

## SAN FRANCISCO MENTAL HEALTH BOARD

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**Mayor  
Mark Farrell**

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Harriette Stallworth Stevens, EdD, Co-Chair  
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Gregory Ledbetter  
Susan Page  
Toni Parks  
Richard Slota, MA  
Marylyn Tesconi  
Njon Weinroth  
Benny Wong, LCSW

### **ADOPTED MINUTES**

Mental Health Board Meeting  
Wednesday, May 16, 2018  
City Hall  
One Carlton B. Goodlett Place  
Room 421, 4th Floor  
6:00 PM – 8:00 PM

**BOARD MEMBERS PRESENT:** Harriette Stevens, EdD; Co-Chair; Ulash Thakore-Dunlap, MFT, Co-Chair; Idell Wilson, Vice Chair; Terry Bohrer, RN, MSW, CLNC; Judith Klain, MPH; Gregory Ledbetter; Susan Page; Toni Parks; Marylyn Tesconi; Njon Weinroth; and Benny Wong, LCSW.

**BOARD MEMBERS ON LEAVE:** Judy Z. Drummond, MA; Carletta Jackson-Lane, JD; and Richard Slota, MA.

**BOARD MEMBERS ABSENT.** Gene Porfido, Secretary.

**OTHERS PRESENT:** Helynna Brooke (Executive Director); Loy M. Proffitt (Administrative Manager); Kavooos Ghane Bassiri, LMFT, LPCC, CGP, Behavioral Health Services (BHS) Director; Wynship W. Hillier; Liza Murawski; and **two** public members.

**Dr. Stevens** called the meeting to order at 6:15 PM.

### **Roll Call**

**Ms. Brooke** called the roll.

## **Agenda Changes**

The order of the agenda changed starting with Item 3.0 Presentation before Items 1.0 and 2.0.

### **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** highlighted several items. In the month of March, LEGACY (Lifting and Empowering Generations of Adults, Children and Youth) concluded its 6-week Girls Empowerment Group at College Track. BHS participated in the Cesar Chavez Street Fair. The Chinatown Child Development Center staff was involved in the Family Wellness Day at the San Francisco YMCA on April 7, 2018. They addressed the stigma of mental health and care of one's emotional well-being with monolingual Chinese families living in Single Room Occupancy (SRO) housing in the Chinatown district.

In the United States, unintentional deaths from opioid overdoses have risen to epidemic proportions. BHS Pharmacy furnishes naloxone kits, which reverses opioid overdoses, and provides training for staff, including the executive team. Buprenorphine is prescribed for the treatment of opioid use disorder. Pharmacy staff did outreach in the streets, and now more people are coming to the pharmacy for the medication.

The Board of Supervisors (BOS) received the Performance Audit of the Department of Public Health Behavioral Health Services report prepared by the San Francisco Budget and Analyst. It was an extensive audit looking at a decade of services and billing. The process took eight months of meetings and producing the data. The BOS website posted the document. June 5<sup>th</sup>, 2018 is the Health Commission hearing. There were eight findings and fifteen recommendations directed to primarily to directors at BHS.

**Dr. Stevens** asked about implications for the findings.

**Mr. Ghane Bassiri** said he would report back after the June hearing. There could be budgetary options. Transitioning Psychiatric Emergency Services (PES) into the community is one consideration. The monitoring issue between civil service and CBO's is another issue, really looking at performance objectives for contracts and how they are monitored. There is a tentative BOS hearing on June 20<sup>th</sup>, 2018.

#### **1.2 Public Comment**

*No public comments.*

### **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** shared that the National Association of Counties (NACo) has granted the City and County of San Francisco a 2018 Achievement Award for its 'Population-focused: Mental Health Promotion and Early Intervention program.' The Population-focused program's partners with and provides services to unserved, underserved and socially excluded communities by honoring their histories, experiences, and their cultural practices towards wellness. The Population-focused programs architecturally stand on five-key service modalities:

- (i) Outreach and Engagement
- (ii) Screening and Assessment
- (iii) Wellness Promotion
- (iv) Individual/Group Therapeutic Services
- (v) Service Linkage.

California State University, East Bay, class of 2018 recognized Imo Momoh, Director of the Mental Health Services Act program, with a 40 Under 40 award.

In February 2018 MHSA launched *Community Mental Health Academy* with the City's HOPE SF. Kim Granade oversees the academy.

On May 10<sup>th</sup>, 2018, City Hall lit up in lime green, since May is Mental Health Awareness month. There are many other events such as a Vocational Summit, Peer Panel, and Art Show in May too.

