, was hospitalized and diagnosed with Bipolar Disorder. Ms. Arguelles became a strong advocate for mental health services and was appointed by the San Francisco Supervisor's to a Family Member Seat on the San Francisco Mental Health Board. She also trained with the Mental Health Association of San Francisco to be a Mental Health Advocate.

In addition, Ms. Arguelles is the Co-Founder of F.O.R.W.A.R.D. (Families Of Recently paroled Women & Men for Action toward Reunification & Development), a self-help support group in the community created to provide a safe place to address the needs of families, children & friends of parolees.

She is also a member of the San Francisco chapter of NAMI (National Alliance on Mental Illness). She volunteers her time helping at the Potrero Hill Senior Center and offers to drive and accompany the elderly in her neighborhood to their doctor's appointments. She tries to educate the seniors about the services that are available to them, especially mental health services.

Ms. Arguelles says she is so blessed with a loving family therefore she wants to share her joy and dedicates her free time helping families and those living alone. She believes that "A strong family unit is the foundation of a great society".

VICE CHAIR

Lynn Fuller

Seat #10

Family Member

Appointee of Supervisor Mark Farrell (originally appointed by Supervisor Michela Alioto-Pier

Lynn Fuller is an attorney and a mother of four. A native Californian, she has lived in San Francisco since 1988. Professionally, she is an attorney with the United States Courts. She is an active volunteer in the community and is especially interested in brain health and brain science.

SECRETARY
Ellis Joseph

Seat #14
Family Member
Appointee of the Board of Supervisors

Ellis Joseph was born and raised in San Francisco where he has resided other than when he was in the military and in school. While in school he received a Master's Degree in Business Administration with emphasis in Marketing, and a Master's Degree in Taxation.

He was a professional wedding and portrait photographer for 22 years. He was married and has one daughter.

He worked for FIMA as a First Strike Search and Rescue, Administrative Officer and Emergency Medical Technician. He was one of the pioneers of the single parent Emergency Shelter Person Program. He was a foster parent for 17 years. While providing this service he became acutely aware of the problems and stigma associated with mental health issues such as bipolar which led him to the Mental Health Board to find ways to help people to fight this stigma. He is a member of NAMI (National Alliance of Mental Illness). He has served on the Board of the San Francisco African American Historical and Cultural Society as the Treasurer for the last 13 years.

Ellis has been the owner of Joseph & Associates for over 45 years, which is the parent company for Joseph Tax Services, providing income tax specialists and Sayityourway.biz, the virtual communications and promotions part of the business.

With mental health, Ellis envisions opening communication in such a way that families are more aware of what is available to help them help their loved ones get the help they need as early as possible.

Linda L. Bentley

Seat #4

Public Interest

Appointee of Supervisor David Chiu

Linda Bentley is currently a news editor with The ABIS Group of Startspot Mediaworks with an M.S.J. from Medill School of Journalism at Northwestern University in Evanston, Illinois. Ms. Bentley also has a M.S. in school counseling from San Francisco State University and worked as a classroom counselor at a day treatment facility for SED children in the 1980s. Her interest encompasses all aspects of mental health, but she has a particular interest in mental health services for women veterans. She has recently returned to San Francisco where she has lived for most of her adult life. Her son and grandson also live in San Francisco.

Kara Ka Wah Chien

Seat #3

Public Interest

Appointee of Supervisor Jane Kim

Kara Chien has worked for the public interest since becoming a lawyer in 1989. She has practiced law exclusively as a Deputy Public Defender for the intervening 23 years. Ms. Chien has extensive experience representing indigent clients in Juvenile, Criminal and Mental Health law. As the Mental Health Unit Managing Attorney, she and her team advocate for clients with chronic and severe mental illness -- both in civil and criminal courts. Ms. Chien endorses public education, early intervention and strong community support in promoting wellness for mental health.

Inspector Kelly Dunn

Seat #11

Public Interest

Appointee of Supervisor Scott Wiener, originally appointed by Supervisor Bevan Dufty

Kelly Dunn has been an officer for the San Francisco Police Department since January 2001. In 2010, she was promoted to the position of Inspector. She is the Psychiatric Liaison for the police department and in that role ran the Police Crisis Intervention Training for five 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, Langlely 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.

C. Wendy James

Consumer

Seat #1

Appointed by Supervisor John Avalos

Ms James was originally from Southern California, then spent a number of years in Louisiana before moving to the Bay Area. She has been in San Francisco since 1996. She has a grown daughter, three grandchildren and one great grandchild.

In September 2010, Mayor Newsom appointed Ms. James to the Mayor's Disability Council. For both the Disability Council and the Mental Health Board, Ms. James is a strong advocate for seniors.

Ms. James is also a panelist for "SOLVE", Sharing Our Lives, Voices, and Experience, hosted by the Mental Health Association.

Noah L. King, III

Consumer

Seat #6

Appointed by Supervisor Malia Cohen

Mr. King was born in Redwood City, California, but raised in San Francisco. He went to Independence High School in San Francisco. He is the youngest of four siblings with three older sisters and an older brother. He enjoys boxing, basketball and mixed martial arts. He is a strong advocate for underserved youth with mental health issues.

Alyssa Landy

Family Member

Seat #9

Appointed by Supervisor Eric Mar

Alyssa Landy is a 4th grade public school teacher in San Mateo at an International Baccalaureate school. She is a native of Massachusetts and has

lived in San Francisco since 1997. She is a member of NAMI and the San Francisco Democratic Women in Action. Alyssa received her MA in Elementary Education San Francisco State University.

