Adopted Minutes
Mental Health Board Meeting
Wednesday, May 20, 2015
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Kara Chien, JD, Chair; David Elliott Lewis, PhD, Secretary; Terry Bohrer, RN, MSW, CLNC; Deborah Hardy; Wendy James; Virginia S. Lewis, MA, LCSW; Jess Montejano, Supervisor Mark Farrell aide; Harriette Stevens, EdD; Vanae Tran, MS.; Njon Weinroth; Adrian Williams; and Idell Wilson.

BOARD MEMBERS ON LEAVE: Ulash Thakore-Dunlap, MFT, Vice Chair; and Ellis Joseph, MBA.

BOARD MEMBERS ABSENT: Andre Moore

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Mr. CW Johnson; Jess Montejano, Supervisor Farrell’s aide; Toni Parks; Gene Porfido, Tom Waddell Medical Center; Mercedes Crouser, Janssen Pharmaceutical Companies; Marion Bernstein, NAMI-SF; Mary Yong, NAMI-SF; Almaz Nigusse and 8 additional members of the public.
CALL TO ORDER

Ms. Chien called the meeting of the Mental Health Board to order at 6:35 PM. She announced that Ellis Joseph resigned from the board due to his health issues.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes in the agenda.

ITEM 1.0 REPORT FROM COMMUNITY BEHAVIORAL HEALTH SERVICES DIRECTOR

Ms. Chien introduced Jo Robinson, Director of Community Behavioral Health Services to give her director’s report.

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

Ms. Robinson reminded board members that May is designated as National Mental Health Month and encouraged board members and members of the public to attend the Open Mic “Liberation”. The event will be at the main San Francisco Public Library on May 26, 2015 in the Latino Room from 1 to 4 PM.

She announced the health department plans to complete the Assisted Outpatient Treatment (AOT) implementation by November. The California Mental Health Services Authority (CalMHSA) held a film contest for suicide prevention. The Sunset Mental Health Wellness program is largely run by peers, and the program is adding more peers. The Behavioral Health Court (BHC) graduation occurred on April 13, 2015. Jail behavioral health and reentry services interns recently shared their internship experiences with the department.

1.2 Public Comment

No public comments.

Monthly Director’s Report
May 2015

1. FILM CREATED BY SAN FRANCISCO HIGH SCHOOL STUDENTS DECLARED REGIONAL WINNER IN CONTEST TO PROMOTE SUICIDE PREVENTION AND MENTAL WELLNESS AMONG CALIFORNIA YOUTH

A film created by students at St. Ignatius College Preparatory in San Francisco was a regional winner in the third annual Directing Change Student Film Program, a statewide prevention effort sponsored by Each Mind Matters: California’s Mental Health Movement and the California Mental Health Services Authority (CalMHSA) that empowers young people to promote suicide prevention and end the silence about mental illness among their peers. The
film is among 20 regional winners selected to advance to a final round of judging. The statewide winners will be announced at an awards ceremony in Sacramento on Tuesday, May 19, 2015.

By directing change the young filmmakers aim to encourage their peers to stand up for others experiencing a mental health challenge and connect their friends to help. The first place regional winner in the Suicide Prevention category for high school students was written and produced by Jamie Chen and Jennifer Gao. “Real World” focuses on knowing the warning signs for suicide and what to do to help a friend.

Winners were selected from the following counties: Orange, Los Angeles, Riverside, San Bernardino, San Francisco, San Diego, Placer, Stanislaus, Sacramento, Sonoma, Mariposa, Butte, Santa Barbara, and Yolo.

To view the full list of the regional winners and their winning films visit: http://www.directingchange.org/contest-winners-finalists/

2. Reach Out Speaks Youth Speakers to Appear at San Francisco State University (SFSU) Mental Health Panel

On April 26th, 2015, four members of the ReachOut Speakers Bureau appeared on a mental health panel at SFSU sponsored by the Each Mind Matters mini-grant initiative. The presentation included trained youth sharing stories of lived experience and the power of peer support to help break down the stigma that often stops college students from discussing or reporting mental health issues. For more details on the event, see the SFSU Residential Life Facebook page. Interested in booking a trained youth speaker at an upcoming mental health event? Contact Michael Young at Michael@inspire.org.

3. On Needle Exchange Programs

As we foster the new assembly bill granting unlimited provision of non-prescription syringes, let us reflect on the betterments brought forth by Needle and Syringe Exchange Programs and take a peek into its steadfast role in our city’s health. Lack of access to new, sterile syringes has long been and remains a primary risk factor for dangerous needle sharing. 15% of HIV and 60% of Hepatitis C transmission (HCV) are attributed to Intravenous Drug Use (IDU) (2012). By providing free or low cost needles to injection drug users, Needle and Syringe Exchange Programs (NSPs) play a pivotal role in harm reduction. Their protective effects are shown in lower rates of needle borrowing, sharing, and decrease in a needle’s circulation time. Thus, there exists overwhelming evidence that NSPs are effective in substantially reducing rates of HIV and HCV transmission. Furthermore these programs have been effective without unintended, negative consequences; the past two decades of scientific literature has yielded no persuasive evidence that NSPs increase initiation, duration or frequency of illicit drug use. Beyond tremendous health and community benefits, NSPs too, are cost-effective (Wodak,
2004). By serving often disenfranchised populations, these programs alleviate the burden of cost for those unable to purchase syringes from a pharmacy.

Reaching far beyond their immediate effects, NSPs are also a safe space to provide other prevention tools. It grants a time to actively engage injecting users in the intervention process. By permitting a non-judgmental space and freedom from legal repercussion, programs may foster a cooperative relationship between healthcare providers and users. The exchange is an educational opportunity; upon provision users are instructed on safe disposal practices, disposal sites, access to drug treatment and access to HIV/HCV testing and treatment.

Our city’s innovation and commitment to wellness inspired one of the first Needle and Syringe Exchange Programs and has since grown into the largest NSP network. The AIDS epidemic provided the impetus for what started as an underground operation in 1988 called “Prevention Point,” distributing new needles to users on the street. Its harm reduction effect was noted and later supported by legalization and legislation. As a result of these efforts, SF has a lower HIV transmission rate among IV drug users far below the national average. In comparing SF to Miami, a city without such programs, we see an 8-fold decrease in improper needle disposal (Tookes, 2012, pp. 255-259). In 2005, California began pilot programs allowing certain pharmacies to sell up to 30 syringes to users in efforts of reducing needle sharing. Following the pilot’s success, the program was expanded, and the most recent legislation, AB 1743, effectively removed the 30-syringe limit. Beginning this year, pharmacy customers may purchase and possess an unlimited number of syringes. It is our hope that this expanded access may further reduce the harms associated with needle sharing, especially in areas where free needle programs are limited. We applaud the instrumental role NSPs play in reducing HIV/HCV infection among intravenous drug users.

