

**City and County of San Francisco
Department of Public Health**



Mayor Edwin M. Lee

Jo Robinson, MFT
Behavioral Health Director
1380 Howard Street, 5th floor
San Francisco, CA 94103
(415) 255-3440
FAX: (415) 252-3079
Jo.Robinson@sfdph.org



Monthly Director's Report
February 2015

1. Medication Safety – It takes Two!

Ever wonder why you are asked to confirm your full name and date of birth when picking up medications at the pharmacy or receiving a medication in the hospital or clinic? This practice – using two patient identifiers – helps confirm that the right person receives the right medication. Using two patient identifiers when providing care, treatment or services is one of The Joint Commissions (TJC) National Patient Safety Goals. In fact, it is the first goal listed for all TJC National Patient Safety Goal programs, including ambulatory health care, behavioral health care, critical access hospital, home care, and hospital.

The reason this goal is so important is because patient misidentification can lead to serious medication errors. Using two identifiers unique to the individual, such as full name and date of birth, is an effective strategy for matching the right treatment to the person for whom the treatment is intended. Other acceptable identifiers include an assigned identification number (e.g. medical record number), telephone number, or other person-specific identifier.

BHS Pharmacy staff recently met with DPH Nursing staff to review the importance of the two identifier practice, and to strategize on overcoming barriers in ensuring this practice is performed consistently. Handouts on using two identifiers were provided to nursing staff, with the intention of posting the handouts in clinic medication rooms to encourage the culture of using two identifiers.

Although it may seem like a simple strategy, there are barriers to ensuring two identifiers are used each and every time before a medication is dispensed or administered to a patient. Some staff may feel that it is impersonal and awkward to use two identifiers repeatedly with familiar patients. Even with patients that are well known to staff, it is important to consistently use two identifiers. Not only does using two identifiers help identify the individual, it also ensures that the right treatment matches the right person. Educating patients on the risks of patient misidentification and explaining that the two identifiers is for their safety may help reduce concerns of appearing impersonal and supports their wellness and recovery. Sometimes language barriers can make it difficult to confirm person-specific identifiers. Staff may want to utilize a translator and ask the patient for an identification card to confirm the patient's identity in such cases. Another potential issue is time and workload - a staff member may have several patients waiting to receive medications. In such cases, it is better to ask for help than to skip verifying two identifiers.

Taking the time to ask each patient every time before providing treatment for two identifiers is an important medication safety strategy. It is also a way to engage patients in their treatment, and an opportunity to educate patients on medication safety. As a health care worker, you are looking out for your patient's safety

when you ask them for two identifiers. As a patient, you are ensuring that you are receiving the treatment that was intended for you. Remember, it takes two!

(See Attachment 1 & 2)

2. Greetings from CalMHSA!

Please find attached to this email, the January News to Use! The theme of this month's "News to Use" is: [African American Community Partnerships Aim to Reduce Mental Health Disparities.](#)

Please take a few minutes to read the newsletter, and learn about what types of CalMHSA suicide prevention activities that are happening statewide and locally.

(See Attachment 3)

New DHCS Director for Department of Health Care Services

Governor Jerry Brown selected Jennifer Kent as the new Director of DHCS; she fills the position formerly held by Toby Douglas and began her new role on February 9.

Peer Certification

California Behavioral Health Director's Association (CBHDA) is sponsoring Peer Support Certification legislation. Senator Mark Leno has agreed to be the author. "Peer Specialists" would also be added as a provider type in the Medicaid State Plan. A lot of work remains to get the bill through the legislature and signed by the Governor.

"Bridge to Reform" Waiver Renewal Workgroups

DHCS convened the final meetings of its stakeholder workgroups this week. The groups inform the 1115 Waiver renewal proposal. CBHDA is working with others to advance behavioral health priorities in the Waiver.

CalMHSA Programs Deliver Positive Outcomes

Emerging evidence shows that the statewide initiatives are "reaching targeted California populations, reducing mental illness stigma, increasing the number of Californians with the skills to intervene with and refer individuals with mental health challenges, and disseminating evidence-based practices through online resources and strategic collaborations." View the latest findings from RAND's comprehensive evaluation here. This new report from the RAND Corporation's independent review of CalMHSA's Prevention and Early Intervention Initiatives (PEI) shows these public health programs are making a difference in reducing stigma, preventing suicide, and improving student mental health. The RAND Corporation's snapshot of early, short-term PEI outcomes finds CalMHSA programs are "successfully launched and already showing positive outcomes." Contact: Nicole Eberhart at eberhart@rand.org.

