



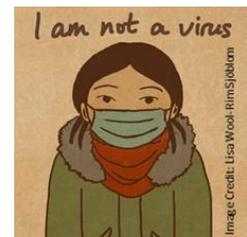
Behavioral Health Services - *Communications*



A Call to Celebrate and A Call to Action

May is Asian American and Pacific Islander (API) Heritage Month. As we honor the contributions that more than 22 million API individuals have made to our country, we also recognize the difficulties that the API community has endured and are still experiencing during this COVID-19 crisis. Many have faced overt racism, discrimination, and microaggressions emerging from anxieties and ignorance surrounding this pandemic.

Even prior to our shelter-in-place order, a youth client in one of our CYF programs shared that he was regularly bullied at school for ‘having the coronavirus’ because he is an immigrant and is Asian. Many similar experiences have been [reported](#) by the [STOP AAPI HATE](#) center, which has received 1,500+ reports of coronavirus discrimination from API individuals across the country.



Like with many other people of color, the API community needs support and empathy during this challenging time. Here are some potential resources to act and help your API clients and their families:

1. Encourage reporting of incidents through the [Asian American Advancing Justice](#), the STOP AAPI Hate Reporting Center of the [Asian Pacific Policy and Planning Council](#), or [StopBullying.gov](#).
2. Integrate in your services opportunities for racial socialization by (1) strengthening clients’ racial/ethnicity/cultural pride, while also (2) preparing them to cope with prejudice or discriminatory experiences. To this end, consider looking at [RESilience: Uplifting Youth Through Healthy Communication About Race](#) and [EmbraceRace](#) for Racial and Ethnic Socialization (RES) resources.
3. Address stigma related to COVID-19 through resources by [AAPCHO](#), or by joining the [Shining a Light on API Mental Health in the Time of COVID-19](#) webinar on May 15.

For questions and/or consult: Ritchie Rubio (ritchie.rubio@sfdph.org)



Mental Health Month 2020

This is a challenging and stressful time for our communities and providers. Now more than ever, awareness about mental health challenges and reaching out for support when needed is important.



*Click on the image to access some **Psychoeducation** tools including a **COVID-19 and Your Mental Health** Infographic.*

Our new normal requires being gentle with ourselves and new habits for self-care, including using technology creatively to maintain our mental health and wellness, and to continue to connect with our support systems.

We want to recognize and thank the BHS team and all of our community partners who continue to work tirelessly to meet the needs of our clients and communities.

San Francisco City Hall Lit Lime Green in Annual Recognition of Mental Health Awareness Month

City Hall will be lit-up lime-green on Wednesday, May 6, 2020 in celebration of May being Mental Health Awareness Month and as a symbol of hope and solidarity. San Francisco continues to promote community wellness through outreach and prevention, mental health and substance use services, and peer activities, which have adapted to meet the needs of the community at this critical time. We are providing support to First Responders and collaborating with organizations across the city to coordinate resources and information to support all those who live and work in San Francisco.



For more information about the lighting of city hall or related community wellness activities, please contact MHSA@sfdph.org.



BHS Community Wellness

With the COVID-19 Shelter in Place Order, BHS quickly shifted gears to provide alternative and increased Community Wellness activities for behavioral health consumers and our San Francisco community members. These activities were primarily conducted through our MHSA Prevention and Early intervention (PEI) programs and our Peer-to-Peer programs including the following activities:



PEI Programs

- Video conferencing calls for clients to check in and provide wellness support:
 - Drumming activities
 - Singing activities
 - Deep Breathing and Mindfulness activities
 - Cultural activities
- Phone calls for clients that cannot access internet/technology.
- Helping clients develop new coping mechanisms within the current COVID-19 climate.
- Helping clients to manage stress levels.
- Teaching/helping clients to make their own face masks.

PEER Programs

- Support groups moved online and programs increased the frequency of groups:
 - Family support groups for Spanish-speaking families and Cantonese-speaking families
 - Zoom Bingo, Karaoke and Talent Show events to engage clients in meaningful wellness activities
 - Racial Trauma and Self-Care During COVID-19 group
- Calling all clients to check-in and promote wellness activities.
- Handing out care packages (snacks and other items) at the peer wellness center while following social distancing guidelines.
- Implementing an online WRAP (Wellness Recovery Action Plan) group for 8 weeks
- Leveraging funds from other programs to provide IPADS to clients for participation in online programming.
- Video conferencing support for peer specialists (staff who are behavioral health consumers with lived experience):
 - Mindfulness Wellbeing groups
 - Professional Development groups
 - Peer Learning groups
 - Personal Safety groups
 - Lessons on Setting Boundaries



For more information about community wellness activities, please contact MHSA@sfdph.org.