He then discussed the importance of how we use language when talking about people with mental illness. Language matters, such as when public officials used derogatory terms like frequent flyers and high users, it further perpetuates the stigma of mental illness.

## **2.2 Public Comment**

**Ms. Murawski** has been requesting training on stigma. She feels that there is a need to train people in SRO's.

She shared five points: cultural humility, language matters, gender fluidity, alcohol and drugs, and mindfulness. She has seen building management offensively describing people with co-occurring disorders (COD's) and treat them with minimal dignity and respect. She would like to see more advocates attend commission meetings to speak up for the vulnerable people.

## **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 April 18, 2018 be approved as submitted.

[Unanimously approved.](#)

**3.3 Resolution (MHB-2018-05): THE MENTAL HEALTH BOARD URGES THE MAYOR, THE HEALTH COMMISSION AND THE BOARD OF SUPERVISORS TO INCREASE THE BEHAVIORAL HEALTH SERVICES BASE BUDGET, HOUSING, EMPLOYMENT AND TRAINING FOR PEOPLE WITH MENTAL ILLNESSES AND/OR SUBSTANCE USE.**

WHEREAS, San Francisco is enjoying significant prosperity and the end of years of severe budget crisis in public health and human services, and;

WHEREAS, Behavioral Health Services has spent years developing a strategic, cost-effective system of care with a focus on community-based treatment replacing institutional care, which meets the Bronzan-McCorquodale guidelines, as detailed and mandated in the Welfare and Institutions Code for the State of California, and;

WHEREAS, the Mental Health Board believes a strong and effective public health system directly benefits all neighborhoods and economic sectors of the community; and

WHEREAS, many people with serious mental illnesses in San Francisco are unable to find adequate housing with appropriate supports, and

WHEREAS, the Mental Health Board believes our community has a moral and ethical duty to care for those people who are ill, suffering, in trouble, and in need, now, therefore,

BE IT RESOLVED, that the Mental Health Board recommends the City and County of San Francisco make a commitment to protect the long-term investment it has made in community behavioral health services, and to take all necessary steps to preserve and defend the vital, state-of-the-art services developed through years of intensive effort, and;

BE IT FURTHER RESOLVED, the Mental Health Board recommends the City and County of San Francisco increase the Behavioral Health Services base budget, housing, employment, and training for people with mental illnesses and/or substance use disorders.

*Unanimously approved.*

**ITEM 4.0 PRESENTATION: OVERVIEW OF PROGRAMS AND PRIORITIES FOR THE MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO, RACHEL DEL ROSSI, EXECUTIVE DIRECTOR**

**4.1 Presentation: Overview of Programs and Priorities for the Mental Health Association of San Francisco, Rachel Del Rossi, Executive Director**

**Dr. Stevens** introduced Rachel Del Rossi, Executive Director of the Mental Health Association of San Francisco. She has been a dedicated nonprofit leader for the last 20 years, the majority spent here in San Francisco. She has extensive experience working with individuals in crisis, including foster care youth, gang-affiliated youth, homeless parents and children, domestic violence survivors, and trauma victims. Rachel promotes the peer model and the recovery movement.

*The MHA-SF presentation is at the end of the minutes.*

**Ms. Rossi** thanked the board. She said the Mental Health Association cultivates peer leadership, builds community, and advances social justice in mental health. They have recently made a

strategic shift to focusing on local community, and becoming more affiliated with Mental Health America, and focusing on what they do best which is collaborating with community partners.

PROPEL is a Bay Area Peer Professional Network to support peer employees to become peer professionals by networking with employees, with RAMs and Marin programs. The strategic shift included the development of the MHA National Peer Certification program. This program provides credentialing for an approved peer training program, requires a 3,000 supervised hours internship, including passing a comprehensive exam. There are also other programs that can qualify for certification. MHA wants to see peers at all levels. They are speaking at local hospitals to require a National Certification and to hire peers.

**Mr. Weinroth** inquired about the career path.

**Ms. Rossi** said counseling and street-level coaching. Right now, there is not much with management level. At MHA-SF peers have moved up to management. There are some peers on the crisis team.

There are some barriers. Employers are not always set up to utilize peers. MHA-SF is launching a peer-employer support program in San Francisco, San Mateo, and Marin. The support program includes an Employer Toolkit and Web Resources. The program will have training curriculum and phone support.

