



Mayor Edwin M. Lee

Behavioral Health Services Monthly Director's Report August & September 2017

Fiscal Year 2016-2017 Highlights

- As part of Quality Management, staff developed and implemented a “Professional Development Workshop Series” with 60+ mental health staff from County-operated and contracted provider organizations in attendance.
- In the Triennial Medi-Cal Compliance Review across 200 standards related to Access, Quality, Provider Relations, Program Integrity, Interface with Primary Care, and more, BHS achieved 95% compliance.
- Representing 3 years of work by staff and contracted partners, BHS successfully launched the San Francisco's Drug Medi-Cal Organized Delivery System to fill gaps in addiction treatment.
- BHS Pharmacy began furnishing naloxone and NRT for substance use treatment clients.
- To improve patient experience, BHS Consumer Portal access and electronic laboratory ordering and results review went live.
- Three BHS clinics collaborated with Office of the Controller's City Performance team to identify broadly implementable tools for verifying client guarantor information, and developed a comprehensive manual: “Guide: Verifying Client Health Plan Status” for all BHS clinics.
- The Adult & Older Adult System of Care convened BHS intensive care management (ICM) and mental health outpatient programs and identified improvements for the flow of clients from ICM-level to regular Outpatient-level to enhance wellness-recovery.

Children, Youth, and Families System of Care

To improve quality of care and workforce development, the Children, Youth, and Families (CYF) System of Care has three aims: 1) Racial Equity, 2) Trauma Informed System (TIS), and 3) Reflective Leadership, Supervision, & Practice. Towards these aims, CYF engaged in numerous activities during FY16-17.

The leadership team completed 6 Racial Humility trainings, including a leadership retreat, standard 4-day training, and the Validate, Challenge, and Request (VCR) approach. From this work, a CYF Racial Equity Work-plan was developed to move work from theory and crucial conversations to action. The TIS team

developed 3 pilot sites to implement champions, leadership learning community focused on workforce development and implementation of TIS principles. CYF in collaboration with Adult & Older Adult System of Care conducted a survey of BHS civil service clinical supervisors and their supervisees. This survey measured several domains: Clinical Supervision Practice, Supervisory Relationship, Competencies, Job Satisfaction, and Burn Out, and will help inform development of the BHS Clinical Supervision Training & Learning Academy (launching in September 2017).

Finally, CYF is committed to integrating data and a practice improvement lens while meeting compliance activities. Two examples of this effort during FY16-17 include the launch of PURQC Level 2 (Utilization Review) and ongoing coaching/TA for CANS Data Reflection (Outcome Performance Objective). Both activities incorporate CYF's three aims, and have led to evaluation projects that inform the system of practice improvement efforts needed to enhance services for the children, youth, and families we serve.

Forensic/Justice Involved Behavioral Health Services

There are multiple justice involved programs within BHS – 4 are listed below with highlights from Fiscal Year 2016-2017:

AB1421, Assisted Outpatient Treatment (AOT), allows for court ordered outpatient treatment for individuals with a mental illness who meet strict legal criteria. In FY 16/17 there were 89 referrals, with 60 active participants. Individuals in contact with AOT showed overall reductions in psychiatric hospitalization and incarceration.

San Francisco was chosen as a recipient of two Board of State and Community Corrections (BSCC) grants to implement Law Enforcement Assisted Diversion and Proposition 47. Both programs begin in 2017 and aim to reduce recidivism and improve the health and housing status of participants.

Through the Community Justice Center, DPH provides case management and linkages to social services, community resources, and health services to people charged within select SF neighborhoods. In FY 16/17, there were 355 court ordered assessments and 105 individuals completed the program.

The San Francisco Drug Court is a collaborative court serving as an alternative to traditional sentencing for individuals with drug offenses. The Drug Court Treatment Center is a DPH program providing case management and services on site for these individuals. During FY 16/17, 136 individuals were referred and 29 individuals completed the program.

