



Mayor Edwin Lee

SAN FRANCISCO MENTAL HEALTH BOARD

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Njon Weinroth
Benny Wong, LCSW

MINUTES

Mental Health Board Meeting
Wednesday, [March 15, 2017](#)
City Hall, 2nd Floor, Room
278 One Carlton B. Goodlett
Place San Francisco, CA
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Harriette Stevens, EdD; Co-Chair; Ulash Thakore-Dunlap, MFT, Co-Chair; Idell Wilson, Vice Chair; Gene Porfido, Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Judy Zalazar Drummond, MAs; Wendy James; David Elliott Lewis, PhD; Virginia S. Lewis, MA, LCSW; Toni Parks; Angela Pon; Richard Slota, MA; Marylyn Tesconi; Njon Weinroth; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: [None](#).

BOARD MEMBERS ABSENT: [None](#)

OTHERS PRESENT: Victoria Larkowich; Loy M. Proffitt (Administrative Manager); Kavoos Ghana Bassiri, LMFT, LPCC, CGP, Director of Behavioral Health Services; Annabelle Gardner, Young Minds Advocacy (ymadvocacy.org); Susan Page, YMA; Astrea Somarriba, Administrative & Communications Coordinator at YMA; Clare Rock, YMA; Alena Naiden, reporter; Susan Page, YMA; Nisha Ajmani, YMA; Aisa Villarosa, YMA; Nikita Desai, Theresa Comstock, Napa MHB; and [two](#) additional members of the public.

CALL TO ORDER

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

ROLL CALL

Ms. Larkowich called the roll.

AGENDA CHANGES

None.

ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR (See Attachment A)

The full director's report can be viewed at the end of the minutes or on the internet.

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

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

Mr. Bassiri reviewed highlights from his Director's Report and shared BHS Quality Management team's work with the clinics throughout the City. Various QM reports as well as ANSA and CANS support documents are posted on the SF Department of Public Health's website ([SFDPH.ORG](http://www.sfdph.org)). The Transgender Health Services (THS) team attended & presented at the Inaugural United States Professional Association of Transgender Health (USPATH) conference. The Assisted Outpatient Treatment (AOT) team presented at the Forensic Mental Health Association conference.

The State Department of Health Care Services' Triennial onsite review will be held at the end April 2017 (24th to 27th). The review team will conduct an extensive audit and then provide their findings after as well as make recommendations to the Department.

San Francisco is a sanctuary city. He reaffirmed San Francisco as a safe City for everyone. SFDPH reaffirmed its commitment to provide quality health care and services for all San Franciscans, regardless of immigration or insurance status. SFDPH has provided its Policy & Procedures in relation to immigration status and interactions with immigration & customs enforcement agents needed support. The response has been very thoughtful and thorough, and we are receiving good feedback about that and how quickly the Department has responded. The Department has developed and disseminated the "You're Safe Here!" flyer along with several communication materials as resources, all posted online.

In response to concerns about repeal of Affordable Care Act (ACA) /Obamacare, he said that we know ACA has made a difference for San Francisco, and our values have not changed. The Department is reviewing the possible impacts of the repeal of ACA and assessing projections as well as being proactive & preparing for various scenarios as much as possible.

Ms. Parks reinforced the importance of having vocational services. She has heard a lot of fear about the ACA.

Mr. Bassiri responded that at this time we don't know what the outcome will be; but the Department is being proactive in preparing strategies. Also, majority of the vocational services are funded through MHSA and in partnership with DOR. We understand how anxiety provoking

the current situation is and we want to be accessible and responsive to the needs of our community, especially our most vulnerable population.

Mr. Wong asked about training people at clinics on documentation so DPH would not have to return the money back to the State of California.

Mr. Bassiri stated that a lot work has been done this past year on this as to monitoring and training. Dr. Joe Turner, Documentation Specialist was hired especially to address this and to train clinicians and staff on acceptable documentation in order to comply with the State's guidelines.

Ms. Wilson asked about the measure of success for long-term clients.

Mr. Bassiri responded that BHS maintains data for tracking and in assessment of clients and their progress, especially those that have been in the system for a long time. We want to further analyze our data in a deeper way to see what is happening and why someone stays in the system for a long time, are they getting better or not.

