

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



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Monthly Director's Report
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1. CLIENT COUNCIL TURNS 15

In the Fall, 2000 issue of the Voices at Bay consumer newsletter, I wrote the following: "On Tuesday, September 19, 2000, a new commitment to community involvement and response began when mental health consumers representing programs throughout the city gathered for the first meeting of the new Consumer Council."

That night a new monthly forum was born, soon to be renamed the Client Council, in which clients became active participants in helping to shape the decision-making process regarding issues of policy, program development, and treatment practices, within the highest levels of our administrative team, here at CBHS. We are indeed proud to be a vital and respected link to the many efforts over the years to improve the quality of the programs and resources available to our mental health community, in service to our clients, family members, and providers, and, in doing so, affecting the quality of so many lives in new and positive directions.

As the Client Council turns 15 this year, let's celebrate our past with a recommitment to the hopes and dreams and intentions of our original founding members, by building new bridges and sharing those original intentions with new fellow community members, that can and will propel us well into the next 15 and beyond.

Michael Wise,
Founder and Former Editor, Voices at Bay consumer newsletter

**Please join us at our monthly meetings. All are welcome. The Client Council meets on the third Tuesday of every month, from 3 – 5 pm, in Room #515, at 1380 Howard Street, San Francisco, CA 94102*

2. HUMAN RESOURCES STAFF COMPLETE TRAUMA INFORMED SYSTEMS TRAINING

On September 17, 2015 all of the Human Resources staff in the Department of Public Health completed Trauma Informed Systems training. Understanding trauma and stress helps staff to act compassionately and take well-informed steps toward wellness. For everyone, trauma can be overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust other and receive support. Realizing that we come from diverse social and cultural backgrounds and groups, staff learned how to be open and understanding to these difference and to focus on our strengths toward wellness. This was a great foundational training and we encourage those of you who have not completed it to do so as soon as you possible! All Department of Public Health employees are required to take this important training.



3. THE BENEFITS OF UNIVERSAL MEDICATION SCHEDULING (UMS) FOR LOW ENGLISH PROFICIENCY INDIVIDUALS

Universal Medication Scheduling (UMS) is the recommended system for standardized prescription label instructions. UMS is a set of basic and specific directions intended to help patients take their medication safely and efficiently. In October of this year, the CBHS Pharmacy will fully adopt this approach in Spanish to improve client care. The chart below shows some examples of English UMS label instructions translated into Spanish.

ENGLISH	SPANISH
Take 1 pill at bedtime	Tome 1 pastilla a la hora de acostarse
Take 1 pill in the morning	Tome 1 pastilla por la mañana

California is an extremely diverse state with approximately 6.8 million Low English Proficiency (LEP) individuals who speak English less than “very well”. LEP is often connected with Low health literacy which is one of the major factors associated with poor health outcomes.

Poor understanding of prescription information contributes greatly to these health disparities. UMS addresses LEP by creating a standard template for pharmacists to translate directions into various languages. The California Board of Pharmacy website currently provides UMS translations for five languages, including Spanish.

References:

1. Universal Medication Schedule White Paper (2013). National Council for Prescription Drug Programs (NCPDP).
2. Sentell T, Braun K. Low health literacy, limited English proficiency, and health status in Asians, Latinos, and other racial/ethnic groups in California. J Health Commun. 2012;17(Suppl 3):82–99.
3. U.S. Census Bureau. 2010. 2013 American Community Survey.

Below is a blurb on the Mental Health Loan Assumption Program's FY14/15 awards....I also attached an electronic copy of this blurb.

4. MENTAL HEALTH LOAN ASSUMPTION PROGRAM

The Mental Health Loan Assumption Program (MHLAP) - <http://www.oshpd.ca.gov/hpef/mhlap.html> -- was created by California’s Mental Health Services Act (MHSA) to retain qualified professionals working within the Public Mental Health System. Through the MHSA’s Workforce Education and Training component, \$10 million is allocated yearly to loan assumption awards, where recipients may receive up to \$10,000 in exchange for a 12-month service obligation.

