

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



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Monthly Director's Report
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1. Enrollment into Expansion Medi-Cal of Clients of CBHS

Via a state Medi-Cal Outreach & Enrollment grant (AB 82) received by San Francisco county to enroll vulnerable individuals into health coverage, CBHS, in collaboration with San Francisco Human Services Agency (HSA) and Richmond Area Multi-Services (RAMS), embarked on a two-year project (2014 to 2016) to conduct outreach, education and enrollment assistance to uninsured clients at high-volume CBHS civil-service-operated and contracted, substance abuse and mental health treatment programs.

RAMS is contracted to hire four Peer Navigators trained by HSA to assist eligible uninsured CBHS clients enroll into Medi-Cal health coverage at CBHS service delivery sites. These peer navigators are equipped with laptops with internet access and portable scanners, and granted certified access into HSA's *mybenefitscalwin* internet site, to enroll CBHS clients into Medi-Cal. The peer navigators will also help clients retain their Medi-Cal coverage during annual renewals.

CBHS oversees a large county behavioral health system-of-care composed largely of CBO partners, along with civil-service-operated mental health outpatient clinics, providing mental health and substance abuse outpatient, intensive outpatient, day treatment, residential treatment and other services. RAMS is a CBHS contractor that will assist CBHS in meeting its system-wide goal of assisting all clients to obtain health insurance, by rotating office hours through selected CBHS programs with high volume of uninsured clients. RAMS provides the following direct assistance below to the CBHS programs' clients:

- Sit with clients to do online Medi-Cal application;
- Follow-up with clients in gathering any needed documentation, and in completing the application for those who need more than one session;
- Follow-up with clients to ensure annual renewal of Medi-Cal coverage.

RAMS Peer Navigators will also be deployed daily, Monday to Friday, at CBHS's Central Access office at 1380 Howard St., San Francisco, CA.

For the two-year period of the project, the goal of the RAMS peer navigators is to achieve the following objectives:

1. Make 500 contacts with individuals in the target population through outreach activities and events.
2. Submit 212 Medi-Cal applications
3. Retain 70% of individuals in these target populations after one year. [\[SP1\]](#)

All CBHS programs (civil service and contractor) are required to achieve a program performance objective to successfully assist a minimum number of their uninsured clients to obtain health coverage. 50% of clients,

who appeared on 7/1/2014 as uninsured in a CBHS program's Uninsured Clients Report, will appear as insured in the program's Uninsured Clients Report on 6/30/2015. CBHS programs are required to do the following:

- know the health coverage status of all of their clients by entering into the primary care homes of their clients into the Avatar electronic health record;
- provide basic information about health coverage to uninsured clients;
- assist uninsured clients in obtaining health coverage by providing basic information and referral, and by enlisting the help of the RAMS Peer Navigators."

2. SFHN Behavioral Health Services Internship Website

I am pleased to announce that the SFHN Behavioral Health Services Internship website is live; this is a resource for practicum students and University staff to learn about the internship opportunities within our system. The website provides information about training placements, the application process, our Multicultural stipend program and other information needed by students as they investigate potential training sites for their practicums. Please visit the site at <https://www.sfdph.org/dph/comupg/aboutdph/jobs/internships.asp> and disseminate this resource to anyone seeking information about the BHS internship program.

3. Wellness and Recovery Coordinator

Please join me in welcoming Gloria Frederico, MFT into the position of Wellness and Recovery Coordinator. Gloria has worked at O.M.I. Family Center for 21 years and most recently has been working as the Acting Clinic Director. She was the Team Leader for "Team O.M.I." in the statewide learning collaborative "Advancing Recovery Practices" which was sponsored by California Institute of Mental Health. At the conclusion of the learning collaborative, Gloria was instrumental in working with clinic leadership and clinic staff in the development of the *O.M.I. Family Center Wellness and Recovery Three Phase Treatment Model* that is being tested and refined using the P.D.S.A. (Plan-Do-Study-Act) model for improvement. Gloria has served on the faculty for the most recent statewide learning collaborative "Advancing Recovery Practices" where she is sharing her expertise in the implementation of wellness and recovery practices; collaborative leadership; and clinic transformation.

4. CalMHSA Collaboration

The Gay-Straight Alliance Network and CalMHSA collaborated with the Reach Out Here campaign (www.reachouthere.org) to develop **mental health resources** (e.g. fact sheets and documenting real stories) **geared specifically for LGBTQ youth**. For full details visit <http://www.reachouthere.org> or contact Meredith Sire at meredithsires@inspire.org.

