1. **NEWLY DEVELOPED MENTAL HEALTH OUTREACH MATERIALS FOR CULTURAL POPULATIONS**

In January of 2017, Behavioral Health Services will have newly developed cultural adaptations of mental health outreach materials to reach members of the Punjabi, African American and Chinese American communities. The following materials will be available to use for outreach and engagement to raise awareness and reduce stigma around mental health:

- Mental Health Guide Flyer for Chinese American Communities
- Mental Health Guide Brochure for African American Communities
- Suicide Prevention Poster and Brochure for the Punjabi Community

These materials were developed under the Each Mind Matters campaign, which is part of the Statewide MHSA Prevention and Early Intervention Initiative around mental health stigma and discrimination reduction.

If you would like to receive some copies of the items listed above, please email Jeanne Kwong at (415) 255-3427 or email at Jeanne.kwong@sfdph.org. Supplies are limited for printed materials. Electronic versions of these materials will also be available.

**Mental Health Services Act (MHSA) FY 16/17 Annual Update**

30-Day Posting for Review and Comment Period

Counties across the State are required to prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for MHSA programs and Expenditures. Draft Plans and Annual Updates are to be prepared and circulated for review and comment for at least 30-days.

The San Francisco Department of Public Health invites you to review the draft FY 16/17 Annual Update to the Three-year (FY14/15 – 16/17) Plan. The draft Annual Update will be posted for a 30 day review and
comment period from December 16, 2016 to January 16, 2017. If you are interested in reviewing the Annual Update please visit the San Francisco Department of Public Health website at: https://www.sfdph.org/mhsa

If you have any questions, please contact Imo Momoh, at imo.momoh@sfdph.org or (415) 255-3736.

2. NEW INDIVIDUAL PLACEMENT AND SUPPORT PROGRAM (IPS)

Occupational Therapy Training Program of San Francisco (OTTP-SF) joined the Behavioral Health Services (BHS) & Department of Rehabilitation (DOR) Vocational CO-OP in March 2016 to provide employment support services to TAY ages 15-24. OTTP-SF serves at-risk youth in a multitude of mental health and educational/vocational programs and strives to engage them in meaningful, purposeful activities that result in positive future orientation and goal fulfillment. OTTP-SF’s employment program assists youth with a mental health diagnosis to find and sustain competitive employment. At the start of this program, OTTP-SF was approached by DOR and BHS to develop a pilot project to include the principles of Individual Placement and Support (IPS) in our employment program. This project is funded with one-time funding from Mental Health Services Act. IPS is an evidence-based employment model that has been shown to help more people with mental illness obtain employment than any other type of vocational program. As OTTP-SF regularly conducts research to contribute and adhere to evidence-based practices as well as client-centered services, we jumped at the chance to implement this model as part of our employment program.

Since commencing the IPS program in September, we have enrolled seven clients and have been working diligently to ensure our model follows the principles of IPS. While we will not know the final outcomes of the pilot until we formally review and compare the IPS program with our non-IPS program, we are very excited about our progress so far, as we have already helped three of our clients to obtain employment. One of our clients just began working at Goodwill. His OTTP-SF vocational specialist has been helping him to feel comfortable and acclimated in his new job. According to this client, “This job fits my need to help people and fulfill my dream job of interacting with and helping others. The job is not always easy, but I continue on as I know I can do it with support from both OTTP-SF and DOR.” In addition, and in line with the IPS model, each job is seen as a learning experience. According to one of our clients, “OTTP-SF has helped me continue to feel motivated even when jobs don’t work out, because they’ve mentioned to me that it takes a while to get comfortable in a job you like. I don’t know if this will be my job forever but it’s helping me open my eyes to what I’m really good at and with support, can continue to work on.”

OTTP-SF looks forward to enrolling additional youth in our IPS program, and to working closely with our BHS and DOR partners to gather data that will contribute to establishing positive outcomes for this vulnerable population.

For additional information about OTTP-SF and to enroll your clients in the BHS/DOR Vocational CO-OP, please contact Rachel Pechter at (415) 551-0975 or Rachel.pechter@ottp-sf.org. The Acess4jobs referral form can also be download at http://bit.ly/SFVOC
3. **TAILORING YOUR COMPLIANCE PROGRAM**

*Continual Evaluation*

Continual evaluation is important to the success of compliance. The compliance plan must be reviewed annual and incorporate any new regulations, standards, and guidelines. Some questions to analyze internally when revising the plan are: Are the policies and procedures we have documented occurring? Are they working? These questions will help examine program areas and provide valuable information to effectively evolve.

*Measuring & Building Effectiveness*

Part of the evolution process is measuring compliance effectiveness. Here are variables to consider when making said assessment: staff knowledge, Seven Essential Elements of Compliance implemented, comparing issues year-to-year, and tracking recoupments and corrective actions. Building effectiveness is a critical step in the process as well. To do this staff must identify and address compliance risk areas, assess maturity of compliance program, evaluate compliance structure and processes, and measure program effectiveness against federal and state goals.

