

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



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**Monthly Director's Report**  
**AUGUST 2015**



**1. First Innovations Showcase event hosted by SF MHSA!**

San Francisco hosted its first ever Mental Health Services Act (MHSA) **Innovations Showcase** event on July 15, 2015, at the Community Justice Court. MHSA "Innovations" funding supports pilot projects of novel, creative, and original mental health practices and approaches to care.

Innovation funding contributes to learning in the following ways:

- Introduces new mental health practices that have never been done before
- Makes a change to an existing mental health practice, including adaptation for a new setting or community
- Introduces a new application to the mental health system of a promising community driven practice

The Showcase highlighted Innovations projects through live presentations and table demonstrations. Juan Ibarra (Office of Quality Management Evaluator) and Lisa Reyes (MHSA Innovations Program Manager) organized the event. Victor Gresser, as the emcee, kept the program moving on time and provided a good amount of laughter for us all. Additional help was provided by several Behavioral Health Services (BHS) staff who assisted before and during the event.

A big "Thank You!" goes out to the program staff and consumers who participated in this event. The Showcase featured five presentations, which included the **Peer Response Team** from the Mental Health Association of SF, Alleviating Atypical Antipsychotic Induced Metabolic Syndrome (**AAIMS**), Reducing Stigma in the Southeast Sector (**RSSE**), **LEGACY** from BHS, and **First Impressions** from UCSF Citywide. Table displays were also hosted by several programs (Supported Employment and Cognitive Training, **SECT**, from UCSF Citywide, the Isolated Older Adults Outreach program from **Curry Senior Center**, **Transgender Health Services** from BHS, MHA of SF, AAIMS, and the **12N Project** from BHS) providing social networking opportunities where the participants learned about their consumer-driven services. We also thank the **Community Justice Court** for offering the venue, and thanks as well to First Impressions staff, who invited Innovations to collaborate scheduling with their graduation ceremony and luncheon. Finally, thanks go to **Slice of Life Catering**, a consumer-based vocational catering program that fed and nurtured the celebratory crowd.

More than 75 individuals attended, including BHS staff, peers, families of consumers, providers, staff from MHSA and Quality Management, members of the BHS executive team, and an Innovations representative (Deborah Lee) from the state Mental Health Services Oversight and Accountability Commission. Deborah commented afterward that the program presentations and consumers' stories of how the services impacted them were very inspiring.

The Innovation Showcase event inspired hope and passion about the work we do. For more information, please contact Juan G Ibarra at 255-3693 or Lisa Reyes at 255-3613.

## **2. National Alliance on Mental Illness (NAMI)**

NAMI San Francisco is delighted to announce the funding of a new innovative program called Mentor on Discharge<sup>SM</sup>. The Mentor on Discharge (MOD) program, initially piloted by NAMI Alameda County South, is a post-hospitalization program for individuals cycling through inpatient psychiatric care. Patients who opt into the program are matched with a peer mentor prior to discharge. Mentors meet weekly (for 6 months) with the goal of supporting transition to the community. Over the next year, NAMI San Francisco will work in conjunction with San Francisco General Hospital to implement this program and help patients navigate from inpatient to outpatient care settings.

The Mentor on Discharge program in San Francisco received its first grant from The San Francisco Foundation. We are seeking 20 peer mentors for a flexible part-time position with this project. Mandatory training for this program will be held August 31-September 4. If you'd like to become a mentor and be a part of this exciting new program, please call NAMI's Program Director, Bailey Wendzel, at [bailey@namisf.org](mailto:bailey@namisf.org) or (415) 474-7310 x667.

## **3. Richmond Area Multi-Services, Inc. (RAMS)**

It is with great pleasure that we announce the new appointment of Hasian T. Sinaga, as the Director for the newly established RAMS Division of Peer-Based Services, effective July 16, 2015. With over 20 years of community services, Ms. Hasian Sinaga has significant experience in leadership roles of vocational and peer employment programs. She has been serving as the RAMS Director of Vocational Services since 2010. During her tenure, the RAMS Hire-Ability Vocational Services program has achieved great accomplishments such as outstanding reaccreditation surveys, commendable external program reviews, and the successful expansion & implementation of program services. To highlight, the Commission on Accreditation of Rehabilitation Facilities (CARF)—the most valued recognition worldwide for high quality rehabilitation services and agency operations — noted that RAMS and Hire-Ability achieved the maximum 3-year accreditation during its most recent reaccreditation visit in 2024. The CARF surveyors also made no recommendations which only three percent of CARF surveys achieve. In addition, Ms. Sinaga led the program in RAMS' successful transition of multiple, substantial vocational services contracts which has enhanced the agency's continuum of vocational and peer services. She is a strong advocate for consumer training & peer employment and consumer empowerment as well as promoter of the wellness & recovery principles.

