



Mayor Mark Farrell

Behavioral Health Services Monthly Director's Report February 2018

1. MENTAL HEALTH SERVICES ACT (MHSA)

Mental Health Resources for African American Communities

In recognition of Black History Month and as we continue to reflect on our history, celebrate current achievements and explore opportunities in our community, mental health/wellness is an important component in these efforts. We will continue to ensure that African Americans in our communities have culturally responsive mental health information, resources & services available to them.

In partnership and as part of an investment with our statewide partners, the San Francisco MHSA program is glad to share the following resources:

- Find out about resources for African American communities at:
<https://emmresourcecenter.org/collection/african-american>
- Find a curated collection of materials selected for Black History Month at:
<https://emmresourcecenter.org/collection/black-history-month>
- [Support Guide for Mental Health in the African American Community](#) is a double-sided brochure that details the tools available to members of the African American community.
- The [Mental Health Friendly Communities program](#) addresses mental health stigma and resource access by providing culturally focused trainings and resources that directly speak to the mental health issues facing the African American community in faith-based settings. This program's goal is to engage communities by helping them get on a path that will lead toward mental wellness. The [Mental Health Friendly Communities Fan](#) is designed for distribution in faith-based African American communities. This tool is print-ready and a helpful takeaway, with tips for people to support their mental health or support a friend or family member.
- The [Know The Signs suicide prevention poster](#) encourages African American community members to learn about the warning signs of suicide and reach out to someone they are concerned about.
- View personal story vignettes of hope, recovery and resiliency (ranging from 2 to 4 minutes) from the perspective of African Americans:
http://www.eachmindmatters.org/stories/?story_category=african-american-stories&story_tag=&story_type

- 60-second PSA videos created by youth for youth from the Directing Change program featuring African American youth:
 - Not Alone at: https://youtu.be/R8G_FxZOwLM
 - Pain Never Lasts At: <https://www.youtube.com/watch?v=tAB94H4-E54>

TAY System of Care initiative is underway and begins design processes for new BHS TAY programs!

As part of a larger initiative to build a comprehensive System of Care for Transitional Age Youth (TAY SOC), Behavioral Health Services is taking exciting steps to expand and increase behavioral health services tailored to TAY. The Mental Health Services Act TAY RFQ-15-2017 selected community-based organizations (CBOs) to develop new programs to officially launch in July 2018. These programs include *TAY Population Specific Engagement and Treatment*, *TAY Leaders Peer-to-Peer Certificate & Employment*, *Homeless TAY Mobile Treatment Pilot*, *TAY Full Service Partnerships (FSPs)* and *Network Development, Training & Capacity Building* (for TAY SOC Clinical and Non-Clinical providers).

This past January, BHS led a first convening for the *Population Specific Engagement and Treatment Program* to support creating culturally and developmentally responsive and low-threshold outpatient services for TAY priority populations. These new programs will target African American, Asian and Pacific Islander, Latino and Mayan, and Lesbian, Gay, Transgender, Questioning (LGBTQ) TAY populations (ages 16-24).

The convening, hosted at the SF LGBT Center, successfully brought together contracted providers from six CBOs and BHS staff from the new TAY SOC and the Children, Youth and Families SOC, for an initial meet-and-greet and for each organization to share their best practices working with TAY. This convening is part of a brief design process, before programs launch, to engage providers in developing shared standards each *Population Specific Engagement & Treatment* program would follow. The goal of developing shared standards is to ensure consistency and continuity of; 1) low barrier access to services and 2) services designed to meet a wide range of behavioral health needs tailored to identified TAY priority populations. In the coming months, future design convening will happen for the other new programs funded through the RFQ-15-2017. To learn more about the TAY SOC initiative, its activities and/or ways to collaborate, please contact kali.cheung@sfdph.org.



Upcoming 3rd Annual BHS Vocational Summit

San Francisco Behavioral Health-Vocational Services will be holding its 3rd Annual Vocational Summit on May 15, 2018, from 9:00 am to 1:00pm at the San Francisco Main Public Library (100 Larkin Street, Hispanic/Latino Room). BHS Vocational CO-OP programs, including RAMS, Citywide Case Management, Caminar, PRC, and Occupational Therapy Training Program, will present on their employment services. The Summit will also have clients enrolled in vocational services share their success stories. Vocational programs throughout San Francisco and the California Department of Rehabilitation will be present to answer any questions and provide additional information. For inquiries, please contact: Stephen Dempsey, Vocational Program Specialist by phone at 415-255-3664 or by email at stephen.dempsey@sfdph.org.

