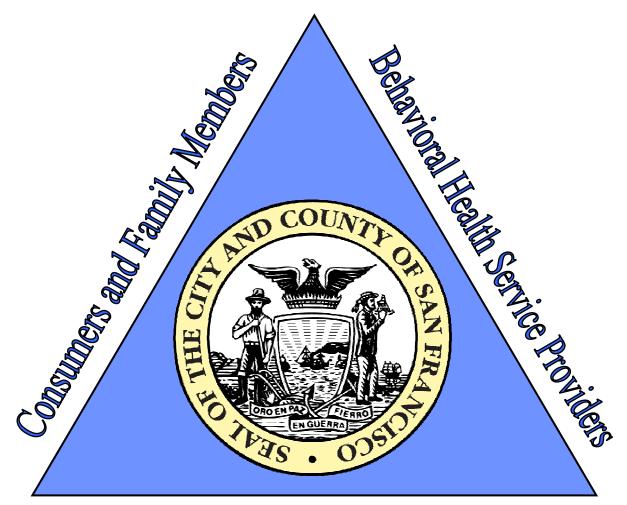
# City and County of San Francisco Department of Public Health - Community Programs Community Behavioral Health Services



Community Behavioral Health Services

# ~~ 2012 ~~ PROVIDER DIRECTORY

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### CBHS 2011-2012 Provider Manual

**Community Behavioral Health Services'** system of care recognizes that the paths of recovery are a personal and unique process; we strive to honor that by providing culturally competent services that are preventative, evidence-based and innovative. CBHS partners with consumers as they begin their first steps on the journey of recovery.

~ Jo Robinson, MFT ~ Director of Community Behavioral Health Services

**Welcome** to the 9th Annual edition of the CBHS Provider Manual. This manual is designed with you in mind, to provide you with helpful and useful information. It contains an updated list of CBHS Providers, CBHS Administrative staff, information regarding the location of important forms and documents.

You will also find basic information such as, how to access CBHS services, eligibility requirements, and the various CBHS departments and sections at 1380 Howard. Each section lists additional contacts and telephone numbers for more information. Some procedures contained herein are specific to mental health service programs and some are specific to substance abuse treatment. Please visit **www.sfdph.org/cbhs** for more information.

2011-2012 Manual Editors - Office of Quality Management Kellee Hom, Quality Improvement Director Lucy Arellano, Community Liaison Edmund Carnecer, Administrative Assistant Jon Blackner, Business Office of Contract Compliance

# **CBHS- Quick Reference Telephone Numbers**

AVATAR Help Desk	255-3788
CBHS Administrative Office	255-3400
Behavioral Health Access Center	503-4730
Treatment Access	503-4730
Mental Health Access	255-3737
CBHS Pharmacy	255-3659
Child Adolescent Support Advocacy- Resource Center	206-8386
Compliance Hotline	642-5790
Comprehensive Child Crisis Services	970-3800
Healthy San Francisco	615-4500
Homeless Outreach Team	865-5200
Mobile Assistance Patrol Mobile Crisis Treatment Team Project Homeless Connect	431-7400 355-8300 503-2123
Psychiatric Emergency Services	206-8125
SF City Information Line	311
Suicide Prevention (Telephone Crisis Counseling)	781-0500
Westside Crisis Clinic	355-0311
Communication with the Hearing Impaired	711 1-888-877-5319 1-800-753-2922

Please consult the main body of the manual for a full description of these programs.

### Community Behavioral Health Services Vision, Mission, & Principles

### Vision

The vision of behavioral health services is to have a welcoming, culturally and linguistically competent, gender responsive, integrated, comprehensive system of care with timely access to treatment in which "Any Door is the Right Door" and individuals and families with behavioral health issues have medical homes.

### **Mission**

The mission of behavioral health services (in the San Francisco Department of Public Health) is to maximize clients' recovery and wellness for healthy and meaningful lives in their communities.

### **Principles**

- Welcoming: Any door is the right door "Welcome, you're in the right place"— will be the warm message all clients will receive at all entry points in the integrated system.
- Co-Occurring issues/dual diagnosis is the "expectation," not the exception.
- All programs will be "dual diagnosis capable" and work in collaboration to meet the multiple needs of clients
- Both substance abuse and mental health issues and disorders will be addressed with appropriate services
- Integrated services will be the standard of practice.
- Recognition that all dual diagnosis clients are not the same; each type of client will be provided with different, appropriate, approaches to care.
- Best practices will be employed, such as harm reduction, motivational interviewing and the use of the stages-of-change perspective.
- The inner strengths and potentials of all clients will be recognized at all times. Caregivers will use non-blaming, non-judgmental language, seek to instill hope, and practice positive engagement.

### Who is Served by the San Francisco Department of Public Health, CBHS

Mental Health Services in San Francisco are offered under the San Francisco Mental Health Plan. All San Francisco Medi-Cal beneficiaries are automatically members of the San Francisco Mental Health Plan. Healthy Families and Healthy Workers members of the San Francisco Health Plan are also SFMHP members. In addition, the SFMHP recognizes the public mental health system's role as a safety net for San Francisco residents who lack insurance coverage or the means to cover the cost of mental health care. San Francisco has opted to provide a single Mental Health Plan with the same services offered to Medi-Cal beneficiaries and indigent San Francisco residents.

### What Services are provided?

Consumers may access behavioral health services by calling the San Francisco Behavioral Health Access Center, using the local or toll-free Central Access phone numbers (255-3737 or 1-888-246-3333) or TDD Access line (1-888-484-7200) or by walking into any of our many clinics. Consumers have access to a comprehensive array of community-based services, including but not limited to:

- Information and referral services.
- Prevention services.
- A full range of voluntary behavioral health services for children, adults and older adults, including self-help, peer support, outpatient, case management, medication support, social rehabilitation, vocational rehabilitation, day treatment, dual diagnosis treatment, substance abuse services, supported housing, residential care, transitional residential treatment, sub-acute residential treatment, and crisis residential treatment.
- Behavioral health services for children with special education needs.
- 24-hour psychiatric emergency services, mobile crisis services, and a crisis hotline (415-781-0500).
- Involuntary assessment, inpatient hospitalization, and long-term care services for individuals found to be a danger to themselves or others, or who are gravely disabled due to a psychiatric problem.

Outside of our county network of services, the State of California's Fee-for-Service Medi-Cal program continues to offer some services to Medi-Cal beneficiaries that have been "carved out" of County mental health plans. These include substance abuse services; private psychologist and psychiatrist services for individuals who have both Medi-Cal and Medicare; and services for individuals with cognitive and organic brain disorders.

Mental health services delivered by primary care providers are not covered by SFMHP, but these services may be covered either through the Fee-for-Service Medi-Cal program or one of the two health plans for those enrollees.

### Who Provides These Services?

### **Institutions**

Institutional service providers include hospitals, Skilled Nursing Facilities (SNF), Institutes for Mental Disease (IMD), and Mental Health Rehabilitation Facilities (MHRF) licensed by the California State Department of Health Services and meeting national accreditation standards.

### **Organizational Providers**

Organizational Providers are certified by SFMHP and the State to deliver mental health services through Short-Doyle Medi-Cal clinics staffed by licensed mental health professionals and interns under licensed supervision. Some of these clinics employ peer counselors.

### **Private Provider Network (PPN)**

The San Francisco Mental Health Plan contracts with licensed psychiatrists, psychologists, marriage and family therapists, and licensed clinical social workers in the community to offer mental health outpatient treatment in their private practice offices, or professional services during an inpatient stay. Additional services include foster care counseling and psychiatric services to Residential Care clients.

# PROVIDER LISTING

CBHS Behavioral Health Access Center (BHAC)			
1380 Howard Street, 1st floor	Phil Castiglione (TAP)	(415) 503-4730	Fax (415) 255-3629
San Francisco, CA 94103		(800) 750-2727	TDD (888) 484-7200
,	Steve Benoit (ACCESS)	(415) 255-3737	Fax (415) 255-3629
		(888) 246-3333	TDD (888) 484-7200

BHAC brings together the Treatment Access Program (TAP) and Mental Health Access to provide evaluation, referral, linkage and brief treatment services to San Francisco residents seeking Mental Health and/or Substance Use treatment services. BHAC provides a centralized, integrated, and welcoming venue for accessing services. System navigators, who are consumers of these services, help patients get to where they need to go, and provide additional information.

### **CBHS Pharmacy Services**

1380 Howard Street (at 10th St.) 1st floor, Room 130 Telephone: 255-3659
San Francisco, CA 94103 Fax: 255-3754

All clients who receive authorized or acute services within the CBHS network of services are eligible for pharmacy benefits.

The Centralized pharmacy at 1380 Howard Street provides pharmacy services for CBHS including:

- Providing behavioral health medications directly to CBHS Clinics
- Clinical psychopharmacology consultation oto CBHS psychiatrists and staff
- Supporting a network of community pharmacies in San Francisco to enhance clients' medication access
- Administrative support to our clinical pharmacists who work in CBHS clinics

Hours of Service: 8:30 am - 5:00 pm \* (Monday through Friday, excluding holidays)

\* General hours, please call to confirm before picking up an order

### In addition to prescription services, the following programs are also available:

- Medication support groups (e.g. Clozapine)
- Medication refill clinics for stabilized patients
- Drug interaction screening and monitoring
- Pharmacist consultation with clients and prescribers
- Pharmacist coordinated chronic medication management
- Client-specific medication education and counseling
- Training and inservice education programs to medical and non-medical staff

The above named services are provided at the following sites:

- Chinatown/North Beach
- Ocean Mission Ingleside
- San Francisco Behavioral Health Center / SFGH
- Sunset MH
- Mission MH
- South of Market MH

### **Drug Information Service**

This service provides telephone clinical psychopharmacology consultation to CBHS psychiatrists and staff

Hours of Service: 9 a.m. - 4:30 p.m. (Monday through Friday, except holidays)

Telephone: 252-3055 Fax: 252-3036

For General information and pharmacy and prescription services, please call 255-3659.

12-Step and Other Self Help O	Organizations	
Self-Help programs are appropriate f		ifestyle and seeking
the support and encouragement of oth	hers in similar situations.	
AA-Alcoholics Anonymous	1821 Sacramento Street	674-1821
Alanon Family Groups	50 Oak Street, 3rd Floor	626-5633
Alateen	50 Oak Street, 3rd Floor	626-5633
CA-Cocaine Anonymous	P.O Box 640669	821-6155
CBHS-TAP SF Drug Court Treatment Center	San Francisco, 94164 509 6th Street	222-6150
CBHS-Treatment Access Program (TAP)	679 Bryant Street	538-5500
GA-Gamblers Anonymous	P.O Box 280925 San Francisco, 94128	(800) 287-8670
MA-Marijuana Anonymous	P.O Box 460024 San Francisco, 94146	522-7373
NA-Narcotics Anonymous		621-8600
Nar-Anon Family Groups, Inc.	P.O Box 193164 San Francisco, 94119	292-3241
NCADA National Council On Alcoholism and other Drug Addiction	944 Market Street, 3rd Floor	296-9900
NCADA National Council On Alcoholism and other Drug Addiction DUI Program	944 Market Street, 3rd Floor	296-9900
San Francisco Suicide Prevention Crisis Line	P.O. Box 191350 San Francisco, 94119	781-0500 24-hrs
San Francisco Suicide Prevention Drug Line	P.O. Box 191350 San Francisco, 94119	362-3400 24-hrs

FOR MORE INFORMATION Contact: CBHS Behavioral Health Access Center: (415) 503-4730



BOCC Program Listing is available electronically at: http://bocc-pcs.net/

**Addiction Research and Treatment Services** 

1111 Market Street San Francisco, CA 94103 (415) 552-7914 Executive Director: Evan Kletter

Email: ekletter@baartprograms.com Phone: (415) 552-7914 Ext: 133

SA ART FACET Program 433 Turk Street San Francisco, CA 94102 Program Director: **Nadine Laurent** Email: nlaurent@baartprograms.com Phone: (415) 563-9816 SOC Manager: Charles Rivera BOCC Manager: Carlos Balladares CDTA Manager: Mario Hernandez

FACET offers comprehensive substance abuse and parenting services to pregnant and parenting opiod dependent women. Women who enter this program receive 1) methadone treatment to reduce physiological withdrawal symptoms from opiod addiction, 2) group and individual counseling, 3) parenting and perinatal training, 4) medical services, 5) weekly group sessions. In addition, the FACET coordinator maintains all perinatal records, deliver outcomes, APGAR scores, birth weight, weekly urine analysis results, and multidisciplinary team and Child Protective Services correspondence.

SA ART Market Street Methadone Maintenance 1111 Market Street, 1st Floor San Francisco, CA 94103 Program Director: **Dan Graney** Email: dgraney@baartprograms.com Phone: (415) 863-3883 SOC Manager: Charles Rivera BOCC Manager: Carlos Balladares CDTA Manager: Mario Hernandez

The Market Street Clinic offers comprehensive methadone treatment for opiod dependent persons. In addition to medication, patients receive a complete medical examination at point of intake and annually thereafter, and individual counseling sessions at least once per month for a minimum of 50 minutes. Individual patient need determines the length and frequency of counseling session per month.

SA ART Turk Street Methadone Maintenance 433 Turk Street Program Director: **Nadine Laurent** Email: nlaurent@baartprograms.com Phone: (415) 928-7800

SOC Manager: Charles Rivera BOCC Manager: Carlos Balladares CDTA Manager: Mario Hernandez

The Turk Street Clinic offers comprehensive methadone treatment for opiod dependent persons. In addition to medication, patients receive a complete medical examination at point of intake and annually thereafter, and individual counseling sessions at least once per month for a minimum of 50 minutes. Individual patient need determines the length and frequency of counseling session per month.

Asian American Recovery Services, Inc.

San Francisco, CA 94103

1115 Mission Road So. San Francisco, CA 94080 (650) 243-4888 Executive Director: Jeff Mori Email: jmori@aars.org Phone: (650) 243-4888

SA AARS Drug Court Treatment Center 509 6th Street San Francisco, CA 94103

Program Director: **Kate Godsey** Email: kategodsey@comcast.net Phone: (415) 222-6150 SOC Manager: Charles Rivera BOCC Manager: Sean Nguyen CDTA Manager: James Stroh

SA AARS Lee Woodward Counseling Center 2166 Hayes Street Suite 303 San Francisco, CA 94115

Program Director: **Rani Devadasan**Email: rdevadasan@aars.org
Phone: (415) 776-1001

SOC Manager: Charles Rivera
BOCC Manager: Sean Nguyen
CDTA Manager: James Stroh

Lee Woodward Counseling Center is an Outpatient program designed to provide treatment services for alcohol and/or drug addicted women, their children, their families and/or significant others. The program provides substance abuse and mental health services, education, group and indivdual counseling, family counseling chidrens services and case management.

MH AARS Project ADAPT MH 2020 Hayes Street San Francisco, CA 94117 Program Director: Rani Devadasan Email: rdevadasan@aars.org Phone: (415) 750-5125 SOC Manager: Charles Rivera BOCC Manager: Sean Nguyen CDTA Manager: James Stroh

Project ADAPT Mental Health Services provides case management, individual therapy, rehabilitation, collateral, and crisis intervention to adult, Asian and Pacifica Islanders. The goals of the program are to prevent the need to psychiatric emergency services or acute hospitalization and to improve the quality of life through appropriate diagnosis, treatment and stablization of mental health needs.

SA AARS Project ADAPT SA 2020 Hayes Street San Francisco, CA 94117

Program Director: **Rani Devadasan** Email: rdevadasan@aars.org Phone: (415) 750-5125 SOC Manager: Charles Rivera BOCC Manager: Sean Nguyen CDTA Manager: James Stroh

Project Adapt provides outpatient treatment services for Asians which adheres to a holistic approach aimed at promoting the development of a healthy body, mind and spirit. Clients receive a multi-cultural, multi-ligual therapeutic program of structured activites which consist of group and individual counseling, education, case management, family support, and mental health services.

SA AARS Residential Recovery Service 2024 Hayes Street San Francisco, CA 94117 Program Director: **Susan Okada** Email: sokada@aars.org Phone: (415) 750-5111 SOC Manager: Charles Rivera BOCC Manager: Sean Nguyen CDTA Manager: James Stroh

AARS Residential Treatment Program is a comprehensive drug and alcohol treatment program providing services to adult Asian Pacific Islanders. The program consist of individual, group and family counseling; education seminars; art and drama therapy, recreational activities and vocational/educational development. It also offers a unique focus onn family, community and cultural orieinted approached as part of its therapeutuc concept.

**BAART Behavior Health Services** 

1111 Market Street, 4th Floor San Francisco, CA 94103

(415) 552-7914

Executive Director: Evan Kletter

Email: ekletter@baartprograms.com Phone: (415) 552-7914 Ext: 133

SA	BBHS Market Homeless Women Methadone Maintenar 1111Market Street San Francisco, CA 94103	n <b>e</b> gogram Director: <b>Dan Graney</b> Email: dgraney@baartprograms.com Phone: (415) 863-3883	BOCC Manager:	Charles Rivera Carlos Balladares Mario Hernandez
Med	dically assisted treatment for homeless women addicted	to opiates.		
	BBHS Market Jail-Out Methadone Maintenance 1111 Market Street, 1st Floor San Francisco, CA 94103	Program Director: <b>Dan Graney</b> Email: dgraney@baartprograms.com Phone: (415) 863-3883	BOCC Manager:	Charles Rivera Carlos Balladares Mario Hernandez
Pro	gram for recently released inmates who struggle with ad	diction to opiates.		
SA	BBHS Market PHC Methadone Detox 1111Market Street San Francisco, CA 94103	Program Director: <b>Dan Graney</b> Email: dgraney@baartprograms.com Phone: (415) 863-3883	BOCC Manager:	Charles Rivera Carlos Balladares Mario Hernandez
Med	dically-assisted treatment for opiate addiction.			
	BBHS Market PHC Methadone Maintenance 1111Market Street San Francisco, CA 94103	Program Director: <b>Dan Graney</b> Email: dgraney@baartprograms.com Phone: (415) 863-3883	BOCC Manager:	Charles Rivera Carlos Balladares Mario Hernandez
Med	dically assisted treatment for people addicted to opiates.			
SA	BBHS Turk Homeless Women Methadone Maintenance 433 Turk Street San Francisco, CA 94102	eProgram Director: <b>Nadine Laurent</b> Email: nlaurent@baartprograms.com Phone: (415) 928-7800	BOCC Manager:	Charles Rivera Carlos Balladares Mario Hernandez
Med	dically assisted treatment for homeless women addicted	to opiates.		
SA	BBHS Turk PHC Methadone Maintenance 433 Turk Street San Francisco, CA 94102	Program Director: <b>Nadine Laurent</b> Email: nlaurent@baartprograms.com Phone: (415) 928-7800	BOCC Manager:	Charles Rivera Carlos Balladares Mario Hernandez
	Turk Street Clinic offers comprehensive methadone tree oplete medical examination at point of intake and annually th			

50 minutes. Individual patient need determines the length and frequency of counseling session per month. SA BBHS Turk PHC Methadone Detox Program Director: Nadine Laurent SOC Manager: Charles Rivera

433 Turk Street San Francisco, CA 94102

Email: nlaurent@baartprograms.com Phone: (415) 928-7800

BOCC Manager: Carlos Balladares CDTA Manager: Mario Hernandez

The Turk Street Clinic offers comprehensive methadone treatment for opiod dependent persons. In addition to medication, patients receive a complete medical examination at point of intake and annually thereafter, and individual counseling sessions at least once per month for a minimum of 50 minutes. Individual patient need determines the length and frequency of counseling session per month.

BBHS Turk Street Jail-Out Methadone Maintenance 433 Turk Street San Francisco, CA 94102

Program Director: Nadine Laurent Email: nlaurent@baartprograms.com Phone: (415) 928-7800

SOC Manager: Charles Rivera BOCC Manager: Carlos Balladares CDTA Manager: Mario Hernandez

The Turk Street Clinic offers comprehensive methadone treatment for opiod dependent persons. In addition to medication, patients receive a complete medical examination at point of intake and annually thereafter, and individual counseling sessions at least once per month for a minimum of 50 minutes. Individual patient need determines the length and frequency of counseling session per month

**BAART Community Health Care - MH** 

1111 Market Street 4th Floor San Francisco, CA 94103 (415) 552-7914

Executive Director: Evan Kletter

Email: ekletter@baartprograms.com Phone: (415) 552-7914 Ext: 133

MH BAART Community Health Care - MH 1111 MARKET ST 4TH FLR SAN FRANCISCO, CA 94103

Program Director: Evan Kletter Email: ekletter@baartprograms.com Phone: (415) 552-7914

SOC Manager: Emalie Huriaux BOCC Manager: Carlos Balladares CDTA Manager: Mario Hernandez

The Mental Health program provides individual, couple and family therapy. The rapy sessions are usually weekly, and last for about an hour. The rapy can help with such issues as depression, anxiety, loss, anger and recovery from traumatic events. We also provide group therapy including groups for pain and stress management. We also provide medication management.

Baker Places, Inc.

1000 Brannan Street, Suite 401 San Francisco, CA 94103 (415) 864-4655 Executive Director: Jonathan Vernick
Email: jvernick@bakerplaces.org
Phone: (415) 864-4655 Ext: 206

SA BP Acceptance Place 1326 4th Avenue San Francisco, CA 94122 Program Director: Mike Richards
Email: mrichards@bakerplaces.org
Phone: (415) 682-2080

SOC Manager: Charles Rivera
BOCC Manager: Marshia Herring
CDTA Manager: Stephen Banuelos

Acceptance Place is a 10-bed residential substance abuse treatment program primarily focused on treating gay/bisexual men who may have co-existing mental health and/or medical disorders, including HIV. The program is based on a harm-reduction philosophy, encouraging sobriety as a goal, while understanding that relapse is an event that informs treatment planning and is not, by itself cause for discharge from the program.

MH BP Assisted Independent Living Program (AILP) 120 Page Street San Francisco, CA 94102

Program Director: **Kris Lee** Email: klee@bakerplaces.org Phone: (415) 255-6544 SOC Manager: Sidney Lam
BOCC Manager: Marshia Herring
CDTA Manager: Stephen Banuelos

The Baker Places' Assisted Independent Living Program (AILP) assists clients with psychiatric/substance abuse histories to facilitate the formation of cooperative households emphasizing independent living. Provides ongoing case management support to maintain these households and link clients to community resources to meet vocational, educational, social service and recreational needs.

MH BP Baker Street House 730 Baker Street San Francisco, CA 94115 Program Director: **Shannon Hugon**Email: shugon@bakerplaces.org
Phone: (415) 567-1498

SOC Ma
BOCC Ma
CDTA Ma

SOC Manager: Sidney Lam
BOCC Manager: Marshia Herring
CDTA Manager: Stephen Banuelos

Baker Places' Baker Street House provides a 3-month residential treatment and rehabilitation program for adults with major mental health disorders or dual diagnosis. Program goals are to develop clients' independent living skills and the supports they need to sustain their functioning in the community and reduce their use of emergency and inpatient treatment. Includes gay and lesbian services. Referrals to vocational rehabilitation and community treatment, as well as transitional planning.

MH BP Grove Street House 2157 Grove Street San Francisco, CA 94117 Program Director: **Silvia Dunning** Email: sdunning@bakerplaces.org Phone: (415) 387-2275 SOC Manager: Sidney Lam
BOCC Manager: Marshia Herring
CDTA Manager: Stephen Banuelos

Baker Places' Grove Street House is an intensive residential dual diagnosis treatment facility that accepts referrals from inpatient, ADU, detox and 28-dayrecovery programs. Goals are to reduce use of emergency and inpatient treatment and stabilize clients for transition to less-intensive treatment programs.

MH BP Jo Ruffin Place 333 - 7th Street San Francisco, CA 94103 Program Director: **Gregory Freeman**Email: gfreeman@bakerplaces.org
Phone: (415) 252-1853

SOC Manager: **Sidney Lam**BOCC Manager: **Marshia Herring**CDTA Manager: **Stephen Banuelos** 

Baker Places' Jo Ruffin Place, a transitional residential treatment program (TRTP), provides up to three months of residential treatment for adults with major mental health disorders and co-occurring substance abuse problems. Goals of the program are to develop clients' independent living skills and the supports they need to sustain their functioning in the community and reduce the use of emergency services and inpatient treatment. Residents are expected to participate in the on-site day treatment program. There are also referrals to vocational services and community treatment.

SA BP Joe Healy Medical Detox 120 Page Street San Francisco, CA 94102

San Francisco, CA 94102

Program Director: **John Fostel** Email: jfostel@bakerplaces.org Phone: (415) 553-4490 SOC Manager: Charles Rivera
BOCC Manager: Marshia Herring
CDTA Manager: Stephen Banuelos

Provides medically managed detox (medical and counseling services) in a residential setting for adult residents of San Francisco who are too ill to be managed in a social detox program. Length of stay 7 - 21 days. Referrals through SFDPH/CBHS Placement Office.

MH BP Odyssey House 484 Oak St

Program Director: Larry Smith Email: lsmith@bakerplaces.org Phone: (415) 626-5190 SOC Manager: Sidney Lam BOCC Manager: Marshia Herring CDTA Manager: Stephen Banuelos

Baker Places' Odyssey House provides a permanent residential treatment and rehabilitation program for adults with mental health disorders and substance use problems. Program goals are to develop clients' independent living skills and the supports they need to sustain their functioning in the community and reduce their use of emergency and inpatient treatment. Provides specialized services for African Americans, and referrals to vocational rehabilitation and community treatment.

MH BP Robertson Place 921 Lincoln Way San Francisco, CA 94122 Program Director: **David Napier** Email: dnapier@bakerplaces.org Phone: (415) 664-1734 SOC Manager: Sidney Lam
BOCC Manager: Marshia Herring
CDTA Manager: Stephen Banuelos

Baker Places' Robertson Place, a transitional residential treatment program (TRTP), provides up to three months of residential treatment for adults with major mental health disorders and co-occurring substance abuse problems. Goals of the program are to develop clients' independent living skills and the supports they need to sustain their functioning in the community and reduce the use of emergency services and inpatient treatment. Residents are expected to participate in the on-site day treatment program. There are also referrals to vocational services and community treatment.

MH BP San Jose Place 673 San Jose Avenue San Francisco, CA 94110 Program Director: **Gonti Newman** Email: gnewman@bakerplaces.org Phone: (415) 282-3789 SOC Manager: Sidney Lam
BOCC Manager: Marshia Herring
CDTA Manager: Stephen Banuelos

Baker Places' San Jose Place, a transitional residential treatment program (TRTP), provides up to three months of residential treatment for adults with major mental health disorders and co-occurring substance abuse problems. Goals of the program are to develop clients' independent living skills and the supports they need to sustain their functioning in the community and reduce the use of emergency services and inpatient treatment. Residents are expected to participate in the on-site day treatment program. There are also referrals to vocational services and community treatment.

**Bayview Hunter's Point Foundation** 

150 Executive Park Suite 2800 San Francisco, CA 94134

(415) 468-5100

Executive Director: Jacob Moody

Email: jacob.moody@bayviewci.org

Phone: (415) 468-5100

MH BVHP Anchor Program 1701 Ocean Avenue Suite 24 San Francisco, CA 94112

Program Director: Amy Ubanowicz Email: Amy.Urbanowicz@sfdph.org Phone: (415) 452-2200

SOC Manager: John Grimes BOCC Manager: Carlos Balladares CDTA Manager: Erik Dubon

Mental Health Services for Individuals with Developmental Disabilities. A collaboration between the San Francisco Department of Behavioral Health and Golden Gate Regional Center, The Anchor Program seeks to prevent the onset of psychiatric crises requiring emergency services or inpatient hospitalization. Treatment is for adults ages 18-61 with co-occurring mental health and developmental or intellectual disability diagnosis and includes individual, group and family therapy.

**BVHP Behavioral Health Program** 5815 Third Street San Francisco, CA 94124

Program Director: Debberra Burrell Email: Debbie.burrell@bayviewci.org Phone: (415) 822-7500

SOC Manager: John Grimes
BOCC Manager: Carlos Balladares CDTA Manager: Erik Dubon

The 4301 Family Center provides mental health interventions to a population of chronically mentally ill San Francisco residents, with an emphasis on reducing the number of people requiring more intensive levels of care. Through treatment and community services logical, coordinated interventions will be provided to adult, adolescent, and child residents of San Francisco. The 4301 Family Center represents diverse ethnic and cultural groups, and collaborates with other programs in efforts to enhance learning, growth and development of child and adolescent clients

**BVHP Jail Methadone Courtesy** 1625 Carroll Street San Francisco, CA 94124

Program Director: Alfredta Nesbitt Email: alfredta.nesbitt@bayviewci.org Phone: (415) 822-8200

SOC Manager: Charles Rivera BOCC Manager: Carlos Balladares CDTA Manager: Erik Dubon

B.V.H.P. Foundation Jail Methadone Courtesy Dosing Program provides medically safe, comfortable detoxification for opiate abusing adults while incarcerated in San Francisco County jail. Participants must be enrolled in local county methadone maintenance or detoxification program in order to

**BVHP Methadone Maintenance** 1625 Carroll Street San Francisco, CA 94124

Program Director: Alfredta Nesbitt Email: alfredta.nesbitt@bayviewci.org Phone: (415) 822-8200

SOC Manager: Charles Rivera **BOCC Manager: Carlos Balladares** CDTA Manager: Erik Dubon

Bayview's Outpatient Methadone Maintenance Treatment Program provides medical and psychological services to clients that facilitate and help maintain their successful growth, habilitation and rehabilitation towards living independently, in their community.

Catholic Health Care West/St. Francis Memorial Hospital

900 Hyde Street San Francisco, CA 94109

(415) 353-6600

**Executive Director: Tom Hennessy** 

Email: tom.hennessy@chw.edu

Phone: (415) 353-6624

St. Francis Hospital Psychiatric Inpatient, 3rd Floor 900 Hyde Street #511

San Francisco, CA 94109

Program Director: Karen Wells Email: karen.wells@chw.edu Phone: (415) 353-6230

SOC Manager: Miriam Damon **BOCC Manager: Carlos Balladares** CDTA Manager: Joseph Cecere

St. Francis Memorial Hospital provides acute psychiatric inpatient services beds for Short-Doyle funded patients. The psych unit has 35 beds consisting of 17 locked and 18 opened. One room has capacity for restraints to be used and there are two open seclusion rooms. Psychiatric disorders common to the populations served are bipolar disorder, schizophrenia, and major depression.

**CBHS Civil Service Programs** 

1380 Howard Street San Francisco, CA 94103 (415) 255-3400

**Executive Director: Edwin Batongbacal** 

Email: Edwin.Batongbacal@sfdph.org

Phone: (415) 255-3446

MH Central City Behavioral Health Services 90 Van Ness Avenue

San Francisco, CA 94102

Program Director: Kim Schoen Email: kim.schoen@sfdph.org Phone: (415) 558-5900

SOC Manager: Ernestina Carrillo BOCC Manager: Tom R Mesa CDTA Manager: N/A

Central City Older adults serves clients 60 and over who live in the Tenderloin, SOM areas of the city primarily. Primary goal is to help older adults address mental health and or substance abuse issues in order to enable them to function as independently as possible. Quality of life issues include, inadequateandunsafehousing, substanceabuse, targetmentalhealthissues, poverty, andisolatiion. Languagesspoken, cantonese, tagalog, spanish, german, italian and english. Provide dual diagnosis group, provide staffing for NAMI group, and pain managment/depression group. Facilitate schizophrenia support group for age 18 up



**Business Office - Contract Compliance** 

CBHS Program Directory - Adult & Older Adult

MH Central City BHS/HUH Supportive Housing Services 90 Van Ness Avenue San Francisco, CA 94102

Program Director: Elyse Miller Email: Elyse.Miller@sfdph.org

SOC Manager: Susan Esposito BOCC Manager: Tom R Mesa

Phone: (415) 558-5900

CDTA Manager: N/A

MH Chinatown Northbeach Mental Health Services 729 Filbert Street

Program Director: Wilma Louie Email: wilma.louie@sfdph.org

SOC Manager: Tom R Mesa BOCC Manager: Tom R Mesa

San Francisco, CA 94133

CDTA Manager: N/A Phone: (415) 352-2000

Chinatown/North Beach Mental Health Services (CTNB) offers an array of mental health services to adolescent (14 years and older), adult and older adult residents primarily in the Chinatown and North Béach areas. Services include psychiatric evaluation, individual therapy/counseling, family intervention, urgentcare, medications, group activities, acupuncture for psychiatric disorders, as well as adult/geriatric socialization program recovery center. Services are also provided at Galileo High School. CTNB operates with the basic philosophy that services must be accessible and culturally appropriate. Staffs are multidisciplinary and multilingual.

Comprehensive Child Crisis Services 3801 Third St, Bldg B, Suite 400 San Francisco, CA 94124

Program Director: John Grimes Email: John.Grimes@sfdph.org Phone: (415) 970-3800

SOC Manager: John Grimes BOCC Manager: Tom R Mesa CDTA Manager: N/A

Comprehensive Child Crisis Services (CCCS) is a 24/7 multilingual crisis intervention service for San Francisco children (under age 18) and their families. CCCS helps children experiencing problems such as acute depression, suicidal ideation, homicidal ideation, psychosis, family violence, truancy and school behavioral problems. Immediate crisis evaluations and crisis stabilization services are offered in the CCCS office and also in the community. Upon arrival, the CCCS team conducts a crisis evaluation to determine if the child needs to be involuntarily hospitalized at a psychiatric facility (5150 evaluation) or if the child is safe to receive treatment on an outpatient basis. All referrals are made by calling the 24-hour number,

MH Mission ACT 2712 Mission Street San Francisco, CA 94110

Program Director: Galileo Medrano Email: galileo.medrano@sfdph.org

SOC Manager: Manuel Mena BOCC Manager: Tom R Mesa

Phone: (415) 401-2750 CDTA Manager: N/A

Mission ACT is a neighborhood based assertive community treatment team. Mission ACT offers intensive outpatient mental health wrap around services to adults with peristent and severe mental illness, many with co occuring alcohol and/or substance abuse disorders. Servies are provided with special focus for the Latino and gay/lesbian community.

MH Mission Mental Health Team I 2712 Mission Street San Francisco, CA 94103

Program Director: Manuel Mena Email: manuel.mena@sfdph.org Phone: (415) 401-2700

SOC Manager: Susan Esposito BOCC Manager: Tom R Mesa

CDTA Manager: N/A

Mission Mental Health is an outpatient mental health program located in the Mission District of San Francisco which provides an array of integrateddual diagnosis and mental health services to adults: Psychiatric evaluations, medication support, urgent care, triage, information and referral primary medical careforregistered clients, support groups, individual therapy, counseling and case management. While there are Spanish speaking services throughout the CBHS system of care, Mission MH serves a large Latino population with bilingual Spanish-speaking and bicultural staff.

Mobile Crisis Treatment Team 1520 Howard Street San Francisco, CA 94103

Program Director: David Pine Email: david.pine@sfdph.org Phone: (415) 970-4000

SOC Manager: John Grimes BOCC Manager: Tom R Mesa CDTA Manager: N/A

The Mobile Crisis Treatment Teamprovides crisis interventino for high-risk, mentaly disorded adults who may also have concomitant substance abuse issues in order to provide the least-restrictive level of care. Whenever possible, intervention services, are procided in the person's primary language. In cases where clients meet criteria for Welfare and Institutions Code 5150, clients will be involuntarily detained and transported by MCTT. MCTT acts as a gate keeping mechanizm by providing asessment and linkage services in the medical emergency rooms at St. Francis, St. Mary's, St. Lukes, and chinese Hospitals.

MH OMI Family Center 1701 Oceán Avenue San Francisco, CA 94112 Program Director: John Grimes Email: John.Grimes@sfdph.org Phone: (415) 452-2200

SOC Manager: John Grimes BOCC Manager: Tom R Mesa CDTA Manager: N/A

The OMI Family Center is a program in the Ocean Merced Ingleside area of San Francisco and sited at 1701 Ocean Ave. The program is a comprehensive Clinic that serves clients ages of 3 years old through the age 59 with a number of different treatment issues

MH South of Market MHS 760 Harrison Street San Francisco, CA 94107 Program Director: Ernestina Carrillo Email: Ernestina.Carrillo@sfdph.org Phone: (415) 836-1700

SOC Manager: Ernestina Carrillo BOCC Manager: Tom R Mesa CDTA Manager: N/A

The South of Market Mental Health Outpatient Clinic provides an array of behavioral health services to adults between ages 18 to 59, most clients  $reside in the \textit{neighborhood} areas \textit{of South} \textit{of Market, Tenderloin} and \textit{Western Addition. The clinic serves a diverse group \textit{of clients} and \textit{offers services} and \textit{offers$ in English, Spanish, Cantonese and several Filipino dialects.

South Van Ness HIV and Gender Services 755 South Van Ness San Francisco, CA 94110

Program Director: Susan Esposito Email: Susan. Esposito@sfdph.org Phone: (415) 642-4500

SOC Manager: Susan Esposito BOCC Manager: Tom R Mesa CDTA Manager: N/A

South Van Ness BHS is an outpatient program which is composed of 2 small specialty services, the HIV Mental Health Case Management Program and Gender Services. We provide sensitive and specialized mental health, case management and medication services. The HIV Program serves HIV positive individuals who are coping with mental health issues related to their HIV/AIDS status. It is funded to serve HIV positive men and women in the community, at SFGHs Ward 86, and at UCSF. The Gender Service serves a small caseload of individuals who are dealing with specific issues of gender non-conformity. They may be struggling with their gender identity, may need information and support to transition, or may be dealing with discrimination related to gender non-conformity. Services in English & Spanish.

SOC Manager: Charles Rivera BOCC Manager: Tom R Mesa MH Southeast Mission Geriatric Services Program Director: Charles Rivera 3905 Mission Street Email: charles.rivera@sfdph.org

San Francisco, CA 94112 Phone: (415) 337-2400 CDTA Manager: N/A

Southeast Mission Geriatrics is a small program serving older adults over the age of 60, both at the clinic and in client homes. Traditional mental health services and therapies are provided including medications

MH Sunset Mental Health Services Adult Program Director: Sidney Lam SOC Manager: Sidney Lam 1990 - 41st Avenue Email: Sidney.Lam@sfdph.org BOCC Manager: Tom R Mesa San Francisco, CA 94116 Phone: (415) 753-7255 CDTA Manager: N/A

Sunset Mental Health Provides outpatient and socialization services designed to maintain or restore personal independence to seriously mentally ill adults. Services provided at two clinic locations: 41 Ave. Out-patient Clinicand at Ocean Park Health Center. The program provides Cantonese and Russian focus services, as well as services to all age groups and poureach to schools. Services are medication management, socialization, individual and group therapy, crisis services and case management.