Prior to RAMS, Ms. Sinaga has held positions as Director of Employment Services at Toolworks as well as worked at Kainos Home & Training Center and Family Housing & Adult Resources. She is also an alumnus of Leadership San Francisco, an affiliate of the SF Chamber of Commerce, which aims to strengthen the leadership, communications, and collaborative skills of its participants.

Ms. Sinaga clearly demonstrates effective leadership skills, expertise in cultural competent vocational and peer employment programming, and a highly collaborative approach resulting in many strong partnerships with our consumer community, community agencies, and funders. Please join me in welcoming and congratulating Ms. Hasian Sinaga to her new appointment at RAMS. You may contact our Division of Peer-Based Services at (415) 579-3021.

About the RAMS Division of Peer-Based Services:

At the forefront of the peer provider profession, RAMS offers peer counseling, outreach, and education & training throughout San Francisco. Under the RAMS Division of Peer-Based Services, there are four components: (1) Peer Specialist Mental Health Certificate, (2) Peer counseling & Outreach Services, (3) Peer Internship Program, and (4) Wellness/Drop-In center. RAMS programs uphold principles of wellness and recovery with an approach that is strengths-based and promotes a sense of empowerment, self-direction, and hope.

#### **4. Mental Health Loan Assumption Program (MHLAP) and the Licensed Mental Health Services Provider Education Program (LMHSPEP)**

The **Mental Health Loan Assumption Program (MHLAP)** and the **Licensed Mental Health Services Provider Education Program (LMHSPEP)** will launch their new funding cycles beginning on August 3, 2015 – with application deadlines of September 30, 2015. MHLAP recipients can receive up to \$10,000 awards in exchange for one year service obligation in California's public mental health system; and LMHSPEP recipients can be awarded up to \$15,000 in exchange for a two year service obligation in qualified facilities.

Eligible MHLAP professions include (but are not limited to) registered or licensed psychologists and psychiatrists and postdoctoral psychological assistants/trainees. Eligible LMHSPEP professions include registered or licensed psychologists and postdoctoral psychological assistants/trainees.

For more details on these two loan assumption programs please call (916) 326-3640, email [hpef-email@oshpd.ca.gov](mailto:hpef-email@oshpd.ca.gov) or visit: <http://www.oshpd.ca.gov/hpef/mhlap.html>, <http://www.oshpd.ca.gov/hpef/lmhsplr.html>, or [www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov)

#### **5. Who are the individuals that make up the Avatar Help Desk?**

The RAMS/Hire-Ability Vocational IT Training Program began in 2011 in a close collaboration between RAMS and CBHS. It was originally conceived as a desk top training program and has grown from one staff and one cohort to 3 concurrent cohorts; Desktop, Avatar Help Desk, and Advanced Avatar Help Desk supported by 6 Staff, who act as Trainers and On-Site Coaches/Counselors.

To date, approximately 60 individuals have successfully completed the program. Some have gone through multiple cohorts to acquire additional skillsets in an effort to secure entry level technical support employment opportunities. As a result of the program, approximately 25 graduates have been able to secure employment following the program.

The journey that many of these trainees experience has been arduous. Some have reported that they had given up on ever rejoining the workforce and could not imagine the possibility of a career. Many have struggled to attain the basic necessities of stable housing, food, clothing, or eye glasses and the program counselors have been able to assist them to get these needs met. They were faced with additional challenges of managing their behavioral health issues and have benefitted from a supportive work environment in order to assist their transition towards stability. One major focus of the program is confidence building. Many trainees join the program with trepidation and fear of failing. These programs positively reinforce the individuals by celebrating their achievements and successes while guiding them to overcome obstacles or barriers to their success. The advanced cohort has had an invaluable opportunity to teach others skills that they have learned. This is incredibly empowering and they are able to help create an environment where it is safe and peers feel supported by one another. They have developed such an advanced understanding of Avatar that they currently are able to resolve 80% of the approximately 700 monthly Avatar tickets without further escalation.