For clients interested in accessing syringes, please visit the San Francisco AIDS Foundation at sfaf.org or (415) 241-5100. The Foundation provides syringe access at multiple times and locations, as well as HIV testing, drug treatment referrals and medical care.

4. RAMS honors National Mental Health Month and May 10th Asian Pacific American Mental Health Day

In honor of Asian Pacific American Mental Health Day and May being Asian Pacific American Heritage Month and Mental Health Awareness Month, Richmond Area Multi-Services, Inc. (RAMS), on May 10, RAMS proudly partnered with Richmond District Neighborhood Center and held a mental health awareness event. This year, May 10 was also Mother’s Day and the event focused on outreach efforts to families and supporting adult-child bonds. Held at Richmond District Neighborhood Center, the free community event included interactive and engaging activities – arts & crafts, group sing along, games & activities, face painting, yoga, family photo
fun, snacks, information & resources, and giveaways – all in celebration of mental wellness and maintaining balanced mental and physical health.

May is established nationally as Asian Pacific American Heritage Month and Mental Health Awareness Month. Established by the State of California, the City & County of San Francisco, and the City of Austin (TX), Asian Pacific American Mental Health Day on May 10 recognized the importance of raising awareness about mental health and promoting mental wellness in the Asian Pacific American community. The establishment of Asian Pacific American Mental Health Day was an effort spearheaded by RAMS and overwhelmingly supported by many major associations and community coalitions. Since May is already established nationally as the Asian Pacific American Heritage Month and as Mental Health Awareness Month, institution of this day in the month of May more closely aligns both awareness efforts.

Many people believe that mental disorders are rare and “happen to someone else" however one in four adults are impacted by mental illness in the United States every year. Childhood mental illness occurs in one out of five children in the United States during a given year, and two-thirds of them get little or no help according to the U.S. Surgeon General. Many factors contribute to mental health concerns such as biological, life experiences (e.g. trauma), and family history of mental health conditions. Asian & Pacific Islanders (A&PIs) specifically make up one of the fastest growing ethnic communities in the United States, yet they have the lowest rates of utilization of mental health services among ethnic populations, which may be due to the substantial stigma that exists as well as cultural & linguistic isolation of the community, family, and individual. These disparities indicate the critical need to raise awareness, destigmatize seeking help, and increase access to culturally competent/ relevant services for the Asian American & Pacific Islander community. It is important that each person is aware of some of the warning signs and ways to support and help.

Contact: Angela Tang
(415) 800-0699 or angelatang@ramsinc.org

About RAMS:
Founded in 1974, RAMS is a non-profit agency providing comprehensive, culturally competent services that aim to meet the behavioral health, social, vocational, and educational needs of the diverse San Francisco Area with special focus on the Asian & Pacific Islander and Russian-speaking communities. Annually, RAMS serves about 18,000 adults, older adults, children, youth & families, in about 30 languages, in over 90 sites citywide. For more information visit: www.ramsinc.org Tel (415) 800-0699 ext. 206

5. **Sunset Mental Health Wellness Program**

Sunset Mental Health has been dedicated to supporting citizens of San Francisco who may have mental health needs since the 1970s. Different modalities have been used over the past 40 years; starting with a Day Treatment model which evolved to Socialization model to the current
Wellness & Recovery model. We are utilizing the Wellness & Recovery model because it has a simple premise; each and every client (regardless of their diagnosis) can develop and attain personal goals that enhance their quality of life. The principles of hope, belief, education, self-determination, self-advocacy and community support along with the use of Peer Counselors with lived experience guide the development of the different groups and classes that are offered. The other goal of the model is to link clients with community resources to support them on their recovery journey. The Sunset Wellness Team has 2 Peer Counselors and a System Navigator who are working diligently with our clients; Ted Solomon, Beverly Lin and Irene Lee.

An exciting development of our Wellness Program is the roll-out of our Healthy Living Skills Seminar, which was introduced in February 2015. This 12-week series was planned and developed by clinical staff and peer counselors to address the health and high incidence of comorbidity of chronic diseases among our clients. This educational series focuses on “mind and body as one”. The seminar has been led by a collaborative team of Peer Counselors, Clinicians and Medical Staff. We have also had members of the community lead portions of some presentations. Some of the topics taught include cardiovascular health, managing diabetes, nutrition, the relationship between poor physical health and mental illness, and the importance of exercise and attitude. Our clients had an opportunity to prepare nutritious meal and practice tai chi. While the function of the series is educational, it also provides a context to identify client linkage and support needs. Clients’ strong interest in certain topics will inform future spin-off groups. The seminar will continue to be refined with input from client participants and staff, and we plan to run it several times a year.

Some of our other groups have included WRAP (Wellness and Recovery Action Plan), holiday support, gardening, community volunteering, and men’s and women’s groups. In addition, Sunset has also collaborated with NAMI (National Alliance on Mental Illness) to host a Peer-to-Peer support group and an upcoming family-to-family support group in Cantonese. Families in the community are welcome to participate in this 10-week family support group.

6. **Continuing Education Units (CEU’s)**

Behavioral Health Services is excited to announce that we are pursuing the ability to offer Continuing Education Units (CEU’s) to psychologists in the department. A committee was formed in January to discuss training needs for this discipline and submit the Continuing Education Sponsor Approval (CESA) application with the American Psychological Association. Our goal is to support a learning environment where the unique skills and capabilities of psychologists can continue to mature and evolve. If accredited as a sponsor of continuing education for psychologists, we intend to build on the graduate education and professional experiences, as well as further develop the skillset and competencies, of doctoral level clinicians. The San Francisco Health Network has offered a wide range of continuing education opportunities to a breadth of professional disciplines and we look forward to becoming an accredited agency to offer CEU credits to psychologists throughout the system of care. It is our hope that trainings will begin in 2016.
7. **Mental Health Awareness Month**

In step with national MAY IS MENTAL HEALTH AWARENESS MONTH and in collaboration with the California Each Mind Matters movement, the San Francisco Department of Public Health, Behavioral Health Services (SFDPH-BHS) is sponsoring a series of outreach, education and empowerment events throughout the City.

