



# **Cultural Competency Plan Update**

## **Fiscal Year 2025-26**

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (SFDPH)**  
**BEHAVIORAL HEALTH SERVICES (BHS)**  
**Office of Justice, Equity, Diversity, & Inclusion (JEDI)**  
**January 2026**

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# San Francisco Department of Public Health, Behavioral Health Services Cultural Competency Plan

## Introduction

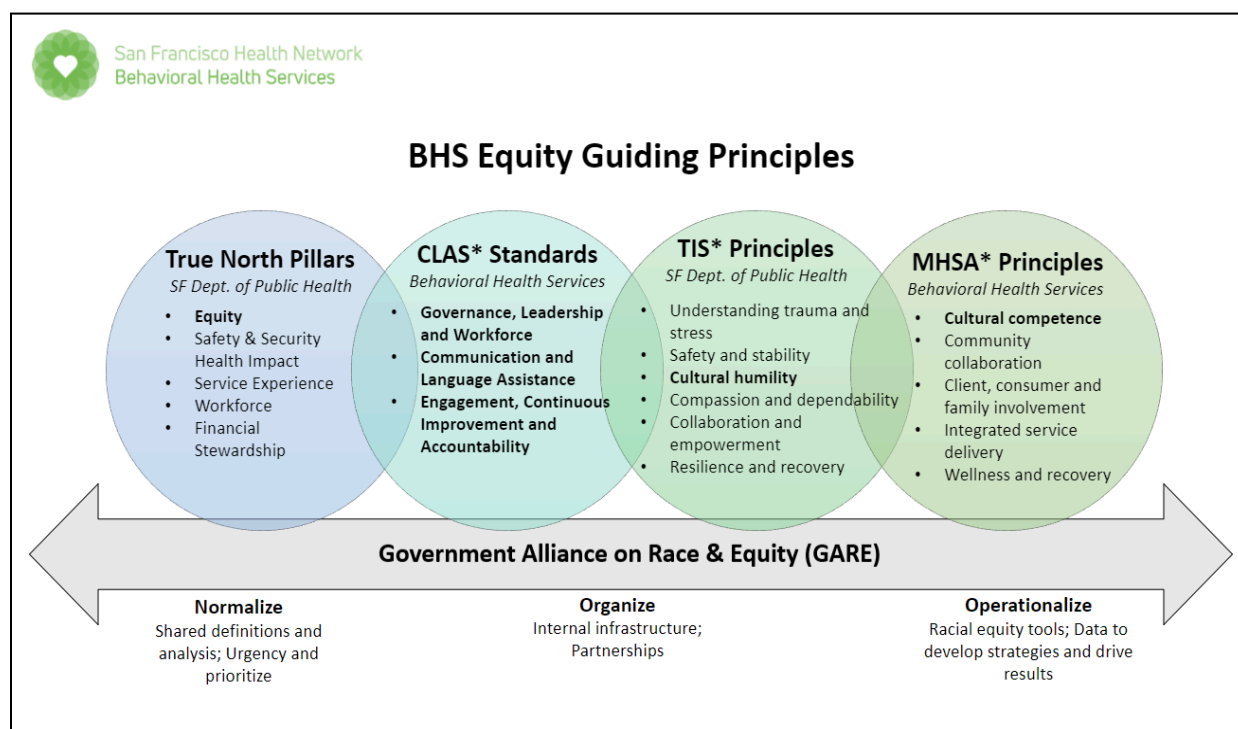
This FY2025-26 Cultural Competency Plan Update provides an overview of the progress made during FY2024-25 and outlines priorities and planned activities moving forward. This update reflects SFDPH BHS' ongoing commitment to advancing cultural competence, equity, and inclusion across the BHS system to better meet the needs of our diverse community. The report is framed around the following State defined criterion:

1. Commitment to Cultural Competence
2. Updated Assessment of Service Needs
3. Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
4. Client/Family Member/Community Committee: Integration of the Commitment Within the County Mental Health System
5. Culturally Competent Training Activities
6. County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff
7. Language Capacity
8. Adaption of Services

## Commitment to Equity-Driven Services

San Francisco Department of Public Health (SF DPH) Behavioral Health Services (BHS) aims to provide equitable and effective care to people with mental health and substance use needs. As a division of the San Francisco Department of Public Health (SFDPH), BHS promotes wellness while developing culturally responsive healthcare that serves under-resourced populations experiencing the most serious health inequities.

To assess our success in achieving our equity goals, we usually focus outward on areas such as accessibility, service provision, and program design. BHS is committed to understanding the impacts of racism and discrimination on our workforce and communities; to building workforce capacity to provide culturally congruent care for our communities with the greatest health inequities; and to innovate, implement and improve systemwide anti-racist practices and policies.



## BHS Racial Equity Action Council

The BHS Racial Equity Action Council (REAC) is a monthly meeting for staff to learn about and get involved in larger equity initiatives occurring throughout BHS and SFPDH. Attendees share information about individual and team equity projects and discuss challenges and solutions. REAC has representation across various teams, including System of Care leadership, the SF Behavioral Health Commission, and BHS Racial Affinity/Accountability Group members. BHS Executive Leadership recently began collaborating with REAC to ensure all equity initiatives are fully integrated.

## BHS Cultural Heritage Month Acknowledgements

Starting in FY22-23, the BHS Office of Justice, Equity, Diversity, and Inclusion (JEDI) began to standardize and operationalize recurring Cultural Heritage Month Acknowledgements. These announcements not only uplift our staff and their communities but also provide a dedicated time to share important updates on Culturally Congruent Programs and services.

Developing the heritage month program required collaboration across BHS, including JEDI team members, REAC, BHS Racial Affinity Accountability Groups, and various Systems of Care. Small workgroups develop each acknowledgement, highlighting specific cultural details.

Acknowledgements are included in the BHS Biweekly Newsletter, which is sent to all BHS staff. In FY 2024-2025, we recognized Latina/o/e/x, Native American, Southwest Asian, North African, Arab American, Asian, Native Hawaiian, and Pacific Islander heritage; Black history; Pride Month; and Juneteenth.

### BHS Southwest Asian & North African (SWANA) American and Arab American Heritage Month Acknowledgement April 1 - April 30, 2025

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## San Francisco County and BHS Demographics<sup>1</sup>

About 828,000 people were living in the minority-majority city of San Francisco in 2024. People who identify as “White alone-not Hispanic” made up 36% of the population. Asians comprised about 35% of the population. About 17% of residents identify as Hispanic or Latina/o/e/x and 5% of residents identify as Black/African American.

Table 1: San Francisco Population by Race/Ethnicity in 2024

Race/Ethnicity	Count	% of population
<b>Total Population</b>	<b>827,526</b>	
<b>White</b>	300,136	36.3%
<b>Black or African American</b>	38,793	4.7%
<b>American Indian and Alaska Native</b>	1,382	0.2%
<b>Asian</b>	290,477	35.1%
<b>Native Hawaiian and Other Pacific Islander</b>	2,355	0.3%
<b>Other Race</b>	6,417	0.8%
<b>Two or more races</b>	49,074	5.9%
<b>Hispanic or Latino</b>	138,892	16.8%

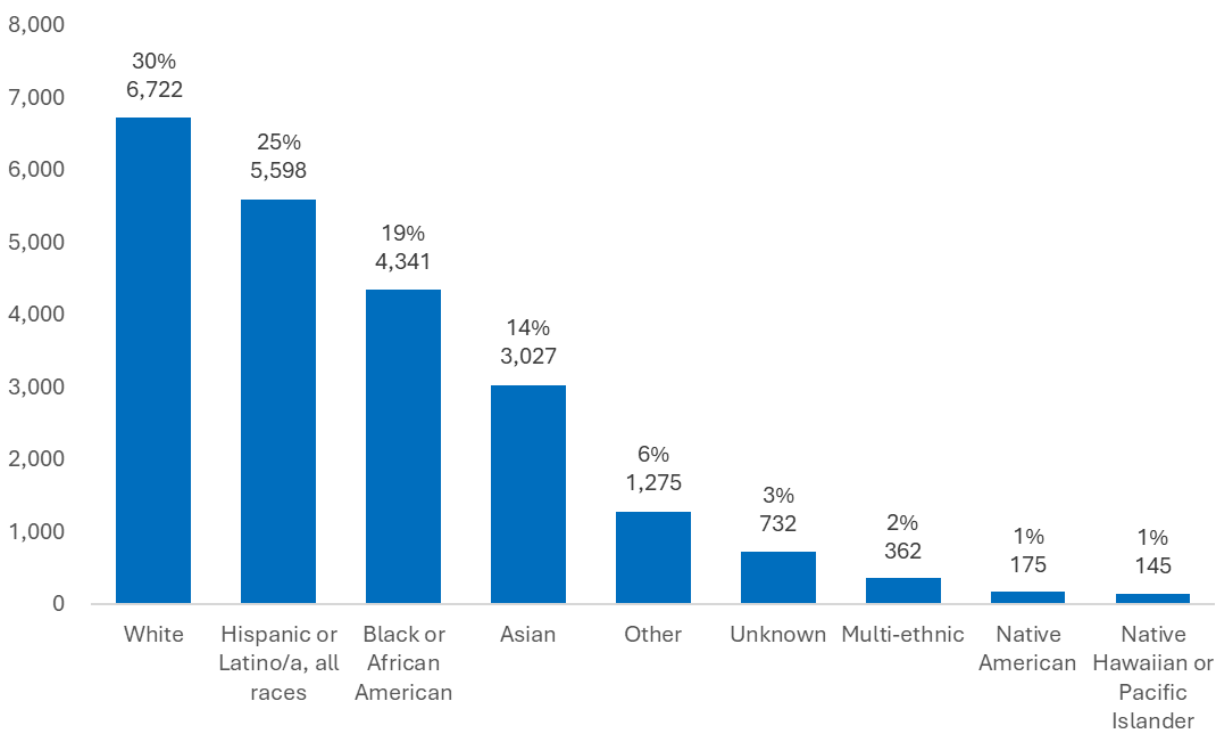
Source: U.S. Census Bureau, U.S. Department of Commerce. (2024). Hispanic or Latina/o/e/x Origin by Race. American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B03002.