Team II Program Director: Laurie Lenrow SOC Manager: Edwin Batongbacal 3850 - 17th Street Email: laurie.lenrow@sfdph.org BOCC Manager: Tom R Mesa

San Francisco, CA 94114 Phone: (415) 337-4795 CDTA Manager: N/A

Team II is an outpatient program that has a focus on the gay/lesbian adult population and seriously mentally ill as well as dually diagnosed clients. A full range of outpatient services is included, including medications and individual and group therapy.

Transitional Age Youth Service FSP Program Director: Martha B. Acacio SOC Manager: Susan Esposito 755 South Van Ness Avenue BOCC Manager: Tom R Mesa CDTA Manager: N/A Email: martha.b.acacio@sfdph.org San Francisco, CA 94110 Phone: (415) 642-4500

CBHS-TAY is a MHSA FSP Intensive Case Management services for SMI youth ages 16-25, which provides individual, family and group counseling; medication monitoring; groups, drop-in center and outings. We have Peer Support Staff on our TAY Team. A 24/7 Crisis line is available. CBHS-TAY also has services that provide outpatient and case management that are less intensive for youth that are higher functioning or for youth that have graduated from FSP. All services provided are similiar as what is provided through the FSP program.

SOC Manager: Craig Murdock Violence Intervention Program Program Director: Gloria Namkung, Email: gloria.namkung@sfdph.org Phone: (415) 292-2560 555 Polk Street BOCC Manager: Tom R Mesa San Francisco, CA 94102 CDTA Manager: N/A

The Violence Intervention Program (VIP) provides violence prevention treatment to individuals with mental health issues. The aim of the program is to enhance community safety by assisting at-risk individuals in improving their coping skills and quality of life so as to reduce the risk of future violence in the areas of domestic violence, other interpersonal violence, and sexual offenses. Most of the clients have been convicted of violent offenses and are court-mandated for treatment. We also provide services to persons voluntarily seeking treatment because of concerns about their risk of committing a sexual offense in the future. The program provides group and individual counseling, psychiatric medication services, and case management.

### Center for Juvenile & Criminal Justice, Inc.

1622 Folsom Street, 2nd Floor San Francisco, CA 94103 (415) 621-5661

SA Supportive Living Program Program Director: Abu Qadir Al-Amin SOC Manager: Hannibal Lowry BOCC Manager: Jim Gilday CDTA Manager: Rudy Aguilar 440 9th Street Email: abu@cjcj.org Phone: (415) 424-8793 San Francisco, CA 94103

Center on Juvenile and Criminal Justice (CJCJ) is a licensed residential treatment program for ex-offenders recently released from State prison and on parole to San Francisco. The program is part of a continuum of services that target this population called the Bay Area Services Network (BASN). Essential program elements include room and board, group counseling, individualized treaatment planning and case management, job/vocational assistance and placement.

## Central City Hospitality House 290 Turk Street

San Francisco, CA 94102 (415) 749-2100

Executive Director: Dan Macallair

Executive Director: Jackie Jenks Email: jjenks@hospitalityhouse.org

Phone: (415) 749-2113

Email: dmacallair@cjcj.org

Phone: (415) 621-5661 Ext: 310

MH Hospitality House 6th Street Self Help Center Program Director: Jenny Collins SOC Manager: Ernestina Carrillo 169 Sixth Street Email: jcollins@hospitalityhouse.org BOCC Manager: Carlos Balladares CDTA Manager: James Stroh San Francisco, CA 94103 Phone: (415) 369-3040

The Sixth Street Self-Help Center, a program of Hospitality House, is a community drop-in center that provides a range of socialization and wellness services for people in the community using a peer-based, self-help, harm reduction model. The Center is low-threshold, has no criteria for entry, and allows people to access services as they are ready and able to do so. Services provided include peer counseling, individual case management, and supportgroupsaddressingamultitudeofissuesincludingmentalhealth, substanceabuse, employment, medical care, housing, legal issuesandother barriers to stability and health. Socialization services include drop-in social activities both for the general community and specific to older adults. The program's case management component provides support and linkage to housing access and treatment for behavioral health issues, benefits and entitlement support, legal assistance, medical care, employment and other resources as necessary.



MH Hospitality House Tenderloin Self Help Center 290 Turk Street

San Francisco, CA 94102

Program Director: Jenny Collins Email: jcollins@hospitalityhouse.org Phone: (415) 749-2100

SOC Manager: Ernestina Carrillo BOCC Manager: Carlos Balladares CDTA Manager: James Stroh

The Tenderloin Self-Help Center, a program of Hospitality House, is a community drop-in center that provides a range of socialization and wellness services for people in the community using a peer-based, self-help, harm reduction model. The Center is low-threshold, has no criteria for entry, and allows people to access services as they are ready and able to do so. Services provided include peer counseling, individual case management, and supportgroupsaddressingamultitudeofissuesincludingmentalhealth, substance abuse, employment, medical care, housing, legal issues and other barriers to stability and health. Socialization services include a community arts component, drop-in social activities and outings. The program's case management component provides support and linkage to housing access and treatment for behavioral health issues, benefits and entitlement support, legal assistance, medical care, employment and other resources as necessary.

Community Awareness & Treatment Services

1171 Mission Street San Francisco, CA 94103 (415) 241-1199

Executive Director: Janet Gov Email: ed@catsinc.org Phone: (415) 241-1194

SA CATS A Woman's Place 1049 Howard Street San Francisco, CA 94103 Program Director: Felicia Houston Email: felicia@awpcats.org Phone: (415) 487-2140

SOC Manager: Ernestina Carrillo BOCC Manager: David Macias CDTA Manager: Francine Austin

The Program is an overnight with full day services. The client access services either through community outreach or emergency drop-in. The program bases itself on the tenets of steps 1-3 of Twelve Step Programs within the inclusion of peer interaction goups, process groups, art therapy, acupuncture, relaxation/meditation gorups, anger management groups, education/life skills groups, and individual psycho/social assessments. The programs length of stay ranges from 30 to 120 days targeting primarily homeless women with co-occuring disorders.

CATS Golden Gate for Seniors 637 So. Van Ness Avenue San Francisco, CA 94110

Program Director: Nicole Johnson Email: nicole@awpcats.org Phone: (415) 626-7553

SOC Manager: Charles Rivera BOCC Manager: David Macias CDTA Manager: Francine Austin

Golden Gate for Seniors provides a drug-free environment in a residential 24-hour facility. Alcohol and drug education services are provided along with individual and group counseling and other recovery related activities. Introduction to San Francisco's many resources for seniors is also provided, as well as aftercare services and post-treatment housing referrals.

CATS Mobile Assistance Patrol - MAP 1171 Mission St. San Francisco, CA 94103

Program Director: Max Haptonstahl Email: mapdir@catsinc.org Phone: (415) 431-7400

SOC Manager: Ernestina Carrillo **BOCC Manager: David Macias** CDTA Manager: Francine Austin

 $The {\it primary goal of MAP is to privide assessment of persons at risk on the street, and {\it provide transportation to stabilization or shelter referral to those}$ persons. MAP also provides safe transport to individuals within the detox and shelter system to essential services

CATS SF Homeless Outreach Team - SFHOT 1060 Howard Street, 3rd Floor

Program Director: Rann Parker Email: rann.parker@sfdph.org Phone: (415) 865-5222

SOC Manager: Ernestina Carrillo BOCC Manager: David Macias CDTA Manager: Francine Austin

**Community Housing Partnership** 

San Francisco, CA 94103

280 Turk Street San Francisco, CA 94102 (415) 929-2470 Executive Director: Gail Gilman

Email: ggilman@chp-sf.org Phone: (415) 929-2470 Ext: 307

MH Community Housing Partnership/Essex House 648 Fllis Street San Francisco, CA 94109

Program Director: Lisa Blakely Email: lblakely@chp-sf.org Phone: (415) 409-4611

SOC Manager: Sidney Lam BOCC Manager: Marshia Herring
CDTA Manager: Stephen Banuelos

MH Community Housing Partnership/Zygmunt Arendt HouseProgram Director: Lisa Blakely 850 Broderick Street San Francisco, CA 94115

Email: lblakely@chp-sf.org Phone: (415) 929-2470

SOC Manager: Sidney Lam BOCC Manager: **Marshia Herring** CDTA Manager: **Stephen Banuelos** 

**Community Vocational Enterprises** 

818 Mission Street Suite 300 San Francisco, CA 94103 (415) 544-0424

Executive Director: Lorna Jones

Email: Ijones@cve.org Phone: (415) 544-0424

MH Community Vocational Enterprise (CVE) 818 Mission Street Suite 300 San Francisco, CA 94103

Program Director: Jenna Jacques Email: jjacques@cve.org Phone: (415) 544-0424

SOC Manager: John Grimes **BOCC Manager: Carlos Balladares** CDTA Manager: Rudy Aguilar

Community Vocational Enterprises, (CVE) is a vocational rehabilitation program that provides assessment, job training, job retention and social support services to mental health clients while providing entry-level staffing, clerical and janitorial services to businesses in the San Francisco community. These CVE businesses enable clients/consumers to learn on the job skills in food service, clerical and janitorial as well as gain employer references, particularly important for clients who may have sporadic work experience. CVE also service youth ages 16 to 24 and Spanish speaking individuals

Conard House, Inc.

1385 Mission Street #200 San Francisco, CA 94103 (415) 864-7833

**Executive Director: Richard Heasley** 

Email: rheasley@conard.org Phone: (415) 864-7833 Ext: 203

MH Conard CBHS Rep Payee 154 Ninth Street San Francisco, CA 94103

Program Director: Marceline Rounds Email: marceline@conard.org Phone: (415) 558-8767

SOC Manager: Sidney Lam BOCC Manager: David Macias CDTA Manager: Stephen Banuelos

The Conard House CBHS Rep Payee Services Program provides representative payee and money management exclusively to CBHS clients. This can include full service case management including housing referrals and assistance maintaining stable housing.

Conard House Outpatient Services 1385 Mission Street, Sutie 200 San Francisco, CA 94103

Program Director: Louise Foo Email: louise@conard.org Phone: (415) 864-7833

SOC Manager: Sidney Lam BOCC Manager: David Macias CDTA Manager: Stephen Banuelos

Conard House's mission is to develop resources that help people self-manage mental illness. Services include money management, psychosocial case management, individual and group counseling, and crisis intervention. Our supportive housing program include studio apartments, single room occupancy hotels and shared accommodations in apartments.

MH Conard Supportive Housing 1385 Mission Street Suite 200 San Francisco, CA 94103

Program Director: Roger Mehndoza Email: roger@conard.org Phone: (415) 864-7897

SOC Manager: Sidney Lam **BOCC Manager: David Macias** CDTA Manager: Stephen Banuelos

Supportive Housing at seven SRO hotel sites and one cooperative apartment program. Conard House's mission is to help people manage their mental illness. Program provide case management, money management, group and individual counseling, socialization programs, and community building.

Crestwood Behavioral Health, Inc.

520 Capitol Mall, Suite 800 Sacramento, CA 95814 (916) 471-2244

Executive Director: George Lytal

Email: glytal@cbhi.net Phone: (916) 471-2235

MH Crestwood Manor Vallejo 115 Oddstad Drive Vallejo, CA 94589

Program Director: Minda Bunggay Email: mbunggay@cbhi.net Phone: (707) 552-0215

SOC Manager: David Sickles BOCC Manager: John Pabustan CDTA Manager: Valerie Lai

Crestwood Facilties provide subacute care for the mentally ill in need of long-term supervision and treatment, usually involuntary. Clients are between the ages of 18 and 60 and referred from inpatient units. Crestwood offers both enhanced and routine services. Some programs offer care specializing in neurobehavioral programs for residents with severe neurological problems, including Huntingtons Chorea, and traumatic brain injury. Latin and Asian focus programs are available

**Curry Senior Center (North of Market)** 

333 Turk Street San Francisco, CA 94102 (415) 885-2274

Executive Director: David Knego

Email: david.knego@sfdph.org

Phone: (415) 885-2274

**Curry Senior Center Outpatient** 333 Turk Street San Francisco, CA 94102

Program Director: Susmita Shah Email: Susmita.Shah@sfdph.org Phone: (415) 885-2274

SOC Manager: Charles Rivera BOCC Manager: John Pabustan CDTA Manager: James Stroh

Curry Senior Center provides older adult services, including primary care, a meal site, substance abuse services, and supportive housing. They provide home visits.

**Episcopal Community Services of San Francisco** 

165 8th Street, 3rd Floor San Francisco, CA 94103 (415) 487-3715

Executive Director: Ken Reggio

Email: kreggio@ecs-sf.org Phone: (415) 487-3715

MH ECS SF START 1001 Polk Street San Francisco, CA 94109 Program Director: Phil Clark Email: pclark@ecs-sf.org Phone: (415) 292-2180

SOC Manager: Ernestina Carrillo BOCC Manager: Jim Gilday CDTA Manager: James Stroh

Episcopal Community Services provides a variety of shelter, housing, educational and vocational support services for homeless and formerly

homeless families and individuals - including seniors



Family Service Agency of San Francisco

1010 Gough Street San Francisco, CA 94109 (415) 474-7310 Executive Director: Robert Bennett
Email: bbennett@fsasf.org
Phone: (415) 474-7310 Ext: 313

MH FSA Adult FSP Program Director: Allison Ikeda SOC Manager: Sidney Lam 1010 Gough Street Email: aikeda@fsasf.org BOCC Manager: Tom R Mesa San Francisco, CA 94109 Phone: (415) 474-7310 CDTA Manager: Hilda Jones

FSA Adult care Management Program provides support to severely mentally disabled individuals, enabling them to live in the community and to maintain the greatest possible independence, stability, and level of functioning possible. The program provides intensive case nabagement and out-patient services to individuals in the community.

MH FSA Geriatric ICM
Program Director: Jon-David Settell
SOC Manager: Charles Rivera
BOCC Manager: Tom R Mesa
San Francisco, CA 94109
Phone: (415) 474-7310 Ext: 423
CDTA Manager: Hilda Jones

The Geriatric Intensive Case Management program offers wrap-around clinical case management to low-income older adults with sub-acute severe and persistent mental illness.

MH FSA Geriatric Outpatient Program Director: Jon-David Settell SOC Manager: Charles Rivera
1010 Gough Street Email: jsettell@fsasf.org BOCC Manager: Tom R Mesa
San Francisco, CA 94109 Phone: (415) 474-7310 CDTA Manager: Hilda Jones

The Geriatric Outpatient Services program offers clinical case management to low-income older adults living with chronic mental illness.

MH FSA Geriatric Services West
6221 Geary Bl., 2nd Floor
San Francisco, CA 94121

Program Director: Alex Liu
Email: aliu@fsasf.org
Phone: (415) 386-6600

SOC Manager: Charles Rivera
BOCC Manager: Tom R Mesa
CDTA Manager: Hilda Jones

Family Service Agency's Geriatric Services West program is located at 6221 Geary Blvd, serving clients primarily over the age of 60 years old. Services include case management, therapy, medications, and crisis response. The staff makes home visits for many of its clients.

MH FSA Older Adult Day Support Program Director: Christine Soares
1010 Gough Street Email: croppo@fsasf.org BOCC Manager: Tom R Mesa
San Francisco, CA 94109 Phone: (415) 474-7310 CDTA Manager: Hilda Jones

MH FSA Older Adult FSP
1010 Gough Street
San Francisco, CA 94109
Program Director: Jon-David Settell
Email: jsettell@fsasf.org
Phone: (415) 474-7310 Ext: 423
SC Manager: Charles Rivera
BOCC Manager: Tom R Mesa
CDTA Manager: Hilda Jones

The Older Adult Full Service Partnership serves adults 60 and over living with severe and persistent mental illness. All treatment and services are guided by Mental Health Recovery Model, a treatment concept wherein a service environment is designed such that consumers have primary control over decisions about their own care.

MH FSA Transitional Youth FSP
Program Director: Allison Ikeda
SOC Manager: Susan Esposito
Email: aikeda@fsasf.org
BOCC Manager: Tom R Mesa
San Francisco, CA 94109
Phone: (415) 474-7310
CDTA Manager: Hilda Jones

Fort Help/Health Services

26460 Summit Circle Santa Clarita, CA 91350 (661) 254-6630 Executive Director: Stan Sharma Email: ahsadm@live.com Phone: (661) 254-6630

SA Fort Help Program Director: Isaac Burns SOC Manager: Charles Rivera 915 Bryant Street Email: baechoice@yahoo.com BOCC Manager: Duane Einhorn CDTA Manager: Mario Hernandez

NTP Out Patient Substance Abuse Clinic Opioid Dependence/Addiction

SA Fort Help Capp Program Director: Isaac Burns SOC Manager: Charles Rivera 1101 Capp Street Email: baechoice@yahoo.com BOCC Manager: Duane Einhorn CDTA Manager: Mario Hernandez

NTP Out Patient Substance Abuse Clinic Opioid Dependence/Addiction

Friendship House Assn. Am. Indians, Inc.

56 Julian Avenue San Francisco, CA 94103 (415) 865-0964 Executive Director: Helen Waukazoo

Email: helenw@friendshiphousesf.org Phone: (415) 865-0964 Ext: 4001

SA Friendship House - Residential 56 Julian Street

San Francisco, CA 94103

Program Director: **Wayne Grigsby** Email: wayneg@friendshiphousesf.org Phone: (415) 865-0964 SOC Manager: Susan Esposito BOCC Manager: Sean Nguyen CDTA Manager: Elizabeth Davis

Friendship House is a culturally appropriate residential substance abuse treatment program that provides a variety of counseling, case management, service coordination, needs assessments, educational workshops, and trainings. It is a 90 day up to a year long program providing services to an adult population of 18 years and over to American Indian men, women, and/or transgender who reside in San Francisco.

Haight Ashbury Free Clinics, Inc.

1735 Mission Street San Francisco, CA 94103 (415) 970-7500 Executive Director: Vitka Eisen

Email: VEisen@hafc-wh.org Phone: (415) 746-1910

MH HAFC-WH Adult Service Center MH

1735 Mission Street San Francisco, CA 94103 Program Director: **Mardell Gavriel**Email: mgavriel@hafc-wh.org
Phone: (415) 226-1775

SOC Manager: **Charles Rivera**BOCC Manager: **Sean Nguyen**CDTA Manager: **Elizabeth Davis** 

The HAFC-WH Mental Health Program is designed to assist participants maintain or restore personal independence and community functioning for learning, development, and enhanced self-sufficiency. Treatment of mental health disorders occurs in the settings of residential substance abuse treatment or outpatient office visits. This program specializes in serving individuals in the community whose psychiatric disorders are accompanied by co-occurring substance abuse or dependence. HAFC-WH is a comprehensive behavioral health program providing special tymental health services to Transitional Age Youth and adult San Francisco residents. HAFC-WH emphasizes self-help and peer support in a humanistic therapeutic community and offers client-centered services for individuals with specific needs.

SA	<ul> <li>HAFC-WH African American Family Healing Center</li> <li>1550 Evans Avenue</li> <li>San Francisco, CA 94124</li> </ul>	Program Director: <b>Denise Williams</b> Email: dwilliams@hafc-wh.org Phone: (415) 970-7500	SOC Manager: Charles Rivera BOCC Manager: Sean Nguyen CDTA Manager: Joseph Cecere
SA	HAFC-WH BASN Detox Beds 815 Buena Vista West San Francisco, CA 94117	Program Director: <b>Roland Miller</b> Email: rmiller@hafc-wh.org Phone: (415) 554-1450	SOC Manager: <b>Charles Rivera</b> BOCC Manager: <b>Sean Nguyen</b> CDTA Manager: <b>Elizabeth Davis</b>
SA	HAFC-WH BASN Outpatient 1735 Mission Street San Francisco, CA 94103	Program Director: <b>Arturo Carrillo</b> Email: acarrillo@waldenhouse.org Phone: (415) 970-7500	SOC Manager: <b>Charles Rivera</b> BOCC Manager: <b>Sean Nguyen</b> CDTA Manager: <b>Joseph Cecere</b>
SA	HAFC-WH Bridges CSM OP Program (ISMIP)	Program Director: Mardell Gavriel	SOC Manager: Jim Stillwell

HAFC-WH Bridges CSM OP Program (ISMIP) Program Director: Mardell Gavriel SOC Manager: Jim Stillwell
1899 Mission St Email: mgavriel@hafc-wh.org BOCC Manager: Sean Nguyen
San Francisco, CA 94103 Phone: (415) 226-1775 CDTA Manager: Elizabeth Davis
The HAFC-WH Bridges/Integrated Severely Mentally III Parolees (ISMIP) program is designed to reduce the impact of substance abuse, addiction,

The HAPC-WH Bridges' Integrated Severely Mentally III Parolees (ISMIP) program is designed to reduce the impact of substance abuse, addiction, and mental health disorders for Parolees with significant behavioral health problems by a combination of case management, milieu and group services. BRIDGES also provides life skills training, coping skills, wellness, advocacy and recovery support to parolees managing significant reentry challenges. These challenges include mental illness, addiction, homelessness, institutionalized patterns of behavior, poverty and poor social support. All Admissions to the BRIDGES Program are through an initial referral by the clients Parole Agent.

SA	HAFC-WH Bridges Residential (ISMIP) 815 Buean Vista West San Francisco, CA 94117	Program Director: Roland Miller Email: rmiller@hafc-wh.org Phone: (415) 970-7500	BOCC Manager: Charles Rivera BOCC Manager: Sean Nguyen CDTA Manager: Elizabeth Davis
SA	HAFC-WH Detox Center Buena Vista 815 Buena Vista West San Francisco, CA 94117	Program Director: <b>Roland Miller</b> Email: rmiller@hafc-wh.org Phone: (415) 554-1450	SOC Manager: <b>Charles Rivera</b> BOCC Manager: <b>Sean Nguyen</b> CDTA Manager: <b>Elizabeth Davis</b>

HAFC-WH Detox Center is a social model detox that provides a safe, alcohol-and drug-free environment for participants who have the desire to become clean and sober. The program is a 3-7-day, social model residential detoxification. This Program offers a set of interventions designed to manageacute intoxication and withdrawal that will include evaluation, stabilization, and fostering entry into further treatment. HAFC-WHDetox Center serves San Francisco residents whose substance abuse and related problems require the intensity and comprehensive scope provided in a residential program setting.

SA HAFC-WH Dual Recovery Program

815 Buena Vista West
San Francisco, CA 94117

Program Director: Roland Miller
Email: rmiller@hafc-wh.org
Phone: (415) 554-1450

SOC Manager: Charles Rivera
BOCC Manager: Sean Nguyen
CDTA Manager: Elizabeth Davis

Clients receive roomand board, substance abuse counseling, psychiatric treatment, education, parenting classes, vocational training. legal and social services support and health and fitness activities. Hours: 24/7. An orientation meeting is open, for San Francisco residents only, on Monday mornings at 8:45 a.m. at 1899 Mission Street. For more information, call 554-1131.

SA HAFC-WH Family STRENGTH OP Program
1735 Mission Street
San Francisco, CA 94103
Program Director: Mardell Gavriel
Email: mgavriel@hafc-wh.org
Phone: (415) 226-1775
SOC Manager: Jim Stillwell
BOCC Manager: Sean Nguyen
CDTA Manager: Elizabeth Davis

The HAFC-WH Women & Children Family Strength Program is designed to help reduce the impact of substance abuse, addiction and mental health disorders on the re-integration and strengthening of family bonds in early recovery. The program is open to women with children who are in residential and outpatient services at HAFC-WH. The case-management services of Family Strength focus on bonding, reintegration and removing barriers to assist women in recovery to fulfill important family role obligations and for their children to thrive and grow.

SA	HAFC-WH Men's Residential Program Hayes Street	Program Director: <b>Wayne Garcia</b>	SOC Manager: Charles Rivera
	890 Hayes Street	Email: wgarcia@hafc-wh.org	BOCC Manager: Sean Nguyen
	San Francisco, CA 94117	Phone: (415) 701-5100	CDTA Manager: Elizabeth Davis
SA	HAFC-WH Men's Satelite Program 1445 Chinook Ct., Treasure Island Treasure Island, CA 94130	Program Director: <b>Wayne Garcia</b> Email: wgarcia@hafc-wh.org Phone: (415) 217-3291	SOC Manager: <b>Charles Rivera</b> BOCC Manager: <b>Sean Nguyen</b> CDTA Manager: <b>Elizabeth Davis</b>

Walden House Adult Residential Satellites offers an innovative transitional housing program for clients. The residents who reside in Satellite, have enrolled in vocation training, found a job, or enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite apartment s/he begins to focus on resocialization, work and family related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Reentry clients pay subsidized rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

SA HAFC-WH Methamphetamine Treatment	Program Director: <b>Arturo Carrillo</b>	SOC Manager: <b>Charles Rivera</b>
1735 Mission Street	Email: acarrillo@waldenhouse.org	BOCC Manager: <b>Sean Nguyen</b>
San Francisco, CA 94103	Phone: (415) 746-1940	CDTA Manager: <b>Joseph Cecere</b>
SA HAFC-WH OASIS 1550 Evans Street San Franciasco, CA 94124	Program Director: <b>Arturo Carrillo</b> Email: acarrillo@waldenhouse.org Phone: (415) 970-7500	SOC Manager: <b>Charles Rivera</b> BOCC Manager: <b>Sean Nguyen</b> CDTA Manager: <b>Elizabeth Davis</b>

The target population served by Walden House Outpatient Addiction Specialized Integrated Services (OASIS) are adults, 18 and above, who abuse and/or are dependant on drugs and/or alcohol with a focus on individuals residing in the Central City area of San Francisco and who are homeless and/or indigent.

and	d/or indigent.		
SA	HAFC-WH OSHUN Early Intervention Services	Program Director: <b>Arturo Carrillo</b>	SOC Manager: Ernestina Carrillo
	101 Taylor Street	Email: acarrillo@waldenhouse.org	BOCC Manager: Sean Nguyen
	San Francisco, CA 94102	Phone: (415) 746-1945	CDTA Manager: Joseph Cecere
SA	HAFC-WH Outpatient Poly Drug Treatment	Program Director: <b>Arturo Carrillo</b>	SOC Manager: Charles Rivera
	1735 Mission Street	Email: acarrillo@waldenhouse.org	BOCC Manager: Sean Nguyen
	San Francisco, CA 94103	Phone: (415) 970-7500	CDTA Manager: Elizabeth Davis
SA	HAFC-WH Outpatient Program	Program Director: <b>Arturo Carrillo</b>	SOC Manager: <b>Jim Stillwell</b>
	1735 Mission Street	Email: acarrillo@waldenhouse.org	BOCC Manager: <b>Sean Nguyen</b>
	San Francisco, CA 94103	Phone: (415) 970-7500	CDTA Manager: <b>Elizabeth Davis</b>
SA	HAFC-WH Second Chances CSM Program (WOA) 1885 Mission St San Francisco, CA 94103	Program Director: <b>Sonia Crites</b> Email: scrites@hafc-wh.org Phone: (415) 402-0435	SOC Manager: <b>Charles Rivera</b> BOCC Manager: <b>Sean Nguyen</b> CDTA Manager: <b>Elizabeth Davis</b>

The goal of this program is to increase access to community resources and provide wrap around case management services in order to reduce recidivism and increase pro-social life skills/choices in the target population. The target population served by the HAFC-WH2nd Chance program is SF County women sentenced to State prison; SF County women on state parole and SF County women on PRCS after having served a State Prison term. Case Management services are provided in-custody and when inmates parole back to San Francisco County. HAFC-WH is the primary point of contact and Case Manager for the women involved in the 2nd Chance Program. In conjunction with the programs partners client needs will be assessed and appropriate service referrals will be made to the SF Community.

SA HAFC-WH Sub-Payee Program
1899 Mission Street
San Francisco, CA 94103

Program Director: Sharon Crawford
Email: scrawford@hafc-wh.org
Phone: (415) 934-3407

SOC Manager: Charles Rivera
BOCC Manager: Sean Nguyen
CDTA Manager: Elizabeth Davis

The program serves recipients receiving financial benefits from Supplemental Security Income (SSI) or Social Security Administration (SSA). These recipients are in need of a representative payee case management services to manage their financial obligations because this target population includes those most difficult to serve due to serious disability or mental health impairments: they present with severe, often untreated mental illness, homelessness, substance abuse or addiction and other behavioral problems.

SA HAFC-WH Women's Residential Program
214 Haight Street
San Francisco, CA 94102
Program Director: Wayne Garcia
Email: wgarcia@hafc-wh.org
Phone: (415) 554-1480
SOC Manager: Charles Rivera
BOCC Manager: Sean Nguyen
CDTA Manager: Elizabeth Davis

The goal of the HAFC-WH Women's Residential Treatment Program is to reduce the impact of substance abuse, addiction, and mental health disorders on the target population by successfully implementing the described interventions. HAFC-WH Women's Residential Treatment Program and provides gender responsive residential substance abuse treatment to women. This program accepts San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each participants treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.



SA HAFC-WH Women's Satellite Program Program Director: Roland Miller 214 Haight Street Email: rmiller@hafc-wh.org San Francisco, CA 94102 Phone: (415) 554-1480

MH HAFC-WH WRAPS Program MHSA Program Director: Mardell Gavriel SOC Manager: Charles Rivera 815 Buena Vista West Email: mgavriel@hafc-wh.org BOCC Manager: Sean Nguyen San Francisco, CA 94117 Phone: (415) 554-1450 CDTA Manager: Elizabeth Davis

The goal of the program is to implement the ideals of the Mental Health Services Act by providing a recovery-based approach to treating acute psychiatric episodes in tandem with co-occurring substance abuse and addiction problems. The HAFC-Walden Residential Acute Psychiatric Stabilization (WRAPS) Program is a short-term residential treatment program for individuals with emerging co-occurring disorders. WRAPS supports them in achieving stabilization and a broader engagement with the Behavioral Health System towards eventual recovery. The target populations served by WRAPS are San Francisco residents who are Transitional Age Youth and Adults, 18-59, poly-substance abusers or dependant on drugs and alcohol, undergoing acute psychiatric episodes.

**Harm Reduction Coalition** 

1440 Broadway, Suite 510 Oakland, CA 94612 (510) 444-6969

SOC Manager: Jim Stillwell BOCC Manager: Sean Nguyen SA Harm Reduction DOPE Program Director: Eliza Wheeler 1440 Broadway, Suite 510 San Francisco, CA 94612 Email: wheeler@harmreduction.org CDTA Manager: Mario Hernandez Phone: (510) 444-6969

The Drug Overdose Prevention and Education (DOPE) Project is a team committed to reducing the number of overdose deaths in San Francisco by providing education and access to naloxone. The DOPE Project also advocates for local, state and national policy change that seeks to increase awareness about drug overdose and expand access to life-saving overdose prevention programs. The DOPE Project provides naloxone at over 20 sites per month in SF. We also offer basic or comprehensive trainings on overdose for staff, residents, and clients in SRO hotels, shelters, jails, treatment programs, and other community settings. The training can be modified to meet your needs. Trainings for agencies funded by the City and County of San Francisco and trainings for drug users and their friends and family are provided free of charge. We teach: \*Commonly used prescription and street drugs \*Overdose risks and prevention messages \*What causes an overdose (both stimulant and depressant overdoses are . covered)

**Homeless Prenatal Programs** 

995 Market Street, Suite 1010 San Francisco, CA 94103 (415) 546-6756

SA Homeless Prenatal Program Program Director: Michele Hill SOC Manager: Edwin Batongbacal

2500 18th Street Email: michele4hill@homelessprenatal... BOCC Manager: Marshia Herring San Francisco, CA 94110 Phone: (415) 546-6756 CDTA Manager: Joseph Cecere

Homeless Prenatal Program provides a continuum of care and support for homeless, pregnant, and/or parenting women that will ensure healthy birth outcomes and enhance the quality of life fore each woman and her family. HPP incorporates the philosophy of harm reduction into a full array of services that includes outreach, substance abuse services, workforce training and development, prenatal services, parenting education, housing assistance, immigrant services, and technology classes.

**Hyde Street Community Services, Inc.** 

134 Golden Gate Ave San Francisco, CA 94102 (415) 673-5700

Executive Director: Cindy Gyori

Executive Director: Martha Ryan

Executive Director: Hilary McQuie

Email: mcquie@harmreduction.org

Email: martharyan@homelessprenatal.org Phone: (415) 546-6756 Ext: 320

Phone: (510) 444-6969 Ext: 11

Email: cgyori@hydestreetcs.org Phone: (415) 673-5700 Ext: 1101

SOC Manager: Charles Rivera

BOCC Manager: Sean Nguyen CDTA Manager: Elizabeth Davis

MH Hyde Street Community Services Program Director: Cindy Gyori SOC Manager: Ernestina Carrillo Email: cgyori@hydestreetcs.org 134 Golden Gate Avenue BOCC Manager: Carlos Balladares Phone: (415) 673-5700 CDTA Manager: Rudy Aguilar San Francisco, CA 94102

Hyde Street Community Services includes an outpatient mental health clinic serving the Tenderloin area of the community and a Clubhouse socialization program for clients that welcomes clients from anywhere in the City. Individuals served at the Tenderloin Clinic present a wide range of mental health issues with co-occuring substance abuse, medical problems and substance abuse.

Hyde Street Community Services FSP Program Director: Cindy Gyori SOC Manager: Ernestina Carrillo 134 Golden Gate Avenue Email: cgyori@hydestreetcs.org BOCC Manager: Carlos Balladares San Francisco, CA 94102 Phone: (415) 673-5700 CDTA Manager: Rudy Aguilar

Instituto Familiar De La Raza, Inc

2919 Mission Street San Francisco, CA 94110 (415) 229-0500 Executive Director: Estela Garcia
Email: egarcia@ifrsf.org
Phone: (415) 229-0523

MH Instituto Familiar De La Raza 2919 Mission Street San Francisco, CA 94110 Program Director: **Estela Garcia**Email: egarcia@ifrsf.org
Phone: (415) 229-0500

SOC Manager: **Susan Esposito**BOCC Manager: **John Pabustan**CDTA Manager: **Erik Dubon** 

This Review is specifically for the Adult Outpatient Mental Health Program of Instituto Familiar de la Raza. This community-based, multiservice organization is located in the Mission District. IFR provides mental health, HIV-related, family preservation and mentoring services to a predominately Chicano/Latino population. The mental health outpatient clinic provides a continuum of services including advocacy, early intervention, case management, and therapy services to children, youth, adults and their families. Services are provided by qualified bilingual/bicultural staff who reflect the diversity of the Mission community and who are familiar with the cultural and spiritual norms, practices and beliefs of the Chicano/Latino community.

**Iris Center** 

12 Gough Street San Francisco, CA 94103 (415) 864-2364 Executive Director: Angela Green
Email: agreen@iriscenter.org

Email: agreen@iriscenter.org
Phone: (415) 864-2364 Ext: 210

SA Iris Center - Women's Counseling 12 Gough Street San Francisco, CA 94102 Program Director: Angela Green
Email: agreen@iriscenter.org
Phone: (415) 864-2364

SOC Manager: Denise Jones
BOCC Manager: Sean Nguyen
CDTA Manager: Erik Dubon

The Iris Project is an outpatient substance abuse treatment program for people with low income, women of color, bisexual and transgender women, who abuse alcohol and/or illicit drugs. Clients receive individual and group counseling for three to eighteen months depending on need. The program uses the Matrix substance abuse treatment model, using a direct, non-confrontational approach that focuses on current issues and behavior change. Childcare is available for women with children. Additonal services are provided for lesbian, bisexual, and transgender women as well as Spanish-speaking clients.

Jelani, Inc.

1601 Quesada Avenue San Francisco, CA 94124 (415) 822-5977 Executive Director: Margaret Gold

Email: jelanisf4@aol.com Phone: (415) 822-5977 Ext: 203

SA Jelani Family Program 1640 Kirkwood Avenue San Francisco, CA 94124 Program Director: Margaret Gold
Email: jelanisf4@aol.com
Phone: (415) 970-9154

SOC Manager: Charles Rivera
BOCC Manager: Sean Nguyen
CDTA Manager: Andrew Williams

The Family Program (formerly Newhall Manor) is a residential treatment program in a family/community setting. The program offers various social, health, support, recovery, and educational services for single men with children and couples with children.

SA Jelani House 1601 Quesada

1601 Quesada Avenue San Francisco, CA 94124 Program Director: **Margaret Gold**Email: jelanisf4@aol.com
Phone: (415) 822-5977 Ext: 203

SOC Manager: Charles Rivera
BOCC Manager: Sean Nguyen
CDTA Manager: Andrew Williams

Jelani House is residential program for pregnant/postpartum women and women with children under the age of six. Treatment is composed of a combination of case management and individual counseling in a community setting. Peer support is supplemented by the trained staff who provide individual, group and family counseling with the participants.

**Latino Commission** 

301 Grand Avenue #301 South San Francisco, CA 94080 (650) 244-1444 Executive Director: Debra Camarillo

Email: cama8rillo@yahoo.com

Phone: (650) 922-5118

SA LC Casa Aviva 1724 Bryant Street San Francisco, CA 94110 Program Director: Maribel Leiva
Email: latcom01@aol.com
Phone: (415) 558-9125

SOC Manager: Charles Rivera
BOCC Manager: Marshia Herring
CDTA Manager: Andrew Williams

The Latino Commission (TLC) provides residential and Overnight/Partial Day services for pregnant/post-partum Latino women and their children. Casa Aviva and Casa Xochitlare part of a continuum of treatment services that provide both structured treatment environments and the flexibility to be responsive to the individual needs and circumstances of clients with children. Clients, who are assessed for residential treatment but are awaiting an opening at Casa Aviva, can be enrolled at Casa Xochitl with intensive day treatment services.



**Business Office - Contract Compliance** 

CBHS Program Directory - Adult & Older Adult

SA LC Casa Ollin 161 Margaret Ave. San Francisco, CA 94112 Program Director: Maria Newson
Email: menewson@aol.com
Phone: (415) 337-4065

SOC Manager: Charles Rivera
BOCC Manager: Marshia Herring
CDTA Manager: Andrew Williams

The Latino Commission (TLC) has been providing bilingual/bicultural residential, aftercare, and outpatient substance abuse treatment services for Latinos/as in San Mateo County since 1991, and in San Francisco since 1999. As part of their continuum, TLC provides substance abuse services through Casa Ollin, a sober living facility for men with wrap around substance abuse treatment services provided off-site. The Latino Commission honors Latino values and utilizes a family-centered approach that integrates the concepts of conocimiento (self-awareness), respeto (respect for others) and confianza (mutual trust) tocreate an environment supportive of recovery. Off-site services include individual, group and family counseling, specialized educational classes, employment readiness, relapse prevention, alumnigroups, exercise classes, and computer labs. Ollinis contracted for eight (8) beds at any one time in FY 06/07. For Prop. 36, Drug Court, and BASN-funded programs, access to treatment is controlled by the courts. The court system independently monitors these programs and conducts its own program reviews based on data collected by the CBHS Billing Information System (BIS).