Mental Health Loan Assumption Program (MHLAP) & Licensed Mental Health Service Provider Education Program (LMHSPEP)

Application Deadline Extension: NEW DEADLINE is NOVEMBER 2, 2015

The Office of Statewide Health Planning & Development's (OSHPD) Health Profession Education Foundation (HPEF), that oversees the Mental Health Loan Assumption Program (MHLAP) and the Licensed Mental Health Service Provider Education Program (LMHSPEP), has extended the application deadline -- for both of these programs -- to **November 2, 2015**.

For full details on the MHLAP, please visit <http://www.oshpd.ca.gov/hpef/mhlap.html>

For full details on the LMHSPEP, please visit <http://www.oshpd.ca.gov/hpef/LMHSPEP.html>
Statewide there was a total of 1,603 applications submitted, with **1,298 completed and eligible** for review by the MHLAP Advisory Committee. The Committee selected **1,085 award recipients**, which allowed the MHLAP to award approximately 85% of the total funds for the FY2014-15 cycle.

Of the 1,298 applicants, 884 or **68% self-identified as consumers or family members of consumers**. Forty-seven San Francisco applications were submitted, with 44 being completed and eligible for review by the MHLAP Advisory Committee, which resulted in the selection of **27 award recipients**.

5. CHILDREN, YOUTH & FAMILIES (CYF)

Chinatown Child Development Center

The Chinatown Child Development Center continues to collaborate with Donaldina Cameron House with their 13th Annual Cameron House Family Day event. This year, over 100 participants from the community attended the “Eating Well With Style” themed soiree at the “Cameron Bistro.” Diana L. Wong, PsyD., LMFT and Grace Fung, LMFT volunteered as table servers and hosts to model formal dining table place settings and mannerisms during this fun demonstration. In addition, a segment on eating healthy and eating well, presented by a nutritionist from the Chinese Community Health Resource Center was also integrated into this presentation to inform participants of learning how to choose healthier eating habits for themselves and for their family

Joe Lai, LMFT, Program Director at the Chinatown Child Development Center has also renewed our organizational membership commitment to be a part of the Asian and Pacific Islander Health Parity Coalition. The mission of the API Health Parity Coalition is to achieve health parity for San Francisco’s Asian and Pacific Islander communities by identifying and addressing health and healthcare issues. The API/CCDC steering committee members include Joe Lai, LMFT and Diana L. Wong, PsyD, LMFT.

The Chinatown Child Development Center continues to participate in the Asians Against Violence organization. Currently, the organization is in the process of membership recruitment and planning community projects in collaboration with 13 other community agencies and with the San Francisco Unified School District. Diana L. Wong, PsyD., LMFT currently attends the monthly meetings scheduled on the 4th Fridays of every month at Cameron House.

Foster Care Mental Health Program

FCMH participated in the first CYF Community Advisory Board in August. We had 2 families represented on the Board. Thank you to the staff who committed to this important endeavor, particularly, Dr. Kate Hellenga, who spear headed the effort on behalf of FCMH. We had our 3rd annual staff retreat in the Stern Grove Trocadero House. We focused on Staff Wellness. After a gratitude exercise, the staff were presented with our annual data and process outcome reports which capture our efforts over the last year to increase productivity, timeliness of CANS Screen completion and linkages to services. Throughout the day, two massage therapists were on site offering message to anyone who wanted one. We made the link between our data, trauma informed principals, good self-care, good communication skills. We will rely on these foundational elements as we develop our PURQC/Utilization Review policy and procedures and create our treatment outcomes, specifically for children, youth and families involved with child welfare.

LEGACY

Our September 1st CYF System of Care (CYFSOC) Community Advisory Board (CAB) had its first meeting here, at LEGACY. CYFSOC-CAB members were recruited & selected from existing clients/families and/or members from the six CYF outpatient clinics; Southeast Child and Family Therapy Center, Chinatown Child Development Center, Mission Family Center, Foster Care Mental

Health and LEGACY. This CAB was formed so that current and former consumers/caretaker can give feedback about their experiences working with CYFSOC, in hopes of improving our service delivery. The CAB will meet every few months.

