



Behavioral Health Services Monthly Director's Report October 2018

1. MENTAL HEALTH SERVICES ACT (MHSA)

Mental Health and Technology

On Thursday, September 27th, an innovation project entitled *Technology-Assisted Mental Health Solutions* under the San Francisco Mental Health Services Act (MHSA) program, was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC), after a panel presentation. The intent of this project is to utilize a new approach to overall public mental health service delivery, specifically, using technology to increase access to mental health care and support for all individuals in San Francisco. The project was approved by the MHSOAC in an amount of \$2.2 million for a period of three years.

This project is a part of a unique multi-county collaboration of 15 counties, where the strengths of various counties are leveraged to enhance learning and project reach. San Francisco's project components include *24/7 Peer-to-Peer Chat Interventions* and *Virtual Evidence-Based Support Utilizing an Avatar*. Both components are internet-based.

For questions contact MHSA@sfdph.org.

2. CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEM OF CARE

CANS/PSC-35 Launch

In September, BHS celebrated the completion of two State mandates: DHCS' CANS-50 & PSC-35 (IN-17-052) and CDSS' CANS (ACL NO. 18-09) both of which will be implemented October 1, 2018 (CANS is the Child and Adolescent Needs and Strengths; PSC is the Pediatric Symptom Checklist). Under the leadership of Farahnaz Farahmand, Ph.D., Assistant Director of CYF System of Care, and in collaboration with team members within Quality Management and IT, the team not only implemented the mandates with fidelity, but also took this as an opportunity to improve our electronic health record's forms workflow, streamline program policies, and imbed clinical practice tools and supports to ensure this is not just seen as a compliance requirement but an opportunity to better serve our children, youth & families in San Francisco. The dual mandate from CDSS, for Child Welfare, as well as DHCS, for Specialty Mental Health Services, provides an opportunity to align our efforts, reduce unnecessary assessments and improve teaming as well as data sharing. Work to reconcile the DHCS' CANS mandate and CDSS' CANS mandate (which includes the 0 thru 5 age population)

was extensive. In addition to discussing this mandate at the monthly CYF System of Care Provider Meetings, five participatory input sessions were held, with the CYF System of Care, so they could inform the planning efforts. In addition, focus groups were held with foster care mental health clinicians and child welfare social workers to inform implementation of the CANS within child welfare and practice efforts across the systems. Their collective voice was integrated into the re-design of the forms within Avatar, BHS electronic health record system, and the streamlining of program policy.

BHS would like to acknowledge and thank members of the CANS/PSC-35 working group members who were critical to the planning and implementation of this mandate:

CYF System of Care

Farahnaz Farahmand, Ph.D., Assistant Director

Joe Lai, LMFT, Clinical Operations Manager

Ritchie Rubio, Ph.D., Director of Practice Improvement & Analytics

Chris Lovoy, LCSW, Assistant Director

Rita Perez, LCSW, Program Manager, Substance Use Disorder Services & AIIM Higher

Lisa Inman, MD, Deputy Medical Director, SFHN Behavioral Health Services

BHS Quality Management

Monica Rose, Ph.D., Director of Research & Evaluation

Tom Bleecker, Ph.D., Assistant Director of Research & Evaluation

Joe Turner, Ph.D., Documentation Specialist

Aimee Crisostomo, Lead Evaluator

IT

Kimberly Voelker, Ambulatory Applications Manager

Mauricio Torres, IT Business Analyst

Jonathan Williams, Senior Application Specialist

Larry Eaton, Senior Application Specialist

Spotlight on Chinatown Child Development Center, Foster Care Mental Health, L.E.G.A.C.Y., Mission Family Center, and Southeast Child & Family Therapy Center

On September 11th, LEGACY, along with the five other CYF clinics, hosted a quarterly Community Advisory Board (CAB) meeting for both adult caregivers and Transitional Age Youth. As it was the first meeting of this fiscal year, the members discussed topics they would like to cover/have presented in the year.

LEGACY staff participated in community outreach on September 22nd at the Youth & Family Day of Healing, hosted by Trauma Transformed in Alameda County. At this event, families came together and participated in healing activities such as yoga, face painting and massages.

On September 24th, LEGACY hosted the monthly Family Support Night. A presenter from Support for Families was able to educate families on their child's education by explaining the difference between IEP's and 504 plans, and how they differ between public and private schools. The families also learned of the various workshops and events offered through the Support for Families program.

LEGACY has again collaborated with College Track and is hosting an 8-week Girls' Empowerment Group, which began on September 26th. The group focuses on empowering young girls in the community struggling with internal and external pressures.

Mission Family Center (MFC) participated in an outreach event at Garfield Park on Saturday September 22nd, organized by the school partners at Moscone Elementary. Marta Bernal, the MFC clinician providing on site-services there, represented the center at this outreach event providing information and handing out program/services brochures.

