

**City and County of San Francisco
Department of Public Health**



Mayor Edwin M. Lee

**Jo Robinson, MFT
Behavioral Health Director**
1380 Howard Street, 5th floor
San Francisco, CA 94103
(415) 255-3440
FAX: (415) 252-3079
Jo.Robinson@sfdph.org



Monthly Director's Report
April 2015

1. Announcing the DPH Office of Compliance and Privacy Affairs

I am pleased to announce the appointment of Maria X Martinez, MA as the Director of the Office of Compliance and Privacy Affairs. She will also serve as the DPH Chief Privacy Officer assuming the role previously held by Alice Gleghorn. Maria brings many years of experience working on inter-agency, cross-departmental system changes. She also served as the Community Programs Privacy Officer as we implemented HIPAA.

Reporting to her as the DPH Chief Compliance Officer will be Chona Peralta, LCSW, current Compliance Officer for the Department of Public Health, Behavioral Health, Population Health, Transitions, Jail Health, and Managed Care.

Staff in the San Francisco Health Network and Population Health Division who are currently responsible for compliance and privacy will continue to report to their site-based supervisors. In their function as compliance and privacy staff, they will also report to the newly-formed Office of Compliance and Privacy Affairs to assure centralized oversight, consolidated communication, and the most compliant systems possible.

In addition to maintaining central accountability and an independent perspective from our day-to-day operations, the Office of Compliance and Privacy Affairs will strive to strengthen our internal operations and give each section the support they need to accomplish their mission. Please join me in welcoming our new leadership.

2. California Pharmacists Prepare for New Naloxone Rules

Experts provided advice on the implementation of AB 1535, the California law that allows pharmacists to furnish naloxone in California without a prescription, during a recent webinar hosted by the California Pharmacists Association.

The law, which went into effect on January 1, allows pharmacists to furnish naloxone in accordance with standardized procedures and protocols developed by the California Board of Pharmacy and the Medical Board of California. Now, pharmacists will have a greater opportunity to reduce overdoses and mortalities from opioids, which have increased significantly in recent years.

A positive impact

In California, counties with naloxone programs had an overall slower rate in the growth in opioid overdose deaths compared with counties without naloxone programs, said Michelle Geier, PharmD, psychiatric and substance use disorders clinical pharmacist with the San Francisco Department of Public Health, and Phillip O. Coffin, MD, director of Substance Use Research at the San Francisco Department of Public Health, during the webinar.

California governor signed bill authorizing naloxone dispensing without an Rx

In order to provide naloxone, pharmacists will need to complete a one-hour continuing education course, which is still being developed. In addition, the protocol for AB 1535 developed by the California Board of Pharmacy and the Medical Board of California is not yet in effect, so pharmacists are not providing naloxone without a prescription. “However, retail pharmacies do dispense take-home naloxone to patients with prescriptions from their providers or under collaborative practice agreements,” Geier said.

Pharmacists should consider offering naloxone scripts to all patients prescribed long-term opioids and anyone otherwise at risk of experiencing or witnessing an opioid overdose, Geier and Coffin said.

Patient counseling required

Meanwhile, the AB 1535 protocol says that patient counseling is required, so it cannot be waived. As part of patient screening, pharmacists should find out if the recipient has a history of opioid use, is in contact with anyone who uses or has a history of using opioids, and whether or not the patient has a known hypersensitivity to naloxone.

Naloxone products are available as intramuscular injections, intranasal sprays, and autoinjectors. Pharmacists should choose the formulation based on availability, how well patients can administer it, and the setting. Both the naloxone autoinjector and naloxone used for intra-nasal can be purchased from a pharmacy wholesaler while the mucosal atomizing device (MAD) that is required to give a intra-nasal dose can be purchased through some pharmacy wholesaler medical supplies contracts or from a medical supplies company, according to Geier.

