

## SAN FRANCISCO MENTAL HEALTH BOARD

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**Mayor  
Mark Farrell**

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Harriette Stallworth Stevens, EdD, Co-Chair  
Ulash Thakore-Dunlap, MFT, Co-Chair  
Idell Wilson, Vice Chair  
Gene Porfido, Secretary  
Terezie "Terry" Bohrer, RN, MSW, CLNC  
Carletta Jackson-Lane, JD  
Judy Zalazar Drummond, MA  
Judith Klain, MPH  
Gregory Ledbetter  
Susan Page  
Toni Parks  
Richard Slota, MA  
Marylyn Tesconi  
Njon Weinroth  
Benny Wong, LCSW

### **ADOPTED MINUTES**

Mental Health Board Meeting  
Wednesday, March 21, 2018  
City Hall  
One Carlton B. Goodlett Place  
4th Floor, Room 421  
6:30 PM – 8:30 PM

**BOARD MEMBERS PRESENT:** Harriette Stevens, EdD; Co-Chair; Ulash Thakore-Dunlap, MFT, Co-Chair; Idell Wilson, Vice Chair; Gene Porfido, Secretary; Terry Bohrer, RN, MSW, CLNC; Judith Klain, MPH; Judy Z. Drummond, MA; Carletta Jackson-Lane, JD; Gregory Ledbetter; Toni Parks; Richard Slota, MA; Marylyn Tesconi; Njon Weinroth; and Benny Wong, LCSW.

**BOARD MEMBERS ON LEAVE:** [Susan Page](#).

**BOARD MEMBERS ABSENT.** None

**OTHERS PRESENT:** Helynna Brooke (Executive Director); Loy M. Proffitt (Administrative Manager); Kavooos Ghane Bassiri, LMFT, LPCC, CGP, Behavioral Health Services (BHS) Director; Gloria Lee Wilder, Pharm.D., BHS; Theresa Comstock, President of California Association Behavioral Health Boards and Commissions (CALBHB/C); Molly Marsh, University of San Francisco (USF), Tim Green, Conard House; Raechel Rodriguez, Community Payee Partnership; Charles Bermen, Citywide; Marcus Dancer; and **two** members of the public.

**Dr. Stevens** called the meeting to order at 6:31 PM.

## **Roll Call**

**Ms. Brooke** called the roll.

## **Agenda Changes**

None

## **ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR (See Attachment A)**

*The full director's report can be viewed at the end of the minutes or on the internet.*

### **1.1 Discussion regarding Behavioral Health Services Department Report, a report on the activities and operations of Behavioral Health Services (BHS), including budget, planning, policy, and programs and services.**

**Mr. Ghane Bassiri** announced that the budget season is fast approaching and he would provide more extensive reporting in April and May.

He wished everyone a happy spring season as well as Iranian/Persian New Year. Nowruz is the name of Iranian New year, and in Farsi, it literally means "New Day" and the new year occurs at a precise astronomical moment. Nowruz is a celestial equatorial event that signals the spring vernal equinox all around the world. Regardless of a person's physical location, or time zone, the celebration starts at exactly the same moment, in the West Coast-United States, it is celebrated at 9:15 am and 28 seconds on March 20th. Nowruz has been celebrated for over 3,000 years.

He acknowledged the Yountville tragedy and shared a wellness message of support.

San Francisco Department of Public Health, Dignity Health, Crestwood Behavioral Health, and UCSF collaborated on the new 54 beds facility at St. Mary's Medical Center, called San Francisco Health Center. This will add to the existing 47 beds in the system at the Mental Health Rehabilitation Center. This is a public-private partnership, and Crestwood Behavioral Health will manage the Center. It took about eight months from getting the permits to opening the Center. The process started under the late Mayor Ed Lee who championed this project. The San Francisco Healing Center is a positive space, because it does not feel institutional at all. It is for people who are conserved, have a serious mental illness, and who do not need acute care, but are not able to take care of themselves on their own.

**Mr. Slota** shared that he retired from Crestwood and encouraged people to visit the program.

**Mr. Ghane Bassiri** continued to share that SFDPH is increasing the reimbursement rates for services and enhancing the Private Provider Network (PPN) in the BHS Systems of Care. PPN clinicians bill Medi-Cal through BHS. PPN currently serves about 750 clients.