Foster Care Mental Health is hosting an Open House on Friday, October 18th from 11am-1pm for BHS Private Provider Network. FCMH is planning a meet & greet, along with structured presentations and breakout groups, as well as to give thanks for this vital group of providers that serve our foster youth.

Serving as a core working group member of the Asian Against Violence (AAV), a division of Asian Alliance for Health, Inc. (AAFH), Chinatown Child Development Center continues to collaborate with local agencies in Chinatown to raise awareness of and prevent violence in our communities. Current projects include finalizing the e-book version of Brave Little Panda, a children's storybook illustrating the prevention of child sexual abuse. The e-book will be available in 7 languages. Also, there is continued work on planning for the international social work and mental health conference, tentatively scheduled for June 2019.

Southeast Child/Family Therapy Center embarks on new 8 session caregivers group called "Dancing with the Scars" that will be co-lead by Dr. Farshid Farrahi and Sekayi Edwards, AMFT from October - December 2018. The group aims to support caregivers who identify as having had one or more particularly painful, stressful or traumatic experiences. Through the combination of movement and mindfulness practices, participants will: cultivate an awareness of the kinds of patterns to develop in response to challenging experiences; build skills to maintain health, wellbeing, and resilience; explore what it means to choose the ways in which we move through the world that serve us best. The center is very excited to be providing this innovative practice.

3. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

Forensic/Justice Involved BHS programs includes Assisted Outpatient Treatment (AOT), Drug Court Treatment Center (DCTC), coordination with the Department of Aging and Adult Services on LPS Conservatorship, Law Enforcement Assisted Diversion (LEAD), Prop 47- Promoting Recovery and Services for the Prevention of Recidivism (PRSPR), Violence Intervention Program (VIP), and Community Justice Center (CJC). BHS Forensic/Justice Involved programs have been active in serving as assessment sites for the Episcopal Community Services of San Francisco (ECS) housing assessment blitz and opened up this opportunity to all collaborative clients to be assessed onsite at Community Justice Service Center for their housing needs.

On November 8, 2018, the Director of Forensic/Justice Involved BHS, Angelica Almeida, Ph.D., Program Manager of DCTC, Linda Wu, LCSW, and AOT Team Member, Charles Houston, HW II will be presenting at the 42nd Annual Association for Medical Education and Research in Substance Abuse (AMERSA) conference. The title of the presentation is "Meeting the Need: Collaborative Justice and Treatment" and will focus on the various services provided through SF Collaborative Courts, community resources and some of the challenges and successes in collaborative justice work.

4. BHS PHARMACY

SAFE HOUSEHOLD MEDICINE DISPOSAL UPDATES

This information is for SF household medicine disposal, and does not apply to BHS clinics/programs

Why is it important to safely dispose of household medicine instead of throwing it away, flushing it down the toilet, or storing it?

Unused medicine is a threat to both public health and the environment. Medicines can pollute the bay and ocean, or be accidentally misused or abused. Wastewater treatment plants are not designed to remove medications or other chemicals in wastewater, so after traveling down your drain, medicine may affect our environment. Accidental poisoning from medicines in the home are a concern for young children, seniors and pets.

Did you know?

A safe medication disposal kiosk is located at 1380 Howard, Room 130 at the BHS Pharmacy Client Waiting Room. The kiosk is available for everyone (clients/staff/public) to safely dispose of household medications, including over the counter products.

San Francisco Medicine Disposal Locations:

See attached Factsheet listing all San Francisco medicine disposal locations (in multiple languages).

Mail-back options for Medicine Disposal:

1. Mail-back envelopes for pills/liquids/creams are now available to residents by request at all 28 San Francisco Public Library Branches and all 45 Fire Stations. Mail-back envelopes can fit approximately 8 oz. of medicine and are returned through the USPS for proper disposal.
2. Separate mail-back packages for inhalers and pre-filled injector products (e.g. Epi-Pens) are now available to residents free of charge through the MED-Project [website](https://med-project.org/locations/san-francisco/mail-back/) (or link: <https://med-project.org/locations/san-francisco/mail-back/>) or by calling 1-844-633-7765.

Please note packages are item-specific and products cannot be comingled in the same package. An inhaler cannot go in a pre-filled injector package for example. The package will be delivered to the address the resident specifies in approximately 10 to 14 days. Once the resident receives the package, they should follow the included instructions to deposit their items into the container, package it for return shipment, and affix the pre-paid return shipping label.

