City and County of San Francisco
Department of Public Health

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Behavioral Health Services
Monthly Director's Report
August & September 2018

1. MENTAL HEALTH SERVICES ACT (MHSA)

Suicide Prevention Week

Suicide Prevention Week is September 9- 15, 2018, and World Suicide Day is September 10, 2018. In recognition, Behavioral Health Services (BHS) will be disseminating Each Mind Matters, "Know the Signs," materials to providers and community members, as well as hosting an educational activity in the lobby of 1380 Howard. For the first time, local businesses, such as The Market and Cumaica are partnering with BHS and distributing, "Know the Signs," coffee sleeves and drink coasters to spread the word. The Slice of Life Café at 1380 Howard is also supporting the campaign again this year.

For more information about the signs of suicide and the Each Mind Matters campaign, please visit:

https://www.suicideispreventable.org/

https://emmresourcecenter.org/resources/2018-suicide-prevention-week-toolkit

National Suicide Prevention Lifeline: (800) 273-8255, Crisis Text Line: TEXT "Home" to 741-741.

2. ADULT & OLDER-ADULT (AOA) SYSTEM OF CARE

Intensive Case Management to Outpatient Step-Down Client-Flow Task Force follows-up on recommendations

Since June 2018, when a collaboration of BHS mental health outpatient (MH OP) and Intensive Case Management (ICM) programs concluded its year-long work, a small task force in BHS has been busy implementing the collaboration's recommendations toward ensuring the successful step-down of clients from intensive case management to regular outpatient services.

- A contract solicitation was successfully concluded, and a provider selected, to start the MHSA innovation program that will employ a team of peers to provide support to clients stepping down from ICM to MH OP level-of-care. Negotiations with the selected provider will take place soon, in order for services to begin.

- Learning for Action (LFA), which facilitated the months-long deliberations of the collaboration, has started drafting a new BHS policy on promoting successful transition of clients from ICM down to MH OP level-of-care. The new policy will incorporate all of the collaboration's recommendations regarding a standardized procedure to refer ICM clients to OP, including the following:

    i. Director-to-Director referrals (or designees)
    ii. Use of standardized ICM Referral Form and Readiness Questionnaire
    iii. Facilitation of client choice of provider, and prior client visit to the OP program
    iv. Dual episodes open in ICM and OP until step-down is deemed successful
    v. Maintenance of OP client registry to monitor clients' continued success in OP treatment
    vi. Adoption by OP programs of flexible ways to serve stepped-down clients in order to ensure successful integration of clients into care – including: provision of outreach, flexibility in medication support services, accommodation of client drop-ins, continuity of some ICM services into OP for clients stepping down into co-located OP services, and purchase of wrap-around supports and services
    vii. Continued centralized tracking of all step-down referrals to monitor and ensure overall system-of-care success.

- Specific funds for each mental health outpatient program has been budgeted for purchase of any needed miscellaneous supports for stepping-down clients.

- A couple of meetings with Conard House Rep Payee Services firmed up the availability of rep payee slots to clients who will need that continued money management support as they transfer to regular OP care. BHS will issue reminder information about the steps to access Conard rep payee services.

- BHS Quality Management continues to receive notice from ICMs, of the clients they are referring to MH OP, to track the continued overall success of the system-of-care in these referrals.

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

BHS is very pleased to announce that Dr. Ritchie Rubio has joined SFDPH at BHS with CYF System of Care, as the Director of Practice Improvement & Analytics. Dr. Rubio will oversee various efforts related to best clinical practices, data/outcomes, and workforce development.

Dr. Rubio has worked as a clinical child psychologist, play and expressive arts therapist, researcher, program evaluator, statistical consultant, and associate professor/lecturer in a variety of clinical and academic settings including universities, pediatric hospitals, community mental health settings, schools, and research institutes in three countries: Philippines, U.S.A., and New Zealand. He was born and raised in the Philippines and immigrated to the U.S. 15-years ago to pursue his doctorate through the Ford Foundation International Fellowships Program (IFP). He completed his Ph.D. in Clinical Psychology with a Child and Family emphasis from the California School of Professional Psychology (CSPP) at Alliant International University, San Francisco.