The demographics of BHS members receiving services differ from the general population to a significant degree. Of the 22,377 people who access either Mental Health or Substance Use Disorder (SUD) services in FY2024-25, 30% identified as white, 25% Latina/o/x/e, 19% as Black/African American, 14% as Asian, and small percentages of Native American and Pacific Islanders.

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<sup>1</sup> BHS transitioned their electronic medical record system from Avatar to EPIC in 2024. Data availability is limited. Data on client demographics includes all BHS clients served from July 1, 2023 - May 31, 2024.

Figure 1. BHS Client Demographics: Race/Ethnicity



Source: SFDPH BHS Epic and Avatar, FY2024-25

## Maintaining Language Access for BHS Clients

Language access and cultural humility go hand-in-hand as a foundation for equitable health outcomes. BHS continues to ensure that language/linguistic issues are not barriers to members of the public accessing mental health or substance use services, bilingual staff members and offering and access to contracted interpretation/translation services.

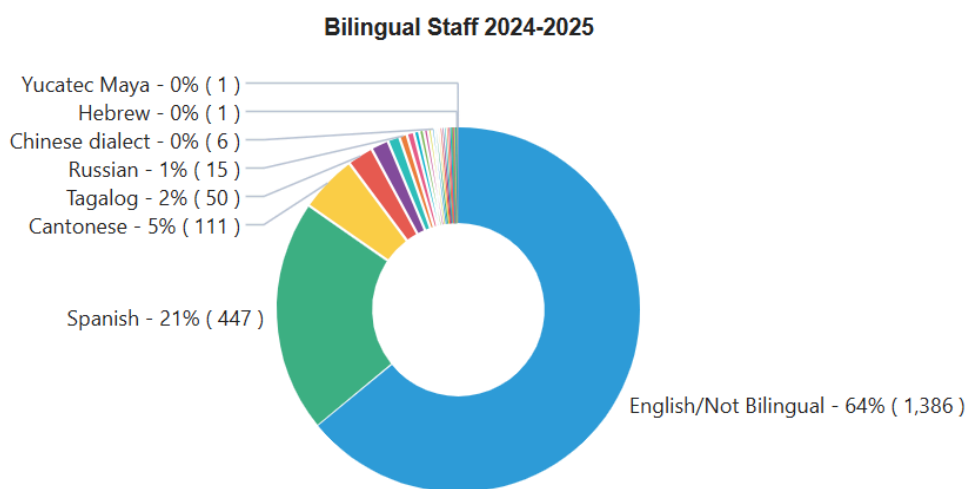


Figure. BHS Staff Language Capacity

BHS and our contracted community-based organization (CBO) partners have bilingual clinicians dispersed throughout clinic sites and programs. While English is, by far, the most common language among consumers (75%), 10% speak **Spanish** (1935 people) and 6% speak **Cantonese** (1069 people). There were

140-180 people who spoke Russian, Vietnamese, and Mandarin, the remaining threshold languages.

### **Bilingual Staffing**

This same pattern holds true for clinical and support staff across the BHS network (including civil service and CBOs), according to the Cultural Competence Tracking System, a platform for self-reporting and documenting staff demographics and language capacities. Among programs that submitted their staff information for FY24-25, bilingual Spanish-speaking staff were the most widely represented at 21%, or 447 individuals. From that same sample, 5% (111 staff) self-identified as bilingual Cantonese, Tagalog, and Russian, all threshold languages for San Francisco County, had 10 or more staff with capacity.

The figures indicate an ongoing critical need for more bilingual staff. Furthermore, bilingual capacity among clinicians is lower than staff overall. SFDPH has increased recruitment and hiring of bilingual staff members. In the interim, services are supported through interpretation services.

### **Interpretation/Translation Services**

SFDPH, through a centralized process, provides interpretation and translations to clients who need services in a variety of languages. SFDPH's contracted LanguageLine's primary service is 24/7 telephone interpretation support (including video calls), staffed by a network of interpreters. Other vendors provide translation services and on-site interpretation at functions, including virtual and in person community meetings and family/client counseling sessions.

Internal BHS usage of interpreters/translators has grown over the past few years, and the pilot program introduced at the start of FY19-20 (see next section) has resulted in a significant increase in the number of requests for language support.

### **Language Resources for CBO Partners Pilot Program**

In July 2019, the Office of Equity, Social Justice and Multicultural Education (now JEDI) within Behavioral Health Services launched a pilot program that provided contracted providers with access to the interpretation services already used by DPH-run services.. The idea for the pilot program was born out of discussions with the Cultural Competence Task Force, whose membership consists of several leaders of contracted community-based organizations, and SFDPH Annual Cultural Competence Report Questionnaire.

Within the Task Force, the issue of language access was a constant topic. A member of the SFDPH Contract Development & Technology Assistance team and CBO representatives noted that language resources are a gap in contractual funding, funding is not allocated to language resources, and many CBOs lack additional funds to provide them

.

In the FY18-19 SFDPH Cultural Competence Report Questionnaire, many CBOs reported an inability to meet the needs of monolingual members whose languages weren't spoken by existing staff. In response, SFDPH made available funds to allow contracted CBOs to access



interpretation services. In-person interpretation for individual or group appointments and community events was included in the pilot. CBOs in need of linguistic support completed a simple request form, which initiates contact with the vendor and coordinates rendering of the service. The request form is then used to document requests.

During FY19-20, we received 30 requests from CBOs for language support—27 for interpretation and three for translating informational materials. Of the 27 interpretation requests, 26 were for therapy (individual, family, group), assessment or counseling. One request was for a cross-cultural summit. All of the interpretation requests came from just six agencies.

We are currently funding the program on a year-to-year basis. Since launching, the positive impact the pilot program has had for CBO partners has continued to grow. Further analysis of the data from the pilot program will inform what's feasible moving forward.

### **Overview of Language Resources**

In trying to meet the National Culturally and Linguistically Appropriate Services Standards (CLAS) Standards, we monitor the extent to which those standards are being implemented throughout the BHS system. Each year, JEDI issues a Cultural Competence questionnaire for agencies (both civil service and CBOs) to report on their internal developments aimed at addressing one or more of the CLAS Standards. Many of the findings lead to changes, such as the pilot program to support CBOs with expanded language access.

### **General Practices**

The general practices used to assist Limited English Proficiency clients can vary greatly from one agency to another. All programs determine whether members have language needs during the first encounter. When appropriate, members are informed of their right to have an interpreter at no cost to them. Most agencies first look internally to see if there is someone on their staff that can meet the language preference of the member. If the need can't be met by an internal staff, different approaches are taken to ensure the client gets the service they need.

Many agencies have staff with linguistic capacities that match the needs of the community they serve. For example, Mission Neighborhood Health Center and Instituto de la Raza are heavily staffed with bilingual Spanish clinicians who are equipped to support the Latin American population they serve. In cases where the need can't be met, DPH-run sites may offer on-site or telephonic interpreters.

Organizations may also refer a member to a program or agency that better meets a member's language needs. To identify a better fit, providers may use the Cultural Competence Tracking System database to identify clinicians with the relevant capacity or call the Behavioral Health Access Center for a referral.

Many agencies are aware of their responsibility to provide language services and have established relationships with vendors or utilize other sources to address any service gaps due to language.

### **Procedures to Manage Capacity**

After a member's language needs are determined, programs assign a clinician who speaks the desired language to the member as part of a care plan. In the event there isn't capacity, the provider will explore other options, either external language resources or a referral. Language preference information is taken at intake and documented in relevant platforms. Most of the agencies reported that the data, which is updated in real time, informs their staffing needs and the recruiting efforts of their HR units. In job postings, it is common to state a preference or requirement that candidates are bilingual to ensure staffing meets the language needs of the community.

Few San Francisco CBO programs offer financial incentives for staff who are bilingual. City/County employees receive some compensation for those with bilingual status (granted based on results of proficiency exam).

### **Language Resource Vendors**

All DPH-run programs draw from the same vendors. On-demand 24/7 telephone interpretation is provided by our vendor through a city-wide contract across all departments. The CBOs used a variety of vendors, including Language Line, Language Circle of California, Language Bank, TransPerfect Connect, Certified Languages International, and Avid Translation. Some CBOs erroneously listed DPH and its contracted vendors as their own resources. Other agencies used highly skilled volunteers from organizations such as the Volunteer Health Interpreters Organizations (VHIO).