1. MENTAL HEALTH SERVICES ACT (MHSA)

Congratulations to Tracey Helton Mitchell who was selected by the County Behavioral Health Directors Association (CBHDA) of California to receive the 2017 "Storyteller" Award. The award ceremony was held in San Diego at the 2017 California Behavioral Health Policy Forum. The "Storyteller" award is given to an individual or organization that uses their story of recovery for the benefit of helping others. Ms. Helton Mitchell has been working in the behavioral health field for 19 years, using her own personal story or recovery from heroin addiction, homelessness, and mental health issues as a tool to inform system change.

2. BEHAVIORAL HEALTH SERVICES PHARMACY

For International Overdose Awareness Day on August 31st, CBHS Pharmacy provided information at the 1380 Howard Lobby. There was an excellent turnout of staff, community members and clients. 22 naloxone kits were furnished!

Did you know? BHS Pharmacy furnishes Naloxone Opioid Overdose Rescue Kits to clients, staff and the public. No appointment required. Come to 1380 Howard, Room #130, Monday to Friday, 9am - 4:30pm. Questions? Ask our pharmacists at 415-255-3659.



In the photo (left to right): Devin Erbay, Intern Pharmacist; Theresa Maranon, Pharmacist; Jenny Behan, Pharmacist; Michelle Geier, Clinical Pharmacist Supervisor; Stephanie Pang, Intern Pharmacist; Tiffany Tran, Intern Pharmacist.

3. ADULT & OLDER-ADULT (AOA) SYSTEMS OF CARE UPDATE

Meaningful ways to use the Adult Needs and Strength Assessment (ANSA) in client care

Since last fall, a team of BHS Quality Management (QM) and System of Care (SOC) staff at 1380 Howard, in collaboration with a number of BHS mental health Adult & Older-Adult (AOA) and Transition Age Youth (TAY) providers, has promoted thoughtful and clinically meaningful use of the data BHS regularly collects from consumers, as part of the Adult Needs and Strengths Assessment (ANSA) Data Reflection Initiative.

It started with a question back in October 2016, “Can the ANSA provide useful information to assist BHS mental health clinicians and their clients improve their work together to achieve treatment plan goals?” At monthly AOA provider meetings, the team discussed with providers the possibility of making ANSA not just a tool to score providers’ achievement of their contracted objective to improve client outcomes, but

also a tool to gain insights into each client's progress in their behavioral health, life functioning, and personal strengths, that can, as well, inform the direction of future services, treatment planning, and the focus of collaboration between the consumer and clinician.

From late 2016 into the first half of 2017, the QM and SOC team visited eighteen BHS AOA Mental Health programs, both contractor and civil-service operated, to test the hypothesis that a client's ANSA Traffic Light Report can enhance the quality of clinical case conferences conducted.

(The ANSA Traffic Light Report compares the client's most recent ANSA scores with the ANSA scores immediately prior. It conveniently lists the ANSA domain items for which the client has shown improvement in the intervening time between two scores, and the items for which the client has shown decline or non-improvement of severe needs.)

The team also wanted to find out, from the programs they visited, how the ANSA was already being used by programs, in ways other than as a scoring tool, to reflect upon and improve clients' progress and courses of treatment. (Programs under the BHS Children, Youth and Families System of Care, for example, have also started using program-level ANSA results to reflect upon their programs' strengths and opportunities for improvement.)

From these testing of including the ANSA Traffic Light Report into client case conferences, the feedback from most of the programs were positive. Many groups found the experience to be helpful and supportive as often there is not enough time to discuss cases in such depth, with the use of data (from ANSA), and in such a reflective manner. It was important to see on the traffic light report the large number of areas where a client has made improvements. It was reinforcing for the team to see that often, behind the day-to-day challenging presentations, there were personal strengths, and real improvements being made.