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

Spotlight on Project 500

Project 500 is a Mayoral Initiative launched by the late Mayor Edwin Lee in 2015. Project 500 provides intensive resources, wrap-around services, and case management across City departments for families in San Francisco, and gives them the meaningful pathways up and out of poverty. This program is a San Francisco collaborative impact partnership spearheaded by the Human Services Agency (HSA) in collaboration with the Department of Public Health, Behavioral Health CYF SOC and Maternal Child and Adolescent Health sections, the Office of Early Care and Education, and the Department of Child Support Services, with the potential for expanded partnerships that will provide additional support and opportunities for the families served. Eligibility into this program includes the following: 1) mother's eligibility and enrollment into CalWORKs and a DPH Home Visiting Nursing Program; and, 2) all children under the age of 3 at the time of referral. In addition to these services and connection to high quality child care, every family receives a Mobility Mentor through HSA who help the families set and achieve goals related to various markers of economic self-sufficiency, health, and wellness.

BHS CYF oversees the Behavioral Health component of Project 500, which is staffed by a half-time Clinical Psychologist and two full-time Senior Behavioral Health Clinicians. These clinicians provide 3 tiers of services and support; I: Universal Education and Capacity Building; II: Case Consultation, Complex Case Conferences & Triage; and, III: Direct Services.

In January 2018, the capacity building learning communities and *brown bags* with the mobility mentors and nurses focused on Complex Trauma and ACES. Psychoeducation was provided and discussion focused on the impact of trauma and ACES on both clients and the workforce (vicarious trauma). The team continues to also increase their caseload of Child Parent Psychotherapy (CPP) clients, as they engage in a training cohort with Dr. Alicia Lieberman at UCSF's Child Trauma Research Program (CTRP). Furthermore, they launched a group in January, Attachment Vitamins (AV), which 9 mothers have enrolled in. Attachment Vitamins' curriculum is based off of CPP and developed by Dr. Lieberman's group at CTRP. The objective of the program is to provide caregivers with knowledge about early childhood development and the effects of toxic stress and trauma in order to help them attune to their child's needs, set parenting goals, strengthen the parent-child relationship, and understand and respond to challenging behaviors. The group is highly interactive and encourages caregivers to engage in a process of active reflection on their relationship with their children and on their own experiences while growing up. In addition, AV participation promotes engagement with mental health services for families that would benefit from them. The curriculum aims to increase a number of caregiver skills and capacities including the following: 1) Trauma Informed Parenting Knowledge, 2) Emotional Attunement, 3) Mindfulness, 4) Executive Functioning, and 5) Reflective Functioning. It is a 10 session curriculum designed for parents of children age 0 to 5 years old.

Spotlight on Parent Training Institute

The Parent Training Institute (PTI) has had a positive and eventful start to 2018. In January, the PTI co-sponsored two and a half days training on Supporting Father Involvement (SFI) as part of the Fatherhood Initiative at the Sunnysdale Wellness Center. SFI is an evidence-based program that has been shown to improve the quality and quantity of time fathers spend with their children, as well as improving the employment, economic, and emotional well-being of SFI participants. As part of the training, the

developers of SFI, Drs. Marsha & Kyle Pruett, attended a half day training facilitated by the Wellness Center staff and which included a walking tour of the Sunnydale neighborhood. The purpose of this cross-training component was to share the history of the Sunnydale Housing Community and unique strengths and challenges of fathers who live there. George Calvin, LCSW, who heads the Fatherhood Initiative at the Wellness Center, oversaw and led this component of the training. The next SFI series at the Sunnydale Wellness Center is planned to begin in early March and recruiting for this cohort of fathers has begun.

In addition to sponsoring the SFI training, the PTI provided the first of three trainings to staff from the Human Services Agency on evidence-based parenting and the work of the PTI. The purpose of these trainings is to ensure that all HSA staff who work with families are knowledgeable about the free and effective parenting resources available to families in San Francisco.