Survey results showed that agencies' had inconsistent understanding of where to access language resources. While many were proactive and used vendor services directly, others relied on DPH resources. Furthermore, other agencies were aware of limited departmental turn resources and used alternatives, including qualified volunteers or less-than-satisfactory methods, such as Google Translate.

### **Data Tracking of Interpreter Usage**

Few programs collect data on interpretation usage themselves. In nearly all cases where programs use a vendor, monthly invoices were referenced as the sole source of information. These invoices usually include the following:

- Date/time of calls,
- Language being requested/used
- Duration of the calls.

This information is rarely recorded as data. Instead, invoices serve as records. For example, all BHS sites rely on the Cultural Competency Analyst to look up any interpretation usage data. Similarly, a few CBOs use their financial accounting systems to track use of such services. Other agencies have pledged to establish data collection practices or will do so should it become a requirement by BHS..

### **Vendors for Written Translations**

Written translation services are available through contracted agency in-house vendors or other procedures; and DPH vendors. through one of several categories: those that did translations in-house, About a quarter of the programs said that they utilized vendors from their own contracts.

For those translations done in-house, there is no indication of any quality control, aside from the general quality of the staff's skills (to be discussed in the next section).

Finally, organizations that don't offer translation services reported using methods that are inadequate by system standards, such as using Google translate or having untrained relatives accompany clients at appointments. Contract language with CBOs should emphasize the necessity of having translation services. The scope of SFDPH support for translation should be clearly defined to ensure that resources are adequately budgeted and expectations set reasonably.

### **Determining Qualifications of Bilingual Staff**

While bilingual status is noted in the Cultural Competence Tracking System, the qualifications are not typically documented. Furthermore, only some agencies have processes for determining bilingual skill levels and those that do take different approaches, usually during recruitment. At SFDPH, to achieve bilingual status, all hires must take an examination conducted by Human Resources (HR), including a bilingual exam tailored specifically for the behavioral health field.

For many CBOs, language capacity requirements are often listed directly on the job posting. Applicants who meet the linguistic requirements and make it to the interview stage are then tested or asked to conduct a portion of the interview in the language the job demands, usually by a clinician or staff person who speaks that language. Some CBOs require letters of reference from past organizations verifying language capacity or other forms of assessment as part of the application process.

Other programs specifically aim to hire native speakers, though this approach fails to account for technical language that isn't typically spoken outside of the clinical environment. Many programs indicated that they have no process for assessing language skill and rely on the self-reporting of applicants. These approaches are insufficient and likely to result in communication gaps.

### **Specialty Mental Health Services and Other Services Available for Beneficiaries**

BHS maintains publicly available Mental Health and Substance Use Disorder Provider Directories to support members in identifying BHS in-network providers. The directories include information on all service sites and their language capacities and are available in multiple languages, including Spanish, Chinese, Vietnamese, Russian and Tagalog. The provider directories are accessible on the BHS website at

<https://www.sf.gov/mental-health-and-substance-use-disorder-provider-directories>.

### **Mental Health Emergence of Telehealth/Telepsychiatry**

DPH implemented telehealth options during the COVID-19 pandemic, including guidance, webinars, relaxed telehealth/telepsychiatry regulations, federal telehealth grant enabled DPH procure and install webcams and microphones at all DPH behavioral health service sites. DPH has maintained and improved those services ever since, with increasing access and additional offerings.

### **BHS Cultural Competency Database**

SFDPH is phasing out our current database used for the BHS Cultural Competency Tracking System. We are determining options and timelines for alternative platforms.

## Equity-Driven Workforce Development and Training Initiatives

### Equity-Driven Hiring and Retention Initiatives

The **Behavioral Health Services Office of Justice, Equity, Diversity, and Inclusion/Behavioral Health Services Act (JEDI/BHSA)** division has collaborated with SFDPH and Human Resources to promote equity and diversity efforts to hire and retain behavioral health clinicians and program support staff. JEDI is responsible for training and workforce development for all behavioral health workers in alignment with the City's racial equity ordinance.

FY24-25 initiatives have included the following:

- Piloted **Behavioral Health Fellows Program** to recruit recent graduates who are pursuing Licensed Social Worker, Licensed Marriage and Family Therapist, or Licensed Professional Clinical Counselor careers. The 1-year training program provides new graduates with practical learning experiences and exposes them to a public service career as a Behavioral Health Clinician.
- Advanced **workforce and career development** through the HR Office of Experience & Culture
  - Develop pathways and resources for current employees to achieve career development and growth at SFDPH
  - Establish traineeships and internships
  - Create opportunities for community members to join the SFDPH workforce
- Held **Workshops at HR Recruitment** events for Health Workers and Behavioral Health Clinicians

**Anti-Racist, Culturally Humble, and Equity-Centered Supervision (ARCHES) Learning and Training Academy FY 24-25**

This 11-part virtual training and learning series is designed primarily for BHS clinical supervisors. It aims to help supervisors develop and strengthen foundational skills to recognize, embrace, and implement an anti-racist and culturally-responsive approach to clinical supervision. By enhancing supervisors' competencies, the series seeks to create a ripple effect, improving the cultural responsiveness of supervisees and ultimately enhancing the quality of care for diverse client populations. While focused on supervisors, the series also welcomes clinicians and staff who are preparing for supervisory roles or those interested in learning how to approach supervision from an anti-racist, culturally-responsive, and equity-centered perspective.

**Anti-Racist Clinical Supervision**  
Kenneth Hardy PhD  
Sep 20, 2024 (Fri) 9 am - 12:15 pm

**Antiracist Transformative Clinical Supervision**  
Wendy Ashley PsyD, LCSW  
Allen E. Lipscomb PsyD, LCSW  
Two-Part Training on Oct 11 and 18, 2024 (Fridays) 9 am - 12:15 pm for both dates

**Utilizing the Kim Constructive Conversations Model (KCCM) in Clinical Supervision**  
Anastasia S. Kim PhD  
Nov 15, 2024 (Fri) 9 am - 12:15 pm

**Culturally Responsive CBT Supervision**  
Pamela A. Hays PhD  
Dec 13, 2024 (Fri) 10 am - 1:15 pm

**Antiracist Adaptations to DBT in Clinical Supervision**  
Vinu Arunagiri PhD  
Vibh Forsythe Cox PhD  
Jan 24, 2025 (Fri) 9 am - 12:15 pm

**Addressing Anti-Black Racism in Clinical Supervision: Strategies for Preventing and Reducing Racial Trauma**  
Alex L. Pieterse PhD  
Feb 14, 2025 (Fri) 9 am - 12:15 pm

**Embodiment, Somatic Awareness and Mindfulness to Increase Racial Literacy, Fluency, and Agility in Supervisory Conversations**  
Nathalie Edmond PsyD  
Feb 28, 2025 (Fri) 9 am - 12:15 pm

**Supervision as Co-vision: A Multidimensional Framework for Cultural and Social Equity in Psychotherapy and Supervision with Immigrant Families**  
Celia Jaes Falicov PhD  
Mar 21, 2025 (Fri) 9am-12:15pm

**Anti-racist Social Work Practice as a Path to Liberation**  
Sarah Ross Bussey PhD, LCSW  
Monica X. Thompson LCSW  
Apr 25, 2025 (Fri) 10 am - 1:15 pm

**Psychoanalytic Theory and Cultural Competence in Psychotherapy and Clinical Supervision**  
Usha Tummala-Narra PhD  
May 9, 2025 (Fri) 9 am - 12:15 pm

**Decolonizing Therapy™ in Clinical Supervision**  
Jennifer Mullan PsyD  
Jun 13, 2025 (Fri) 9 am - 10:30 am

**Who can attend?**  
BHS supervisors, clinicians, staff  
Note: CMEs available for licensed behavioral health clinicians, psychologists, psychiatrists, MDs, NPs, RNs, SUD counselors

**How to register?**  
Registration will be available a month before each virtual training. For now, please save these dates/times in your calendar.

**San Francisco Health Network Behavioral Health Services**

For training needs or questions, please contact Michelle Meyer at [Michelle.Meyer@sfph.org](mailto:Michelle.Meyer@sfph.org)



- Held **Leadership Retreats**: Five full-day, in-person sessions (Cabinet + Equity Exec) to rehearse racial-equity decision-making, clarify roles, and strengthen performance-management practices
  - Developed racial equity management tools for employee evaluations
- Launched **affinity groups** for Black/African Americans, Latina/o/e/x, White, and Asian staff to help build their capacity on racial equity concepts and practices.
- Implemented **BHS Antiracism Fellowship** (4 cohorts, 2022-25): 120 directors, managers, clinic directors, and racial equity champions completed a 16-week curriculum translating the history and present anti-Blackness and White supremacy into day-to-day public health practice
- Developed and implemented **Unlearning Racism** training on racial equity
  - Developed **accessible training videos**, including a 50-minute documentary titled *Through Their Eyes: Stories of Anti-Blackness* featuring thought leaders, educators, and professionals who explore anti-Blackness across racial groups by defining its impact, sharing personal experiences, and offering strategies to challenge and address it in behavioral health.
  - Developed interactive training guide including participant pre- and post-training assessments
  - Trained JEDI team on how to facilitate **Unlearning Racism** content
- Offered on-going **Leadership Coaching**: 1:1 and group coaching for executives and managers focused on reflective accountability, equity tools, and change practice
- Launched **affinity groups** for Black/African Americans, Latine, and Asian cabinet and executives to help build their capacity on racial equity concepts and practices for leadership

**Advancing Care Coordination (ACCORD) Learning and Training Academy 2026**

This 6-part virtual training and learning series is designed primarily for BHS clinicians and providers. It aims to help providers expand clinical practice beyond therapy by making care coordination a shared, team-based, equity-driven workflow aligned with CalAIM and social determinants of health (SDoH) goals. Across the series, participants will learn how to use structural assessments and organize shared plans of care using ICPM, Wraparound, and Intensive Care Coordination practices. Emphasis is on practical skills: closed-loop referrals, warm handoffs, cross-system teaming, and documentation that makes coordination meaningful, visible, billable, and measurable. Each session integrates a trauma-informed and anti-racist lens, culminating in a capstone on advancing health equity through care coordination. Expect concise tools, case examples, and take-home templates you can use with clients, their families, and caregiving systems.