Resource Fairs: Jammed with information, fun and stigma-smashing engagement, 1380 Howard Street is hosting seven resource fairs in the lobby during the month of May. We have resource tables staffed by peers who help guests learn about the broad spectrum of mental health services available for children, youth, adults, and seniors. Take the Mental Health Awareness Quiz and win prizes declaring San Francisco’s dedication to mental health awareness: SAN FRANCISCO BELIEVES EACH MIND MATTERS!

The resource fairs are held at 1380 Howard on:

- May 4, 6  10AM to 12PM
- May 12, 14  1PM to 3PM
- May 19, 21  1PM to 3 PM
- May 28  10AM to 12PM

Clinic Events: The department is also “going local” by celebrating MAY IS MENTAL HEALTH AWARENESS MONTH at behavioral health clinics. You can contact your neighborhood clinic to see what events are being planned specifically in your area.

Open Mic: The capstone event for MAY IS MENTAL HEALTH AWARENESS MONTH is the community OPEN MIC at the San Francisco Public Library, a unique celebration of mental health wellness journeys. JOIN US! If you are a peer, consumer, or family member—then come on down! (RSVP first!). Experience the creativity, beauty and power this diverse and wonderful community brings into the world!

Open Mic on the theme of LIBERATION
Tuesday, May 26
1PM to 4PM
Main branch of the San Francisco Public Library
100 Grove Street @ Hyde Street
Latino/Hispanic Room, lower level
Seating is limited, please RSVP (victor.gresser@sfdph.org or 415-255-3699)

MARK YOUR CALENDARS!!

8. **San Francisco’s Street Violence Intervention and Prevention (SVIP) Program**
San Francisco’s Street Violence Intervention and Prevention (SVIP) program is a street outreach and violence intervention initiative to reduce and intervene in youth related street violence; and the program is overseen by the Mayor’s Office of Violence Prevention. The SVIP program’s brave citywide work addresses community conflicts, while working closely with SFDPH’s Crisis Response Team and the San Francisco Police Department. With the support of SFDPH/MHSA, an **SVIP Professional Development Academy** was established and trained 17 SVIP staff in community mental health, trauma, vicarious trauma and trauma recovery. This first cohort of graduates will be honored for their achievements by Mayor Ed Lee on June 2, 2015 at City Hall.

9. **Children, Youth & Families (CYF)**

Chinatown Child Development Center

The Asian and Pacific Islander Health Parity Coalition (APIHPC) meets monthly at the Chinatown Child Development Center. In conjunction with ongoing efforts in promoting children’s oral health, a recent, productive meeting with Ms. Barbara A. Garcia, Director of Health at S.F. Department of Public Health was arranged. During the meeting, Coalition members highlighted the much needed outreach efforts to the Laotian, Cambodian, Vietnamese, Filipino and Samoan communities on all health related issues, including mental health. In addition, on 4/30/15 the San Francisco Children’s Oral Health, Chinatown Community Briefing was held at the Chinatown YMCA. Prominent Political figures, along with community health care providers addressed the growing concerns of preventable dental caries and insufficient dental care to children in our San Francisco neighborhoods. Through funding by the Mental Health Services Act, RAMS Inc., facilitates the community mental health project.

The Infant Development Program (Infant Group) at the Chinatown Child Development Center, in collaboration with Support for Families of Children with Disabilities held an informative workshop on 4/28/15 for the current participants and families enrolled in the Infant Group. Trilingual presenter, Ms. Kristine Thai, Education Coordinator, energetically engaged the families in learning more about community resources for monolingual Chinese and Vietnamese speaking families. In addition to the ongoing education/academic workshops and seminars, free family activities and outings, sponsored by Support for Families along with caring community partners were also presented. Families were highly encouraged to attend such activities, which are planned throughout the beautiful City of San Francisco on a monthly basis. The workshop was well received by all. Lastly, Ms. Lisa Yee, the Community Resource Parent at Support for Families, also hosts a monthly 2.5 hour intensive parents’ support group for families of children with special needs at CCDC. For more information, please visit [www.supportforfamilies.org](http://www.supportforfamilies.org)

L.E.G.A.C.Y
On May 17th, LEGACY’s TAY Group presented a two hour training for providers who work with TAY. The TAY Point Person Training was held at 1 South Van Ness. Five TAY presented their stories, sharing their experiences, giving feedback and recommendations on how to improve outreach and navigate the transition from youth to adulthood. There was also time allotted for group activities and panel discussion. It was well received and we have been requested to repeat the training and present the material at the Providers Meeting in May.

Legacy's Youth Development Team also started their girls group which includes 8 young ladies who are in the 7th through 9th grade. They are learning life skills, social skills, and positive personal development during this 8 week course.

Our speaker for our monthly Family Support Night was from Rainbow Grocery. Her talk covered eating healthy as well as shopping wisely to maximize one’s value.

LEGACY is eagerly anticipating First Impressions reception make over. First Impressions has come out and met with staff, surveyed staff and clients on functionality, their preferences and ideas. Two options were presented and the plans are being finalized. May 8th is slated for the start of renovations.

Mission Family Center

During the month of April, Mission Family Center was immersed in our hiring and quality improvement processes. We hope to bring on two new staff soon! With regard to quality improvement we are gathering baseline data and piloting small tests of change as they relate to access to therapists in our clinic. It has been very helpful to participate in the ACCESS group, as we definitely learn from one another’s experience. Additionally, we facilitated a participatory decision making process for prioritizing MFC’s retreat objectives toward moving forward with our vision of access, equality and positive outcomes. We conducted 14 intakes for 11 Spanish speaking families and three English speaking families, all of whom meet medical necessity. Our illustrious Intake Coordinator, Jose Hipólito, continues to work diligently with our community partners in linking clients to therapy as quickly as possible. We are again indebted to Instituto Familiar de la Raza, SF Child Abuse Prevention Center, Southeast Family Therapy Center, and Sunset Mental Health for their collaboration in this endeavor.