Ms. Wilson commented that she does not see much legacy in the program.

Mr. Porfido is interested in finding out more about the adult system of care.

Mr. Bassiri said he can share more about that as needed and on May 16, 2017 he is going to do a presentation for the Health Commission on the BHS systems of care.

Mr. Bassiri clarified that the Crisis Intervention Team (CIT) will be operating under Comprehensive Crisis Services, in BHS, under Stephanie Felder and with Dr. Angelica Almeida's involvement & support. 4 of the 5 positions have been hired and we have posted for and waiting to hire one more psychologist. They will all be going through the training and cross training with SFPD.

1.2 Public Comment

Ms. Comstock shared that she is with the Napa County Mental Health Board.

Ms. Villarosa with Young Minds Advocacy suggested including children's data in analyzing service utilization.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates:

Mr. Bassiri mentioned that a few Request for Qualifications (RFQ's) were already released this fiscal year and the next one to be released later this month is for peer health and advocacy services. More RFQs are slated for release in the coming months during this fiscal year. We are currently working on the 3-Year Plan and we plan to have the public hearing at the Mental Health Board within the next couple of months.

1.2 Public Comment

Ms. Comstock shared that she is with the Napa County Mental Health Board.

Ms. Villarosa with Young Minds Advocacy suggested including children's data in analyzing service utilization.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates:

Mr. Bassiri mentioned the request for qualifications (RFQ's) for services was released this month, and the request for proposals (RFP's) will come in the future.

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 February 15, 2017 be approved as submitted.

Unanimously approved.

ITEM 4.0 PRESENTATION: FOSTER YOUTH AND MENTAL HEALTH SERVICES IN SAN FRANCISCO BY ANNABELLE GARDNER, YOUNG MINDS ADVOCACY IN PARTNERSHIP WITH CALIFORNIA YOUTH CONNECTIONS. FOSTER YOUTH AND MENTAL HEALTH SERVICES IN SAN FRANCISCO: ANNABELLE GARDNER, YOUNG MINDS ADVOCACY IN PARTNERSHIP WITH CALIFORNIA YOUTH CONNECTION; SUSAN PAGE, YOUTH ADVOCATE AND MENTAL HEALTH BLOGGER.

4.1 Discussion: Foster Youth and Mental Health Services in San Francisco by Annabelle Gardner, Young Minds Advocacy in partnership with California Youth Connections. Foster Youth and Mental Health Services in San Francisco: Annabelle Gardner, Young Minds Advocacy in partnership with California Youth Connection; Susan Page, Youth Advocate and Mental Health Blogger.

Dr. Stevens introduced Annabelle Gardner, Executive Director of Young Minds Advocacy. Ms. Gardner and several of her staff attended the last Executive Committee meeting, and the work they are doing is very much in line with the board's focus on youth. Ms. Gardner will introduce the other speaker(s) with her.

The Young Minds Advocacy presentation is at the end of the minutes, and their website is www.ymadvocacy.org.

Ms. Gardner said Young Minds Advocacy is about de-stigmatizing mental illness in young people between that ages of 16-25. She stated that young people with mental illness have shared that they have faced access barriers to quality mental health care.

Mental illness is America's number one health challenge for young people between the ages of 12 and 24. Statistically, one in five children in the U.S. will have a diagnosable mental health disorder that causes at least minimal impairment by the time they reach age 18. That means more than 17 million American youth meet or have met diagnostic criteria in 2015.

Although millions of young Americans and their families are dealing with mental health challenges daily, fewer than 20% receive *any* treatment. The consequences of unmet mental health needs include failure in school, family disintegration, delinquency, homelessness, and suicide. Mental illness is also a contributory factor in the institutionalization of thousands of young people and is the leading cause of hospitalization among minors.

Through varying pathways, many children with unmet mental health needs end up in restrictive care, group homes, juvenile detention, and psychiatric hospitals. Isolating youth with serious mental health needs from their networks of support and caring adults threatens the links that are critical for successful development and recovery.