Alyssa is passionate about mental health issues. She is motivated by public policy, services and patient and family needs. Alyssa dedicates her time and energy into helping others.

David L. Lewis, PhD

Consumer

Seat #7

Appointed by Supervisor Ross Mirkarimi

Originally driven to seek greater self understanding, David Elliott Lewis majored in Psychology at UCLA. As his focus shifted to practical applications of Psychology, he continued his education to obtain a Ph.D. in Industrial/Organizational at the University of Tennessee at Knoxville.

For the first part of his career, he worked as a management consultant to the Human Resources departments of large organizations. He helped create surveys, seminars and software to assist in executive performance assessment, training and development.

In addition, from 1985 to 1989, he taught Masters level courses in the Human Resources and Organizational Development program at the University of San Francisco.

He spent his first couple of years after graduate school working for the Mill Valley management consulting firm VICI Associates International. After leaving VICI, he co-founded and ran Strategic Edge (1985 to 2000), a database software development, publishing and management consulting company.

At age forty, David suffered a significant reversal of fortune - including the sudden loss of a parent, the collapse of a long marriage and then his business. This triggered a severe and disabling depression. With time and help from psychologists and other therapists, he has started to recover. David's values also changed and as a result, he transitioned to living simply and devoting his life to service, art and activism.

He devotes his time to writing, photography and volunteering, all with a focus on improving himself by helping his community, the democratic process and striving for social justice.

He has been appointed to the Board of Directors for the Community Housing Partnership and also Central City Democrats. He is also on the board for the Alliance for a Better District 6.

In October 2010, he started a public speaking tour for the Mental Health Association of San Francisco's S.O.L.V.E. program (Sharing Our Lives Voices and Experiences) to help

destigmatize mental illness. In April 2011, he was appointed by San Francisco Supervisor Ross Mirkarimi to the City's Mental Health Board.

Virginia Lewis, LCSW

Family Member

Seat #5

Appointed by Supervisor Carmen Chu

Virginia S. Lewis, LCSW is a clinical social worker (MSW, UC Berkeley, 1985), a seasoned psychotherapist in private practice for over 20 years. She has wide-ranging expertise treating clients in many areas: depression, anxiety, anger; conflict resolution; addictions; emotional issues of chronic illness (HIV/AIDS); employment and Worker's compensation issues; transitions. Her clients are from diverse backgrounds including gay and heterosexual individuals and couples, people of color, as well as immigrants struggling with acculturation.

Ms. Lewis was Advanced to Candidacy for her Ph.D. in Sociology at UCLA in 1977. For many years as a research sociologist/consultant, she worked with firms conducting large and small-scale evaluations of government and privately funded social and substance abuse prevention programs (drug, alcohol and domestic violence). She is familiar with the culture and operations of medical, justice, and social services organizations and with state and federal bureaucracies.

Community service is a strong value of hers. In addition to her membership on the Mental Health Board, she is presently Board President of a private, non-denominational organization, the Night Ministry, which nightly provides counseling and service referrals in San Francisco's disadvantaged neighborhoods. The target population includes the destitute, people who are homeless and those who are severely mentally ill. She is responsible for achieving collaborative governance, program development and fund-raising. She is a member of the National Alliance for Mental Illness (NAMI) which provides assistance to the mentally ill and their families.

Alphonse Vinh

Seat #2

Consumer

Appointed by Supervisor Sean Elsbernd

Educated at Yale University, the University of Michigan, Boston University, and Simmons College, Alphonse-Louis has a broad range of interests and perspectives. As a Yale undergraduate, he read Classical Civilization and Intellectual History. Alphonse-Louis went on to get his teaching license from the Graduate School of Education at the University of Michigan. Whilst reading Theology at Boston University School of Theology, Alphonse-Louis served as an assistant minister, preaching, conducting services, ministering to the sick and

shut-ins, and developed three spiritual growth groups. Alphonse-Louis returned to his Alma Mater to become a Fellow of Berkeley College, Yale University, and served as a reference librarian at the Main University Library. He also served as Coordinator of User Education for Yale senior essay writers and doctoral students. As a writer, Alphonse-Louis has published an academic book and contributed essays to other scholarly books. He has published more than 60 essays and reviews, as well as poetry and one short story. Recently, he edited many business reference books for a Russian information company. He has been an AIDS hotline counselor, and patient support/patient care work at a hospice in New England. As a staff member for NPR News, Alphonse-Louis provided research, advice on experts to interview, and ideas for programming. He even had his own on-line column, reviewing new books and ideas. Alphonse-Louis interviewed such celebrities as singer Judy Collins and food writer, Amanda Hesser. Alphonse-Louis is planning to return to graduate school to get his Master's in Counseling Psychotherapy.

Errol Wishom

Seat #12

Consumer

Appointee of the Board of Supervisors

Errol Wishom 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.

Board Members who served part of FY 2010-11

James Shaye Keys

Public Interest

Seat #3

Appointed by Supervisor Chris Daly

James Shaye Keys served as Chair of the Mental Health Board from February 2010 through November 2010. He 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.

James is a long-time advocate for mental health, senior issues, people with disabilities and the homeless here in San Francisco.

James L. McGhee

Seat #4

Public Interest

Originally Appointed by Supervisor Aaron Peskin, followed by Supervisor David Chui

James L. McGhee served as Chair of the Mental Health Board for two years, from February 2008 – 2010. He 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, followed by Supervisor David Campos

Njoroge Carver Tho-Biaz, M.A. aka "Dr. Imagination" is a metaphysician 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 fascination 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 Conscious 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 formerly served as the Board President for the Homeless Children's Network.