He highlighted activities and a few programs in the Children, Youth and Families systems of care, and for Adult & Older-Adult systems of care, updated the board on the Intensive Case Management to Outpatient client flow initiative which is focused on coordination & linkage and keeping things more consistent for clients and in supporting the flow from this higher-level to lower-level of care. Peers would provide the additional support and for making the linkage in order to help with this transition.

Dr. Angelica Almeida presented on Assisted Outpatient Treatment (AOT), with data annual updates, to the Health Commission on March 20, 2018. The report will be posted online. The AOT tri-annual report will be given in November 2018 to the Board of Supervisors (BOS).

He informed the board that BHS submitted an application for the Triage Grant to the State of California (second round of crisis triage grant, investment in mental health wellness act), which is part of MHSOAC. The proposed project is focused on crisis support services and transitional age youth (TAY) engagement & services (including mobile services). Should San Francisco be granted, the funding will start in July 2018.

**Mr. Bohrer** asked if the psychiatric beds at the San Francisco Healing Center were filled soon after the grand opening.

**Mr. Ghane Bassiri** said the SFDPH Transitions Team will manage bed placement, not BHS.

**Ms. Tesconi** asked if the efficient development of the facility can be replicated in other places.

**Mr. Ghane Bassiri** said the San Francisco Healing Center was a collaboration between healthcare (public and private) and municipal leadership (City and Mayor's Office). Many people were working diligently on and stayed on top of the project.

**Mr. Slota** shared that when he attended the Center's grand opening, he heard politicians use the words "frequent flyers" to label clients with severe mental illness who need these services. He felt the phrase is pejorative, and they should not have been saying the phrase.

**Mr. Wong** asked when BHS is going to restart continuing education training for professionals.

**Mr. Ghane Bassiri** stated that BHS has recently begun increasing the number of trainings and BHS has Jonathan Maddox as its the Training Unit Coordinator now. We expect to have more trainings be offered and establishing an annual training plan. The information about the training sessions/workshops is listed on the DPH website.

**Ms. Parks** would like to have and see the AOT reporting to include final counts on referrals and number of clients served.

## **1.2 Public Comment**

**Mr. Berman** who is an LCSW with UCSF Citywide was pleased about the opening of the SF Health Center but also concerned that the additional psychiatric beds at the Center could be deceptive in its actual distributions. Some programs reserve stand-by beds for out-of-country patients rather than for San Franciscans.

**Mr. Ghane Bassiri** stated the Transitions team is responsible for bed placements, but 40 are new beds for SFDPH.

**Ms. Rodriguez** believed the SF Healing Center's beds needed to be doubled or tripled, since the system does not conserve people who need rehabilitation beds. She felt the air flow issue should also be evaluated carefully.

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

For discussion.

The passage of Proposition 63 (now known as the [Mental Health Services Act](#) or MHSA) in November 2004, provides increased annual funding to support county mental health programs.

The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

## **2.1 Mental Health Services Act Updates**

**Mr. Ghane Bassiri** announced Heather McDonnell Haney is the new BHS liaison to the Client Council and Quality Improvement Committee, including Client Council's Stigma Busters' committee.

**Ms. Bohrer** shared that some counties did not spend all of their MHSa money and asked if San Francisco had spent their money.

**Mr. Ghane Bassiri** said that San Francisco County currently does not have any funds subject to immediate reversion and we are doing well as for the use of our funds, based on MHSa plan.

## **2.2 Public Comment**

[No public comments.](#)

## **ITEM 3.0 ACTION ITEMS**

For discussion and action.

### **3.1 Public comment**

[No public comments.](#)

**3.2 Proposed Resolution:** Be it resolved that the minutes for the Mental Health Board meeting of February 21, 2018 be approved as submitted.