**Care Coordination Overview: Expanding Clinical Practice Beyond Therapy**  
Wendy Ashley PsyD, LCSW  
Allen E. Lipscomb PsyD, LCSW  
Jan 23, 2026 (Fri) 9 am - 12:15 pm

**Use of Structural Assessments to Bring Macro Understanding to Micro-Level Encounters**  
Sarah Ross Bussey PhD, LCSW  
Monica X. Thompson LCSW  
Feb 6, 2026 (Fri) 9 am - 12:15 pm

**Integrated Core Practice Model (ICPM): A Pathway to Healing & Recovery in Care Coordination**  
Janice Bofo, LCSW  
Mar 13, 2026 (Fri) 9 am - 12:15 pm

**Clinicians in Wraparound**  
Chevonna Gaylor, LMFT  
Apr 17, 2026 (Fri) 9 am - 12:15 pm

**Intensive Care Coordination (ICC) Foundations**  
Amara Benjamin-Bullock, MA, LMFT  
May 8, 2026 (Fri) 9 am - 12:15 pm

**Antiracist Strategies for Transforming Care Coordination and Advancing Health Equity**  
Ken Hardy PhD  
Jun 12, 2026 (Fri) 9 am - 12:15 pm

**Who can attend?**  
BHS clinicians, supervisors, and providers

**Note:** CMEs/CEUs available for licensed behavioral health clinicians, psychologists, psychiatrists, MDs, NPs, RNs, SUD counselors

**How to register?**  
Registration will be available a month before each virtual training. For now, please save these dates/times in your calendar.

San Francisco Health Network Behavioral Health Services

For training needs or questions, please contact Ritchie Rubio at [Ritchie.Rubio@sfnph.org](mailto:Ritchie.Rubio@sfnph.org) or Michelle Meier at [Michelle.Meier@sfnph.org](mailto:Michelle.Meier@sfnph.org)

- Held **accountability group** sessions for White cabinet members
- Developed and implemented **Mediation Protocol**, a race-conscious, harm-reduction approach designed to address racialized disciplinary disparities and resolve conflicts earlier and more transparently
- Facilitated **grief and loss debriefing and support groups** with corresponding assessments and resources.
- Facilitated **culturally relevant staff wellness retreats** at four Black/African American culturally congruent clinic program sites
- Created culturally relevant staff **wellness and healing circle curriculum** and facilitated **cultural sensitivity, intersectionality, and staff wellness healing circles** for JEDI staff
- Created staff **wellness binder** and provided strategic development and planning support for JEDI team

Moving forward in FY25-26, JEDI will implement the following workforce development and training initiatives:

- **Unlearning Racism Training:** The JEDI team was trained to facilitate the Unlearning Racism curriculum using a train-the-trainer model in 2025. Moving forward, the JEDI Team will disseminate the training to all BHS staff, both in-person and online.
- **BHS Antiracism Fellowship:** The fellowship cohorts will be expanded to include clinicians and frontline staff as well as develop anti-racism training for clinicians in response to racial discrimination experienced by clients. We will also sustain fellowship graduates' engagement and integration through racial affinity groups and mediation program participation.
- **Manager Accountability Initiative:** Antiracist 360 Degree Leadership Reviews will be conducted by fellowship participants to assess leaders in the areas of foundational knowledge, emotional resourcing and communication, race consciousness, translating knowledge into action, motivation and prioritization. White accountability group sessions for cabinet members will be expanded to include executives.

## BHS Training Unit

The BHS Training Unit, under JEDI, works with System of Care leadership to provide a diverse and rich training schedule, which includes trainings that address antiracism and gender-affirming care, such as the following trainings offered in FY24-25.

- Antiracist Transformative Clinical Supervision
- Embodiment, Somatic Awareness and Mindfulness to Increase Racial Literacy, Fluency, and Agility in Supervisory Conversations
- Addressing Anti-Black Racism in Clinical Supervision
- Antiracist Social Work Practice
- Decolonizing Therapy™ in Clinical Supervision
- Working with Eating Disorders in LGBTQ+ Clients

- Spectrum of Neurodivergence
- Antiracist and Equity Leadership Fellowship

“Spectrum of Neurodivergence” examined variations in presentation among underdiagnosed populations, including transgender, gender diverse, BIPOC, and high IQ.

In addition, two year-long training series were implemented that were instrumental in educating BHS providers on equity and cultural humility. In its third year, the ARCHES (Antri-Racist, Culturally Humble, and Equity-Centered Supervision) Learning and Training Academy took a deep dive into equitable and culturally humble tools and topics related to clinical supervision. Trainings addressed skills for supervisors to provide safer, more constructive spaces and empowered supervisees to seek out culturally responsive supervisory relationships.

The second series included Cultural Competency Innovation (CCI) programming to support a series of culturally innovative treatments for working with Black/African American (BAA). The training sessions progressively highlighted that BAA individuals are habitually mis- or over-diagnosed with psychotic disorders. Attendees were steadily introduced to ways to help clients heal from misdiagnosis. This will continue in FY25-26 to dive into specific, innovative treatment modalities with community-based evidence for successful outcomes.

For FY25-26, BHS will kick off a new learning and training academy series on “Advancing Care Coordination (ACCORD),” with each session incorporating a trauma-informed and anti-racist lens to advance health equity across caregiving systems. In addition, we will be launching a newly developed training on “Culturally Adapted Motivational Interviewing,” and are creating a new state-required training on Transgender, Gender Diverse, and Intersex clients. SFDPH continues to be a model in this area with many counties reaching out to request our training materials.

The Training Unit also asks presenters they will be required to discuss racial and cultural disparities in their presentations, and to attest they will do so.

In recognition of all this work, the California Medical Association awarded the BHS Training Unit (and JEDI) its “Cultural/Linguistic Competency and Implicit Bias Innovation Award – Overall Program 2025.”

### Other Behavioral Health Workforce Development Programming

- **University of California San Francisco (UCSF) Public Psychiatry Fellowship at San Francisco General Hospital and BHS Adult/Older Adult System of Care.** The SFDPH Public Psychiatry Administrative Fellowship is a two-year program with a mission to build community among emerging public psychiatry leaders within BHS. SFDPH MHSA funds the training of two fellows at DPH. Fellows completed all program activities as



conducted in previous years, with additional field trips planned to sites in San Francisco that provide resources for those with housing insecurity and substance use disorders.

- **Child and Adolescent Community Psychiatry Treatment Program (CACPTP).** This program has fellows rotating at clinical sites and participating in the Public Psychiatry Fellowship, spending multiple afternoons per week at one of the BHS clinics.
- **Public Mental Health Systems Professionals Loan Forgiveness.** In partnership with ten Greater Bay Area Counties and the City of Berkeley, SFDPH is implementing a Loan Repayment Program for eligible individuals, including public mental health systems professionals, to address the shortage of mental health practitioners in public mental health systems. It supports individuals in five categories, including: Pipeline Development, Loan Repayment Program, Undergraduate College and University Scholarships, Clinical Master and Doctoral Graduate Education Stipends, and Retention Activities.
- **Public Health Institute FACES for the Future Program at San Francisco Unified School District.** This program, held at John O'Connell High School, provides juniors and seniors with information about health and behavioral health careers through career exploration, job shadowing, academic enrichment, wellness support, and youth development opportunities. The program also provides on-campus case management services for students, including referrals to behavioral health partners. The program partners with the Department of Family and Community Medicine at San Francisco General Hospital to coordinate a Wellness Strategy for students enrolled in FACES program. Additionally, FACES partnered with San Francisco Unified School District to host a Health Career Conference for students to explore careers in healthcare. Students received mentoring from health professionals in San Francisco.
- **City College of San Francisco: Community Mental Health Worker Certificate Program.** This program provides a three-semester program that is designed to mimic a therapeutic milieu to increase resiliency, foster hope, and promote self-determination. The program prepares individuals to work as behavioral health providers, increases access for mental health services to underserved populations, and trains frontline behavioral health workers in the wellness and recovery model. This year, we implemented a series of trainings focused on integrating transgender-empowering content into our curriculum to further enhance the development of job readiness skills across our providers.
- **Community Mental Health Academy.** This program provides culturally and linguistically congruent education and training to diverse community-based organizations that have frontline staff who are case managers, peer educators, community educators, outreach workers, and other paraprofessionals. In upcoming months, staff plan to develop a Spanish glossary for mental health terminology so that future therapy sessions hold closer meaning for Spanish-speaking clients. We will continue Community Mental Health Academies for non-mental health community-based organizations.
- **City College of San Francisco: Addiction & Recovery Counseling (ARC) Certificate Program.** This program provides substance use disorder counselor certification training

and formal educational pathways to train counselors in working as substance use disorder counselors. The program prioritizes economically disadvantaged communities of color, marginalized groups, and large numbers of individuals from isolated and/or financially/socially marginalized communities (e.g., LGBTQ+, formerly incarcerated, in recovery, people who are experiencing homelessness or marginally housed). This year, the ARC program was redesigned as a fully hybrid/online instructional program to better meet the needs of students and the health industry workforce to have greater accessibility and flexibility in completing their programs. Additionally, the ARC program developed and piloted a test-prep workshop for SUD certification.