She introduced Susan Page to talk about her experiences.

Ms. Page has worked for three (3) years with Young Minds Advocacy. She is now a strong mental health advocate for youth as a mental health blogger.

She was diagnosed with bipolar I disorder while she was in college. Her therapist suggested she go back to college. For her, school was hard because the medications were not working and her self-esteem was affected and resulted in poor grades.

She discovered writing has been her strength. She discovered both therapy and medications help her tremendously and helped her complete college.

Being a mental health activist has been a positive experience for her.

Ms. Gardner shared that in 2014, California Youth Connection (CYC) did the *Other Side of Mental Health* study. The study interviewed nearly 500 foster youth in the five Bay Area counties and found that many youth were unfamiliar or unaware of available mental health services in San Francisco. The survey reported that some young people found medication help. Youth expressed the desire for a holistic care approach.

She made a few suggestions for the board. She would like the board, including other departments, to consider the youth voice in the decision-making processes. She would like to see an increase in awareness about mental health resources for youth in San Francisco. Lastly, besides offering medications to youth, she would like supplemental alternatives to be available for youth.

Ms. Chien shared that 20 years ago she was assigned to the Public Defender's Office and wished she had known of the organization. She works with foster youth and adults who aged out of foster youth. How to help youth unite with families. Katie A services began with foster youth and has expanded to include MediCal youth.

Ms. Bohrer offered the Network of Care system to let youth know of service availability.

Ms. Gardner said that a resource directory would be helpful.

Ms. Gardner said youth are not educated on why they need to take medications by their clinicians. Many youth don't feel that informed consent is emphasized.

Ms. Bohrer suggested someone from the Young Minds Advocacy organization apply for a seat on the MHB to advocate for youth.

Mr. Weinroth shared that parents of youth with mental illness are uneducated about a holistic approach to mental health care.

Ms. Gardner said programs like Active Mind, Mental Health of America, National Alliance on Mental Illness (NAMI), and Young Minds Advocacy have support parents. However, often parents don't educate themselves about medication and alternatives.

4.2 Public comment

Ms. Desai shared that advocacy has helped her tremendously in her own wellness and recovery.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

Dr. Stevens shared that Ms. Brooke is on vacation until March 27th. Mr. Proffitt will give her report.

Mr. Proffitt shared the following:

- The Western Addition Wellness Coalition: Family Empowerment Summit #3 "Triple A to Wellness event on 3/23/2017.

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

The next Executive Committee meeting is Tuesday, March 28, 2017 at 10:00 AM at 1380 Howard Street, Room 226. All board members, as well as members of the public, are welcome to attend.

Co-Chair Thakore-Dunlap presented Certificates of Appreciation to two board members who will be leaving the board shortly, Wendy James and Virginia Lewis.

Ms. Thakore-Dunlap briefly shared the annual Data Notebook and invited participants to meet with BHS staff in April.

She said the goal is to meet with Ken Epstein and tease out questions to ask BHS staff. The Data Notebook comes out annually by the Mental Health Planning Council.

Dr. Stevens invited Terry Bohrer to introduce Theresa Comstock, the Chair of the NAPA county's MHB and the CALBHBC consultant who is visiting mental health boards.

Ms. Comstock mentioned that Napa County is not part of the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C).

Dr. David Elliott Lewis mentioned that the next Wellness Van Committee will be on March 27, 2017. He plans to give an extended report at the April meeting.

Ms. Drummond is chair of the Youth Committee and solicited members.

Ms. Tesconi joined the Youth Committee.

Mr. Slota invited members to join his Annual Report Committee.

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.

[No suggestions.](#)

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

Mr. Wong met with a legislative aide to Supervisor Hillary Ronen.

Ms. Chien shared that Dr. David Elliott Lewis did a crisis de-escalation training at her public's defender office. The staff liked the training so much that they want him to come back for a second training.

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

No suggestions.

5.6 Public Comment

6.0 PUBLIC COMMENT

Ms. Somarriba announced that to kick off May is Mental Health Awareness month Young Minds Advocacy has its second annual event called "Creative Advocacy 2017" on Saturday, April 29, 2017 at SOMArts Cultural Center on 934 Brannan Street between 6 PM - 9 PM.