[Unanimously approved.](#)

## **ITEM 4.0 PRESENTATION: BEHAVIORAL HEALTH SERVICES (BHS) PHARMACY SERVICES THROUGH SAN FRANCISCO HEALTH NETWORK, GLORIA WILDER, PHARM. D, DIRECTOR OF PHARMACY**

### **4.1 Presentation: Behavioral Health Services (BHS) Pharmacy Services Through San Francisco Health Network, Gloria Wilder, Pharm.D., Director of Pharmacy**

**Dr. Stevens** introduced Dr. Gloria Wilder, Director of Behavioral Health Services Pharmacy. Several board members, Terry Bohrer, Gene Porfido and Richard Slota, met with Gloria last month to find out the role of the BHS pharmacists since many clients they interviewed said they went to Walgreens and CVS. They learned that BHS pharmacists have a valuable role with our consumers, so they wanted the rest of the board and public to learn about them.

**Dr. Wilder** said the 1380 Pharmacy Services mission is advancing wellness by delivering innovative client-centered care with clinical expertise and cultural competency. The BHS pharmacy has 16 staff, including seven clinical pharmacists. The BHS pharmacy is a licensed pharmacy focusing on specialty services, which are very different from CVS and Walgreens.

Bubble wrap packaging is a specialty. Medications are dispensed into slots and labeled for morning, lunch and evening periods.

For clients with buprenorphine needs, the BHS pharmacy recently expanded to work with the Street Medicine Team. Street Medicine does outreach at encampments and tents. Currently, about 50 clients are actively engaged at BHS Pharmacy for buprenorphine services.

**Mr. Porfido** asked what it takes for a client to get the bubble wrap packaging.

**Dr. Wilder** said most patients who participate in BHS pharmacy usually get a bubble package of their medications. These are ordered by BHS prescribers and delivered to the clinic medication room. Other pharmacies in San Francisco provide bubble packaging. Most walk-in clients are in for substance use disorder (SUD) treatment.

The BHS pharmacy offers buprenorphine clients smoking cessation. BHS-wide, the pharmacy helps prescribers onboard for electronic prescribing, including electronic prescribing of controlled substances and acts as a safety net pharmacy for people on MediCal. The pharmacy encourages clinics to build good relationships with nearby pharmacies. When someone is released from jail, he or she often does not have MediCal coverage because MediCal coverage is stopped when a person is in jail. Working with Jail Health Services, the BHS pharmacy provides behavioral health medications for released persons to provide continuity of medications.

The BHS pharmacy gets 10 – 15 calls per day from other pharmacies about BHS client insurance coverage for medications. People can lose MediCal, including foster care children. The pharmacy can work with an-out-of-county pharmacy to pay for a child's medications for a month as a safety net.

**Ms. Klain** asked why only clients with behavioral health in BHS, not other clients who could benefit from the same model.

**Dr. Wilder** said the shift in the Affordable Care Act (ACA) allows the pharmacy to work more with clients needing SUD treatment. Sometimes people lose their MediCal coverage, so the pharmacy acts as a safety net for them.

**Mr. Porfido** asked when the clients are aware of the education and pharmacy services, can they transfer their pharmacy needs to the BHS pharmacy?

**Dr. Wilder** said clinical pharmacists can optimize medication use, offer consultations, lead support groups and oversee healthy living.

**Ms. Bohrer** shared that it would be good for pharmacists to look at the pharmacodynamics between medications.

**Dr. Wilder** said pharmacists are very attentive to cross-checking between and among medications for drug-drug interactions. Pharmacists work to obtain a complete medication list; they refer to the client's medication list in the Lifetime Clinical Record as one of the sources of medication list information.

**Ms. Jackson-Lane** shared that foster parents feel medicating children could be like a chemical straitjacket. They also have weight gain issues and other problems.

**Mr. Weinroth** asked about the buprenorphine replacement for opioids disorder.

**Dr. Wilder** said the BHS Pharmacy will use when possible the buprenorphine product that is formulary for the client's insurance so that when the client stabilizes and graduates from BHS Pharmacy care, the same buprenorphine product is available to the patient when they change to a

community pharmacy. For methadone dosing, the therapeutic dose can be a wide range, individualized for the client by the prescriber.

#### **4.2 Public Comment**

**Mr. Dancer** asked about delivering specialty medications to homes.

**Dr. Wilder** said they do not deliver to people's homes. Delivery to clinics is intentional for clients who need more medication support services which are provided at the clinics.