3. SAMHSA and CalMHSA

Opening Soon! Rosa Parks II Senior Housing is a planned senior housing building, developed by a partnership that includes the Mayor’s Office of Housing, the Department of Public Health, and the Tenderloin Neighborhood Development Corporation (TNDC). Rosa Parks II will be part of San Francisco’s response to the needs of homeless older adults with serious mental illness. The newly constructed development will provide 3 units of supportive housing for the MHSA older adult

population within a 98 unit supportive housing building. The services available on-site will be closely coordinated with MHSA wrap-around services available through the Older Adult Full Service Partnership. TNDC has partnered with Bethel AME Church, a long-standing stakeholder and advocate in the Western Addition, to play a key role in community outreach, identifying needs, marketing and developing the ongoing services and community connections for the project.

Mercy Housing and Bernal Heights Neighborhood Center have completed construction and are reviewing applications for 1100 Ocean Avenue. More than one-third of the 71 units will be set aside for Transition Aged Youth, (six youth are MHSA clients), with the remainder of the units dedicated to families earning up to 50 percent of the local area median income. It includes offices for property management and resident social services, a common room for after-school programs and other activities, a multi-purpose room for youth residents, laundry facilities, a small exercise room for residents, and an outdoor play area for children living in the building. The Department of Public Health will provide ongoing Full Services Partnerships and has collaborated with the Human Services Agency to contract with First Place for Youth to provide on-site services for all the TAY residents.

California Initiative Broadens Understanding about Negative Consequences of Stigma and Strategies to Reduce Them

In a first-of-its-kind survey of people at risk of or experiencing mental health challenges in California, RAND Corporation researchers found both that this population perceives high levels of stigma and discrimination, AND that California's statewide stigma reduction efforts are reaching this target audience in high numbers.

Expanding Global Perspectives

- 81% of respondents believe that people with mental illness experience high levels of discrimination
- 1 in 5 indicate they might delay treatment out of fear of letting others know about their mental health problems
- Researchers concluded "there is a clear need for stigma and discrimination efforts in the state of California."
- 35% of Californians with moderate mental health challenges have been reached by the California Mental Health

Services Authority (CalMHSA) activities, and 90% of this target population could be reached by continuing current strategies. California Mental Health Services Authority Evaluation.

SAMHSA and CalMHSA-Funded Technological Tools

MOBILE APPS

SAMHSA launched its free mobile app **Suicide Safe** to help health care providers (both physical and mental health) assist patients with suicidal ideation and behaviors.
<http://store.samhsa.gov/apps/suicidesafe/>

MY3 is a safety planning app in English and in Spanish, and is designed for individuals who may experience suicidal crises to help them avert crises www.my3app.org

FACEBOOK

Facebook recently launched a platform for reporting posts from users who may be in suicidal crisis.

You can flag a post as troubling, after which a dedicated team at Facebook will review the post and reach out to the individual. **If you are concerned about yourself or someone else, you can ALWAYS call 800-273-8255, from anywhere in the United States, to speak with a trained crisis volunteer.**

TEXTING

Crisis texting options of some major services.

[Crisis Text Line](#) [text LISTEN to 741741] Offers support for teens 24/7 provided by trained volunteers and employees of crisis center partners. <http://www.crisistextline.org/>

[The Alex Project](#) [text ANSWER to 839863 or LISTEN to 741741] <http://www.alexproject.org/> publicizes three different crisis text lines. Also on Facebook at <https://www.facebook.com/pages/The-Alex-Project/147008955396851>

[839863](#) also responds to the word “SAFE” as promoted by the *Crisis Support Services* in Alameda County; this service is for teens and is currently offered from 4 – 11 p.m.

[Wellspace](#) operates the Suicide Prevention Crisis Line that serves 36 counties in northern California. They encourage texting HOPE to 916-668-4226 (iCAN). http://www.wellspacehealth.org/suicide_prevention.htm

[San Francisco Suicide Prevention](#) promotes texting MYLIFE to 741741 for 24/7 support.