3. Welcome Back Jim Stillwell!

We are pleased to announce that our longtime colleague Jim Stillwell is back from retirement, taking a part time role supporting Substance Use Services (SUD) in our department. We look forward to the benefits of his skill, experience and generosity of spirit.

4. Interesting Facts about the Differences between DSM IV and 5:

1. The DSM is now titled with a number 5 instead of a Roman Numeral V because the intention is to produce updates without having to wait for a whole new volume. So look for interim changes which will include new research, possibly new diagnoses, or changes to current diagnostic criteria.
2. There is a Coding Correction published by the APA in March of 2014. It contains corrections to certain codes and is particularly important for those of you who are coding the major neurocognitive disorders. Make sure you download this and make the corrections to your books. The electronic app has been updated already.
3. "Splitting" is a term used quite a bit in DSM 5. Splitting happens when formerly combined diagnoses are split into separate diagnoses OR where diagnostic classes are split into one or more. An example of the former is agoraphobia and panic disorder which are now split into two separate diagnoses in recognition that they do not always occur together. An example of diagnostic class splitting are BiPolar Disorders and Depressive Disorders now split into two separate diagnostic chapters instead of the former combined Mood Disorders.
4. "Lumping", also an often used term in DSM 5, is the opposite of "splitting". Lumping happens when formerly separate diagnoses are lumped together into one. Probably the most well publicized example of lumping is with Autism Spectrum Disorder. In this case 5 formerly separate diagnoses including Autism, Asperger's, PDD, Rhett's Disorder and Childhood Disintegrative Disorder are now "lumped" into Autism Spectrum Disorder. DSM states that research does not support separate disorders but rather a single disorder with a spectrum of severity.
5. The DSM 5 is very focused on risk. As a result there are a number of new specifiers (some with codes and some that can only be documented in the narrative diagnosis) that are focused on increased risk. A very interesting new one is the "with anxious distress" specifier for the Bipolar and certain Depressive Disorders.
6. There are no more axes. As a result diagnosticians must order as primary, secondary and tertiary the diagnoses of those with multiple diagnoses including psychiatric, substance use, and medical disorders.

5. Naloxone Overdose Rescue Kits

CBHS pharmacists Michelle Geier and James Gasper have published an article describing their pioneering work in providing Naloxone overdose rescue kits at the pharmacy window for clients in treatment for opioid addiction.

(See Attachment 4)

6. Toby Ewing is New Mental Health Services Oversight and Accountability Commission Executive Director

Sacramento—The Mental Health Services Oversight and Accountability Commission (MHSOAC) is pleased to announce it has named Toby Ewing as Executive Director.

Ewing has served as a consultant to the California State Senate Governance and Finance Committee for the last four years. State Senator Lois Wolk, former Chair of the Senate Governance and Finance Committee said, "Toby Ewing is a great choice to lead the Mental Health Services Oversight and Accountability Commission. He is well known as a reformer and champion of oversight and improving outcomes of government programs.

He knows our mental health system well, how it works and how it doesn't, and will be quick to take a strong leadership role at a time when it is needed."

Ewing also served as Director of the California Research Bureau from 2009 to 2011. From 1999 to 2006, he was a Project Manager with the Little Hoover Commission, an independent body charged with improving government. During his tenure, Ewing was project manager for several reports on state policy issues including mental health and child welfare.

Ewing did his undergraduate studies at Grinnell College and received a Ph.D. in Sociology from Syracuse University. Honored as a Fulbright Scholar in the mid-1990s, he facilitated and documented a complex community development initiative in Costa Rica.

"Toby Ewing brings a wealth of experience in state government, public policy and mental health," said MHSOAC Chair Dr. Victor Carrion. "We very much look forward to working with Toby as we move into an important time in communicating and evaluating the positive outcomes of Prop 63 programs to demonstrate what it has done for hundreds of thousands of Californians."

As Ewing steps in, current MHSOAC Executive Director Sherri Gauger is retiring for the second time in two years. Gauger stepped back into the role of Executive Director after leaving at the end of 2013, a retirement that lasted six months before rejoining the Commission in June of 2014.

"We would like to say a profound thank you to Sherri for her dedication to public service, particularly in her work with the Commission and Prop 63," said Chair Carrion. "She has brought the Commission to a new level with her outstanding commitment and leadership."