**A Member of the Public** asked if the pharmacy does long-acting injections.

**Dr. Wilder** said injections are done at clinics (including Mission, South of Market, Sunset and Chinatown), not at the BHS pharmacy.

#### **ITEM 5.0 REPORTS**

For discussion

##### **5.1 Report from Theresa Comstock, President, California Association of Local Behavioral Health Boards & Commissions**

- Statewide Mental/Behavioral Health Issues
- Resources for Boards/Commissions
- Upcoming CALBHB/C Meeting and Mental/Behavioral Health Board Training April 20 - 21 in Redwood City.

**Ms. Comstock** acknowledged Terry Bohrer for her involvement with the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Board. She thanked the two co-chairs for their invitation to tonight's meeting.

She said the newsletter comes out quarterly. She suggests that boards look at the Bylaws for other counties and look at the integration of substance use and behavioral health and understanding different community needs. She encouraged board members to look at the CALBHB/C website and the online training modules. A central issue is board-and-care to keep people from becoming homeless. Another issue is implementing Individual Placement & Support (IPS). She also mentioned the Peer Provider Certification (SB 906). She encouraged board members to go to the April 21 board training by the California Planning Council.

**Ms. Wilson** asked if there would be training on cultural competency for board members and developing more diverse boards.

**Ms. Comstock** acknowledged that the issue has become essential to the association. She would like to see more diverse representation.

**Mr. Porfido** asked if the CALBHB/C Board has any clout in Sacramento?

**Ms. Comstock** said the organization is working on developing a stronger presence in Sacramento.

##### **5.2 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.**

**Ms. Brooke** mentioned the following items:

- A brief overview of UN Visit: Women's Intercultural Network briefing
- March 24th Domestic Violence event by Carletta Jackson-Lane
- March 28th: State of Public Safety, SF District Attorney
- April 12th, SF Bay Area Symposium, Meeting the Needs of Victims of Mass Casualty Crime, SF District Attorney

She announced that she will be retiring March 1, 2019.

**5.3 Report from Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance use.**

**Dr. Stevens** reminded the board that the Executive Committee meets next Tuesday, March 27th, 2018 at 10:00 AM in the Mental Health Board office, Room 226. All board members, as well as members of the public, are welcome to attend.

She shared that Benny Wong has asked the board to consider starting the Board meetings at 5:30 instead of 6:30. She asked the board members to share their preference with Ms. Brooke. She invited board members to serve on the committee to develop the job description for the next Executive Director. The committee will consist of primarily people who will be on the board at least three more years.

**5.4 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.**

None mentioned.

**5.5 Report by members of the Board on their activities on behalf of the Board.**

**Ms. Wilson** reminded everyone that March is Women's History Month.

**Ms. Bohrer** testified in front of the Police Commission. She was able to convince the commission that only police officers certified for CIT should be allowed to carry Tasers. She also mentioned that the vulnerable, high-risk population should include old people, pregnant persons, disabled people, people with heart conditions, people with Alzheimers and people with schizophrenia.

**Dr. Stevens** attended the DPH Black History event in February, along with Ms. Ulash Thakore-Dunlap, Idell Wilson, Carletta Jackson, and Gregory Ledbetter

**5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.**

**Ms. Bohrer** suggested an EMS 6 presentation from the San Francisco police.

**Ms. Jackson-Lane** would like to see a presentation about mental health issues for incarcerated women.

**5.7 Public comment.**

No public comment.

**6.0 Public Comment**

No public comment.

**Adjournment**

The meeting was adjourned at 8:37 PM.



**Mayor Mark Farrell**

## **Behavioral Health Services Monthly Director's Report March 2018**

### **Wellness Message of Support after the Tragedy in Yountville**

In March, we shared the shock and sadness of learning of another mass casualty workplace shooting. While every one of these incidents is tragic, this one was particularly close to home, in more ways than one.

The Pathway Home on the campus of the Veterans Home of California-Yountville, where the shooting happened, is part of the broader Bay Area region. Their work to help veterans with emotional trauma to recover is very much like what we do in our San Francisco behavioral health care system every day.

For those of us working in health care and public health, we feel these losses acutely. The victims in this case – those who died and those who experienced the event -- were our brothers, sisters and clients. We are deeply saddened, and may question, why did this happen? It is natural to ask questions, and we may never have satisfactory answers. That uncertainty can add to our stress and grief.