His clinical work was/is primarily with immigrant and multicultural children/youth and their families. In working with clients and their families, he mostly integrates psychodynamic, attachment, family systems, multicultural, expressive arts, narrative, and CBT orientations. As for research interests, Dr. Rubio explores global gender roles, therapy strategies that blend Eastern and Western paradigms, culture-specific worldviews, and diversity initiatives. His research work has been published in peer-reviewed journals and he has presented at annual conventions of the American Psychological Association and the American Family Therapy Academy.

As a former Lead Evaluator for the San Francisco Department of Public Health he has helped develop and implement a Data Reflection to Innovate and Vitalize Effectiveness (DRIVE) initiative that encourages clinicians to routinely reflect on data outcomes of their clients as a means to improve their clinical effectiveness. He is also a Research Faculty and fellow at the Rockway Institute working on projects related to the psychosocial functioning of gay fathers and their children born through surrogacy; and mental health outcomes of same-sex couples following legal recognition of their relationships. Dr. Rubio, most recently, was an Associate Professor at the Counseling Psychology program of the Wright Institute in Berkeley. He has taught and facilitated courses like Child and Adolescent Counseling; Research-Based Practice; Clinical Assessment and Measures; Crisis, Disaster, and Trauma Counseling; Family Violence and Protection; Common Therapeutic Factors; Psychopharmacology; and a Professional Development Seminar.

Spotlight on Chinatown Child Development Center, L.E.G.A.C.Y., Project 500, and Southeast Child & Family Therapy Center

Southeast Child & Family Therapy Center provides different group sessions/activities as part of its array of services. One of the groups is the Drumming Group, which utilizes a culture-based healing modality. The approach draws from Afro-Caribbean music traditions and restorative practices that promote wellness. Group members engage in learning, playing, and leading rhythms that encourage connection and cohesion through increasing awareness, attunement, and empathy between members. The parents and caregivers play the drums alongside their children, which provides connection and positive role modeling for socialization and reflection. Southeast Child/Family Therapy Center's Roleplaying and Storytelling Adventure Game is a group intervention that utilizes role-play, improvisation, theory of mind, embodiment, and teamwork to support wellness. Group members are encouraged to work together as a team to

problem solve as their created fictional identities. The consistency provided by the game's rules and the imagined setting provide a safe space for members to take safe, growth oriented risks to explore their identity, relationships, and sense of agency. Clients learn to manage stress by guiding their characters through challenging situations, reflecting on the similarities between their own personal real-world challenges and the imagined challenges of their characters, and identify in-game solutions that may provide insight to how to manage stress in non-game situations.

Navigating Uncharted Stories group, supports newcomers and San Francisco natives who are having difficulty managing their experiences of isolation, invisibility, exclusion, and discrimination. The group includes 4 outings, once per week, where members visit parks, beaches, and different recreational locations in the city and engage in activities that foster dialogue about our identities, histories, homes, and communities. Activities include mindfulness, expressive arts, discussion, psycho-education, exercise, and prosocial activities that foster inclusivity and connection. BHS appreciate the therapists' commitment, passion, and creativity in developing these exciting and culturally-relevant groups!

Project 500 clinicians are in the process of enrolling mothers in another round of Attachment Vitamins, which is a 10-week intervention to help parents and caregivers of children aged birth-5 years old to learn about child development and the impact of stress and trauma, reflect on the child's experiences and the possible meanings of the child's behaviors, as well as promote secure attachment and safe socialization practices.

In addition to providing psycho-educational groups, dyadic treatments such as Child Parent Psychotherapy, and mental health consultation and conferences to P500 mobility mentors within HSA and home visiting nurses within Maternal Child Adolescent Health, P500 clinicians continue to provide opportunity for engagement of families through informal socialization groups. Interested P500 parents/family and children are currently engaged in a 6-week playgroup. This gathering is sometimes joined by extended family members and partners as well. Caregivers share stories/ tips, resources and sometimes outgrown baby clothes. Most notably, despite the different languages spoken- Cantonese, Lao, Spanish and English mothers communicate and have a lot of fun in the process.

In August, LEGACY staff became certified in Mental Health First Aide, with a focus on the youth population. Mental Health First Aid goes over common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help youth during both crisis and non-crisis situations. LEGACY staff participated in community outreach at the B-Magic's Backpack Giveaway in the Bayview neighborhood of the City. Also, LEGACY hosted another successful Family Support Night and families were able to participate in an interactive discussion around community. All present school-aged youth were able to receive a backpack filled with school supplies.