- **Kuumba Peer Fellowship Program.** This program provides comprehensive peer-informed support services to children and families of African descent. The Fellows provide recovery-oriented and resiliency-focused services for youth who are managing behavioral health challenges, as well as to the family members, and caregivers who support them. Kuumba Community Fellows (CF) provide evidence-based practices and serve as role models to inspire hope, demonstrate a life of recovery and resiliency, and encourage real advocacy for the children and families of African Descent in the city's Southeast area. See more about the Kuumba Peer Fellowship Program under BHS-A-Funded Program Updates.

### Toward Equity Within

In addition to expanding language access, internal equity work is needed to improve and enhance workplace experiences for BHS staff and clients. The BHS Equity Workplan and the BHS Racial Equity Action Plan outline these goals and approaches.

### BHS Racial Equity Action Plan Priorities

In January 2021, JEDI began the initial phase of operationalizing racial equity. Phase 1 was comprised of the following:

- 360 Degree Anti-Racist Leadership Reviews
- Racial Equity Champions Affinity Groups and Racial Equity Empowerment Committee
- Staff Wellness Retreats
- Training, Equity Learning Requirement, and Internship Program
- Recruitment, Hiring Offers, Salary Gaps, and Exit Interviews
- Culturally Congruent Behavioral Health Approaches
- Community Engagement

The **Anti-Racist Leadership Reviews** will increase staff engagement to enforce greater management accountability to reduce racial bias that results in inequitable disciplinary actions.

As mentioned in the earlier section on the Training Unit, **training and equity learning** are major priorities for building capacity within the BHS staff. Racial equity training has been made a requirement of the Performance Plan and Appraisal Report (PPAR) for each employee, to promote professional and career advancement and opportunity.

**Staff Wellness** retreats will also make a return to reduce work-related stress amongst staff and foster better relations and communication within. Much of this will involve incorporating trauma-informed and equity frameworks. After a vacancy of over a year, JEDI recently hired a full-time Staff Wellness Coordinator to facilitate these actions.

The **adoption of more culturally congruent BH approaches** will involve further changes in recruitment and hiring to expand the culturally congruent clinicians and other staff to meet the needs of diverse communities in San Francisco. We are also developing a wellness-oriented manualized curriculum for behavioral health providers that emphasize historical trauma and anti-racist frameworks to build capacity.

**Community engagement and feedback** guides this work through BHSA's CPP meetings and the Cultural Competence Task Force, composed of representatives from CBO and internal BHS providers, and other platforms.

### Racial Equity A3

We used an "A3," a technique of LEAN Management to develop an actionable BHS Racial Equity plan. This method enabled us to enumerate and prioritize the equity issues facing BHS, the reasons behind them, goals and measurable actions to address them, and the next steps. The A3 enables identification of new issues and strategies that can be inserted or removed according to current needs.

### Racial Equity Action Plan and A3 FY2024-25 Update

An updated version of the Action Plan and Racial Equity A3 will be developed in FY26-27, following the completion and alignment of an extensive BHS leadership strategic planning process in FY24-25, in coordination with the BHSA Integrated Plan and JEDI equity initiatives.

## Equity-Driven Updates from SF Behavioral Health Service Act, BHS Systems of Care, and Population Health

### Behavioral Health Services Act (BHSA)

California voters passed the Behavioral Health Services Act in March 2024 to address today's behavioral health system and needs. The reforms modernized the state's 2004 Mental Health Services Act (MHSA) and expanded services to include treatment for people with substance use disorders, prioritized care for individuals with the most serious mental illnesses, and housing interventions, as well as continued investments in early intervention, workforce, and innovative pilot programs.

San Francisco BHS works to engage with members of our community and other stakeholders to plan for the delivery of behavioral health services. Our BHSA team facilitates a robust Community Planning Process (CPP), which includes meetings with consumers and service providers, including the BHS Client Council and the San Francisco Behavioral Health Commission, a communitywide survey, collaboration with City and County agencies (including the Department of Homelessness and Supportive Housing; the Department of Aging and Disability Services; the Department of Children, Youth, and Families; and others), as well as collaboration with health care and emergency service providers. CPP informs the development of the BHSA Three-Year Integrated Plan, Annual Updates, and ongoing program improvements.

San Francisco's BHSA Advisory Committee includes 25 members, all of whom are behavioral health service consumers. The Committee provides guidance in the planning, implementation, and oversight of the BHSA, in addition to collecting feedback on programming and the needs of priority populations. Recruitment for the Advisory Committee focuses on engaging with communities who are underrepresented in the BHS system, namely those with expertise in law enforcement and substance use, Transitional Age Youth, transgender individuals, and family members. BHSA also engages with other stakeholder groups such as the BHS Client Council and the SF Behavioral Health Commission.

### **JEDI/BHSA Advisory Committee**

The JEDI/BHSA Advisory Committee meets quarterly. All BHSA Advisory Committee Meetings are open to the public. The 2026 schedule of meetings will be released in early January 2026. The meeting schedule is posted to the SF BHSA website and translated into San Francisco's five threshold languages, Spanish, Russian, Chinese, Tagalog and Vietnamese.

The BHSA Advisory Committee Meeting provides an opportunity for BHSA providers and community stakeholders to learn about BHSA program implementation, receive policy updates, discuss upcoming projects, and clarify program requirements. This meeting also allows BHSA-funded programs to foster connections with other BHSA-funded programs and with community stakeholders. Attendees share successes, discuss challenges, and provide feedback to the San Francisco BHSA Team. Feedback is compiled and shared with BHS leadership to inform program and service delivery. All attendees are asked to provide demographic information when registering to meet the state stakeholder requirements.

The San Francisco Cultural Competence Task Force is composed of behavioral health providers and other representatives from Civil Service and community-based organizations who come together to discuss cultural competence/humility throughout the Behavioral Health Services system. The Task Force and the JEDI/BHSA Advisory Committee share feedback and ideas on cultural competence matters. In FY24-25, the Task Force contributed to the development of cultural competence reporting tools, shared input on potential pilot programs, and provided feedback on existing cultural competence programs and metrics.

## **Behavioral Health Services Act (BHSA)-Funded Programs Updates**

### **Black African American Community Wellness & Health Initiative (BAACWHI)**

The Mental Health Services Act (MHSA) unit of Behavioral Health Services (BHS) launched a new program called Black African American Community Wellness & Health Initiative (BAACWHI). This new project is a collaborative effort of MHSA, Booker T. Washington Community Services Center, Rafiki Coalition and YMCA Bayview Hunters Point. The program is designed to meet the needs of the Black/African American Communities of San Francisco by providing the services listed at the following organizations:

### ***Booker T. Washington Community Services Center (BTWCSC)***

BTWCSC continued to address and prevent destabilization and homelessness through a Black-centered, multi-service approach by offering a variety of programs that are comprehensive, culturally-affirming, and intersectional. The Black Safety Access Freedom Equity (BSAFE) Team was expanded in FY24-25. Two full-time Program Case Coordinators play a critical role in connecting with clients across all BTWCSC programs. In response to the closure of a community grocery store, BTWCSC expanded its grocery distribution program to multiple satellite sites throughout the neighborhood, including multiple local housing sites and community hubs.

The Black-centered Housing Navigation services has begun a process to develop a holistic, community-wide land use and housing strategy by engaging with key partners at the People's Planning School. Additionally, BTWCSC was chosen as one of five community-based organizations to participate in Tipping Point's Homelessness Prevention Pilot aimed at providing more accessible, equitable, and flexible support to families on the brink of homelessness through a collaborative service-provider network. As part of BTWCSC housing service strategy, we also held five focus group sessions to understand and center the lived experience of Black San Franciscans navigating coordinated entry. Additionally wrap-around services offered this year include LGBTQ+ and Trans/GNC Support groups and intergenerational grief groups. Throughout the year, BTWCS holds many Black cultural celebrations and gatherings, including a Soulful Gather and Mental Health First Aid Workshop. Finally, BTWCSC completed the Equity Community Organizing (ECO) Group project with an intergenerational advocacy pilot project designed to promote health equity in the community.

### ***YMCA Bayview Hunters Point African American Holistic Wellness Program***

During this fiscal year, a Sound Healing Certification Training was launched as a holistic vocational pathway for community members. This six-week program provides participants with practical skills in sound therapy to support both personal growth and professional development. Additionally, our ongoing partnership with UCSF to deliver a community-centered series on brain health and aging has fostered meaningful dialogue around health disparities, caregiving trends, and evolving community needs. Given the disproportionate impact of these issues on African American individuals, providing access to this vital resource has been a critical step in addressing systemic inequities and promoting culturally responsive health education.