This type of event impacts every one of us in unanticipated ways. It may prompt all kinds of feelings and concerns in our lives, including the workplace. At times, we can feel overwhelmed and need additional support. As professional caregivers, we must follow the advice we would give our patients and clients. Self-care is crucial to get through adversity and thrive.

If you find yourself needing more support, please access resources provided within SFDPH, through your agency, and in the community. As available, feel free to seek help from the Employee Assistance Program, for counseling. Supervisors, please be mindful that staff may be impacted and remind them of these resources. Providers, please continue to keep your eye out for signs of trauma among our clients, and offer them appropriate services.

Here are some practical tips for wellness and taking care of yourself:

- Talk about it with family, friends, co-workers and/or counselors and ask for support if needed
- Take a mental health break by limiting your amount of exposure to the news and/or internet
- Take care of yourself by eating balanced meals, exercising, getting rest, using relaxation techniques and avoiding excessive use of alcohol and drugs
- Trust your feelings -- it is okay to have a range of emotions
- Take time to heal before making any big decisions or life changes
- Take time to enjoy the little things—enjoying pets, hugs from family/friends, a walk in nature
- Be *extra* nice to and make time for your friends, family, clients and co-workers

## San Francisco Healing Center Opens at St. Mary's Medical Center

SFDPH is pleased to announce the opening of the San Francisco Healing Center, a new 54-bed facility located at St. Mary's Medical Center. The 54 beds at the Center will add to the existing 47 beds at the Mental Health Rehabilitation Center (MHRC), located in the Behavioral Health Center on the campus of ZSFG Hospital, for those individuals who have a severe mental illness and are placed on conservatorship, who do not need acute care, but yet are not able to care for themselves on their own (i.e., on basic needs for food, shelter or clothing).

The new Center, is a public-private partnership, including San Francisco Department of Public Health, non-profit health provider Dignity Health, Crestwood Behavioral Health, and UCSF. The Center will be managed by Crestwood Behavioral Health, which offers a comprehensive program for recovery and wellness to help individuals participating in the programs develop the skills they need to pursue independent living. SFDPH will serve as the lead agency & oversee the project. In addition to significant funds from City & County of San Francisco, Dignity Health contributed to the cost of space and renovations at its St. Mary's Hospital, where the program is located. UCSF is also contributing up to \$1 million to the cost of renovation and programming for the Center.

### 1. MENTAL HEALTH SERVICES ACT (MHSA)

In partnership with Richmond Area Multi-Services, Inc. (RAMS), San Francisco's Department of Public Health (SFDPH) – Mental Health Services Act (MHSA) welcomes **Heather McDonnell Haney** as the new **Behavioral Health Services Liaison** to the department's Client Council and Quality Improvement Committee – as well as the leader of Client Council's Stigma Busters' committee. Her role is pivotal in bringing consumers' voices and peers' perspectives to planning, implementation and evaluation discussions that happen at SFDPH Behavioral Health Services. In her role with the Stigma Busters committee, Ms. Haney will lead local community outreach projects that aim to: a) reduce the stigma and discrimination that is commonly attached to mental health and b) encourage people to seek help when they need mental health support. For more information about SFDPH's Client Council, Quality Improvement Committee and Stigma Busters committee, please contact Ms. Haney at [HeatherHaney@ramsinc.org](mailto:HeatherHaney@ramsinc.org).

### 2. CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEMS OF CARE UPDATES

#### Spotlight on Mission Family Center, L.E.G.A.C.Y., Parent Training Institute, and Project 500

- Mission Family Center (MFC) says good-bye to José Hipólito, Director of Activities Therapy and Volunteer Services as he is retiring after 24 years of service. José worked under seven directors during his tenure and has always acknowledged that when he was working at what is now Cesar Chavez Elementary School, he met German Walteros, LMFT (currently Associate Director at Instituto Familiar de la Raza, Inc.), who encouraged him to apply to work at MFC. He has been here ever since! When he started, MFC had a Day Treatment Program and José was in charge of all the groups and activities, and he fostered the relationship with the Elks Club. Later he and Dr. Irene Sung (currently BHS Chief Medical Officer) founded "La Escuelita" at MFC and collaborated with Mission Neighborhood Centers and other childcare centers to provide a place for children experiencing difficulties to settle in to a structured therapeutic setting before entering or returning to their main stream pre-school program. He facilitated a group for middle school boys for many years and more recently helped co-facilitate FUERTE groups – a collaboration between CYF, SFUSD and UCSF. José was instrumental in helping to organize MFC's community and school outreach efforts in his last four years including CARNAVAL and participating in the Chicano/Latino/Indigena Health and Wellness Task

