Behavioral Health Services
Monthly Director’s Report
November 2016

1. BHS WOULD LIKE TO WELCOME MR. IMO MOMOH, MPA AS THE NEW DIRECTOR OF THE MENTAL HEALTH SERVICES ACT

Imo Momoh began his career in Martinez, California where he served as an Executive Assistant to the Contra Costa County Mental Health Director and continued his work in Contra Costa County as a Health Services Planner/Evaluator. Under this assignment he was Manager of Language Services and Chair of the Reducing Health Disparities Committee. His interests in Ethnic Services took him to Lagos, Nigeria where he was a Financial Analyst Trainee for Chevron Nigeria Limited and also General Secretary of the State Community Development Group for the Physically Challenged under a National Service Corps program. While interning in Nigeria he was awarded a National Service Certificate of Attestation (Meritorious Award) for raising funds and procuring physiotherapy equipment for physically challenged children with special needs. Upon completion of his internship in 2010, Imo returned to Contra Costa County Mental Health Division as the Ethnic Services Manager & Workforce Education and Training Manager. In this period, he was also the Chair of the Bay Area Region Ethnic Services Managers Committee (a coalition of nine counties).

In 2013, Imo moved to San Bernardino County and served as the Cultural Competency Officer of the San Bernardino County, Department of Behavioral Health. In this role, he was a member of the Executive Management Team providing management and leadership for the Office of Cultural Competence and Ethnic Services, Public Information Office, Office of Consumer and Family Affairs, and the Community Outreach and Education Program.

Imo received his Bachelor’s degree in Business Administration with a concentration in Computer Information Systems, and his Master’s degree in Public Administration with a concentration in Public Management from California State University, East Bay, in Hayward, California.

Please help us in extending a warm welcome to the newest member of our Behavioral Health team.
2. **COMPLIANCE**

7 Essential Elements of Compliance

1. The *Code of Conduct* outlines the responsibilities and proper practices for employees and volunteers. It demonstrates the organizational and ethical attitudes and system-wide emphasis on compliance with applicable laws and regulations. The *Code of Conduct* supports and reinforces DPH’s policies and procedures. The *San Francisco DPH Code of Conduct* is disseminated to agency employees and volunteers; and must be signed annually.

*Policies and procedures* should be clear, concise and communicate how we will conduct business, execute actions and provide services to patients. *Policies and procedures* are used as internal references and guidelines for federal, state and local legal requirements. These documents also address identified risks, fraud and abuse prevention.

2. The *Compliance Officer* serves as the focal point for compliance activities. In order to do an effective and efficient job, the Compliance Officer must be provided adequate resources, appropriate authority, access to and support of all levels of management. Major Compliance Officer duties include improving and overseeing the compliance program; facilitating trainings; conducting audits and investigations; and reporting performance to management and compliance committee members.

The *Compliance Committee* is vital to the success of compliance. It consists of upper management that make critical decisions for the overall system of care. Primary Committee duties includes: advising and supporting the Compliance Officer; assisting with the implementation of goals and objectives; analyzing risks and legal requirements; assisting with developing policies and procedures; and evaluating and promoting compliance.

3. *Education* is provided in many different forums: technical assistance is provided to programs during on-site reviews, review reports, documentation manuals, compliance plans, DPH/BHS newsletters and other methods. Additionally, BHS quality management routinely conduct documentation training to providers. The goal of educating programs is to ensure staff members have adequate tools and resources to provide excellent treatments services to patients and to incorporate compliance into daily operations.

4. *Monitoring and auditing* is an ongoing evaluation process. *Monitoring* is primarily the responsibility of the Program Manager. Program Managers must identify regulatory risk areas; develop internal controls, policies and procedures; and monitor them to verify they are followed. The Office of Compliance and Privacy Affairs perform *auditing* of programs independently. Patient and financial records are audited to ensure compliance with regulations, laws, standards and codes.

5. *Reporting and investigating* processes provides a mechanism for employees and volunteers to disclose problems in a confidential manner to their supervisor and/or Compliance Officer. Open lines of communication must be maintained between staff/volunteers and management. DPH employees and volunteers may use the following lines of communication:
DPH-OCPA Compliance Hotline and Email contact information:
- 1-855-729-6040
- compliance.privacy@sfdph.org

DPH Controller’s Office Compliance Hotline/Whistleblower Program contact information:
- (415) 701-2311
- whistleblower@sfdph.org
- www.sfgov.org\whistleblower

These lines of communication are advertised in newsletters, DPH facilities, the DPH website and various documents.

6. *Enforcement and discipline* is an important factor of compliance. According to the OIG, there should be a policy for the varying degrees of discipline. The policy should include that: noncompliance will be punishable; failure to report noncompliance will be punished; an outline of disciplinary procedures; a list of parties responsible for appropriate action; and a commitment that discipline will be fair and consistent. In addition, program’s omission of known noncompliance could lead to severe penalties and recoupments. A significant component of enforcement is prevention. Compliance, standards, guidelines and other pertinent information must be disseminated to stakeholders.

7. *Response and Prevention* is a necessary component of compliance. *Response* to compliance violations and misconduct must be prompt and conducted with fairness. The response must be handled carefully and documented meticulously. All identified issues must be corrected immediately. However, a more effective approach to resolving issues is *preventing* them. Efforts to prevent compliance problems can be accomplished by holding routine staff meetings, disseminating newsletters and memos, maintaining an open-door policy, providing opportunities for feedback from staff, etc.

