



Mayor Edwin M. Lee

## Behavioral Health Services Monthly Director's Report November 2017

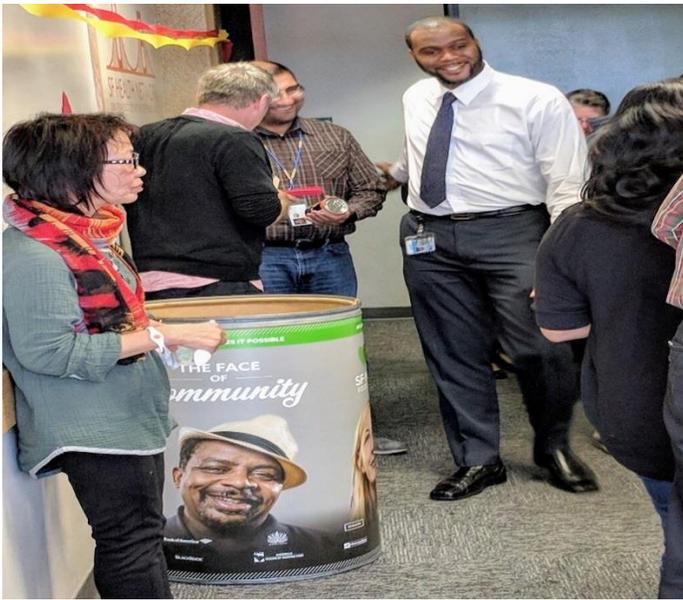
### 1. 2107 COMBINED CHARITY CAMPAIGN CHILI COOK-OFF AND PLANT EXCHANGE EVENTS



#### *Because We Care*

On November 2<sup>nd</sup>, the Behavioral Health Services (BHS) staff held their Annual Chili & Cornbread Cook Off to promote the Annual Combined Charities Campaign. The 5th floor conference room (at 1380 Howard Street building) was festively decorated and filled to capacity with spirited and hungry "tasters". Canned goods were collected for the Holiday Food Bank along with offering raffle prizes for the donors and volunteers. Now more than ever we come together to help our communities in this tremendous time of need. SFDPH is proud of the work staff does on a daily basis and our caring people who provide array of services. BHS donors have pledged thousands of dollars during the 2017 Campaign. Our volunteers worked tirelessly to make this a very special event and raise awareness about the charity campaign. Our sincere and heartfelt thanks to all of the volunteers, participants and donors.





## 2. MENTAL HEALTH SERVICES ACT (MHSA)

### **Each Mind Matters**

Recently, the San Francisco Department of Public Health, Mental Health Services Act (MHSA) program, distributed brochures for youth & older adult LGBTQ communities; Know the Signs materials in Spanish; and Directing Change promotion cards to school-based and community-based programs. These materials were developed from a statewide partnership between San Francisco's MHSA program and the California Mental Health Services Authority. The goal of the partnership is to promote Stigma Reduction and Suicide Prevention under a campaign titled Each Mind Matters (EMM).

EMM is California's Mental Health Movement that has millions of people and thousands of organizations working tirelessly to bring positive impacts on individuals' mental wellness through a unified vision of improved mental health and equality (eachmindmatters.org) and resources that resonate with ethnic, cultural and linguistic communities and age groups. Headliner EMM statewide campaign center around suicide prevention, materials and resources designed for Spanish-speaking communities and short-film contests for young people.

Know the Signs is a suicide prevention social marketing campaign that is built upon three key messages – Know the Signs, Find the Words and Reach Out. The campaign educates Californians on how to recognize the warning signs of suicide, find the words to have a direct conversation with someone who is in crisis and know where to find professional help and resources. (suicideispreventable.org)

To support California's Spanish-speaking community, the Each Mind Matters campaign information has been translated into Spanish and featured on Sana Mente (sanamente.org) – a website of mental health information and resources presented in Spanish with links to helpful resources and materials (e.g. brochures, fotonovelas).

Directing Change (directingchange.org) is an annual program and film contest that invites young people ages 14 to 25 to create 30-second and 60-second films about suicide prevention for their peers. This program gives youth and young adults the chance to produce films that support the awareness, education and advocacy of suicide prevention and mental health; and these films are used for social change on contestants' school campuses and their communities. The capstones for this program are red carpet award ceremonies, where the young filmmakers are recognized for their creativity and artistry.

For more information and resources, please contact: [MHSA@sfdph.org](mailto:MHSA@sfdph.org).

## 3. SEXUAL ORIENTATION & GENDER IDENTITY (SOGI) INITIATIVE

Research suggests that lesbian, gay, bisexual, and transgender (LGBT) individuals face disproportionately high rates of poverty, suicide, homelessness, isolation, food insecurity, substance abuse, minority stress, and violence, and low rates of health insurance. These problems are more prevalent for youth and seniors, communities of color, bisexual, transgender, and undocumented communities.