It has been impressive to witness the growth of each and every one of the graduates. Their stories of survival, overcoming adversity, and success are inspirational. Witnessing their growing knowledge base, developing technical skills, increased confidence, and blossoming team spirit has been a distinct honor.

**6. Ron Honberg, J.D., the National Director of Policy and Legal Affairs at the National Alliance on Mental Illness is pleased with San Francisco's Assisted Outpatient Model**

After Anglica Almeida, Director of Assisted Outpatient Treatment, presented recently at the NAMI 2015 Conference in San Francisco, National Director Ron Honberg remarked:

*Angelica, thank you so much for taking the time to present yesterday. San Francisco's approach to AOT seems very progressive and I will be eager to follow its implementation as a possible model for other jurisdictions and states. Although I tried to control it, the frustrations of families was very palpable during the questioning. It is important that they understand that AOT is not the answer to all of the problems, just one very promising approach to engaging people who are difficult to reach.*

*Angelica, thank you so much for representing DPH so well.*

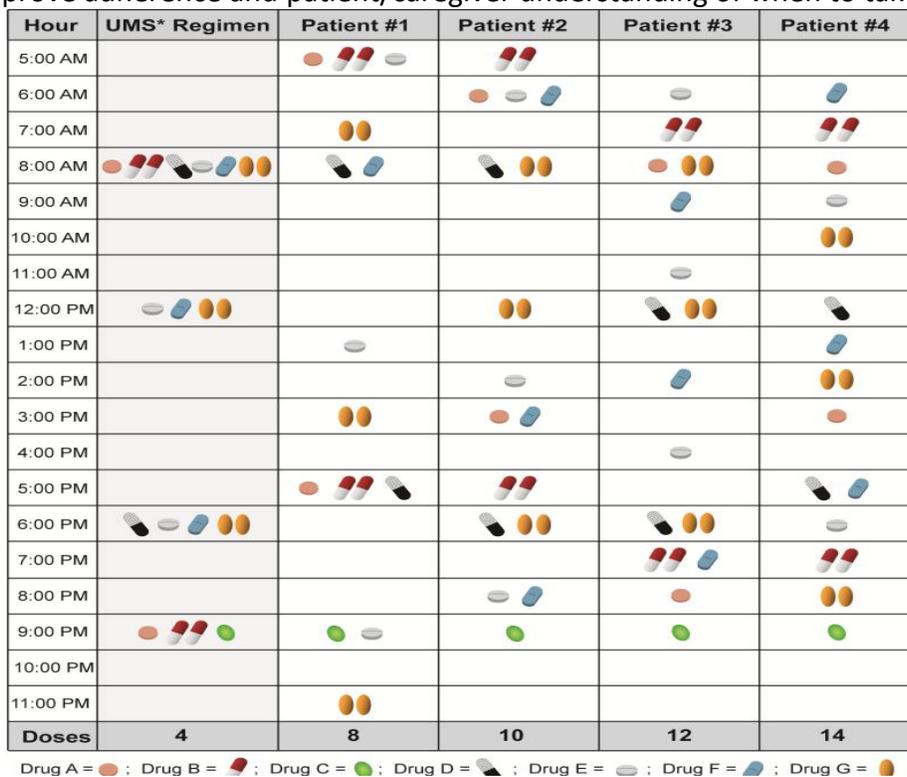
**7. The Benefits of Universal Medication Scheduling (UMS)**

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 May of this year, the CBHS Pharmacy adopted this approach in Spanish and English to improve client care. The chart below shows examples of UMS label instructions.

Old Instructions	New UMS Label Instructions (more specific to help patient better understand when to take medications)
Take one tablet daily.	Take one tablet every morning.
Take one tablet twice a day.	Take one tablet every morning and evening.

UMS was developed in response to vast research illustrating that the average patient is unable to understand and effectively consolidate their medication regimens. This research unveiled the many ways medication directions can be lost in translation between doctors, pharmacists and patients. For example the instructions “one tablet daily” can be interpreted 44 different ways by doctors. Directions can become even more convoluted once processed by a pharmacy, ultimately leaving patients frustrated and forced to do guess work. UMS is a patient centered approach that helps alleviate this confusion.