*Organizational Fit*

The code of conduct addresses organizational culture, beliefs, and ethical position. The must regularly be distributed and incorporated into daily work processes. This is to say staff must understand, accept and ensure compliance with the code of conduct along with aligning with the Departments’ mission, vision, and objective.

*Change and Program Advancement*

Change is the one sure constant variable in compliance. Changes to regulations, standards, funding, technology, etc. constantly fluctuates. Due to change, and other variables, a compliance program is never a finished product. The compliance staff constantly strive to improve and advance the program by overcoming challenges, remaining abreast on new federal and state regulations and guidelines, educating stakeholders, implementing innovative internal processes, etc.

*Communication*

Communication of compliance program expectations and goals must be clear, concise, and creative. Compliance-related information can be difficult to understand because it is buried in thousands of documents. Compliance may not be an exciting topic for everyone. Creativity with communication can help stakeholders comprehend complex compliance material.

4. **ASSISTED OUTPATIENT TREATMENT (AOT)**

Throughout the fall semester Assisted Outpatient Treatment (AOT) has had two wonderful interns (Shirley Cherry and Cate DeGraw) from the Community Mental Health Certificate program at City College. The interns have been providing direct support to our clients and their families, as well as helping the
AOT Care Team with our day to day activities. As they finish their internship, we want to take an opportunity to thank them for their dedication and all of their hard work. We look forward to supporting them as they embark on their careers in the field. And a special thank you to Edith Guillen-Nunez and Sal Nunez for their leadership with the certificate program!

We also want to welcome the new peer specialist with the AOT Team at Citywide, Robert Abate. Welcome to the team!

As always, if you would like more information about AOT, please visit our webpage at www.sfdph.org/aot. If you would like to make a referral to AOT, please contact us at 415-255-3936.

5. BEHAVIORAL HEALTH SERVICES CONSUMER WEBSITE PILOT- STIRS EXCITEMENT THROUGH CLINIC ENGAGEMENT EVENT

To celebrate the expanded launch of SFHealthConnect to all consumers registered at pilot clinics, BHS hosted a “portal party” at Sunset Mental Health and South of Market. The event was staffed by BHS peers, IT, medical and pharmacy staff who spent time with clinic consumers promoting the services of SFHealthConnect. Onsite advertisement was convenient and enabled consumers to review website services and directly interact with the portal team while waiting for their appointments. The events were met with much enthusiasm and a great success! As a result of these efforts nineteen consumers successfully logged onto SFHealthConnect at the two clinics, bringing our total to 30 users.

Starting January 2017, for the pilot, peer staff and CBHS Pharmacy Interns will regularly staff an informational table to advertise the portal at Sunset Mental Health and South of Market. Plans are to eventually combine portal enrollment with wellness promotion, including: computer/portal access at wellness centers, how to print and provide other medical providers with an accurate active medication list, and how to accurately use the internet for obtaining accurate healthcare information.

Dear Directors –

For this end-of-the year newsletter, we would like to take the time to highlight some of our medication use improvement achievements for 2016. Thank you for all of your support and hard work! Happy Holidays!

Non Sedative-Hypnotic Treatment of Anxiety, Trauma and Obsessive-Compulsive Disorders Toolkit

As an extension to the Safer Prescribing of Sedative-Hypnotics guideline developed in 2014, the Medication Use Improvement Committee (MUIC) formed a multidisciplinary subcommittee to create a toolkit addressing the treatment of anxiety, trauma and obsessive-compulsive disorders. The toolkit
includes a series of Cognitive Behavioral Therapy (CBT worksheets) that are available for free on the CBHS website. We hope items of the tool kit will be used throughout BHS clinics and benefit our clients in their wellness and recovery!

**Naloxone Patient Education Flyers**

Opioid overdoses are on the rise around the country. Naloxone is an opioid reversal agent that can save lives. CBHS Pharmacy staff and consumers created a series of naloxone patient flyers targeting various age groups including college age, older adults and pediatrics. The presence of the flyers in the pharmacy increased the rate of prescription requests for naloxone. Four flyers are available on the CBHS website and can be posted in clinic waiting and treatment areas. We hope that increasing the availability of naloxone will prevent opioid overdose deaths among our BHS clients and throughout the entire city.

**Medication Approaches to Alcohol Use Disorder**

A multidisciplinary subcommittee developed a guideline for Approaches to Alcohol Use Disorder (AUD) Medication Assisted Treatment. The guideline includes the use of medications in AUD treatment, local resources and treatment centers, a withdrawal assessment form, referral forms and other useful information.

All of the highlighted resources are available at the CBHS website at [https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/](https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/) under the Medication Resources section.