### ***Substance Use and Overdose Prevention Education for Black/African Americans***

BHSA is funding the Homeless Children's Network to reach Black/African American individuals who do not already receive services through the San Francisco Department of Public Health and to provide culturally relevant substance use and overdose prevention outreach, engagement, and education. The intended outcome of this funding is to expand capacity of local community-based organizations to prevent and mitigate harmful health outcomes associated with substance use, and to reduce overdose death disparities through novel and innovative approaches.

### ***The Kuumba Healing Project***

The Kuumba Healing Project (KHP) of Southeast Child Family Therapy Center continues to serve disenfranchised families of Black/African descent living in San Francisco. KHP provides culturally relevant community and school-based services around the psychosocial and academic needs of our target population. KHP is embedded in SF schools and collaborates closely with community-based programs. KHP provides behavioral health services, including school-based individual and group therapy, as well as restorative circles and Social Emotional Learning (SEL) curriculum throughout SFUSD. KHP also provides clinical consultation to SFUSD instructors and administrators and provides classroom observation and clinical assessment services.

The Kuumba Healing Project collaborates with NAMI (National Alliance on Mental Illness) by creating relevant psycho-educational content and co-facilitating classes targeting the mental wellness of youth and families of Black/African descent in San Francisco. Kuumba Fellows (Peer Specialists) provide paraprofessional support to KHP's clinical team and co-facilitate SEL curriculum, restorative circles, psychoeducation, and outreach within SFUSD and local community organizations.

### ***Black/African American Maternal Mental Health Programs***

The Black/African American Mental Health Program is a collaboration between MHSA and SFDPH's Maternal, Child Adolescent Health Section. It focuses on providing equitable, trauma-informed, and culturally responsive mental health care and prevention. UCSF, RAMS, Rafiki, and Homeless Children's Network are implementing mental health prevention and promotion services and trauma-informed, culturally congruent approaches to pregnancy, perinatal, and postpartum mental health care. They also provide workforce development and training to ensure a culturally appropriate peer and mental health practitioner workforce that is equipped to serve this population and to establish peer support networks.

In FY24-25 the program achieved several key milestones: completing a childbirth education video series, which provides accessible and culturally responsive content for expectant families; and bringing together 75 participants at the annual birthworker training and retreat, which fostered professional growth, peer connection, and shared learning. Additionally, the program made initial progress in developing a community outreach strategy aimed at increasing awareness of services and strengthening referral pathways with the additional grantee programs.

## Children, Youth, and Families System of Care (CYF)

### Demographics Reporting

Throughout FY24-25, CYF identified strategies to improve the member experience, particularly in informed hiring practices with respect to the matching of providers' ethnicity and language with that of community needs, along with accounting for shared lived experiences. The overarching goal was to address the need to rebuild community trust and confidence in the City's mental health support apparatus in the post-COVID era.

The CYF **Workforce and Clients Demographics Study** aimed to:

- Describe our current workforce regarding race, ethnicity, and language capacity to identify gaps in our system's ability to serve San Francisco's diverse community effectively
- Describe our current workforce regarding race, ethnicity, and language capacity as a baseline to monitor the success of trauma-informed and racial equity efforts of CYF's Triple Aim.

The goal was to create a work environment free from the structural and interpersonal barriers experienced by people of color. The study used FY23-24 staffing data from the Cultural Competence Tracking System and client electronic health records from Avatar. Drawing from programs where staff administered Child and Adolescent Needs and Strengths (CANS) assessments, the study helps pinpoint disparities and recommends improvement measures.

*"The CYF system of care serves a diverse client population, with 35% identifying as Hispanic/Latina/o/x/e clients, 21% African American/Black clients, 15% Asian, and 9% White. The workforce composition reveals a majority of staff FTE identifying as White (29%) as well as most of the direct service staff FTE at 27%, followed by Hispanic/Latina/o/x/e (24%), Asian (21%), and African American/Black (11%).*

*The current workforce capacity allows for matching Asian and White clients to clinicians; however, there is a need for increased representation of Hispanic/Latina/o/x/e and African American/Black providers within the CYF direct service workforce to better match the client population. A more granular analysis of racial and ethnic subgroups reveals further disparities. For instance, while the difference in proportion between Asian clients and direct service staff is about 5%, 68% of Asian clients identify as Chinese compared to 49% of Asian direct service staff FTE, indicating a 19% gap.*

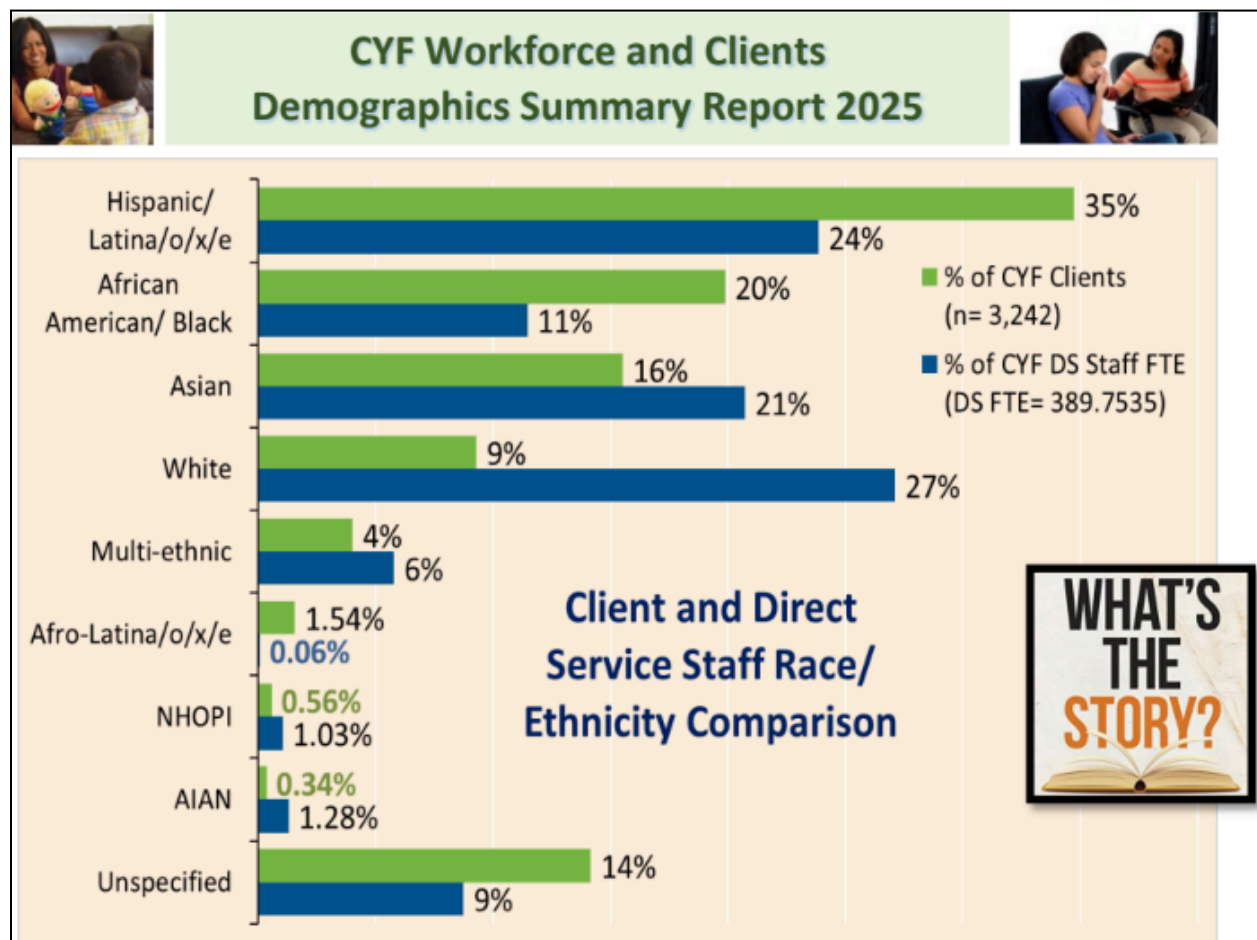
*In addition to racial and ethnic matching, CYF programs have also focused on meeting clients' preferred language needs. The top three non-English languages preferred by CYF clients are Spanish (23%), Cantonese (5%), and Mandarin (1%). Among CYF staff, 30% of total FTE can converse in Spanish, with 31% of direct service staff FTE capable of providing treatment to Spanish-preferring clients. Furthermore, 6% and 4% of providers can serve Cantonese and Mandarin-preferring clients, respectively.*



*While the primary goal of this report is to identify cultural matching disparities and inform hiring practices, it also serves to guide broader practice improvement efforts aimed at strengthening the cultural responsiveness, humility, and competence of the CYF workforce to meet the growing diversity of clients served.”*

The report summarized the races, ethnicities, and languages of staff from 34 CYF programs, 10 civil service programs, and 24 community-based organizations (CBO), and compared them with the clients from these same programs. A limitation of the report from FY20-21 was that the numbers presented did not match the perception of clinic directors in terms of who the clients receive treatment from. Because of this, this report observes clients next to staff that provide direct services.