The chart below displays how 4 patients interpreted the same medication regimen using traditional (non-UMS) label instructions. The “UMS Regimen” column highlights how scheduled medication timing could improve adherence and patient/caregiver understanding of when to take medication.



Reference

Universal Medication Schedule White Paper (2013). National Council for Prescription Drug Programs (NCPDP).

## **8. Behavioral Health Services Clinical Supervision Initiative**

Within the Department of Public Health, behavioral health services are provided by a network of Civil Service staff and providers from Community Based Organizations. These services are provided within two systems of care: the Child, Youth & Family (CYF) and Adult/Older Adult (AOA) divisions. The CYF system prioritizes a strength based, family focused, trauma-informed lens when serving their clients. The AOA system focuses on a multi-cultural, wellness & recovery, whole person lens; these priorities allows us to identify and address the multi-faceted needs that our clients present. As a behavioral health system, our ongoing pursuit is to provide excellent care to both our workforce and clientele. Therefore, we are developing a Clinical Supervision Initiative to support those who provide and receive these vital services. Research shows that quality clinical supervision and consultation provides numerous benefits to the workforce, clients, and the system that provides it; they include:

- |   |   |
|---|---|
| <b>-Increased work satisfaction</b>       | <b>-Decreased sickness rates</b>                          |
| <b>-Reduced staff burn out</b>            | <b>-Improved relationship w/ management</b>               |
| <b>-Improved staff self-care</b>          | <b>-Informs system training needs</b>                     |
| <b>-Increased staff retention</b>         | <b>-Improved quality of care &amp; treatment outcomes</b> |
| <b>-Professional growth of clinicians</b> | <b>-Increased accountability in work settings</b>         |

Through the implementation of this initiative the leadership of BHS expects that the workforce will experience increased job satisfaction which will enhance the quality of services provided and improve the treatment outcomes of our clients. We are excited to engage our system of care in this initiative and we look forward to working with our staff as we identify, organize, and implement the best way forward.

## **9. Children, Youth & Families (CYF)**

The Competency Attainment Program (CAP) which provides legal education to youth who have been found to be incompetent by the Juvenile Courts began their pilot program in February 2015. CAP offers their service in the community, home or detention center with the goal of achieving legal remediation allowing the youth to continue with the court process and complete their involvement with probation sooner. In August 2015, one of the first youth in the program was successfully found to be "competent". Big shout out to Julian Phillip, CAP Counselor, for all your hard work, Thanks!

### T<sup>2</sup> Update

Background: Last year, the Bay Area Trauma Informed Regional Collaborative group made up of CYF SOC Directors from seven counties (San Francisco, Santa Clara, Santa Cruz, Alameda, Marin, San Mateo, and Contra Costa) received a SAMHSA grant to respond to trauma on a systems level, by creating a shared and trauma informed regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma. The grant award will span 4 years and will include the funding of a regional clearinghouse and coordinating center designed to integrate existing

knowledge, incorporate new ideas, address challenges to training and sustaining an effective and diverse trauma informed work force and develop mechanisms to support implementation and sustainability of best practices.

It is with a great deal of excitement to announce that East Bay Agency for Children (EBAC) has been selected to operate the center and partner with the seven counties in reaching the ambitious and regional goals.

#### Center Announcements and Reports:

- **Center Name:** T<sup>2</sup>: Trauma Transformed
  
- **T<sup>2</sup> Mission and Vision:**
  - Mission: Bay Area communities working together to change the way we understand, respond to, and heal trauma
  - Vision: We seek to foster healthy, resilient, and safe communities through trustworthy, compassionate and coordinated public systems.
  
- **Advisory Council Recruitment:** T<sup>2</sup> is in the process of recruiting an Advisory Council, comprised of parent, youth and family members with lived experience across all seven counties. The Advisory Council will provide input on all center activities, including program planning, policy development, and evaluation.
  
- **Kick-Off Event:** a kick-off event is scheduled for October 29<sup>th</sup> in San Francisco from 4:00 to 7:00pm. The event will be an opportunity for all seven counties and the Center to launch this innovative regional project.

#### **Civil Service Clinic Updates:**

##### Chinatown Child Development Center

Chinatown Child Development Center hosted our quarterly Parent Advisory Board meeting on July 25, 2015. Justin Young and Becky Yu conducted the meeting. Five parents participated in the discussion. Topics included: 1) Community Advisory Board meeting at L.E.G.A.C.Y, and 2) structure of parent workshop/support group at CCDC.