SA LC Casa Quetzal Program Director: Maribel Leiva SOC Manager: Charles Rivera
635 Brunswick Email: latcom01@aol.com BOCC Manager: Marshia Herring
San Francisco, CA 94112 Phone: (415) 337-4065 CDTA Manager: Andrew Williams

Casa Quetzal and Casa Ollinare part of a continuum of treatment services that provide both structured treatment environments and the flexibility to be responsive to the individual needs and circumstances of the clients. Clients, who are assessed for residential treatment but are awaiting an opening at Casa Quetzal, can be enrolled at Casa Olin with intensive day treatment services. On the other hand, clients who have completed 90 days of residential treatment at Casa Quetzal can complete their last stage of intensive day treatment while transferring residence to Casa Ollin, thereby opening up a bed at Casa Quetzal. Clients assessed for outpatient treatment, with an unstable housing situation, can be enrolled at Casa Ollin as well.

Mental Health Management I, Inc.

653 & 655 Canyon Road Novato, CA 94947 (415) 892-1628 Executive Director: Richard Evatz
Email: REvatzcanyonm@aol.com

Phone: **(415) 892-1628 Ext: 306** 

MH Canyon Manor Residential 655 Canyon Road Novato, CA 94948 Program Director: **Alan Jamison**Email: AJamisoncanyonm@aol.com
Phone: (415) 892-1628

SOC Manager: David Sickles
BOCC Manager: John Pabustan
CDTA Manager: Rudy Aguilar

Canyon Manor MHRC is licensed by the Department of Mental Health and is an 89-bed locked facility. The program provides psychosocial rehabilitation services for clients between 18-60. The facility offers 24-hour nursing care with day and evening program

Mission Council

820 Valencia Street San Francisco, CA 94110 (415) 826-6767 Executive Director: Jose Luis Aguirre

Email: jla@missioncouncil.org Phone: (415) 826-6769

SA MC Family Day Treatment 820 Valencia Street San Francisco, CA 94110

Program Director: **Jose Luis Aguirre** Email: jla@missioncouncil.org Phone: (415) 826-6767 SOC Manager: Susan Esposito
BOCC Manager: John Pabustan
CDTA Manager: Mario Hernandez

SOC Manager: Susan Esposito BOCC Manager: John Pabustan CDTA Manager: Mario Hernandez

SA MC Outpatient 820 Valencia Street San Francisco, CA 94110 Program Director: **Jose Luis Aguirre** Email: jla@missioncouncil.org Phone: (415) 826-6767

Mission Council on Alcohol Abuse for the Spanish Speaking has provided outpatient services since 1978. MCAASS presently serves over 400 clients and continues to grow due to increased need. The outpatient program provides intake assessments, educational sessions, group and individual counseling, and aftercare to assist participants in their drug and alcohol dependence, to maintain sobriety, prevent relapse, and provide emotional support to clients with dual diagnosis. MCAASS outpatient provides services to English and Spanish speaking adults, primarily to the Latino/a community located in the Mission district of San Francisco. Program staff is bilingual in Spanish/English and experienced in working with clients of different cultural backgrounds.

Mt. St. Joseph - St. Elizabeth (dba Epiphany Center)

100 Masonic Avenue San Francisco, CA 94118 (415) 567-8370 Executive Director: Estela Morales

Email: sisterestela@msjse.org Phone: (415) 567-8370

SA MSJ Epiphany House Broderick 1615 Broderick Street San Francisco, CA 94115 Program Director: Lilian Uwuseba Email: luwuseba@msjse.org Phone: (415) 409-6003 Ext: 4213 SOC Manager: Ernestina Carrillo BOCC Manager: Carlos Balladares CDTA Manager: Mario Hernandez

The Epiphany House provides residential treatment to support a woman's recovery from drugs and alcohol; to help clients improve family functioning by strenghtening parenting skills; and/or strengthen independent living skills that lead to permanent and stable housing and employment.

SA MSJ Epiphany House Masonic 100 Masonic Avenue San Francisco, CA 94118

Program Director: Estela Morales Email: sisterestela@msjse.org Phone: (415) 567-8370 Ext: 4057

SOC Manager: Ernestina Carrillo BOCC Manager: Carlos Balladares CDTA Manager: Mario Hernandez

The Epiphany Center, Adult Intensive Outpatient Program, strives to help women recover from drugs and alcohol; address issues of trauma and violence, improve family functioning by strengthening parenting skills, increase independent living skills and reunify their family; acquire adequate housing and stable income. The eligibility criteria includes any woman over the age of 18 with or without children who has a substance abuse problem and is a resident of San Francisco County

National Council-Alcoholism & Drug Abuse

944 Market Street, 3rd Floor San Francisco, CA 94102 (415) 296-9900

Executive Director: Andrew Dieden

Email: andrew@nca-ba.org Phone: (415) 296-9047

SA NCA First Offender DUI 944 Market Street, 3rd Floor San Francisco, CA 94102

Program Director: Keith Schroeder Email: schroeder@ncadaba.com Phone: (415) 296-0500

SOC Manager: Denise Jones BOCC Manager: Jim Gilday CDTA Manager: Erik Dubon

12 hour, 3 month, 6 month, 9 month and 18 month program for first-time and multiple-offenders of driving under the influence as referred by the courts and/or DMV. Hrs: Monday through Saturday 9:00 am to 4:00 pm. Intake: call 415-296-0500 to schedule an appointment. Eligibility: court-mandated and/or DMV referral. Available languages: English, Cantonese, Korean, Mandarin, Russian, Vietnamese.

**Positive Resource Center** 

785 Market Street, 10th Floor San Francisco, CA 94103 (415) 777-0333

Executive Director: Andy Chu,

Email: andyc@positiveresource.org Phone: (415) 972-0827

MH PRC SSI Advocacy for Mental Health Patients 785 Market Street, 10th Floor San Francisco, CA 94103

Program Director: Andy Chu, Email: andyc@positiveresource.org Phone: (415) 777-0333

SOC Manager: Edwin Batongbacal BOCC Manager: John Pabustan CDTA Manager: Joseph Cecere

Client referrals come from targeted DPH mental health sites. A Legal Assistant contacts the client or caseworker to set up an intake appointment with the Attorney/Advocate. Clients will sign various representation documents. The Attorney/Advocate will contact SSA to secure a protective filing date. The Attorney/Advocate will explain how the application process works. If the client does not qualify for SSI due to immigration status, we will determine their eligibility for Cash Assistance Program for Immigrants. The Attorney/Advocate will represent clients through all administrative levels. Once a client's case is won and all benefits are in effect, program staff will advise clients on future issues that may affect benefits. After this final review, the client's file will be closed

**Progress Foundation** 

368 Fell Street San Francisco, CA 94102 (415) 861-0828

Executive Director: Steve Fields

Email: sfields@progressfoundation.org

Phone: (415) 861-0828

MH PF Ashbury House 212 Ashbury Street San Francisco, CA 94117

Program Director: Alisa Birgy Email: ashbury@progressfoundation.org Phone: (415) 775-6194

SOC Manager: Sidney Lam BOCC Manager: Carlos Balladares CDTA Manager: Stephen Banuelos

Ashbury House is a transitional residential treatment program (TRTP) in a social rehabilitation model, serving mothers who present mental health treatment needs, frequently with co-occurring substance abuse treatment needs. Ashbury House serves homeless women who have lost custody or are at risk of losing custody of their child(ren) due to their mental disability, and need comprehensive mental health services and parenting education to maintain or regain custody. 40% of the families are CalWorks families. Services include on-site rehab day treatment, including parenting education, individual and group counseling, crisis intervention, peer support, activities of daily living, medication support, ambulatory medical support by a nurse practitioner and referrals to social services, vocational rehabilitation, housing and community treatment. Ashbury House can accept pregnant women and women with up to two children age 12 and under

MH PF Avenues 1443 Seventh Avenue San Francisco, CA 94102 Program Director: Anne Luger Email: avenues@progressfoundation.org Phone: (415) 242-8034

SOC Manager: Sidney Lam BOCC Manager: Carlos Balladares CDTA Manager: Stephen Banuelos

The goals of the Avenues residential program, one of the Acute Diversion Units (ADUs), is to reduce the utilization of acute psychiatric in-patient beds,  $either by {\it diversion from in patient placement or reduction of in patient length of stay by providing an intensively staffed and community oriented 24-hour}$ non-institutional alternative. Progress Foundation serves San Francisco residents, aged 18 years and older, referred from SFGH Psychiatric Emergency Services (PES) and other psychiatric crisis services designated by Community Behavioral Health Services (CBHS). In FY 06-07 the vast majority of referrals were diversions directly from PES.



**Business Office - Contract Compliance** 

CBHS Program Directory - Adult & Older Adult

MH PF Carroll House Residential Seniors Program
73 Anderson Street
San Francis, CA 94110
PI

Program Director: **Tanja Glasgow**Email: seniorsprogram@progressfoundat... BOCC Manager: **Carlos Balladares**Phone: (415) 821-1610

SOC Manager: **Carlos Balladares**CDTA Manager: **Stephen Banuelos** 

Rypins and Carroll Houses constitute the Progress Seniors Program. They are transitional residential treatment programs (TRTP) for seniors 60 and over which operate in a social rehabilitation model. The seniors program provides a residential treatment and rehabilitation program for older adults with major psychological disorders. Program goals are to develop clients' independent living skills and support network needed to increase their level of independence and reduce their use of emergency and inpatient treatment. Services include individual and group counseling, crisis intervention, peer support, activities of daily living, ambulatory medical support, medication support and referrals to social services, housing and community treatment. Clients participate in the Rypins House in-house day treatment program while they reside in either Rypins or Carroll House. Former clients are eligible to participate in the day treatment program if needed.

MH PF Clay Street Residential 2210 Clay Street San Francisco, CA 94115 Program Director: Adela Morales
Email: claystreet@progressfoundation...
Phone: (415) 776-4647

SOC Manager: Sidney Lam
BOCC Manager: Carlos Balladares
CDTA Manager: Stephen Banuelos

Clay Street is a 16-bed transitional residential treatment program (TRTP). It serves adults age 18 and over, and as an IMD alternative focuses on those returning from long-term care settings or who are at risk for institutional placement due to the severity of their psychiatric disorders. The program is based on the social rehabilitation model; primary goals are to help clients develop independent living skills and the support network needed to increase independence and avoid re-hospitalization. Services include on-site rehabday treatment, individual and group counseling, crisis intervention, activities of daily living, ambulatory medical support, medication support and assistance with case management and referrals. Maximum length of stay is one year

MH PF Cortland House Residential 77 Cortland Avenue San Francisco, CA 94110 Program Director: Rosana Martinez
Email: cortland@progressfoundation.or..
Phone: (415) 550-1881

SOC Manager: Sidney Lam
BOCC Manager: Carlos Balladares
CDTA Manager: Stephen Banuelos

The goals of the Cortland House residential program, one of the Acute Diversion Units (ADUs), is to reduce the utilization of acute psychiatric in-patient beds, either by diversion from in-patient placement or reduction of inpatient length of stay by providing an intensively staffed and community oriented 24-hour non-institutional alternative. Progress Foundation serves San Francisco residents, aged 18 years and older, referred from SFGH Psychiatric Emergency Services (PES) and other psychiatric crisis services designated by Community Behavioral Health Services (CBHS). In FY 06-07 the vast majority of referrals were inpatient diversions directly from PES.

MH PF Dore Clinic 52 Dore Street San Francisco, CA 94103 Program Director: Cecile O'Connor
Email: doreclinic@progressfoundation...
Phone: (415) 553-3100

SOC Manager: Sidney Lam
BOCC Manager: Carlos Balladares
CDTA Manager: Stephen Banuelos

Dore Urgent Care Center is a medically-staffed psychiatric urgent care clinic combined with Dore Residence, a crisis residential treatment stabilization program. The Dore Urgent Care Clinic is designed to serve individuals who are in psychiatric crisis, but who do not require hospitalization, involuntary treatment, seclusion, or restraint. The Clinic is open 24/7 and is able to accommodate up to 12 clients at any one time. Clients must be referred or accompanied by SFPD, Mobile Crisis, community health clinics, case managers, outpatient clinics, PES triage or medical emergency rooms.

MH PF Dore House Crisis Residential 52 Dore Street

San Francisco, CA 94103

Program Director: **Carrie Schell** Email: doreresidence@progressfoundati.. Phone: (415) 553-3115

SOC Manager: Sidney Lam
BOCC Manager: Carlos Balladares
CDTA Manager: Stephen Banuelos

Dore Residence is a 14-bed intensive crisis residential treatment program, operated in a social rehabilitation model, that provides an 24-hour alternative to hospitalization and serves clients who need continued psychiatric crisis support beyond Dore Urgent Care Clinic. The average length of stay is 7-14 days. Dore Residence serves voluntary adults age 18 and older who require a highly structured and supervised setting due to current acute symptoms of mental illness. Services include individual and group counseling, crisis intervention, assessment for the next level of treatment, peer support, vocational services, activities of daily living, ambulatory medical support, medication support and referrals to social services, vocational services. housing and community treatment.

MH PF Dorine Loso House 405 Baker Street San Francisco, CA 94117 Program Director: Leigh Maddox
Email: losohouse@progressfoundation.o..
Phone: (415) 346-7775

SOC Manager: Sidney Lam
BOCC Manager: Carlos Balladares
CDTA Manager: Stephen Banuelos

Dorine Loso House is a 14-bed residential treatment program serving adults age 18 and over, who are returning from long-term care setting or who are at risk for institutional placement due to severity of their psychiatric disabilities and often co-occurring substance abuse. The program is based on the social rehabilitation model; primary goals are to help clients develop independent living skills and the support network needed to increase independenceandavoidrehospitalization. Services includeon-sitedaytreatment, individual and group counseling, crisis intervention, activities of daily living, vocational services, ambulatory medical support, medication support and assistance with case management. Maximum stay is one year.

MH PF La Amistad 2481 Harrison Street San Francisco, CA 94110 Program Director: Emeterio Garcia
Email: laamistad@att.net
Phone: (415) 285-8100

CDTA Manager: Sidney Lam
BOCC Manager: Carlos Balladares
CDTA Manager: Stephen Banuelos

La Amistad is a Spanish-language capacity tranistional residential treatment program (TRTP) that operates in a social rehabilitation model. This program provides a 3-month residential treatment and rehabilitation program for adults 18 and older with major psychological disorders and often with co-occurring substance abuse histories. La Amistad also provides residential treatment for transitional age youth (TAY) age 18-24, in collaboration with other TAY service providers. Programgoals are to develop clients' independent living skills and support network needed to increase their level of independence and reduce their use of emergency services and inpatient treatment. Services include individual and group counseling, crisis intervention, peer support, activities of daily living, ambulatory medical support, medication support and referrals to social services, vocational rehabilitation, housing, and community treatment.



**Business Office - Contract Compliance** 

CBHS Program Directory - Adult & Older Adult

MH PF La Posada Residential Adult
810 Capp Street
San Francisco, CA 94110

Program Director: **Brian Couture**Email: laposada@progressfoundation.or..
Phone: (415) 285-0810

SOC Manager: **Sidney Lam**BOCC Manager: **Carlos Balladares**CDTA Manager: **Stephen Banuelos** 

The goals of the La Posada residential program, one of the Acute Diversion Units (ADUs), is to reduce the utilization of acute psychiatric in-patient beds, either by diversion from in-patient placement or reduction of inpatient length of stay by providing an intensively staffed and community oriented 24-hournon-institutional alternative. Progress Foundation serves San Francisco residents, aged 18 years and older, referred from SFGH Psychiatric Emergency Services (PES) and other psychiatric crisis services designated by Community Behavioral Health Services (CBHS). In FY 06-07 the vast majority of referrals were inpatient diversions directly from PES.

MH PF Progress House
25 Beulah Street
San Francisco, CA 94117
Program Director: James Roberts
Email: progresshouse@progressfoundati... BOCC Manager: Carlos Balladares
Phone: (415) 668-1511
CDTA Manager: Stephen Banuelos

Progress House, a transitional residential treatment program (TRTP) operating in the social rehabilitation model, provides a 3-month residential treatment and rehabilitation program for adults 18 years of age and older with major psychological disorders. Program goals are to develop clients' independentlivingskills and support network needed to increase their level of independence and reduce their use of emergency services and inpatient treatment. Services include individual and group counseling, crisis intervention, peer support, activities of daily living, ambulatory medical support, medication support and referrals to social services, vocational rehabilitation, housing and community treatment. Progress House also focuses on the transgender, lesbian, gay and bisexual communities, and transitional age youth 18-24.

MH PF Progress Supported Living
711 Taraval Street
San Francisco, CA 94116

Program Director: Arthur Lorenz
Email: supportedliving@progressfounda..
Phone: (415) 752-3416

SOC Manager: Sidney Lam
BOCC Manager: Carlos Balladares
CDTA Manager: Stephen Banuelos

The Progress Foundation Supported Living Program (SLP/aka Progress Co-op and Independent Living) provides assistance to supported living residents who live either in shared household groups or individual apartment settings. The program provides case management, counseling and crisis intervention services 24/7 to help maintain stability of individuals and households. The program serves individuals 18 years of age or older.

MH PF Rypins House Residential Seniors Program
1405 Guerrero St
San Francisco, CA 94110

Program Director: **Tanja Glasgow**Email: seniorsprogram@progressfoundat.. BOCC Manager: **Carlos Balladares**Phone: (415) 821-0697

SOC Manager: **Sidney Lam**Email: seniorsprogram@progressfoundat.. BOCC Manager: **Carlos Balladares**CDTA Manager: **Stephen Banuelos** 

Rypins and Carroll Houses constitute the Progress Seniors Program. They are transitional residential treatment programs (TRTP) for seniors 60 and over which operate in a social rehabilitation model. The seniors program provides a residential treatment and rehabilitation program for older adults with major psychological disorders. Program goals are to develop clients' independent living skills and support network needed to increase their level of independence and reduce their use of emergency and inpatient treatment. Services include individual and group counseling, crisis intervention, peer support, activities of daily living, ambulatory medical support, medication support and referrals to social services, housing and community treatment. Clients participate in the Rypins House in-house day treatment program while they reside in either Rypins or Carroll House. Former clients are eligible to participate in the day treatment program if needed.

MH PF Shrader House 50 Shrader Street Email: shraderhouse@progressfoundatio.. BOCC Manager: Sidney Lam Email: shraderhouse@progressfoundatio.. BOCC Manager: Carlos Balladares Phone: (415) 668-4166 CDTA Manager: Stephen Banuelos

The goals of the Shrader House residential program, one of the Acute Diversion Units (ADUs), is to reduce the utilization of acute psychiatric inpatient beds, either by diversion from inpatient placement or reduction of inpatient length of stay by providing an intensively staffed and community oriented 24-hournon-institutional alternative. Progress Foundation serves San Francisco residents, aged 18 years and older, referred from SFGH Psychiatric Emergency Services (PES) and other psychiatric crisis services designated by Community Behavioral Health Services (CBHS). In FY 06-07 the vast majority of referrals were inpatient diversions directly from PES.

Regents of UCSF

3333 California Street #315 San Francisco, CA 94118 (415) 502-4029 Executive Director: N/A Email: N/A Phone: N/A

SA Citywide STOP Program Director: Valerie Gruber, 982 Mission Street Email: valerie.gruber@ucsf.edu San Francisco, CA 94103 Phone: (415) 597-8038 SOC Manager: Sidney Lam BOCC Manager: Tom R Mesa CDTA Manager: Stephen Banuelos

The Substance Treatment Outpatient Program (STOP) is adual diagnosis enhanced outpatient substance abuse treatment program of Citywide Case Management/Community Focus (CW/CF). Services include group and as-needed individual or family addiction counseling tailored for people with severe mental illness. Includes trauma-informed, stage-based, motivational, and harm reduction approaches. Clinicians have both addiction and mental health training, and work in close collaboration with other CW/CF staff who provide case management, psychotherapy, psychiatric medication management, drug testing, and vocational and cognitive rehabilitation. Referral: Case manager schedules STOP orientation/intake at OD desk, or may contact STOP to arrange same-day drop-in.

SA DSAAM HIV Set-Aside Interven & Prev 1001 Potreror, ward 93, Box 0852 Email: stephen.dominy@ucsf.edu San Francisco, CA 94110 Program Director: Stephen Dominy Email: stephen.dominy@ucsf.edu BOCC Manager: Sean Nguyen CDTA Manager: Mario Hernandez



**Business Office - Contract Compliance** 

CBHS Program Directory - Adult & Older Adult

SA DSAAM Methadone Van	Program Director: <b>Deborah Logan</b>	SOC Manager: <b>Charles Rivera</b>
Building 90, Ward 93	Email: deborah.logan@sfdph.org	BOCC Manager: <b>Sean Nguyen</b>
San Francisco, CA 94110	Phone: (415) 206-4068	CDTA Manager: <b>Mario Hernandez</b>
SA DSAAM OBOT 1001 Potrero Ave. Wd. 93 San Francisco, CA 94110	Program Director: <b>Cathy Jacob</b> Email: cathy.jacob@ucsf.edu Phone: (415) 206-6022	SOC Manager: <b>Charles Rivera</b> BOCC Manager: <b>Sean Nguyen</b> CDTA Manager: <b>Mario Hernandez</b>

San Francisco, CA 94110	Phone: (415) 206-6022	CDTA Manager: Mario Hernandez
The Office-Based Opiate Treatment Program (DSAA) and Addiction Medicine (DSAAM) at San Francisco		
SA DSAAM OTOP Methadone Maintenance Building 90, Ward 93 San Francisco, CA 94110	Program Director: <b>Deborah Logan</b> Email: deborah.logan@sfdph.org Phone: (415) 206-4068	SOC Manager: <b>Charles Rivera</b> BOCC Manager: <b>Sean Nguyen</b> CDTA Manager: <b>Mario Hernandez</b>
MH UCSF AIDS Health Project 1930 Market Street San Francisco, CA 94102	Program Director: <b>Lori Thoemmes</b> Email: lori.thoemmes@ucsf.edu Phone: (415) 476-3902	SOC Manager: Susan Esposito BOCC Manager: Carlos Balladares CDTA Manager: James Stroh
MH UCSF Citywide Case Management 982 Mission Street, 2nd Fl. San Francisco, CA 94103	Program Director: <b>Dave Fariello</b> Email: david.fariello@ucsf.edu Phone: (415) 597-8000	SOC Manager: Sidney Lam BOCC Manager: Carlos Balladares CDTA Manager: Stephen Banuelos
LIC Citywide Case management and Citywide Foren	sics program provide intensive clinical, medication	crisis and case management services to

UC Citywide Case management and Citywide Forensics program provide intensive clinical, medication, crisis, and case management services to mentally ill individuals who are high-end users of inpatient psychiaric hospitals or correctional facilities. Some clients are not able to come to clinic on their own and require frequent outreach from their case managers. Group therapy and skill building are available to clients as well as on-site job training and treatment for dual disorders. Staff reflect the language and cultural diversity of clients served.

MH UCSF Community Focus
982 Mission Street, 2nd Fl.
San Francisco, CA 94114

Program Director: **Dave Fariello**Email: david.fariello@ucsf.edu
Phone: (415) 597-8000

SOC Manager: **Sidney Lam**BOCC Manager: **Carlos Balladares**CDTA Manager: **Stephen Banuelos** 

UC Community Focus program is an assertive community treatment program for 200 clients. The Program provides team approach model. The program provides wrap-around services for high-cost, high-risk severely mental ill population in the community. The Program enrolls its clients from hospitals, and from long term care facilities. The program provides mental health, case management, medication support, crisis intervention, and substance abuse treatment services. The program provides 24/7 support services tor its clients. The program serves multicultural popluation, and is capable to provide services in 11 dialects.

MH UCSF Deaf Community Counseling Services MH 3333 California Street, Suite #10 Email: dlangholtz@lppi.ucsf.edu San Francisco, CA 94118 Program Director: Daniel Langholtz SOC Manager: Susan Esposito BOCC Manager: Jim Gilday CDTA Manager: James Stroh

The UCSF Center on Deafness provides outpatient mental health, substance abuse, and prevention services for individuals who are deaf, hard of hearing, or late deafened and their families. UCCD is the only outpatient program that is dedicated to providing services in the clients preferred language interpreters, including sign language, with assistive listening devices, and with qualified language interpreters, including sign language interpreters.

Richmond Area Multi-Services, Inc.

3626 Balboa Street San Francisco, CA 94121 (415) 668-5955 Executive Director: Kavoos Bassiri

Email: kgbassiri@ramsinc.org Phone: (415) 668-5955 Ext: 319

MH RAMS Adult/Older Adult Outpatient Services 3626 Balboa St 5 Email: sachiinoue@ramsinc.org 8 CDTA Manager: Sidney Lam 8 BOCC Manager: David Macias 8 CDTA Manager: David Macias 8 CDTA Manager: Andrew Williams

RAMS provides comprehensive mental health outpatient services, including individual, family, group therapy, education and informstion, and outreach to schools. RAMS serves all age groups. Referrals are accepted directly or through central access. Services are provided in Cantonese, Mandarin, Korean, English, Cambodian, Vietnamese, Japanese, Russian, Burmese, Thai and Taglog. RAMS Broderick St. provides out-patient and residential care services in a Milieu setting to high-risk and high-costs clients in a 33-bed residental care facility. Some clients have complex chronic medical issues that require ongoing meducal monitoring from the facility nursing staff. RAMS added two new programs in FY 06-07, PAES Program provides mental health services to families receiving welfare, and RAMS Hirability, receiving funds from MHSA (Prop 63), provides computer training program to consumers.

MH RAMS Hire-Ability Vocational Services Program Director: Hasian Sinaga SOC Manager: John Grimes 1234 Indiana Street Email: hsinaga@hire-ability.org BOCC Manager: David Macias CDTA Manager: Andrew Williams

The Hire-Ability Vocational Services, Employment Services (E.S.) Program is designed to provide culturally competent vocational rehabilitation to clients with mental illness within the San Francisco Integrated System of Care by preparing and assisting clients to obtain and maintain meaningful employment. The population served are primarily adults who: (1) suffer from chronic/persistent menal illness, including co-occurring disorders, (2) have had previous or recent State hospitalization or other inpatient hospitalization, and (3) may benefit from competitive employment. And also adults who are limited English speaking or bicultural Asian language speaking adults who require assistance in job development or training skills.

MH RAMS PAES Counseling & Pre-Vocational Services 1235 Mission Street

San Francisco, CA 94103

Program Director: Shyamsundar Kotagal, SOC Manager: Po Yee Au BOCC Manager: David Macias Email: shyamsundar.kotagal@sfgov.org Phone: (415) 558-1320 CDTA Manager: Andrew Williams

The PAES Counseling & Pre-Vocational Services program serves participants of SF Department of Human Services (DHS) Personal Assisted Employment Services (PAES) - the countys welfare-to-work program for adults without dependent children - by offering comprehensive behavioral health services as well as providing brief functional/work-readiness assessments to those of Country Adult Assistance Programs (CAAP). The culturally diverse, multi-lingual, and multi-disciplinary treatment team at PAES consists of professionals with expertise in psychiatry, psychology, mental health/counseling, social work, chemical dependency, vocational rehabilitation, peer counseling, and acupuncture. Services are limited to PAES and CAAP participants

**Royal Counseling Center** 

2675 Folsom Street San Francisco, CA 94110 (415) 643-7117

Executive Director: Maggie DeVera

Email: maggiedevera@royalinc.org

Phone: (415) 378-7117

MH Royal Counseling Center 2675 Folsom Street San Francisco, CA 94110

Program Director: Maggie DeVera Email: maggiedevera@royalinc.org Phone: (415) 643-7117 SOC Manager: Denise Jones

BOCC Manager: Sean Nguyen
CDTA Manager: Francine Austin

SAGE Project, Inc.

1275 Mission Street San Francisco, CA 94103 (415) 905-5050

Executive Director: Amy Rassen

Email: amyr@sagesf.org Phone: (415) 652-4533

MH SAGE Project 1275 Mission Street San Francisco, CA 94103 Program Director: Francine Braae Email: francineb@sagesf.org Phone: (415) 905-5050

SOC Manager: Ernestina Carrillo BOCC Manager: Jim Gilday CDTA Manager: Elizabeth Davis

The primary goal of the SAGE Mental Health Services Program is to reduce the risk of harm resulting from childhood trauma, domestic violence, sexual exploitation and substance use by addressing the root causes through the provision of professionally administered individual and group psychotherapy and counseling, trauma therapy and mental health case management. Participants served in these modalities learn to build on their strengths, to alleviate and manage their symptoms and to make choices that help them lead satisfying, productive lives

SAGE Survivors of Trauma, Violence, and Sexual Abuse (Sgram Director: Francine Braae 1275 Mission Street San Francisco, CA 94103

Email: francineb@sagesf.org Phone: (415) 905-5050

SOC Manager: Ernestina Carrillo BOCC Manager: Jim Gilday CDTA Manager: Elizabeth Davis

The mission of the SAGE Project is to improve the lives of individuals victimized by, or at risk for sexual exploitation, violence and prostitution through trauma and recovery services, substance abuse treatment, vocational training, housing assistance and legal advocacy.

San Francisco AIDS Foundation

PO Box 426182 San Francisco, CA 94142 (415) 487-3000

Executive Director: Neil Giuliano

Email: ngiuliano@sfaf.org Phone: (415) 487-3033

Stonewall Project 1035 Market Street, Fourth Floor San Francisco, CA 94103

Program Director: Michael Discepola Email: mdiscepola@sfaf.org Phone: (415) 487-3100

SOC Manager: John Grimes BOCC Manager: John Pabustan CDTA Manager: Hilda Jones

The Stonewall Project is a counseling program dedicated to providing treatment to gay men, transmen who have sex with men, and other men who have sex with men with drug and/or alcohol problems. We welcome participants at all stages of readiness, and do not require abstinence to receive services. The Stonewall Project provides a full range of counseling services that integrate substance use, mental health, and HIV prevention and education from a participant-centered perspective. The goal of the Stonewall Project is to create a safe space where gay men and other men who have sex with men (G/MSM) who use crystal meth, crack cocaine, powder cocaine, alcohol and/or other drugs can come to deal with issues of concern to them without stipulations, conditions or judgments.

San Francisco BAR Association

301 Battery Street, 3rd Floor San Francisco, CA 94111 (415) 982-1600 Executive Director: Dan Burkhardt
Email: dburkhardt@sfbar.org
Phone: (415) 982-1600

MH HAP SSI Advocacy Project 1360 Mission St., Suite 201 SAN FRANCISCO, CA 94103 Program Director: **Teresa Friend**Email: tfriend@sfbar.org
Phone: (415) 575-3130

SOC Manager: **Edwin Batongbacal**BOCC Manager: **David Macias**CDTA Manager: **Joseph Cecere** 

The HAP SSI Advocacy Project provides SSI advocacy at the application, reconsideration, and appeals stage, as well as assistance on some pre-entitlementandpost-entitlementissues that threaten continued receipt of benefits, to DPH clients referred from certain identified referral sources. Services are delivered through the Homeless Advocacy Project (HAP) of the San Francisco Bar Association Volunteer Legal Services Program. As a program as a whole, HAP serves homeless individuals and families, and those at imminent risk of homelessness, with a particular emphasis on serving individuals with mental health disabilities. HAP is located at 1360 Mission St., Suite 201. HAP operates during regular business hours Tuesday-Friday, with a drop-in clinic for new clients held every Tuesday.

San Francisco Study Center

944 Market Street #701 San Francisco, CA 94102 (415) 626-1650 Executive Director: Geoffrey Link

Email: geoff@studycenter.org Phone: (415) 626-1650 Ext: 310

MH SFSC Mental Health Clients' Rights Advocates 944 Market Street #701

944 Market Street #701 San Francisco, CA 94102 Program Director: Robert Marquez
Email: rmarquez@sonic.net
Phone: (415) 552-8100

SOC Manager: Edwin Batongbacal
BOCC Manager: Duane Einhorn
CDTA Manager: Rudy Aguilar

SanFranciscoMentalHealthClientRightsAdvocates, SFMHCRA, provides mentalhealthpatients' rights advocacy as perthe Welfare and Institutions Code. The program will receive and investigate complaints of patients' rights violations from clients, their families and others such as providers; monitor mental health facilities for compliance with patients' rights laws, regulations and policies; provide trainings, education and act as a consultant concerning patients' rights to mental health staff and other sakeholders; provide outreach, one per month to ensure consumers in licensed mental health facilities know their rights.

MH SFSC Office of Self Help: Oasis Community Center

944 Market Street #701 San Francisco, CA 94102 Program Director: Roy Crew Email: royscity@live.com Phone: (415) 575-1400 SOC Manager: Edwin Batongbacal BOCC Manager: Duane Einhorn CDTA Manager: Rudy Aguilar

The Office of Self Help is a consumer staffed self-help program. Services provided are individual counseling, a various groups, social activities, social support, education, information referral and the Oasis drop in center. Primary health care is available from a nurse practitioner. Dual diagnosis self-help groups are available on site. Shuttle services are available to local departments and stores as well as to transport friends and family members to viist patients in out of county facilities. A warm line is available after hours also.

San Francisco Suicide Prevention, Inc.

P.O. Box 191350 San Francisco, CA 94119 (415) 984-1900 Executive Director: Eve Meyer

Email: evem@sfsuicide.org Phone: (415) 984-1900 Ext: 101

MH San Francisco Suicide Prevention MH P O Box 191350

San Francisco, CA 94119

San Francisco, CA 94119

Program Director: **Eve Meyer** Email: evem@sfsuicide.org Phone: (415) 984-1900 Ext: 101 SOC Manager: John Grimes BOCC Manager: Marshia Herring CDTA Manager: James Stroh

San Francisco Suicide Prevention (SFSP) is the oldest volunteer crisis line in the United States. Founded in 1963 with the focus of providing telephone intervention to people experiencing suicidal crisis. SFSP provides 24 hour crisis intervention, telephone triage, assessment, linkage and referrals.

SA San Francisco Suicide Prevention/Drug Relapse Preventiongram Director: **Eve Meyer** P.O. Box 191350 Email: evem@sfsuicide.org

Email: evem@sfsuicide.org Phone: (415) 984-1900 Ext: 101 SOC Manager: John Grimes
BOCC Manager: Marshia Herring
CDTA Manager: James Stroh

San Francisco Suicide Prevention (SFSP) provides a 24 hour Crisis, Drug and Relapse Prevention telephone service. Services provided are anonymous emotional support, referrals to treatment, counseling, crisis intervention, relapse prevention. This is achieved through trained and supervised community volunteers who handle telephone calls to the Drug Line/Relapse Prevention Line 24 hours a day, 7 days a week, in order to assess and respond to substance-related crises (such as overdoses or suicide attempts as a result of substances); be a link between addicts/abusers or concerned friends of family members and the treatment system; be a day and night resource that can help reduce self-destructive behavior by those who are in crisis, isolated, losing control, homeless, mentally ill and/or in contact with the criminal justice system.

SF Mental Health Education Funds, Inc.

1380 Howard Street, 2nd Floor San Francisco, CA 94103 (415) 255-3473 Executive Director: Helynna Brooke Email: hbrooke@mhbsf.org Phone: (415) 255-3473

MH S.F. Mental Health Board 1380 Howard Street, 2nd Floor San Francisco, CA 94103 Program Director: Helynna Brooke
Email: hbrooke@mhbsf.org
Phone: (415) 255-3474

SOC Manager: Edwin Batongbacal
BOCC Manager: Tom R Mesa
CDTA Manager: Rudy Aguilar

The SFMHB serves as an advisory body to the Director of CBHS, the Health Commission and the Board of Supervisors, regarding Mental Health needs, programs and services for San Francisco Residents. The board is comprised of 17 members, which are appointed by the SF Board of Supervisors. The categories of seats on the board are: consumers, family members, mental health professionals and public interest. The board meets once a month and all meetings are open to the public.

St. Vincent de Paul Society

1237 Van Ness Avenue, Suite 200 San Francisco, CA 94109 (415) 977-1270 Executive Director: Chris Cody

Email: ccody@svdp-sf.org Phone: (415) 977-1270 Ext: 3015

SA SVDP Lucille Withe Center 1175 Howard Street San Francisco, CA 94103 Program Director: Vickey Proctor Email: svdp-ozanam@sbcglobal.net Phone: (415) 864-3057 SOC Manager: Ernestina Carrillo BOCC Manager: John Pabustan CDTA Manager: Rudy Aguilar

The Withe Reception Center is a 24-hour drop-in facility for homeless or marginally housed individuals needing respite services and care. The program also acts as an entry point into social model detox services available at the same facility. Individuals may use the facility to stabilize themselves and access services that include immediate shelter, free meals and showers, and laundry facilities. Additionally, substance abuse education and intervention services are provided to assist those seeking ongoing care.

SA SVDP Lucille Withe Center BASN Detox 1175 Howard Street San Francisco, CA 94103 Program Director: Vickey Proctor Email: svdp-ozanam@sbcglobal.net Phone: (415) 864-3057

SOC Manager: Ernestina Carrillo BOCC Manager: John Pabustan CDTA Manager: Rudy Aguilar

Swords to Plowshares

1063 Market Street San Francisco, CA 94103 (415) 252-4788 Executive Director: Michael Blecker

Email: mblecker@stp-sf.org Phone: (415) 252-4788

MH Swords To Plowshares 1060 Howard Street San Francisco, CA 94103 Program Director: **Michael Blecker** Email: mblecker@stp-sf.org Phone: (415) 252-4788 SOC Manager: Ernestina Carrillo BOCC Manager: David Macias CDTA Manager: Rudy Aguilar

Swords to Plowshares, established in 1974, advocates for the unmet needs of all veterans, including those ineligible for services from the Veterans Administration due to dishonorable discharge. Itoperates a multi-service resource center for veterans and provides legal services, vacational training, employment services and counseling regarding mental health issues and substance abuse. CBHS contracts with this program to provide mental health services, including case mangement. The drop-in clinic has a specialized focus of services for homeless veterans.

Westside Community Services, Inc.

1153 Oak Street San Francisco, CA 94117 (415) 431-9000 Executive Director: MaryAnn Jones

Email: mjones@westside-health.org

Phone: (415) 431-9000

MH Westside ACT
245 - 11th Street
San Francisco, CA 94103

Program Director: Carol Urban
Email: curban@westside-health.org
Phone: (415) 355-0311

SOC Manager: John Grimes
BOCC Manager: Marshia Herring
CDTA Manager: Mario Hernandez

Westside Community Mental Health has historically served the African American residents of the Western Addition for over 35 years. The program has looked at issues affecting that community from urban violence, disproportionate chronic unemployment and underemployment, substandard housing, and homelessness. The Westside ACT program is a \$1,820,422.00 contract with the Department of Public Health with a particular focus on the linkage of African American Clients who are considered treatment resistant recidivist clients in the City and County of San Francisco. The program is a specialized program and is integral to the City and County System of Care. Clients enrolled in the program receive a number of services from; crisis management and crisis intervention, medication administering, clinical case management, prevocational and vocational services, and rehabilitation services to help them integrate back into the community.