Force. José set the bar for working until his last day with as much enthusiasm as he had on his first. José's positive energy will be truly missed. We wish him well in his world of travels and in the inspiring work he does with children in Thailand. *José Hipólito PRESENTE y ADELANTE!*

- LEGACY hosted another successful Family Support Night on February 26th. After dinner, the families celebrated both Black History Month and Chinese New Year, through a game of Jeopardy with culturally-based questions around both these events & celebrations. Families enjoyed learning in a fun-filled way and was given the opportunity to share what both events meant to them and their families. LEGACY helped recruit participants for two of the DCYF African American Service Planning- focus groups; one for TAY, and one for parents & caregivers. The focus groups were held at LEGACY in February 26th. LEGACY staff also assisted with greeting the participants upon arrival and with child watch. Parent Support Group will be hosted by LEGACY and Southeast Child/Family Therapy Center, and facilitated in Cantonese. The group will be held on Wednesday evenings from 6pm-8pm at LEGACY starting March 21<sup>st</sup> and ending on April 25<sup>th</sup>. As there has been a rise in teenage suicidal ideation and attempts amongst Cantonese-speaking, Chinese American families/teens, this group hopes to support these families with building healthy communication skills and referrals to community resources.

- Dr. Stephanie Romney represented the Parent Training Institute (PTI) at the Helping Families Change Conference (HFCC) in Santa Rosa, California. The HFCC is an international conference that brings together researchers, administrators, and practitioners focused on effective and culturally-responsive delivery of the Triple P parenting program. In addition to delivering three presentations that highlighted San Francisco's Triple P program, Dr. Romney also served as Co-Chair of the Conference this year. Further adding to the PTI's work with Triple P parenting, we also champion the Supporting Father Involvement (SFI) curriculum and are pleased to announce that the second SFI series at the Sunnydale Wellness Center has just begun. This evidence-based 16 week program has been shown to improve the emotional, interpersonal, and economic outcomes for fathers and their families. The PTI is proud to be supporting the Wellness Center team in implementing SFI with fidelity.

- Project 500 provides intensive resources, wrap-around services, and case management across City departments for families in San Francisco, and gives them the meaningful pathways up and out of poverty. The Project 500 Behavioral Health Team is working with SFDPH Maternal Child & Adolescent Health (MCAH) NFP {Nurse Family Partnership} on the roll-out of their new Intimate Partner Violence (IPV) assessment and intervention model. The goal is to develop a shared approach and language for supporting nurses on this important topic that impacts many families. On creating a Reflective Practice for Project 500 staff, Project 500 Behavioral Health Clinical Supervisor, Dr. Meghan Spyker, is teaming with the UCSF Infant-Parent Program to create a day-long training on Reflective Practice for MCAH Field Nurses and Project 500 CalWORKs staff. They will also co-create an ongoing support system for implementation and sustainability of the model.

### **3. ADULT & OLDER-ADULT (AOA) SYSTEMS OF CARE UPDATE**

#### **BHS Private Provider Network Revitalized**

BHS conducted trainings on clinical documentation to about 200 BHS Private Provider Network clinicians, with several separate cohort meetings since January 2018. The PPN providers are now all using revised assessment, treatment plan, and progress note forms designed to better ensure compliance with

Medi-Cal regulations. BHS is grateful for the enthusiasm and participation of our PPN providers.

PPN providers constitute a significant part of BHS Systems of Care, currently serving approximately 750 active San Francisco residents. They serve individuals who don't have as much income as those who have private health insurance or ability to pay, meeting medical necessity for specialty mental health services.