The potential emerges for the ANSA Traffic Light Report to be brought into regular program work practices, such as; into one-on-one clinical supervision, into quality and utilization management reviews (PURQC), and into annual treatment planning with the client, aside from into case conference discussions. ANSA can become a tool not just to score the past but to plan the future with the client.

In the process of conducting the ANSA Traffic Light Report exercises at the BHS programs, the 1380 Howard QM and SOC team heard time and again that clinicians were interested in seeing more strength areas reflected in the ANSA tool. BHS is therefore requesting input from all mental health clinicians, clinical supervisors, and program directors, on any potential changes to be made to the ANSA strengths items. To give input, direct-service staff, supervisors and program directors were invited to complete an online survey, for BHS to ensure incorporation of all input into decision-making about any changes to be made in the number of ANSA strength items.

4. CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEMS OF CARE UPDATES

Some staff members participated in the "Parent's Turn" training, a 6- week skill building and support group for parents of teens and young adults. This training was hosted by Margo Levi, LCSW (from Huckleberry House Inc.). The goal is that staff who attended this training will be able to implement English and Spanish-Speaking parent groups during the year.

Staff at Southeast Child/Family Therapy Center (shout out to Roberto and Silvestre) co-developed and implemented a 4-week boys' anxiety management group. BHS appreciates their commitment and energy to these boys. They have had a great turnout for the group.

5. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICE

The new fiscal year brought some changes to BHS management structure as related to the forensic and justice involved programs/services.

Dr. Angelica Almeida is now overseeing the following programs with a criminal justice or court focus:

- Assisted Outpatient Treatment (AOT)
- Partnership with Aging and Adult Services on LPS Conservatorships
- Law Enforcement Assisted Diversion (LEAD-SF)
- Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)
- Community Justice Center (CJC)
- Violence Intervention Program (VIP)
- Drug Court

To highlight, below are some additional information about a few of these programs:

-San Francisco has been chosen as a recipient of a Board of State and Community Corrections (BSCC) grant to implement Law Enforcement Assisted Diversion (LEAD). Based on the Seattle LEAD program, LEAD SF will be an innovative pre-booking diversion program that will refer repeat, low-level drug offenders or individuals engaged in sex work at high risk of recidivism, at the earliest contact with law enforcement, to community-based health and social services as an alternative to jail and prosecution. This program will focus on the Mission and Tenderloin Districts with a goal of improving the health and housing status of participants, reducing the recidivism rate for low-level drug and alcohol offenses, and strengthening the collaboration with city and community based partners. This program is based in principles of harm reduction. We are looking forward to starting the program in the fall!

-San Francisco has also been chosen as a recipient of an additional Board of State and Community Corrections (BSCC) grant to implement a Proposition 47 program which is being called Promoting Recovery and Services for the Prevention of Recidivism (PRSPR). This program is designed to work with individuals who have been charged with, convicted of, or arrested for a criminal offense with a goal of reducing recidivism and improving the health and housing status of participants. This grant will fund 32 Substance Use Disorder residential treatment beds, as well as 5 detox beds. The program will provide peer support to individuals as they complete the program and, while available for adults over the age of 18, will also have an additional Transitional Age Youth (TAY) component to support the outreach of TAY participants and development of TAY specific SUD curriculum. We look forward to starting this program!

The Community Justice Center (CJC) is a community-based collaborative court program which partners with the San Francisco Superior Court, the San Francisco District Attorney's Office, the San Francisco Public Defender's Office, Human Services Agency and the San Francisco Adult Probation Department. DPH staff provide case management services to people who are charged within the geographic area of the Tenderloin, Civic Center, parts of the South of Market neighborhood, and Union Square. Some individuals are cited directly by the San Francisco Police Department for arraignment to the court, which

is located next door to the service center. DPH staff provide linkage to social services agencies; community resources; and primary, behavioral health and substance use disorder treatment programs. Possible outcomes for successful completion of CJC may include: case dismissal under diversion and/or deferred entry of judgment; charge reduction; time off probation; early successful probation termination.