MH Westside CalWORKS Programs 1663 Mission Street, Suite 310e San Francisco, CA 94103 Program Director: **Eva Szabo**Email: eszabo@westside-health.org
Phone: (415) 581-0449

SOC Manager: **Po Yee Au**BOCC Manager: **Marshia Herring**CDTA Manager: **Mario Hernandez** 

Westside CalWORKs Counseling Service provides mental health and substance abuse counseling services to participants enrolled in CalWORKs, San Francisco County's welfare-to-work program serving low-income families. The goal is to help remove barriers keeping CalWORKs participants from achieving economic independence. The Program is an integrated family-focused office offering an array of services including: individual, family and group treatment, crisis intervention, medication support and case management.



MH Westside Community Crisis & Outpatient Clinic 245 - 11th Street

San Francisco, CA 94103

Program Director: Alysia Linsenmayer Email: alinsenmayer@westside-health.o.. Phone: (415) 355-0311

SOC Manager: John Grimes BOCC Manager: Marshia Herring CDTA Manager: Mario Hernandez

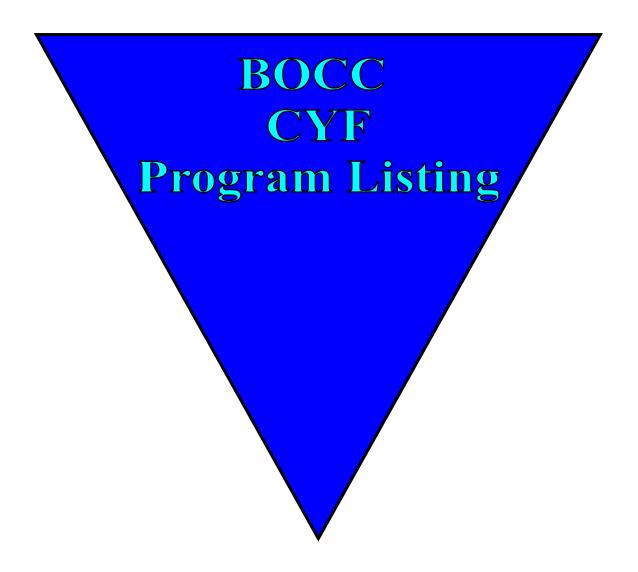
Westside Outpatient Mental Healthand Crisis Clinicare Mental Health Programs working in the Western Additions erving severely chronically mentally ill adults. Westside has a primary focus working with clients that are African-Americans, but the clinic also sees clients from different ethnic backgrounds. The clients seen are considered treatment resistant folks that can be homeless, elderly, HIV positive, and or dually diagnosed high cost patients in the mental health system.

Westside Methadone Maintenance 1301 Pierce Street

Email: skanakaraj@westside-health.org San Francisco, CA 94115 Phone: (415) 563-8200

Program Director: Sean Kanakaraj, MD SOC Manager: Charles Rivera BOCC Manager: Marshia Herring CDTA Manager: Mario Hernandez

The methadone maintenance program of Westside Community Mental Health Clinic offers methadone dosing, individual counseling, HIV preand post test counseling and case management services. Westside received \$1,367,144 to provide methadone maintenance services to opiate addicted individuals residing in San Francisco, primarily in the Western Addition. The program has been operating at the 1301 Pierce Street location for over 34 years. This program also provides prop 36 services.



BOCC Program Listing is available electronically at: http://bocc-pcs.net/

A Better Way, Inc.

3200 Adeline Street Berkeley, CA 94703 (510) 601-0203 Executive Director: Shahnaz Mazandarani

Email: smazandarani@abetterwayinc.net

Phone: (510) 601-0203 Ext: 100

MH A Better Way - SF Therapeutic Visitation 1663 Mission Street, Suite 460 San Francisco, CA 94103 Program Director: **Joanna Herrera**, Email: jherrera@abetterwayinc.net Phone: (415) 715-1050

SOC Manager: Denise Jones BOCC Manager: Jim Gilday CDTA Manager: Rudy Aguilar

A Better Way's mental health programs offers collaborative and strengths-based services to Medi-Cal eligible children and youth ages 0-21 and their families. Therapeutic Visitation aims to support families to meet their goals towards successful reunification by enhancing positive caregiving and healthy relationships. Outpatient Mental Health provides services to address the needs of children and youth in foster care by facilitating healing and building healthy relationships with caregivers and other natural supports. Our Early Childhood Mental Health Program focuses on strengthening the caregiving system to meet the developmental and socio-emotional needs of infants and young children. All our services may be provided at the clinic, home, or other community-based locations.

Alternative Family Services, Inc.

1421 Guerneville Road #218 Santa Rosa, CA 95403 (707) 576-7700 Executive Director: Jay Berlin

Email: jberlin@afs4kids.org Phone: (707) 576-7700 Ext: 314

MH AFS Therapeutic Visitation SF 250 Executive Park Blvd. Suite 4900 San Francisco, CA 94134 Program Director: **Cherrlynn Hubbard** Email: chubbard@afs4kids.org Phone: (415) 656-0116 SOC Manager: **Denise Jones** BOCC Manager: **John Pabustan** CDTA Manager: **Francine Austin** 

AFS provides Therapeutic Visitation service, which are time-limited, family focused, therapeutic and skills-based visistation service for children and families involved with the foster care system. We provide services in the community, as well as, the home to increase skills families need to safely reunify and maintain family attachment. Our focus is improving family functioning, promoting positive parent-child interactions, improving child behaviorsandreducing mental health symptoms. AFS also provides Outpatient Services which are designed to increase the likelihood of permanency outcomes for youth involved in the foster care system.

Asian American Recovery Services, Inc.

1115 Mission Road So. San Francisco, CA 94080 (650) 243-4888 Executive Director: Jeff Mori Email: jmori@aars.org Phone: (650) 243-4888

SA AARS COPPASA - Primary Prevention 2166 Hayes Street Suite 206 San Francisco, CA 94117

2166 Hayes Street Suite 206

SA AARS COPPASA - Secondary Prevention

Phone: (415) 541-9404

Program Director: **Stephen Fields**Email: sfields@aars.org

Program Director: Stephen Fields

Email: sfields@aars.org

BOCC Manager: Sean Nguyen CDTA Manager: James Stroh

SOC Manager: Denise Jones BOCC Manager: Sean Nguyen

SOC Manager: Denise Jones

San Francisco, CA 94117 Phone: (415) 541-9404 CDTA Manager: **James Štroh**The purpose of COPASSA is to decrease the incidence and impact of substance abuse in the Asian and Pacific Islander communities of the San Francisco BayArea. To accomplish this, COPASSA develops and provides innovative outreach and prevention services that are comprehensive and culturally appropriate for its target population. The goals of the program are to provide information, screening, education, referrals, reduce risk of alcohol and other drugs and its impact and to prepare substance abusers and their families for treatment.

MH AARS Project Reconnect MH 2166 Hayes Street Suite 302 San Francisco, CA 94117 Program Director: **Sunjung Cho** Email: scho@aars.org Phone: (415) 776-1001 SOC Manager: Miriam Damon BOCC Manager: Sean Nguyen CDTA Manager: James Stroh

Our mental health program is a school-based counseling services to youths who have behavioral and emotional difficulties and/or who may be experiencinggriefortrauma. Services are provided on-site in a safe space that promotes achievement of youth's individual goals, student's strengths, and cultural competency.

SA AARS Project Reconnect SA 2166 Hayes Street Suite 303 San Francisco, CA 94117 Program Director: **Terry Ryan** Email: tryan@aars.org Phone: (415) 776-1001 SOC Manager: **Miriam Damon** BOCC Manager: **Sean Nguyen** CDTA Manager: **James Stroh** 

Asian American Recovery Services' (AARS) Project RECONNECT is an outpatient SA treatment program targeting Asian

**Bayview Hunter's Point Foundation** 

150 Executive Park Suite 2800 San Francisco, CA 94134 (415) 468-5100

Executive Director: Jacob Moody
Email: jacob.moody@bayviewci.org

Phone: (415) 468-5100

MH BVHP AB 3632 Children's Services

5815 Third St

San Francisco, CA 94124

Program Director: Debberra Burrell Email: Debbie.burrell@bayviewci.org SOC Manager: Denise Jones

BOCC Manager: Carlos Balladares CDTA Manager: Erik Dubon

The Bayview Hunters Point Foundation Mental Health School Site Program provides mental health services to emotionally disturbed children and adolescents who are enrolled in Special Education Classes and to their families. Consultation is provided to appropriate school staff. Cases are referred to outpatient clinics for treatment. Eligible cases are also referred for day treatment and residential treatment when appropriate. The program maintains an active database on cases in the system as well as provides case management when indicated

Phone: (415) 822-7500

MH BVHP Balboa Teen Health Center

1000 Cayuga Street San Francisco, CA 94112 Program Director: Michael Baxter Email: Michael.Baxter@sfdph.org Phone: (415) 469-4512

SOC Manager: Denise Jones BOCC Manager: Carlos Balladares CDTA Manager: Erik Dubon

Mental health services at Balboa Teen Health Center(BTHC) are delivered with the ever-present notion that students live in and are part of a community. The community is often unhealthy and doesn't always meet the teens' specific needs. Mental health services at BTHC include assessment, crisis intervention and individual, group and collateral counseling on site at Balboa High School by trained professional staff receiving regular clinical supervision. This program is part of a comprehensive medical/mental health/health education service which emphasizes the provision of appropriate integrated interventions to developing adolescents.

BVHP Dimensions LGBTQQ Youth

3850 17th Street San Francisco, CA 94114 Program Director: Michael Baxter Email: Michael.Baxter@sfdph.org Phone: (415) 934-7716

SOC Manager: Miriam Damon BOCC Manager: Carlos Balladares

CDTA Manager: Erik Dubon

Dimensions substance abuse servcies targets LGBTQQ youth and young adults ages 12-2, providing both group and individual counseling, as well as case management services as indicated. Services are provided at Dimensions Clinic on thursday evenings and saturday afternoons, and in the commuity at LYRIC, Larkin Street, and Wellness Centers

**BVHP Youth Moving Forward 3rd Street** 

5015 3rd Street

Program Director: John Nauer Email: John.Nauer@bayviewci.org Phone: (415) 822-1585

SOC Manager: Miriam Damon BOCC Manager: Carlos Balladares

CDTA Manager: Erik Dubon

San Francisco, CA 94124 Youth Moving Forward (YMF) is a network of three community-based organizations: Bayview Hunters Point Foundation for Community Improvement, Morrisania West and Potrero Hill Neighborhood House. YMF provides to at-risk African-American youth comprehensive substance abuse treatment

services utilizing a coordinated model of interventions and service delivery. The target population is: African-American youth ages 13 to 19 in San Francisco who live with illicit drugs in their home, are engaged in selling illicit drugs, are using illicit drugs, alcohol and tobacco or are addicted to illicit drugs. YMF is designed to infuse youth development principles, evidence-based practices and transactional engagement with the community into its interventions with the intent to treat substance use

SA BVHP Youth Moving Forward Potrero Hill

953 De Haro Street San Francisco, CA 94107 Program Director: Edward D. Hatter Email: edwardhatter@hotmail.com Phone: (415) 826-8080

SOC Manager: Miriam Damon **BOCC Manager: Carlos Balladares** 

CDTA Manager: Erik Dubon

Substance Abuse counseling program targeting African American youth and young adults ages 11-24

**Boys & Girls Club of San Francisco** 

55 Hawthorne Street San Francisco, CA 94105

(415) 445-5437

**Executive Director: Rob Connolly** 

Email: rconnolly@kidsclub.org Phone: (415) 445-5437

MH Boys & Girls Club of San Francisco 450 Guerrero St

San Francisco, CA 94110

Program Director: Deborah Machold Email: dmachold@kidsclub.org Phone: (415) 503-1735

SOC Manager: Miriam Damon BOCC Manager: David Macias CDTA Manager: Joseph Cecere

Boys & Girls Clubs of San Francisco serves youth ages 6 to 18 with a broad array of services. Our agency provides mental health services through individual and family therapy, and case management to youth with mental health needs. BGCSF has a significant number of Club members who are struggling with multiple risk factors (poverty, chronic exposure to drugs, violence, gang influences, learning disabilities, disenfranchisement from school and/or other social institutions, and more), and therefore require more assistance than our general youth development programming can provide. Our mental health services help many youth overcome the challenges that prevent and distract them from age-appropriate development.

**Catholic Charities CYO** 

180 Howard Street Suite 100 San Francisco, CA 94103 (415) 972-1200

Executive Director: Jeffrey Bialik Email: jbialik@cccyo.org Phone: (415) 972-1200

MH CYO SF Boys and Girls Home - Euclid House

823 Euclid Ávenue San Francisco, CA 94118 Program Director: Dan Gallagher Email: dgallagher@cccyo.org Phone: (415) 507-2000

SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: Francine Austin

The Boys and Girls Home #1, Euclid House, provides treatment for adolescent girls referred by the Juvenile Probation Department. It is a group home (Level 12) which offers mental health treatment services including therapy (individual, family and groups), medication monitoring and case management to its residents. Clients stepped down from the program are generally sent to after-care services through the Juvenile Court

CYO SF Boys and Girls Home - Shelter

750 - 33rd Ávenue San Francisco, CA 94121 Program Director: Dan Gallagher Email: dgallagher@cccyo.org Phone: (415) 668-9543

SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: Francine Austin

MH CYO St. Vincent's School for Boys One St. Vincent Drive

San Rafael, CA 94903

Program Director: Kent Eagleson SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: Francine Austin Email: keagleson@cccyo.org Phone: (415) 507-2000

St. Vincent's School for Boys provides day treatment intensive, day rehab, and mental health services including individual and family therapy and medication support to the residents of its boys' residential treatment program located in San Rafael. The St. Vincent's Level 12 residential program serves many San Francisco dependents as well as youth referred through CBHS/SFUSD as a result of their Special Educational needs. They serve children from age 8 through adolescence and can step youth down to their foster home system when no family is available.

Catholic Health Care West/McAuley Day Treatment

450 Stanyan Street San Francisco, CA 94117 (415) 750-4909

Executive Director: Peggy O'Brien

Email: Peggy.O'Brien@chw.edu Phone: (415) 750-4909 Ext: 4909

MH McAuley Adolescent Day Treatment

450 Stanyan Street San Francisco, CA 94117 Program Director: N/A Email: N/A Phone: (415) 750-5580

SOC Manager: Alison Lustbader BOCC Manager: Carlos Balladares CDTA Manager: Joseph Cecere

The McAuley Adolescent Day Treatment Center is an intensive, comprehensive day treatment program providing psychological and educational services to San Francisco residents between the ages of 12-18. Emphasis is on talking about problems rather than acting out, improving relationships with adults and peers, increasing self-esteem and working up to academic potential. The Center provides a safe, consistent and therapeutic environment 5 days/week, Mon.-Fri. 8:30 a.m. to 5 p.m.

Catholic Health Care West/St. Mary's Medical Center

450 Stanyan Street San Francisco, CA 94117 (415) 668-1000

**Executive Director: Heather Otanez** 

Email: heather.otanez@chw.edu

Phone: (415) 750-5559

MH McAuley Adolescent Inpatient Services

450 Stanyan Street San Francisco, CA 94117 Program Director: Chris Adams Email: christopher.adams@chw.edu Phone: (415) 750-5649

SOC Manager: Miriam Damon BOCC Manager: Carlos Balladares CDTA Manager: Joseph Cecere

The Adolescent Inpatient Psychiatric Unit is a locked and secure 12-bed unit located in the north wing of St. Mary's Medical Center (SMMC). The unit serves adolescents from 11 to 17 years of age with mental and emotional problems, including major affective disorders, psychosis, and severe behavioral disorders that impair safe and normal societal functioning. Specifically, this unit addresses such adolescents needs for an increase in the structure and in the intensity of the rapeutic services to resolve ongoing difficulties in school, family and peer settings. The program is designated by the City and County of San Francisco to accept patients on involuntary holds in accordance with state regulations.

**CBHS Civil Service Programs** 

1380 Howard Street San Francisco, CA 94103 (415) 255-3400

Executive Director: Edwin Batongbacal

Email: Edwin.Batongbacal@sfdph.org

Phone: (415) 255-3446

MH Chinatown Child Development Center

720 Sacramento St San Francisco, CA 94108 Program Director: Nancy Lim Yee Email: nancy.limyee@sfdph.org Phone: (415) 392-4453

SOC Manager: Miriam Damon BOCC Manager: Tom R Mesa CDTA Manager: N/A

Chinatown Child Development Center (CCDC) provides mental health services to child and youth, ages birth to 18 years, and their families. Services include, but are not limited to individual, group and family psychotherapy; medication support services; psychological testing for registered clients; and consultation to schools and community-based agencies. CCCD provides school-based services at several school sites and also participates in the School-Based Mental Health Partnership Program for special education students. Since 1999, the Fu Yau Project (in collaboration with RAMS) has provided mental health consultation to children aged 0 to 5 years and their families in child care, preschool and family daycare settings. Services are provided in staff who are bilingual in Cambodian, Chinese (Cantonese, Mandarin and Toishanese dialects), and Vietnamese



MH Educationally Related MHS (AB3632) 755 South Van Ness Avenue

San Francisco, CA 94110

Program Director: Alison Lustbader Email: Alison.Lustbader@sfdph.org Phone: (415) 642-4500

SOC Manager: Alison Lustbader BOCC Manager: Tom R Mesa

CDTA Manager: N/A

Facilitates referrals from SFUSD to authorized CYF clinics for Educationally Mental Health Related Services

MH Family Mosaic Project 1309 Evans Street San Francisco, CA 94124 Program Director: Jana Rickerson Email: jana.rickerson@sfdph.org Phone: (415) 206-7600

SOC Manager: Jo Robinson BOCC Manager: Tom R Mesa CDTA Manager: N/A

FamilyMosaicProject(FMP)providesintensivecaremanagementandwraparoundservicestoseriouslyemotionallydisturbedchildrenandyouthand theirfamilies, in order to reduce the risk of out-of-home placement. If a child is residing outside of the home, FMP attempts to provide services that will either maintain or reduce the current level of care in order to avoid institutionalization, juvenile detention, or other restrictive treatment settings. FMP adherestoastrength-based, family-focused approach to assessing individuals' needs and developing effective plans of comprehensive care. Through a network of established providers in the Bay Area, FMP delivers a wide range of culturally competent services that enhance family unity, capability, and responsibility, in order to maintain children in the least restrictive levels of care within their home communities. This may include the coordination of mental health, public health, recreational, educational, and supportive resources that serve to reduce targeted symptoms and problematic

Foster Care Mental Health Program 3801 Third St, Bldg B Suite 400b San Francisco, CA 94124

Program Director: Thomas Maloney Fmail: tom.malonev@sfdph.org Phone: (415) 970-3877

SOC Manager: Denise Jones BOCC Manager: Tom R Mesa CDTA Manager: N/A

TomMaloney, LCSW(415)970-3875(415)970-381338013rdStreet, Suite 400 San Francisco CA94124Tom. Maloney @sfdph.org The Foster Care Mental Health Program (FCMHP) coordinates the delivery of mental health services for approximately 2,400 children and their families served by the Department of Human Services, San Francisco's Child Welfare System. This population includes children and youth, ages birth to 18, who have been removed from the family home or who are at risk for out-of-home placement. The FCMHP is unique; it provides a hybrid of authorization and clinical services. The FCMHP manages approximately 180 new treatment requests per month. Some of these cases are authorized to individual practitioners, as well as to group or clinic providers within the SFMHP throughout the State of California. For other cases, the FCMHP provides clinical services such as urgent care responses, psychosocial assessments, dyadic and family therapy, individual and group therapy, and/or psychiatric medication evaluations. The FCMHP monitors the quality of care offered by private providers that request reauthorization and provides treatment and placement consultation on various interagency and multidisciplinary teams

Mission Family Center 759 South Van Ness Avenue San Francisco, CA 94110

Program Director: July Ugas Email: july.ugas@sfdph.org Phone: (415) 642-4550

SOC Manager: Miriam Damon BOCC Manager: Tom R Mesa

CDTA Manager: N/A

Mission Family Center is a City and County operated outpatient mental health clinic serving children, adolescents and families of the Mission, Potrero Hill and Castro-Noe Valley neighborhoods and the citywide Latino population. Staff are bicultural/bilingual. Modalities include individual, group and family work, with a focus on familiy-centered treatment, whenever possible. Services are offered at its main clinic location and in other settlings which are part of their clients' natural community, such as school-sites, primary care clinics, the client's home and various community-based organizations.

Southeast Child and Family Center 2 1525 Silver Avenue San Francisco, CA 94134

Program Director: Maryanne Mock Email: maryanne.mock@sfdph.org Phone: (415) 657-1770

SOC Manager: Miriam Damon BOCC Manager: Tom R Mesa CDTA Manager: N/A

Southeast Child and Family Therapy Center #2 provides individual, group and family therapy for ethnically and linguistically diverse children, adolescents and their families. The Center collaborates and consults with schools and other child and youth serving agencies. Clinicians also work on-site at elementary, middle and high schools. There are preschool preparation family support programs and summer activities programs. Services are also provided at the Hawkins Village Clinic and the Bennington Family Center at 300 Bennington.

Southeast Child and Family Therapy Center 100 Blanken Street

San Francisco, CA 94134

Program Director: Maryanne Mock Email: maryanne.mock@sfdph.org Phone: (415) 330-5743

SOC Manager: Miriam Damon BOCC Manager: Tom R Mesa CDTA Manager: N/A

SoutheastChild/FamilyTherapyCenterprovidesindividual,groupandfamilytherapyforethnicallyandlinguisticallydiversechildren,adolescentsand their families. The Center collaborates and consults with schools and other child and youth-serving agencies. Clinicians also work on-site at elementary, middle and high schools. There are preschool preparation and family support programs and a summer activities program. Services are also provided at the Hawkins Village Clinic, the Sunnydale Housing Development, and the Bennington Family Center at 300 Bennington. Services are available in Cantonese, Mandarin and Spanish.

MH Special Programs for Youth 375 Woodside AvenueAvenue, Bldg. W3

San Francisco, CA 94127

Program Director: Roban San Miguel Email: roban.sanmiguel@sfdph.org Phone: (415) 753-7773

SOC Manager: Irene Sung BOCC Manager: Tom R Mesa CDTA Manager: N/A

The Behavioral Health division of Special Programs for Youth (SPY-BH) addresses all in-house needs of youth at the Juvenile Justice Center (JJC) & Log Cabin Ranch (LCR). Care is provided in accordance with California Standards Authority. The team consists of psychiatrists, a psychologist, LCSW's, MFT's, a licensed psychtech & masters/doctorate level students & provides: assessment; crisis intervention; suicide prevention; psychiatric evaluations/treatment; individual & group counseling. SPY-BH is available 12 hours-day, seven days-a-week at JJC & five days a week at LCR. An on-call psychiatrist is always available to JJC/LCR for consultation after hours and on holidays. SPY-BH works closely with AIIM Higher for youth with moderate-to-profound BH needs to plan for services upon release.

Sunset Mental Health Services CYF 1990 - 42st Avenue

San Francisco, CA 94116

Program Director: Sidney Lam Email: Sidney.Lam@sfdph.org Phone: (415) 753-7400

SOC Manager: Sidney Lam BOCC Manager: Tom R Mesa

CDTA Manager: N/A



Center for Juvenile & Criminal Justice, Inc.

1622 Folsom Street, 2nd Floor San Francisco, CA 94103

(415) 621-5661

Executive Director: Dan Macallair

**Executive Director: Sandee Blechman** 

Phone: (415) 276-2900

Email: dmacallair@cjcj.org Phone: (415) 621-5661 Ext: 310

MH CJCJ Community Options for Youth

440 9th Street

San Francisco, CA 94103

Program Director: Kimo Uila Email: kimo@cjcj.org Phone: (415) 621-5661

Email: sblechman@childrenscouncil.org

SOC Manager: Emily Gerber BOCC Manager: Jim Gilday CDTA Manager: Rudy Aguilar

The Community Options for Youth (COY) program is specifically designed to help youth involved with the juvenile justice system, their families, and communities by promoting healthy development and functioning in youth, increasing public safety, and preventing recidivism, through professional mental health treatment services. COY's target population is juvenile justice involved youth, ages 12 - 24. The target population includes youth identified during the pre-adjudication period, as well as youth that are post-disposition that are either at risk of out-of-home placement or reintegrating intotheircommunitiesfromout-of-homeplacement.COYprovidesmentalhealthtreatmentservicesincluding:assessment,individualtherapy,family therapy, collateral, and mental health case management.

Children's Council of San Francisco

445 Church Street San Francisco, CA 94114 (415) 276-2900

Program Director: Farris Page

MH Children's Council of San Francisco - ECMHCI 445 Church Street San Francisco, CA 94114

Email: fpage@childrenscouncil.org Phone: (415) 343-3329

SOC Manager: Rhea Bailey BOCC Manager: Marshia Herring CDTA Manager: Francine Austin

Children's Council of San Francisco has provided mental health consultation services since 1985. Our services are relationship-based which include case and program consultation, child and program observations and training. These services improve the ability of child care providers to support the social and emotional development of children. This ECMHI project serve 550 to 600 children and families annually.

**Community Youth Center SF** 

1038 Post Street San Francisco, CA 94109 (415) 775-2636

Executive Director: Sarah Wan

Email: sarahw@cycsf.org Phone: (415) 775-2636

MH Community Youth Center MHSA 1038 Post Street

San Francisco, CA 94109

Program Director: Bradford Woo, Email: bradfordw@cycsf.org Phone: (415) 775-2636

SOC Manager: Emily Gerber BOCC Manager: Marshia Herring CDTA Manager: Rudy Aguilar

Community Youth Center of San Francisco (CYC) was founded in 1970 to address the problems of juvenile delinquency and gang violence in Chinatown. CYC current programs encompass outpatient behavioral health, education, intervention, leadership development, street outreach and workforce development through services directed at responding to the complex set of issues the youth in our community face, including acculturation, difficulties in school, economic hardship, substance abuse, and gang involvement. The Behavioral Health Services staff provide on-site and school-based psychotherapy, support groups, outreach, presentations and afterschool programs. The majority of CYC participants are Chinese, but programs are open to youth of all backgrounds and race.

**Edgewood Center for Children & Families** 

1801 Vicente Street San Francisco, CA 94116 (415) 682-3211

**Executive Director: Matt Madaus** 

Email: mattm@edgewood.org

Phone: (415) 681-3211

MH Edgewood Campus Programs 1801 Vincente St.

San Francisco, CA 94116

Program Director: David Young Email: davidy@edgewood.org Phone: (415) 681-3211

SOC Manager: Alison Lustbader BOCC Manager: Marshia Herring CDTA Manager: Elizabeth Davis

Edgewood Child and Family Center offers day treatment and mental health services on its residential program campus for severely emotionally disturbed children, youth and their families. The day treatment program is integrated with the Edgewood non-public school and offers therapeutic services including recreation, group, individual, and milieu therapy to children in the Edgewood residential program as well as to children resideing in the community whose educational plan (IEP) calls for Day Treatment services. Medication support and family therapy is offered to these clients as well. Children and youth who are placed in the Edgewood residential program and who attend public schools receive outpatient mental health the rapy, family therapy and medication support where needed.

MH Edgewood Family Center - ECMHCI

1801 Vincente St.

San Francisco, CA 94116

Program Director: David Young Email: davidy@edgewood.org Phone: (415) 682-3239

SOC Manager: Chris Lovoy BOCC Manager: Marshia Herring CDTA Manager: Elizabeth Davis

Families First, Inc.

251 Llewellyn Avenue Campbell, ČA 95008 (408) 379-3790

Executive Director: Marsha Lewis-Akyeem

Email: mlewis@emqff.org Phone: (530) 220-2366

MH Families First 2100 Fifth Street Davis, CA 95618 Program Director: Marsha Lewis-Akyeem Email: mlewis@familiesfirstinc.org Phone: (530) 753-0220

SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: James Stroh

Our programs offer the highest quality educational and treatment services to youth who struggle with emotional disturbances in a manner that is respectful, caring, and effective. The Residential Program is a highly structured treatment program for youth that includes psychiatric assessment, evaluations, medication and therapy. Our Non-Public School is certified by the California Dept of Education and structured to meet the students needs for security, consistency, predictability and academic growth. Students learn through a multi-disciplinary approach, with individualized & small group instruction. Day Treatment provides mental health services during an extended school day to support youth who would otherwise be limited in their ability to participate in a school environment.

Family Service Agency of San Francisco

1010 Gough Street San Francisco, CA 94109 (415) 474-7310

**Executive Director: Robert Bennett** 

Email: bbennett@fsasf.org Phone: (415) 474-7310 Ext: 313

MH FSA - ECMHCI 1010 Gough St.

San Francisco, CA 94109

Program Director: Shirley Shiromoto Email: sshiromoto@fsasf.org Phone: (415) 474-7310

SOC Manager: Chris Lovoy BOCC Manager: Tom R Mesa CDTA Manager: Hilda Jones

MH FSA Full Circle Family Program 1010 Gough Street San Francisco, CA 94109

Program Director: Shirley Shiromoto Email: sshiromoto@fsasf.org Phone: (415) 474-7310 Ext: x315

SOC Manager: Miriam Damon BOCC Manager: Tom R Mesa CDTA Manager: Hilda Jones

The program goal is to provide early identification and treatment for multi-problem families through collaboration with agencies serving to children in the Tenderloin, Western Addition, and South of Market areas. The overall goals of the Tender Lion Family Program are to help minors in the Tenderloin South of Market and the Western Addition with their presenting problems and maintain them within the community.

Fred Finch Youth Center

3800 Coolidge Avenue Oakland, CA 94602 (510) 482-2244

Executive Director: Vonza Thompson

Email: vonzathompson@fredfinch.org

Phone: (510) 482-2244 Ext: 214

MH Fred Finch Youth Center 3800 Coolidge Avenue Oakland, CA 94602

Program Director: Mar Smith Email: marsmith@fredifinch.org Phone: (510) 482-2244

SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: Joseph Cecere

Fred Finch provides Therapeutic Behavioral Services for San Francisco youth referred through the CBHS TBS Coordinator. These are short-term intensvie one-to-one intensive services designed for EPSDT-eligible children and youth who need the service to prevent placement in high levels of care or to step down from such placements. The TBS service is a part of the client's overall mental health plan-to be 4 eligible, other EPSDT services must be in place. Fred Finch has provided this service to San Francisco youth for over six years

MH Fred Finch Youth Center - TBS

3800 Coolidge Ave Oakland, CA 94602

Program Director: Joslin Herberich Email: joslinherberich@fredfinch.org

Phone: (510) 482-2244

SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: Joseph Cecere

**Homeless Children Network** 

3265 - 17th Street Suite 404 San Francisco, CA 94110 (415) 437-3990

Executive Director: April Silas

Email: april@hcnkids.org Phone: (415) 437-3990 Ext: 308

MH Homeless Childrens Network 3265 - 17th Street Suite 404 San Francisco, CA 94110

Program Director: Kathy O'Shea Email: kathy@hcnkids.org Phone: (415) 437-3990

SOC Manager: Chris Lovoy BOCC Manager: Sean Nguyen CDTA Manager: Andrew Williams

Created in 1992, the Homeless Children's Network (HCN) is the largest collaborative in San Francisco serving the mental health needs of homeless children and their families. HCN?s mission is to provide comprehensive mental health and family support services, to decrease the trauma of homelessness, as well as increase the effectiveness of the HCN Collaborative. In addition to mental health services, HCN also offers centralized and accessible family support services through referrals and resources, child care consultation, aftercare services, educational and technical support, trainings, advocacy and ongoing supportfor families and shelter staff. HCN's goal is to provide parent-driven services and resources that meet the needs of the family effectively, by offering effective, developmentally and culturally appropriate services that are flexible and accessible within the system of delivery

MH Homeless Childrens Network - ECMHCI 3265 - 17th Street Suite 404

San Francisco, CA 94110

Program Director: Kathy O'Shea Email: kathy@hcnkids.org Phone: (415) 437-3990

SOC Manager: Chris Lovoy BOCC Manager: Sean Nguyen CDTA Manager: Andrew Williams

SOC Manager: Denise Jones

CDTA Manager: Mario Hernandez

**BOCC Manager: David Macias** 

Horizons Unlimited of San Francisco, Inc.

440 Potrero Avenue San Francisco, CA 94110 (415) 487-6700

Executive Director: Nora Rios-Reddick Email: nrreddick@aol.com

Phone: (415) 487-6717

SA Hz DJ Project	Program Director: <b>Celina Lucero</b>	SOC Manager: Miriam Damon
440 Potrero Avenue	Email: acelinalucero@hotmail.com	BOCC Manager: David Macias
San Francisco, CA 94110	Phone: (415) 487-6700	CDTA Manager: Mario Hernandez
MH Hz MHSA Outreach and Engagement Services	Program Director: <b>Nora Rios-Reddick</b>	SOC Manager: <b>Denise Jones</b>
440 Potrero Avenue	Email: nrreddick@aol.com	BOCC Manager: <b>David Macias</b>
San Francisco, CA 94110	Phone: (415) 487-6717	CDTA Manager: <b>Mario Hernandez</b>
SA Hz SA Outpatient Treatment Services 440 Potrero Avenue San Francisco, CA 94110	Program Director: Nora Rios-Reddick Email: nrreddick@aol.com Phone: (415) 487-6742	SOC Manager: Miriam Damon BOCC Manager: David Macias CDTA Manager: Mario Hernandez

 $The \textit{Horizons Substance Abuse Intensive Outpatient Treatment Program provides services for dual diagnosis \textit{Latino} and other youth, 12 to 25 years of the \textit{Latino} and \textit{Latino} an$ age, who face multiple and persistent risk factors and reside in the Mission District and throughout the city and county of San Francisco. Culturally competent, monolingual and bilingual, strength based, and family focused biopsychosocial intervention strategies support and assist these youth and young adults. Eighty percent of Latino youth come from low income and immigrant families, over 50 percent of the youth are newcomers and 70 percent of Horizons' unduplicated clients are undocumented. Intensive Outpatient services include assessment, treatment planning, individual and group counseling, education, family collateral counseling, crisis intervention, case management, medication monitoring, aftercare, and/or related service activities

Program Director: Celina Lucero

Email: acelinalucero@hotmail.com

Hz SA Prevention Education Program 440 Potrero Avenue San Francisco, CA 94110

The Prevention Education Program targets youth 12 to 26 years of age with an emphasis on the Latino population in the Mission District and throughout the city and county of San Francisco. Eighty percent of Latino youth come from low income and immigrant families and over 50% of the youth are newcomers. Approximately 50% of the youth are undocumented. The menu of services for the target population include: Program team who conducts educational presentations at targeted middle and high schools, youth focused organizations, community based organizations and other organizations. The curriculum includes 8 to 12-week series of 45-minute to one hour presentations that address topics such as self esteem, peer pressure, tobacco, sexand sexuality, HIV/AIDS, alcoholand drugs, marijuana, cocaine and crack, etc. The after school program (services provided at Horizons) is offered, Monday through Friday, from 3:30 p.m. to 7 p.m. The program team also responds to requests, from teachers and administrators, etc., to make specific classroom presentation. Outreach contacts include participating in school health fairs, street fairs, community festivals, etc.

Phone: (415) 487-6715

Hz Treatment Pre-Enrollment Services (Secondary Preventure Director: Debra Camarillo SOC Manager: Miriam Damon 440 Potrero Avenue Email: cama8rillo@yahoo.com BOCC Manager: David Macias San Francisco, CA 94110 Phone: (415) 487-6700 CDTA Manager: Mario Hernandez

The Substance Abuse Treatment Outreach and Engagement Program is intended to conduct outreach and engagement for our target population and when appropriate their families, to enroll in substance abuse and mental health treatment services. The Treatment Pre-Enrollment Program provides culturally affirming and linquistically sensitive, strength based, family focused and bio-psychosocial intervention strategies to support and assist dual diagnosis youth, ages 17 to 25, who are gang affiliated, may be on probation, are at risk of getting involved in street violence, and have demonstrated emotional and behavioral problems that impede their ability to function in their home, school, community and mainstream society.

Huckleberry Youth Programs, Inc.

3310 Geary Blvd. San Francisco, CA 94118 (415) 668-2622

Executive Director: Bruce Fisher

Email: bfisher@huckleberryyouth.org Phone: (415) 668-2622 Ext: 213

MH Huckleberry Youth Programs Program Director: Margo Levi SOC Manager: Miriam Damon 1292 Page Street Email: mlevi@huckleberryyouth.org BOCC Manager: John Pabustan Phone: (415) 621-2929 San Francisco, CA 94117 CDTA Manager: Andrew Williams

The goal of the Huckleberry Counseling Services Program is to make available culturally competent mental health services to youth and their families in order to support them in reducing impairment in important life domains and building healthy lives. Huckleberry Youth Programs (HYP) provides services for at-risk youth in San Francisco and Marin Counties

Instituto Familiar De La Raza, Inc

2919 Mission Street San Francisco, CA 94110 (415) 229-0500

Executive Director: Estela Garcia Email: egarcia@ifrsf.org Phone: (415) 229-0523

MH Instituto Familiar De La Raza - CYF

2919 Mission Street San Francisco, CA 94110

Program Director: Estela Garcia SOC Manager: Miriam Damon Email: egarcia@ifrsf.org BOCC Manager: John Pabustan Phone: (412) 229-0500 CDTA Manager: Erik Dubon

This community-based, multiservice organization is located in the Mission District. IFR provides mental health, HIV-related, family preservation and mentoring services to a predominately Latino population. The outpatient clinic provides a continuum of mental health services, including advocacy, early intervention, case management and direct clinical services to children, youth, adults and their families. Consultation to community agencies is also provided. Services are provided by qualified bilinqual/bicultural and multicultural staff who reflect the diversity of the Mission community and who are familiar with the cultural and spiritual norms, practices and beliefs of the Latino community

MH Instituto Familiar De La Raza - ECMHCI

2919 Mission St.

San Francisco, CA 94110

Program Director: Cassandra Coe

Email: ccoe@ifrsf.org Phone: (415) 229-0500

SOC Manager: Chris Lovoy BOCC Manager: John Pabustan CDTA Manager: Erik Dubon

**Japanese Community Youth Council** 

1596 Post Street San Francisco, CA 94109 (415) 202-7900

Executive Director: Jon Osaki Email: josaki@aol.com

Phone: (415) 202-7909

JCYC Asian Youth Prevention Services 2012 Pine Street

San Francisco, CA 94115

Program Director: Ramon Calubaquib Email: rcalubaquib@jcyc.org Phone: (415) 202-7940

SOC Manager: Denise Jones BOCC Manager: Sean Nguyen CDTA Manager: Rudy Aguilar

The Japanese Community Youth Council - Asian Youth Prevention (AYPS) Program represents a Consortium among 76 Asian specific community-based organizations in San Francisco. The goal of the (AYPS) Program is to prevent, delay or reduce the use and abuse of alcohol, and other drugs among Asian youth by providing an array of AOD primary prevention and early intervention services implemented in safe and welcoming environment through a collaboration among seven (7) community-based agencies. The program targets Asian youth ages 10 to 19, primarily youth identified to be at-risk and high-risk who are residents of San Francisco; Immigrant Asian youth who face transition from their native country to San Francisco, Youth who are transitioning from grade levels - elementary school to middle school or middle school to high school; Youth living in the neighborhoods of the collaborative members; The program serves young men, and young women as well as youth questioning their gender and sexual orientation. The members of the AYPS Consortium are: 1) The Asian American Recovery Services AARS), Inc.; 2) The Chinatown Youth Center (CYC); 3) The Filipino- American Development Foundation/Filipino Community Center (FADF/FCC); 4) The Korean Center (KCI), Inc.; 5) Samoan Community Development Center; 6) The Vietnamese Youth Development Center (VYDC); and 7) the Japanese Community Youth Council (JCYC). As the lead agency JCYC represents the AYPS program and subcontract with each AYPS Consortium agency member to provide an array of primary and secondary prevention services under the AYPS program.