Peer support programs include issues about stigma and isolation, hoarding and cluttering. There is a consideration for wellness and mindfulness groups. Four peers are working at Marin General Hospital in a clinical-peer partnership for crisis support. 100% of patients said they would like to be involved with peers again. Peers make follow up calls every day. This model is expanding.

MHA Warm Line is four years old and provides 24/7 call support to callers from all over the US and other countries. The Warm Line will keep going in a reduced capacity next year.

**Mr. Ledbetter** asked what types of calls the Warm Line is getting.

**Ms. Rossi** shared that many callers call on a daily basis. Many calls are for connection and support and WRAP planning and how they can work on a plan. They sometimes practice role playing on the phone. Lots of calls have been from family members. The peers response to caller needs include a warm handoff to third party calls, and they stay on the line with the caller until call transferring is connected.

MHA-SF is involved in community engagement such as the SOLVE Speaker Bureau, Institute on Compulsive Hoarding and Cluttering, Training Institute, Peer support workforce development and ARISE (Advocacy Training and Support).

The following statistics show 26,067 hours of peer support, 94% people connected to services, 3,622 received education and training, 6,581 referrals, 2,116 served through peer support, 720 engaged in community events.

They also work with businesses to provide supportive crisis response and de-escalation training. They are adding a transitional youth component, and they also connect speakers with trainings too. There are elder support groups too.

**Ms. Tesconi** asked if there has been any resistance from clinicians.

**Ms. Rossi** said there is some pushback but not much, because peers provide a supportive role. Peers are well trained to understand the clinical relationship.

## 4.2 Public Comment

No public comments.

## ITEM 5.0 REPORTS

For discussion

### **5.1 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:

- SFMHEF and Sojourner Truth training 5-24-18
- Working on the changes to submit to the Board of Supervisors for the replacement of name to Behavioral Health Commission

### **5.2 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, May 24th, 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.

The second meeting of the Older Adult Committee, chaired by Gregory Ledbetter, met today just before this board meeting. It will continue to meet the third Wednesday of the month from 5 PM to 6 PM.

The Substance Use Committee, chaired by Njon Weinroth, will meet from 9:00 AM to 10:00 AM Tuesday at 9:00 AM, just before the Executive Committee meeting.

The Executive Committee appointed Marylyn Tesconi to chair the committee to manage the succession plan for the executive director from the job description to hiring the new executive director. The ED Succession Committee chaired by Marylyn Tesconi needs to schedule its first meeting.

Richard Slota and Terry Bohrer are working on the Annual Report.

Mr. Weinroth reported that his committee has a short-term goal of looking at Methadone treatment for opioid addiction to see how opioid treatments are applied to the vulnerable population. The long-term goal of the committee is to identify barriers people with co-occurring disorders face and then create a resolution based on their findings. They are looking at and evaluating how people with co-occurring disorders navigate the system for services, including how responsive providers are to their co-occurring issues.

Mr. Ledbetter shared the Older Adult committee just met right before the meeting. The members want more detail about demographics in older adults in shelters with mental illness. He hoped the committee would propose a resolution soon.

### **5.3 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.**

**Mr. Ghane Bassiri** mentioned that David Fariello is retiring after 37 years of working with DPH, and that the board might want to recognize him.

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

**Mr. Weinroth** and Ms. Drummond met with Supervisors Tang and Fewer.

**Dr. Stevens** attended the 3<sup>rd</sup> Annual Vocational Submit on May 15, 2018 at the San Francisco Public Library.

**Mr. Ledbetter** mentioned that Dr. Stevens, Ms. Wilson, Ms. Parks, and Ms. Jackson-Lane participated, including staff Loy Proffitt in the CALMHB/C meeting during the weekend of April 20, 2018. He also met with Supervisor London Breed.

**Ms. Bohrer** announced the upcoming Crisis Intervention Team Annual Awards Ceremony on June 21<sup>st</sup>. Fifty officers have been nominated for twenty-one different scenarios. She also mentioned an educational day in Sacramento on May 23<sup>rd</sup>.

**Ms. Thakore-Dunlap** will be in Sacramento for an educational day with policy makers to educate on childhood adversity.

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

**Ms. Jackson-Lane** suggested mental health issues in older women who are in the incarceration system.

#### **5.7 Public comment.**

[No public comments.](#)

#### **6.0 Public Comment**

**Ms. Murawski** shared about the 15% tax proposal for recreational marijuana. She would like to see the tax collection be used for people who need medical marijuana.

**Mr. Hillier** shared his involvement in the involuntary treatment and felt the Citywide program should be closed down.

#### **Adjournment**

The meeting was adjourned at 8:10 PM.