### CYF Workforce and Client Demographics FY2024-25



Also developed in FY24-25 was CYF’s adjacent report, ***Does Race/Ethnicity Match between Clients and their Providers Matter? An Exploration of CANS Outcomes in CYF Programs for FY21-22 through FY22-23***. This report’s goal was to determine if matching clients and staff by race and ethnicity improved outcomes for CYF clients. The data was drawn from CANS



assessment results for clients who were evaluated twice by the same clinician 90 days (or more) after their initial assessment.

*“Overall, matched clients exhibited equal or better outcomes than mismatched clients in every CANS 6-20 assessment domain and proportionately improved 7% more actionable ratings. For Hispanic/Latina/o/x/e clients, pairings led to better outcomes in 100% of domains. In contrast, no domains favored match for African American/ Black clients. Within CANS domains with the most actionable ratings, matched clients showed about equal or better outcomes in 75% of Behavioral/ Emotional Needs items, 92% of Functioning items, and 91% of Strengths items. Additional factors were explored to assess their influence on outcomes. For zero through five clients, 14% of domains had equal or better outcomes for matched clients. For clients with Race/ Ethnicity, Socio-Economic Status, and Language cultural stress, 100%, 71%, and 71% of the domains, respectively, had equal or better outcomes with matched clients. Clients 180-240 days after their initial evaluation displayed equal or better outcomes when culturally matched for 71% of domains. Clients with a Closing assessment had equal or better outcomes in 100% of domains. Finally, clients who were engaging with CYF for the first time showed better outcomes in 57% of the domains when their evaluator matched their race & ethnicity. In addition:*

- *Hispanic/ Latina/o/x/e clients proportionally improved in about three times more actionable ratings when they were influenced by race/ethnicity cultural stress and their clinician was also Hispanic/ Latina/o/x/e. For the six Functioning items that totaled at least fifteen actionable ratings each from matched and mismatched clinicians, match was favored by at least 19% and up to 60%. Match was also favored across all domains by the time these clients were discharged. Race/ethnicity cultural stress favored match in Actionable Needs, Functioning, and Strengths around 3-fold or more.*
- *When matching clients by ethnic subgroups, 100% of actionable Strengths items resulted in equal or better outcomes.*
- *Asian clients showed almost no effect from cultural match in actionable Knowledge ratings, and overall mismatched clinicians improved more actionable Caregiver ratings than Asian clinicians. But, when matched at the ethnic subgroup level, Asian clients improved in 15% more actionable Knowledge ratings and overall, 17% more actionable Caregiver ratings. This suggests there may be more value for Asian Caregivers when the clinician matches their sub-ethnicity.”*

## **Education**









CYF also offers guidelines and resources for its workforce. Among these is the Tools to Improve Practice (TIPS) website, which provides a compendium of resources that can complement and strengthen the clinical work of therapists and other behavioral health providers. TIPS accounts for the impact of ongoing trauma, racism, and other cultural and systemic factors on the well-being of child and youth clients. Assessment guides; telehealth training; and tools, including the Anti-Racism Clinical Guide and the Culturally Responsive Guide (which contain

culture-specific pages) are available to BHS staff. FY24-25 focused on developing guide content on topics of Neurodiversity and the LGBTQIA2S+ community.

### CYF Tools to Improve Practice FY2024-25

# Tools to Improve Practice

## T. I. P.s and Clinical Practice Guidelines for Working with Children, Youth, and their Families

 <p><b>Culturally-Responsive Guide</b></p> <p>Working with diverse communities :</p> <ul style="list-style-type: none"> <li>Latina/o/x/e, Hispanic</li> <li>Black/African-American</li> <li>Asian American and Pacific Islander (AANHPI)</li> <li>American Indian (AIAN)</li> <li>LGBTQIA2S+</li> <li>Neurodivergent</li> </ul>	 <p><b>CBT-Informed Practice Guide</b></p> <ul style="list-style-type: none"> <li>Feeling Calm</li> <li>Increasing Motivation</li> <li>Repairing Thoughts</li> <li>Solving Problems</li> <li>Trying the Opposite</li> <li>CBT Training Videos and Video-based tools</li> </ul>	 <p><b>Crisis Intervention Guide</b></p> <ul style="list-style-type: none"> <li>Crisis Assessment &amp; Triage</li> <li>DBT-Informed Tools</li> <li>Safety Planning Intervention</li> <li>Access to Lethal Means Counseling</li> <li>CBT for Suicidality/NSSI</li> <li>Anger Coping Strategies</li> <li>CBT for Psychosis</li> </ul>	 <p><b>Trauma Healing Guide</b></p> <ul style="list-style-type: none"> <li>Safety and Stabilization</li> <li>Trauma Narrative Processing</li> <li>Trauma-Focused Evidence-Based Practice: TF-CBT, PET-A, CPT-A, ITCT-C/A</li> <li>Telehealth adaptations of trauma-focused interventions</li> </ul>
 <p><b>Anti-Racism Clinical Guide</b></p> <ul style="list-style-type: none"> <li>Facilitating race, racism, and racial injustice <i>conversations</i> with children, youth, and families</li> <li><i>Racial trauma</i> healing</li> <li>Promoting <i>anti-racism</i> in our workplace and communities</li> </ul>	 <p><b>Assessment Guide and Tools</b></p> <ul style="list-style-type: none"> <li>CANS Tools</li> <li>PSC-35 Tools</li> <li>Behavioral Health Screening</li> <li>Culturally-Responsive Tools</li> <li>Family Assessment</li> <li>Strengths-Based Tools</li> <li>Therapy Session Tools</li> </ul>	 <p><b>School-Based Mental Health</b></p> <ul style="list-style-type: none"> <li>Prevention Strategies</li> <li>Intervention Tools</li> <li>School-based screening and assessment</li> <li>San Francisco School-Based Mental Health Services</li> </ul>	 <p><b>Expressive Therapies Guide</b></p> <ul style="list-style-type: none"> <li>Play Therapy</li> <li>Sandtray and Sandplay Therapy</li> <li>Art Therapy (coming soon)</li> <li>Other Expressive Arts Therapies (coming soon)</li> </ul>

The Culturally Responsive Guides are included in information that is distributed throughout the year during heritage months to target groups. Another component of the heritage month information distribution is culture-specific data stories and reflections meant to highlight each

group's behavioral health needs and strengths, drawing from CANS and Pediatric Symptom Checklist assessments.

Care coordination was recently added to the TIPS site to help providers better address Social Determinants of Health. Because CYF primarily serves BIPOC clients and communities, it was important to highlight that Care Coordination is Anti-Racism work in action.

Finally, to address workforce development efforts around cultural adaptation of clinical practices, CYF partnered with the JEDI training department to develop and implement a three-year Anti-Racist and Culturally Humble (ARCH) Learning and Training Academy. Recordings and resources from the academy are widely disseminated. As part of the Pride Training Series, CYF co-developed and implemented a Working with Eating Disorders in the LGBTQ+ Communities session. Finally, as part of the monthly Autism and Co-Occurring Conditions Consultation Group for Providers, which started in March 2025, CYF partnered with JEDI Training to provide resources on working with clients across the spectrum of neurodiversity.

## **Adult/Older Adult (AOA) System of Care**

### **Mission Mental Health Clinic**

Mission Mental Health Clinic expanded the Black/African American Alternatives program, one of the longest running programs dedicated to working with Black/African American clients. Working closely with the JEDI-MHSA Innovations Culturally Congruent practices program, MMHC will expand the program. At the Mission Mental Health Clinic, important cultural events with staff and clients including Latina/o/e/x Heritage Month, Black History Month, Juneteenth, Kwanzaa amongst others, are celebrated

### **Chinatown North Beach Mental Health Clinic**

Chinatown North Beach Mental Health Clinic (CTNB) partners with their community-based provider, Richmond Area Multi-Services (RAMS), to develop an Asian American/Pacific Islander social services case management pilot project. This pilot was begun in FY20-21 and will continue for the remainder of FY24-25. The non-clinical case managers assist Behavioral Health Clinicians with linking non-English speaking Asian clients to community resources (i.e. escorting them to appointments, assisting with form completion, linking to community-based referrals, etc.). The pilot provides valuable support to the non-English speaking communities in San Francisco. As a result of the successful outcomes of this pilot, funding for the program will become ongoing.

### **Sunset Mental Health Clinic**

Sunset Mental Health has worked on improving the cultural competency of its service delivery by holding a series of clinical team meetings that focused on related issues, including working with monolingual Chinese speaking clients and their families; working with African American

clients and how to extend the engagement period for treatment; how to work with transgender clients and link to outside resources. In FY24-25, Sunset Mental Health started a series of Family Educational Groups on Serious Mental Illnesses and how to work with your loved ones, with the first series delivered in Cantonese. The goal is to expand the language capacity of this series.

## Transitional Age Youth (TAY) System of Care

The Transitional Age Youth (TAY) System of Care had several equity-related updates in FY24-25 including:

### Staff Leadership & Development (Under equity goals / coaching initiatives)

TAY staff continued participation in an intensive anti-racism training fellowship with three new staff participating in the FY24-25 training cohort. Executive leadership continued participation in 1:1 equity coaching sessions and bi-monthly executive group equity meetings. TAY staff continued or joined in the culturally relevant affinity/equity groups relaunched and offered by BHS.

The TAY Director continued technical assistance efforts for Black/African American clinic leaders and all clinic supervisors in developing professional development goals to align with BHS department goals so that supervisors could then coach their employees. Under this, staff equity goals were included with the Director reviewing developed goals and providing TA as needed. Weekly coaching by the Director (in the first half of fiscal year), and then working with a new clinic director to continue (in the second half of fiscal year), was provided to support Black/African American staff in leadership roles.