CHAT

[Lifeline](#). <http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx> offers chat through <http://www.crisischat.org/>

[San Francisco Suicide Prevention](#) offers 24 hour chat through their website <http://www.sfsuicide.org/>

4. Jail Behavioral Health and Reentry Services (JBHRS) - Mentoring and Peer Support (MAPS) Project - Description and Job Opportunities

As was announced in a previous Director's report, Jail Behavioral Health and Reentry Services (JBHRS) was awarded a \$1,392,568.00 grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) for our proposed Mentoring and Peer Support (MAPS) Project in October of 2014. After many months of preparatory efforts, we anticipate receiving authorization to accept and expend soon. The grant monies from SAMHSA, which will be distributed over a 4-year period will fund the implementation of an innovative collaborative enhancement project designed to significantly expand the availability of peer mentoring and support services for clients with co-occurring disorders within three separate courts within the San Francisco Collaborative Courts system: the Behavioral Health Court; the Drug Court; and the Veterans Justice Court. The program will focus exclusively on substance using clients with severe and persistent mental illness who are exiting the jail system, and will offer critical and much-needed peer support as clients undergo treatment, work to stabilize their lives, and strive to reintegrate themselves into the community. The program will further enhance collaboration between the courts, the criminal justice system, and public and private treatment and recovery providers while incorporating a greater understanding of the complex behavioral health needs and issues that frequently underlie involvement in the criminal justice system. The overarching goal of the program is to significantly enhance client outcomes in regard to substance use, mental health issues, employment, housing, and criminal justice recidivism while offering opportunities for participating peer mentors to receive job experience and training and to move on to successful careers following the conclusion of the program.

JBHRS is currently searching for applicants for a full time Project Coordinator and a full time Lead Peer mentor. Interested applicants should send their resume and a cover letter to **Maki Ishihara at maki.ishihara@sfdph.org**. We will also be hiring five part time peer mentors in the next few months. We anticipate being able to begin enrolling collaborative court clients in to the MAPS program in July of 2015. For questions about the program, please contact Maki Ishihara, MSW, the MAPS Project Manager at 415-734-3213 or at maki.ishihara@sfdph.org.

5. CYF (Children, Youth & Families)

Recognizing the impact of trauma not just at the individual level, but the systems level, the Bay Area Trauma Informed Systems of Care (BATISC) initiative seeks to create a shared and trauma informed regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma. SFDPH was awarded a prestigious \$4M SAMHSA grant to lead the BATISC initiative in collaboration with 6 Bay Area counties: Alameda, Contra Costa, Marin, Santa Clara, Santa Cruz, and San Mateo. On April 1st, the first of a series of BATISC events was held. This pioneering event brought together 7 CYF County Directors and each county's System of Care partners within and across Behavioral Health, Juvenile Justice, Social Services, Education, and First 5. In addition, the event featured presentations and a panel discussion from 3 internationally known child trauma experts (Dr. Alicia Lieberman, Dr. Chandra Ghosh Ippen, and Dr. Julian Ford). Cross-county small group discussions processed this important question: "Imagine it is 5 years from now. Write down 1 significant change that happened within a trauma informed system that dramatically improved service delivery for children, youth, and families." Results of these rich discussions were categorized into 4 broad themes:

1) We will speak the same language; 2) There will be fewer barriers to services and their delivery; 3) Staff will feel supported and use skills themselves; and 4) Cultural Humility will guide implementation. In addition, post event evaluation data indicate 94.8% to 100% of participants were satisfied or strongly satisfied with the event (i.e.; purpose was clear; event was well facilitated; event was good use of time; event supported the process of developing a Regional Bay Area System of Care). Furthermore, participants wrote down several things they learned during the course of the event that will help them in the process of developing or supporting a trauma informed system of care.

Chinatown Child Development Center

Annually, rain or shine, the Chinatown Child Development Center (CCDC) staff and clients participate in the 5K Chinatown YMCA Chinese New Year Run/Walk. This year, 50 participants, including event organizers, Dr. Peter Ng, Diana L. Wong, PsyD., LMFT and Nancy Lim Yee, LCSW were a part of this festive and exciting event on March 1, 2015. A hosted hot breakfast, consisting of 1,000 year old egg and lean port congee with Chinese donuts was served to all after the event. The Chinese New Year Run is an annual fundraiser benefitting the Chinatown YMCA's Physical Education Program (PEP) and Community Center, which serves 1,600 youth and families in Chinatown with wellness and community programs each week.