Adjournment

Adjourned at: 8:35 PM



Mayor Edwin M. Lee

Behavioral Health Services Monthly Director's Report March 2017

1. SUBSTANCE USE SERVICES

Substance Use Services received the long-awaited State-County contract for the Drug Medi-Cal/Organized Delivery System (DMC/ODS). It's now on its way to the Board of Supervisors for their review and approval. The DMC/ODS is part of a State demonstration waiver to create an evidence-based, seamless delivery system for Medi-Cal beneficiaries. Thanks to all of our contracting partners who have worked with us over the last three years to become Drug Medi-Cal certified or re-certified in preparation for this 'upgrade' of our comprehensive substance use services.

2. SAN FRANCISCO TRANSITIONAL AGE YOUTH SYSTEM OF CARE

In recognition of the need to improve coordination of behavioral health services for Transitional Age Youth (TAY 16-25), the TAY Behavioral Health Services (BHS) leadership team is leading a service mapping, stakeholder engagement, and strategic planning process, the goal of which is to develop and support a behavioral health system of care designed to meet the unique needs of young adults and their families across San Francisco. This process builds on the foundational work of the 2007 Mayor's Transitional Age Youth Task Force.

Under the direction of BHS Deputy Director Marlo Simmons, MPH, the SF TAY BHS System of Care leadership team includes Medical Director Robin Randall, MD; Clinical Manager Heather Weisbrod, LCSW; and Triage & Linkage Supervisor Maureen Edwards, LCSW. The team is also receiving planning support from Alicia St. Andrews, MPH.

The BHS TAY System of Care will build on existing TAY-focused behavioral health services and will work in close collaboration with new and long standing TAY advocates, community based organizations, and other city departments. Key participating service systems include mental health, substance use, primary health care, foster care, juvenile/criminal justice, housing, education, and employment programs.

Over 60 key stakeholders from more than 20 organizations and initiatives have participated in informational interviews and initial planning sessions with the BHS TAY System of Care leadership team to date. In follow up, all participating stakeholders will be invited to complete an online survey for further mapping of capacities and needs across available TAY services, providers, referrals, and supports.

Survey results will help to inform next steps in the development and implementation of the SF TAY System of Care, which includes a spectrum of critical direct services as well as the coordination and capacity building necessary for successful service delivery. For more information please contact: Alicia St Andrews (alicia.st-andrews@sfdph.org) or Heather Weisbrod (heather.weisbrod@sfdph.org).

3. QUALITY MANAGEMENT (QM)

Adult Needs and Strengths Assessment Data Reflection in the Adult and Older Adult System of Care

BHS has been working with clinics throughout the City in order to facilitate discussions on routinely collected **Adults Needs and Strengths Assessment (ANSA)** data and how it can inform – and be informed by – clinical care. The ANSA assessment is a tool that providers fill out to profile the needs and strengths of clients. Tom Bleecker, PhD (QM’s Assistant Director of Research and Evaluation/ Psychologist), Gloria Frederico, LMFT (Adult/Older Adult System of Care Program Manager), Shamsi Soltani, MPH (QM Epidemiologist), and Stephanie Nguyen, MPH (QM Health Care Analyst) have been visiting BHS clinics to discuss the Traffic Light Report. This report allows providers to compare two ANSAs for a client on one page, and easily track areas that have changed over time. Meetings have already taken place with clinical staff at Southeast Mission Geriatric, Central City Older Adult, Mission ACT, and ZSFG’s Emergency Department Case Management. Thanks to the 23 clinics who volunteered to do an ANSA Data Reflection so far!