The PPN *unit* within BHS has been revitalized in the last year, with Gloria Frederico, LMFT as its Program Manager. The PPN team are continuing to enhance the system, through various activities such as; renewing provider contracts, improving regular communication, providing technical assistance, establishing regular rate increases, creating website presence, and reviving the PPN annual meeting of providers.

The PPN team works in close coordination with BHS Compliance, BHS Clinical Documentation Specialist, Behavioral Health Access Center, BHS Billing Unit and IT Section, and SFDPH Office of Contract Management & Compliance. The Foster Care Mental Health and Family Mosaic Project are also partners of the PPN team, whose clients are served by PPN providers. BHS is committed to support our PPN providers in delivering excellent services and will assist PPN providers in navigating with as much ease as possible the various administrative and compliance-related structures that govern the funding of services.

### **Mental Health Program Directors Review Progress of ICM/OP Client Flow initiative**

BHS Mental Health Outpatient (MH OP) and Intensive Case Management/Full Service Partnership (ICM/FSP) program directors regrouped to review the progress of three workgroups that have been meeting twice a month since December 2017 to come up with recommendations to ensure the successful connection into outpatient mental health programs of clients stepping down from ICM/FSP level-of-care. The three workgroups have been making progress in developing plans and proposed protocols.

Workgroup #1 is developing an Intervention Toolkit for use by ICM/FSP to promote a culture of recovery and expectation of completion in their work with the clients. They have also come up with a questionnaire on client readiness to step down from ICM/FSP to *regular* Mental Health Outpatient level-of-care.

Workgroup #2 is developing a referral process, from start to finish, to be agreed upon between ICM/FSP and MH OP programs, that will orchestrate the warm hand off of clients from ICM/FSP to OP in a way that ensures successful transfer and connection, as best as possible.

Workgroup #3 is exploring ways by which the receiving MH OP programs will work with clients stepping down from ICM/FSP in a especially individualized manner, in order to mitigate the steep drop of services and resources available to clients in MH OP as compared to in ICM/FSP, such as providing an "ICM-lite" level of transitional case management, monitoring the stepped-down client's continued engagement with MH OP services, facilitating stepped-down clients' continued connection to social support milieu, and problem-solving the absence of critical ICM-FSP adjunct services, such as rep payee.

All the Mental Health Outpatient and ICM/FSP Program Directors will be regrouping again to review the three work-groups' final recommendations and plan for implementation.

#### 4. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

##### Spotlight on Assisted Outpatient Treatment

Assisted Outpatient Treatment (AOT) is preparing to submit its third annual report to the State Department of Mental Health ([www.sfdph.org/aot](http://www.sfdph.org/aot)). Many thanks to Harder+Company and USCF Citywide for their support in the evaluation process.

Some highlights include that individuals with contact with AOT, since the implementation of the program in November 2015, showed overall reduction in negative outcomes:

- 76% of participants were successful in reducing or avoiding PES contacts
- 60% of participants were successful in reducing or avoiding time spent psychiatrically hospitalized
- 79% of participants were successful in reducing or avoiding time spent incarcerated

Of note, there have been statistically significant reductions in Psychiatric Emergency contacts and days spent incarcerated when comparing an individual's contact with these systems prior to working with AOT and after working with AOT. Additionally, only 17% of participants are referred to the court to request a court order to participate in outpatient mental health treatment, with an overwhelming number of individuals outreached accepting voluntary services.

To date there has been a great deal of positive feedback from families and program participants about the support offered to them by the AOT program. Feedback from participants has been overwhelmingly positive with 81% of individuals surveyed reporting feeling hopeful about their future and 82% of individuals surveyed reporting that they have been treated with respect. One court ordered participant reported, "I didn't want to get anybody involved with my issues. I just wanted to work it out myself, but I found that there is support in the community when you need it" and another reported, "My experience with the AOT program has been positive. Overall, I've been feeling like a better me." Further, a family member was noted to say, "AOT saved my family in a way I can't explain. I'm very grateful to this amazing program and team", and family members have reported having increased awareness about services in San Francisco, as well as a better understanding of mental health symptoms.

If you would like more information about AOT, please visit SFDPH website at [www.sfdph.org/aot](http://www.sfdph.org/aot). If you would like to make a referral to AOT, please contact us at 415-255-3936.