For More Information:

Link for SF Environment: <https://sfenvironment.org/safe-medicine-disposal>

You may direct questions to:

Christopher Lester, Special Waste Disposal Analyst

San Francisco Department of the Environment

1455 Market Street, Ste. 1200, San Francisco, CA 94103

E: Christopher.Lester@sfgov.org T: (415) 355-3705

Clinic medication disposal:

For clinics and programs please refer to the CBHS policies and procedures for Medication Rooms for medication disposal. Any questions, please contact Gloria Wilder, PharmD, BHS Director of Pharmacy at gloria.wilder@sfdph.org or 415-255-3703.

5. ANNOUNCEMENTS: (includes from SFDPH)

Recruitment for San Francisco Director of Health/SFDPH

On October 2nd, the San Francisco Health Commission approved the job description for the Director of Health position. The announcement with the qualities and qualifications to look for in the next Health Director is now posted on the SF Department of Human Resources (DHR) website [here](#). The Director will plan, organize, direct, and evaluate all functions and activities of the Department, including: hospitals, primary care, mental health services, substance use disorder services, jail health services, preventative health services, emergency medical services, environmental health, and other population health functions. The Director will also be responsible for the management of a \$2.2 billion budget and 8,000+ employee department, as well as administration of \$400 million in health services contracts. Additionally, the Director of Public Health will direct the enforcement of all public health laws, ordinances and regulations; oversee budget preparation for approval of the Commission; establish and maintain community and professional interest in public health matters; develop policies and programs to address the needs of the Department and the health of the community. Together, the Health Commission and the SF DHR are continuing to work diligently in conducting the recruitment this fall. The Health Commission will identify up to three ideal candidates for presentation to the Mayor, for consideration for appointment to the position. For more information on the city's recruitment and hiring process, please visit the [executive recruitment](#) flyer or the [SF DHR](#) website.

Public Charge Policy

On October 10th, the Department of Homeland Security proposed changes to “public charge”, which is a term used by US Citizenship and Immigration Services to describe someone who is likely to rely on government benefits. The draft public charge regulation would significantly expand the number of services (ex. Medi-Cal, Supplemental Nutrition Assistance Program) that could be counted against an individual when they apply for a change in immigration status.

At the San Francisco Public Health Department, we stand with [the Mayor](#) and are dedicated to serving all those in need regardless of their ability to pay, immigration status or other individual circumstances. Changes to Public charge policy have not been implemented and any potential changes may take several months. The rule will undergo a 60-day comment period and will then be reviewed by the federal government.

Many of our clients and patients may have questions about participation in social and healthcare programs. We urge all staff to clarify that California’s public assistance and healthcare benefits have not changed and families should continue to access services.

DPH and City officials are actively involved in monitoring actions at the federal level related to the “public charge” rule changes and are working with the Mayor’s Office and other City Agencies to review the proposed rule and ensure our response is coordinated.

As healthcare providers and civil servants of San Francisco, we will continue to ensure all families are welcomed and encouraged to access our clinics, hospitals, and healthcare programs. Together we will challenge any anti-immigrant sentiments and reassure our clients that they should feel safe to receive healthcare in our city.

State Bill Introduced to Expand and Strengthen California Conservatorship Laws

On September 27th, Governor Jerry Brown signed Senate Bill 1045 (SB 1045), which would create a new type of conservatorship with the aim of better meeting the needs of individuals who have serious mental illness and substance (other than alcohol) use disorders. SB 1045 authorizes San Francisco, San Diego, and Los Angeles Counties to set up a procedure (per Board of Supervisor’s approval) to appoint a conservator for a person who is incapable of caring for their own health and well-being due to serious mental illness and substance use disorder, as evidenced by frequent placement under a 72-hour involuntary hold. The bill creates a five-year pilot program allowing for strengthened conservatorship laws to provide the least restrictive and most clinically appropriate alternative needed for the protection of the person, such as placement in supportive community housing that provides wraparound services. Currently, mental health based-conservatorship appointments are limited to persons determined to be gravely disabled as a result of a mental health disorder or an impairment by chronic alcoholism.

SFDPH Trauma-Informed Systems

New Trauma Informed Systems (TIS) has a new Website, developed to share healing info, and to register for upcoming trainings. The TIS Initiative aims to make SFDPH a more safe, supportive, equitable, and healing system for those of us who work here and for those who come to us seeking care. This starts by registering in the TIS 101 Training. This training is a critical first step in creating shared language and understanding about what trauma and chronic stress can do to us as human beings, to our relationships, to our work, and to our organizations. The training also provides tools and strategies for what each of us can do, regardless of our role in the system, to mitigate the effects of chronic stress and trauma, and to create a more healing system for everyone in DPH.

If you have not yet taken this training, you can register by visiting the website: www.sfdph.org/tis

Should you have any questions, please feel free to contact: Lisa.Reyes@sfdph.org

Past issues of the BHS Monthly Director’s Report are available at:

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