Impact of the COVID-19 crisis on our children/youth clients and their families: A preliminary reflection

In any crisis, there can be both danger and opportunity. Our CYF providers have shared some of the narratives (in the balloons to the right) that depict some *opportunities* for family cohesion, but many show the *danger* of how clients' symptoms escalated with the crisis.

With this crisis, there were suggestions that risk behaviors (such as [suicidality](#)), as well as the potential for [trauma](#), will rise. Preliminary visualizations (see next page Fig. 1 and 2) from our **Child and Adolescent Needs and Strengths (CANS)** assessments, which compared clients' risk behaviors and trauma presentations *before* and *after* the COVID-19 Shelter-in-Place (SIP) order in our city, show this possibility. It is quite likely that this pandemic has contributed to why clients regressed or remained needing intervention in CANS risk behavior items such as ***Danger to Others, Suicide Risk, and Delinquent Behavior***. Furthermore, many clients continue or have developed a need for services to address ***Adjustment to Trauma, Dysregulation, and Hyperarousal***; as well as experiences of ***Family Violence and Child Abuse***. Also, referrals to our Comprehensive Crisis Services (CCS) indicate an increased likelihood of triage to psychiatric hospitalization within the past month.

To help clients, consider integrating in your work (click links): (1) [safety planning](#) (using [telehealth](#)); (2) [trauma prevention](#) and [intervention](#) practices (also see recommendations for [complex trauma](#)); and (3) [psychoeducation](#) (e.g. resources for [child abuse](#) and [family violence](#) prevention). And for providers - be aware of your vicarious trauma, and compassion fatigue; and mitigate with lots of [self-care](#) activities.

For consult or questions, please reach out to Ritchie Rubio Ph.D. (CYF Director of Practice Improvement and Analytics) ritchie.rubio@sfdph.org.

There have been significant improvements in 7-year old client's target symptoms and behaviors, including decrease in frequency and intensity of tantrums... according to parent report...improvement in client's relationship with father, with client seeking out playtime with father during shelter in place.



During COVID-19 public health emergency in April 2020, client, his mother, and sisters are staying with client's father...client reported that he is "happy that the whole family is together again."

Client (8-year old) is being triggered by the uncertainty of the COVID-19 crisis, having to change daily activities, and adding more worries (parents' and brother's health) existing ones... Current times exacerbates client's condition... worrying about sibling being part of the vulnerable population...triggering anxious responses in client manifesting as acting out, irritability, aggressive behavioral, affecting concentration, and family dynamics.