Diana L. Wong, PsyD., LMFT, Chinatown Child Development Center (CCDC) Community Liaison, attends the monthly Asians Against Violence meetings held at Donaldina Cameron House. Representatives from over ten non-profit community based agencies and committed individual members organized the first multi-media family/domestic violence awareness campaign for the Asian community; with the mission to prevent violence and abuse in San Francisco's Asian communities. A joint conference with California State University, East Bay, Department of Social Work, the Chinese University of Hong Kong and Asians Against Violence will take place in San Francisco on June 29-30, 2015 at the Milton Marks Conference Center, titled East Meets West: Using Innovative Strategies to Implement Social Work and Violence Prevention Related Research, Practice and Policy. Abstract submissions encouraged; deadline is April 15, 2015.

Diana L. Wong, PsyD., LMFT, Sam Eath, LCSW and Becky Yu, HWII/MHRS facilitators of the weekly Infant Group, with staff Grace Fung, LMFT and Irving Mok, LMFT, along with the support of the San Francisco Police Department, Central Police Station officers, organized an Easter Egg Hunt at Huntington Park on March 31, 2015 for the birth to 3 year old clients and their families. The Infant Development Group is one of the clinical components at CCDC as a response to the need for a program serving infants and toddlers with developmental delays or disabilities and those who are at risk for such problems.

Comprehensive Crisis Services

In the month of March, the Comprehensive Crisis Services continued to be active and busy in helping individuals and families in crisis. The Child Crisis team conducted 73 crisis evaluations total, 27 of these crises took place at the Edgewood CSU, and 17 clients utilized the 23-hour stabilization at the unit. Our collaboration with CSU continues to show efficacy as many of our children and families in crisis are utilizing the CSU freely and many have returned in order to prevent involuntary hospitalization. March was a challenging month for on-call Child Crisis

team that covers the afterhours, weekends, and holidays, as fewer staff were able to work these shifts. CC staff and staff from other agencies stepped up to assist with filling these slots as a result. A big thanks to those staff. We continue to admire our team members' dedication, flexibility, and hard work in providing quality client care with an emphasis on the overall health and wellness of the children and families in San Francisco.

L.E.G.A.C.Y

LEGACY's Youth Development Team Coordinator, Victor Damian, has been working with an exceptional group of five young adults who will be conducting a workshop on April 17th for staff working in the Adult & Older Adult behavioral health clinics. This group of young adults will share their own experiences in transitioning from the youth (CYF) to the adult (A/OA) Systems of Care, which will include their own lists of "dos and don'ts" when working with Transitional Aged Youth (TAY)

Spring is the season for outreach. In March, LEGACY had booths at Better Together on 3rd MLK Jr Day, Visitacion Valley Family Day, Black Hearing Summit that was held at San Francisco State University as well as the re-naming celebration of the Linda Brooks-Burton Library on 3rd Street in the Bayview district.

Mission Family Center

Mission Family Center wants to thank Jose Hipolito for the superb case management services he provided on behalf of the clients awaiting their appointments. His community collaboration with other service providers to find the best option for these clients has been invaluable. A big thank you goes out to Ajani, Instituto Familiar de la Raza, SF Child Abuse Prevention Center, and Southeast Family Therapy Center for their support in this process. MFC responded to John O'Connell High School for support and debriefing regarding several critical incidents there. We kicked off our QI collaborative team with a baseline assessment and the revision of our internal psychiatric referral form and procedures in order to streamline that referral process. We continue to host the monthly CBHS work group on unaccompanied minors. A heartfelt thank you goes out to Wesley Wong who assisted us with various key facilities issues last month (March). And last but not least, thanks to all the men at MFC we celebrated International Women's day and Social Worker's Week with great food and company.

Family Mosaic Project

Family Mosaic Project (FMP) is testing a new PDSA (Plan-Do-Study-Act) at the agency. One of the topics that staff wanted to measure is staff morale. FMP has experienced many changes in the past 2 years and we wanted to gather a baseline of what staff were feeling about their workplace. We conducted a survey before a scheduled event. We then planned a luncheon/tea for staff on St. Patrick's Day. The staff filled out the survey after the event. Overall, the baseline and post results were high (98% both pre and post). We will continue to work on different PDSA's which involve input from all of the teams at FMP.