Justin and Becky are planning to conduct parenting workshops as requested by the parents in the Parent Advisory Board. Topics of interest expressed by the parents included: 1) improving communications between child and parent, 2) effective parenting strategies, 3) limit settings around electronic gadgets, 4) improving social skills, 5) teenage dating/relationship issues, and 6) medication support. Justin and Becky plan to provide the parenting support workshops in early November. More information to come.

##### Comprehensive Child Crisis

The Comprehensive Crisis Services has had a relaxing yet productive month for the month of July. Because school is out of session, our crisis referral dwindled to 35 crisis evaluations this month for the Child Crisis Team. This summer month is a typical time for the teams to focus on quality improvement, quality assurance, self-care, enhancing professional development through trainings

and conference, as well as updating and increasing knowledge of community resources. In addition, the Crisis Stabilization Unit (CSU) is closed one week for construction and it is now complete with stabilization space to receive up to 4 children or youth at a time. To strengthen the

partnership and collaboration between Child Crisis and CSU, staff from both agencies had a BBQ get together followed by structured training to enhance staff's skills and development. We also had the opportunity to discuss with each other our range of services and process by which clients and families can access care. In terms of community outreach, the Wellness Center in Sunnysdale has also had great success engaging children and families in movie nights on Wednesdays to provide the community with food, movie, and activities. It has been a rather enjoyable month to engage the community in learning more about crisis services, which hopefully will increase client's access to quality care.

### Family Mosaic Project

Blackberry Picking Group at Family Mosaic Project!

At Family Mosaic Project, our public health nurse – Mayella Gutknecht RN, led a nutritional group for youth and parents. The purpose of the group was to promote exercise and healthy eating habits, teach coping skills and find local resources for positive activities. The clients, parents and staff traveled to a local park and where wild blackberries are available for picking. The group also went on a hike while gathering berries. Following the outing, staff provided instructions and ingredients for families to prepare healthy recipes using their blackberries at home.

Families enjoyed the outdoor exercise and exposure to a local healthy resource to continue exercise and healthy eating practices on their own.

### L.E.G.A.C.Y

LEGACY welcomes a new Spanish speaking Family and Youth Specialist, Yvette Hernandez.

First Impressions completed the remodel of our reception area, which looks absolutely beautiful. We celebrated with a Family Support Night grand re-opening celebration on July 20<sup>th</sup>. The Truancy Assessment & Resource Center (TARC) was the guest speaker.

LEGACY's Youth Development Team present at the July 15<sup>th</sup> MHSA Showcase where Victor Damian (YDT Coordinator) enacted a "unique" rendition of the game show Jeopardy.

On July 26<sup>th</sup> LEGACY participated in the Hunter's Point Circus that was held at Heron Park in India Basin.

### Mission Family Center

During the month of July, Mission Family Center (MFC) hosted a diverse group of ten high school and college age students from RAMS on their Summer Bridge scavenger hunt. RAMS' Summer Bridge program is part of the workforce development initiative and this particular group of youth is interested in behavioral health as a profession. MFC provided the group with a packet of information about our clinic and hosted a Q&A session in our conference room. According to the youth, the MFC staff was "very welcoming and spoke for the perfect amount of time." MFC really enjoyed meeting and speaking with these students and looks forward to collaborating with RAMS again next year.

Additionally, MFC held its annual staff retreat at Fort Mason where we continued our work on values, vision, mission and goals. It was a lot of work, but very productive and positive as a team

building experience. We have our work cut out for us as we put our plan into writing over the next several months!

And last but not least MFC is delighted to announce our newest staff member – Rosa Lutrario is an Associate Social Worker who obtained her MSW from UC Berkeley's School of Social Welfare in 2012. Prior to joining Mission Family Center, she worked as an Integrated Behavioral Health Clinician at La Clinica De La Raza in Oakland. As a bi-cultural clinician there, Rosa worked mostly with Spanish-speaking individuals across the lifespan and has experience working in primary care, as well as specialty mental health. Prior to obtaining her MSW, Rosa's experience centered around the criminal justice system, including a term as a post-conviction defense investigator for death penalty cases. She is excited to join Mission Family Center where she hopes to deepen her practice and further her commitment to providing therapeutic services within community mental health. Bienvenidos Rosa!