The significant disparities in health and welfare have been prolonged compared to the broader community in part due to historical systemic exclusion of data collection among LGBT communities. To date, the SFDPH-San Francisco Health Network (SFHN) has not routinely or systematically collected data on the sexual orientation and gender identity of the patients we serve, and thus a gap exists in being able to identify and meet the needs of our LGBT population, to identify health disparities that exist, to improve the

programs and services in which they are underrepresented or underserved, and to track improvement in health care access, service utilization, and health outcomes over time.

Furthermore, in response to the health disparity trends noted above, and in an effort to reduce these known disparities, the state of California issued **Assembly Bill 959** and the City and County of San Francisco issued **City Ordinance 159-16**. These regulations ask that City departments and contractors that provide health care and social services seek to **collect and analyze data concerning the sexual orientation and gender identity of the clients they serve**. The intent of these regulations are to respect, embrace, and understand the full diversity of our residents while also collecting accurate data to effectively implement and deliver critical state services and programs. In accordance with our mission to provide high quality health care that enables all San Franciscans to live vibrant and healthy lives, SFHN is committed to using data to identify the needs of those for whom they care and to evaluate whether we are effectively & equitably meeting those needs.

Beginning in March 2017, several workgroups were convened across the San Francisco Department of Public Health including in Behavioral Health, Zuckerberg San Francisco General, Laguna Honda Hospital, Primary Care, IT, and one Steering workgroup and one Training workgroup. These workgroups have diverse representation including providers, consumer advocates, peer staff, and administrative staff.

The goals of the workgroups are to:

- 1) Inform a series of updates to our electronic technology (IT) and data storage systems to better record and report SOGI data;
- 2) Revise health care administrative and clinical forms to better and more accurately document SOGI information;
- 3) Train and instruct staff, contractors, and grantees;
- 4) Develop communication strategies to inform staff and clients about SOGI data collection; and
- 5) Outline plans to monitor and provide aggregate reports to regulatory bodies.

Over the coming months, the workgroups will turn proposed workflows into practical standard processes or tasks to be tested in various SFDPH settings in an effort to identify best practices and recommendations for implementation, and ultimately to provide the care needed to turn the curve on current health disparity trends.

This effort is currently part of the BHS True North Equity metric.

#### **4. QUALITY MANAGEMENT**

##### **BHS Releases New Clinical Documentation Manual**

Quality Management's Clinical Documentation Improvement Program (CDIP) partnered with DPH Compliance and BHS Systems-of-Care to publish the 2017 Edition of the Outpatient (Non-Hospital) Specialty Mental Health Services Documentation Manual. CDIP facilitated workgroups to generate content and developed a new section on services provided in residential settings. CDIP used the new Network Branding guidelines to design a series of cover pages for a "suite" of documentation manuals that will ultimately include Inpatient services (Hospital), and Crisis Stabilization (Psychiatric Emergency Services). CDIP created a communications plan that includes workshops to introduce the manual and also a feedback survey for providers to identify errors or areas needing clarification.

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

### Transition from Intensive Case Management/Full Service Partnership to Outpatient Services Programs

Clients' transition from intensive case management (ICM) to standard appointment-based outpatient (OP) services has been a challenge for many years. A review of Avatar clinical episode data revealed that low number of clients leaving ICMs have open new episodes at OP clinics within six months. Only a small number of clients discharged from ICMs stay at OP clinics for a year or more. There is widespread consensus that this is an important area for quality of care continuity.

From April 2017 through June 2017, six meetings were convened of Intensive Case Management (ICM) and Outpatient (OP) providers, consumer advocates and peer employees, and BHS administrative staff, facilitated by a consulting group. The goals of the convening sessions were to:

- 1) Build relationships between providers of ICM and OP programs
- 2) Clarify the problem to address (clients *getting lost* between ICM and OP services)
- 3) Identify barriers and potential solutions to supporting clients in the referral and linkage to OP

The result of the convening sessions was a set of potential solutions to test & implement to improve client transitions from ICM to OP clinic. These solutions centered on three key work areas:

1. Identifying client readiness for referral to OP care, as part of enhancing a "culture of recovery" in the System of Care
2. Clarifying the process for referral from ICM and ensuring linkage at the OP clinic
3. Establishing program flexibility and adaptations at OP clinics to better support the client during transition

Beginning in November 2017, stakeholders will reconvene, forming three workgroups to address these work areas. Each workgroup will consist of representatives from the ICM programs, OP clinics, and peer support organizations, as well as BHS administrators from the System of Care, Quality Management (QM) and MHSA, and with facilitation support from the consulting group, Learning for Action (LFA).

In an effort to identify best practices & recommendations for implementation and to improve client recovery outcomes, over the coming months, the workgroups will turn proposed solutions into practical processes or tasks to be tested in ICM and OP settings.

This effort is so central to our strategic vision that it has become a BHS True North Quality of Care metric.