Spotlight on Southeast Child/Family Therapy Center and Family Mosaic Project

The Center has started a group for Latino parents in Spanish. The Latino parents will gather to discuss and support each other on challenges of parenting & supporting their children with emotional problems. The group aims to improve cooperative parenting, setting limits, communication with the children, and positive conflict resolution without using physical discipline. The group also helps parents to develop realistic expectations for children's behavior. While the parents are in the group, the children are receiving group therapy to improve socialization skills and improve emotional expression & communication. The group is led by Lucia Hammond, LMFT and Vilma Entrenas-Yeppez, Ph.D. from the Center and a community leader.

Family Mosaic Project has the addition of two new care coordinators, which will increase its capacity as well as the ability to deliver services in Tagalog and Punjabi. In addition, select clinicians from Family Mosaic Project will be participating in a new initiative called *Shoestrings*, an early-intervention program targeting high-risk youth between the ages of 2½ to 5 years & their families for intensive short-term therapy, training, support and linkage in order to decrease the need for special education services.

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

Intensive Case Management/Full Service Partnerships to Outpatient Mental Health Client Flow Groups

Since December, over 40 clinicians from outpatient mental health (OP MH) and ICM/FSP programs, consumers, and AOA SOC, Quality Management, and MHSA staff, have been meeting twice a month in three workgroups, conducting small tests of change and generating experience & learning, to come up with recommendations and proposed agreements on how to improve the successful transition of clients from ICM/FSP intensive level-of-care into regular OP MH treatment.

The objective for each workgroup is to prioritize and test out proposed solutions in three action areas, then with data & feedback from diverse providers and consumers, make recommendations for system and practice improvements. The focus of the three workgroups are as follows:

1) Recovery Culture and Identifying Client Readiness for successful transition from ICM/FSP:

The objective of workgroup #1 is to come up with practice recommendations and proposed provider agreements on how to integrate the expectation of recovery and eventual transition into the culture & programming of services at ICM/FSPs. Workgroup #1 also aims to achieve consensus between ICM/FSPs and OP MH programs on what client readiness to step-down looks like.

2) Referral, Intake, and Linkage Processes from ICM/FSP to OP MH:

The objective of workgroup #2 is to agree upon a clear and consistent process by which ICM/FSPs and OP MHs are to communicate and work with each other, in partnership with clients, to effect a priority referral,

warm handoff, and a carefully orchestrated and assured successful transition of ICM/FSP clients into OP MH level-of-care.

3) *OP MH Program Flexibility to Meet Needs of Clients transitioned from ICM/FSP:*

The objective of workgroup #3 is to identify what OP MH programs will do differently in the way they provide services to clients stepped-down from ICM/FSP level-of-care, in order to mitigate important service gaps precipitated by the steep drop in the high frequency, intensity, and quantity of services which clients had been receiving at ICM/FSP programs.

In March, the three workgroups will reconvene to share their progress thus far with each other, and solicit feedback and as for volunteers from the larger group to assist with further testing of “prototype” recommendations. Workgroups will continue to meet and refine their tools and recommendations until a final convening in June when formal recommendations will be prepared for implementation.

Transitioning clients from ICM/FSP to standard appointment-based outpatient OP MH services has been a challenge for many years. A small percentage of clients discharged from ICM/FSP programs subsequently connect to OP MH clinics, as evidenced by services accessed within three months post-discharge. There is widespread consensus that this represents a missed opportunity for needed quality care.

In 2017, ICM/FSP and OP MH providers, consumer advocates and peer employees, and BHS administrative staff, facilitated by a consulting group, convened multiple times to examine this concern. The goals of the convening sessions were to:

- 1) Build relationships between providers of ICM/FSP and OP MH programs
- 2) Clarify the problem to address clients’ linkage between ICM/FSP and OP MH services
- 3) Identify barriers & potential solutions to supporting clients in the referral and linkage to OP MH.

The result of this convening was a set of *potential solutions to test and implement* to improve client transitions from ICM/FSP to OP/MH, which the three workgroups are now working on to refine, make more concrete, test, and put forward as concrete products and agreements to recommend for implementation.

4. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

Spotlight on the Community Justice Service Center

BHS is excited to announce that the Community Justice Center and Drug Court Treatment Center will be co-locating at the Community Justice Service Center at 555 Polk beginning Monday February 26, 2018.

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.