3. **CALIFORNIA’S MENTAL HEALTH MOVEMENT’S DIRECTING CHANGE & FILM CONTEST**

The California Mental Health Movement’s Directing Change & Film Contest for high school and college students (ages 14-25) is on again -- offering young people the chance to produce their own creative 60-second film about suicide prevention and mental health. Film contest winners receive $1,000 cash mini grants for their school, organization or club. For contest rules and educational resources about suicide prevention and mental health, visit [www.directingchange.org](http://www.directingchange.org) or contact Shanti@DirectingChange.org. Submission deadline is March 1, 2017.

If you are interested in being a volunteer judge for the contest, visit [www.directingchange.org/our-judges/](http://www.directingchange.org/our-judges/).
4. **ONE-YEAR ANNIVERSARY OF AOT!**

Assisted Outpatient Treatment reached their one year of implementation in early November! As we wrap up our first year of AOT, we wanted to take a second to discuss some of the successes we have had in the program.

In our first year we have received a total of 211 calls, 108 of which have been referrals. Most of these referrals have been made by family members or treatment providers, which has allowed us to provide family support to anyone who has contacted us regardless of their loved one’s eligibility. The population has been diverse, but demographics for referrals have been predominantly white men between the ages of 26-45. As was anticipated, many individuals have not met AOT criteria, but we have had contact with 52 individuals, 28 of which have accepted voluntary services. The average length of time we have worked with individuals is 138 days. In all, 7 court petitions have been filed (2 of these cases resulted in a Settlement Agreement where the individual ultimately accepted services, 2 individuals were court ordered to participate in treatment, 2 individuals were extensions of court orders, and 1 was withdrawn).

We are still working on data collection, but qualitatively have seen a significant reduction in crisis contacts and hospitalizations.

A big shout out to the AOT Care Team and treatment staff at UCSF’s Citywide Case Management AOT Team (led by Alison Livingston) for their dedication to this population and the challenging cases they have faced.

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. **CHILDREN, YOUTH AND FAMILIES (CYF)**

Chinatown Child Development Center
The Chinatown Child Development Center continues to proudly participate in the 21st Annual Chinatown Community Health Fair in San Francisco’s Community. With this year’s theme of “Less Sugar, Sweeter Life,” over 20+ booths provided information on how to creatively follow a “sweeter” lifestyle with physical, emotional and nutritional health tips and resources for many monolingual Chinese speaking families, many of whom with young children. The Chinatown Child Development Center, represented by Diana L. Wong, PsyD., LMFT, along with staff family members invited participants to educate themselves with our agency’s various resources. Over 300+ participants stopped by our booth during the day-long event. In another community event, Chinatown Child Development Center staff Diana L. Wong, PsyD., LMFT, with former Department of Public Health retirees Nancy Lim-Yee, LCS and Peter Ng, MD, engaged a group of 50+ consumers and their family members to partake in a volunteering beach clean-up day at Ocean Beach; all the way from historic Cliff House to the stretch of Stairwell 17! This activity was in partnership with the Golden Gate National Parks Conservancy and the Park Presidio Nursery. Participants eagerly rid and cleaned up our beautiful Ocean Beach of 10+ bags of garbage!
It is with pride and gratitude that we continue to work with community partners to contribute to the well-being of our community.

Mission Family Center
During August, September and October Mission Family Center (MFC) geared up for the school year. We are co-located in four neighborhood schools again this year providing individual and/or group services at Marshall Elementary School, Moscone Elementary School, John O’Connell High School and SF International High School. MFC staff facilitated two groups this semester: one for high-school aged boys dealing with anxiety here on site and a FUERTE group for newcomer boys at SFIHS. Our administrative staff was busy with the new Medi-Cal ClaimRemedi Training which we hope will facilitate access for families now that all low income children up to the age of 19 are eligible for Medi-Cal services as a result of SB75 which went into effect May 2016. MFC created an interdisciplinary panel to interview candidates for our Medical Director position and we are delighted to announce that Dr. Craig Schiltz will be our new Medical Director effective January 2017. Please join us in welcoming Dr. Craig! MFC held our annual retreat which was an extraordinary success this year and focused on self-care in a Trauma Informed System of Care. Julie Graham and her staff provided a dynamic in-service on LGBTQ issues which was raved about by MFC staff in all disciplines. We are anxious to participate in the monthly provider meetings Julie is facilitating to further develop our clinical knowledge in serving our community. And finally, MFC is one of the agencies involved in the CCSF initiative to convert fiscal intermediary positions to civil service positions. We are very excited about this process as it will address a long standing pay equity issue for our employees.

Southeast Child Family Therapy Center
We are happy to welcome our new part-time child psychiatrist, Connie Lee, MD to our Silver Avenue and Blanken sites. Dr. Lee attended UCSF for medical school, psychiatry residency, and child and adolescent psychiatry fellowship where she was in the Health Systems Leadership Pathway program. She has a commitment to community mental health and through her training has worked in many different SFDPH settings including Zuckerberg San Francisco General Medical Center and the Family Mosaic Project. She enjoys working on interdisciplinary teams and is interested in quality improvement and program development.

Rosalyn Omolade Roddy, LCSW, a behavioral health clinician at our Blanken Avenue clinic has been on-site at June Jordan School for Equity to provide support to teachers after the shooting that occurred in October.

Our behavioral health clinician, Colleen Wong, PhD, MFTI, is running a ten-week social skills group at Monroe Elementary School. She is working with 2nd graders to promote self-awareness and to help them practice positive and healthy ways to communicate feelings.
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

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