**Jewish Family and Children's Services** 

2150 Post San Francisco, CA 94115 (415) 449-1200

Executive Director: Anita Friedman

Email: anitaf@jfcs.org Phone: (415) 449-1219

MH Jewish Family & Children's - Judah

2534 Judah Śt

San Francisco, CA 94115

Program Director: Sonia Sztesnklaper Email: sonias@jfcs.org Phone: (415) 474-0234

SOC Manager: Chris Lovov BOCC Manager: Jim Gilday CDTA Manager: James Stroh

JFCS has existed over 150 years and has longstanding expertise in therapeutic work with children under age 21 in individual and group settings. It has a nationally known model for resettlement of people from the former Soviet Union, one of the first parent resource centers in the country (Parents Place), one of the first open adoption programs in the US (Adoption Connections) and the Early Childhood Mental Health Services Project. JFCS Parents Place staff are well-known for working effectively with the 0-5 population. JFCS has special language capacity to serve limited-English speaking people from the former Soviet Union. The agency has professional staff trained specifically to use a strengths-based model to work effectively with children and their families

Jewish Family & Children's - Scott

1710 Scott Street

San Francisco, CA 94118

Program Director: Janina Nadaer

Email: janinan@jfcs.org Phone: (415) 359-2454

SOC Manager: Chris Lovoy BOCC Manager: Jim Gilday CDTA Manager: James Stroh

MH Jewish Family - ECMHCI 1710 Scott Street San Francisco, CA 94115 Program Director: Benna Norman Email: bennan@jfcs.org Phone: (415) 359-1249

SOC Manager: Chris Lovoy BOCC Manager: Jim Gilday CDTA Manager: N/A

The Early Childhood Mental Health Consultation Project of Jewish Family and Children's Services provides mental health consultation to children birth to five and their families, and to their caregivers at preschools and childcare centers, as part of the San Francisco ECMHC Initiative.

John Muir Behavioral Health Center

1400 Treat Boulevard Walnut Creek, CA 94596 (925) 674-4102

**Executive Director: Elizabeth Stallings** 

Email: liz.stallings@johnmuirhealth.com

Phone: (925) 674-4100

MH John Muir Behavioral Health Center - Concord

2740 Grant Street Concord, CA 94520 Program Director: Elizabeth Stallings Email: liz.stallings@johnmuirhealth.c.. Phone: (925) 674-4100

SOC Manager: Miriam Damon BOCC Manager: Carlos Balladares CDTA Manager: Joseph Cecere

73 bed inpatient free standing psychiatric hospital of John Muir Health, treating children, adolescents and adults with psychiatric illnesses

**Larkin Street Youth Services** 

701 Sutter Street, 2nd Floor San Francisco, CA 94109 (415) 673-0911

Executive Director: Sherilyn Adams

Email: sadams@larkinstreetyouth.org Phone: (415) 673-0911 Ext: 316

SA Larkin Street Homeless Youth Project SA 1138 Sutter Street

San Francisco, CA 94109

Program Director: Holly Hayes SOC Manager: Denise Jones BOCC Manager: Carlos Balladares CDTA Manager: Andrew Williams Email: hhayes@larkinstreetyouth.org Phone: (415) 673-0911

The Larkin Street Youth Services, Homeless Youth Substance Abuse Project is a six (6) agency collaboration that targets homeless runaway, substance dependent youth and at high risk youth who are involved in survival sex. This program serves youth of all genders, ethnicities and sexual orientations, ages 12 to 21. The collaborating agencies are Bayview Hunters Point Foundation-Youth Program; California Prevention

National Council-Alcoholism & Drug Abuse

944 Market Street, 3rd Floor San Francisco, CA 94102 (415) 296-9900

Executive Director: Andrew Dieden

Email: andrew@nca-ba.org Phone: (415) 296-9047

NCA Strengthening Families Program 944 Market Street, 3rd Floor San Francisco, CA 94102

Program Director: Pedro Torres SOC Manager: Denise Jones Email: pedro@nca-ba.org BOCC Manager: Jim Gilday Phone: (415) 296-9900 CDTA Manager: Erik Dubon

Strengthening Families Program (SFP) is an evidence based parenting and family program that involves not just the parents or the child alone but the entire family. This program is available to San Francisco residents who are parents/caregivers to youth 12-16 years of age. SFP has been found to significantly reduce problem behaviors, delinquency, alcohol and drug abuse in children, and improve social competencies and school performance. Sessions are held once a week for 2.5 hours for 14 consecutive weeks, two cycles each year. In addition to the research supporting this program we have received great feedback from parents participating in the program. We provide baby-sitting and a free family meal every session. Prizes and incentives are awarded throughout the 14 weeks and upon completion.

**Native American Health Center** 

160 CAPP ST

San Francisco, CA 94110 (415) 553-6621

Executive Director: Mark Espinosa

Email: marke@nativehealth.org

Phone: (415) 553-6621

MH Urban Trails 160 CAPP ST

San Francisco, CA 94110

Program Director: Bree Desmond Email: allisond@nativehealth.org Phone: (415) 621-4371

SOC Manager: Emily Gerber BOCC Manager: John Pabustan CDTA Manager: Elizabeth Davis

Comprehensive, culturally competent wraparound services for youth, age 0-21, who self-identify as American Indian, Alaska Native, Native American, and/or Indigenous to North, Central, or South America and meet criteria for or are at risk of meeting criteria for a Serious Emotional Disturbance (SED) diagnosis.

Oakes Children's Center

1550 Treat San Francisco, CA 94110 (415) 641-8000

Executive Director: Austin Lambe

Email: austinlambe@oakeschildrenscenter.org

Phone: (415) 641-8000 Ext: 211

MH Oakes Children's Center 1550 Treat Avenue

San Francisco, CA 94110

Program Director: Laurence Brenner SOC Manager: Alison Lustbader BOCC Manager: Sean Nguyen Email: laurencebrenner@oakeschildrens.. Phone: (415) 641-8000 CDTA Manager: Andrew Williams

Oakes Children's Center provides several programs for children and youth. Our Day-Treatment/School program provides mental health and educational services to children 4-14 years old in a highly structured and individualized setting. The Out-patient Clinic serves children and adolescents ages 5 to 21 with developmental delays and/or emotional disturbances whose special needs cannot be met elsewhere. The Group Therapy Program offers socialization groups for children and adolescents with pervasive develpmental disorders. The School-based Partnership program serves special education classes in several elementary schools. Our After School program provides a safe, therapeutically focussed recreation program for children enrolled in the Oakes Day-Treatment program

Regents of UCSF

3333 California Street #315 San Francisco, CA 94118 (415) 502-4029

Executive Director: N/A Email: N/A

Phone: N/A

MH UCSF Child and Adolescent Services- CAS

1001 Potrero Avenue 6B San Francisco, CA 94110 Program Director: Patricia Van Horn

Email: patricia.vanhorn@ucsf.edu Phone: (415) 206-4444

SOC Manager: Miriam Damon BOCC Manager: John Pabustan CDTA Manager: Stephen Banuelos

CAS provides assessment and psychotherapy services to children and adolescents. Areas of expertise include service to children who experience traumatic stress and providing services embedded in the schools. CAS also provides training to community providers, parents, and teens

UCSF Child and Adolescent Support Advocacy and Res Drogeam Director: Alicia Boccellari 995 Potrero Building 80 Wd 80

Email: Alicia.Boccellari@sfdph.org San Francisco, CA 94110 Phone: (415) 206-8386

SOC Manager: Miriam Damon BOCC Manager: John Pabustan CDTA Manager: Stephen Banuelos

CASARC's goal is to provide comprehensive mental health services to San Francisco's children and adolescents (up to age 18) who are victims of interpersonal violence. Our target population includes victims of sexual abuse or assault, physical abuse or assault, victims of gang violence and the children and youth who have witnessed severe domestic violence. It also includes children and youth who have a family member who is a victim of a severe violent crime, including a family member of a homicide victim. Mental health services include clinical assessment, trauma-focused psychological treatment, and clinical case management and outreach to children, youth and their families. When child abuse is suspected CASARC also conducts forensic interviews and screenings.

MH UCSF Infant Parent - ECMHCI 2550 23rd Street, Building 9, Room 130

San Francisco, CA 94110

Program Director: Kadija Johnston Email: kadija.johnston@ucsf.edu Phone: (415) 206-5270

SOC Manager: Chris Lovoy BOCC Manager: Marshia Herring CDTA Manager: Joseph Cecere

 $A component of the {\it Infant-Parent Program}, Day care {\it Consultants began in 1988} and offers mental health consultation to settings where young children$ (birth to 5 years) reside or are cared for. Currently, these venues include, residential substance abuse treatment programs, homeless and domestic violence shelters, FRC's and most extensively childcare centers. To date, Daycare Consultants has provided mental health services to over 150 child-care settings. Every year, the development of over 3000 children is enhanced through the Programs consultation to the adults caring for them. In addition to case and prgram consultation, therapeutic play groups, therapeutic shadowing and parent support groups are offered in these venues.

MH UCSF Infant Parent Program 2550 - 23rd Street, Bldg. 9, Rm. 130

San Francisco, CA 94110

Program Director: Kadija Johnston Email: kadija.johnston@ucsf.edu Phone: (415) 206-5270

SOC Manager: Miriam Damon BOCC Manager: Marshia Herring CDTA Manager: Joseph Cecere

The U.C.S.F. Infant-Parent Program is a multifaceted infantandearly childhood mental health program offering infant-parent psychotherapy to families with children birth to 3 years of age; perinatal mental health services; case-centered and programmatic consultation; developmental neuropsychological assessment, therapeutic play groups, therapeutic shadowing, and intensive training

Richmond Area Multi-Services, Inc.

3626 Balboa Street San Francisco, CA 94121 (415) 668-5955

Executive Director: Kavoos Bassiri

Email: kgbassiri@ramsinc.org Phone: (415) 668-5955 Ext: 319

MH RAMS Child, Youth & Family Services

3626 Balboa St.

San Francisco, CA 94121

Program Director: Nira Singh Email: nirasingh@ramsinc.org Phone: (415) 668-5955

SOC Manager: Denise Jones **BOCC Manager: David Macias** CDTA Manager: Andrew Williams

RAMS CYF Programs include outpatient mental health services for children, youth and their families; school-based mental health and substance abuse services in 11 San Francisco public high schools through the SF Wellness Initiative; school-based mental health partnerships with classrooms for Emotionally Disturbed students as designated by SFUSD Special Education Services; school-based mental health services for EPSDT MediCal eligible youth, school-based mental health consultation in elementary schools through Prop D; and intensive case management and wraparound services for children and families through the Asian Mosaic Proiect.

MH RAMS Fu Yau Project - ECMHCI 720 Sacramento Street San Francisco, CA 94108

Program Director: Rose Sneed, Email: rosesneed@ramsinc.org Phone: (415) 392-4453

SOC Manager: Chris Lovoy BOCC Manager: David Macias CDTA Manager: Andrew Williams

The Fu Yau Project is a collaboration of RAMS and Chinatown Child Development Center (CCDC), providing prevention and early intervention mental health services to the childcare community that cares for children, ages 0-5 years old. Services include; On-site program and child observation, clinical consultation with childcare staff & families, on-site intervention with individuals & groups of children, parenting classes & support groups, and in-service training for the childcare staff relating to child development and mental health related issues

Seneca Center for Children, Inc.

2275 Arlington Drive San Leandro, CA 94578 (510) 317-1444

Executive Director: Ken Berrick

Email: ken@senecacenter.org Phone: (510) 654-4004 Ext: 2222

MH Seneca Center Community Treatment Facility (CTF) 887 Potrero Avenue Unit L

Program Director: Alicia Hooton Email: Alicia\_Hooton@senecacenter.org Phone: (415) 206-6346

SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: Stephen Banuelos

Seneca Center San Francisco's Community Treatment Facility provides residential, school, and day treatment services to the most challenging adolescents and their families in San Francisco. The program provides treatment, structure and loving care in a secure setting for youth who require periods of containment to benefit from services. The program serves San Francisco youth referred by the Department of Social Services (Child Welfare), Juvenile Probation, and CBHS/SFUSD. Many of the youth have required psychiatric hospitalizations prior to their referral to Seneca. Services offered include individual, group and family therapy, nursing and psychiatric services, and 24 hour counselors at a 2 client per 1 staff ratio.

MH Seneca Connections 2513 - 24th Street San Francisco, CA 94110

San Francisco, CA 94110

Program Director: Mark Nickell Email: mark\_nickell@senecacenter.org

SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday
CDTA Manager: Stephen Banuelos

Phone: (415) 642-5968

The Seneca Connections: Short-Term Intensive Program was designed to target children and youth in the foster care system who were in need of intensive intervention to prevent placement loss or to manage their behaviors in a temporary setting pending the identification of an appropriate placement. Many of these clients had been discharged from psychiatric hospitals, and while they no longer needed in-patient treatment, required

more support and supervision than was available in community settings. The program is funded with EDPSDT Medi-Cal funds as well as general funds work-ordered from the Department of Human Services. Planned length of stay is two to three months. EPSDT services include assessment, plan development, case management, crisis intervention, medication support and individual rehab. The DHS funds are used when clients need 1:1 staffing, transportation, or other services not covered by Medi-Cal. The Program began operating in the spring of 2006, and has helped a number of In January, children and youth with very high needs maintain in the community.

2007, Senecá's Therapeutic Behavioral Services Program was moved to the same site as Short-Term Connections to allow for better coordination of programs which serve some of the same clients.

MH Seneca Day Treatment 887 Potrero Ave San Francisco, CA 94110 Program Director: Alicia Hooton Email: Alicia\_Hooton@senecacenter.org Phone: (415) 206-6388

SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday

CDTA Manager: Stephen Banuelos Seneca Center Day Treatment currently serves 18 youth ages 11 to 18. The Day Treatment Program offers comprehensive day treatment services to the youth it enrolls. These include individual therapy, family therapy, life skill building, nursing and psychiatric services as needed, recreation therapy, and group therapy. Seneca Day Treatment employs three teachers that individualize their curriculum to meet the needs of each youth enrolled. We also utilize a staff to client ratio of 1 staff per 2 clients.

MH Seneca MST

3801 3rd Street, Suite 400-C San Francisco, CA 94124

Program Director: Mark Nickell Email: mark\_nickell@senecacenter.org Phone: (415) 970-3800

SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: Stephen Banuelos

MultisystemicTherapy(MST)isanintensive, goal-oriented, evidenced-based treatment for juvenile offenders proven to be highly effective in reducing recidivismand increasing prosocial behaviors. MSTTherapists assess the fit between the youths problem behaviors and their environment; empower parents to meet the needs of youth more effectively; and emphasize long-term and sustainable change. MST Therapists are available 24 hours a day, 7 days a week and meet with the family multiple times per week. Services average 2-5 months and are provided in the home, school, and community. Therapists receive weekly case review support from an MST trained supervisor and expert consultant to ensure adherence to the MST treatment model.

Special Service for Groups (OTTP)

425 Divisadero Street #301 San Francisco, CA 94117 (415) 551-0975

Executive Director: Colleen Devine Email: colleen.devine@ottp-sf.org

Phone: (415) 551-0975

MH Occupational Therapy Training Program 425 Divisadero St. Suite 301 San Francisco, CA 94117

Program Director: Colleen Devine Email: colleen.devine@ottp-sf.org Phone: (415) 551-0975

SOC Manager: Miriam Damon BOCC Manager: Jim Gilday CDTA Manager: Stephen Banuelos

The Occupational Therapy Training Program is dedicated to providing comprehensive mental health services, life skills and case management to high-risk children and young adults, with the ultimate goal of providing young people with the skills they need to be productive, independent members of society. OTTP was founded and continues to thrive on the principles of Occupational Therapy, which emphasize that by engaging individuals in meaningful and purposeful activity, they can develop the skills they need to function most optimally in their life roles.

Thunder Road Adolescent Treatment Centers, Inc.

390 - 40th Street Oakland, CA 94609 (510) 653-5040 Executive Director: Steven Wright

Email: wrights@sutterhealth.org

Phone: **(510) 653-5040** 

MH Thunder Road 390 - 40th Street Oakland, CA 94609 Program Director: **Deborah Lane** Email: laned@sutterhealth.org Phone: (510) 653-5040 SOC Manager: Miriam Damon BOCC Manager: Jim Gilday CDTA Manager: Joseph Cecere

Victor Treatment Centers, Inc.

PO Box 5361 Chico, CA 95297 (530) 893-0758 Executive Director: Doug Scott
Email: dscott@vic

Email: dscott@victor.org Phone: (530) 893-0758

MH Victor Treatment Center - Santa Rosa 341 Irwin Lane

Santa Rosa, CA 95401

Program Director: **Gala Goodwin** Email: ggoodwin@victor.org Phone: (707) 360-1500 SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: James Stroh

Residential Treatment, Medication Management and Day Intensive Services providing treatment, care, supervision, and instruction to high-risk children and families in a manner that enriches lives through personal responsibility, dignity, and independence, now and into the future. Age Range: coed 6-17.9 years of age. This population includes but is not limited to youth who have a disturbed ability to function at their intellectual and chronological maturity level; those who have been diagnosed as needing treatment over a long period of time for behavior which has resulted from specific, serious emotional disorder of psychosis.

MH Victor Treatment Center - Stockton 12755 N. Highway 88 Lodi, CA 95240 Program Director: **David Baker** Email: davidbaker@victor.org Phone: (209) 340-5800 SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: James Stroh

MH Victor Treatment Centers - Redding 855 Canyon Road Redding, CA 96001 Program Director: **Robin Bowman** Email: rbowman@victor.org Phone: (530) 378-1855 SOC Manager: Alison Lustbader BOCC Manager: Jim Gilday CDTA Manager: James Stroh

West Coast Children's Clinic

3301 East 12th Street Suite 259 Oakland, CA 94601

(510) 269-9030

Executive Director: Stacy Katz

Email: skatz@westcoastcc.org

Phone: (510) 269-9030

MH Westcoast Children's Clinic - Therapeutic Collaborative..Program Director: Barbara Mercer 3301 E 12th Street #259 Email: bmercer@westcoastcc.org

3301 E 12th Street #259 Email: bmercer@westcoastcc.org
Oakland, CA 94601 Phone: (510) 269-9030

SOC Manager: **Denise Jones**BOCC Manager: **Jim Gilday**CDTA Manager: **Rudy Aguilar** 

WestCoast's Therapeutic-Collaborative Assessment and Systems Collaboration Program provides psychological testing batteries to youth with full-scope Medi-Cal participating in the SF programs or youth referred by Foster Care Mental Health Program. The assessments address questions about youths cognitive strengths and weaknesses, attention and processing, school achievement and learning. These assessments are uniquely designed to assist youth who live within multiple systems and are currently experiencing social and psychological difficulties or ambiguity due to the complexities of their situation.

Westside Community Services, Inc.

1153 Oak Street San Francisco, CA 94117 (415) 431-9000 Executive Director: MaryAnn Jones

Email: mjones@westside-health.org

Phone: (415) 431-9000

MH Westside Ajani 2166 Hayes Street #303 San Francisco, CA 94103 Program Director: **Mona EI-Halawani** Email: melhalawani@westside-health.or.. Phone: (415) 647-6255 SOC Manager: **Denise Jones**BOCC Manager: **Marshia Herring**CDTA Manager: **Mario Hernandez** 

Westside Ajani program provides comprehensive and integrated mental health services to children and their families with a particular focus on Afrocentricfamily interventions. This model is a culturally specific strengths-based model based on the principals of adaptive family functioning for the African American family. Westside Ajani focuses on African American families who reside in low income neighborhoods impacted by violence, isolation, poverty, disenfranchisement, mental illness and racism who have demonstrated difficulty functioning as a family unit. Referrals are facilitated through linkages with family advocacy agencies, community churches, multi-service family centers, community centers, hospital/public health clinics and city and county behavioral health clinics, such as Foster Care Mental Health, Childrens System of Care and AB3632.

YMCA of San Francisco

631 Howard Street San Francisco, CA 94105 (415) 561-0631 Executive Director: Chip Rich

Email: crich@ymcasf.org Phone: (415) 561-0631 Ext: 111

SA YMCA SA Urban Services Outpatient

241 Oneida Avenue San Francisco, CA 94112 Program Director: **David MacGillis** Email: dmacgillis@omiebeacon.org Phone: (415) 406-1290 SOC Manager: Marlo Simmons BOCC Manager: Jim Gilday CDTA Manager: Erik Dubon

The YMCA OMI/Excelsior Youth Center is a collaborative with Balboa Teen Health Center. The collaborative provides three service modalities, Prevention, Outpatient and Secondary Prevention (Early Intervention). The Balboa Teen Health Center provides the outpatient services. Because the program is also adjacent to Balboa High School, the participants have access to a multitude of services. The target population is San Francisco youth 12-17 years of age and their families who are involved with or at risk of involvement with alcohol, tobacco and other drugs. A collective range of activities comprised of substance abuse counseling, academic, vocational and recreational services, healtheducators and peer healtheducators forge relationships with youth and their families to introduce them to each of the core services.

SA YMCA SA Urban Services Prevention 241 Oneida Avenue

San Francisco, CA 94122

Program Director: **David MacGillis** Email: dmacgillis@omiebeacon.org Phone: (415) 406-1290\_\_\_

SOC Manager: **Denise Jones** BOCC Manager: **Jim Gilday** CDTA Manager: **Erik Dubon** 

MH YMCA Urban Services MH 1426 Fillmore Street, Ste. 204 San Francisco, CA 94115 Program Director: **Jane Chandler** Email: jchandler@ymcasf.org Phone: (415) 561-0631 SOC Manager: Emily Gerber BOCC Manager: Jim Gilday CDTA Manager: Erik Dubon

Urban Services YMCA is generally regarded as the social services arm of the YMCA of SF. Urban services YMCA provides free of charge programming to over 8,000 youth annually. Specialized services include school based mental health enrichment programming.

Youth Justice Institute

375 Woodside Avenue, Bldg W-1 San Francisco, CA 94131 (415) 753-7698 Executive Director: N/A

Email: N/A Phone: N/A

MH Youth Justice Institute 375 Woodside Avenue, Blde

375 Woodside Avenue, Bldg W-2 San Francisco, CA 94131 Program Director: **Christian Henricksen** Email: christian@yjinstitute.org Phone: (415) 753-7596

SOC Manager: Emily Gerber BOCC Manager: Carlos Balladares CDTA Manager: Hilda Jones

YJI provides individual and family therapy to youth who have had contact and/or are at risk for involvement with the juvenile justice system, and to those who have witnessed and/or survived violence, trauma, and abuse. YJI therapists provide service to youth in detention facilities, schools, residential placements, and other community spaces. The treatment is designed to meet the specific needs of each youth. Clients set goals while in therapy and goals for when their treatment is completed.

Youth Leadership Institute

28 2nd Street, Suite 400 San Francisco, CA 94105 (415) 836-9160 Executive Director: Dana Callihan

Email: dcallihan@yli.org Phone: (415) 836-9160

SA Youth Leadership Institute 28 2nd Street, Suite 400 San Francisco, CA 94105 Program Director: Matt Rosen Email: mrosen@yli.org Phone: (415) 836-9160 Ext: 240 SOC Manager: Denise Jones BOCC Manager: John Pabustan CDTA Manager: Elizabeth Davis

The Youth Leadership Institute (YLI), Friday Night Live (FNL/CL) programs work with young leaders in San Francisco to develop community solutions to alcohol, tobacco and other drug (ATOD) related problems. Projects are designed to educate young people about environmental prevention: identifying and addressing the roots of acommunity's substance abuse problems. Activities include studentor ganizing, leadership training, coordination of youth prevention efforts and initiating environmental prevention projects to reduce the availability of ATOD to youth.

# Client's Rights | Benefits and | | Grievances |

### **Mental Health** (Lanterman-Petris-Short Act)

According to the Welfare & Institutions Code, Section 5001, provisions of the Lanterman-Petris-Short Act (LPS Act) are to promote the following legislative intent:

- (a) to end the inappropriate, indefinite and involuntary commitment of mentally disordered persons, developmentally disabled persons, and persons impaired by chronic alcoholism, and to eliminate legal disabilities;
- (b) to provide prompt evaluation and treatment of persons who have serious mental disorders or who are impaired by chronic alcoholism;
- (c) to guarantee and protect public safety:
- (d) to safeguard individual rights through judicial review;
- (e) to provide individualized treatment, supervision and placement services by a conservatorship program for gravely disabled persons;
- (f) to encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures; and
- (g) to protect mentally disordered persons and developmentally disabled persons from criminal acts.

People with psychiatric disabilities who are hospitalized involuntarily—and are often in dire need of mental health care, medical treatment and other services—experience a significant curtailment of basic human rights. These rights deprivations include examples ranging from being forbidden to wear one's own clothes to being physically restrained and forcibly medicated. Consequently, in the California cases evaluating the potential for such rights deprivations, the courts have repeatedly affirmed the Legislature's intent that the rights of involuntarily detained persons with psychiatric disabilities must be safequarded by the LPS Act. The LPS Act expressly guarantees a number of legal and civil rights and provides that involuntarily detained mental health clients retain the same rights guaranteed others which are not specifically denied under the statutory scheme (Welfare & Institutions Code, Sections 5325 & 5325.1) or otherwise denied due to establishing *good cause* (Welfare & Institution Code, Section 5326).

The LPS Act specifically requires that treatment, rehabilitation and recovery services be provided in the least restrictive manner possible. Therefore, the LPS Act permits involuntary hospitalization only of those mentally disabled persons for whom such confinement, with its accompanying deprivation of liberty, is necessary and appropriate.

Under the LPS Act, the more fundamental the right then the more stringent is the due process standards for protection of that right. These rights include, but are not limited to, the following:

- A right to have visitors including a clients' rights advocate
- A right to access letter writing materials
- A right to access their money in amounts for small purchases
- A right to safe storage and access to their personal property
- A right to private phone conversations
- A right to treatment services that promote the potential of the person to function independently and are least restrictive of the personal liberty of the individual.
- A right to dignity, privacy, and humane care.
- A right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect. Medication shall not be used as punishment, for the convenience of staff, as a substitute for a program, or in quantities that interfere with the treatment program.
- A right to prompt medical care and treatment.
- A right to religious freedom and practice.
- A right to participate in appropriate programs of publicly supported education.

- A right to social interaction and participation in community activities.
- A right to physical exercise and recreational opportunities.
- A right to be free from hazardous procedures.

The San Francisco Mental Health Clients' Rights Advocates provides rights protection and advocacy for CBHS mental health clients and can be reached at **415-552-8100** or **800-729-7727**.

### **Substance Abuse** (CCR, Title 9, Section 10569)

Each participant in recovery or treatment programs shall have rights that include, but are not limited to, the following:

- 1. The right to confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2.
- 2. To be accorded dignity in contact with staff, volunteers, board members and other persons.
- 3. To be accorded safe, healthful and comfortable accommodations to meet his or her needs.
- 4. To be free from verbal, emotional, and/or physical abuse, or inappropriate sexual behavior.
- 5. To be informed by the program of the procedures to file a grievance or to appeal a discharge.
- 6. To be free from discrimination based on ethnic identification, religion, age, sex, color, or disability. To be free to attend religious services or activities of his or her choice and to have visits from a spiritual advisor provided that these services or activities do not conflict with facility program requirements. Participation in religious services will be voluntary only.
- 7. To be accorded access to his or her file.

Each participant shall review, sign, and be provided at admission, a copy of the participant rights. The program shall place the original signed participant rights document in the participant's file.

The provider shall post a copy of the participant rights in a location visible to all participants and the general public.

For more information: http://www.adp.cahwnet.gov

### **Basic Benefit Eligibility Overview**

### **Benefit Descriptions**

This guide is intended as a brief overview only, and should not be construed as a thorough guide or legal advice. Prospective applicants may want to seek advocacy services and representation in order to obtain benefits.

### **CAAP County Adult Assistance Program (previously called General Assistance):**

This financial benefit is administered and funded by the County (Human Services Agency). It is available to very low-income/asset adults who are not eligible (or are not yet eligible) for other types of financial benefits. The current payment range as of 2007 is \$59 (homeless), \$65 (living in shelter), \$342 (housed on GA), \$422 (housed on PAES/SSIP/CALM). CAAP eligibility does not make clients eligible for Medi-Cal, but recipients may be eligible for Food Stamps. Information is available at 558-1000.

### SSDI Social Security Disability Insurance (SSA, Social Security):

This program is administered by the federal government (Social Security Administration) and pays disabled individuals a monthly benefit based on their prior work history. To be eligible, a person has to have paid into FICA through earned income for a specific number of quarters. SSDI does not have financial eligibility criteria. The federal definition of disability must be proven by SSA adjudicators: the client is unable to earn substantial gainful activity (as defined by SSA) based on the medical condition for 12 months or more. Clients receive benefits as long as they are still considered disabled. SSDI is also available for the children of disabled adults, spouses and widows. Medi-Cal must adopt the SSA disability determination, but a person also must meet the asset limits for Medi-Cal through the county (Human Service Agency). SSDI recipients may also be eligible for SSI (see below) and SSI linked Medi-Cal if SSDI is below the SSI threshold. Information about SSDI and SSI is available through SSA at www.ssa.gov, phone 1-800-772-1213, or through an advocacy group (see below).

### **SSI Supplemental Security Income:**

This program is also administered by the Social Security Administration. It pays clients who are disabled or retired a monthly benefit based on financial eligibility. In general, a single person must have less than \$2,000 in assets. The monthly SSI level is a set amount based on the living arrangement of the client, and the client's other income must be below the SSI threshold. Clients who receive SSI automatically get Medi-Cal with their benefits. Phone 1-800-772-1213

### **CAPI Cash Assistance Program for Immigrants:**

Some immigrants who are not eligible for SSI may be able to receive cash assistance through CAPI, a California state SSI replacement program. CAPI provides cash assistance (approximately \$10<than SSI) to some elderly and disabled immigrants who are classified as PRUCOL (permanently residing under the color of law). In SF, it is administered through HSA. A claimant has to meet similar criteria as SSI recipients. CAPI recipients are also eligible for Medi-Cal. Phone 558-1978

### **SDI State Disability Insurance:**

This program is administered by the State (Employment Development Department, or EDD) and pays clients a monthly benefit for a maximum of 12 months based on work history. Clients must have worked in California, and paid into the SDI system. The definition of disability is very minimal and does not qualify clients as federally disabled, so they may not be eligible for Medi-Cal. Information is available at <a href="https://www.edd.ca.gov">www.edd.ca.gov</a>. Phone 1-800-480-3287

### **Benefits Descriptions (cont.)**

### **Medicare:**

This federal medical benefit program is administered by SSA. Clients are eligible if they receive Social Security disability or retirement benefits. For disabled clients, Medicare becomes available 2 years after they are eligible for payments. A premium is subtracted from a client's SSDI benefit to pay for the Medicare Part B (the outpatient part) UNLESS they are eligible for Medi-Cal, which may pay the premium; Part A, the Hospital Inpatient portion, has no premium. Part D is Medicare's prescription drug coverage that covers both prescription drugs at participating pharmacies. Information on Medicare is available at **www.medicare.gov** or through an advocacy group (see below). Phone 1-800-MEDICARE

### **Medi-Cal:**

This is California's version of federal Medicaid. Clients get Medi-Cal either by applying through the Medi-Cal Office at HSA, or as an automatic benefit with certain other programs, including SSI and CalWORKs. In general, Medi-Cal is available for low-income people who are either disabled, elderly, or a member of a family. Medi-Cal, like SSI, is an eligibility-based program, and the financial asset level is taken directly from SSI. Clients with any level of income can receive Medi-Cal, but the amount of their income serves as the criteria for determining a Share of Cost (see below).

### **Healthy Families (HF) Insurance:**

This insurance program provides qualifying children and young adults (up to age 19) with physical health, mental health, dental health, and vision care. Healthy Families is funded by the State for children in families who are uninsured and who do not qualify for Medi-Cal. Eligibility is determined primarily by family income. Families may apply for this insurance by calling 800-880-5305. Caregivers with Healthy Families insurance may seek treatment for their children by visiting a clinic during drop-in hours, or by calling Central Access at 255-3737. For more information: Miriam Damon, RN, MFT - Healthy Families/Healthy Kids Liaison: 255-3761.

### Healthy Kids (HK)/Extended Health Kids Insurance:

The Healthy Kids program provides universal health care insurance for children and youth (up to age 19) offered by the San Francisco Health Plan. The Extended Healthy Kids program provides healthcare insurance to member from age 19 (or 21 for Medi-Cal members) through age 24. The San Francisco Community Behavioral Health Plan has contracted with the San Francisco Health Plan to provide and manage mental health services to Healthy Kids' beneficiaries. These programs will provide health insurance to children, youth, and young adults who are otherwise uninsured and not eligible for other state-funded programs. For more information: Miriam Damon, RN, MFT - Healthy Families/Healthy Kids Liaison: 255-3761.

### **Healthy San Francisco**

Healthy San Francisco (HSF) is administered by the San Francisco Department of Public Health. HSF is not insurance. It is a comprehensive program that provides access to basic and ongoing medical care. All San Francisco residents 18 through 64 years of age, with a household income at or below 500% of the federal poverty level are eligible to enroll. For more information, please visit www.healthysanfrancisco.org or call 3-1-1, the City's information line.

### San Francisco Provides Access to Healthcare

San Francisco Provides Access to Healthcare (SF PATH) is a federally-funded health access program administered by the San Francisco Department of Public Health. SF PATH is not health insurance. SF PATH provides affordable medical care to San Francisco residents who meet certain federal requirements and income guidelines. For more information, please visit www.sfpath.org or call 3-1-1, the City's information line.

### **Eligibility-Related Terminology:**

**Assets:** The financial resources currently owned by, or available to, the client. These include bank accounts, IRAs, stocks, property, etc. Assets are one of the basic eligibility criteria for CAAP, SSI, CAPI and Medi-Cal.

**Income:** The amount of money received by the client on a regular (or irregular) basis. It includes earned income (salary) and unearned income (SSDI, SDI, LTD payments). Income does not affect eligibility, but does affect Share of Cost (see below).

**Living Arrangement:** This term applies to the situation in which a client lives, and can refer to the community, SNF (skilled nursing facility), B&C (board-and-care home), SRO (single-room occupancy hotel), etc. A client on SSI receives a different amount of SSI based on his or her living arrangement.

**Share of Cost (SOC):** This term is used essentially by the Medi-Cal program and can best be described as a monthly deductible. A client's SOC is determined by subtracting the Maintenance Need (\$620) from the client's income, and the remainder is the SOC. This amount must be paid to a provider each month before Medi-Cal begins to be billable for services.

**Note:** The financial amounts used as examples above refer to single adults, and are greater for married couples.

### For More Eligibility-Related Information, Advocacy and Technical Assistance:

Bay Area Legal Aid: www.baylegal.org

Center for Medicare Advocacy, Inc.: www.medicareadvoacy.org

GA Advocacy Project: www.gaap.org

Health Insurance Counseling and Advocacy Program: www.lashicap.org

Homeless Advocacy Project: www.sfbar.org/volunteer/opportunities.aspx#anchor05

Legal Services Corporation: www.lsc.gov

National Health Law Program, Inc.: www.healthlaw.org

National Immigration Law Center: www.nilc.org

National Law Center on Homelessness and Poverty: www.nlchp.org

National Senior Citizens Law Center: www.nsclc.org

National Organization of Social Security Claimants' Representatives: www.nosscr.org

Positive Resource Center: www.positiveresource.org

Western Center on Law and Poverty: www.wclp.org

DPH Disability Evaluation and Advocacy Project: 865-5250

HSA Disability Evaluation and Consultation Unit: 558-4340

HSA Medi-Cal Office: 558-1000

# **Medical Necessity Requirements for Mental Health and Substance Abuse Programs**

To be eligible to receive CBHS services, a beneficiary **must** be a resident of San Francisco, have a medically necessary diagnosis, and have an assessment of financial need and support for services, i.e., third-party insurance status or lack thereof.

### Specific Requirements for Mental Health (CCR, Title 9, Sections 1830.205 & 1830.210)

A Beneficiary **must** also meet criteria outlined in Subsections (1), (2), and (3) below to be eligible for mental health services:

SUBDIVISIONS									
(1) DSM-IV included disorders:	(2) Impairment:	(3) Intervention:							
Must have <b>one</b> of the following diagnoses:  (A) Pervasive Developmental Disorders, except Autistic Disorder (B) Disruptive Behavior and Attention Deficit Disorders (C) Feeding and Eating Disorders of Infancy and Early Childhood (D) Elimination Disorders (E) Other Disorders of Infancy, Childhood, or Adolescence (F) Schizophrenia and other Psychotic Disorders, except if due to General Medical Condition (G) Mood Disorders, except if due to General Medical Condition (H) Anxiety Disorders, except if due to General Medical Condition (I) Somatoform Disorders (J) Factitious Disorders (K) Dissociative Disorders (L) Paraphilias (M) Gender Identity Disorder (N) Eating Disorders (O) Impulse Control Disorders Not Elsewhere Classified (P) Adjustment Disorders, excluding Antisocial Personality Disorder (R) Medication—Induced Movement Disorders related to other included diagnoses.	Must have at least one of the following impairments as a result of the mental disorder(s) listed in Subdivision (1):  (A) A significant impairment in an important area of life functioning.  (B) A reasonable probability of significant deterioration in an important area of life functioning.  (C) Except as provided in Section 1830.210*, a probability that a child will not progress developmentally as individually appropriate. For the purpose of this section, a child is a person under the age of 21 years.	Must meet <b>each</b> of the intervention criteria listed below:  (A) The focus of the proposed intervention is to address the condition identified in Subdivision (2).  (B) The expectation is that the proposed intervention will:  1. Significantly diminish the impairment, or  2. Prevent significant deterioration in an important area of life functioning, or  3. Except as provided in Section 1830.210*, allow the child to progress developmentally as individually appropriate.  4. For a child who meets the criteria of Subsection (1), meet the criteria of Section 1830.210(b) and (c).  (C) The condition would not be responsive to physical health care-based treatment.  (D) When the requirements of Section 1830.205 or 1830.210 are met, beneficiaries shall receive specialty mental health services for a diagnosis included in Subsection (1) even if a diagnosis that is not included in Subsection (1) is also present.							