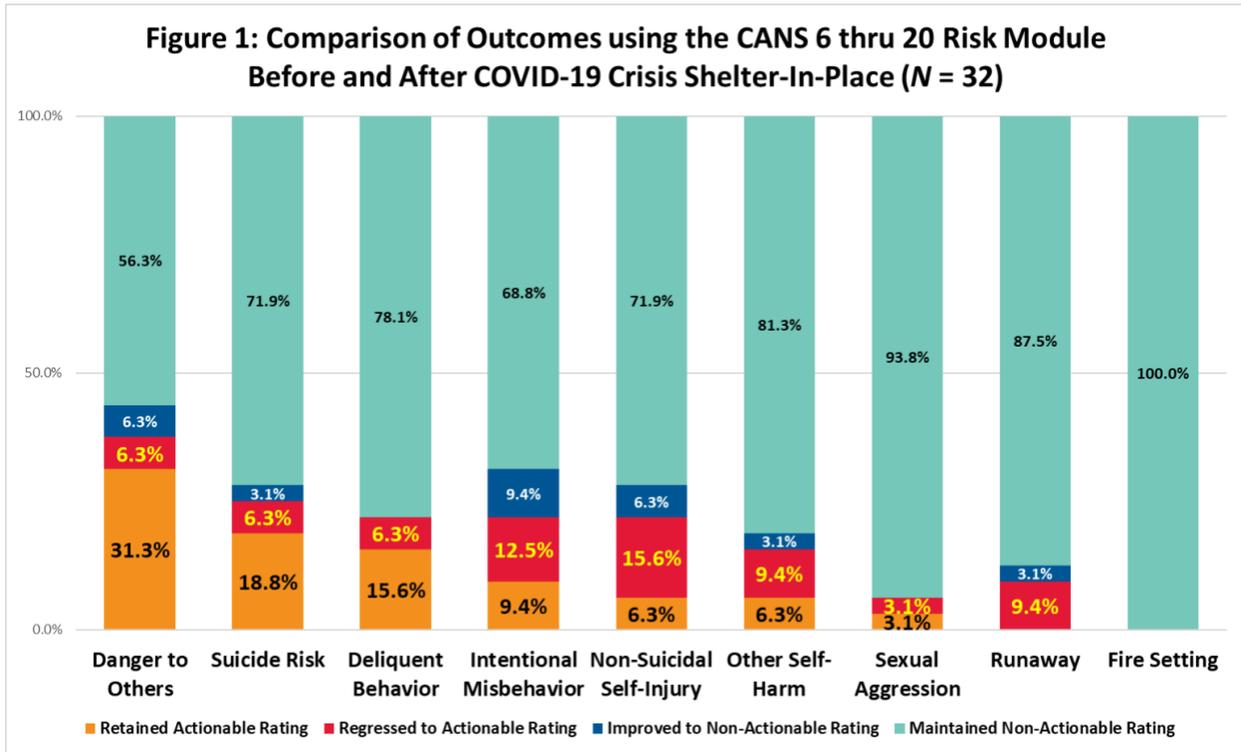


Client's irritability has recently been escalating...related to various triggers, including: shelter-in-place restrictions which have restricted all of client's off-campus activities, including outings, school, and visits with family...Client previously had two family visits per month, one with a parent, and another with siblings... but this was recently changed due to shelter-in-place restrictions.

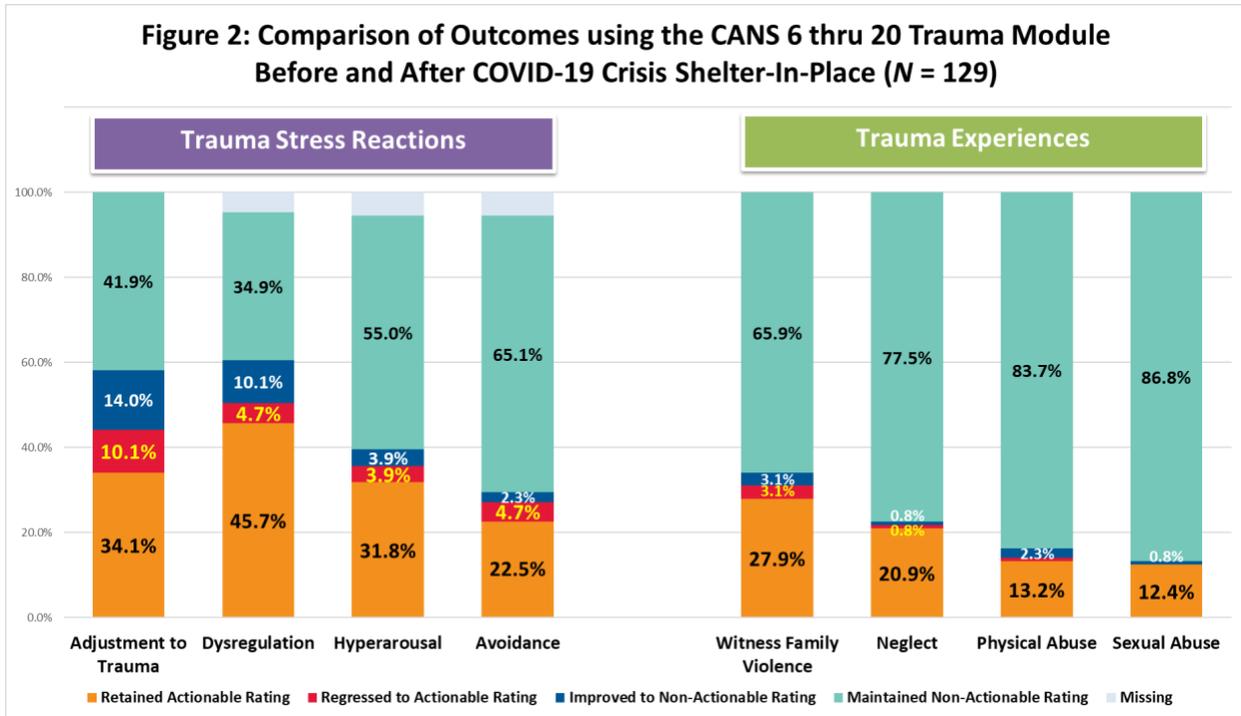
Client's acting out behaviors...aggressive behaviors towards mom today and yesterday...is highly related to drastic change of routines for client due to the Shelter in place order secondary to the coronavirus pandemic. School has been closed for two weeks...resulting in client's losing structure, routines and regular speech therapy. Client is on 5585 hold due to danger to others.