### System of Care (Under equity goals and QI/data initiatives)

*Staff diversity:* In FY23-24, the TAY SOC piloted implementing a reporting tool to capture missing staff demographics across our TAY programs. TAY SOC also analyzed these data collected to see the race/ethnic makeup of staff and what communities are most represented. This established a starting point of where data gaps remain to be addressed by tracking staff diversity and aiming for staff to reflect the diversity of clients served.

*Clients served:* The TAY SOC compiled and analyzed shared demographic data more fully for the first time across all our programs. This allowed BHS to develop a deeper understanding of TAY clients served, including race/ethnicity, sexual orientation and gender identity, preferred language, age range, and number of TAY accessing TAY behavioral health services.

*Equitable access to services:* TAY SOC continued to fund multiple agencies and support program development to provide culturally congruent services for Latino/Mayan, Black/African American, Asian/Pacific Islander and LGBTQ+ across our TAY community-based programs including at our TAY civil service clinic (latter via MHSA Innovation funds). Services include culturally tailored outreach and engagement, screening and assessment, individual and group therapy (traditional and non-traditional), social skills groups, peer support, crisis intervention, medication management, and case management, system navigation and linkages to services.

### Upcoming in FY25-26

With the launch of Epic last year, changes in payment reform, and state mandates, it really shifted current and future approaches of: how the TAY SOC align best practices collectively across all systems of care, how program services are effectively delivered, and what data is needed or to be improved upon while using a justice, equity, diversity lens. In FY25-26 as part of ongoing QI, the TAY SOC will analyze revised measures in reporting/EHR data from FY24-25 to see where areas strengthened and to inform gaps that need to be addressed further, as well as inform funding investments. In addition, the TAY SOC launched and/or built upon a few data projects/initiatives: one to capture client level data across all programs by race/ethnicity; another to measure impact of tailored engagement to accessing treatment; another around workforce--staff capacity and diversity. In FY25-26, the TAY SOC will also adapt and align with new/updated state reporting requirements, navigate impacts or new service opportunities from various funding sources, and build on hiring/promotive opportunities for our workforce. The TAY SOC will continue to have new staff participate in the next FY25-26 cohort group for the Anti-Racism Fellowship.

## Substance Use Services (SUS) System of Care

### Internal Workforce Initiatives

#### *Antiracism Leaders Fellowship*

Behavioral Health Services (BHS) Substance Use Services (SUS) System of Care participated in the Antiracism Leaders Fellowship that focused on improving client outcomes by understanding the impacts of racism and discrimination on our workforce and communities, build workforce capacity to provide culturally congruent care for communities with the greatest health inequities; and innovate, implement and improve systemwide anti-racist practices and policies.

### Dedication to Culturally Competent Community Partners

#### *Homeless Children's Network (HCN) Kupoa Program*

BHS SUS SOC funded Homeless Children's Network (HCN) to build the Kupona Program, a Drug Medi-Cal (DMC) certified facility for youth that will provide Early Intervention, Outpatient, and Intensive Outpatient Substance Use Services including Medications for Addiction Treatment..

HCN has a 30+ year history of building trusting relationships with community members through a strong Afri-centric framework that guides their approach to clinical services; a committed focus to uplift the voices of marginalized communities; and the engagement of Black communities in the design, implementation, and evaluation of solutions. HCN houses a collaborative approach to developing, implementing, and promoting these vital services.

#### *The Latino Commission (TLC) Casa Lil Hawk*

The Latino Commission (TLC) was awarded funds to stand up the first DMC-certified residential facility for youth experiencing substance use and co-occurring mental health concerns. Casa Lil Hawk's model is rooted in the belief that every youth deserves respect, dignity, and opportunities for growth. It is committed to trauma-informed care, cultural responsiveness, and youth developmental needs. The program prioritizes emotional safety, dignity, equity, and

healing of every young person receiving care. Youth in the program focus on healing, learning new life skills, and building resilience in a safe and structured environment.

- **Family-centered** – SUD treatment for youth is most effective when family and caregivers and other significant individuals are involved in treatment and receive guidance on how best to support youth. Youth often come from families that have experienced intergenerational trauma and stressors. Services can cater to families (ex: family therapy, Youth & Family Intergenerational Healing Group, etc.).
- **Culturally Rooted Practices:** The cultural identity, values, traditions, and teachings of youth in the program are honored, fostering a sense of belonging and respect.
- **Strength-Based Approach:** Youth are supported in recognizing and building upon their strengths.
- **Developmentally Appropriate Interventions:** Locally innovative and evidence-based strategies that consider the youth's age, developmental stage, and individual needs are used.
- **Integrative Restorative Practices:** Emphasis is on the whole person (bio-psychosocial and spiritual) to strengthen youth's accountability for repairing harm and restoring relationships.

### *Westside Clubhouse*

BHS SUS dedicated funds to expand Westside Clubhouse to include individuals experiencing substance use disorders. The Clubhouse model, a well-recognized approach to social rehabilitation, plays a crucial role in supporting SMI patients. It works to alleviate isolation, foster self-assurance, and cultivate skills for more effective life management. Worldwide, over 300 Clubhouses cater to SMI, but only a handful are associated with safety net providers such as Westside. Presently, there are no other similar services offered within San Francisco. Westside has a long history of serving the African American community and providing services to San Francisco's most vulnerable populations. With programming created by members of the community, Westside delivers educational, health, and social services.

## **Population Behavioral Health**

### **Internal Workforce Initiatives**

#### *Equity Discussion Series*

Population Behavioral Health implemented a monthly internal equity discussion series to:

- Facilitate an equity mindset among staff;
- Encourage regular dialogue and reflection on how to eradicate white supremacy culture from our work culture; and
- Support all employees by communicating authentically and respectfully while interrogating implicit bias.

## **Dedication to Culturally Competent Community Interventions**

### *Funding to Address Racial Disparities in Substance Use Education & Service Efficacy*

Population Behavioral Health is funding several programs that focus on providing culturally congruent/low barrier services and substance use education and prevention. The Homeless



Children's Network (HCN) was awarded funding for their Substance Use Prevention and Education program, which has already reached over 400 participants through community presentations, and funded by BHSa, as described above.

HCN was awarded additional funding to develop an educational campaign to reach and engage communities of color, in particular Black/African Americans, who are currently experiencing the highest racial disparities in overdose deaths in San Francisco. Utilizing feedback from targeted community outreach, culturally congruent campaign materials will include billboards, neighborhood posters, and social media.

### ***Community Holistic Overdose Prevention Programs***

Population Behavioral Health launched Community Holistic Overdose Prevention Programs (CHOPP) with Homeless Children's Network (HCN) and Code Tenderloin. CHOPP is aimed at reducing fatal drug overdoses, addressing stigma, and building community capacity around substance use services within the San Francisco Black/African American community. Specifically, these programs provide naloxone distribution; overdose prevention and response training; referrals/connections to services; and peer-based (HCN) or community-based (CTL) support.

HCN and Code TL have also completed community needs assessments for their work in the Bayview and Tenderloin neighborhoods to help inform their outreach and engagement strategies.

### ***Bayview Medications for Opioid Use Disorder (MOUD) Navigation***

Code Tenderloin was awarded funding to provide navigation to medications for opioid use disorder in the Bayview. Code TL conducts 20 hours per week of outreach in the Bayview neighborhood focused on connecting people with opioid use disorder to the Bayview Hunters Point Foundation (BVHPF) methadone clinic, OTO Bayview Van methadone clinic, and the DPH Telehealth MOUD phone line.

### ***Culturally Congruent Contingency Management***

The San Francisco AIDS Foundation was awarded funding to create PROP Empowerment; a contingency management (CM) program geared towards supporting the unique needs of Black/African Americans who want to reduce or stop their stimulant use. PROP Empowerment has completed one CM cycle and is currently enrolling for their next.

### ***The Shop***

Glide Foundation was awarded funding to create "The Shop," a drop-in space using the barbershop model to engage participants in overdose prevention, substance use treatment, community building, health education, and behavioral health support. "The Shop" is expected to launch in early 2026, operating 22 hours per week. Staff will engage in intentional discussions that promote therapeutic wellness interventions to ensure access to critical resources to reduce and prevent fatal overdose fatalities, provide health education, promote access to substance use treatment, access to individual counseling, and access to cohesive social connections and wellness activities that enhance whole person care. This program includes key service integration points that link to Glide's entire continuum of care and partner services.

### ***Capacity Building Period & Training***

To support the ramp-up for programs that were awarded funding to enhance their existing work with substance use services, Population Behavioral Health included a six-month capacity-building period in its Community Holistic Overdose Prevention Programs (CHOPP) grants. Program staff receive training on overdose recognition and response, motivational interviewing, working with people who use drugs, anti-stigma best practices, and treatment navigation resources.



## Final Takeaways

Led by the BHS-JEDI team, San Francisco Department of Public Health's Behavioral Health Services continues to increase efforts to address equity both internally and externally to meet the complex needs of the diverse communities using behavioral health services. The organizational innovations and new and strengthened programming being spearheaded by JEDI and carried out by the entire BHS team will improve the experience for staff and clients in the greater BHS network, and reduce inequities in health outcomes for people with behavioral health needs.

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