ANSA Support Documents

Quality Management has updated our website to include “ANSA Support Documents.” Three new documents we would like to highlight are 1) BHS ANSA/CANS Certification Instructions, 2) Avatar Bulletin: Accessing ANSA Outcomes Treatment Planning Report, 3) Avatar Bulletin: Accessing ANSA Traffic Light Report. Quality Management will continue to update the website to post documents regarding the ANSA. We are also currently working on updating the ANSA FAQ list with the help of BHS’ clinics. ANSA Support documents as well as other QM reports can be found at:

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/>

Behavioral Health Services Quality Management’s Clinical Documentation Improvement Program

Clinical documentation continues to be a topic of interest and activity for BHS during this transition from the Winter to Spring season. Over 300 managers and supervisors received documentation training during October/November 2016, and now we are offering workshops (“Doc Talk Workshops”) for any staff member who needs additional practice, support and coaching. In addition, we are happy to announce that we have established a website that contains our basic tools, training curricula and important source documents (available at:

<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSQualityMgmt.asp>).

BHS QM’s Clinical Documentation Improvement Program (CDIP) provides training, consultation and coaching to behavioral health staff and organizations. CDIP works closely with other DPH/BHS units to improve clinical and administrative documentation, including: System of Care, Billing-Fiscal, Information Technology, Compliance, Business Office of Contract Compliance and Quality Management. The staff contact for CDIP is Joseph Turner, PhD (joe.turner@sfdph.org).

4. ADULT/OLDER ADULT SYSTEM OF CARE VOCATIONAL SERVICES

BHS Adult/Older Adult System of Care and Vocational Services central administration staff re-examined with providers the annual BHS performance objective that requires adult mental health outpatient programs to enroll a percentage of previously unenrolled consumers into a “vocational related meaningful activity”. Some programs have had challenges in meeting this objective, therefore it was timely to discuss the value this vocational related program objective held for the system of care, and understand the reasons for any difficulties in achieving the goal.

At the March 2017 monthly meeting, BHS Adult/Older Adult System of Care providers upheld support for one of the critical dimensions that support a life in recovery & the path to wellness of individuals with serious mental illness – developing a purposeful life. In the working definition of recovery by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), purpose in life is characterized by “meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society”.

Recognizing that there are many different pathways to recovery and each individual determines one’s own way, the BHS providers raised the importance of crediting consumers for activities they engage in that are not necessarily just ‘vocational related’ but are meaningful, represent personal growth & efficacy, connection to others and contribution to the community. These may then include the adoption of non-vocational related meaningful activities by the consumer.

Aside from this broadening of the definition of success in consumers’ endeavors toward meaningful lives, suggestions were also put forward by the providers to improve the program performance objective in other ways, including in:

- Acknowledging the continued success of BHS programs in helping consumers maintain their involvement in meaningful activities, beyond the initial enrollment of consumers into a vocational related activity.
- Acknowledging the programs’ focus earlier in treatment on helping consumers find meaningful *niches* in the community, beyond the enrollment into vocational activity of consumers who have been in the program for over a year.

Brainstorming was also done on how to incorporate the tabulating of consumers’ successes into the regular documentation workflow, so that the recording of consumers’ successes in this area is always included. The Adult/Older Adult System of Care will work closely with the Vocational Services programs and Contract Development and Technical Assistance (CDTA) unit to incorporate into this objective the positive changes identified.

5. TRANSGENDER HEALTH SERVICES GOES TO INAUGURAL USPATH

This past February, SFDPH Transgender Health Services (THS) staff and its program evaluator presented at the Inaugural United States Professional Association on Transgender Health (USPATH) during the weekend of February 2nd-5th, 2017. This was the first conference at which there were comprehensive behavioral health presentations from mostly peer presenters representing San Francisco Department of Public Health regarding the work from Transgender Health Services.

Seth Pardo, PhD the QM Lead Evaluator for THS, presented client outcomes and reviewed how well THS is serving their patients, including how satisfied the patients are with the navigation and care they are receiving. Dr. Pardo also provided one of only a handful of data presentations at the conference informed

by trans people of color. Dr. Pardo's presentation summarized the baseline characteristics of the clients served by THS, including their quality of life, mental distress (including new non-clinical ways of measuring gender dysphoria), and satisfaction with their primary care and behavioral health services within the San Francisco Health Network.

San Francisco's Transgender Health Services staff presented 9 sessions, including a town hall on phalloplasty procedures, mental health concerns related to gender affirmation procedures among those served by the public health system, the benefit of hiring and utilizing peer navigators, and a workshop focusing on how the medical model for gender affirmation creates barriers for some Communities of Color. A list of the workshop sessions are listed below.