Our Director, Robán San Miguel, LCSW was asked to represent CYF at the 33rd Annual National Indian Child Welfare Association (NICWA) conference where our community partner April McGill of Urban Trials presented. Robán would be honored to report back on this conference and help organize for April’s presentation to be made available to DPH and/or HSA in the near future. And last but not least, the MFC family celebrated Administrative Professionals Day in honor of our wonderful front desk staff Ana Magaña and Augusto Guerra. We couldn’t do this work without them!
Southeast Child Family Therapy Center

Maryanne Mock, LCSW officially retired as of 4/10/15. Southeast offered 25 intake slots for April, of which 18 were scheduled, 9 of which were for Spanish speaking families. We currently have a Spanish speaking, 20 hour, as needed position posted and hope to fill this position to absorb the 6 Spanish speaking clients awaiting assignment and to be able to fill the need for these services.

We are happy to be providing innovative group therapy to clients. The Girls Empowerment Group that began on February 5th for 12-15 year olds came to a close on April 30th. The Co-ed Adventure Based Psychotherapy Group, run by Dr. Clifton Hicks and Rowena Ng, LCSW, which utilizes outdoor rock climbing in Glen Park Canyon for 11-15 year olds began on April 7th and held their graduation on May 8th. The family orientation for the PLAAY (Preventing Long Term Anger and Aggression in Youth) was on May 7th for 14-17 year old African American males. We will be able to implement the youth portion of this group including Capoeira (Martial Arts Anger Reduction) and CPR (Cultural Pride Reinforcement) group at Palega Recreation Center from May 14th through August 13th. There is a parent component called COPE (Community Outreach through Parent Empowerment) that will take place with caregivers twice a month on Tuesday evenings at Silver Avenue Family Health Center from May 12th – August 11th. We are still accepting referrals for this program and are also seeking African American male mentors/role models to work alongside our team to support the boys.

AIIM Higher

On April 30, AIIM Higher participated in the Juvenile Probation Department’s “Meet & Greet”. This event was created to re-establish and forward collaborative working relationships between the probation department and CBOs. Approximately 15 agencies participated facilitating an opportunity to meet probation officers and for programs to share what services they provide.

School Based Mental Health Services

CYF System of Care (CYFSOC) has joined SFUSD’s Student, Family & Community Support Department’s planning process to streamline linkages for students with 504 Plan to DPH behavioral health services. In discussion is how best to triage and bridge eligible students with disabilities in need of behavioral health services to our care. Moreover, SFUSD has received a 5 year federal award from US Department of Education with goals of (1) decrease violent, aggressive and disruptive student behavior; (2) increase number of students receiving school and community based mental health services to address exposure to violence; and (3) increase students feeling of school safety and engagement. Services will focus at 7 elementary schools.
As a partner in this grant, CYFSOC will play an active role in linking identified children, youth & families to care.

10. **Behavioral Health Court Celebrates**

On April 23rd the Behavioral Health Court (BHC) celebrated 13 graduates from their voluntary program that serves criminal defendants with mental illnesses. The BHC was created in 2002 in response to the increasing number of mentally ill defendants cycling through the jails and courts. Lead by the Department of Public Health Behavioral Health Services, this unique collaboration includes the Superior Court, Public Defender’s Office, District Attorney’s Office, Sheriff’s Department, Haight Ashbury Free Clinic’s Jail Psychiatric Services (JPS), and UCSF’s Citywide Case Management.

This BHC graduating class has reduced costs and provided opportunities:

- 13 graduates facing a total of 50 years in prison – total savings of $3,000,000
- 2 graduates have secured full-time employment
- 1 graduate is attending college
- 2 graduates have been reunited with family

11. **Jail Behavioral Health and Reentry Services Intern Shares**

“I have had the opportunity to work with Jail Behavioral Health and Reentry Services as a psychology practicum student for the last year and it has been a wonderfully rich experience. The jail is probably viewed by most people as a chaotic and sinister place, but that is not how it feels from the inside. The environment is typically calm and the staff across multiple agencies are usually relaxed. Everyone working there tends to be in good spirits, despite the cold feel of the stone walls.

The duties of the interns are far-ranging, but often focus on psychotherapy, case management, and managing safety issues. This work may also include advocating for individuals in a collaborative court and conducting case presentations for the judge and legal team. The jail is essentially a large team of workers from different disciplines, so the interns are required to work collaboratively with deputies, medical staff, mental health professionals, case workers, and lawyers. This guarantees exposure to the wide-range of approaches that different professions need to adopt while working in a forensic setting.

The individuals we work with often have complex backgrounds and no current support systems, which makes trauma prevalent. Many of the times individuals struggle with meeting their basic needs and we work on developing goals and skills to live safely in the community. And since the jail exerts constant stress on those incarcerated, emotional and psychiatric crises are fairly common.
When you work in the jail, every single day seems to have novel and interesting experiences. It is also great to be involved with such a large interdisciplinary team that helps individuals who have not had much support throughout their lives. With this population, there is great responsibility placed on interns to assist in their care. It is this great responsibility that makes it both uniquely challenging and rewarding.”

If you are interested in learning more about the training opportunities at this site, please contact Training Director Mary Lefevre, MFT at 415-995-1705.

12. **AOT Fact Corner**

| **What is AOT?** | AOT stands for Assisted Outpatient Treatment. This program is an engagement and outreach tool designed to assist individuals with a severe mental illness who are not engaged in services with linking to outpatient services. The law was passed in California in 2002 and the San Francisco Board of Supervisors adopted the legislation in July 2014. |
| **Who is eligible for AOT?** | This program is for adults (age 18 and over) who meet very strict criteria. |
| **How do I refer someone to AOT?** | San Francisco’s program will begin November 1, 2015. At that point a public information website will be available with details on how to make a referral. |
| **Where do I learn more about AOT?** | Angelica Almeida is the director of the AOT program in San Francisco and is available to discuss AOT and provide trainings to any interested parties. Please contact her at 415-255-3722 or angelica.almeida@sfdph.org. |

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Tell us your clinic story and we will add it to the upcoming Director’s Reports


To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org
Item 2.0 Mental Health Service Act Updates and Public Hearings

2.1 Mental Health Services Act Updates

There were no updates.

2.2 Public Comment

No public comments.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of April 15, 2015 be approved as submitted.

Unanimously approved.

ITEM 4.0 PRESENTATION: PATHWAYS AND BARRIERS TO ACCESSING BEHAVIORAL HEALTH SERVICES, JO ROBINSON, CBHS DIRECTOR, C.W. JOHNSON, PEER ADVOCATE, VANAE TRAN, INFORMATION AND ACCESS COMMITTEE CHAIR.