Our Youth Development Team Coordinator, Victor Damian, is currently recruiting transitional aged youth (TAY) to share their experience with trauma at the Trauma Summit on October 29th, in the Green Room at San Francisco Opera House. Many department heads and the Mayor are expected to attend.

The Family Involvement Team is starting a medicinal drumming group on Thursdays, beginning October 8th until November 29th. This class is for children and their caregivers who have experienced trauma.

On October 26th, we will be celebrating Halloween for Family Support Night. Halloween is one of our favorite holidays so we do it **BIG** – with games, prizes and trick or treating for our families.

Mission Family Center

Mission Family Center (MFC) is honored to have our newest employee join the team. Jose Luis Villarce is a Marriage Family Therapist Intern who obtained his Master's degree from New College of California in 2003. Before joining Mission Family Center he worked for the Department of Public Health at Mission Mental Health, Multi-Systemic Family Therapy and Crisis Response Services. As an emigrant from Mexico, he has a particular understanding of Latino/mestizo issues in United States, and has been working predominantly with the Latino population in the Bay Area. He is content to be part of Mission Family Center team and looks forward to provide services to our community. In addition, during the month of September, MFC participated in the CYF-wide Community Action Board and also hosted focus groups for parents and youth considered to be "Unaccompanied Minors & their Families." Our QI Team: Maureen Gammon, José Hipólito, Demetra Paras, Elizabeth Rody and Robán San Miguel participated in the DPH-wide training for Quality Improvement. José also represented MFC at the Chicano, Latino, Indigena Health Equity Collaborative work group. We continue to host the Unaccompanied Minors Provider work group on a monthly basis. And last but not least we were fortunate to have the First Impressions team come out for a site visit. We are excited to see how their team and our staff collaborate to create a design to enhance the "welcoming experience" for the families we serve!

Southeast Child Family Therapy Center

A big heartfelt "Thank You!" to Luisa Villagomez, ACSW who volunteered to go to Napa County to provide emergency support services to the victims of the fire, early in the month on September 17th. She worked together with the other volunteers from SFBHS to form groups and provide innovative mental health services to the children and families in their most difficult moments. Other SE also volunteered to support, but were not needed in the end.

The Adventure Based Psychotherapy group is coming to another successful close next week. Dr. Clifton Hicks and Rowena Ng, LCSW provided 8 sessions of outdoor rock climbing in Glen Park Canyon to middle school clients which helps in reducing anxiety and increasing self-confidence and social skills.

We would like to recognize the work of Shakira De Abreu in the last 8 years here at Southeast. She ran many cutting edge groups, putting her drama therapy skills to good use. Shakira participated in our PLAAAY program, ran an "African American Summer Camp" group for caregivers, created two groups at Visitation Valley Middle School for youth affected by community violence, ran several Expressive Arts Therapy groups, and provided Incredible Years Parenting Program --- just to name a few. She will be sorely missed as she moves on at the end of October to work full time with Comprehensive Crisis Services. We are happy she will still be working in SFBHS.

6. SFHN-BHS Philosophy of Care

Last year, behavioral health leaders under the San Francisco Health Network (SFHN) convened as a collaborative body to develop and align a philosophy of care across the broad continuum of behavioral health services that the SFHN funds. These leaders represented Behavioral Health Services, San Francisco General Hospital, Transitions, Jail Behavioral Health, Primary Care Behavioral Health and long-term care at Laguna Honda Hospital. The *SFHN-Behavioral Health Services (BHS) Philosophy of Care* is designed to transcend institutional cultures and long-held professional beliefs and promote a unified behavioral health voice as the SFHN transforms into San Francisco's only complete care choice for consumers.

The following is the *SFHN-BHS Philosophy of Care*. It is our hope that SFHN-BHS managers, as well as our network of community behavioral health providers, have a dialogue with their respective staffs about this guiding framework.