1. Exploring Core Competencies for Mental Health Providers for De-transitioning clients
2. "It was a real disaster but I would do it again." Counseling Education.
3. Mental Health Care for Low Income Trans people seeking surgery: The San Francisco Experience
4. Quality of life, mental health, and baseline demographics of patients served by Transgender Health Services Access Program in San Francisco, CA
5. Strategies for improving outcomes for autistic/neuro-divergent Transgender individuals in medical and mental health settings
6. Supporting gender confirmation surgeries utilizing professional patient navigators from the communities they serve.
7. Challenge and Resiliency at the intersection of Transgender and Homelessness
8. Facial Feminization Surgery: What is it? Who should get it? Why should I care?
9. Meeting the needs of Masculine of Center, Feminine of Center and Two-Spirit People using Gender Confirmation services.

THS received strong feedback from workshop participants regarding the importance of their workshop topics and highlighted the ongoing need for USPATH to centralize its focus with public health populations on cultural humility and peer based models.

SFDPH established Transgender Health Services to provide access to transgender surgeries and related education and preparation services to eligible uninsured transgender adult residents. Currently, SFDPH also provides a range of health services to transgender residents such as primary care, prevention, behavioral health, hormone therapy, specialty and inpatient care.

6. ASSISTED OUTPATIENT TREATMENT

Assisted Outpatient Treatment (AOT) will be well represented at the Forensic Mental Health Association Conference in Monterey in March. SFDPH's AOT Director (Angelica Almeida, PhD) and UCSF Citywide Case Management's Team Leader for AOT (Alison Livingston, LMFT) will be co-presenting on the program in a breakout session entitled "Assisted Outpatient Treatment in California: Implementation and Lessons Learned." In this presentation they will review the law and highlight the successes and challenges of implementing an AOT program. They will also have an opportunity to discuss preliminary outcomes for San Francisco. The co-presenters are looking forward to representing San Francisco at the conference!

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

7. COMMUNITY RESPONSE

On February 3, 2017, there was a two-alarm fire at a two-story building on Stockton Street in Chinatown that impacted many residents (mostly elderly and monolingual Chinese-speaking), who were also displaced due to the damage that hit their homes. BHS coordinated & deployed personnel from its Chinatown North Beach and Sunset Mental Health Clinics who responded to the needs of these residents. From Friday, February 3rd to Saturday, February 11th, these dedicated staff members re-arranged their schedules and worked outside of their normal work schedules, including into the weekends & evenings, to assist the displaced residents, who were sheltered at the local Salvation Army on Powell Street. They worked with the Red Cross, SF Human Services Agency, and other City personnel to provide disaster mental health, psychological first aid, health care and other instrumental assistance, including translation, to the fire victims at the shelter. We are truly grateful for the quick & responsive support provided and thank the management for all their coordination efforts. *All San Francisco City & County employees are designated by both State and City law as Disaster Service Workers.*

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

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

To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org

YOUTH MENTAL HEALTH IN SF COUNTY

SF Mental Health
Board

March 2017



YOUNG MINDS
ADVOCACY

Who We Are

Young Minds Advocacy works to change attitudes about mental illness and break down barriers to quality mental healthcare for young people and their families.

Our goals:

- Access
- Quality
- Collaboration
- Engagement
- Accountability

Who We Are Cont.

Transition Age Youth (TAY) Mental Health Collaborative



Why Youth Mental Health Matters

Youth Mental Health Facts

1 in 5



1 in 5 children ages 13-18 have, or will have a serious mental illness.

20%



Only 20% of young people with mental health challenges receive services.

10 yrs



The average delay between onset of symptoms and intervention is 8-10 years.

50%



Approximately 50% of students age 14 and older with a mental illness drop out of high school.

How does this relate to foster youth?

- 50-70% of children in the foster care system have mental health needs.
- 3 in 4 child welfare-involved youth receive no mental health care within 12 months of entering the system.
- Foster youth are more likely to receive restrictive and high cost services.
- Few foster youth receive home and community-based services.

How is Youth Mental Health Unique?