Ms. Chien announced that Jo Robinson, Director of CBHS will respond to questions developed by the Information and Access Committee and Mr. CW Johnson will share his experiences with access to services.

4.1 Presentation: Pathways and Barriers to Accessing Behavioral Health Services, Jo Robinson, CBHS Director, C.W. Johnson, Peer Advocate, Vanae Tran, Information and Access Committee Chair.

The power point presentation from Ms. Jo Robinson is attached to the end of the minutes.

Ms. Tran shared one of the priorities developed during the 2014 board retreat was the formation of the Information and Access committee. The committee members, composed of David Elliott Lewis, Deborah Hardy and Njon Weinroth and herself, developed questions for the presenters about access to services.

She introduced CW Johnson who is currently with the San Francisco Mental Health Association (MHA-SF) Peer-Run Warm Line to talk about his personal experience in accessing behavioral health services.

Mr. Johnson shared that he has been in the Bay Area most of his life. He started his process of accessing services when he experienced homelessness in the 1990’s. In the early weeks, he did not know how to access services.

As he learned to secure services for himself at the time when electronic health record sharing was unavailable, each time he sought services, he was frustrated because he had to repeat his story to each agency all over again. But now with the sharing of health records among agencies, people seeking services don’t have to keep repeating their stories.
Another major frustration for him was favoritism. For example, he felt that if a therapist didn’t like you, it seemed to take longer to get services, or if a therapist and his/her client did not agree on the regiment, then there was delay in care. This was seven years ago. Now, he is no longer on psychotropic medications and sees his therapist every six months.

His experience of boundary restriction kept him from participating in services and programs outside of the Tenderloin environment. He frequently asked about transferring to services outside of the Tenderloin but did not get a response. Later on, he only discovered that he can participate in programs in other areas when he asked about peer opportunities. He was able to participate in peer opportunity at Sunset Mental Health and receive services at this clinic.

He suggested that CBHS install two kiosks at the San Francisco main public library dedicated to behavioral health information and resources. It would have a desktop computer with information about local and California behavioral health services, and a consumer peer to assist a person with locating services. There would be no stigma for consumers or family members to access information. He explained that sometimes people are hesitant to access behavioral health information on either home computers or work computers for fear of discovery.

**Dr. David Elliott Lewis** stated that mental health services have improved over the years and wondered what improvements Mr. Johnson found most significant.

**Mr. Johnson** replied that he found it is easier to use the Internet to find behavioral health information.

**Ms. Wilson** inquired about the time frame for him to find employment as a peer.

**Mr. Johnson** said in the earlier stages of finding reliable employment, it was hit or miss. Because he was on stipends, his cash flow was erratic and unstable. From 2000 to 2003 he was employed, but he felt humiliated and isolated because he had no say in his working conditions when supervisors did not respect his opinions. He believes it has changed in some places but this aspect is still there in other programs. It took him about seven year to find sustainable employment as a peer worker.

**Ms. James** asked if program counselors talk about government assistance (GA) options.

**Mr. Johnson** responded that he either was working or on SSI and was never on GA. Now, he is off SSI.

**Ms. Chien** asked if it is better to have the two kiosks be staffed by peers, since peers most likely have an instant connection and intuitive understanding of client’s struggles without much explanation.

**Mr. Johnson** said “Yes”. He added that ideally he would like peer staffing be the primary staff updating mental health information.

For example, peers can help transient people or families to find local to statewide resources and access to services. Peers tend to be better at assisting a person in a non-stigmatizing way.

**Ms. Wilson** wondered if peer advocates would be also useful at the library.

**Mr. Johnson** responded that a peer advocate would be helpful too.

**Ms. James** suggested peers could have a directory of resources for people.
Ms. Robinson suggested for Mr. Johnson to attend and share his ideas at an MHSA Advisory Board meeting.

**4.2 Public Comments:**

Ms. Bernstein wondered how long it took for C.W.’s mental health illness to manifest itself.

Mr. Johnson shared that at 10 years old he was hit by a car and his family and close friends noticed subtle changes in his behavior. Then at 27, he was standing on the Golden Gate Bridge preparing to jump because he felt loneliness and hopelessness and believed that suicide was the only way to end the pain.

Mr. Porfido who works with the Homeless Outreach Team (HOT) to help people find resources commended Mr. Johnson for his tenacity. He asked what information is available online about mental health services.

Mr. Johnson said the information is available but the range of people’s skills to access it vary and they might be comfortable asking a peer for help. He believes that stigma creates a barrier for people to access help. He hoped that peers could engage in a warm-hand off for help for people.

Ms. Robinson shared that the department has two social workers at the library.

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**MS. JO ROBINSON PRESENTATION**

Ms. Robinson provided a comprehensive overview and in-depth understanding of information and access to behavioral health programs in San Francisco County. She explained each county in California contracts with the state to provide mental health services to MediCal beneficiaries who meet medical necessary. The Mental Health Services Act (MHSA) has been the biggest catalyst for change in the wellness and recovery model.

Ms. Stevens asked about the seven employment types.

Ms. Robinson stated that they are peer counseling, clerical, janitorial, construction, information technology, culinary and catering and landscaping and horticulture.

Mr. Montejano is Supervisor Mark Farrell’s aide asked if the employment programs had any corporate partnerships such as with local employers like Target.

Ms. Robinson said the department would love to develop those relationships with Supervisor Mark Farrell’s assistance.

Access to psychiatric services includes several 24/7 programs. Suicide Intervention answers all calls to Access after 5 PM. For after-hour interventions, there are clinicians on call, if needed. After the initial assessment, if a person is not in crisis, staff will schedule a follow up appointment within 10 days. Normally, the wait time for outpatient programs has an average range of 35-40 days, unless the person in crisis is hospitalized or in jail. Everyone seeking services get placed on a triage list. For example, a person in custody may get services after a homeless person with acute crisis.

Ms. Hardy asked about the medical necessity definition.
**Ms. Robinson** said if someone in crisis has mental illness defined in state law and has a severe functional impairment, they meet medical necessity.

**Ms. James** asked about services for seniors.

**Ms. Robinson** said adults and older adults follow the same path to access services.

**Dr. David Elliott Lewis** wondered about the shortage of behavioral health service providers due to affordability of space in San Francisco.

**Ms. Robinson** said we loose a lot of psychiatrists to Kaiser and other states due to astronomical housing costs in San Francisco.