Chinatown Child Development Center staff and consumers participated in an all-weekend day gardening activity at the Presidio nursery. Participants learned to identify native plants in the Presidio gardens and helped to beautify the area by pulling out weeds. Additional activities included creating colorful leaf collages from various plants. All activities and lessons were conducted in Chinese (Cantonese dialect) by park volunteers. Lunch and snacks were also provided by the park staff, with fresh vegetables and fruits picked from their organic gardens. This event was organized by the Golden Gate National Parks

Conservancy. The Golden Gate National Parks volunteer program is a partnership of the Golden Gate National Parks Conservancy, National Park Service, and the Presidio Trust.

4. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

Spotlight on Law Enforcement Assisted Diversion Program (LEAD) and Drug Court Treatment Center

As the Law Enforcement Assisted Diversion (LEAD) program nears its one year implementation anniversary, we have been able to reflect on some of the successes of our services. While the explicit function of LEAD is to divert individuals with low level drug offenses into social services and away from jail, the byproducts of continuous engagement by skilled outreach workers and case managers can be truly life changing. The biggest successes of the LEAD program are due to the hard work of the clients, and the persistent nature of LEAD's harm reduction strategy. SFDPH quickly provides clinical assessments to connect participants referred from the Mission and Tenderloin Districts to Felton Institute or Glide Foundation for services. Given the Harm Reduction Principles, clients are not pushed into immediate action or change, but are allowed to proceed at the pace that they are most comfortable with.

The program is working with many individuals who have been experiencing homelessness for years, and even decades, and have been previously labeled as, "service resistant"; however, we have found that these individuals just haven't found the right fit for them yet. By taking the time to get to know each client and their unique needs, Glide and Felton have been able to engage participants in a powerful way. This includes interventions such as taking steps towards housing, medication assisted treatment, and entering residential programs.

Some examples of successes include clients reconnecting with family, a client successfully completing probation for the first time in their adult life, and another who showed up to court (out of custody) for the first time. These service coordination plans are further supported by a strong multi-disciplinary team, including legal partners who assist participants in addressing any outstanding legal cases both within and outside of San Francisco County. We have learned that these seemingly small achievements build confidence that pave the way for more success. Clients have expressed that since they haven't felt judged by their service providers through LEAD, they are able to shed some of their shame, and address bigger life obstacles. Congratulations to the LEAD program for all of their success!

Every year, the Drug Court Treatment Center holds 4-graduations for participants who complete the Drug Court program requirements. In order to graduate, participants must have six-months of sobriety, consistent attendance in programming, engagement with treatment providers and case managers, and have completed a Recovery Aftercare Plan with established support systems. Successful completion of Drug Court may result in early termination of probation, reduced charges, or case dismissal.

Thus far in 2018, Drug Court has held three graduations (January, April, and July). Prior to participating in the program 81% of graduates had used drugs daily and 13% had used drugs multiple times per week. At the time of graduation *all* graduates were drug free. Similarly, 63% of graduates had no income at time of entry, and 88% are now employed with 100% having legal sources of income. Currently all graduates are safely housed (a 50% increase from program entry), 19% are enrolled in school or vocational training, and 44% are planning to enroll in the future. Finally, 25% of graduates have been reconnected with their children and one baby has been born drug-free!

One graduate's success took two attempts at Drug Court. This participant initially entered a residential treatment program where she stayed for a year and attended outpatient for a few months, but then relapsed and failed to appear in court. This participant returned for a second try at Drug Court, entered an outpatient program, and although had some challenges and triggers, developed increased coping skills and graduated within eight months.

Many thanks to all the community partners in Collaborative courts for allowing our participants the opportunities to engage in and successfully find paths to recovery.