The MHSOAC is the oversight body for Proposition 63, the Mental Health Services Act (MHSA). Voter-approved Prop 63 is funded by a one percent tax on millionaires and has generated more than \$11 billion for public mental health programs since 2005.

7. Two CBHS staff to advise UCSD on Evaluation Recovery Orientation of Counties

Gloria Frederico, MFT, and Diane Prentiss, MA MPH, attended in February, the first meeting of a statewide advisory workgroup focused on Recovery Oriented practices in mental health services. Transforming mental health services to be more recovery oriented is a primary objective of the Mental Health Services Act (MHSA – Proposition 63), which was enacted ten years ago. The Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted with UC San Diego to conduct evaluation research into how effectively Recovery practices are being implemented in California counties.

The contractors will begin with "A National Framework for Recovery-oriented Mental Health Services" developed by the Australian Health Ministers' Advisory Council. They will work to build consensus about definitions and measures of Recovery through the Recovery Orientation Advisory Group, which includes stakeholders from several counties.

Ms. Frederico was recently hired as the Wellness and Recovery Coordinator for CBHS and collaborates on many projects with Ms. Prentiss, the lead MHSA Evaluator for CBHS.

Since the enactment of MHSA in 2005, CBHS has launched many initiatives to transform itself into a more recovery oriented system, including:

- \$10 million in MHSA-funded mental health programs

- Participation in several Californian Institute for Behavioral Health Solutions (CIBHS)-sponsored Recovery Collaboratives, involving multiple counties
- Piloting Wellness and Recovery Management (WMR) groups
- Launching a local Mini Collaborative focused on Recovery.

Diane and Gloria have begun to share with the advisory group many of CBHS's lessons learned, and plan to bring back to San Francisco new information about effective and impactful Recovery practices.

8. Diane Prentiss to serve on California MHSOAC Evaluation Committee

The Mental Health Services Outcomes Accountability Commission (MHSOAC), also known as the "Commission", oversees the implementation of the MHSA across the state, develops statewide strategies to overcome stigma about mental illness, and advises the Governor and the Legislature on mental health policy. The Commission recently selected Diane Prentiss, MA, MPH, to serve as a new member on its Evaluation Committee. The Evaluation Committee specifically designs and oversees numerous statewide evaluations of MHSA and communicates findings and recommendations to the Commission, state policymakers and community stakeholders. Ms. Prentiss is an epidemiologist and lead evaluator of Mental Health Services Act, in the Office of Quality Management of CBHS. She applied to serve as a committee member after attending Evaluation Committee meetings for several years as a member of the public. Ms. Prentiss will serve the two year term, 2015-17.

9. Children, Youth and Families (CYF)

CYF System of Care celebrates Maryanne Mock's upcoming retirement in April 2015

Ms. Mock has been serving as the Director of SE Child Family Therapy Center since 1992. Prior to that, she served as the assistant director for 5 years, an activity therapist for 4 years, and she even served 1 year as a graduate intern. As a result of Ms. Mock's steadfast leadership, straight forward, compassionate and transparent style, a strong program with diverse staff has been built to serve one of San Francisco's highest needs and multicultural client populations. We appreciate her can-do attitude, tenacity and ability to foster creative interventions to meet the needs of our community. Her last day in the office is April 10th, 2015. We will miss her.

Chinatown Child Development Center

CCDC has been working on our internal PDSA (Plan, Do, Study, Act) regarding to step down/triaging cases that are in need of medication support. Majority of our children seen at the clinic are referred by, but limited to, parents, teachers, and pediatricians in concerns of ADHD symptoms. Clinicians provide individual, family, and case management services; in conjunction with medication support from our psychiatrist. We are formulating a plan to work mutually and collaboratively with the community pediatricians such that our children will continue to receive medication support once they are able to manage some of the ADHD symptoms. Currently, CCDC is working together with Dr. Bella Yu, psychologist, at North East Medical Services (NEMS) to improve the flow and continuation of medication support for our children and families such that we can help our youths succeed.