**Mr. Weinroth** asked about the uninsured receiving services.

**Ms. Robinson** said the number of uninsured people is very low due to the implementation several years ago of Healthy San Francisco. Undocumented people are still very reluctant for fear of ICE (immigration). However, when there is a person in crisis, the department responds regardless of insurance status whether privately insured or not. Any child with mental illness can access services no matter what their parent’s income.

She said that one of the barriers to services is that a mental health clinician can’t access a client’s substance use treatment, nor can the substance use case manager access mental health treatment unless the client gives permission. We are also using psychiatrists to Kaiser and to other states due to the cost of living in San Francisco.

**Ms. Bohrer** wondered about services for veterans.

**Ms. Robinson** said the clinicians often see veterans in the midst of crisis or veterans with dishonorable discharge status.

**Dr. David Elliott Lewis** commended her presentation and shared that Mayor Ed Lee recently announced approximately $30 million dollars for the next two years for expanding supportive housing.

**Ms. Robinson** clarified that the announcement is not extra funding for behavioral health per se, but probably for people who are homeless to get transitional housing.

**Ms. Bohrer** asked how the board could advocate for services.

**Ms. Robinson** explained that housing is critical and supportive housing essential, which includes on-site behavioral health services.

**Mr. Weinroth** said he was at the same meeting as Dr. David Elliott Lewis when Mayor Lee made the funding announcement. He shared that a large amount will go to a navigation center and 500 new single residency occupancy rooms (SRO’s).

### 4.2 Public Comments:

**A member of the public** shared that veterans prefer care in the community than through the Veteran Administration (VA). Many veterans feel VA doctors just push psychiatric medications rather than offer robust therapeutic programs and services.

**Mr. Porfido** commented that he did not see arts therapy as a vocation.

**Ms. Robinson** said there are art groups in clinics but not as vocational.
Ms. Parks wondered about the Affordable Care Act providing support for electronic record sharing. She added that ACA provided IT money but there is still a barrier between sharing substance use and mental illness partly because substance use is a crime.

Ms. Robinson said electronic record sharing between substance abuse and primary care is hard to come by. She explained that unless a patient consent to sharing record, there is a firewall between substance abuse treatment and mental health services.

Ms. Crouser asked who can get services and who can’t and wondered about behavioral health services for children in school.

Ms. Robinson explained that adults must be on MediCal to received mental health services. But children can use school funding or MediCal or private insurance to receive mental health services. Educational related mental health service dollars through the schools provides funding for all kids.

Ms. Nigusse found the presentation to be informing and felt SF has done more for the African American community.

Ms. Robinson explained the critical difference between hotlines and warmline. Hotlines are for crisis, and warm lines are for engaging in conversation. Hummingbird Place is the only program that requires people to be housed.

Ms. Bernstein asked what SBIRT stand for.

Ms. Robinson said SBIRT stands for Screening, Brief, Intervention, Referral to Treatment. SBIRT represents an innovative, evidence-based approach to addressing unhealthy alcohol usage.

Ms. Tran wrapped up the presentation by saying the committee wanted CBHS to get the word out that CBHS provides services and let people know that privately insured can access services through their insurance carriers with the Affordable Care Act.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke reported the following:

1. May 26, 2015 Mental Health Awareness Open Mic at the San Francisco Main Library
2. June 19-20, 2015 CalMHB conference in Burlingame
4. Mr. Proffitt will be on vacation June 1st – 5th and Ms. Brooke from June 3rd – 22nd.

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

Ms. Chien said the next Executive Committee meeting is scheduled for Tuesday, May 26th in Room 207 at 1380 Howard Street at 10 AM. The Executive Committee meeting will continue to be the 4th Tuesday of the month. All board members as well as members of the public, are welcome to attend.
Ms. Chien will attend the Mental Health Month Open Mic on Tuesday May 26th, 2015. Ms. James and Dr. Lewis will be speaking at the event.

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

Ms. Hardy commended FSA for their extra ordinary programs

Dr. David Elliott Lewis nominated NAMI – Ending the Silent which provides outreach to high schools.

5.4 Report by members of the Board on their activities on behalf of the Board.

Ms. Virginia Lewis announced about her attendance at California Institute for Behavioral Health Solutions conference in Long Beach, CA. She learned that treatments are often dictated by funding streams. She would like to make the materials available to everybody.

Ms. James made her reservation for the Open Mic at the San Francisco Main Library. She also taught recently at NAMI – Peer to Peer Training.

Dr. David Elliott Lewis announced his participation in the Crisis Intervention Training (CIT) award ceremony by the San Francisco Police Department. There were over 300 attendants and most police commissioners were at the event also.

Ms. Chien shared that at the CIT award made an important point by extending an invitation to all police cadets to the ceremony.

Ms. Williams said her program will be honoring Northern and Park Police stations on June 20th, 2015.

Ms. Bohrer mentioned that in June, San Francisco will open the first shelter for the LGBT community.

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

Ms. Bohrer would like to see a presentation from Trilogy about their Network of Care website.

5.6 Public comment.

Ms. Bernstein said the Health Information Portability and Accountability (HIPAA) law has hampered her daughter’s mental health care. She was frustrated that there is no communication between her doctor and her. She feels that clinicians have misinterpreted the HIPAA law.

Ms. Virginia Lewis encouraged the above public member to talk to NAMI.

Ms. Robinson shared that CBHS has a directive form that a person with mental illness can pre-fill out to give consent for family involvement with clinicians.

6.0 PUBLIC COMMENT

No public comments.

Adjournment

Adjourned at: 8:50 PM
An Overview of Behavioral Health Services at the San Francisco Department of Public Health
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
SAN FRANCISCO HEALTH NETWORK
AMBULATORY CARE
BEHAVIORAL HEALTH SERVICES

BEHAVIORAL HEALTH SERVICES

Judith Martin, Administrator, Alcohol & Other Drugs (0932)
Directs substance use program planning and regulations.

Craig Murdock, Coordinator, Behavioral Health Access Center and
Forensic Program (2593)
Directs the access program at 1380 Howard Street and the counties collaborative
behavioral health courts.

Deborah Sherwood, Director of the Office of Quality Management,
Behavioral Health Services (0923)
Directs quality management, quality assurance and quality improvement for
Behavioral Health Services.

Edwin Batongbacal, Director of Adult & Older Adult System of Care
(0941)
Directs behavioral health programs for individuals 18 and older.

Gloria Wilder, Director of Behavioral Health Services Pharmacy (0933)
Directs the pharmacies and pharmacy clinical practice in Behavioral Health
Services.