**Mayor Mark Farrell**

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

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

**Behavioral Health Services – Mental Health Services Act program Receives 2018 Achievement Award from the National Association of Counties**

The National Association of Counties (NACo) has granted the City and County of San Francisco a 2018 Achievement Award for its 'Population-focused: Mental Health Promotion and Early Intervention program' in the category of health.

The Population-focused program is a service category under the Mental Health Services Act of the San Francisco Department of Public Health- Behavioral Health Services. The Population-focused programs partners with and provides services to unserved, underserved and socially excluded communities by honoring their histories, experiences, and their cultural practices towards wellness. The Population-focused programs architecturally stand on five key service modalities: (i) Outreach and Engagement; (ii) Screening and Assessment; (iii) Wellness Promotion; (iv) Individual/Group Therapeutic Services; and (v) Service Linkage.



NACo awards honor innovative, effective county government programs that enhance services for residents.

Congratulations to San Francisco and Department of Public Health - Behavioral Health Services.

### **May is Mental Health Awareness Month**

Our Mental Health Services Act (MHSA) Statewide partner, California Mental Health Services Authority, has developed toolkits in recognition of Mental Health Awareness Month, which is in the month of May. The following is the link to the 2018 toolkit, including files to share via email, social media and by printing. You can also download the toolkit on the [Each Mind Matters Resource Center](#).

What you can find in the toolkit:

- Ribbon Wall Activity Materials including a ribbon wall template and instruction poster.
- Message cards and web banners.
- Additional materials such as social media posts and email templates will be added to the toolkit soon!

In recognition of this important cause and in an effort to raise awareness, BHS has put together some activities that you can be part of.

Attached with this Report are the following:

- Calendar of Activities for Mental Health Awareness Month
- May 10, Lighting of City Hall in Lime Green (official color of mental health awareness)
- Peer Panel Forum: A discussion with RAMS, Mental Health Association of San Francisco, and National Alliance on Mental Illness.

We hope you can be part of some or all of these activities.

If you are interested in promotional materials like ribbons, pins, stickers and other items to promote awareness, please email Heather Haney at [Heather.Haney@sfdph.org](mailto:Heather.Haney@sfdph.org).

## **Community Mental Health Academy**

San Francisco Health Network's Mental Health Service Act (MHSA) program has again invested in a very high impact mental health workforce development program that places San Francisco community members on a trajectory to careers in the public behavioral health sector. In February 2018 MHSA launched its successful *Community Mental Health Academy* with the City's HOPE SF (initiative that seeks to transform four of the city's most distressed public housing into vibrant, thriving communities through holistic revitalization) Peer Health Leaders and their Coordinators (supervisors) who provide critical outreach and resource sharing with the residents of all HOPE SF -- Alice Griffith, Hunters View, Potrero Hill and Sunnysdale -- sites. In this academic setting, (10) Peer Health Leaders and (4) Coordinators learn about self-care, community mental health, trauma-informed care and basic counseling skills (e.g., how to communicate more effectively by being supportive, asking open-ended questions and understanding the seven domains of wellness). For more information about the Community Mental Health Academy, please contact MHSA Program Manager Kim Ganade at [Kimberly.Ganade@sfdph.org](mailto:Kimberly.Ganade@sfdph.org).

## **Mental Health Services Act Director Receives an Award**

Imo Momoh, Director of the Mental Health Services Act program, was recognized by California State University, East Bay, with a 40 Under 40 award, class of 2018. Imo was one of 40 alumni selected for this honor for the significant contributions they are making toward improving and uplifting their professions, personal endeavors and communities in which they serve and live.

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

### **Spotlight on Southeast Child & Family Therapy Center, L.E.G.A.C.Y., Project 500, and Chinatown Child Development Program**

BHS would like to take this opportunity to celebrate some of our interns at Southeast Child & Family Therapy Center this past academic year, as they prepare for their next endeavor. From the *Mayor's Youth*

*Works* internship program, we had two exemplary and dedicated high school interns, Mary Grace Eton and Jennifer Aguilar. They both learned the day to day tasks of working at a mental health clinic and have provided positive feedback about their experience. We appreciated our timely conversations about the importance of mental health issues and the impact on their respective peer groups, family and community at large. From USF counseling program, we appreciate Jordan Matulis for her excellent work with our diverse families and participation in Co-leading a Girls Empowerment group. She has extended her internships until July and will embark on her next journey as a Ph.D. student in Fall 2018. We wish her all the best. Ashley is also our intern from RAMS Hire-Ability and is placed at the Blanken Avenue site, learning about day-to-day tasks, participating and supporting group activities.