<sup>\*</sup>Beneficiaries under 21 years of age who are eligible for EPSDT and who meet all other requirements **but** who do **not** meet the requirements detailed in Subdivision (2) and (3) may still be eligible to receive CBHS mental health services. Please call Behavioral Health Access Center at **255-3737** for these authorization requirements.

### **Specific Requirements for Substance Abuse (CCR, Title 22, sections 51303 & 51341.1)**

Substance services are supported by various funding sources. As for all CBHS services, the beneficiary must be a San Francisco resident. The beneficiary must have a substance abuse diagnosis (or be related to an individual who has a substance abuse diagnosis). There are specific requirements under Drug Medi-Cal which defines Medical Necessity as services which are:

- Reasonable
- Necessary to protect life; to prevent significant illness/disability; or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury
- Covered by the Medi-Cal program, and
- Subject to utilization controls, to the extent specified.

Such utilization controls shall take into account those diseases, illnesses, or injuries which require preventive health services or treatment to prevent serious deterioration of health. Authorization may only be granted when fully documented medical justification is provided that the services are medically necessary.

For more information on CBHS Medical Necessity requirements, please call Behavioral Heath Access Center at **255-3737.** 

### **Highlighted Links**

### **Policies and Procedures Page:**

 $\underline{http://www.sfdph.org/dph/comupg/oservices/mental Hlth/CBHS/CBHSmnuPolyProc.asp}$ 

### **Contract Performance and Compliance:**

 $\frac{http://www.sfdph.org/dph/comupg/oservices/mental Hlth/CBHS/CBHSPerformanceCompliance/default2.asp}{}$ 

### **Avatar User Guides:**

http://www.sfdph.org/dph/comupg/oservices/mentalHlth/BHIS/avatarUserDocs.asp

### **Notice of Privacy Practices:**

http://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/

### **Cultural and Linguistic Competency Policy Page:**

http://www.sfdph.org/dph/comupg/aboutdph/insideDept/CLAS/CLAS.asp

### For Harm Reduction Policies:

 $\underline{http://www.sfdph.org/dph/comupg/oservices/mental Hlth/Substance Abuse/HarmReduction/default.}$ 

### **CBHS Client Complaint & Grievance Resolution Procedure**

CBHS encourages resolution of client and/or legal guardian concerns on an informal basis at the program where services are being provided. In the event that a client's concern involves the Private Provider Network (PPN), the issue will be directed to the Provider Relations Office. Every effort will be made by all CBHS providers to resolve client concerns informally as quickly and as simply as possible; however, it is the policy of CBHS that clients may use the formal grievance process at any time, whether or not they have attempted to resolve their issue informally. In addition, all clients should be given information verbally and in writing at the time of the initial face-to-face evaluation, at admission to any new program, annually during treatment reauthorization, and when services are reduced, denied, or terminated as to how to address dissatisfaction and the process on how to file a formal grievance. Documents outlining these procedures must be clearly posted at the program site and made available to clients in appropriate languages without their needing to ask.

### Where to Get Help:

Clients, family members, or advocates can contact the following for information and assistance (please note that a signed authorization may be required to discuss confidential information):

San Francisco Mental Health Clients' Rights Advocates 415-552-8100

Office of Cultural Competence & Client Relations
 415-255-3422

### **Grievances:**

The grievance procedure provides a formal avenue for the resolution of a client's concerns when the informal process has proven to be insufficient. A grievance may be filed *without reprisal* at any time. This should be made clear to all clients. The forms used for filing a grievance and the postage-paid envelopes must be readily available at all CBHS program sites. The completed grievance form can be mailed in the postage-paid envelope or sent to the Grievance Officer, 1380 Howard Street, 2<sup>nd</sup> Floor, San Francisco, CA 94103. Grievances can also be filed in person or by phone with Behavioral Health Access Center, 1380 Howard Street, 1<sup>st</sup> Floor, San Francisco (415-503-4730).

The grievance documents are available through Forms Control, 1380 Howard Street, 2<sup>nd</sup> Floor, San Francisco (415-255-3913). The CBHS Grievance Policy (3.11-03) can be accessed online at:

http://www.sfdph.org/dph/files/CBHSPolProcMnl/3.11-03.pdf

### **Outcome of Filed Grievances:**

An acknowledgement of receipt of the grievance will be sent to the address provided on the form. The Grievance Officer or designee will review the grievance and a response to the grievance will be given to the client within 60 calendar days.

### Quality of Care (QOC) and Unusual Occurrence (UO) Incident Reporting

### **Overview**

The Quality of Care (QOC) and Unusual Occurrence Incident Reporting is CBHS's systematic approach to review care concerns, negative outcomes of care, and sentinel events. Quality of care concerns and unusual occurrences are events that have or may have an adverse affect on health or safety and that involve program clients, guests, staff, and/or facilities within CBHS. Events are reviewed to assess the quality of patient care and - when issues are identified - to develop and implement appropriate corrective action. Some incidents may require a Critical Incident Review (CIR).

The reporting of negative outcomes to CBHS is required and may be in addition to reporting to State Licensing or other regulatory agencies. Reports are maintained as confidential and protected by Evidence Code 1157.6.

### **Purpose of Incident Reporting**

- To track and monitor trends from incidents occurring in our system of care.
- To problem solve when necessary.

### **Requirements and Procedures**

All CBHS funded programs are required to report and use the specified Quality of Care Reporting Form. It is submitted according to the directions on the age-specific QOC reporting form. Please see policy 1.04-4 for detailed guidelines and specific timeframes for reporting.

- Any incident can be reported, but we are primarily interested in <u>client-related</u> events.
- Regardless of the situations surrounding it, a client's death must be reported.
- All suicide attempts <u>must</u> be reported.
- Reports can be submitted for an incident at your own agency or for an incident at another agency.
- <u>All CBHS</u> providers must submit reports—no one is exempt.
- Any staff member may submit a report to CBHS administration. Staff members should feel free to report an incident and should not be subject to discrimination or any other penalty for having done so.
- This report, and any references to it, contain privileged and confidential information and should <u>not</u> be documented in the client's chart or in the staff member's personnel file.
- Please write clearly, limit abbreviations, use both sides, and fill in the client's full name and BIS#.
- Events must be described by stating the facts. The date, printed name, and signature of the reporter must be documented on the QOC report. Printed name and signature of the program director/ immediate supervisor are also required.

### **Procedures at Critical Incident Review (CIR) meetings**

- CBHS QM staff will review all reports and will determine if a CIR is needed. A CIR will be called for all suicides.
- CBHS providers involved in the incident will be asked to participate.
- The purpose of the CIR is to identify opportunities for quality improvement and not to place blame.
- Agency staff will have adequate time to be fully up-to-date on the client's chart before the CIR. A staff member (usually the client's primary clinician) should be prepared to discuss in-depth the various aspects of the client's care (including history and treatment course) and the circumstances of the incident.
- As with the report itself, the CIR is considered confidential and privileged. This means the details discussed cannot be subpoenaed to a court of law.
- After the CIR, CBHS QM staff will review the CIR and the client's chart.
- Further review may be needed. In most cases, a letter will be sent to the provider(s) detailing the findings and the suggestions for improvement. Once again, this information cannot be placed in a client's chart or staff member's personnel file.



# City and County of San Francisco Department of Public Health COMMUNITY BEHAVIORAL HEALTH SERVICES Adult and Older Adult Services

□ Update,
Close & File
☐ File in
Waiting for C.R.

### **Incident and Quality of Care Report**

Prir	nt Client's Full Name	BIS#									
Nar	mes of others involved in incident									_	
Dat	te of incidentLocation of incident	t									
Nar	me of Agency/Program where client has a care manager:(if applicable)		(PRINT,	, no In	nitials)						
Nar	me and Title of person reporting incident									-	
Nar	me of reporting agency(PRINT, n	no Initials)		-	Date	of rej	portir	1g	_	-	
	Incident resulted in a referral for medical attention. Incident resulted in a 5150.	} If either	of th	ese	, <u>de</u>	<u>scri</u>	<u>be o</u>	on l	<u>oack</u>	<u> </u>	
Th	en, please check <u>one</u> category that best describes the in	cident and <u>describ</u>	oe on l	oack	<u>(</u> .						
	Verbally or physically threatening behavior on part of a client (include Assault or physical altercation between clients Assault by a client on a staff member Damage to property as a result of client behavior Alleged homicide Other violent behavior	es Tarasoff)									
	Client Injury, Accident, or Acute Medical Problem  Alleged unprofessional/unethical conduct on the part of a p contact)	<b>provider</b> (i.e., inapprop	priate ve	erbal,	physi	ical, s	exual.	, soc	ial, bı	isines	SS
	Client's Suicide Attempt										
	ent Death  Unexpected - resulting from medical problems  Expected - resulting from medical problems (client had a know Result of complications of substance abuse  Accidental death/fatal injury  Suicide  Alleged homicide  Unknown cause  #S 102-AOA (12-2011)  Privileged and Confidential (cf. EC.)	C		5329	8)						

56

A copy of this report should not be included in the client's clinical/medical record

Cli	ent Name	BIS#										
Me	Client was allegedly add	ministered wrong medicine ministered wrong dose sue with the timeliness of obtaining o	r the a	admi	nistra	atio	on of a	clier	nt's n	nedic	ation	
All	eged Abuse, client was t Child abuse Elder abuse Dependent abuse	the perpetrator victim b	eithe	er								
_ _	AWOL Alleged Inappropriate Other Incident	Treatment, Delay in Treatment, D	ocum	ienta	tion,	, aı	nd/or l	Disch	narge	e		
Des	scription of incident, in	cluding all who have been called/co	ntact	ed (a	ittach	h if	more	roon	ı is n	eede	d):	
Pro	ogram's Own Follow-Up	o and/or Corrective Actions:										
-												
	□ We	are requesting a CBHS Critical	Inci	dent	Rev	vie	w (Cl	(R) (	of th	is in	cideı	nt.
Sig	nature of staff member co	ompleting this form:						P	hone	:		
Pro	gram Director Signature:						Date:					
	Pl	lease report incident by fax: 415-252-3001 (v CBHS, Quality Management Office, 1380	vhich i Howar	s secu d St.	red an 2 <sup>nd</sup> Flo	nd oor	protecto , San Fi	ed), O ancis	R by co 941	mail t 103.	0	
		(To be completed ONLY by CBHS	Adm	inist	ratior	n)	Attach	CBl	HS R	evie	w/Ac	tion
Prog	gram Manager Signature									-	Date:_	
Qua	lity Management Review and A	Action										
											□ R	eviewed and Filed
OM	signature								Date	:	_	
-	HS 102-AOA (12-2011)	Privileged and Confidential (cf. Ed	C § 11	57.6	WIC	§	§ 4070,	4071				

Privileged and Confidential (cf. EC  $\S$  1157.6 WIC  $~\S$   $\S$  4070, 4071, 5328) A copy of this report should  $\underline{not}$  be included in the client's clinical/medical record

### **Children QOC Form**

Please check one

### CITY AND COUNTY OF SAN FRANCISCO COMMUNITY BEHAVIORAL SERVICES- CHILD, YOUTH & FAMILY SYSTEM OF CARE QUALITY OF CARE REPORT

Privileged And Confidential Information

 $\pi$  Other Quality of Care Concern

This form is for the exclusive use of Quality Management (Evidence Code 1157.6, W& I Code 4070 and 4071)

 $\pi$  Quality of Care Occurrence (Requires

Report within 24-Hours)

1c	2b 3a		4b 5	8a 8b	1	0b 1	
1d	3b		6	9	1		
ent Name:				BIS#:			
dress:			DOB:	Sex:	Phone #:		
ENT	Date:	Location of ever	nt (program na	ame & address)	•		
scribe the Q	Quality of Care event in a	L detail including clie	ent or staff direc	ctly involved:			
rrective Ac	ctions Taken (recomme	endations and action	ons taken to pi	revent future occu	irrences:		
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						report:	
Printed	name, signatu	re, date, disc	cipline, titl			eport:	
Printed		re, date, disc	cipline, titl			eport:	

- Please fax report immediately to 415-252-3033 (which is secured and protected), and mail original Quality of Care Report to Miriam Damon, 1380 Howard St. 5<sup>th</sup> Floor, San Francisco 94103 by next business day.
- A copy of this report should not be included in the client's clinical/medical record.

# CITY AND COUNTY OF SAN FRANCISCO COMMUNITY BEHAVIORAL SERVICES- CHILD, YOUTH & FAMILY SYSTEM OF CARE QUALITY OF CARE REPORT Privileged And Confidential Information

### Quality Of Care Reporting Categories (Back side)

	Quality Of Care Reporting Categories
	Please use the following categories for reporting all Quality of Care reports. The following categories are considered a Quality of Care Occurrence and require a report within 24 hours: 1a, 1c, 2a,2b, 3a, 4a, 5, 6, 8a, 9, 10a, 11 and 12.
1a	Violent behavior, physical assaults <u>towards staff</u> , resulting in serious injury requiring emergency medical intervention.
1b	Violent behavior, physical assaults <u>towards</u> <u>staff</u> <u>not</u> resulting in serious injury that requires emergency medical intervention.
1c	Violent behavior, physical assaults <u>towards peer</u> , resulting in serious injury requiring emergency medical intervention.
1d	Violent behavior, physical assaults <u>towards peer not</u> resulting in serious injury that requires emergency medical intervention.
2a	Alleged physical act of sexual assault/sexual misconduct involving clients by staff.
2b	Alleged physical act of sexual assault/sexual misconduct involving clients by clients.
3a	Suicide attempt requiring emergency medical intervention.
3b	Suicide attempt not requiring emergency medical intervention.
4a	Medication issues (administration, prescribing or dispensing errors) which result in severe adverse drug reaction (toxicity, blood dyscrasia, seizure, falls) which may result in hospitalization, emergency care or transfer to medical unit.
4b	Medication issues (administration, prescribing or dispensing errors) which result in adverse drug reaction <u>not</u> requiring hospitalization, emergency care or transfer to medical unit
5	Acts constituting a violation of professional code of ethics or of any policy governing professional conduct adopted by CBHS.
6	Client death.
7	Mandatory reporting, includes select reporting to licensing or regulatory agencies.
8a	Physical damage to a facility caused by client that results in disruption of service, closure or injury requiring medical intervention.
8b	Physical damage to a facility caused by client that does <u>not</u> result in disruption of service, closure or injury requiring medical intervention.
9	Accidents on-site that result in serious injury requiring emergency medical intervention.
10a	AWOL - Clients absent without leave from 24-hour care settings and Day Treatment.
10b	Absenteeism or unexplained absences from Day Treatment.
11	Loss or theft of client records.
12	Needlestick.
13	Other.

# Policies and Procedures

### **Overview of Policies**

# All CBHS policies are available on the public DPH website at: http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp

What follows are a few highlighted policies.

### Staff ID and Service and Billing Privileges

### I. Verification and Certification:

Per the Office of Inspector General (OIG), California Department of Health Care Services (DHCS), and California Department of Mental Health (DMH), counties are mandated to verify and certify individuals and/or organizational providers including contractors in their system, **must** be checked against the OIG Exclusion List, the Medi-Cal List of Suspended or Ineligible Providers Lists, Licensing Boards, California Alcohol and Drug Programs (ADP) Certification/Registration lists, and the Excluded Parties List System prior to assigning Staff IDs for documentation and billing, including MAA billing. The Community Programs Compliance Office will be responsible for Verification and Certification. Verification will be done on a regular basis.

### II. Request for New Staff ID:

For new Staff ID request, please see attached Verification and Credentialing for Staff ID form. This form is divided into two separate parts. The first part is the Credentialing and Verification information that is needed. The second part is Attestation for Non-Licensed Staff.

### **Instructions for requesting a NEW Staff ID:**

- 1) The Credentialing and Verification for Staff ID form(s) need to be completed, and signed.
- 2) For unlicensed staff the Attestation for Non-Licensed Staff form needs to be completed and signed by the staff's supervisor or director.
- 3) If the employee needing a new staff ID will be seeing clients in a Substance Abuse program, a copy of the staff's certification or registration is needed. Expired Certification or expired registration in not accepted.
- 4) For new request, the attached User Confidentiality, Security and the Electronic Signature Agreement Form MUST accompany the Verification and Credentialing for Staff ID form
- 5) All the above MUST be faxed to the AVATAR Accounts Manager at (415) 252-3008 or (415) 255-3548.

### III. Instructions for Updating staff information (for those with existing Staff ID):

- 1) Check the appropriate box that need to be updated
- 2) Enter the employee's staff ID
- 3) If Substance Abuse Program, and updating information regarding certification or registration, a copy of the certification or registration must accompany the Credentialing and Verification for Staff ID form.
- 4) All the above MUST be faxed to the Community Programs Compliance Unit at (415) 252-3032.



Compliance/Provider Relations Unit 1380 Howard St., 2<sup>nd</sup> Floor San Francisco, CA 94103

### Credentialing and Verification for Staff ID

Legibly PRINT OR TYPE responses. Your request will not be processed without an NPI number, supporting documentation, and both staff and supervisor signatures. Please submit your request in two (2) weeks in advance. NO BILLING IS ALLOWED until verification and credentialing is finalized. NO RETROACIVE BILLING WILL BE ALLOWED.

□New □Update <b>Personal</b> Info □Update <b>Program</b> Info□Upda	ate License/Certificatio								
*ONLY for UPDATES: include your Staff ID: and fax with supporting documents to (415) 252-3032									
Personal Information									
Last: First: M	II: Suffix:(Sr., Jr.)								
DOB:/ Gender: Ethnicity:									
	you must provide a copy of certification/registration)								
Program Name: RU:	Street Address:								
City: State:	Zip Code: Agency Phone:								
Agency Fax:									
License/Certification Information									
Degree: License/Certification Type:	License #: State Issued:								
Expiration Date:/ DEA Number:	Medi-Cal PIN:								
MediCare PTAN:									
Taxonomy Code:									
Signatures and Contact Information									
Employee Signature:	Date:								
Employee Phone: Employee E-mail:									
Supervisor Signature: Dat	e: Supervisor								
Phone: Supervisor E-mail:									
Compliance and Provider Relations Unit Only	Staff ID #:								
Credentialing Requirements Verified by:									
Languages (other than English)* Conversational  1	Provide Services Certified Interpreter								

Submit completed form(s) and supporting document(s) to:

Behavioral Health Information Systems 1380 Howard Street San Francisco, CA 94103

ATTN: AVATAR Accounts Manager



### City and County of San Francisco Department of Public Health COMMUNITY PROGRAMS

Compliance/Provider Relations Unit 1380 Howard St., 2<sup>nd</sup> Floor San Francisco, CA 94103

### **Attestation for Non-Licensed Staff**

To be completed and signed by Supervisor and faxed to: Avatar Accounts Manager at 415-252-3008

Staff Name:			Program Name:
	RU:		Street Address:
	_ City:	State:	Zip Code:
Agency Phone:	Agency Fax:	-	
Supervisor Name:	Titl	le:	
☐ Graduate Student Trainee (i	ndividual participating in a field i	ntern/trainee placement while	enrolled in an accredited Masters in
Social Work (MSW) or Masters of Ar	t (MA)/Masters of Science (MS)	Counseling training program.	
I attest that	(student) is a Graduat	e Student Trainee from	, an
accredited higher education inst	itution, who began interning a	at our agency on/_	/ (date).
Mental Health Rehabilitation Sp	ecialist (MHRS)		I attest
that (	staff) meets the requirement	s for an MHRS because of c	one of the following situations.
			Master's Degree in a mental
health related field and two (2)	years experience in a mental	health setting. <b>OR</b> □Bache	lor's Degree in a mental health
			Degree in a mental health related
field and six (6) years experience			. <b>.</b>
☐ Mental Health Advocate and	d Other Staff not included in a	above categories	
I attest that	(staff) has graduated	from High School or posses	ss a GED. This staff person will
be under my supervision and I v	vill be responsible for oversig	ht of their work at the ager	ncy.
	(staff/student trainee) e) and that the staff/student	has begun employment/tra	aining/internship at the agency on red with a recognized certifying
Supervisor Signature:		Title:	Date:

\*Includes the following:

American Academy of Health Care Providers in the Addictive Disorders Association of Christian Alcohol & Drug Counselors Board for Certification of Addiction Specialists Breining Institute California Association for Alcohol and Drug Educators California Association of Drinking Driver Treatment Programs Center for Criminality Addictions Research, Training, and Application Indian Alcoholism Commission of California, Inc.

Mental Health Staffing Qualifications for Service and Billing Privileges

Mental Health Services	LPHA	Staff Registered	STUDENT	LVN/PT	MHRS
Withtai Health Selvices		with BBS	(Unlicensed)		Master 2yrs exp
		MFT Intern, ASW,	MA/MSW		BA 4yrs exp
		Psych. Intern*	Student/Trainee		AA 6yrs exp
Collateral	X	X	LPHA must co-sign	X	X
Assessment	X	X	LPHA must co-sign	Cannot establish diagnosis	Cannot establish diagnosis
Individual Therapy	X	X	LPHA must co-sign	No privilege	No privilege
Group Therapy	X	X	LPHA must co-sign	No privilege	No privilege
Group Session	X	X	LPHA must co-sign	X	X
Rehabilitation	X	X	LPHA must co-sign	X	X
Plan Development	X	X	LPHA must co-sign	LPHA must co-sign	LPHA must co-sign
TBS Direct Services	X	X	LPHA must co-sign	X	X
TBS Collateral	X	X	LPHA must co-sign	X	X
TBS Plan Development	X	X	LPHA must co-sign	LPHA must co-sign	LPHA must co-sign
Medication Support					
Group Meds – MD	MD	No privilege	MD must co-sign	No privilege	No privilege
Group Meds – RN, PA	RN, PA	No privilege	No privilege	No privilege	No privilege
Group Meds – Mixed	MD, RN, PA	No privilege	MD must co-sign	X	No privilege
Group Meds – LVN/PT	LVN, PT	No privilege	No privilege	X	No privilege
Med Support – MD	MD	No privilege	MD must co-sign	No privilege	No privilege
Med Support – RN, PA	RN, PA	No privilege	No privilege	No privilege	No privilege
Med Support – LVN/PT	LVN, PT	No privilege	No privilege	X	No privilege
Case Management / Brokerage					
Case Management	X	X	LPHA must co-sign	X	X
Crisis Intervention					
Crisis Intervention	X	X	LPHA must co-sign	X	X
Day Treatment					
Intensive Half Day	X	X	LPHA must co-sign	Daily Note-No co-sign Weekly Note- LPHA must co-sign	Daily Note-No co-sign Weekly Note – LPHA must co-sign
Intensive Full Day	X	X	LPHA must co-sign	Daily Note- No co-sign Weekly Note- LPHA must co-sign	Daily Note- No co-sign Weekly Note - LPHA must co-sign
Rehabilitation Half Day	X	X	LPHA must co-sign	X	X
Rehabilitation Full Day	X	X	LPHA must co-sign	X	X
Miscellaneous Services			, and the second		
Cancellation	X	X	X	X	X
No Show	X	X	X	X	X
Community Client Contact	X	X	X	X	X

X No restrictions

<sup>\*</sup> California Psych Interns must receive a waiver from DMH, which is granted for up to 5 yrs. Out-of-State Interns must receive a waiver from DMH or respective board, which can be granted for up to 3 yrs.

### Substance Abuse Staff Professional Requirements and Service and Billing Privileges

	Licensed	Certified	Registered	Non-Licensed Non-Certified Non-Registered
Licensing/Educational Requirements	Must renew license per Board Requirements	Renew two (2) years from date of certification	Must become certified as an AOD counselor within five (5) years from date of registering into one of the certifying organizations currently approved by ADP	Within six (6) months of date of hire, non-licensed, non-certified, and/or non-registered staff must register into one of the certifying organizations currently approved by ADP
Documents necessary in	NPI#	NPI #	NPI#	NPI#
order to apply for Staff I.D.	Professional License # or DEA# (for MD's)	Copy of Current Certification	Copy of Current Registration (If an extension has been granted by the certifying organization, also submit a copy of the extension letter)	Attestation letter stating that the staff will be registered into one of the certifying organizations currently approved by ADP within 6 months of date of hire.
DRUG MediCal			For ALL DRUG MediCal Programs	
Documentation Requirements		All Treatme	by an MD	
Non Drug MediCal Documentation Requirements	Assessments and Treatment Plans DO NOT require co- signature	Assessments and Treatment Plans DO NOT require co- signature	Assessments and Treatment Plans must be signed by Licensed or Certified Staff	Assessments and Treatment Plans must be signed by Licensed or Certified Staff

As of September 30, 2007, the following organizations are approved by the California Department of Alcohol and Drug Programs to register and certify AOD counselors:

- (1) The Breining Institute,
- (2) The California Association of Addiction Recovery Resources (CAARR),
- (3) The California Association for Alcohol/ Drug Educators (CAADE),
- (4) The California Association of Alcoholism and Drug Abuse Counselors (CAADAC),
- (5) The California Association of Drinking Driver Treatment Programs (CADDTP),
- (6) The Forensic Addictions Corrections Treatment (FACT),
- (7) The Indian Alcoholism Commission of California, Inc.,
- (8) The Association of Christian Alcohol & Drug Counselors, or
- (9) The California Certification Board of Chemical Dependency Counselors (CCBCDC)

### February 2010

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY ARNOLD SCHWARZENEGGER, Governor

### DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET SACRAMENTO, CA 95811-4037 TDD (916) 445-1942 (916) 324-2470

January 28, 2010

TO: County Alcohol & Drug Program Administrators and Alcohol and Other Drug (AOD) Treatment Providers

SUBJECT: Requirement for Certification for Individuals Providing Counseling Services in AOD Programs Licensed and/or Certified by the Department of Alcohol and Drug Programs (ADP)

The purpose of this notice is to remind all AOD Programs Licensed and/or Certified by ADP of the April 1, 2010 effective date for counselor staffing requirements.

Section 13010, Title 9, Division 4, Chapter 8, Subchapter 2, California Code of Regulations requires that:

By April 1, 2010, at least thirty percent (30%) of staff providing counseling services in all AOD Programs Licensed and/or Certified by ADP shall be licensed or certified pursuant to the requirements of this Chapter. All other counseling staff shall be registered pursuant to Section 13035(f).

- ◆ Licensed professionals may include: LCSW, MFT, Licensed Psychologist, Physician, or registered Intern, as specified in Section 13015.
- ◆ All non-licensed and non-certified individuals providing counseling in an AOD program licensed and/or certified by ADP shall be registered to obtain certification as an AOD counselor with one of the certifying organizations currently approved by ADP.
- ◆ Registrants shall complete certification as an AOD counselor within five (5) years of the date of registration. An individual who has not completed certification within the five year time period may not be an AOD counselor at any AOD program licensed and/or certified by ADP.
- ◆ Effective April 1, 2010, any AOD program licensed and/or certified by ADP that allows less than 30% licensed professionals and/or certified counselors will be cited by ADP for non-compliance with Section 13010.
- ◆ An AOD program licensed and/or certified by ADP that allows an individual to provide services as an AOD counselor that is not a licensed professional, certified AOD counselor or has exceeded the five-year time limit as a registrant is out of compliance and will receive a deficiency citation from ADP.

If you have any questions regarding this matter, please contact the Counselor Certification Unit, Program Compliance Branch, Licensing and Certification Division, at (916) 324-2470.

### DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET SACRAMENTO, CA 95811-4037 TDD (916) 445-1942

> Licensing and Certification Division COUNSELOR CERTIFICATION Frequently Asked Questions (FAQs)

California Code of Regulations, Title 9, Division 4, Chapter 8, Subchapter 2. Requirement for Certification for Individuals Providing Counseling Services in Alcohol and Other Drug (AOD) Programs Licensed and/or Certified by the Department of Alcohol and Drug Programs (ADP).

- Q. Who must register to become certified with a counselor certifying organization?
- A. All non-licensed, non-certified individuals providing counseling services in an AOD program licensed and/or certified by ADP must be registered to obtain certification as an AOD counselor by one of the certifying organizations specified in this regulation. Counselor certification regulations will apply to all individuals providing counseling services in an AOD program licensed and/or certified by ADP.
- Q. What if I am licensed by the Department of Consumer Affairs?
- A. Licensed professionals, including licensed physicians, psychologists, clinical social workers, marriage and family therapists, or registered interns are not required to obtain certification.
- Q. If I am certified by one of the certifying organizations listed in the regulations, does this mean I am certified?
- A. Nine of the ten certifying organizations listed in Section 13035(a) are currently approved by the department to certify individuals. If you are certified by one of the nine certifying organizations you are considered a certified counselor in California.
- Q. How long do non-certified individuals have to register with a certifying organization?
- A. All non-licensed, non-certified individuals providing counseling services in an ADP licensed and/or certified AOD program must be registered with one of the nine certifying organizations within six (6) months from date of hire.
- O. How long will registrants have to complete the certification requirements?

A. Registrants have five (5) years from the date of registration to complete the certification requirements.

# Q. What if I am a registrant and do not become certified within five years of the date of my registration?

A. An individual that has not completed certification within the five-year time period may not continue to be an AOD counselor at that program or any other program licensed and/or certified by ADP.

# Q. What if a registrant has exceeded the five year limit and is continuing to provide AOD counseling as an employee or volunteer in an AOD program licensed and/or certified by the department?

A. Any AOD program licensed or certified by the department that provides counseling by any registrant who has exceeded the five-year requirement to become certified will be subject to citation by ADP.

### Q. What are the requirements to become certified as an AOD counselor?

A. Requirements for certification vary by certifying organization. All certifying organizations must meet the minimum requirements of ADP:

complete a minimum of 155 hours of specified education;

complete a minimum of 160 hours of supervised AOD training;

complete 2,080 documented hours of paid or unpaid work experience providing counseling services in an AOD program;

pass a written or oral examination (with a score of 70% or better);

sign a statement documenting whether his/her prior certification as an AOD counselor has ever been revoked; and

sign an agreement to abide by the certifying organization's code of conduct.

### Q. Who will investigate complaints against counselors?

A. ADP will investigate all complaints.

### Q. How long will my certificate be valid?

A. Certificates will be valid for two years, at which time it shall be required to be renewed.

### Q. What are the requirements for renewal?

A. Each counselor must complete 40 hours of continuing education every two years as specified in Section 13055(c). Counselor certification regulations will apply to all individuals providing counseling services in

an alcohol and other drug (AOD) program licensed or certified by ADP.

#### **DPH Harm Reduction Policy**

<b>Policy Number</b>	101
Policy Title	Harm Reduction Policy
Effective Date	June 2003
Authors	Harm Reduction Policy Committee Members
Sections Affected	All Department of Public Health providers, including contractors, who deliver substance abuse, mental health, STD, and HIV/AIDS treatment and prevention services, and/or who serve drug and alcohol users in their programs.
Purpose of Policy	To promote healthy behavior and decrease the short and long term adverse consequences of risk practices, even for those who continue unsafe practices.
Definition	Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Harm reduction methods and treatment goals are free of judgment or blame and directly involve the client in setting their own goals.

Guiding Principles Clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination. Service providers are responsible to the wider community for delivering interventions which attempt to reduce the economic, social and physical consequences of drug and alcohol related harm and harms associated with other behaviors or practices that put individuals at risk. Because those engaged in unsafe health practices are often difficult to reach through traditional service venues, the service continuum must seek creative opportunities and develop new strategies to engage, motivate, and intervene with potential clients. Comprehensive treatments need to include strategies that reduce harm for those clients who are unable or unwilling to modify their unsafe behavior. Relapse or periods of return to unsafe health practices should not be equated with or conceptualized as "failure of treatment". Each program within a system of comprehensive services can be strengthened by working collaboratively with other programs in the system. People change in incremental ways and must be offered a range of treatment outcomes in a continuum of care from reducing unsafe practices to abstaining from dangerous behavior.

101.01 Service Provision			
Policy	Procedure		
Services shall be consistent with the harm reduction philosophy.	Provider language shall not reflect bias toward personal behaviors, experiences, ethnicity, sexual orientation, or personal choices. Service goals shall be determined through collaboration between the client, the staff, and the program, establishing realistic measurements of success. Success shall be measured comprehensively to include incremental improvement in housing, physical and mental health, finance, employment and family and social support system. Providers shall include strategies that reduce the harm for those clients who are unwilling or unable to stop unsafe health practices.		

101.02 Access to Services			
Policy	Procedure		
Access to services shall not be denied to clients who are unable or unwilling to abstain from unsafe practices.	Providers shall not deny services to individuals for exhibiting behaviors for which they seek help, in accordance with the DPH Dual Diagnosis Policy.		
Prior to discharge, providers shall make a reasonable attempt to find additional or alternative treatment, recognizing that it is in part their responsibility.	Providers shall recognize relapse, or a return to unsafe practices as part of the recovery process, not as a "failure of treatment". Providers shall expand service options within existing programs, through collaboration with other service agencies, or by creating new services to address specific needs. Providers shall make a reasonable attempt, within the context of their programs, to follow-up with clients who demonstrate an inability or unwillingness to participate in treatment.		
Clients shall not be denied access to, restricted from participation in, or terminated from services on the basis of their use of prescribed medication.	Programs shall broaden their treatment philosophies in order to provide quality, comprehensive care. Programs will permit access for clients on prescribed medications and coordinate care with other health care service providers.		



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#### TITLE: HIPAA COMPLIANCE: PRIVACY POLICY

#### **PURPOSE**

The purpose of this policy is to provide guidance to providers and other DPH employees by setting forth the basic requirements for protecting the confidentiality of medical information as required by the Privacy Rule.

#### STATEMENT OF POLICY

It is the policy of the San Francisco Department of Public Health ("DPH") to comply with the Privacy Rule set forth in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Each division and unit shall ensure that its policies and procedures are consistent with this department-wide policy and procedure.

#### SCOPE

This policy pertains to all individuals in the DPH who have access to, use, or disclose protected health information, regardless of DPH division or unit. The policy is administered by the DPH Compliance Office through the activities of the DPH Privacy Officer. It is intended to serve as a foundation for privacy practices of the DPH. Divisions or units may impose privacy safeguards in addition to those required by this policy and procedure.

#### **BACKGROUND**

The federal Health Insurance Portability and Accountability Act of 1996 established through its Administrative Simplification regulations to assure privacy for individuals receiving health care services in the United States. The Privacy Rule, as it may also be called, establishes a national standard for the minimum level of protection for medical information. The intent of the statute and the regulatory rule is to expand consumer control over their medical information.

The Privacy Rule introduces the term "Protected Health Information", or "PHI". PHI covers information relating to an individual's health, the care received and/or payment for services, including demographic data. It includes all information in any media related to the individual's health care that can be individually identified as belonging to a particular person.

The basic tenet of the Privacy Rule is that providers may use and disclose PHI without the individual's authorization only for treatment, payment and health care operations, as well as certain public interest related purposes such as public health reporting. Other uses and disclosures of PHI generally require the written authorization of the individual.

The Privacy Rule also introduces the concept of "minimum necessary". This requirement mandates that when using or disclosing PHI, or when requesting PHI from external providers or entities, providers will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose. The Privacy Rule does recognize that providers may need to use all of an individual's health information in the provision of patient care. However, access to PHI by the workforce must be limited based on job scope and the need for the information.



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The Privacy Rule also includes a set of rights for consumers of health care services. These include the right to obtain a written notice explaining how DPH will use and disclose their information, to access their health information (including requesting copies, requesting amendments, and receiving an accounting of specified disclosures), to request that certain information be restricted from use or disclosure for purposes of treatment, payment and health care operations (this request need not be granted if it is unreasonable or overly burdensome), to request that information be communicated in particular ways to ensure confidentiality, and to refuse to authorize the release of information for most purposes not related to treatment, payment or health care operations.

This policy provides an overview of the requirements of the Privacy Rule. There are more detailed policies on certain issues discussed herein such as authorization for the use and disclosure of PHI, notice of DPH privacy practices, and patient rights. There is also a separate policy addressing the requirements the Privacy Rule places on research.

Another section of HIPAA contains a proposed "Security Rule". This proposed Security Rule focuses on ensuring that electronic health information that pertains to an individual remains secure. DPH will develop and/or update other policies to address security issues. These policies will address, among other issues, the maintenance and/or exchange of medical information via e-mail, fax, hand-held devices, and non-DPH personal computers and networks.

#### **COMPARISON WITH EXISTING STATE LAWS**

California also has a privacy statute known as the California Confidentiality of Medical Information Act. Further, other federal and state statutes provide additional protection for certain medical, mental health, and substance abuse information. DPH must comply with both the federal Privacy Rule and existing state laws. In situations where laws conflict or overlap, DPH must comply with the law that provides the patient with the greater protection or that restricts DPH procedures more. Determining which law applies can be complex; any questions should be referred to the DPH Privacy Officer.

#### **PROCEDURE**

#### I. Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations

- A. DPH providers, DPH staff, and DPH contract providers may use PHI for treatment, payment and health care operations. Use of information applies to internal sharing or utilization of PHI. Disclosure applies to the release of PHI to non-DPH providers or entities and is restricted as discussed in this policy.
- B. Treatment, payment and health care operations are defined as follows:
  - 1. **Treatment** means providing, coordinating or managing a patient's care, including patient education and training, consultations between providers and referrals.
  - 2. **Payment** means activities related to being paid for services rendered. These activities include eligibility determinations, billing, claims management, utilization review and debt collection.
  - 3. **Health care operations** means a broad range of activities such as quality assessment, student training, contracting for health care services, medical review, legal services, auditing functions, business planning and development, licensing and accreditation, business management and general administrative activities.



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C. Divisions and units within DPH may identify higher standards regarding when an individual's signed release or other safeguards for the disclosure of PHI are required. Proposed higher standards must be reviewed and approved by the DPH Compliance Office.

#### II. Minimum Necessary Uses and Disclosures

- A. When using or disclosing PHI, or when requesting PHI from a non-DPH provider or entity, DPH providers and staff shall make reasonable efforts to limit the PHI requested, used, or disclosed to the minimum necessary to accomplish the patient's care.
- B. DPH shall identify those in its workforce who need access to PHI and limit access based on job scope and the need for the information.
- C. The *minimum necessary* requirement does not apply to the following:
  - 1. Disclosures to, or requests by, a DPH health care provider for treatment purposes;
  - 2. Uses or disclosures made to the individual treated, as permitted or required by law;
  - 3. Uses or disclosures made pursuant to the individual's authorization;
  - 4. Disclosures made to the Secretary of DHHS pursuant to an investigation or compliance review; and
  - 5. Other uses or disclosures that are required by law, made pursuant to a subpoena or court order, or for workers' compensation purposes.