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

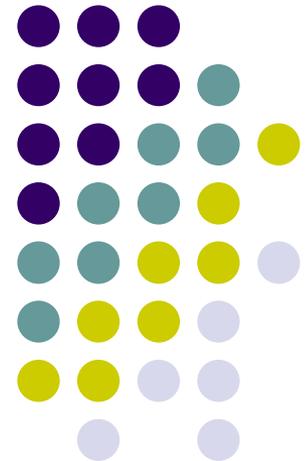
<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

# BHS Pharmacy Services

Mental Health Board Meeting  
March 21, 2018

Gloria Lee Wilder, Pharm.D.  
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# Pharmacy Services Mission



Advance wellness by  
delivering innovative  
client-centered care  
with clinical expertise



# 1380 Howard Pharmacy

- Specialty packaged prescriptions for 11 behavioral health clinics
- Buprenorphine early treatment for opiate addiction treatment
- Methadone maintenance for opiate addiction treatment
- Smoking cessation intervention
- Jail Psychiatric Services release medications
- E-prescribing training and user support
- Safety net pharmacy for BHS
- Naloxone (narcans) furnishing
- Medication disposal (household/personal)

# “Bubble” Packaging



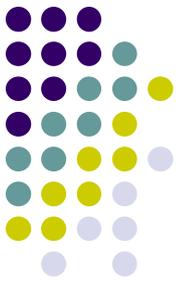




Ten posters depicting the themes of opioid overdose and Naloxone availability were displayed in the CBHS pharmacy waiting room.

# Clinical Pharmacists

## Optimizing Medication Use



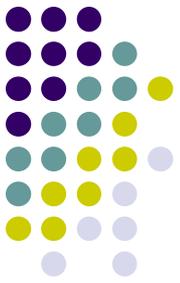
- Mental Health Outpatient Clinics
  - Medication information for clients and providers
  - Direct client medication support services
  - Groups – medication, smoking cessation, healthy living
  - Bilingual capacities (Chinese, Spanish)
  - Prescription access/troubleshooting
  - Medication room

# Clinical Pharmacists

## Optimizing Medication Use



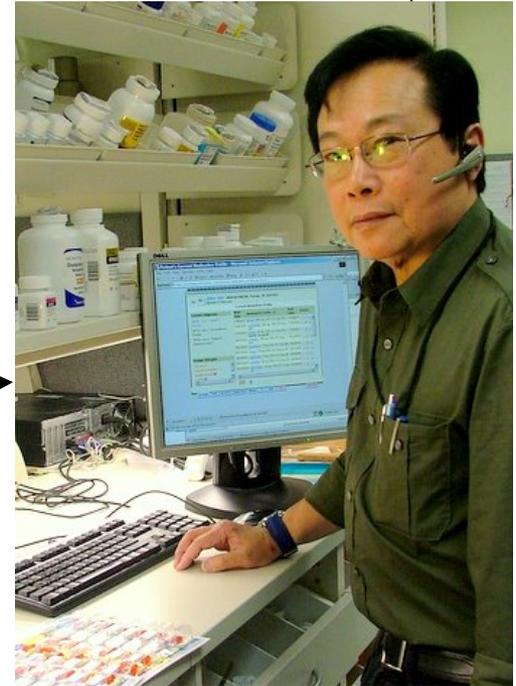
- Medication consultation/drug information
- Formulary management
- Medication safety
- Medication Use Improvement Initiatives
  - Reducing antipsychotic polypharmacy
  - Medication Use Guidelines
  - Appropriate use of sedative-hypnotics



# Electronic Prescribing Electronic Prescribing of Controlled Substances E-Labs (ordering and results)

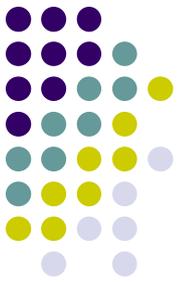


Prescriber enters and transmits RX through prescribing program



Pharmacist receives and processes electronic RX

# How to reach BHS Pharmacy



- We are here to help
- BHS Pharmacy 255-3659
- Drug Information 255-3055
- Gloria Lee Wilder, Pharm.D 255-3703 or [gloria.wilder@sfdph.org](mailto:gloria.wilder@sfdph.org)