BHS also welcomes Karla Avila, our bilingual Spanish-speaking Clerk stationed at the Silver Avenue site. Karla has a passion for working with children and is a great asset to this Center. BHS also says farewell to Adan Wong, our clerk stationed at Mission Street site as he has taken a position with City College of San Francisco. BHS thanks him for his professionalism and respectful nature when working with our diverse families, we will miss him and wish him the best.

L.E.G.A.C.Y. concluded its 6-week Girls Empowerment Group at College Track. Also ending in April was the Cantonese Speaking Support Group, and the program is still working with Visitation Valley Strong Families, hosting a 12-week, Cantonese, Triple P course. L.E.G.A.C.Y. staff was able to participate in two community outreach events, tabling at John O'Connell High School for the Support for Families with Disabilities Fair and at the Cesar Chavez Street Fair. During each event, staff promoted services the program and BHS offers, while learning about other local community resources. L.E.G.A.C.Y. hosted another successful Family Support Night, and after eating dinner, families were able to receive information from Environmental Protection Agency (EPA) regarding mold and less toxic cleaning supplies.

At Project 500, BHS started a "Social Connections" group for the families. This will include a different theme each week to support families in building connections with one another and building knowledge around child development, mental health, relationship health, financial health, and more. At P500, we have supported planning of a training in Risk Assessment for home visiting nurses and CalWORKs' P500 staff and Co-created & co-presented training in Reflective Practice with the UCSF Infant-Parent Program for field nurses and CalWORKs' P500 staff.

In April 2018, Chinatown Child Development Center (CCDC) staff spoke to the stigma of mental health and care of one's emotional well-being with monolingual Chinese families living in Single Room Occupancy housing (SRO's) in San Francisco's Chinatown district. This free event was held at the Willie Woo Woo playground auditorium in collaboration with the San Francisco YMCA. Discussion topics included how to use effective parenting styles and how to increase your child's self-esteem and emotional well-being. Additionally, age appropriate developmental guidelines and milestones were also highlighted for caregivers, with the intention of reducing high and unrealistic expectations for the child, resulting in higher self-esteem, self-confidence and overall positive well-being in children.

CCDC staff participated in the Family Wellness Day at the San Francisco YMCA on April 7, 2018. Staff presented event attendees with information on outpatient mental health services available at the Center, in addition to informing participants of Center's mission of promoting social-emotional well-being of children, youth and their families. This was a free event for the residents in the San Francisco community. Free Health services were also available, these included medication consultation, blood pressure monitoring, blood glucose monitoring and medication therapy management (MTM). The event was well attended & received, and was sponsored by APA Family Support Services, First 5 San Francisco, and APIFIRN.

### **3. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES**

#### **Spotlight on the Drug Court Treatment Center**

Every calendar year, Drug Court Treatment Center (DCTC) holds 4 graduations for clients who are able to complete the program. In order to graduate, clients must have 6 months of clean and sober living, consistent attendance and engagement with their treatment providers and case managers, and have a completed a recovery aftercare plan with established support systems. Successful completion of Drug Court Treatment Center may result in early termination of probation, reduced charges, or case dismissal. So far in 2018, DCTC has held 2 graduations (January and April) where 100% of graduates who had used substances daily, were drug free at the time of graduation. 66% of graduates initially had no income and 100% had legal sources of income at graduation, with 88% of graduates employed. 44% of graduates were homeless at program entry and exited the program with stable housing. One of the key components of the Drug Court graduation is to have an Alumni speaker give a speech about their experiences at DCTC and their life after DCTC. Our last Alumni took several attempts before reaching his goals of sobriety from heroin, cocaine, methamphetamines, and marijuana. Throughout the course of his residential treatment, our Alumni was able to attend classes at City College, start an internship run by the Sheriff's Department, and successfully completed Drug Court. Post Drug Court, our Alumni remained in school, independently housed, and will graduate on May 24<sup>th</sup> from City College with two Associate of Science degrees. Per our Alumni, "I don't think I will be here today doing all of this without the help of Drug Court." Many thanks to all our community partners in Collaborative Courts for allowing our clients to have the opportunity to engage in treatment and successfully find their path towards recovery!

### **4. BHS PHARMACY**

#### **Fighting the Opioid Epidemic**

In the United States unintentional deaths from opioid overdoses have risen to epidemic proportions. BHS Pharmacy furnishes naloxone, which reverses opioid overdoses at our pharmacy at 1380 Howard. In partnership with DPH's Population Health Division, the pharmacy team is helping to furnish naloxone to CCSF Public Safety workers to prevent overdose deaths in San Francisco. So far, BHS Pharmacy has furnished naloxone kits to over 170 San Francisco County public safety workers.