# III. Special Requirements for Mental Health and Developmental Disability Information, Substance Abuse Information, Sexually Transmitted Disease Information, and Health Information of Minors

#### A. Mental Health Information

- 1. Although the federal privacy rule largely does not make a distinction between medical and mental health information, California state law does provide special protections for mental health information. Mental health information may be shared among DPH providers and contractors for the purposes of treatment. All other uses and disclosures require the specific authorization of the patient to disclose mental health information.
- 2. Mental health information includes psychotherapy notes, medication prescription and monitoring, counseling session start and stop times, modalities/frequencies of treatment, results of clinical tests, or summaries of diagnosis, functional status, treatment plans, symptoms, prognosis, or progress recorded by mental health professionals.
- 3. Generally, disclosures of mental health information require the specific authorization from the patient for release. The state law that addresses the confidentiality of mental health information is the California Welfare and Institutions Code Section 5328 et seq., known as the Lanterman-Petris-Short Act ("LPS Act"). Questions regarding the use or disclosure of mental health information should be referred to the DPH Privacy Officer.



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#### **B. Substance Abuse Information**

- 1. Although the federal Privacy Rule does not make a distinction between medical and substance abuse information, other federal statutes and California state laws do provide statutory restrictions for the release of information developed or obtained in the course of providing substance abuse treatment in federally funded substance abuse programs. Substance abuse treatment provided in the course of general medical treatment is not subject to these provisions. Therefore, substance abuse information may be shared among DPH providers and to its contracted providers without authorization of the patient for patient care purposes. For example, substance abuse treatment information may be shared from the General Medical Clinic to Castro-Mission Health Center or to a substance abuse provider contracted by Community Programs. However, the contracted substance abuse provider must obtain the patient's authorization to share information back to the General Medical Clinic or Castro-Mission Health Center. All other uses and disclosures require specific substance abuse authorization from the patient.
- 2. Information pertaining to substance abuse patients is subject to special protection under federal statute 42 U.S.C. Section 290dd-2 and under federal regulations found in the "Confidentiality of Alcohol and Drug Abuse Patient Records," 42 C.F.R. part 2. Additionally, California Health and Safety Code Section 11977 provides special protections to information of certain drug abuse programs. The LPS Act may also apply if the patient receives services such as involuntary evaluation and treatment because the patient is gravely disabled or dangerous to self or others as a result of abuse of alcohol, narcotics or other dangerous drugs.
- 3. These federal and state statutes require written authorization for disclosure of substance abuse information in certain circumstances and other special protections for substance abuse information. In these situations, the state law must be followed. Questions regarding the use or disclosure of substance abuse information should be referred to the DPH Privacy Officer.

#### C. Sexually Transmitted Diseases and HIV/AIDS Information

Per state law HIV test results can not be disclosed without specific, written authorization from the patient except for purposes of diagnosis, care, or treatment of the patient by DPH providers.

Per DPH policy, PHI from City Clinic (Municipal STD Clinic) and Community Health Epidemiology unit is only disclosed upon the specific authorization of the patient when not used for communicable disease monitoring and reporting purposes.

#### D. Minors

Use and disclosure of protected health information associated with the care of minors should be administered using the same principles as consent for treatment. If the minor can consent for services per federal or state statute or DPH policy, then the minor controls his or her privacy rights.

Generally, a parent or assigned guardian controls a minor's privacy rights. However, there are a number of exceptions that apply in which a minor holds the right to consent and therefore controls all consequent privacy rights. These exceptions include the following:



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- 1. Emancipated minors are those 14 years of age and older who have been emancipated by court order, are serving in the active U.S. military, or are married or have been married.
- 2. Self-sufficient minors are those youth 15 years of age or older living on their own, and managing their own financial affairs.
- 3. Minors 12 years of age or older receiving certain 'sensitive services' regarding reproductive health, mental health, substance abuse, pregnancy, reportable diseases, rape, or sexual assault.
- 4. Minors 12 years of age or older who per DPH minor consent policy request and consent to a medical or behavioral health assessment without parental consent (see DPH policy and procedure 'Consent for Dependent Minors').

Please note that the attending professional should clearly document that the above criteria have been met if services are provided pursuant to these provisions of the law or DPH policy. See Community Behavioral Health Services policy and procedure 'Consent for Voluntary Health Services: Minors' and DPH policy and procedure 'Consent for Dependent Minors, Ages 12-17: Urgent, Primary Care and Behavioral Health Services.'

# IV. Disclosures to Family, Other Relatives, Close Personal Friends, and Personal Representatives

- A. DPH providers may disclose PHI to an individual's family members or other relatives, close personal friends, or any other person identified by the individual:
  - 1. upon the individual's oral agreement;
  - 2. if there is no objection when the individual is provided with an opportunity to object.
  - Note that minor consent rules apply if treatment is provided as described in section III D above. If oral agreement is obtained or no objection is raised, this must be recorded in the patient's medical record.
- B. Such disclosures shall be limited to information directly relevant to that person's involvement with the individual's care or payment for that care.
- C. If the individual is not present (e.g., the provider is in an outpatient setting) or is incapacitated, the provider may disclose information to family members, relatives, or close personal friends if the provider believes and can substantiate disclosure is in the best interest of the individual
- D. Generally, no information may be disclosed to a family member, relative, or close personal friend regarding mental health, substance abuse, or sexually transmitted disease, or HIV/AIDS services, or a developmental disability without the individual's specific authorization. This applies also to minors consenting to treatment under minor consent rules discussed in section III D above.
- E. DPH providers shall disclose information to an individual's personal representative (i.e. those granted legal authority to make health care decisions on behalf of another) in the same manner as they would for the individual.

# V. Permitted Disclosures for Public Interest Related Purposes (See separate DPH Policy "Authorization for Use and Disclosure of Protected Health Information".)

A. DPH providers and staff may disclose PHI without authorization for a variety of public interest related purposes including the following:

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- 1. Public health activities that involve safety or communicable disease;
- 2. To report victims of abuse, neglect, or domestic violence;
- 3. Judicial and administrative proceedings;
- 4. Law enforcement purposes;
- 5. Organ and tissue donations;
- 6. National security and intelligence activities;
- 7. Workers' compensation; and
- 8. Requests related to decedents.
- B. Limitations regarding minimum necessary use, mental health and substance abuse information may apply to these public interest related disclosures.

#### VI. De-Identified Information (See separate DPH policy 'Research and Use of PHI')

- A. De-identified information may be used or disclosed as long as no means of re-identification is disclosed.
- B. In order to meet the definition of "de-identified" under the federal HIPAA Privacy Rule, all of the following specified identifiers must be removed: names, geographic designations smaller than a state (except for the initial three digits of zip codes if the first three digits cover an area having more than 20,000 people), dates (other than years), ages over 89 (although all persons over 89 may be aggregated into a single category), telephone and fax numbers, e-mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate and license numbers, vehicle identification numbers, device identifiers and serial numbers, URLs and IP addresses, biometric identifiers, identifiable photographs and any other unique identifiers.
- C. DPH providers and staff may disclose PHI to a business associate for the purpose of deidentifying such information. Business associate relationship exists when an individual or non-DPH entity, acting on behalf of the DPH, assists in the performance of a function or activity involving the use or disclosure of PHI. In order to have access to PHI, however, the business associate must have been formally recognized by DPH administration as such.
- D. If all of the required identifiers are not removed, information can still be treated as de-identified if a qualified statistician determines that the risk of re-identification is very small. This analysis must be documented.

# VII. Authorization for Use and Disclosure (See separate DPH Policy "Authorization for Use and Disclosure of Protected Health Information.")

- A. DPH shall obtain an individual's authorization prior to the use or disclosure of PHI for reasons other than DPH treatment, payment or health care operations or for purposes required by law.
- B. Common situations in which an individual's written authorization is required include disclosures to a life insurance company or an employer.
- C. Because it is focused on a particular use or disclosure, an authorization must be specific with regard to the information to be disclosed, who may disclose it, and who may receive it. It must also be time limited.
- D. Individuals may revoke their authorizations at any time if they do so in writing.
- E. DPH shall document and retain all authorizations for a minimum of seven years.
- F. Individuals have a right to a copy of authorizations signed at the request of DPH or one of its providers.

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- G. DPH shall not deny treatment based on the refusal of an individual to authorize the use or disclosure of his/her PHI.
- H. Oral authorizations are permissible in the following circumstances:
  - 1. For an inpatient facility directory;
  - 2. For disclosure of information to family members, relatives and close personal friends;
  - 3. To notify a family member, personal representative or other person responsible for the care of an individual about the individual's location, general condition or death (if the patient has the capacity to make decisions, DPH shall obtain the individual's authorization or provide the individual with an opportunity to object); and
  - 4. To assist in disaster relief efforts.

# VIII. Notice of Privacy Practices (See Appendix A-1 "Summary DPH Notice of HIPAA Privacy Practices" and Appendix A-2 "Notice of Privacy Practices" and Summary)

- A. DPH shall describe, in plain language and in translation as required by the threshold languages list of the state of California, its privacy practices, including an individual's rights related to his or her PHI.
- B. This "Notice of Privacy Practices" shall be posted in prominent places in DPH care facilities and on the DPH web site.
- C. DPH will provide the notice to each of its patients (or their agents) upon their first encounter for health care services.
- D. DPH shall make a good faith effort to obtain a written acknowledgement from each individual who receives health care services that he/she received a copy of the Notice of Privacy Practices.
- E. Jail Health Services is exempted by the Privacy Rule from requirements to provide the "Notice of Privacy Practices."

# IX. Patient Rights Regarding PHI (See DPH policy "Patient Rights Regarding Protected Health Information.")

- A. DPH shall provide patients with certain rights pertaining to their PHI. These rights are as follows:
  - 1. The right to obtain a written notice explaining how DPH will use and disclose their information;
  - 2. The right to access their medical information (this includes seeing their records, requesting copies, requesting amendments to their records, and getting an accounting of specified disclosures),
  - The right to request that certain information be restricted from use or disclosure for purposes
    of treatment, payment, and health care operations (DPH may not grant this request if it is
    deemed unreasonable or overly burdensome);
  - 4. The right to request that information be communicated in particular ways to ensure confidentiality; and
  - 5. The right to refuse to authorize the release of PHI for purposes not related to treatment, payment or health care operations or those required by law.

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# X. Administrative and Operational Measures (See DPH policy "HIPAA Administrative Requirements.")

- A. DPH shall implement administrative and operational measures to ensure compliance with the Privacy Rule as follows:
  - 1. Develop policies, procedures and systems to protect patient privacy;
  - 2. Train staff on these procedures;
  - 3. Appoint a Privacy Officer to make sure privacy procedures are developed, adopted, and followed:
  - 4. Secure records that contain PHI and implement reasonable safeguards to limit access to PHI to those DPH employees whose jobs require such access.
  - 5. Account for specified disclosures of PHI;
  - 6. Establish a complaint mechanism for privacy concerns; and
  - 7. Establish and enforce a system of sanctions for employees who violate privacy policies and procedures.

#### XI. Enforcement (See DPH policy "HIPAA Administrative Requirements.")

- A. Each DPH employee is responsible for understanding and complying with this policy and the Privacy Rule. It is the responsibility of DPH managers and supervisors that appropriate privacy training is provided to all employees on an ongoing basis and that employees reporting to them are complying with DPH privacy policies.
- B. Any DPH employee who knows of, suspects, or has a question regarding a possible violation of the Privacy Rule may contact the DPH Privacy Officer. No employee shall be retaliated against for reporting a possible violation. If the employee wishes to remain anonymous, that employee may call the DPH Compliance Hotline.
- C. DPH employees who violate the Privacy Rule shall be disciplined through the civil service process and in accordance with the applicable Memorandum of Understanding. Discipline may involve actions up to and including termination of employment.
- D. The federal Office for Civil Rights ("OCR") of the Department of Health and Human Services will enforce the Privacy Rule on behalf of the federal government. DPH employees, patients, and clients may file a complaint with the OCR and are not required to use the DPH complaint process.
- E. There are both civil monetary penalties and criminal sanctions for violations of the Privacy Rule.
- F. If a DPH provider or other employee is found to have violated any of the privacy standards, he/she may be penalized up to \$100 for each violation. If a DPH provider or other employee is found to have repeatedly violated the exact same requirement or prohibition, the government cannot impose a fine of more than \$25,000 in a single year. Additional fines may be imposed pursuant to state law.
- G. Criminal sanctions, including larger fines and imprisonment, may be imposed for knowingly disclosing or obtaining PHI in violation of the Privacy Rule.



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## TITLE: HIPAA COMPLIANCE: AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

#### **POLICY**

It is the policy of the San Francisco Department of Public Health (DPH) to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all other applicable state and federal confidentiality laws by obtaining authorization before using or disclosing protected health information (PHI), unless the use or disclosure is specifically permitted or required by law.

#### **PURPOSE**

To comply with the HIPAA Privacy Rule, as well as relevant state and federal laws controlling the release of PHI, by establishing a process to obtain proper authorization for the use or disclosure of PHI when necessary and appropriate.

#### **SCOPE**

This policy pertains to all individuals who have access to, use, or disclose Department of Public Health PHI. DPH divisions or units may enforce stricter authorization requirements for the use or disclosure of PHI than those set forth in this policy.

#### **DEFINITIONS**

**Protected Health Information (PHI):** Individually identifiable health information maintained or transmitted in any medium.

**Use:** The sharing, employment, application, utilization, examination, or analysis of protected health information within DPH, its affiliates, or its contract providers.

**Disclosure:** The release, transfer, provision of access to, or divulging in any other manner of protected health information.

**Authorization:** The formal consent document releasing PHI from the records of an entity covered by the privacy provisions of HIPAA.

#### **PROCEDURE**

#### I. MINIMUM NECESSARY RULE

- A. General Rule: When disclosing PHI, or when requesting PHI from another covered entity, providers must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.
- B. Exceptions
  - 1. Disclosures for, or uses related to, treatment (see Attachment A DPH Privacy Policy Matrix Sharing Protected Health Information for Treatment Purposes);



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- 2. Disclosures to the patient or patient representative pursuant to patient access rights:
- 3. Uses or disclosures made pursuant to a valid HIPAA authorization which describes the PHI to be disclosed:
- 4. Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to an investigation or compliance review; and
- 5. Other uses or disclosures that are required by law and that commonly prescribe what information must be disclosed (e.g., pursuant to a subpoena or court order, reporting child abuse or any other use or disclosure of PHI that is required by law).

#### **II. ADMINISTRATION OF AUTHORIZATIONS**

- A. An authorization is required in the following situations (see Attachment A DPH Privacy Policy Matrix – Sharing Protected Health Information for Treatment Purposes):
  - 1. Per the HIPAA Privacy Rule for use of PHI by DPH, its providers, its affiliates and its contract providers for purposes not related to treatment, payment or health care operations.
  - 2. Per 42 CFR Part 2, for the disclosure of information pertaining to an individual's treatment in a substance abuse program, except in a medical emergency.
  - 3. Per DPH Policy, for the disclosure of information pertaining to sexually transmitted disease treatment from the DPH City Clinic (Municipal STD Clinic) or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.
  - 4. Per CCSF Local Share Mandate established with the California Office of AIDS, for the disclosure of information pertaining to an individual's treatment in a CCSF HIV Health Service program outside that network of providers.

#### **B. Valid Authorization Forms**

- 1. When authorization is required, all DPH divisions/units and providers shall obtain patient/client/resident authorization using the standard DPH Authorization to Release Protected Health Information form.
- 2. Due to strict HIPAA requirements for an authorization form to be valid (see Attachment B), any DPH provider that plans to develop a different authorization form must have that form approved by a DPH Privacy Officer.
- 3. Authorizations for use or disclosure of PHI received from other persons, providers, or agencies requesting information from DPH must contain all of the HIPAA-required elements. Inadequate authorizations should be returned to the sender.
- 4. All researchers who request permission to conduct a study with human subjects in the DPH must include with the request a DPH standard authorization for the use of the PHI generated from the study. This standard authorization must contain all elements required by HIPAA. Refer to DPH Privacy Policy "Conduct of Research" for more information.

#### C. Invalid Authorizations

An authorization is not valid if:

1. The expiration date has passed or the expiration event is known by DPH to have occurred;



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- 2. The authorization has not been filled out completely;
- 3. The authorization is known by DPH to have been revoked;
- 4. Material information in the authorization is known by the DPH to be false;
- 5. The authorization was improperly combined with another document; or
- 6. The authorization is not in 14-point font type.

#### **D. Documenting Authorizations**

- 1. All authorizations for use and disclosure of DPH PHI should be filed in the correspondence section of the medical record of the individual concerned.
- 2. A copy of the completed authorization form should be offered to the patient/resident/client.

#### **E. Compound Authorizations**

- 1. General Rule: DPH authorizations may not be combined with any other document to create a "compound authorization."
- 2. Exception: An authorization for the disclosure of DPH PHI generated by research may be combined with the required informed consent for participation in the research.

## F. Making Treatment, Payment, Enrollment, or Eligibility Conditional Upon an Authorization

- 1. General Rule
  - a. DPH shall not make treatment, payment, enrollment in a health plan or eligibility for benefits conditional upon the patient, resident or client's execution of an authorization.

#### 2. Exceptions

- a. For treatment as part of research in which the individual will participate as a human subject.
- b. When the purpose is to create DPH PHI to disclose to a third party (e.g., preenrollment physicals).
- c. When the program is designed for a specific population whose participation is conditional upon authorization (e.g., Behavioral Health Court).
- d. A DPH-sponsored or DPH-affiliated health plan may make enrollment or eligibility for benefits conditional upon authorization, provided that the authorization (i) is obtained prior to enrollment and (ii) relates specifically to the individual or to underwriting or risk-rating determinations.

#### **III. ORAL AGREEMENTS**

DPH may rely upon an individual's oral approval to disclose, restrict or prohibit the use of PHI under the following circumstances:

- A. For an inpatient or resident facility directory;
- B. For involvement in the individual's care by next-of-kin, family members, domestic partners and/or close personal friends; and
- C. To notify a family member, personal representative or other person responsible for the care of the individual about the individual's location, general condition or death.

#### V. MINORS

Parent or Legal Guardian must authorize uses or disclosures of a Minor's PHI, unless Minor is:

A. Emancipated (Married, Active Military Service, By Court Order); or



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- B. Self-Sufficient (age 15 or older, living separate and apart from parents, managing own finances) if relative to General Medical and Dental Care; or
- C. By law, is allowed to give own consent to "Sensitive Services." Criteria for that includes:
  - 1. Any Age Minor: Care related to the prevention or treatment of pregnancy, sexual assault
  - 2. Minor age 12 and older: Outpatient mental health (if "at risk" criteria are met), outpatient drug and alcohol, treatment of infectious, contagious or communicable reportable disease or sexually transmitted disease. HIV testing and treatment.

#### VI. DECEASED CLIENTS/PATIENT

For deceased clients/patients, the patient representative (next of kin or executor of estate) has the rights that the patient would have had relative to access and release of the record.

#### VI. EMPLOYMENT DETERMINATIONS

Authorization is required for DPH to use or disclose an individual's PHI for employment determinations. For example, DPH must have the individual's authorization to disclose the results of a pre-employment physical to an individual's employer.

#### VII. VERIFICATION PROCEDURES

Prior to making any disclosures permitted by HIPAA, staff shall verify the identity of the person requesting DPH PHI and the authority of any such person to have access to DPH PHI.

#### **VIII. MEDIA AND OTHER INQUIRIES**

- A. All media inquiries should be referred immediately to a DPH Privacy Officer and/or the DPH Public Information Officer prior to release of information.
- B. No information may be disclosed if the patient has requested that information be withheld. Otherwise, the condition of an inpatient, outpatient, or emergency patient to the media may be disclosed only if the inquiry specifically contains the patient's name. (See exclusion in F and G below.)
- C. A DPH patient's condition may be described only in general terms that do not communicate specific medical information about the individual (e.g., undetermined, good, fair, serious, critical, or deceased).
- D. Care should be taken to first notify the DPH patient's next of kin before the fact of death is made public. No additional information about a patient's death, including the cause, date, or time of death, may be made without written authorization from a legal representative of the deceased patient, even if this information has been disclosed to the Medical Examiner or the Death Registrar.
- E. Information concerning a DPH patient's location in the hospital may be made to facilitate visits by family or friends or for delivery of gifts or flowers if the inquiry includes the patient's name and there is no instruction from the patient to withhold such information. This information should not be routinely disclosed to the media.
- F. Information may not be released to the media about identifiable DPH clients engaged in behavioral health services (including those served in outreach, mental health, substance abuse, HIV, or supportive housing programs). This policy applies to current, previous, and deceased clients and to cases even where the client has requested or authorized DPH staff to speak to the media.



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G. Per DPH policy, brochures or publications developed by DPH-funded programs are not to include identifiable clients in photos or personal stories that disclose their current or past mental health issues or substance use, or engagement in behavioral health services. This policy applies to current, previous, and deceased clients and to cases even where the client has requested or authorized DPH staff to present them in publications.

#### IX. PERMISSIBLE DISCLOSURES WITHOUT AUTHORIZATION FOR PUBLIC POLICY **PURPOSES**

An authorization is not required in the following situations:

A. For disclosures required by state or federal law.

- B. For DPH public health activities specifically permitted or required by law, such as preventing and controlling disease, injury, or disability; providing information to the Food and Drug Administration regarding adverse drug events, tracking health-related products, enabling product recalls, or conducting post-marketing product surveillance.
- C. For a work-related injury or illness when the release is to the responsible employer (the individual must be informed of the disclosure); that is, the employer has sent the patient, is paying for the care under workers comp, etc.
- D. For reporting victims of abuse or neglect as specifically required under the law.
- E. For reporting to a health oversight agency regarding activities authorized by law, including civil, administrative or criminal investigations, proceedings, actions, or inspections, audits, licensure surveys or investigations, or disciplinary actions.
- F. For responding to an order of a court or administrative tribunal issuing a subpoena, discovery request or other lawful process.
- G. For providing the San Francisco Medical Examiner or a funeral director with information needed to carry out his or her duties as authorized by law.
- H. For facilitating organ, eye, or tissue donation and transplantation.
- I. For preventing or lessening a serious and imminent threat to the health or safety of a person or the public when the individual to whom the disclosure is made is capable of preventing or lessening the threat.
- J. To warn reasonably identifiable victim(s) and notify law enforcement when a client communicates a serious threat of violence against a reasonably identifiable victim or victims (Tarasoff Duty to Warn).
- K. For informing the Department of Veterans Affairs as authorized by law of information needed for determination of eligibility or entitlement to benefits for an individual following discharge from military service.
- L. For disclosing information as authorized by law to provide benefits for work-related injuries and illnesses.

#### PERMISSIBLE DISCLOSURES WITHOUT AUTHORIZATION FOR CARE COORDINATION X. PURPOSES NOT OTHERWISE COVERED.

A. As of January 1, 2009, if a minor is a dependent or ward of Juvenile Court, a general health care provider (Civil Code 56.103) or mental health care provider (W&I Code 5328.04) may disclose protected health information to a County social worker, probation officer or other adult who has care and custody of a minor in order to coordinate health care services and treatment (e.g., information about appointments, treatment plans, follow-up care, etc.).



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# XI. PERMISSIBLE DISCLOSURES OF GENERAL HEALTH INFORMATION WITHOUT AUTHORIZATION FOR LAW ENFORCEMENT PURPOSES

An authorization is not required in the following situations:

- A. When the disclosure of PHI is made in response to a law enforcement official's request for such information for the purpose of IDENTIFYING or LOCATING a suspect, fugitive, material witness, or missing person and the PHI is limited to:
  - (a) Name and address
  - (b) Date and place of birth
  - (c) Social Security number
  - (d) ABO blood type and Rh factor
  - (e) Type of injury
  - (f) Date and time of treatment
  - (g) Date and time of death, if applicable
  - (h) Description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos
- B. PHI related to an individual's DNA, DNA analysis, dental records, or typing, sampling, or analysis of body fluids or tissues MAY NOT be disclosed, excluding ABO blood type and Rh factor
- C. When the disclosure of PHI is made in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime, provided that:
  - 1. The law enforcement official represents that immediate law enforcement activity that depends on the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure, and
  - 2. The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred and such information is not intended to be used against the victim.
- D. When the disclosure is made to a law enforcement official about a decedent suspected to have died as the result of criminal conduct, excluding Mental Health clients (unless in a state hospital).
- E. When the disclosure is made to a law enforcement official about an individual, the PHI of whom constitutes evidence of criminal conduct that occurred on the premises of DPH.
- F. When the disclosure is made to a law enforcement authority to identify or apprehend an individual because of a statement made by the individual admitting participation in a violent crime that caused serious harm to a victim, excluding mental health information.
- G. When the disclosure is made to a law enforcement authority where it appears from all circumstances that the individual has escaped from a correctional institution or from lawful custody.



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- H. When the disclosure is made to a correctional institution or law enforcement official having lawful custody of an inmate or other individual for:
  - (a) The provision of healthcare to such individual (disclosures may include mental health or HIV information as well)
  - (b) The health and safety of such individual or other inmates
  - (c) The health and safety of the officers or employees or of others at the correctional institution
  - (d) The health and safety of individuals and officers responsible for the transport or transfer of inmates from one correctional or health care setting to another
  - (e) Law enforcement on the premises of the correctional institutions
  - (f) The administration and maintenance of safety, security, and good order of the correctional institution



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#### Attachment A

City and County of San Francisco Department of Public Health
DPH Privacy Policy Matrix – Sharing Protected Health Information for
TREATMENT PURPOSES

When allowed by law (see below), Protected Health Information (PHI) may be shared for treatment purposes across disciplines and programs on a "need-to-know" basis and for the purposes of improving health outcomes. PHI includes case management/coordination communication, medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Sharing PHI outside the parameters described below require the patient/client's signed authorization prior to its release.

Description of PHI	Who may disclose it?	Who may receive it?
General Health (includes knowledge of Mental Health, Substance Use/Abuse, HIV/AIDS, STD conditions)	General Health Provider	Patient's providers and providers' staff for the purpose of treatment, diagnosis, or referral [Reference: Civil Code 56.10(a); HIPAA Treatment Exception]
Mental Health (includes knowledge of General Health, Substance Use/Abuse, HIV/AIDS, STD conditions)	Mental Health Provider	Any healthcare provider (any discipline) "who has medical or psychological responsibility for the patient" [Reference: W&I Code 5328(a); HIPAA Treatment Exception]
Drug/Alcohol Treatment Program (includes knowledge of General Health, Mental Health, HIV/AIDS, STD Conditions)	Drug/Alcohol Treatment Program Provider	Only another member of the client's treatment team WITHIN the specific drug/alcohol treatment program  Exception: a medical emergency [Reference: 42 CFR Part 2, section 2.12 (c)(3)]
HIV/AIDS CCSF Health Service Provider Network (includes knowledge of General Health, Mental Health, Substance Use/Abuse, STD conditions)	HIV/AIDS CCSF Health Service Provider	Only another HIV Health Service provider who registers client in ARIES database.  [Reference: CCSF Local Share Mandate established with the California Office of AIDS]
STD Condition	CCSF City Clinic	Patient's provider of health care only if necessary to complete treatment of the STD  [Reference: SFDPH Policy]

Revised 01-05-10



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## Attachment B: REQUIRED ELEMENTS OF AN AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION FORM

Authorization forms may not be combined with any other document (e.g., consent for treatment forms) to create a "compound authorization." The authorization form must be must be on  $8 \frac{1}{2} \times 11$ -inch paper and the font size must be at least 14 points.

HIPAA, state law, and DPH policy require that each patient's authorization include certain core elements as follows:

- 1. Patient/Client's name and date of birth
- 2. Name of the disclosing entity/facility
- 3. Name and address of the facility/individual to receive the protected health information
- 4. Description of the information to be disclosed
- 5. Description of the purpose of the disclosure
- 6. Expiration date or the condition upon which authorization is terminated
- 7. The patient or client's initials next to the types of PHI being released in a "protected classes" section for release of:
  - a. mental health information,
  - b. substance abuse information,
  - c. HIV/AIDS information.
  - d. developmental disabilities,
  - e. sexually transmitted disease information.
- 8. Completed statements where client/patient acknowledges the following:
  - a. I understand that authorizing the disclosure of this health information is voluntary. I may refuse to sign this authorization.
  - b. I understand that I may not be denied treatment, payment, enrollment in a health plan or eligibility for benefits if I refuse to sign.
  - c. I understand that I have a right to receive a copy of this authorization.
  - d. I understand that my authorization to use or disclose protected health information expires on \_\_\_\_\_ or until \_\_\_\_ condition is met.
  - e. I understand that I may cancel my authorization at any earlier time by writing a note of cancellation and giving it to \_\_\_\_\_\_. I also understand that when I give or cancel my authorization, it is effective from that date forward, and not retroactively.
  - f. I understand that information disclosed as a result of this authorization could be redisclosed by the recipient. Such re-disclosure is in some cases not protected by California law and may no longer be protected by federal confidentiality law.
- 9. Signatures and Dates
  - a. Patient/Client
  - b. Parent/Guardian/Conservator if patient/client is unable to sign
  - c. Witness, if patient/client is unable to sign

#### **Avatar**

In July 2010, CBHS implemented an Electronic Health Record (EHR) and integrated billing information system called Avatar.

Important documentation regarding the use of AVATAR including user guides, bulletins, billing, training schedule, WebConnect, Infoscriber, and forms can be found on the San Francisco Department of Public Health website at:

http://www.sfdph.org/dph/comupg/oservices/mentalHlth/BHIS/avatarUserDocs.asp

#### For help related to Avatar contact:

Avatar Helpline: 255-3788 Fax 252-3008

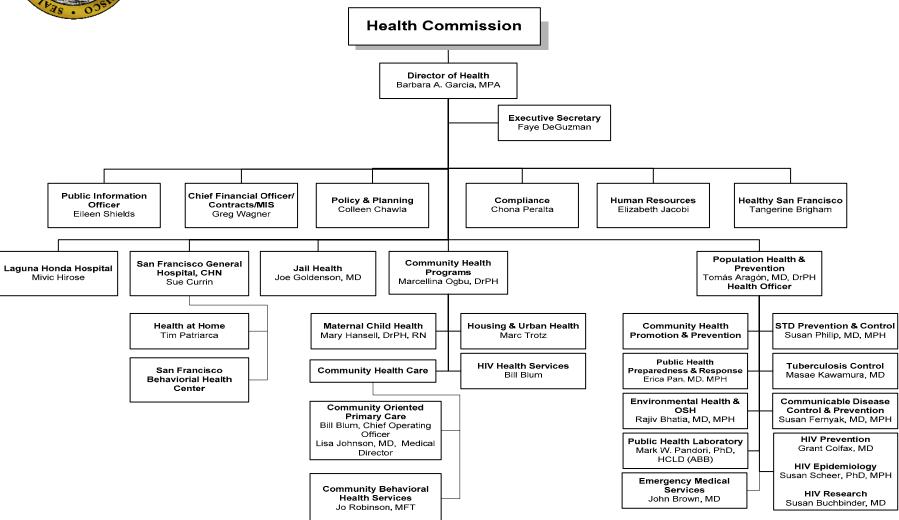
E-mail: <u>avatarhelp@sfdph.org</u>

# Community Programs & CBHS Administration

#### EDWIN M. LEE MAYOR



#### SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

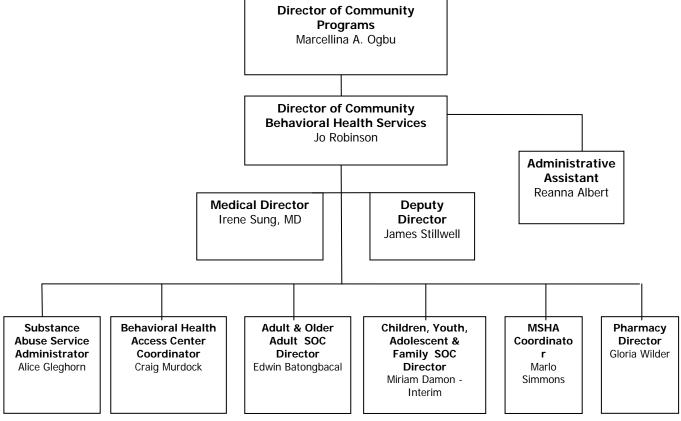


August 8, 2011

# SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH COMMUNITY OF BEHAVIORAL HEALTH SERVICES

#### **EDWIN M. LEE MAYOR**





November 4, 2011

#### **DPH Office of Compliance**

The San Francisco Department of Public Health is firmly committed to full compliance with all federal and state laws, regulations, rules, and guidelines that apply to its operations and services. To emphasize this, DPH has developed a Compliance Office to assist in the detection, resolution, and prevention of any violations of regulations. These are the seven key elements of the DPH Office of Compliance – as identified by the Office of the Inspector General:

- 1. The commitment of leadership
- 2. Written policies and procedures, including standards of conduct
- 3. Education and training of staff on compliance
- 4. Enforcement of compliance standards
- 5. Monitoring and auditing of eligibility, claims, billing, cost reporting, documentation, and record-keeping procedures
- 6. A process to detect violations and implement corrective action
- 7. A process such as the use of a Hotline for reporting known or suspected compliance violations.

Coding and billing are areas of particular importance in regulatory compliance. Departmental guidelines for accurate coding and billing state the following:

- DPH shall follow recognized guidelines for accurate coding approved by the Center for Medicare and Medicaid Services (CMS).
- All DPH service areas will utilize current billing codes, including those established or approved by CMS, the California Department of Health Care Services (DHCS), and as authorized in the Health Insurance Portability and Accountability Act (HIPAA).
- All codes reported for claims and billing must be supported by complete documentation in the patient record. Providers or their representatives should not assume a particular code applies to a service, but should verify the accuracy of all codes used.
- DPH Information Systems staff must coordinate with program and/or patient accounting staff to monitor computer software used in coding and billing.
- Staff with job functions that involve coding or billing shall be given ongoing training when codes and/or rules are modified or updated.
- Billing units must regularly examine Explanation of Benefits (EOB), payer Remittance Advices (RA), and claim denials to identify billing accuracy issues and changes in reimbursement policies and procedures.
   Feedback should be provided to employees, through regularly scheduled meetings, regarding denials, documentation compliance, and results of charging patterns and reimbursement levels.
- Policies and procedures on coding, billing, and reimbursement should be outlined in manuals and guidelines within each division. Staff should be trained on the use and scope of the manuals and should be asked to acknowledge, in writing, that he or she understands the policies outlined therein.
- DPH billing departments should maintain adequate references and tools to assist staff in performing their
  job tasks. These references should be kept updated by managers and supervisors and may include printed
  material as well as Internet/intranet links to policies, rules and regulations.
- Staff should have a system available to express any concerns regarding coding and billing practices. Such
  concerns should be discussed with a supervisor or referred to the Compliance Officer, or to the
  Compliance Hotline at 642-5790.
- In the event that billing inaccuracies are discovered (as a result of routine monitoring, EOB/RA analysis, review of claims denials, or through staff reporting) they should be reported to the appropriate department manager or supervisor. An action plan to correct and prevent further occurrences will be promptly developed and implemented.
- For more information, please call DPH Office of Compliance at 255-3706.

#### **Office of Cultural Competence and Client Relations (Mental Health)**

The Office of Cultural Competence and Client Relations (CCCR) develops, plans, implements, and monitors cultural competence for Community Behavioral Health Services (CBHS). A consumer arm of the unit provides clients, family members, and the community with information and help with accessing services and resolving any problems.

A Community Behavioral Health Cultural Competence Plan provides policies and procedures for ensuring cultural and linguistic appropriate services and resources throughout the system of care, cultural competence training, workforce development, consultation, behavioral health information, and community outreach.

Services offered by the Office of Cultural Competence and Client Relations:

- Language translation and interpreter resources.
- Client brochure and other educational materials.
- Cultural competence trainings.
- Multicultural Student Stipend Program (MSSP).
- Peer internship program and peer support.
- Client liaison services (problem resolution).
- Client and family newsletter and community calendar.
- Outreach and community liaison.
- Prevention and health promotion.

**Client, Family, and Community Liaisons** are available to provide information on how the system works, resolve problems about services, and link clients and family members to appropriate resources. For assistance, providers can make referrals to the following liaisons:

Wanda Materre, Client and Family Liaison/Ombudsman	255-3694
Stephen Demsey, Client Liason	255-3664

#### For CBHS Wellness and Recovery and Peer Projects:

Sandi Robison, Director of Pathways to Discovery	255-3676
Wanetta Davis, Peer Internship Program Coordinator	255-3729

#### For interpreter and language resources:

Darlene Daevu, Administrative Analyst 255-3426

#### Requesting a Sign Language Interpreter

Sign Language Interpretation requires 5 days notification.

#### **Alternatives for written materials**

Large Print (18 pt or larger)

Reading written materials aloud and/or audio taping written materials

#### **Telephone Communication with Hearing Impaired**

TTY ACCESS: 1-888-484-7200

TTY Admin: 255-3429

For more information:

www.ddtp.org/california\_relay\_service/ www.sfgov.org/site/mod\_page.asp?id=42181

#### Office of Quality Management for Community Programs

The Office of Quality Management for Community Programs is responsible for monitoring and ensuring quality services through a number of core functions: Research and Evaluation, Quality Improvement, Health Information Management, Risk Management, Training, and Grant Development. OQM staff play a key role in gathering and disseminating information needed for decision-making at the clinician, supervisor, program, and system levels.

The **Research and Evaluation Unit** evaluates the outcomes of CBHS substance abuse and mental health services provided to children, youth, families, adults, and older adults in all modalities of care. These efforts include evaluating the implementation and effectiveness of evidence based practices, behavioral health and primary care integration, Mental Health Services Act and grant-funded programs, and services for the homeless. Information generated through program evaluation research is used to identify clinical and administrative processes that need improvement. Equally important is the use of outcome data to identify programs that are succeeding and to facilitate cross-program learning. The Research and Evaluation Unit calculates performance objectives results, generates a data dashboard for decision makers, gathers and analyzes Consumer Satisfaction Surveys, and responds to data requests as needed. The unit also runs a Research Practicum program in which students working on their doctorates in Clinical Psychology can obtain year-long, real world experience in research and program evaluation.

The **Quality Improvement Unit** facilitates the process of identifying quality improvement needs and solutions. There are numerous sources of information for assessing improvement needs, including program evaluation results, performance indicator monitoring, risk management trends, satisfaction survey results, and chart audits. An annual Quality Improvement Workplan is generated by the QI Unit with input from the System of Care Quality Improvement Committee, which meets bi-monthly. The QI Unit provides support and technical assistance to CBHS Providers who are required to conduct internal Continuous Quality Improvement (CQI) efforts, and facilitates the implementation of two system-level Performance Improvement Projects (PIPs) annually. CBHS Policies are maintained by the QI Unit and are posted to the SF DPH public website.