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. DPH staff provide linkage to social services agencies; community resources; and primary, behavioral health and substance use disorder treatment programs. This move is a great opportunity to for our providers to offer coordinated care to participants in the Community Justice Court and Drug Court programs. Additionally, we believe that this co-location will help facilitate increased service capacity across the programs. One of BHS priorities is to enhance the already strong services offered at these programs by adding evidence-based treatment groups, gender specific groups, and high/low need groups. Many thanks to the staff of these programs, collaborative court partners, and staff at DPH who are supporting this transition.

5. BHS QUALITY MANAGEMENT REPORT

BHS Data Reflection Initiative Receives Mayor's Office's Data and Innovations Award

BHS' Data Reflection initiative, Data Reflection to Improve and Vitalize Effectiveness (DRIVE), is going to be recognized by the SF Mayor's Office of Civic Innovation and DataSF, at the 2017 Data and Innovations Awards Ceremony to be held in March 2018 at City Hall. The DRIVE project team included: Ritchie J. Rubio PhD, Quality Management Lead Evaluator; Farahnaz K. Farahmand, PhD, Children, Youth and Families (CYF) Assistant Director; Kenneth Epstein, PhD, LCSW, BHS CYF Director; Harold Baize, PhD, QM Data Analyst; and Shamsi Soltani, MPH, QM Outcomes Analyst.

There were 6 awards categories, and the BHS initiative was selected for the *Data Muncher and Cruncher* category because of our creative way of using data that demonstrated analytical complexity. This initiative primarily involved meaningful and reflective use of data, but this would not have been made possible without the rigorous data analytic work of the BHS Quality Management team, who have creatively generated charts and reports (i.e., CANS and ANSA outcomes reports, CANS and ANSA Traffic Light Reports) to visualize and make meaningful our children, youth, and adult outcomes data. A synopsis of the project and approach is provided below.

The Challenge

The San Francisco Department of Public Health (DPH) Behavioral Health Services (BHS) Children, Youth, and Families and Adult & Older-Adult Systems of Care (CYF SOC and AOA SOC); and Quality Management (QM) have been working closely to find ways to meaningfully utilize data to support SOC work. However, it remained challenging to motivate an effective and meaningful use of data to inform and influence clinical practice innovations on a program-level and on an individual behavioral health service provider-level.

BHS became aware of this problem from an overall lack of engagement and enthusiasm around data among providers. Traditionally, data outcome reports are generated by QM and are reported to management and programs. However, most of the time these reports are not sufficiently and meaningfully utilized to improve program effectiveness. As such, designing a platform, where behavioral health clinicians and providers can actively engage in data reflection, will help clinicians: (a) get feedback on how they are doing in their interventions, and (b) get motivated to generate a plan of action to improve their effectiveness. The ultimate beneficiaries of data reflection are the behavioral health consumers who are expected to improve in their well-being and overall functioning as their service providers improve in their effectiveness.

Solution and Results

The DRIVE initiative is a platform to meaningfully integrate data and clinical practice improvement efforts, through partnerships among data personnel, system of care management, clinicians, and other behavioral health service providers. Accountability was established through effective delegation of responsibilities, planning meetings to discuss logistics of implementing responsibilities, and feedback meetings to evaluate implementation effectiveness.

These efforts commenced with the CYF SOC using the Child and Adolescent Needs and Strengths Assessment (CANS) data (see links). Following the release of these reports, providers:

(a) Conducted data reflection meetings using a sand tray analogy (see attached example) as a unique way of approaching data by asking the question, “Where is the Energy in this Chart,” or narrative approaches by asking, “What’s the story here?”, and

(b) Summarized the outcomes of this meeting in a data reflection form.

DRIVE was first introduced in 2016 to encourage data reflection on program-level data. However, the following elements were introduced and completed in 2017:

(1) Data reflection workshops, called Data Reflection Assist Workshop (DRAW), were facilitated in many programs throughout 2017;

(2) Completed data reflection forms were analyzed qualitatively using grounded theory in January 2017. The results (see attached) were used to inform training opportunities to innovate clinical practice;

(3) In June 2017, Traffic Light Report was rolled out (see attached) which is now automated in clients’ electronic health record to facilitate data reflection between clients and their clinicians.