Comprehensive Crisis Services

In the month of December, the Comprehensive Crisis Services Team had a productive Staff Retreat facilitated by Joanne Wile, addressing issues ranging from operational concerns to team-building exercises. Unfortunately, in January, we also had to say goodbyes to a few of our highly dedicated staff, our Medical Director, Assistant Director, and the last of our BHC staff. Nevertheless, our team had an eventful December month of 2014. The Child Crisis team provided 47 crisis evaluations out in the field and 23 of these assessments were conducted at the CSU. We continue to strive for seamless coordination and partnership with CSU to provide our children and families with excellent crisis intervention and stabilization services by discussing flow, enhancing communication, and ensuring needed follow-up. The Mobile Crisis Treatment Team is adjusting well to the additions of new OD's and continues to serve the community by providing crisis interventions in the field. We look forward to the new year of opportunities to deliver greater services to meet the needs of our children and families in San Francisco.

Crisis Stabilization Unit

We are starting the interviewing process for the manager of the third mobile treatment team. The Crisis stabilization Unit at Edgewood has served over 100 clients since opening in August. The *WarmLine* has received over 300 calls since opening in July. Both programs have met and surpassed their mid-year goals.

L.E.G.A.C.Y

L.E.G.A.C.Y. is looking forward to 2015. Two of L.E.G.A.C.Y's main focuses this year will be assisting and supporting our TAY population in their transition to young adulthood. Another main area of focus will continue to be providing effective and responsive services to families in District 10. With that in mind, we are currently actively recruiting for young adults age 18-24 with current or previous systems involvement to convey their stories of transitioning from youth to adulthood. We welcome stories both of successes as well as failures, with the hopes of educating providers on effective strategies that assist youth transitioning to adulthood. Participants will be compensated for their participation.

We are once again partnering with Black Infant Health as our shared goal is to provide services to families in District 10. As BIH is located in the Western Addition, L.E.G.A.C.Y. provides a space to bring their effective and innovative services to this community.

Family Mosaic Project

In November 2014, staff completed a "strengths and needs" assessment of the agency. One area of need that was identified was that of training and learning. Based on this data and input from staff, Family Mosaic Project developed an on-going training curriculum for 2015. The topics for training will include behavioral interventions/strategies, best clinical practice models, diagnosis, medications, community resources and safety planning. In January 2015, our topic for training was on children/youth who refuse to go to school. These trainings included diagnosis associated with poor to non-attendance of school, medications recommended to treat the diagnosis, behavioral interventions to use with teachers, parent/caregivers and clients, and community resources for families dealing with truancy and poor school attendance.

Mission Family Center

January was a very busy month for Mission Family Center (MFC). Children and youth who had received gifts during the holiday season created a beautiful handmade thank-you card which was delivered to the Sheriff's Office along with thank you cards from the MFC staff. We conducted 17 intakes which represent the greatest number of intakes in one month thus far during this fiscal year. MFC staff initiated on-site mental health services at John O'Connell High School this month and participated in an evening family & community meeting organized by the principal to discuss a critical incident. MFC collaborated with our CBHS partners to provide emergency response services and outreach to the 54 residents displaced by the fire at 22nd &

Mission Streets, the majority of whom were Spanish speakers, and 15 of whom were children and adolescents. We ended the month with our annual BOCC site visit and look forward to that report.

Southeast Child & Family Therapy Center

SECTC had 33 intake slots available in January and of these 16 were scheduled and 10 were completed. We continue with our PDSA to improve access to psychiatric evaluations, compiling data and reviewing next steps. The PLAAY (Preventing Long term Anger and Aggression in Youth) team has been working on developing community partners and will begin training soon. The mindfulness/self-esteem group for adolescent girls is about to start. As the longtime program director, Maryanne Mock, will be retiring, with her last day being 2/13/15, a transition plan has been put in place. Ines Betancourt, LCSW will be the acting director and Lucia Hammond, LMFT will be the acting assistant director. Psychologists, Toni Jung and Vilma Entrenas-Yepe, have also agreed to take on some administrative and supervisory tasks. This is a very well qualified team.

Substance Use Disorder Prevention

One of our substance use disorder prevention goals is working towards the reduction of binge drinking by 9th graders in the city. In FY 2013 – 2014, a primary objective for achieving this goal was the engagement of a minimum of 100 youth in the planning, development, implementation, and evaluation of neighborhood-based youth-led environmental prevention projects focused on reducing the impact of alcohol advertising in San Francisco. These projects were developed and implemented within the Communities Mobilizing for Change on Alcohol, an NREPP evidence-based environmental prevention framework, and facilitated by 9 community-based prevention contractors. We are pleased to report that our prevention contractors engaged 233 youth in environmental prevention activities, which means as a group, exceeded our objective of engaging 100 youth by 133%.

Tell us your clinic story and we will add it to the upcoming Director's Reports

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

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

To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org