Foster Care Mental Health

Please welcome George Calvin, LCSW and Debonne Nelson, BA, to the Foster Care Mental Health team. George will be one of the three Child and Youth Wellness Coordinators,

beginning on April 16th and Debonne began as a Health Worker 3 on April 6th. FCMH is receiving an average of 85 referrals a month. Approximately 38 of these children are removed from their family home each month. The other remain in their family or care giver home with supportive services in place. FCMH provides CANS screening and assessment to each child, regardless of where they are placed, and then links to behavioral health services when medical necessity is met. Our aim is to connect with those children who are removed from their families with 48 hours of removal in order to assess their behavioral health needs. Together, with HSA Family and Children's Services, we are piloting a Shared Care Plan teaming model which will give families and providers a shared understanding of the behavioral health issues that may be impacting the safety of their children and then provide a way for the family to plan for what is needed. Foundationally, the Shared Care Planning model is built upon Collaboration and Empowerment, one of our DPH Trauma Informed System of Care Core Principles.

6. Early Childhood Mental Health Consultation Initiative (ECMHCI)

At its core, early childhood mental health consultation is a collaborative effort between a mental health clinician and the care providers of young children (ages 0 – 5) with the goal to recognize, interpret, and support the emotional and behavioral health care needs of the children and their families. By doing this the ECMHCI seeks to improve children's readiness to enter kindergarten, to strengthen and support families, and to support the continuous quality improvement of early care services by building the capacity of those working closest with young children. The ECMHCI is jointly funded by DPH, First Five San Francisco, the Department of Children Youth and Families, and the Office of Early Care and Education. Across the five community-based organizations contracted to provide the services (Edgewood; Infant Parent Program; Instituto Familiar de la Raza; Homeless Children's Network; and RAMS' Fu Yau Project), their respective teams result in 54 mental health consultants supporting a combined total of 12,939 children, parents, and care providers across the city during FY13-14. We are pleased to report very promising outcomes of the work, and here are a few snapshots:

- 71% of care providers reported that mental health consultation helped increase their understanding childhood mental health and behavioral issues.
- 95% of care providers reported that mental health consultation helped them improve their relationship with parents when communicating about their children's strengths and needs.
- 88% of programs reported that their mental health consultant is actively working with them to increase program flexibility to better accommodate each child's individual needs.
- 98% of programs think that mental health consultation was helpful in retaining children in their program who are at risk of expulsion.
- 71% of parents surveyed reported that mental health consultation increased their awareness of the connection between their child's environment and behavior.
- 100% of parents surveyed reported that mental health consultation helped them as a parent.

7. SFDPH Office of Compliance and Privacy Affairs

(See Attachment 1)

8. Hummingbird Place – Peer Respite Now Open – Closed Referral Process Only

We are very excited to announce that we are finally ready to open the doors to Hummingbird Place, a Peer Psychiatric Respite, on April 20, 2015. Day Program available 11 AM—7 PM.

Located at 887 Potrero (East End-in the space previously occupied by Seneca), Hummingbird Place will provide respite to clients in need of a safe space to rest and consider healthy options. Staffed by Peers and CNAs, clients can come and engage in onsite activities, talk to Peers or just relax. The program is designed to work with individuals who are not quite ready to engage in treatment or are in need of a safe space to go to instead of seeking out urgent/emergent care.

Please note that this Respite will be a CLOSED REFERRAL process. Only individuals who are sheltered/housed, connected to Intensive CM or FSP or have been screened by Stephanie Twu, Progress DET, or Placement, can be considered for participation.

Questions can be directed to Kelly Hiramoto or Tracey Helton at 415.255.3736.

9. Trans in the Tenderloin: A Story of Community Resilience

Gender specialist and psychotherapist Robyn L. Stukalin, MS, LCSW will be joined by Amber Gray, Kandi Patterson and Conrad Wenzel, MSW, who are trans* identified peer and staff activists to discuss the effects that trauma and discrimination have on the lives of trans* and gender non-conforming people and the resilience shown by members of the transgender community. The presentation will combine excerpts from interviews done with members of the trans* community and relevant research findings on the impact of discrimination with Ms. Stukalin's insight after decades of clinical experience working with members of the trans* community. In their panel Ms. Gray, Ms. Patterson and Mr. Wenzel they will explore what trans* people need to

be healthy, the impact of the intersection of racism, sexism, homophobia and transphobia and the factors that they have found that contribute to the resilience of the trans* community.