Irene Sung, Medical Director of Behavioral Health Services (2233)
Directs medical services for behavioral health services for the Department of Public
Health.

Vacant, Deputy Director of Behavioral Health Services (0923)
Directs assigned programs and acts as Director of Behavioral Health Services in the
Director’s absence.

Jo Robinson, Behavioral Health Services Director (0932)
Director of mental health and substance use disorder programs, for the Department of
Public Health.

Ken Epstein, Director of Children, Youth & Families System of Care
(0932)
Directs behavioral health programs for individuals 0 to 18.

Marlo Simmons, Director of Mental Health Services Act (0922)
Directs program planning and budget for the Mental Health Service Act funds.

Molly Bode, Senior Clerk (1406)
Provides scheduling assistance and consolidates efforts across projects by
rendering support to members of the Adult and Older Adult System of Care.

Edmund Carnece, Senior Clerk (1406)
Consolidates efforts across projects by rendering support to members of Pharmacy
and Quality Management.

Nina daSilva, Senior Administrative Assistant (HR360)
Provides scheduling assistance and consolidates efforts across projects by
rendering support to members of the Children System of Care.

Mina Jiang, Senior Administrative Assistant (HR360)
Provides scheduling assistance and consolidates efforts across projects by
rendering support to members of the Medical Team.

Vita Ogans, Senior Clerk (1406)
Provides scheduling assistance and consolidates efforts across projects by
rendering support to members of Behavioral Health.

October 2014
Behavioral Health Services

MISSION
Maximize clients’ recovery and potential for healthy and meaningful lives in their communities

VISION
A behavioral health system of care that is
• welcoming,
• culturally and linguistically competent,
• gender responsive,
• integrated and comprehensive
Timely access to treatment in which “Any Door is the Right Door” and individuals and families with behavioral health issues have medical homes.

OVERARCHING GOAL
Patients thriving in their natural environments
The Employment Readiness Program offers opportunities in various sectors such as Peer Counseling, Clerical, Janitorial, Construction, Information Technology, Culinary and Catering, and Landscaping and Horticulture. These opportunities lead to training and internship opportunities, supported employment, and competitive employment.

**OUTCOMES**
- Awareness about behavioral resources, and vocational/educational services
- Soft skills and job readiness skills
- Understanding work-related income and benefits
- Self-confidence and Wellness
- Advancement from supported employment to a competitive employment
Behavioral Health Services

Prevention, Early Intervention, Self-Help, Education and Assessment

Voluntary Services: outpatient (case management, social rehabilitation, Full Service Partnerships, Intensive Case Management, vocational rehabilitation, day treatment, substance use disorder services, medication support [SUD and MH]), supportive housing, acute diversion units, residential services, crisis residential treatment, residential treatment, wellness centers, collaborative court and psychiatric respite.

Crisis Programs: Comprehensive Crisis, Community Outpatient Crisis, Crisis Stabilization Units (adult and youth).

Psychiatric Emergency Services, Acute Psychiatric Hospitalization

Institutes of Mental Disease

State Hospitals

Lowest Threshold
Lowest Cost
Least Restrictive

Highest Threshold
Highest Cost
Most Restrictive
Our BHS Community Partners

Southeast Child & Family Therapy Center
SF First
Mission Family Center
South of Market
Central City Behavioral Health Services
LE.G.A.C.Y.
Community Justice Center
Chinatown North Beach Mental Health
Sunset Mental Health Services
South Van Ness HIV & Gender Services

Southeast Mission Geriatric Services
Comprehensive Crisis Services
Special Programs for Youth
Mission Mental Health
Transition Age Youth (TAY)
Chinatown Child Development Center
Mission ACT
OMI Family Center
Family Mosaic Project
PATIENTS
MENTAL HEALTH
- Adults
- Children
+
SUBSTANCE USE DISORDER (SUD)

Behavioral Health Services

ACCESS POINTS

24 hr Phone Line

Walk into BH Clinic/BHAC

Referrals from Primary Care

Referrals from Schools

Referrals from Foster Care

Referrals from Criminal Justice

Compressive Mobile Crisis

Hospitalizations
Mental Health Treatment Pathway - ADULT

**ACCESS POINTS**
- ADULT client in need of routine outpatient BH
  - 24-hr phone line
  - Walk in: BH/BHAC
  - Primary Care
  - Criminal Justice

BH Clinic Appointment SAME DAY ACCESS

**ASSESSMENT**

**TREATMENT PLAN**
- Medication Support
- MH treatment
- No treatment indicated
- Referral to non-specialty mental health unit

**Level of Care Considerations**
1. IS THIS PERSON SAFE?
2. Is this person housed?
3. Does this person require residential treatment?
4. Is this person in need of a psychiatric assessment?
5. Which need is primary – substance abuse or mental health treatment?

**Services**
- Psychosocial support
- Vocational services
- Court appearance assistance
- Case management
... AND MANY MORE OPTIONS
Mental Health Treatment Pathway - CYF

ACCESS POINTS
- 24-hr phone line
- Walk in: BH/BHAC
- Primary Care
- Schools
- Foster Care
- Criminal Justice
- Mobile Crisis
- Hospital

BH Clinic Appointment
SAME DAY ACCESS

ASSESSMENT

TREATMENT PLAN

Medication Support

No treatment indicated

MH treatment

Referral to non-specialty mental health unit

Level of Care Considerations
1. IS THIS PERSON SAFE?
2. WHO IS INVOLVED IN THE CHILD'S LIFE? – Link to support network
3. Does the child have a stable living environment?
4. Which need is primary – substance abuse or mental health treatment?