5. Reminder -

We are excited to share with you...

What's New?

The 7th Annual Together Against Stigma International Conference

Empowering Community Mental Health through Research, Practice, Policy, and Research

February 18-20, 2015 in San Francisco, CA, USA

Watch the legacy of this international conference continue highlighting prominent champions addressing stigma

[Click here to watch the video!](#) (On the homepage of the website)

Help Individuals with Low or No Income! Donate to our Scholarship Fund

Want to help individuals who have low to no income? We are currently accepting donations to help support these individuals including family members and students who want the opportunity to attend the Together Against Stigma International Conference. [Click here to donate now](#)

Apply for a Scholarship

Apply for a discounted conference registration and/or travel reimbursement. This is a competitive process only for individuals in need of monetary support that requires a completed application by January 12, 2015.

[Click here to apply for a scholarship](#)

6. New Spanish Language Parity Resource Available

Disability Rights California's new Mental Health Stigma & Discrimination Reduction Project publication, "The California Mental Health Parity Act Toolkit: A Guide to Appealing Health Plan Mental Health Care Denials" is now available in Spanish. You can find this translation and its English version at the Mental Health Parity page. Contact: Margaret Jakobson-Johnson at Margaret.Jakobson@disabilityrightsca.org or (916) 504-5937.

7. Mission A.C.T. and Wellness and Recovery

The Mission A.C.T. (MACT) team just completed a 14 months of restructuring services to incorporate wellness and recovery approaches to helping its member's lead better more productive lives. They participated in a series of teleconferences and trainings with California Institute of Behavioral Health's Advanced Recovery Collaborative. The collaborative seeks to build hope and belief in recovery by consumers as well as staff.

Mission A.C.T. developed the following charter: "We aim to cultivate independence and improve the quality of life of MACT members. We will do so by utilizing a recovery-oriented approach in which members will define their own recovery. We will implement a strengths based approach where members design treatment goals that are meaningful to them. Overall, the goals are to move members towards independence, create and maintain stable community connections, and decrease dependence on crisis services."

The goals this team worked on operationalized the aim in concrete terms:

1. To increase member involvement in vocational rehabilitation.
2. To increase member involvement in meaningful community activities.
3. To decrease the rates of post-disenrollment hospitalizations.

The objectives the team designed involved measurable outcomes that required the entire team to collect data over a period of twelve months:

1. 60% of members will be participating in a vocational rehabilitation activity.
2. 50% of members will be involved in meaningful community activities.
3. 75% of members will not be hospitalized for mental health concerns within 90 days of graduation.

To meet these goals and objectives, MACT utilized the Plan Do Study Act (PDSA) model of change to incorporate a recovery model into the daily operations. Numerous PDSA's were tried utilizing the tools provided by the Collaborative. In working with their consumers, they tested the Strengths Assessment (SA) to help members develop treatment plan goals meaningful to them. The SA is used to help consumers identify and utilize strengths, natural supports, self-help, peer support, and community resources. This then drives a personal recovery plan designed by the consumer.

The SA was well received by consumers and clinicians. It is a clinical tool designed to move away from pathology and into a recovery track. The team learned new things about their members (work histories, family relationships, aspirations, etc.). Following the adoption of the SA, MACT began to incorporate the Strength Based Group Supervision during their staff meetings. The clinician presents the consumers SA during the Strength Based Group Supervision. The session is moderated by a clinician who follows a specific agenda guiding the session. Once the team has reviewed the consumer's SA questions are asked to clarify items on the SA. Lastly Staff will provide a given number of suggestions that may be appropriate for the consumer. The presenter will take note of all suggestions and then will pick several that may be appropriate for the consumer.

To build hope and belief in recovery, MACT tested a number of approaches and implemented those that they felt would have the greatest impact in changing the program's culture:

- Adopted a Living Recovery wall where members write goals and aspirations, share recovery moments, and placed inspirational art throughout the building.
- Consumers and staff share recovery moments during community and staff meetings.
- Present recovery videos during the community meetings.
- Began to use recovery oriented language during staff meetings, and began to design a new program brochure to reflect this approach.
- Incorporated a Graduation Ceremony for those consumers going to lower levels of care.
- Invited graduates to come back to share their progress with the community.

Now that the collaborative is over, MACT is working on solidifying changes and sharing the information when other programs and clinicians show an interest in learning about wellness and recovery.

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