5. BHS QUALITY MANAGEMENT REPORT

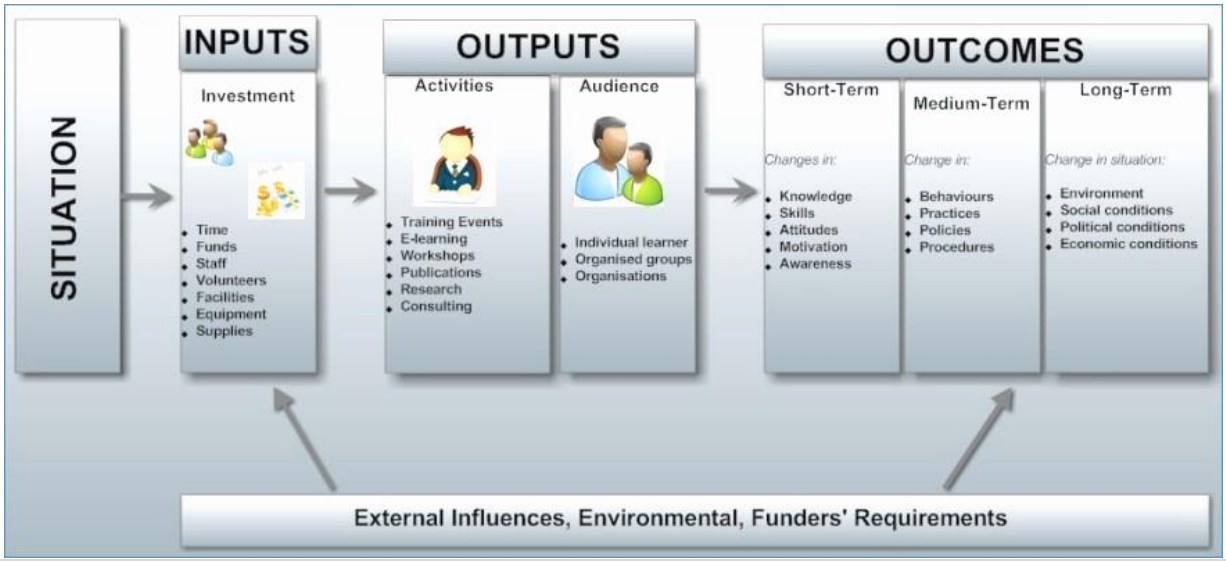
How Do You Know that your Program is Working? Quality Management conducts Logic Model Workshops for Program Managers.

Programs are often designed to serve clients or participants by focusing on delivering services. But how does one know the programs, no matter how long-standing or innovative, are actually driving the positive change that was intended?

Program planners and evaluators use a tool called a Logic Model to outline the implementation of a program and to evaluate its effectiveness through clarifying intended outcomes.

The Quality Management (QM) team in BHS assists program planners in mapping out program designs to the desired objectives. This fiscal year, the QM team, led by Diane Prentiss, conducted a logic modeling workshop for program managers for the Mental Health Services Act (MHSA) programs. The hands-on workshop helped managers articulate the sections of a Logic Model: Resources available, Strategies or Activities planned, Outputs expected (such as, number of trainings, number of clients served, etc.) as well as Intermediate and Long-term Outcomes, and the Indicators they might use to measure these outcomes.

Following the logic of Theory of Change (for example, "IF we do THIS, then THIS will happen, and then THAT will change for the better"), breaking down the program in this manner helps to clarify assumptions so that the end can map back to what was intended in the first place. A well-constructed logic model will facilitate the integrity of a program design.



In August, a second workshop focused on using program outcomes from a logic model to construct appropriate evaluation tools, going straight from the logic model into evaluating outcomes.

For example, several MHSA Prevention and Early Intervention programs convene activities centered on building social connection, such as drumming or talking circles, among a specific population of residents, like indigenous/native peoples, as a way of strengthening community and preventing the onset or worsening of mental health conditions. We will create items for a brief questionnaire that focus on social connectedness in these activities and discuss the best language and method for collecting this information from participants. This helps administrators know whether or not the programs are having an actual (hopefully measurable) impact on participants' social connectedness and well-being.

Logic Modelers:

Left to Right: Teresa Yu (MHSA) , Kim Ganade (MHSA), Heather Weisbrod (TAY System of Care), Diane Prentiss (Quality Management, facilitator), Sarah Parajito (QM), Jennie Hua (BHS System of Care), Photo by Ryan Reichel (QM), Missing from photo: Tracey Helton (MHSA) and Charlie Mayer (RDA Consultants).

6. BHS PHARMACY

Dr. Jeanette Cavano is the BH Drug Information/Academic Detailing pharmacist. BHS Pharmacy is happy to report she will be producing a newsletter called ***Details*** which summarizes internal medication use information and initiatives as well as behavioral health medication news updates, recent literature, and responses to pertinent drug information questions. Please feel free to submit questions or ideas for topics to Jeanette.Cavano@sfdph.org.