Grandparent said that client is hyperactive when at home which has become more prevalent of a problem due to recent COVID-19 shelter in place...since client is literally at home all the time...recently broke a laptop at home after dropping it while moving around too much while playing with younger sibling.



Note: % = proportion of clients. N = clients with actionable rating in at least 1 Risk module item after SIP order.



Note: % = proportion of clients. N = clients with actionable rating in at least 1 Trauma module item after SIP order



External Quality Review Organization (EQRO)

Every year, SF Behavioral Health Services is reviewed by an External Quality Review Organization (EQRO) to assess the timeliness, access and quality of services for our Mental Health Plan (MHP). The EQRO reviews data and reports, and conducts on-site reviews, focus groups, and interviews with clients, civil service and contracted providers, and other stakeholders. The most recent review was conducted in December 2019 and produced a report with a detailed analysis and evaluation of our MHP’s programs/services, performance measures, performance improvement projects (PIPs), information systems, and client and staff perceptions.



The report includes strengths, opportunities for improvement, changes and progress in performance management, and ratings for access, timeliness, and quality. Some noted strengths include our MHP’s penetration rates (the percentage of Medi-Cal eligible people being served) which is nearly double the statewide average, significant efforts to capture all timeliness indicators and produce positive results, and the innovative Mental Health SF initiative designed to provide broader and more timely access to behavioral health care.

For fiscal year 2019-2020, EQRO recommends that BHS develop the public-facing web-based Provider Directory by improving navigability, bolster field work services with mobile devices (e.g., encrypted laptop/tablets), and strengthen communication between leadership and mental health program staff with regularly scheduled visits by leadership to provide updates directly to staff and to receive their input.

The findings from the EQRO report validate the high-quality standard of services provided by BHS staff and contractors, and in the spirit of continuous improvement, BHS leaders look forward to implementing EQRO’s recommendations.

For more information please contact Liliana De La Rosa, MSHA, Quality Improvement Coordinator (liliana.delarosa@sfdph.org)

Staff Shout Out: Jose-Luis Guzman



Jose-Luis Guzman is a Program Manager with the Adult/Older Adult System of Care. He was deployed early on to the Containment Branch at the Dept. Operations Center (DOC) given his expertise in overseeing multiple programs, community engagement, and population health. Since his deployment he has been working to identify staffing needs and support staff at the Isolation and Quarantine Sites. It is clear that his behavioral health and infectious disease background have made him a strong and supportive leader during the COVID-19 response. His tireless dedication to the work and support of individuals impacted by the pandemic is inspiring. We are grateful to Jose-Luis for his service!



Behavioral Health Services' Training Unit Update

Moving from In Person to Virtual Trainings During COVID-19: Challenges and Opportunities

Like everyone across our system of care, BHS' Training Unit has been busy adapting to a virtual platform with a specific focus on COVID-19 needs (see vimeo link on right with recordings of our March/April virtual training offerings as well as registration links on next page for upcoming May dates).

Since Shelter-in-Place began in March, more than 1,000 BHS civil service and CBO staff have attended one of our live virtual trainings and more than 400 have viewed recordings. While one clear advantage is the ability to reach a larger audience, it has been difficult to adapt the more interactive, relational in-person trainings to this virtual style. Webinar features such as polling, chat, and even breakout rooms are being explored.

If you have feedback including future training suggestions, please contact Michelle Meier, LCSW, BHS Training Unit Coordinator (michelle.meier@sfdph.org).