The use of data reflection instigated much enthusiasm in the system and a renewed interest among behavioral health providers to meaningfully use CANS data to inform clinical practice. This initiative has generated a ripple effect in many different programs across the system in terms of a paradigm shift to meaningful data use. This was truly a systems initiative that involved many key people in our department and systems of care. A big congratulation to all!

Download Referenced Documents below

Data_Reflection_Assist_Workshop__DRAW__for_AFS__October_2017_.pdf (1.95 MB)

<https://screendoor.dobt.co/attachments/MrSmaxS1ixeXg9wJ2dwX2PM1Khit7hdp/download>

Data_Reflection_Outcomes__February_2017_.pdf (1.45 MB)

<https://screendoor.dobt.co/attachments/6gvgTKvk1kanm863pB9vZwFUqDlePpgk/download>

CANS_Two-Time_Point_Traffic_Light_Report__June_2017_.pdf (622 KB)

<https://screendoor.dobt.co/attachments/ewgkcw4VAO2ZwB-k8AMAKhwCk0rjXASl/download>

Weblinks to CANS Reports

(1) SF DPH Community Behavioral Services website where CANS reports are posted:

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

(2) Data used for Data Reflection:

https://www.sfdph.org/dph/files/CBHSdocs/CANSCalOMS/PerformObjA2_CANSItemLevel_Q4_FY1617.pdf

Shared Youth Database Initiative Receives Mayor's Office's Data and Innovations Award

The Shared Youth Database (SYDB) Initiative is going to be recognized by the SF Mayor's Office of Civic Innovation and DataSF at the 2017 Data and Innovations Awards Ceremony in March 2018 at City Hall. The SYDB is a collaboration of San Francisco Department of Public Health (DPH), Human Services Agency (HSA), Juvenile Probation Department (JPD), and the San Francisco Unified School District (SFUSD). These departments worked together to address legal hurdles & contract challenges to develop, through Andy J. Wong Inc. (AJWI), a comprehensive web-based database management system for at-risk youth in San Francisco County who are served by the respective agencies/departments. The main goal of the SYDB is to identify intervention points at which multi-system youth can be helped with the most impact and to improve & coordinate the care of youth engaged with multiple systems.

There were 6 awards categories, and the SYDB initiative was selected for the *Bridge Builder* category because of our innovative way of breaking down silos and working across multiple city departments to share data for coordination of care of high risk youth in San Francisco County. A synopsis of the project and approach is provided below.

Opportunity or Challenge

Identifying and helping youth involved with multiple social service agencies is a well-documented challenge for local governments. A recent study found that 83% of youth with intensive probation involvement were referred to child protection; almost half of these substantiated. Fragmented data systems and institutional siloes hinder identification of these 'crossover' youth and coordination of care, leading to duplication and ineffective service interventions to decrease longer-term involvement with these agencies.

For over 15 years, San Francisco agencies have been tackling this issue by manually sharing and analyzing data. In 2003, HSA, JPD and DPH obtained a court order to do a one-time link of data on their youth. They identified approximately 2,000 families consuming more than half of the resources of each department. In DPH, 10% of children used \$16.5 million of health services – 40% of them had been in foster care.

While this data linkage provided valuable insights and spurred greater collaboration, there was still no single operational database which could be used to identify crossover youth in 'real-time' and provide alerts to caseworkers to enable collaboration. This was the genesis of the Shared Youth Database and unlocking the power of linked data and algorithms to generate automated alerts.

Solution and Results

After the initial data linking, HSA, DPH, and JPD leaders identified the need for a single 'Shared Youth Database' that could link live data across the agencies and provide automated alerts to relevant

caseworkers to coordinate care for crossover youth. However, implementing this database would require overcoming significant legal, technical, and institutional hurdles that would take almost 15 years to resolve.

In September 2016, HSA, DPH, JPD, and SFUSD signed an MOU to share data on children in their systems identified as 'at risk'. The inclusion of data on SFUSD students was significant as studies show a correlation between school attendance and higher likelihood of offending. Targeting support for these youth early on could help decrease their use of agency services and improve outcomes.