Buprenorphine prescribed for the treatment of opioid use disorder can be dispensed in a community pharmacy setting. BHS Pharmacy provides buprenorphine dispensing in an innovative model, with integrated services to support our clients' road to wellness and recovery. Clients come from different care settings including primary care, the Street Medicine team, after release from jail or BHS providers. Pharmacy services are coordinated with the client's care team with a goal to stabilize the client to graduate to a non-specialty community pharmacy. Pharmacy care includes client education, medication regimen review including review of CURES (Controlled Medications Utilization Report), and case conferencing/coordination with providers. Based on the client's individualized care plan, the pharmacy in partnership with the OBIC clinic, provides: observed dosing, urine drug screens, breathalyzer, as well as naloxone furnishing and smoking cessation treatment.

Based on BHS Pharmacy activities, Dr. Jennifer Behan, BHS Pharmacist, presented "Expanded Buprenorphine Services through a Community Pharmacist Integrated Treatment Model" for ASAM (American Society of Addiction Medicine) at the 49<sup>th</sup> Annual Conference April 12-15 in San Diego, CA. (See Attached)



San Francisco Dept. of Public Health (SFDPH)  
 &  
 Behavioral Health Services (BHS)  
 Presents  
 May is Mental Health Awareness Month 2018



FREE EVENTS

DATE	DAY of WEEK	TIME	EVENT	LOCATION
MAY 10	THURSDAY	10.00AM-12.00PM	<b>Asain Pacific American Mental Health Day</b> Celebrate mental Wellness with speaker Elaine Peng	Milton Marks Auditorium State Building 455 Golden Gate Ave
MAY 10	THURSDAY	@ Sunset	<b>City Hall Lit Green</b> In honor of Mental Health Awareness Month City Hall will be lit lime green	San Francisco City Hall 1 Carlton B Goodlett Pl
MAY 15	TUESDAY	9.00AM- 1.00PM	<b>Vocational Summit</b> information, resources	San Francisco Main Library Latino Room 100 Larkin ST @ Grove
May 21	MONDAY	1.30PM-3.30PM	<b>Peer Panel</b> Informational session with representatives from 3 Peer agencies	San Francisco Main Library Latino Room 100 Larkin ST @ Grove
May 25	FRIDAY	1.00PM-3.00PM	<b>Art Show</b> Closing Day Celebration (Art will be on display from May 1 to May 31)	Rams Peer Wellness Center 1282 Market Street

For more information please contact Heather Haney at (415) 255-3778 or heather.haney@sfdph.org.

For interpreter or ADA accomodation request, please contact Heather a week in advance.

Sponsored by San Francisco Department of Public Health (SFDPH), Behavioral Health Services (BHS), Mental Health Service Act (MHSA)



San Francisco Health Network  
Behavioral Health Services



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

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



San Francisco Health Network  
Behavioral Health Services



ON MAY 10, 2018, CITY HALL WILL BE LIT UP LIME GREEN IN  
RECOGNITION OF MAY MENTAL HEALTH AWARENESS  
MONTH.

BASK IN THE GLOW AND PRIDE OF THE RECOVERY  
COMMUNITY.



EACH MIND  
MATTERS  
California's Mental Health Movement





# Expanded Buprenorphine Treatment Services Through a Community Pharmacist Integrated Treatment Model

Jennifer Behan Pharm D<sup>1</sup>, Michelle Geier Pharm D., BCPP<sup>1</sup>, Theresa Maranon Pharm D<sup>1</sup>, Jimmy Seto Pharm D<sup>1</sup>  
1. San Francisco Health Network Behavioral Health Services



## BACKGROUND

- In the United States unintentional deaths from opioid overdoses have risen to epidemic proportions<sup>1</sup>
- Buprenorphine prescribed for opioid use disorder (OUD) can be dispensed in a community pharmacy setting. Therefore community pharmacists dispensing medications for OUD are in a good position to provide additional monitoring and treatment services<sup>2</sup>
- ASAM and SAMHSA recommended treatment services include: observed dosing when indicated, Urine Drug Screening (UDS), Prescription Drug Monitoring Program reviews (PDMP), frequent visits until stable, smoking cessation services, naloxone, access to clean syringes, alcohol use disorder and mental health treatment access<sup>2, 3</sup>
- The Centre for Addiction and Mental Health of Ontario's Buprenorphine for Opioid Dependence Clinical Practice Guideline recommends physicians collaborate with a pharmacist to offer many of said services<sup>4</sup>
- A model of integrating a pharmacist into buprenorphine patient care has the potential to expand monitoring and add support for the medical team<sup>4</sup>

## PURPOSE

To describe a pharmacy model offering buprenorphine monitoring and treatment services utilization over a 12 month period. To provide the legal foundation allowing said services and to discuss the billable and non-billable aspects.