The Violence Intervention Program (VIP), which originated at the Center for Special Problems, has been providing treatment to residents of San Francisco with behavioral health needs who are also court-ordered for treatment due to violent offenses. Most of the clients are referred by San Francisco Adult Probation Department. 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. The four treatment programs within VIP are Domestic Violence, Interpersonal Violence, Sexual Offenses, and Child Abuse. Length of treatment and curriculum content is contingent in most cases on Penal Code stipulations and oftentimes on the specific court mandate. Treatment is coordinated with community treatment programs for clients with co-occurring substance use disorders.

The San Francisco Drug Court is a collaborative court that was established in 1995 as an alternative to traditional sentencing for individuals with drug offenses. The goal of the program is to connect individuals in the criminal justice system who have substance use treatment needs to community based services in an effort to enhance public safety, reduce recidivism, and reach legal dispositions that take their treatment needs into account. This voluntary intensive program combines either residential or outpatient treatment and court supervision. The Drug Court Treatment Center is a DPH program and allows for court participants to receive case management and services on site. Participation in Drug Court is a minimum of 6 months, but may be longer depending on the unique needs of each participant.

6. QUALITY MANAGEMENT UPDATES

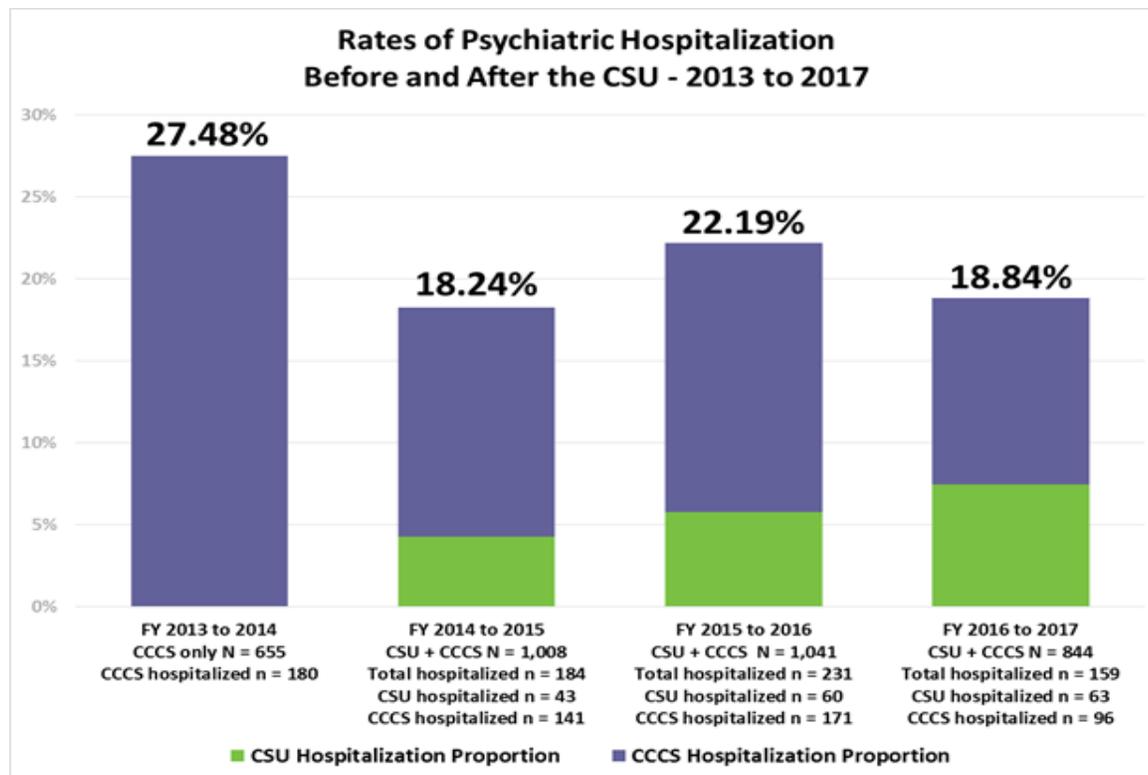
Child and Adolescent Strengths and Needs (CANS) Assessment