In 2017, the agencies convened a working group to tackle the significant work of securely supplying data to the Database, developing and implementing automated alerts, and identifying key areas of crossover between agencies. The Database went live in October 2017, with data on youth contacts and caseworker information from all four agencies being supplied regularly and linked. Over 100,000 youth records were initially supplied with 11,000 youth crossing at least two agencies. Of the almost 11,000 SFUSD students identified as 'at risk' in 2016/17, a quarter had contact with at least one other agency and 13% had contact with two or more agencies.

The results of this initial linking were presented to the SF Sentencing Commission and five different types of alerts have already been identified and will be implemented in 2018. This would not have been possible without the technological and operational infrastructure the Database provided and will enable the provision of greater and more systematic coordinated care for youth who cross multiple systems, resulting in a direct impact to SF youth and their families.

Documentation Training Expands to Private Provider Network and PES & Psych Inpatient at ZSFG Hospital

BHS has expanded the clinical documentation training & improvement work to include the Private Provider Network (PPN; those in private practices/group practices) as well as hospital staff at Psychiatric Emergency Services and the Acute Inpatient Services. For the PPN, three training sessions were conducted for about 150 clinicians. For the Inpatient training, about 45 staff participated (the training was also taped). The next step is to have the tape professionally edited and used as an internal training tool for new hires & ongoing re-training. The trainings have been conducted jointly by Quality Management and Compliance sections.

Involuntary Detention and Risk Assessment Training

On January 24th, members of Quality Management's Risk Management team, in collaboration with the BHS Training unit, trained over 190 practitioners who were seeking to be certified to perform involuntary detentions (5150/5585). In addition to QM's presentation, the training included presentations by representatives from the Mental Health Clients' Rights Advocates, ZSFG Psychiatric Emergency Services, Dore Urgent Care (Progress Foundation), Edgewood Center for Children & Families, UCSF Alliance Health Project, Westside Crisis (Westside Community Services), BHS Comprehensive Crisis services, and the San Francisco Police Department, all of which are community resources to help clients and providers address crises. Involuntary Detention and Risk Assessment Trainings are conducted twice annually.

The curriculum for this training drew material from previous trainings on involuntary detention, but also included content and experiential exercises to increase clinicians' capacity to perform risk assessment while maintaining the therapeutic relationship. This expansion of the goal of the training followed on recommendations from BHS' Risk Management Committee, which has noted a system-wide need for more training on risk assessment. The training was well received and with noted positive evaluations.

6. BHS PHARMACY REPORT

2018 BHS Pharmacy Services Manual FAQs

1. Why would I want to use the Pharmacy Manual?

The Behavioral Health Service Pharmacy Manual is updated annually to help support BHS providers in medication related services. It's filled with helpful resources to support medication safety and access. Quoting one of the prescribers: "I actually look forward to each year's new manual!"

2. How do I get a copy of the 2018 Pharmacy Manual?

- a. An electronic copy of the 2018 Pharmacy Manual is available at the BHS Webpage in the Medication Resources section. Link:
<https://www.sfdph.org/dph/files/CBHSdocs/PharmacyServicesManual.pdf>
- b. Hardcopies will be distributed at the medical and systems of care meetings (CYF SOC in February 20th and AOA SOC in March). For more copies, please email Edmund.Carnecer@sfdph.org, including your address and number of copies requested.

3. Some details about the Pharmacy Manual?

- The color of the cover is changed every year. It's green for 2018; please dispose of the goldenrod 2017 copy.
- San Francisco pharmacies are listed not only by address but also with "cross streets", and you'll find which are in the Healthy San Francisco Pharmacy Network
- For laboratories, there's a handy Labcorp locations map
- What's on formulary? Check out the Psychiatric Medication Formularies Comparison Table (updated in Dec 2017)

4. What's new for 2018?

- 2018 California Medicare D Prescription Drug Plans table of low cost plans
- eLabs for prescribers – how to order and review results; list of OrderConnect lab tests
- Avatar Medication Consents – policy and Avatar bulletin
- Medication Resources approved in 2017 by the BHS Medication Use Improvement Committee
 - Adult ADHD Treatment Guideline
 - Safer Prescribing of Antidepressant Medication Guideline
 - Opioid Use Disorder Medication –Assisted Treatment Guideline
 - Recommendations for Take-Home Naloxone

5. What is a hidden gem?

Unbiased psychiatric Information for BHS staff and affiliates is available at no cost, at www.thecarlatreport.com. Hint: Find the Login and Password on page 8.

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

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