## SETTING

Community Behavioral Health Services (CBHS) Pharmacy is an outpatient county specialty pharmacy. The pharmacy is integrated with the Office Based Induction Clinic (OBIC), which specializes in the management of OUD. The pharmacy provides buprenorphine to approximately 130 patients per month. The census evolves as new induction patients enroll while stabilized patients graduate to non-specialty community pharmacies. The pharmacy is open 5 days a week from 9:00 AM to 4:30 PM and schedules 1.5 fulltime staff pharmacists, and 1.5 fulltime technicians dedicated to buprenorphine services.

## RESULTS

### Types of Issues Identified & Pharmacist Recommendations

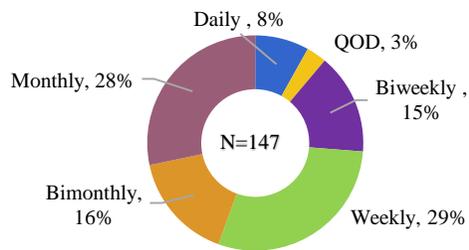
Issues Identified	Recommended Interventions
<ul style="list-style-type: none"> <li>Diversion</li> <li>Significant drug-drug interaction</li> <li>Relapse</li> <li>Need for social services/insurance/case worker</li> <li>Need for mental health services/medications</li> <li>Poor medication adherence</li> </ul>	<ul style="list-style-type: none"> <li>Contingency Management</li> <li>Urine drug screens</li> <li>Observed dosing, dosage consolidation</li> <li>Initiation of psychiatric medications</li> <li>Initiation of alcohol use disorder medications</li> <li>Cessation/tapering of benzodiazepines</li> <li>Referral to higher level of care</li> </ul>

## BUPRENORPHINE SPECIALTY SERVICES

### Treatment Services



### Buprenorphine Patient Pick-Up Schedule in 11/2017



### Monitoring Services



## RESULTS, continued

### Average Utilization Per Month

- 19 naloxone furnished with community reversal training/opioid safety education
- 30 clean injection kits
- 247 specialty services (UDS, breathalyzer, observed dose)
- 36 prescriptions for NRT furnished and 118 minutes of behavioral counseling
- 120 PDMP reviews

### Services Billable by Pharmacy

Type of Service	Billable Services	Non-Billable Services
<b>Buprenorphine</b>	Rx fee	Observed dosing Urine drug screen Breathalyzer PDMP/medical chart review Case conferencing
<b>NRT</b>	Rx fee	Behavioral counseling Rx Furnishing
<b>Naloxone</b>	Rx fee	Opioid safety education Rx Furnishing
<b>Clean Syringes</b>	Syringe fee	Injection kit supplies Counseling/treatment engagement

## DISCUSSION/CONCLUSION

Community pharmacists are health care providers who see patients frequently. With regular patient contact, pharmacists have an opportunity to collaborate with the medical team and provide monitoring and treatment services for substance use disorder patients. Data collected over a 12 month period revealed that 70% of dispensed buprenorphine prescriptions included a specialty service. Patient specific issues were identified through patient interview/observation, medical chart review, UDS/breathalyzer screenings, PDMP review and were communicated to prescribers. Some limitations that could limit applicability in other settings include lack of access to medical charts, pharmacist level of training, lack of privacy/observed dosing area, inability to access providers, inability to bill for clinical services. Future efforts should examine whether pharmacist recommendations were clinically appropriate, consistently communicated and if they resulted in a change to the patient outcomes.