#### Southeast Child Family Therapy Center

Southeast welcomes Elizabeth Reyes, LCSW to our site at 3905 Mission Street. Liz will be working for 20 hours a week with our Spanish speaking clients/families. Kudos to Lucia Hammond, LMFT for managing all of the requests for services while the position was vacant for the last four months! We are also grateful to have Dr. Paul Elizondo, a Spanish speaking child and adolescent psychiatry fellow, working with us there on Thursday afternoons. Dr. Farshid Farrahi will be supervising him. We are very happy to be fully staffed at 3905 Mission now.

Dr. Dawn Sung, public psychiatry fellow with specialty in child and adolescent psychiatry has begun at our Silver Avenue site 3 days a week. We are happy to have her join our team.

We continue to provide PLAAY (Preventing Long Term Anger and Aggression in Youth) group for our 13-17 year old African American teen boys at Palega Recreation Center, together with excellent African American male mentors. The boys are engaged and we are planning for their graduation on September 3rd. We hope to be able to replicate this program in a school site in the Fall.

### **10. Pete Earley's thoughts on San Francisco's Implementation of AOT at the NAMI 2015 Conference**

NAMI bravely held a session with open microphones about Assisted Outpatient Treatment, one of the most divisive issues in mental health circles and inside NAMI. Mary Giliberti and Ron Honberg, NAMI's director of Policy and Legal Affairs, deserve kudos for holding the event. The three hour program focused on San Francisco's newly passed version of Laura's Law. (California's AOT law.) As described by Angelica Almeida, the official responsible for implementing AOT in the city, the focus is not on forcing a person into treatment but rather engaging them so they will seek help voluntarily. That might seem like semantics to some, but after listening to Almeida and reading the law, I would describe what San Francisco is implementing as an effort to soften coercion by offering a narrowly defined group of severely ill persons wrap-around, intensive services on a voluntary basis before asking a court to require them to accept services. The law does NOT require a person to take medication. Peers and family members must be included in every step. Of course there was disagreement in the audience about the value of AOT but the conversation was respectful and not vitriolic.

## **11. Drug Medi-Cal Organized Delivery System 1115 Waiver Approved**

California's 1115 waiver was approved to allow a pilot program to test a Drug Medi-Cal Organized Delivery System for Medicaid eligible individuals with substance use disorder. Critical elements of the DMC-ODS Pilot include providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services, increased local control and accountability. It creates utilization controls to improve care and efficient use of resources, evidence based practices in substance abuse treatment and increased coordination with other systems of care. This approach is expected to provide the beneficiary with access to the care and system interaction needed in order to achieve sustainable recovery. San Francisco has opted to participate in the pilot program.

## **12. CBHS Chart Compliance Efforts to Increase**

Administrative support staff at civil-service BHS adult mental health outpatient programs were trained last July 28 and August 4, 2015, on how to conduct a quick checklist review of clients' medical records to ensure that important documents are up-to-date in the client charts, and with the appropriate signatures and timely completion dates.

In response to the 56% billing disallowance rate incurred by San Francisco Behavioral Health Services on a sample of charts reviewed by the CA Department of Health Care Services at the April 2014 triennial audit of the county mental health plan, BHS Adult Systems-of-Care instituted a redesign of its utilization review and quality management procedures (PURQC), to increase the monitoring and correction of charts for compliance with Medi-Cal specialty mental health documentation requirements. The redesigned PURQC will now include a 100% annual review of all charts by administrative support staff using a Part I PURQC checklist to ensure that required consents for treatment, HIPAA forms, acknowledgment of receipt of materials, annual re-assessments and annual treatment plans are present in the medical record. The redesigned PURQC will also include a comprehensive review, using a PURQC Part II checklist, of a charts of clients for whom more than 15 hours of services are being requested for the coming year. The PURQC Part I and Part II Checklists mirror the DHCS chart audit review protocol, to ensure that charts are compliant as defined by DHCS.

The redesigned PURQC also includes a feedback and follow-up loop with the clinicians, in order that errors in compliance are corrected, desired documentation standards practiced, and improvements in charting are achieved over time.

DHCS is also conducting a couple of all-day mental health chart documentation trainings in San Francisco on August 25 and 26, at the Milton Marks State Building at 455 Golden Gate Avenue, and over two hundred San Francisco BHS contractor and civil-service staff are attending representing all of the mental health programs and agencies funded by BHS.

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

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

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