The Quality Improvement Unit includes **Health Information Management** (HIM), which is responsible for reviewing and archiving closed civil service charts, and identifying charting errors for subsequent trainings. HIM trains providers on the content and order of medical record forms, and processes requests for release of client information, including subpoenas. The implementation of Avatar affords the QI unit access to electronic charts, enabling easier access to chart quality monitoring and utilization review. Clinical documentation training is also provided through the QI unit in the Fall and Spring.

**Risk Management** is a critical function of the Office of Quality Management. We receive reports on critical incidents and other "unusual occurrences" in civil service and contract programs, and investigate when warranted. Risk Management also investigates client grievances and appeals. In the event that a client commits suicide, a Critical Incident Review Team conducts an on-site investigation. Trends in high risk incidents are monitored and reported at a monthly Risk Management Committee Meeting with the intent of identifying possible needs for improvement in clinical processes. Clinical case conferences are also coordinated to address service needs of extremely high risk clients to identify solutions for averting negative outcomes. The Risk Management team conducts trainings for 5150 certification twice a year and manages 5150 Certification Facility Lists and 5150 cards.

The **Grants and Training** Unit works with Community Programs administration, program and clinical staff, other City Departments, and community based providers to identify grant opportunities that will expand or enhance services across the system of care. The Grants Unit works collaboratively with stakeholders to develop applications for review, and upon award, to implement and evaluate services. The Unit also provides Oversight of all DPH Grants Management, developing applications, answering general questions about applying for a grant, tracking intent to apply for a grant by answering questions from DPH Departments, managing the approval process for grant support letters, and reviewing and processing accept & expend packet for Board of Supervisors.

The Training Unit works with Community Program Administration, the Training Committee, the Quality Improvement Unit, and other key Departmental staff to identify and coordinate trainings for all Health Department staff. The trainings are designed to facilitate best practice services delivery throughout the Health Care System, thus increasing the ability of all program staff to provide services for clients with *chronic* health concerns. The Training Unit also continues to coordinate trainings to build competencies between Behavioral Health and Primary Care in the ongoing integration process. The Unit also works with the Department to support local and State initiatives that relate to overall professional and program development.

#### **Community Programs Business office - Contract Compliance (BOCC)**

#### Overview

The Contract Compliance Section is part of the Business Office serving Community Programs of DPH. This section strives to ensure that each contractor is meeting contractual and regulatory requirements. The Section reports its findings to the Health Commission.

#### Requirements

At least annually, each contractor is audited or otherwise monitored for regarding various program objectives, including objectives related to program performance, program compliance, and client satisfaction.

#### **Outcome**

This Section generates a report regarding program findings and ratings. A summary report is provided to DPH Program Managers as well as the Executive Director and/or Program Director of the contractor. If a particular program/contractor does not score well or needs improvement in certain areas, then that program/contractor must complete a Plan of Correction.

This Section also oversees the standard Non Profit Joint Fiscal and Compliance activities required by the Controller's Office of the City and County of San Francisco.

# Glossary and Terms

#### **CBHS Glossary of Terms and Acronyms**

**AB109** Assembly Bill 109 is Public Safety Realignment to localize previously designated State functions

maintaining non-violent, non-serious, non sex-offenders in county jail as well as localizing post-release

supervision.

**AB2034** Assembly Bill 2034 is legislation that ensures services for the homeless who experience mental illness.

**AB 3632** Assembly Bill 3632 is for children with special educational service needs (Individual Education Plan).

Children with emotional/mental health issues that interfere with educational goals are entitled to mental

health services at the appropriate level in order to help them meet educational goals.

**ACCESS** (ACCESS unit) provides screening, assessment, and referral to mental health services

Assertive Community Treatment; a specific model of intensive case management for clients. In the local **ACT** 

community system, these programs are also known as SPRs or Single Points of Responsibility.

Americans with Disabilities Act; federal regulations governing accessibility and treatment of people with **ADA** 

disabilities.

ADP California State Office of Alcohol and Drug Programs

**ADU** Acute Diversion Unit

Advanced Directive: A document in which a client can designate their treatment wishes in the event that he/she is unable to

make medical decisions.

**AMA** American Medical Association

**AMA** Against Medical Advice

**Anxiety Disorders** range from feelings of uneasiness to immobilizing bouts of terror. Most people experience anxiety at

some point in their lives and some nervousness in anticipation of a real situation. However, if a person cannot shake unwarranted worries, or if the feelings are jarring to the point of avoiding everyday activities,

he or she may have an anxiety disorder.

**AOA** Adult and Older Adult

**AOD** Alcohol and Other Drug

**APA** American Psychological Association

APA American Psychiatric Association

**ASAM** American Society of Addiction Medicine

ASI Addiction Severity Index

ATOD Alcohol, Tobacco, and Other Drugs

**Behavioral Health Court:** A program that helps participants to address problems related to mental health.

Behavioral Therapy: As the name implies, behavioral therapy focuses on behavior-changing unwanted behaviors through

rewards, reinforcements, and desensitization. Desensitization, or Exposure Therapy, is a process of confronting something that arouses anxiety, discomfort, or fear and overcoming the unwanted responses.

Behavioral therapy often involves the cooperation of others, especially family and close friends, to reinforce a desired behavior.

Bipolar Disorder, also known as manic depression, is an illness involving one or more episodes of serious mania and depression. The illness causes a person's mood to swing from excessively "high" and/or irritable to sad and

hopeless, with periods of a normal mood in between. More than 2 million Americans suffer from bipolar

disorder.

**Borderline Personality Disorder**: Symptoms of borderline personality disorder, a serious mental illness, include pervasive instability in moods, interpersonal relationships, self-image, and behavior. The instability can affect family and work life, long-term planning, and the individual's sense of self-identity.

Buprenorphine is an opioid drug used to treat opiod addition.

**CAAP** County Adult Assistance Program

**CAFAS** The Child and Adolescent Functional Assessment Scale for clients ages 7-18

**CAADAC** California Association of Alcoholism and Drug Abuse Counselors

**CAADE** California Association of Alcohol and Drug Educators

**CADC I / II** Certified Alcohol and Drug Counselor

**CADE** Certified Alcohol and Drug Educator

CAGE Alcoholism Screening Tool (Cut down, Annoyed, Guilty, Early morning drink "eye opener")

CaloMS California Outcome Measurement System

**CalTOPP** California Treatment Outcome Pilot Project

**CalWORKs:** California Work Opportunity and Responsibility to Kids is a cash aid program that provides education, employment,

and training programs to help families get jobs and move towards self-sufficiency.

Care Manager or Case Manager: Provider who is charged with coordinating client services and resources

Care Not Cash: Initiative made by Supervisor Gavin Newsom in 2002 that reduced the amount of monthly welfare

allowance given to people who are homeless in exchange for housing or shelter.

**CBHS** Community Behavioral Health Services, a section within the San Francisco Department of Public Health,

encompassing a network of substance abuse and mental health services. Services are both directly operated

by the County as well as by community based organizations.

**CBO** Community-Based Organization.

**CCBADC** California Certification Board of Alcohol and Drug Counselors

CCISC Comprehensive, Continuous, Integrated System of Care, a model used for the

design of CBHS's integrated mental health and substance abuse service system

**CD** Chemical Dependency

**CDC** Centers for Disease Control

**CDC** California Department of Corrections

Change Agent: Appointed CBHS program representative, knowledgeable and experienced with current mental health and

substance abuse service system; works with the Change Agent Committee to identify system strengths, weaknesses, barriers and solutions. A community leader who educates and inspires others to make

necessary system changes.

**CHN** Community Health Network

**CHP** Community Health Programs

CIR Critical Incident Review, aka Sentinel Event Case Review or UOs (Unusual Occurrences); a meeting to

review any event or condition that may have an adverse effect on the health or safety of our clients, family

members, employee and/or members of the general public.

CIWA Alcohol Withdrawal Assessment Scale

**CMHS** Refers to the former Community Mental Health Services, the network of services operated under San

Francisco's Department of Public Health

CMS: Center for Medicare & Medicaid Services, a federal agency that oversees all aspects of financing for

Medicare and Medicaid. It also oversees the Federal Office of Prepaid Health Care Operations and

Oversight.

**COD** Co-Occurring Disorders

**COMPASS** Co-Morbidity Program Audit Self-Survey, A Program Audit tool for dual diagnosis capability for adult and

adolescent programs

Consensus Agreement: The charter agreement CBHS programs are asked to sign in agreement to participate in a quality

improvement plan for CCISC implementation

**COSIG** Co-Occurring State Incentive Grant

CO-FIT CCSIC Outcome Fidelity and Implementation Tool: A systems measurement tool for CCISC of Core Model for

integration of psychiatric substance disorder services

**CODECAT** Co-occurring Disorder Education and Competency Evaluation Tool – clinician self-assessment for CCISC

implementation

**Cognitive/Behavioral Therapy**: A combination of cognitive and behavioral therapies, this approach helps people change

negative thought patterns, beliefs, and behaviors so they can manage symptoms and enjoy more productive,

less stressful lives

**COPE** Centralized Opiate Placement Evaluation

**Counselor Certifying Organizations**: Responsible for certifying and credentialing alcohol and drug counselors in California. As of September 30, 2007, the following organizations are approved by the California Department of Alcohol and Drug

Programs to register and certify AOD counselors:

(1) The Breining Institute,

(2) The California Association of Addiction Recovery Resources (CAARR),

(3) The California Association for Alcohol/ Drug Educators (CAADE),

(4) The California Association of Alcoholism and Drug Abuse Counselors (CAADAC),

(5) The California Association of Drinking Driver Treatment Programs (CADDTP),

(6) The Forensic Addictions Corrections Treatment (FACT).

(7) The Indian Alcoholism Commission of California, Inc.,

(8) The Association of Christian Alcohol & Drug Counselors, or

(9) The California Certification Board of Chemical Dependency Counselors (CCBCDC)

**Cultural Competence:** Help that is sensitive and responsive to cultural differences. Providers are aware of the impact of

their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's or individuals

values and customs.

**CPS** Child Protective Services; a division of Department of Human Services, which investigates child abuse

reports

**CQI** Continuous Quality Improvement

CRT Crisis Resolution Team, a mental health and case management program located at San Francisco General

Hospital CRT. This program is targeted to clients discharged from hospitals or Psychiatric Emergency

Services who are in the process of being linked with ongoing services.

CSA Client Service Authorization; this is a form which a care manager completes to obtain continuing

authorization for outpatient community services for client

**CSAS** Refers to the SFDPH's former Community Substance Abuse Services – now CBHS.

**CSAT** Center for Substance Abuse Treatment

**CSI** Computerized Screening Incorporated, a data collection tool.

CSOC Children's System of Care; also the name of a service, which provides wraparound services to children

without Medi-Cal. See FMP (Family Mosaic Project) in the directory of services

CYF Children, Youth, and Family is a section of CBHS, not to be confused with DCYF (Department of Child,

Youth, and Family), which monitors San Francisco Prop. D (formerly Prop. J) Children's Fund

**DAST** 10-item Drug Abuse Screening Tool

**DBT** Dialectic Behavior Therapy

**DD** Developmentally Disabled

**DDC** Dual Diagnosis Capability

**DDE** Dual Diagnosis Enhanced

**DDP** Drinking Driver Program

**DDx** Former name of dual disorders. Typically referring to having both an alcohol or drug problem and a mental

illness.

**Dementia:** a problem in the brain that makes it hard for a person to remember, learn and communicate; eventually is

becomes difficult for a person to take care of himself or herself. This disorder can also affect a person's

mood and personality.

**Depression:** a mood disorder characterized by intense feelings of sadness that persist beyond a few weeks.

**DHS** City Department of Human Services

**DMC** Drug Medi-Cal

**DMH** State Department of Mental Health.

**DPH** Department of Public Health

**Drug Court** An intensively supervised program for those whose primary concern is problems with alcohol and/or drugs.

Drug Diversion A program that allows offenders charged with their first drug possession offense to access treatment. Upon

completion, charges can be dismissed.

**DSAAM** Division of Substance Abuse and Addiction Medicine, a SFDPH division.

#### DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition):

An official manual of mental health problems developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

**DTR** Double Trouble in Recovery, 12-step program for COD

**Dtx** Abbreviation for Detox or detoxification – to remove toxic substances from the body.

**DUI** Drinking Under the Influence

Early Intervention: A process for recognizing warning signs that individuals are at risk for mental health problems and

taking early action against factors that put them at risk. Early intervention can help children and adults get

better more quickly and prevent problems from becoming worse.

ECura CBHS's electronic service authorization system

**Emergency and Crisis Services:** A group of services that are available 24 hours a day, 7 days a week, to help during a

mental health emergency. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment

services, crisis outreach teams, and crisis respite care.

Employment/Vocational Rehabilitation Services: A broad range of services designed to address skills necessary for

participation in job-related activities.

**EPSDT** Early Periodic Screening, Diagnosis and Treatment; these are mental health services for children with full

scope Medi-Cal

**EQRO** External Quality Review Organization, an entity required by federal regulation to provide external review

of mental health plans providing specialty mental health services. Sometimes called CAEQRO.

**ETOH** Alcohol (ethanol)

**FAS** Fetal Alcohol Syndrome consists of a pattern of neurologic, behavioral, and cognitive deficits that can

interfere with growth, learning, and socialization.

**FAE** Fetal Alcohol Effects describes children with prenatal alcohol exposure who do not have all the symptoms

of FAS.

5150 Section 5150 of the W&I code, which allows for involuntary detention of someone who is a danger to

him/herself, others, or is gravely disabled. Pronounced "Fifty-One-Fifty."

**FPM** Federal Performance Measures

**FSA** Family Services Agency

**FSP** Full Service Provider

**GLBTQQ** Gay, Lesbian, Bisexual, Transgendered, Queer, Questioning

Grievance Procedure: Defined process in a health plan for consumers or providers to use when there is disagreement about

a plan's services, billings or general procedures.

**Hallucinations**: Hallucinations are experiences of sensations that have no source. Some examples of hallucinations include

hearing nonexistent voices, seeing nonexistent things, and experiencing burning or pain sensations with no

physical cause.

Harm Reduction: Accepts, for better and for worse, that licit and illicit drug use is part of our world and chooses to work to

minimize its harmful effects rather than simply ignore or condemn them; acknowledges that some ways of using drugs are clearly safer than others; Establishes quality of individual and community life and well-being--not necessarily cessation of all drug use--as the criteria for successful interventions and policies.

**HIM** Health Information Management

HIPAA Health Information Portability and Accountability Act, This 1996 act is a federal regulation that provides

protections for consumers in group health insurance plans. HIPAA prevents health plans from excluding health coverage of pre-existing conditions and discriminating on the basis of health status. In addition, it created regulations governing transactions, privacy, security, and the sharing of a client's PHI (see below).

**HRSA** Health Resources and Services Administration, a federal agency under Health and Human Services. The

overseer of the Ryan White CARE act.

**HUH** Housing and Urban Health

IAPC Interagency Placement Committee; discusses cases which need placement changes. Agencies represented

include CBHS CYF administrators, juvenile probation, school district, Human Services, and various

residential providers

IBIS Integrated Buophrenorphine Intervention Services

**IDDT** Integrated Dual Disorder Treatment

**IEP** Individual Education Plan; used in schools for children receiving CBHS services.

**IISC** Interagency Intensive Services Committee; screens children for child and adolescent day treatment.

Agencies represented include CBHS CYF administrators, day treatment providers, and the SFUSD

ILSA Integrated Longitudinal Strength-Based Assessment

**InSyst** CBHS's electronic billing and information system, also known as the BIS billing system.

**Inpatient Hospitalization:** Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term stabilization in cases where a person is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

**Intensive Case Management:** Intensive community services for individuals with severe and persistent mental illness that are designed to improve planning for their service needs. Services include outreach, evaluation, and support.

**Involuntary hold (also called "5150")**: When a person, as a result of mental illness, is determined to be a danger to others, or to himself or herself, or gravely disabled, a police officer, member of the attending staff of an evaluation facility, or members of a mobile crisis team, upon probable cause, can take the person into custody and place him or her in Psychiatric Emergency Services for 72–hour treatment and evaluation.

**IMD** Institute for Mental Disease or more commonly known as "L-Facility." Subacute nursing care facility for clients with severe and chronic psychiatric disorders who need longer term, locked institutional care.

**IP** (1) Inpatient; or (2) "identified patient" in family therapy parlance.

**ISC** Integrated Service Center, essentially a point of authorization for adult system clients. The following clinics are ISCs: Mission, OMI (Ocean Merced Ingleside), South of Market and Chinatown/North Beach.

JPS Juvenile Probation Services or Jail Psychiatric Services

LCR Lifetime Clinical Record

LCSW Licensed Clinical Social Worker

**L-Facility** See IMD. Sometimes called, Locked Facility

**LMFT** Licensed Marriage and Family Therapist

**LOCUS** Level of Care Utilization System

**Medi-Cal (Medicaid):** Federal program (Title XIX of the Social Security Act) that pays for health services for certain categories of people who are poor, elderly, blind, disabled or who are enrolled in certain programs, including Medicaid Waivers. Includes children whose families received assistance. Is financed with federal and state funds, amount varying by state.

**Medical Necessity:** Legal term used to determine eligibility for health benefits and services. It describes services that are consistent with a diagnosis, meet standards of good medical practice and are not primarily for convenience of the patient.

**Medicare**: Federal insurance program serving the disabled and persons over the age of 65. Most costs are paid via trust funds that beneficiaries have paid into throughout the courses of their lives; small deductibles and some copayments are required.

**Medi-Medi:** Insurance coverage by both Medi-Cal and Medicare

**Mental Health Parity (Act):** Mental health parity refers to providing the same insurance coverage for mental health treatment as that offered for medical and surgical treatments. The California Mental Health Parity Act was passed in 1996 and established parity in lifetime benefit limits and annual limits.

**Meth** Abbreviation for methamphetamine, (not to be confused with methadone)

**Methadone:** A synthetic analgesic with potency equal to that of morphine, used in the treatment of heroin addiction

MH140 omputer generated printout report of individual clients services history in the mental health system

MHRC Mental Health Rehabilitation Center, now the San Francisco Behavioral Health, Center, formerly the "MERF". Located on the grounds of San Francisco General Hospital. This is San Francisco's sub-acute,

longer-term institutional care rehabilitation facility. Often pronounced "the Murf."

MHS Refers to the SFDPH's former Mental Health Services – now CBHS

MHSA Mental Health Services Act or Prop 63. Proposition 63 is a statewide initiative that provides mental health

treatment, prevention and early intervention, education and training to Californians affected by mental

illness. It is funded by a 1% tax on individuals who earn more than 1 million per year.

MHSIP Mental Health Statistics Improvement Program; an outcome client completed measure designed to assess a

client's satisfaction with services. Often pronounced "Missip."

MIDAS Mental Illness Drug and Alcohol Screening

MMSE Mini Mental State Examination

**MOCD** Mayor's Office of Community Development

MRD90 Multi-page psychosocial assessment administered to initiate placement into the residential mental health

treatment system.

MRS Monitoring Report Summary

MST Multisystemic Therapy

MMPI Minnesota Multiphasic Personality Inventory

**Naloxone** is a drug used to counter the effects of opioid (e.g. heroin) overdose

**Naltrexone** is an opioid receptor antagonist used primarily in the management of alcohol dependence and opioid

(heroin) dependence.

NASW National Association of Social Workers

NASW-CA California Chapter of the NASW

NCCA: National Commission for Certifying Agencies. This body is responsible for certifying organizations for

the purpose of certifying and credentialing alcohol and drug counselors in California.

NIAAA National Institute of Alcoholism and Alcohol Abuse

**NIDA** National Institute of Drug Abuse

NOA Notice of Action; a State Department of Mental Health requirement that formal notice (NOA) be delivered to a

client when the client is being denied care. The NOA informs the client that he or she is entitled to a fair hearing by

an administrative law judge if the client so chooses

**NPI** National Provider Identifier

**NPPES** National Plan and Provider Enumeration System

**NREPP** National Registry of Evidence-based Programs and Practices is a service of the Substance Abuse and

Mental Health Services Administration (SAMHSA).

NTP Narcotic Treatment Program

**OBIC** Outpatient Buophrenorphine Induction Clinic

**OBOT** Office-Based Opiate Treatment Services. A program that has been licensed as a narcotic treatment

program.

Obsessive Compulsive Disorder: People with obsessive-compulsive disorder (OCD) suffer intensely from recurrent

unwanted thoughts (obsessions) or rituals (compulsions), which they feel they cannot control. Rituals such as hand washing, counting, checking, or cleaning are often performed in hope of preventing obsessive thoughts or making them go away. Performing these rituals, however, provides only temporary relief, and not performing them markedly increases anxiety. Left untreated, obsessions and the need to perform rituals

can take over a person's life. OCD is often a chronic, relapsing illness.

Ombudsperson: Person designated to solve problems and answer questions from consumers in an objective way.

**OP** Outpatient Services

**OPG** Office of Problem Gambling

**PADS** Prevention Activities Data System was implemented by the California Department of Alcohol and Drug

Program (ADP) on January 1, 1998 to collect primary prevention service/activity data funded with ADP

dollars.

Panic Disorders: People with panic disorder experience heart-pounding terror that strikes suddenly and without warning.

Since they cannot predict when a panic attack will seize them, many people live in persistent worry that

another one could overcome them at any moment.

Paranoia and Paranoid Disorders: Symptoms of paranoia include feelings of persecution and an exaggerated sense of self-

importance. The disorder is present in many mental disorders and it is rare as an isolated mental illness. A person with paranoia can usually work and function in everyday life since the delusions involve only one

area. However, their lives can be isolated and limited.

**PBM** Pharmacy Benefits Manager

**PDC** Provider Declaration of Compliance

**PECFAS** Preschool-Early Childhood Functional Assessment Scale for clients ages 4-7

Peer Run Services (Consumer Run Services): Mental health treatment or support services that are provided by current or

former mental health consumers (users of mental health services). Includes social clubs, peer-support

groups, and other peer-organized or consumer-run activities.

**PES** Psychiatric Emergency Services, located at San Francisco General Hospital. This is a crisis stabilization

facility for primarily involuntary clients needing intensive intervention for stabilization. Clients are treated

at PES for up to 23 hours.

**PHC** Project Homeless Connect, also called Project Connect, the Mayor's initiative to address homeless.

PHI **Protected Health Information** 

PIP Performance Improvement Project

Probation or Parole Officer assigned through the courts PO

POC (1) Plan of Correction, (2) Treatment Plan of Care A treatment plan designed for each child, family or

individual. The provider(s) develop(s) the plan with the family or individual. The plan identifies the child's, family's or individual's strengths and needs. It establishes goals and details appropriate treatment and

services to meet his or her special needs.

PPD Tuberculin skin test (purified protein derivative)

**PPN** Private Practitioner Network. These are providers, either psychiatrists, psychologists, social workers,

psychiatric clinical nurse specialists or Marriage and Family Therapists who are contracted to provide

services by the SFMHP

**Proposition 63:** now know as the Mental Health Services Act (MHSA) The MHSA is a statewide initiative that provides mental health treatment, prevention and early intervention, education and training to Californians affected

by mental illness. It is funded by a 1% tax on individuals who earn more than 1 million per year.

Provider Number: Each program providing services, that are then billed to the State Medi-Cal office by the County, has an

Provider Number which is the RU number (see below) plus additional numbers or letters – such as 2855OP.

**PTSD** Posttraumatic Stress Disorder is an anxiety disorder that develops as a result of witnessing or experiencing

a traumatic occurrence, especially life threatening events. PTSD can cause can interfere with a person's

ability to hold a job or to develop intimate relationships with others.

**PURQC** Program Utilization Review and Quality Committee. These are clinic-based program committees that are

responsible for reviewing the quality/utilization of clinics (including charts) and authorizing ongoing care.

Pronounced "Perk."

**PWA** Person with AIDS

**QOL** Quality of Life, an outcome measure, designed to assess an client's quality of daily living. **Recovery:** Process by which people are able to live, work, learn, and participate fully in their communities. For some

individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope

plays an integral role in an individual's recovery.

**Residential Services**: Services and treatment provided over a 24-hour period typically in a home-like environment.

**RFP** Request for proposals

**RFQ** Request for qualifications

**RU Number:** Reporting Unit. A four-digit number used by the BIS billing system to track client services for each

program. See Provider Number above.

**SA** Substance Abuse

SACPA Substance Abuse Crime Prevention Act (also known as Proposition 36) Under SACPA (Proposition 36),

first- or second-time nonviolent adult drug offenders who use, possess, or transport illegal drugs for

personal use will receive drug treatment rather than incarceration.

**SAMHSA** (Pronounced "Samz-sah.") Substance Abuse and Mental Health Services Administration, a federal agency

under Health and Human Services. This agency oversees the following offices: Office of Applied Studies; Office of Policy, Planning and Budget; Office of Program Services; Center for Mental Health Services;

Center for Substance Abuse Prevention; Center for Substance Abuse Treatment.

**Schizophrenia:** A serious mental illness that affects how a person thinks, feels, and acts. Schizophrenia is believed to be

caused by chemical imbalances in the brain that produce a variety of symptoms including hallucinations,

delusions, social withdrawal, incoherent speech and impaired reasoning.

SD/MC Short-Doyle Medi-Cal

**SED** Seriously Emotionally Disturbed: Now called ED, this is a designation of a type of special education

special day class, e.g., self-contained class through the San Francisco Unified School District

**Self-help:** Groups or meetings that involve people who have similar needs; are facilitated by a consumer, survivor, or

other layperson; assist people to deal with a "life-disrupting" event, such as a death, abuse, serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative; are operated on an informal, free-of-charge, and nonprofit basis; provide support and education; and are voluntary, anonymous, and confidential. Many people with mental illnesses find that self-help groups are an

invaluable resource for recovery and for empowerment.

**SFGH** San Francisco General Hospital

**SFMHP** San Francisco Mental Health Plan, the plan that oversees our Private Practitioner Network

**SFUSD** San Francisco Unified School District

SMAST Short Michigan Alcohol Screening test-13-item

**SOC** System of Care, the network of all services that comprise CBHS

**SOC-QIC** System of Care Quality Improvement Committee

**SPMD** Serious and Persistent Mental Disorder; sometimes referred to as SMI (Serious Mental Illness).

**SPR** Single Point of Responsibility, also known as ACT or Assertive Community Treatment, these are intensive

case management programs for clients with a history of very high acute and/or long-term institutional care

utilization. SPRs provide 24/7 care for clients in the community

**SPY** Specialty Programs for Youth

**SRS** Session Rating Scale; a method of determining a client's satisfaction with the just-received therapy session,

which is administered by the clinician at the end of each session.

SSA Social Security Administration, federal agency which administers several federal benefit programs.

SSDI Social Security Disability Insurance Social Security Disability Insurance pays benefits if one is consider

"insured," meaning that you worked long enough and paid Social Security taxes.

SSI Supplemental Security Income Monthly cash assistance for people, including children, who have low

incomes and who meet certain age or disability guidelines.

Supportive Housing: Form of subsidized housing for people who are formerly homeless that integrates permanent rental

housing with individualized support services, encouraging independence and economic stability.

Supportive services include medical care, vocational counseling, and psychological and substance addition

services. Supportive housing is a nationally recognized practice for ending homelessness.

**TANF** Temporary Aid to Needy Families. Formerly AFDC (Aid to Families with Dependent Children)

**TAP** Treatment Access Program, provides screening, assessment, referral and placement into behavioral health

treatment services

**TAY** Transitional Age Youth

**TBS** Therapeutic Behavioral Services; for children with full-scope Medi-Cal who have had a recent psychiatric

hospitalization

TC A Therapeutic Community is a highly supervised program which requires abstinence from alcohol and

other drugs, and emphasizes self-help, personal growth, and peer support.

TCM Targeted Case Management Program

**TEDS**Treatment Episode Data Set is a federal data base into which local substance abuse data is collected and fed

into.

TIP Treatment Improvement Protocol, federal outcomes measurement system for substance abuse published by

Center for Substance Abuse Treatment (a part of SAMHSA)

**Treatment on Demand:** a policy in which a variety of appropriate and affordable treatment options are made available for

drug users to use when they are ready to use the services.

TYS Transitional Youth Services

**UA** Urinalysis, occurs at regular although oftentimes at random intervals in drug treatment programs

UCI Unique Client Identifier

**UDC** Unduplicated Client, a term to describe a client that has been counted as receiving services but who has

received service at the program least once before during the data collection period.

**UOS** Unit of Service, a term to describe a single contract-defined application of treatment for which the program

has been funded to provide.

UR Utilization Review; a process whereby a client's care is evaluated for appropriateness

Wraparound Services: A "full-service" approach to developing help that meets mental health needs. Individuals and

families may need a range of community support services to fully benefit from traditional mental health

services such as family and individual therapy and from special education.

YGC Youth Guidance Center (informally known as Juvenile Hall)

# Community Programs and CBHS Staff Directory

#### **CBHS Administration**

1380 Howard Street

	5 <sup>th</sup> Floor Reception	General Information	255-3400
Α	Elizabeth Apana	Contracts	255-3621
	Reanna Albert	ADM Assistant	255-3401
	Jonas Abella	BHAC	255-3739
	Rudy Aguilar	CDTA	255-3514
	Norman Aleman	Grants & Training - OQM	255-3553
	Ed Alvarez	MHSA	255-3735
	Lucy Arellano	Grievance Officer - OQM	255-3687
	Francine Austin	CDTA	255-3933
	AVATAR	Help Desk	255-3788
В	Rhea Bailey	MHSA Program Manager	255-3513
	Carlos Balladares	BOCC	255-3752
	Steve Banuelos	CDTA	255-3411
	Maria Barteaux	BIS Manager	255-3536
	Edwin Batongbacal	Director, Adult/Older Adult SOC	255-3446
	Steve Benoit	BHAC – ACCESS Coordinator	255-3633
	Fidez Bituin	Primary Care	255-3516
	Jon Blackner	BOCC	255-3758
	Tom Bleecker	Research & Evaluation - OQM	255-3683
	Melissa Bloom	Assistant Director, Office of Quality Management (OQM)	255-3523
	Bill Blum	COPC Chief Operating Officer	255-3586
	Molly Bode	ADM Assistant	255-3420
	Carol Borden Gomez	BHIS	255-3951
	Deborah Borne	Primary Care	255-3520

	Helynna Brooke	Mental Health Board	255-3473
С	Edmund Carnecer	ADM Assistant	255-3659
	Ernestina Carrillo	Adult/Older Adult SOC	255-3650
	Bernice Casey	Shelter Monitoring	255-3653
	Jose F. Castro	Compliance	255-3677
	Phil Castiglione	BHAC TAP	538-5514
	Joseph Cecere	CDTA	255-3931
	Carol Chapman	Community Programs	865-5215
	Eric Ciasullo	CDTA	255-3799
	Myrtis Cockrel	PPN Compliance	255-3056
	Junko Craft	Contracts	255-3543
	Jackie Cordero	Contracts	255-3490
	Dave Counter	IT Director	255-3575
	Laurie Cueva	Cultural Competency	255-3617
D	Darlene Daevu	Cultural Competency	255-3426
	Miriam Damon	Children, Youth, and Families SOC	255-3761
	Nina da Silva	Children, Youth, and Families SOC	255-3413
	Christine Davenport	PPN Compliance	255-3443
	Felicia Davis	Compliance	255-3786
	Elizabeth Davis	CDTA	255-3934
	Wanetta Davis	Cultural Competency	255-3729
	Henry Dear	IT	255-3765
	Faye DeGuzman	Director's Office - 101 Grove	554-2526
	Steven Dempsey	Peer Support/Client Relations	255-3664
	Eric Dubon	CDTA	255-3924
E	Yvonne Echoff	Contracts	255-3492

	Duane Einhorn	Director, Business Office Contract Compliance (BOCC)	255-3471
	Margaret Elam	CDTA	255-3410
	Susan Esposito	Adult/Older Adult SOC	255-3441
F	Matthew Flores	Health Information Management-OQM	255-3487
	Michael Ford	BHAC Program Coordinator	503-4738
	John Fordham	BOCC	255-3530
	Forms Room	2 <sup>nd</sup> Floor	255-3913
G	Aida Galino	BOCC	255-3909
	Barbara Garcia	Public Health Director	554-2526
	Luciana Garcia	Contracts	255-3518
	James Gasper	Pharmacy	255-3705
	Emily Gerber	Children, Youth, and Families SOC	255-3448
	Shirley Giang	BOCC	255-3416
	Jim Gilday	BOCC	255-3661
	Alice Gleghorn	Alcohol & Drug County Adm./Privacy Officer	255-3722
	Jeannie Gonzales	BHAC	503-4730
	John Grimes	Adult/Older Adult SOC	255-3444
Н	Elayne Hada	Placement Services	255-3673
	Nick Hancock	Budget & Operations	255-3776
	Tracey Helton	MHSA	255-3736
	Jon Hepworth	IT	255-3533
	Help Desk	End User Support	255-3438
	Mario Hernandez	CDTA	255-3503
	Marsha Herring	BOCC	255-3938
	David Hersh	Medical Director Opiate Treatment	255-3601
	Kelly Hiramoto	Placement Director	255-3423

	Kellee Hom	Quality Improvement Director - OQM	255-3425
	Stephanie Hon	ADM Assistant	255-3525
ı	Juan Ibarra	Research & Evaluation - OQM	255-3693
	Nate Israel	Office of Quality Management (OQM)	255-3428
J	Georgia Jackson	Grants & Training - OQM	255-3587
	Nelson Jim	Office of Cultural Competency Director	255-3422
	Hilda Jones	CDTA	255-3924
	Denise Jones	Children, Youth, and Family SOC	255-3403
K	JN Kendall	Operations	255-3738
	Joseph Koehler	Office of Quality Management (OQM)	255-3484
	Jeanne Kwong	Cultural Competency	255-3427
	Linda Kyi	ADM Assistant	255-3554
L	Ramon Lacayo	Grants & Training - OQM	255-3620
	Valerie Lai	Placement Services	255-3432
	Sidney Lam	Adult/Older Adult SOC	255-3730
	Kevin Ledbetter	BHAC	503-4741
	Chris Lovoy	Children, Youth, and Family SOC	206-7612
	Alice L Lee	Health Information Management-OQM	255-3488
	Harriet Lem	MHSA	255-3762
	Jane Lev	Primary Care	255-3614
	Sherry Little	Research & Evaluation - OQM	255-3638
	Michelle Long	Contract Development Technical Assistant (CDTA) Director	255-3409
	Stan Lowe	Pharmacy	255-3714
	Alison Lustbader	Children, Youth, and Family SOC	970-3849
М	David Macias	BOCC	255-3937
	Mailroom 2 <sup>nd</sup> floor		255-3431

	Kelly Mahon	CDTA	255-3607
	Charles Maranon	Operations	255-3408
	Maria X. Martinez	Deputy Director Community Programs	554-2877
	Simon Martinez	Cultural Competency	255-3699
	Wanda Materre	Cultural Competency/Ombudsman	255-3694
	Michael McDonough	BHAC	255-3734
	Fred McGregor	IT Manager	255-3565
	Yete McMahon	MCAH/Community Programs	255-3769
	MHSA Navigators	1 <sup>st</sup> Floor Lobby	503-4740
	Ravi Mehta	Office of Quality Management (OQM)	255-3905
	Earl Mercherson	IT Support	255-3766
	Tom Mesa	BOCC	255-3749
	Kathleen Minioza	MHSA	255-3556
	Richelle-Lynn Mojica	Grants & Training - OQM	255-3555
	Charles Morimoto	Director of Disaster Planning Community Programs	255-3750
	Pablo Munoz	IT Project Director	255-3926
	Craig Murdock	BHAC Director	503-4732
N	David Nakanishi	Community Programs	255-3647
	Tyronne Navarro	Facilities Director	255-3405
	Sean Nguyen	CDTA	255-3521
	Sana Noble	Placement Services	255-3671
	Frank Norris	Facilities	255-3790
	Amy Nuque	Office of Quality Management (OQM)	255-3680
0	Marcellina Ogbu	Director of Community Health Care	255-3524
	Maureen O'Neil	Community Oriented Primary Care	255-3618
	Diana Ontiveros	IT Support	255-3707

	Patricia Ortega	Eligibility	865-5268
Р	John Pabustan	BOCC	255-3935
	Raj Parekh	SF Homeless Outreach	554-8457
	Rann Parker	SF Homeless Outreach	554-8458
	Chona Peralta	Performance and Compliance	255-3443
	Judy Perillo	Contracts	255-3451
	David Pine	Deputy Medical Director	255-3447
	Pharmacy	1 <sup>st</sup> Floor	255-4752
	Diane Prentiss	Research & Evaluation – OQM	255-3696
	Lou Prochilo	BHAC	255-4761
R	Reception 4 <sup>th</sup> Floor	General Information	255-3500
	Reception 5 <sup>h</sup> Floor	General Information	255-3400
	Charles Rivera	Adult/Older Adult SOC	255-3421
	Jo Robinson	Director of CBHS	255-3440
	Sandi Robison	MHSA	255-3676
	Stephanie Romney	Children, Youth, and Families SOC	255-3412
	Monica Rose	Director, Research & Evaluation-OQM	255-3535
	Chris Rubino	BOCC	255-3678
	Toni Rucker	Director, Grants & Training - OQM	255-3522
	Michelle Ruggels	Director of Operations	255-3404
S	Supply/Forms Room	2 <sup>nd</sup> Floor	255-3913
	Michele Samponga	Budget & Operations	255-3748
	Delia Sandoval	Research & Evaluation – OQM	255-3679
	Ann Santos	Research & Evaluation – OQM	255-3546
	Rudy Servin	BHAC	255-3718
	Deborah Sherwood	Director-Office of Quality Management	255-3865
	Dave Sickles	Placement Services	255-3495

	Charles Simons	Research & Evaluation – OQM	255-3688
	Marlo Simmons	Director MHSA	255-3915
	Steve Solnit	BHIS	255-3922
	Jim Stillwell	Deputy Director, CBHS	255-3717
	James Stroh	CDTA	255-3445
	Irene Sung	Chief Medical Director	255-3742
Т	Eva Tan	Health Information Management-OQM	255-3486
	Cordell Thompson	Operations	255-3414
	Matt Tierney	OBIC, COPE	255-4787
	Kimberly Ganade Torres	MHSA	255-3551
	Philip Tse	Budget and Operations	255-3637
	Estifanos Tsegay	BHIS	255-3544
U	Adam Udlis	Placement Services	255-3774
V	Kimberly Voelker	IT	255-3566
W	Kathleen Wallace	MHSA Implementation Specialist	255-3684
	Gloria Wilder	Director, CHBS Pharmacy Services	255-3703
	Andrew Williams	CDTA	255-3928
	Michael Wise	MHSA Implementation Specialist	255-3684
	Korey Wong	BHAC	255-3623