Presenter: Robyn Stukalin, MS, LCSW, Psychotherapist/Clinician, Tom Waddell Clinic, Trans Access, San Francisco, CA

(See Attachment 2)

10. Evaluating Health Information from Online Resources

The internet can be a useful tool to broaden understanding of mental health and medications. With the infinite array of health resources available online advising clients on how to conduct accurate internet searches is of the utmost importance. Also important is reinforcing that reputable sources of information may provide conflicting information and any concerns should always be discussed with healthcare providers. Below are some helpful tips for locating unbiased and credible resources.

Is the source credible?

- An important clue to the identity of the publisher is a web address, trusted resources usually come from the following:
 - .edu – an educational institution such as university
 - .gov – a governmental organization
 - .org – a nonprofit
- Use caution when information is obtained from .com – a for-profit company, ask the following questions:
 - Who published the information? -caution when viewing information published from a pharmaceutical company, this information can be bias

Is the information accurate?

- The most reliable evidence to support any information comes from randomized controlled studies.
- If you receive information from an internet site make sure that the information is based on evidence, not the writers' opinion.
- Red flags
- Information has no identifiable publisher
- The purpose of the information is primarily to sell a product
- When assessing accuracy, consider the following:
 - Is the information based on scientific evidence?
 - Is the original source listed?
 - Is the information current?

Here are some suggested resources to guide patients to a better understanding of mental disorders and medications.

1. Substance Abuse Mental Health Service Administration (SAMHSA)

<http://www.samhsa.gov>

- Prevention of substance abuse and mental illness
- Behavioral health treatment and services/ recovery support

2. National Alliance on Mental Health (NAMI)

<http://www.nami.org>

- Offers thousands of educational programs and support for families, individuals, and educators

3. NIH Mental Health Information

<http://www.nlm.nih.gov>

- Provides information on mental health conditions
- Addresses related issues, health check tools, clinical trials, and research

4. NIMH Mental Health Medications

<http://www.nimh.nih.gov>

- Types of medications used to treat mental disorder, medication side effects
- Warnings about medications from the U.S. Food and Drug Administration (FDA)

5. CBHS Pharmacy

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

- Medication side effects

11. Leading up to the November 1, 2015 Assisted Outpatient Treatment (AOT) Implementation

Angelica Almeida, Ph.D. is excited to be the newly appointed director of the Assisted Outpatient Treatment (AOT) program, more commonly referred to as Laura's Law, for the San Francisco Department of Public Health. She joins the Department of Public Health with a wealth of information and experience working with individuals with severe and persistent mental illness. In her previous role as the Deputy Director of Jail Health Reentry Services in the San Francisco County Jail, Dr. Almeida worked closely with the community and courts (including Behavioral Health Court) to ensure continuity of care between the forensic and community systems of care. Additionally, she has experience working with families and is an adjunct professor at a local university.

Assisted Outpatient Treatment, adopted by the Board of Supervisors in July 2014, will be a new intervention tool with strict eligibility criteria that can be utilized to engage adults with severe mental illness who have poor treatment compliance. While the program does allow for court ordered treatment, our version has a particular focus on community-based services that allow multiple opportunities for the individual to engage in voluntary treatment. The ultimate goal of this program is to provide intensive outpatient services to these individuals in an effort to improve their quality of life, as well as prevent decompensation and cycling through acute services and incarceration. This program will further complement the mission of the department and strengthen the preexisting services offered throughout San Francisco.

Leading up to the implementation on November 1, 2015, Dr. Almeida will be working closely with Behavioral Services to assemble the AOT Care Team, including a peer who has lived-experience with mental health treatment and a family liaison who has a relative with mental illness. These team members are unique to San Francisco's program and we believe that they will be instrumental in providing support to family members and engaging consumers on a path towards wellness and recovery. In the coming months she will also be offering trainings to stakeholders, providers, and community members.