## 6. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

### Spotlight on Assisted Outpatient Treatment

Assisted Outpatient Treatment (AOT), also known as "Laura's Law," was passed by the California Legislature in 2002 as AB1421 and is a partnership between the Department of Public Health and ZSFG Division of

Citywide Case Management. This law allows us to pursue court ordered outpatient treatment for individuals with a serious mental illness who meet strict legal criteria. San Francisco's implementation of this program began in November 2015 and has reached its second full year of implementation. Since November 2015, a total of 403 calls including 198 referrals have been made to the program. The AOT Care Team has made contact with 93 referred individuals (70 individuals have accepted voluntary services, 16 court petitions have been filed). Individuals in contact with AOT showed overall reductions in PES contacts, psychiatric hospitalization, and incarceration. As part of our second year of the program, we wanted to share two success stories from the last year:

An individual was referred to AOT in 2016 after having a history of psychiatric hospitalizations and incarcerations due to their mental health symptoms. They had been found running naked in the streets and wearing urine soaked clothing while homeless and refusing all support and services. After being court ordered to participate in treatment through the AOT Program, this client responded to extensive outreach and support. Subsequently, they engaged in treatment and have been staying in a stabilization unit. The client has worked with their treatment team to be awarded Social Security benefits and will soon be moving to their own housing. This individual is now in the process of being referred to a long term treatment provider.

An individual who was referred to AOT while psychiatrically hospitalized was subsequently successfully engaged in treatment and has been working with ZSFG Division of Citywide Case Management for case management services. The client has been engaging in residential treatment and is now connected to long term intensive case management services. This client was recently recommended for an MHSA award (the ceremony was earlier this week). The case manager who attended with the client reported that the client was excited to see their name on the screen and was proud to take pictures with the certificate and medal. This is a great example of the recovery oriented work that MHSA supports AOT to do, as well as the excellent clinical services at Citywide Case Management, and we are excited that this particular individual was honored at the event.

This program has been a strong addition to the Systems of Care and working with individuals who have historically continued to deteriorate in the community. This new intervention has allowed us to intervene on the cycle of hospitalization and incarceration to support those with serious mental illness on their journey to recovery and wellness. AOT has exhibited the importance of a strong clinical, peer, and legal team, as well the importance of close collaboration on complex cases.

### **Spotlight on Law Enforcement Assisted Diversion**

The San Francisco LEAD Program launched late last month! San Francisco was 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 is 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. Referrals for this program will come from law enforcement, including the San Francisco Police Department, BART Police Department, and San Francisco Sheriff's Department, and treatment services will be offered through Glide Foundation and Felton Institute. This program is focusing 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 voluntary and strongly based in principles of harm reduction. Clients may continue to receive services through the program for as long as they wish.

Robin Candler has come onboard as the Program Manager for LEAD. She is coming directly from working with the Jail Reentry team as a case manager in the Veterans Justice Court. Robin has almost 18 years of experience working with forensic based programs in San Francisco and has managed separate programs specifically aimed at supporting individuals living on the streets, individuals living with HIV, and for those on parole supervision.

Nicole Brooks is the Behavioral Health Clinician conducting initial screenings and assessments for LEAD. She has also worked with the Jail Reentry team in the past, working with clients in Behavioral Health Court as well as with those struggling with chronic substance use disorders. Her experience includes outpatient substance use disorder treatment with homeless adults as well as outpatient therapy in an agency focused on serving LGBTQIIA community. Nicole has also completed training in the treatment of traumatic stress, including work with people who have survived complex trauma.

Please join us in welcoming Nicole and Robin to the SFDPH Team and congratulations on program launch!

## 7. PUBLIC HEALTH EMERGENCY DECLARED FOR OPIOID EPIDEMIC (SFDPH Director's Report 11/7/2017)

On October 26th, President Trump formally announced that he is directing the Health and Human Services Agency (HHS) to declare the opioid crisis a public health emergency. This falls short of President Trump's statements in August as well as the recommendation of his commission on the opioid epidemic to declare the opioid epidemic a national emergency, which would have triggered the rapid allocation of federal funding to address the issue. The public health emergency does not release any new funding on its own, but does allow some existing grant funding to be used for an array of efforts, and would ease certain restrictions and laws to address the crisis. It is not clear how much impact the public health declaration will have in the short-term, but potential changes may include:

- Allowing patients to use telemedicine to get medication-assisted treatment, in which medications like buprenorphine and methadone are prescribed to treat addiction. Current law generally requires in-person visits for doctors to prescribe controlled substances.
- Providing more flexibility for federal and state governments in temporarily hiring substance use disorder specialists and allowing Medicaid to pay for residential treatment in facilities with more than 16 beds.
- Allowing spending from the Public Health Emergency Fund, a special fund that gives HHS maximum flexibility in a health crisis, though the fund currently has a balance of only \$57,000.
- Allowing for the shifting of resources within HIV/AIDS programs to help people eligible for those programs receive substance use disorder treatments.
- Allowing the government to negotiate lower prices on naloxone, a drug that quickly counteracts the effects of opioid overdose. Democrat senators wrote a letter on Wednesday to the President advocating for this action.
- Launching a prevention campaign to educate the public about the dangers of opioids.
- President Trump's commission on the opioid epidemic is expected to put forth a comprehensive plan.

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

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

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