The Drug Information Consultation Service responds to drug information requests regarding behavioral health drug therapy. This service is available Monday through Friday 9:00am to 4:30pm and is free of charge to all BHS clinicians. Questions and requests for consultation may be submitted by calling 415-255-3705 or emailing Jeanette.cavano@sfdph.org.

Details Volume One (See Attachment) will be posted to the SFDPH - CBHS Webpage under Medication Resources.

International Overdose Awareness day

Back by popular demand, BHS Pharmacy hosted a table in the lobby of 1380 Howard on August 31st to recognize International Overdose Awareness Day.

1) Informational table in the lobby from 9:00 AM-4:00 PM included the following:
   a) Opioid Overdose Awareness poster board about opioid safety education, treatment access information, how to respond to an opioid OD using naloxone
   b) Educational handouts: naloxone fact sheet, SF safe medicine disposal, TAP brochure, Good Samaritan Law handout
   c) Naloxone/Opioid Use Trivia board

2) Naloxone furnishing for any and all interested people (providers, patients, community members, etc.). BHS Pharmacy offered training on opioid reversals in the lobby area + provided free naloxone from the pharmacy.

3) Pharmacy Staff wore purple (National Drug Overdose Awareness color)

The Pharmacy team pictured includes pharmacy interns, technicians and pharmacists. From left to right: Jason Y. Wong, Jose Manzano, Arnold Estrada, Nerissa Zamora, Evelyn Suson-Lee, Jennifer Behan, Theresa Maranon, Elizabeth Preciado, Stephanie Pang, Jeanette Cavano and Gloria Wilder.

7. ANNOUNCEMENTS:

Behavioral Health Services has formed an **Eligibility Unit** to assist programs in verifying clients' eligibility. The team has introduced several new projects to assist programs in eligibility-related matters:

- An Eligibility Hotline, where staff can ask general eligibility questions, receive information regarding a client's coverage status, or gain clarity regarding eligibility policy. The hotline number is **(415) 255-3744** and all calls will be returned within 24-hours.
- A monthly report that identifies clients within a program who have lost Medi-Cal coverage. The report also provides the date of lost coverage and instructions on submitting a redetermination.
- Weekly hours at the Behavioral Health Access Center where clients can receive assistance in applying to Medi-Cal. Eligibility workers will be available Mondays, Wednesdays, and Fridays from 1:00pm - 4:00pm. Please note, the eligibility workers will not be able to determine eligibility or authorize benefits.

If your program is interested in receiving the monthly Lost Medi-Cal report, please e-mail jena.jenson@sfdph.org. Please let us know if you have any questions or comments.

List of Presentations by SFDPH-BHS:

Ong, W., & Rubio, R. J. (2018, August). *Crisis among ethnically diverse youth: Grounded theory and implications for clinical practice.* Presentation at APA Division 37 - Child and Family Policy and Practice.

Martinez, A. R., & Rubio, R. J. (2018, August). *Unaccompanied immigrant Latino youth: A cultural perspective to engagement in mental health services.* Presentation at APA Division 45 - Psychological Study of Culture, Ethnicity and Race.

Rubio, R. J. (2018, August). *Boys in psychiatric crisis episodes: Clinical correlates, risk factors, and narratives*. Presentation at APA Division 51 - Men and Masculinity.

Rubio, R. J., Farahmand, F. K., Maddox, J., & Epstein, K. (2018, August). *Reflective, relational, and skillful clinical supervision in a public behavioral health system.* Presentation at APA Division 12 - Clinical Psychology.

The National Alliance on Mental Illness (NAMI) California invited SFDPH-BHS to present on its Transgender Pilot Project (TPP) at their Northern California Regional Multicultural Symposium, to be held in October 2018, in Redwood City.

Grindr for Equality has invited Jenna J. Rapues, MPH (Director of Gender Health SF) to participate in the first ever Grindr HIV Data Privacy Summit, to be held in October 2018, in Los Angeles, California.

In October, BHS will present on the Data Reflection Initiative, at the 14th Annual TCOM (Transformational Collaborative Outcomes Management) Conference, jointly hosted by Chapin Hall at the University of Chicago and The Praed Foundation. This year's conference theme is, Evidence Based Practice: Taking Person Centered Care to Scale.

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

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