San Francisco Health Network - Behavioral Health Alignment Philosophy of Care Final

Our Purpose: As members of the San Francisco Health Network (SFHN) deepen integration efforts, its behavioral health leaders will work together to build a comprehensive behavioral health system of care for the patients of SFHN. This includes community, urgent, emergency, acute, long-term, and ambulatory care. By applying “Quadruple Aim”¹ through the lenses of cultural humility, wellness and recovery, we will work to meet the behavioral health needs of San Franciscans who access care through the SFHN.

Our Philosophy of Care: Throughout the SFHN, we envision a system of care that promotes wellness and recovery by supporting clients with mental health and substance use disorders to pursue optimal health, happiness, recovery, and a full and satisfying life in the community via access to a range of effective services, supports, and resources. In support of our vision, we value the following aspects of care:

1. A trauma-informed system of care that fosters wellness and resilience for everyone in the system, from our clients to the staff who serve them;
2. The practice of cultural humility where we make a consistent commitment to understanding different cultures and focusing on self-humility, maintaining an openness to someone else's cultural identity, and acknowledging that each of us brings our own belief/value systems, biases, and privileges to our work;
3. Whole Person Care that integrates both behavioral and physical care of a client including assessing the needs of a client's identified family and other significant relationships;
4. Colleagues who have experienced behavioral health challenges and bring their empathy and empowerment to recovery in others, as well as inspire and share their experience to create a truly recovery-oriented system;
5. Valuing all clients that seek our services;
6. Shared decision making in providing the best possible coordinated care, where clients and their providers collaborate as part of a team to make care decisions together;
7. Integration of prevention, early intervention, education, outreach, and engagement within the continuum of care.

¹ The “Quadruple Aim” is based on the [IHI Triple Aim](#) framework developed by the Institute for Healthcare Improvement (IHI) that describes an approach to optimizing health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions, which we call the “Triple Aim”: 1) improving the patient experience of care (including quality and satisfaction); 2) improving the health of populations; and 3) reducing the per capita cost of health care. The SFHN-BHS has added a fourth aim for San Francisco, *improving the workforce*.

Our Commitments: As behavioral health leaders, we will...

1. Share the S.F. Department of Public Health vision as we implement change within our organizations;
2. Promote collaboration across the SFHN in finding solutions for our common clients;
3. Designate a single point of responsibility (case coordinator) within a client's care team to support client needs and preferences when a client cannot be responsible for his or her care due to health and/or behavioral health challenges;
4. Communicate at all levels to empower our staff to communicate and find common ground;
5. Articulate within our organizations that we are part of a larger system;
6. Create a workforce that strives for excellence and commit the resources needed to achieve excellence;
7. Implement a trauma informed system of care;
8. Provide services with cultural humility with a priority focus on Black/African American health disparities;
9. Address all health disparities, as well as the needs of underserved populations;
10. Promote fiscal responsibility;
11. Convene regularly to share best practices, solve challenges, and foster open lines of communication among each other.

Our Alignment Opportunities: We acknowledge that integration offers the SFHN opportunities for alignment including:

- Philosophy of care (wellness and recovery, team-based care);
- Communication/Electronic Health Record;
- Evaluation of program and staff performance and staff competency;
- Single point of responsibility for high need clients (care coordination);
- Utilization of local experts;
- Patient flow and transitions of care;
- Shared knowledge of systems;
- Standardization of practice;
- Productivity standards;
- Standardized definitions and meaning;
- Philosophy of collaboration at line staff level across system;
- Appropriate level of care – commitment to stretch services to fill gaps and meet needs;

- Shared accountability for all aspects of the system of care from client engagement to regulatory compliance;
- Any door is the right door to receive seamless, coordinated, quality and appropriate care.

7. Michael Wise and the 2016 Vote

Michael Wise, Founder of the Client Council registered clients and staff to vote at our 1380 Howard Street location. Thank you for your dedication Michael!



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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