The following BHS COVID-19 training recordings from March-April are available on vimeo at: <https://vimeo.com/showcase/6956018>

- Information for Opioid Treatment Programs Regarding COVID-19 | Judith Martin, MD (March 17)
- Telecare for Opioid Use Disorders | David Kan, MD (March 30)
- Staff Wellness Webinar (Part 1) | Nia Hamilton-Ibu, LCSW (Presented April 2)
- Telehealth for SFDPH Behavioral Health Services: Essential Elements and Tips for Treatment | Hamilton Holt (April 6)
- Keeping You and Your Family Safe from COVID-19 | David Pating, MD and Michelle Truong, RN (April 16)
- *Coming Soon:* Law and Ethics for Public Entity Healthcare Providers (with an Update on COVID-19) | Linda Garrett, JD (April 30)



May 2020 Trainings

	Time	Training	Location	Trainer	CE's Offered
Wed 5/6	10:00am – 11:00am	Delirium & COVID-19 Resources	https://zoom.us/meeting/register/tJ0ode6gpjsg9L_U0qn2tjSjQPBVCIWMA3v	American Geriatrics Society	N/A
Wed 5/6	10:00am – 11:30am	Empathic Communication and Engagement in Behavioral Telehealth	https://www.cibhs.org/post/empathic-communication-and-engagement-behavioral-telehealth	Elizabeth Morrison, LCSW Bryan Knowles, LMSW	Pending
Wed 5/6	12:00pm – 1:00pm	Culturally-Adapted Suicide Prevention in the Age of COVID-19	https://bit.ly/2VGH5PE	Brandon Hoeflein, M.S.	1 CME/CE (MD/DO, Nurses, Pharm, PhD, PsyD, LMFT, LCSW, LPCC, CCAPP)
Wed 5/6	4:30pm – 6:00pm	How COVID-19 is Impacting the Lives and Care of People Who Use Drugs?	HRAMCOVID19.EVENTBRITE.COM	UCSF Harm Reduction and Addiction Medicine	N/A
Thu 5/7	12:00pm – 1:00pm	Staff Wellness: Part 2	https://bit.ly/2VPurwZ	Nia Hamilton-Ibu, LCSW	N/A
Wed 5/13	10:00am – 11:30am	Virtual Assessment and Client Plan Development	https://attendee.gotowebinar.com/register/3974946047175396875	Jennifer Hallman, LCSW, MPA Ritchie Rubio, PhD	Pending
Fri 5/15	2:00pm – 3:00pm	Wellness and Self-Preservation during COVID-19	https://sfdavictimservicescovid19mentalhealthtraining.eventbrite.com	Dr. Gena Castro Rodriguez	N/A
Wed 5/20	10:00am – 11:30am	For Supervisors: Addressing Long-term Virtual Team Needs	https://attendee.gotowebinar.com/register/4330592978784222475	Rick Goscha, PhD Ally Mabry, MSW	Pending
Wed 5/27	1:00pm – 2:30 pm	Therapeutic Support when Working with Young Children (0-5) and Caregivers in a Virtual Setting	https://attendee.gotowebinar.com/register/2610897419314675723	Donna Potter, LCSW	Pending
Fri 5/29	1:30pm – 4:45pm	Treating Trauma with Acceptance and Commitment Therapy (Part 1)	https://bit.ly/2A6iZ7U	Robyn Walser, PhD	Pending



*From the Frontlines: Providing Essential Services During COVID-19

During shelter-in place, **Families Rising** adjusted mental health service delivery to include telehealth screening and linkage.



We supported Human Services Agency (HSA) staff to contact all clients and do light screening on mental health to identify clients who may be presenting with mental health needs for the first time as a result of sheltering in place and COVID stress, and clients who need further support with existing mental health needs. Subsequently, we have adapted the behavioral health team response to contact clients by phone for deeper assessment, linkage, and triage.

For instance, one Spanish-speaking client self-reported feeling stress and wanting to talk to someone about her mental health. A Spanish-speaking behavioral health clinician received this report from HSA program staff and was able to contact the client the same day by phone. The clinician learned about client's trauma symptoms, was able to further assess level of risk, psychosocial stressors, and reinforce her current coping skills. The clinician also learned that the client has worked with a therapist through **Casa de Las Madres** and was confused about the possibility of continuing therapy. After determining that client did not present with high risk or crisis, and obtaining verbal consent to contact her therapist, the clinician was able to speak with this therapist to solidify that therapeutic relationship, and also provide the client with greater clarity about the terms of that therapy service. This effort offered the client social support, assuaged concerns that therapy might not be available to client, and elucidated the process for therapy to continue, and prevented the likelihood of duplicate and cumbersome therapy referral to another agency by HSA staff.