- Youth are part of families.
- Psycho-social development arc -- what works for adults might not be appropriate for children/youth.
- Youth interact with a wide range of programs.
- Youth have a deep entitlement to care under state and federal laws.

Personal Experiences



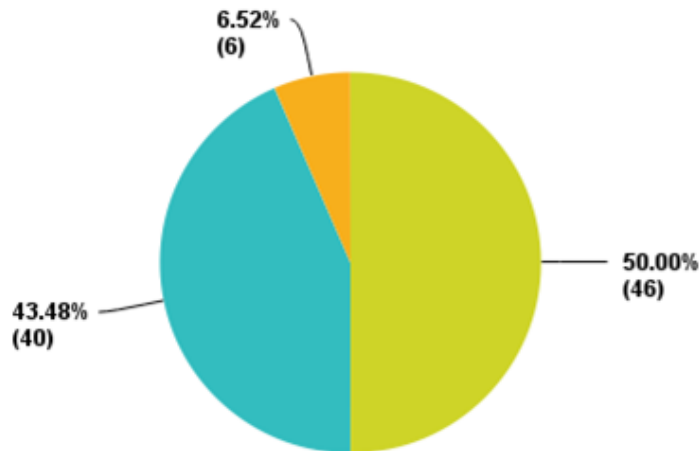
Challenges Identified by Foster Youth In San Francisco

1. Foster youth aren't aware of mental health services available.

2. Youth do not feel supported in trying alternatives to medication.

Q10 How familiar are you with the types of mental health services available to you?

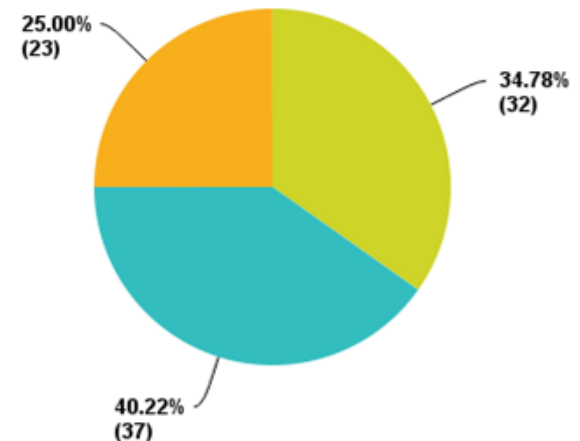
Answered: 92 Skipped: 7



Not familiar Somewhat familiar Very familiar

Q17 Are you supported if you want to try an alternative to medications for your mental health?

Answered: 92 Skipped: 7



Yes No I don't know any alternatives

What Can the Board Do?

1. Include youth voice and participation in San Francisco's Mental Health Board decision making processes.
2. Encourage other departments and committees to do the same.
3. Increase awareness about mental health resources for youth in San Francisco.
4. Promote treatment options for youth that include alternatives to medication--including home and community-based services.

Questions?

Contact Information:

Annabelle Gardner
Director of Communications & Development
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annabelle@ymadvocacy.org
www.ymadvocacy.org
@YoungMindsAdvoc



Transgender Health Services

Report back from USPATH

Issue Date: March 2017

The Transgender Health Services (THS) team, attended and presented at the Inaugural United States Professional Association on Transgender Health (USPATH) during the weekend of February 2nd-5th. This was the first conference, that the entire THS staff was able to attend and present, representing San Francisco Department of Public Health.

A note from THS Director, Julie Graham

“Our team at USPATH attended a variety of presentations offered by international experts in all aspects of gender related care” said Julie Graham, Director of Transgender Health Services as well as the Curriculum Chair for the World Professional Association on Transgender Health (WPATH) the parent organization for USPATH. “Most of my focus was on attending the presentations on surgery that were open to non-surgeons. I participated with a group of surgeons to discuss how to better educate surgeons on the development of a model for standards of surgical care for transgender patients.”