12. Mental Health Client Satisfaction

The results from the Fall 2014 Mental Health Client Satisfaction surveys have been calculated, and we find that overall, there are high levels of satisfaction among the clients surveyed. Overall results for the Youth and Family (YSS and YSS-F) surveys, and Adult and Older Adult (MHSIP) surveys are as follows:

	<u>Overall Satisfaction</u>	<u>Return Rate</u>
Youth and Family Surveys	92%	66%
Adult and Older Adult Surveys	89%	78%

The program-level reports are nearly complete; an email will be sent out to notify providers when they are uploaded to the DPH website in the coming weeks. The next Mental Health Treatment Client Satisfaction survey period will be May 11th-15th -- only one month away! Please contact Stephanie Nguyen at Stephanie.k.nguyen@sfdph.org or (415) 255-3799 with questions.

Using our November 2014 survey results, we've listed below the highest and lowest rated items for each survey group (Youth, Family, and Adults), showing the percent of clients who reported they "Agreed" or "Strongly Agreed" with the survey statements. Individual program reports will help programs identify areas that should be the focus of improvement efforts.

Youth Survey	<u>Lowest Rated Items</u>	<u>% Agree or Strongly Agree</u>
	As a result of the services I received, I am satisfied with my family life right now	67.20%
	As a result of the services I received, I get along better with family members	68.49%
	I helped to choose my services	70.00%
<u>Highest Rated Items</u>		
	Staff treated me with respect	91.93%
	Staff respected my religious/spiritual beliefs	92.17%
	Staff spoke with me in a way that I understood	93.76%

		<u>% Agree</u> <u>or</u> <u>Strongly Agree</u>
Family Survey	<u>Lowest Rated Items</u>	
	As a result of the services my child and or family received, my child is better able to cope when things go wrong	68.22%
	As a result of the services my child and or family received, I am satisfied with our family life right now	69.72%
	As a result of the services my child and or family received, my child is better able to do things he or she wants to do	71.63%
<u>Highest Rated Items</u>		
Staff were sensitive to my cultural/ethnic background	94.80%	
Staff spoke with me in a way that I understood	96.26%	
Staff treated me with respect	96.71%	
Adult Survey	<u>Lowest Rated Items</u>	<u>% Agree</u> <u>or</u> <u>Strongly Agree</u>
	As a direct result of the services I received: I do better in social situations	70.41%
	As a direct result of the services I received: I am getting along better with my family	70.97%
	I was able to see a psychiatrist when I wanted to	77.83%
	<u>Highest Rated Items</u>	
	I felt comfortable asking questions about my treatment and medication	88.25%
	I would recommend this agency to a friend or family member	88.73%
I like the services that I received here	92.16%	

13. New CBHS Program Directors at South of Market

Jerna Reyes is the newly-appointed Director of South of Market Mental Health Center at 760 Harrison Street, overseeing the South of Market Integrated Service Center, SF FIRST and Filipino-American Counseling & Treatment programs. She will also be overseeing the primary care-behavioral health integration at that site, as well as lead the behavioral health center's quality improvement and wellness-recovery direction. Jerna has been with CBHS civil-service since 2003, first as clinician at South of Market Mental Health and at Southeast Mission Geriatric Services. For the recent two years, she had been doing an excellent job as acting deputy director of the SOM clinic, and we welcome her now to her official role as the director.

Jorge Solis is assuming a new role as the Director of CBHS Behavioral Health Homes, and is going to oversee the integration of physical healthcare services to be provided at CBHS civil service behavioral health clinics. Jorge has already been leading the SAMHSA-funded project to integrate primary care services into the South of Market Mental Health Clinic, and now in his new position, he will lead in the expansion of primary care into other civil service behavioral health clinics. Taking over Jorge's former role of Director of SF FIRST is Karen Lancaster, who will be acting director until a permanent director for that program is recruited. Karen has been with the South of Market behavioral health center since 2001.

Along with Rauderick DeSilva and Natalie Henry-Berry, who will act as assisting directors for the Filipino-American Counseling & Treatment Team and the South of Market Integrated Service Center, respectively, this team of exciting new leaders are now at the helm of the South of Market behavioral health center, joining with Steven Wozniak and Stuart Washington, Medical Directors of SOM and SF FIRST, respectively, to lead in providing behavioral health services of the highest quality for clients. Let us all welcome and congratulate them.

Thank you to John Grimes, Deputy Director of Adult/Older-Adult Systems-of-Care, who led the SOM clinic, even as he was busy with several other assignments, and developed a cohesive team that is now well poised to take over leading the clinic.

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

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