Support Network
- Parents (including foster parent)
- Teachers
- Relatives

Services
- Psychosocial support
- Family Systems work
- Court appearance assistance
- Case management
- Pediatrics
... AND MANY MORE OPTIONS
**Mental Health Services**

- **Early Intervention**: school-based services, parent/family education, early psychosis programs, stigma campaigns, assessments, information and referral services
- **Hotlines & Warmlines**: suicide prevention, peer-to-peer warmlines, 24 hour phone (assessment and referral)
- **Outpatient Treatment**: Individual treatment, groups therapy, medication support, Intensive Case Management, Full Service Partnerships, Assisted Outpatient Treatment, social rehabilitation, vocational services, day treatment, dual diagnosis, respite, peer-to-peer
- **Residential Treatment**: acute diversion units, crisis residential treatment, transitional residential programs, assisted independent living programs
- **Housing**: Co-op, stabilization units, supportive housing, transitional housing, permanent housing
- **Crisis**: mobile crisis, crisis stabilization units, inpatient hospitalization
- **Long-term care**: Institutes of Mental Disease, state hospitals
- **Courts**: criminal justice and civil treatment courts
Substance Use Disorder (SUD) Treatment Pathway - ADULT

**ACCESS POINTS**
- 24-hr phone line
- Walk in: SUD program
- Primary Care
- Criminal Justice
- Comprehensive Mobile Crisis

**BH Clinic**
- Appointment
- Same day assessment

**ASSESSMENT**

**TREATMENT PLAN**
- Medication support
- SUD treatment
- Residential
- Outpatient
- Referral to mental health unit
- No treatment indicated

**AS! (Addiction Severity Index) Assessment Tool**
1. Is this person safe?
2. Does this person require detox? If so, should it be social or medically supported?
3. Is this person housed?
4. Would this person benefit more from residential or outpatient treatment?
5. Does this person need medication assistance treatment? Note: referral to MD

**Services**
- Psychosocial support
- Address other mental health issues
- Court appearance assistance
- Housing assistance
- … and many more options
- **Prevention, environmental**: reducing binge drinking in teenagers, Strengthening Families Program and Communities Mobilizing for Change on Alcohol.
- **Prevention**: HIV, overdose
- **Screening for alcohol use disorders**: (underutilized) SBIRT in PC, CAGE in MH
- **Medication-assisted treatment, opioids**: Integrated Buprenorphine Intervention Services, and seven Opioid Treatment Programs, including vans and office-based
- **MAT**, alcohol treatment medications (underutilized)
- **Detoxification**: Two residential programs (overutilized), new inpatient benefit (underutilized)
- **Outpatient**: counseling and groups
- **Residential**: programs, including perinatal
Common Barriers to Behavioral Health Treatment

- Stigma
- Archaic Laws
- Patients’ willingness to engage, our challenges of finding ways to engage
- "NIMBY"
- Shortage of psychiatrists
- Lack of ethnically diverse providers
- Appropriate housing
- Wait time for residential programs
- Shortage of psychiatrists
### BHS Budget

**FY 2014 - 2015**

<table>
<thead>
<tr>
<th>Revenues/Allocation</th>
<th>Mental Health</th>
<th>Substance Use Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991 Realignment</td>
<td>57,270,000</td>
<td></td>
</tr>
<tr>
<td>2011 Realignment</td>
<td>19,116,945</td>
<td>8,515,285</td>
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<tr>
<td>Revenues/Allocation</td>
<td>67,789,655</td>
<td>14,835,222</td>
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<tr>
<td>Projects</td>
<td>31,559,203</td>
<td>140,500</td>
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<td>Work orders</td>
<td>15,504,558</td>
<td>4,420,185</td>
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<tr>
<td>Grants</td>
<td>9,855,529</td>
<td>1,274,660</td>
</tr>
<tr>
<td>County GF 14-15</td>
<td>77,230,675</td>
<td>40,234,731</td>
</tr>
</tbody>
</table>

**Total:**

- **Revenues:** 278,326,565
- **Mental Health:** 69,420,583

**Note:** The table provides a breakdown of revenues and allocations for mental health and substance use disorder programs from FY 2014 to 2015.
# CBHS Mental Health Clients Served

<table>
<thead>
<tr>
<th>Provider</th>
<th>Unduplicated Client Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Providers</td>
<td>16,001</td>
</tr>
<tr>
<td>Civil Service Providers (Incl. SFGH)</td>
<td>13,916</td>
</tr>
<tr>
<td><strong>TOTAL UN DUPLICATED CLIENTS</strong></td>
<td><strong>25,749</strong></td>
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</tbody>
</table>

# SUD Clients

<table>
<thead>
<tr>
<th>Provider</th>
<th>Unduplicated Client Count</th>
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</thead>
<tbody>
<tr>
<td>Contracted Providers</td>
<td>7,453</td>
</tr>
<tr>
<td>Civil Services Providers</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,453</strong></td>
</tr>
</tbody>
</table>
BHS Client Demographics - AGE

**Mental Health Clients by Age**

- <18: 4,000
- 18-24: 2,000
- 25-44: 6,000
- 45-64: 10,000
- 65+: 12,000

**SUD Clients by Age**

- <18: 500
- 18-24: 1,000
- 25-44: 2,000
- 45-64: 3,000
- 65+: 4,000

Source: DPH AVATAR records
BHS Client Demographics - Gender

Mental Health Clients by Gender

Source: DPH AVATAR records

SUD Clients by Gender
BHS Client Demographics - Race

Adult Mental Health Clients by Ethnicity

- Unknown
- Other
- Multi-ethnic
- White
- Latino/a
- Native American
- Native HA or Other Pacific Islander
- Asian
- African American/Black

Source: DPH AVATAR records

Adult SUD, Ethnicity

- Unknown
- Other
- Multi-ethnic
- White
- Latino/a
- Native American
- Native HA or Other Pacific Islander
- Asian
- African American/Black

Source: DPH AVATAR records
### Diagnosis

- **Unknown**: 1%
- **Substance-Related Disorders**: 1%
- **Sleep Disorders**: 1%
- **Schizophrenic/Psychotic Disorders**: 4%
- **Mood Disorders**: 21%
- **Impulse Control Disorders**: 1%
- **Childhood & Adolescent Disorders**: 33%
- **Anxiety Disorders**: 14%
- **Adjustment Disorders**: 14%
- **Additional Codes**: 10%

**Source:** DPH AVATAR records
**Adults**

![Bar Chart]

**Diagnosis**

- **Schizophrenic/Psychotic Disorders**: 32%
- **Mood Disorders**: 51%
- **Anxiety Disorders**: 10%
- **Adjustment Disorder**: 3%
- **Substance-Related Disorders**: 2%
- **Delirium, Dementia**: 0%

Source: DPH AVATAR records
Key Points

- Mental health and substance use disorders result in behavior that people find difficult to understand – this can make service delivery a very challenging endeavor.

- No “one size fits all approach” - Providing Behavioral Health is an individualized process. Services MUST be tailored to meet every person’s needs.

SFDPH recognizes these challenges and strives to provide culturally competent, evidence-based and innovative services to meet the needs of ALL of our behavioral health patients.
Questions?


Provider Manual Website