What We Did

Members of the THS team presented throughout the weekend, with the entire team presenting on the final day of the conference on the importance of peer patient navigators. “It felt really amazing and important to do the presentation on utilizing peer patient navigators,” said Zami Tinashe Hyemingway, THS Wellness Coordinator and Patient Navigator. “Several different programs utilize peer navigators to support clients, and we were able to speak to how important it is to provide this type of support for Transgender and GNC clients who are accessing surgical support.”

According to Graham, the THS team presentation provided new information for several of the attendees in the workshop. “Overall, it felt like what is new for other groups is known information for us. There is interest in the models we have and the awareness of the need for comprehensive and informed care that respects cultural backgrounds and is grounded in team members described navigation, patient needs and how community members providing for each other is a transformative experience,” Graham said.

Earlier in the conference, members of THS presented a phalloplasty panel that stressed the importance of preparation and planning, facilitated a town hall on facial feminization with Dr. Thomas Satterwhite and Dr. Fiona Donald, from the San Francisco Health Plan, as well as a workshop on how there needs to be standards of care for people who choose to “de-transition”. The THS team also was able to collaborate with several local and national organizations, Dr. Barry Zevin, Medical Director for Transgender Health Services, did a presentation in collaboration with Boston Healthcare for the Homeless on Homelessness and transgender issues.

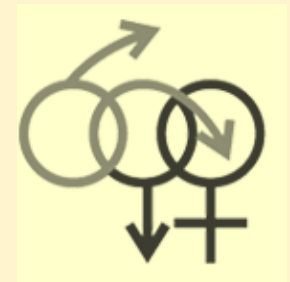
While Hyemingway and Lotus Dao (Behavioral Health Clinician for THS), were able to do a collaborative workshop with Dr. Sand Chang of Oakland, on topics such as cultural humility, the Western medical binary systems and its implications, and the compounded health disparities that trans and non-binary people of color, poor people, and women face.

Towards the end of the conference, Dr. Seth Pardo, the Lead Evaluator with THS, presented client outcomes for THS and reviewed how well THS is serving our patients including how satisfied they are with the navigation and care they are receiving. Dr. Pardo also provided one of only a handful of data presented at the conference informed by trans people of color. His presentation summarized the baseline characteristics of the clients served by THS including their quality of life, mental distress including new non-clinical ways of measuring gender dysphoria, and satisfaction with their primary care and behavioral health services within the San Francisco Health Network.

“We received strong feedback from workshop participants regarding the importance of our workshop topics and need for WPATH/USPATH to centralize cultural humility and peer models. I appreciated the opportunity to meet folks working towards improving access to quality care for Trans and non-binary people,” said Dao.

What We Heard

The THS team was also able to attend several workshops and presentations throughout the conference. Karen Aguilar, Bilingual Patient Navigator said, “I liked a lot of the presentations, especially the presentation that our supervisor Julie Graham did on detransition. I am aware that providers that are against the Transgender community can use de-transitioners against our community. I still think it is important to discuss this topic because they still need services.” Aguilar continues with, “I also learned more about phalloplasty and the experiences of trans men. Now I feel I can better support the trans men that we serve.”



THS’s Patient Care Coordinator, Maria Hower, also attended the conference as part of the team, “I am grateful of the opportunity to learn from several presentations that were a variety of topics ranging from surgeons and their techniques, researchers, providers and several Transgender care programs in the US. I believe my attendance has given me a new perspective to healthcare as a whole for the transgender community,” Hower said.

One of Hower’s favorite presentations was one on insurance. Hower states, “The forum was dedicated to insurance and what problems are occurring within the audience. There was a discussion between the audience where everyone was able to discuss and listen to which programs are gaining headway in authorizing surgical procedures in their cities and which programs are continuously hitting a wall. It was interesting and eye-opening to listen to how many forward thinking areas in the US still are not capable of providing gender confirmation surgeries to their community.” Hower continues with, “It was a moment that helped me understand and appreciate where I work and where I live, and I can say that I walked away feeling happy for the opportunity of being a part of Transgender Health Services.”

Our Team and Final Thought

The Transgender Health Services team felt honored and privileged to be able to represent our work, clients and all of our supports at the inaugural conference. We are even more excited to be able to take the knowledge gained and implement it into our services and programs to better serve the Transgender and GNC community here in San Francisco.