The Child and Adolescent Strengths and Needs Assessment (CANS) is a treatment planning and outcome tool used by the Children, Youth and Families System of Care programs. For our children, youth, and their families; the CANS is used to track their improvement in functioning across time in the areas of Strengths, Needs, Impact on Functioning, and Risk Behaviors. For FY 2016 to 2017, in the area of Strengths, our providers have been successful in helping children/youth excel or like school (36% rate of improvement); and identifying or developing their talents, interests, or hobbies (36%). In the area of Needs, providers successfully helped their clients decrease problems around non-compliance with authority (51%), anger control (48%), adjustment to trauma (45%), and depression (45%). Across life domains, providers effectively improved their clients' living situation (50%); access to and engagement in leisure activities (50%); school behavior (49%); and school attendance (49%). With regards risk behaviors, there was considerable improvement in helping children and youth decrease their risks for suicide (70%) and other forms of self-harm (64%). Overall, across the four domains, 47% of children and youth improved on 50% or more of their CANS items.

Crisis Stabilization Unit (CSU) at Edgewood

The Crisis Stabilization Unit (CSU) at Edgewood Center for Children and Families celebrated its 3rd year anniversary this year. The goal of this CSU is to provide children and youth between the ages of 6 and 17,

experiencing a psychiatric crisis, a safe and supportive place for assessment and stabilization of the crisis in order to avoid unnecessary hospitalization. In conjunction with crisis triage services provided by the SFDPH's Comprehensive Crisis Services (CCS), the CSU has been very successful in decreasing rates of psychiatric hospitalization throughout the three years of its existence. Before the inception of the CSU, the rate of hospitalization was 27%. When the CSU commenced crisis triage services in July of 2014, the rates of hospitalization decreased to: (1) 18% in FY 14-15; (2) 22% in FY 15-16; and (3) 19% in FY 16-17.



7. TRANSITIONAL AGE YOUTH (TAY)

New TAY BHS Clinical Linkage Program

BHS is pleased to announce a new behavioral health resource for Transitional Age Youth (ages 16-24). The new TAY Behavioral Health Linkage Program works with Transitional Age Youth (and caring adults in their lives) who need support accessing appropriate mental health services in San Francisco or who are transitioning between systems of care.

The goals of the new linkage program are to:

- ✚ Ensure that TAY are linked to the appropriate level of behavioral health care
- ✚ Provide capacity-building support for TAY providers by ensuring shared knowledge of system resources and interventions
- ✚ Increase coordination across systems

Services include:

- ✚ Clinical consultation for TAY providers on behavioral health services, interventions and system transitions
- ✚ Assistance for TAY clients, families and providers with accessing needed levels of care

- ✚ Support for TAY clients moving across systems (for example: child to adult, intensive to less intensive, residential to outpatient)
- ✚ Short-term care coordination
- ✚ Systems and services navigation and peer support

Referrals to the TAY Clinical Linkage Program are welcome from a variety of sources, including hospitals, housing programs, behavioral health clinics, foster care mental health, residential programs, juvenile/criminal justice, primary health care clinics, CBOs, as well as directly from youth and their families.

Thanks to new resources from Proposition 47, BHS will be launching an effort with Felton Institute to expand this program model and develop additional linkage capacity focused on increasing TAY access to substance use treatment.

For additional information about the linkage program or to request a copy of the linkage program referral form, please contact:

Maureen Edwards, LCSW

TAY BHS Linkage and Triage Supervisor

415 642-4509 | Maureen.edwards@sfdph.org



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