**Please consider submitting your "From the Frontlines" stories to alicia.st-andrews@sfdph.org about how services have changed as a result of COVID-19, including the adversities and resilience experienced by clients and staff who are adapting and responding to this evolving crisis.*



From the Frontlines: Disaster Service Worker Deployment

I am a Site Monitor/Behavioral Support worker at Site 5, a Shelter in Place (SIP) Isolation and Quarantine (I&Q) hotel in the Marina. I must admit that before I arrived, I was experiencing some apprehension and some downright fear. However, upon arrival I noticed the atmosphere here is quite calm and the residents are for the most part very low maintenance. There is an ample amount of security which is comforting. The surrounding area is one of the nicest neighborhoods in San Francisco in my opinion.

The hotel itself is rather nice. 52 rooms and open air. The unclear portion that is disturbing to me is the fact that PUI's (People Under Investigation for COVID-19) are still allowed to move freely. Luckily all COVID-19 tests I have been present for have returned negative. I would like to commend all the medical staff who are doing an amazing job and are very compassionate towards the residents. My coworkers are doing their best to collaborate and make this site as efficient and effective as possible. I would also like to acknowledge Allied Security and Urban Alchemy for doing a stellar job! I do feel that the City is doing a decent job in response to an unprecedented pandemic. I will say that for someone who is in the vulnerable population, I feel as safe as one can feel in the midst of quarantine and working in the community. Lastly, I would like to say that we have had an unexpected resident. She is a beautiful red-tailed hawk who I have named Luna! She was quite the tourist attraction for a couple of days.



Jose Orbeta, AOT

Welcome to BHS! New Program Staff



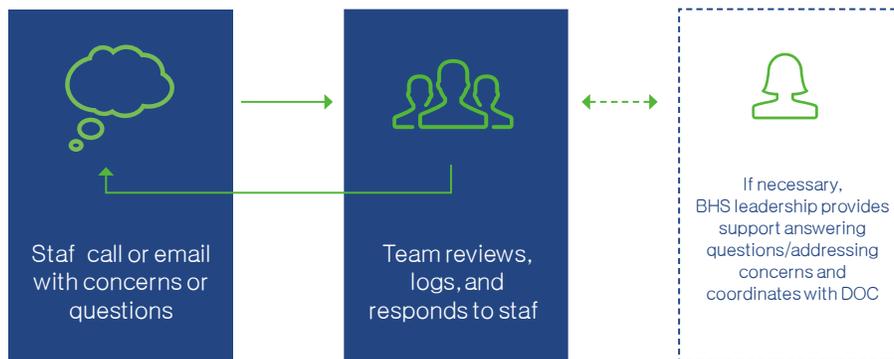
Introducing **Tara Curran**, the new Behavioral Health Clinician on the STARR team. Supporting Treatment and Reducing Recidivism (STARR) is a grant funded program through the Board of State and Community Corrections working to support individuals diverted from jail or exiting jail to ensure engagement and continuity of behavioral health services. STARR is a collaboration across the SF Department of Public Health, Adult Probation Department, Felton Institute, and Public Health Foundation.

As a bay area native, I take great pride in working for this city and for DPH. My passion is working with individuals in our community who are underserved and underseen. Through my educational and professional experiences, I have had the chance to work in various agencies and positions that have expanded my growth and development. I am very excited for this new path with the STARR team! My goal in this position is to continue to grow as a clinician and to work closely with our community resources to build opportunities for our clients. I am a recent graduate of San Francisco State Masters of Counseling, Marriage and Family Therapy program. My educational background also includes a BA in Child and Adolescent Development from San Francisco State.



Do you have general questions about being a Disaster Service Worker (DSW) or are you currently deployed and have concerns you need help getting answers for?

The BHS Clearinghouse team is available to support you regarding your deployment needs.



415-255-3427



bhsclearinghouse@sfdph.org



San Francisco Health Network
Behavioral Health Services

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