### Sources

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- Medications for Opioid Use Disorder. A Treatment Improvement Protocol (TIP-63). Substance Abuse and Mental Health Services Administration (SAMHSA) website: <https://store.samhsa.gov/samhsa-content/SMA18-5063/LLD0C/SMA18-5063/LLD0C.pdf>. Accessed February 28, 2018.
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### Legal References

- 2018 Law Book for Pharmacy. [http://www.pharmacy.ca.gov/laws\\_regs/lawbook.pdf](http://www.pharmacy.ca.gov/laws_regs/lawbook.pdf). (Accessed March 2, 2018)
- Ordering Laboratory Tests (UDS and Breathalyzer): Permitted Pharmacist Procedures: Chapter 9, Division 2, Article 3, B&PC 4052
- Administering Medication Permitted Pharmacist Procedures: Chapter 9, Division 2, Article 3, B&PC 4052
- Furnishing of Naloxone Hydrochloride: Permitted Procedures by Pharmacist: Chapter 9, Division 2, Article 3, B&PC 4052.1
- Furnishing NRT: Permitted Procedures by a Pharmacist: Chapter 9, Division 2, Article 3 B&PC 4052.9
- Conditions for Furnishing Hypodermic Needles and Syringes for Human Use or Specified Animal Use without a Prescription Chapter 9, Division 2, Article 9, B&PC 4145.5

San Francisco Behavioral Health Services Presents

# PEER PANEL

A forum highlighting our peer programs



Come meet our Mental Health Services Act (MHSA) Peer Providers. Richmond Area Multi Services (RAMS), National Alliance on Mental Illness (NAMI) and The Mental Health Association of San Francisco (MHASF). These organizations will share information about their services, resources and answer your questions.

Refreshments will be served.

Monday May 21, 2018

The San Francisco Public Library in the Latino Room

1.30pm to 3.30pm.



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



For more information please contact Heather Haney at (415) 255-3778 or email [heather.haney@sfdph.org](mailto:heather.haney@sfdph.org) For interpreter or ADA accommodation request, please contact Heather a week in advance.

# The Mental Health Association of San Francisco

Mental Health Board Meeting

May 16, 2018

# Mission

**The Mental Health Association of San Francisco cultivates peer leadership, builds community, and advances social justice in mental health.**

# Who we are...

The Mental Health Association of San Francisco is a peer-led social justice community dedicated to progressive mental health issues for the past 70 years.

# Why we do what we do...

Peer support works!

Improved engagement and satisfaction with services



Reduced hospitalizations



Reduced overall cost of services



Improved whole health including chronic illnesses



Leaving more resources, support, and connection in the community.\*\*



People working with peers report:\*\*

Improved quality of life



Decreased depression



Better relationship with providers



Reduced substance use



Higher rates of employment



# Strategic Shift

- Focusing on our local community, informed and supported by state and national networks through Mental Health America
- Using what we've done best to create innovative and responsive programming
- Collaborating with community partners

# Peer Development



PROPEL works to support, train and place individuals, both mental health consumers and family members, who are seeking to be employed or volunteer as peer personnel in the Public Mental Health System (PMHS).

# MHA National Peer Certification

- Highly skilled peer credential
  - Approved training program
  - 3,000 hours of supervised peer work
  - Pass comprehensive test
- MHASF launches testing May 20th
- MHASF peer counseling training curriculum approved, coordinating with other local peer training organizations
- Private insurance carriers beginning to require

# New Peer Employer Support Program

Launching new program to improve employer capacity to best support the peer workforce in San Francisco, San Mateo and Marin County.

- Employer Toolkit and Web Resources
- Organizational assessment and support services
- Web and in person trainings and group facilitation

# Peer Support Programs

Provides quality peer to peer support focused on increasing human connection and building community

Support is available in person individually and in groups, over the phone, and online.

# Support and Nurture

- Formerly our Peer Response Team, focusing on challenges associated with hoarding and cluttering behavior
- Retaining expertise, but expanding focus
- Wellness and mindfulness groups and coaching

# MARIN

## PEER PROVIDERS

- Peers embedded in the Marin Public Mental Health System of care
- Partners with clinical team for crisis support
- Provides follow up support
- Expanding model across greater region in private care

# the warmline

MENTAL HEALTH PEER - RUN WARMLINE

- A non emergency resource for anyone seeking support and resources via phone and web chat
- 24/7 when in full operation
- Current funding ends June 30, 2018
- SF County has committed to keeping the line open at a reduced capacity

# Community Engagement

Provides education and advocacy to the greater Bay Area community to advance social justice in mental health.

- SOLVE Speaker Bureau
- Institute on Compulsive Hoarding and Cluttering
- Training Institute
- ARISE: Advocacy Training and Support

# Agency Impact

 26,067  
Hours  
of Peer Support  
Provided

(That's more than 70 hours a day,  
365 days a year)



94%   
People Who  
Recommend  
Our Services to  
Others

 3,622  
Individuals  
Received  
Education or  
Training



6,581   
Referrals/  
Linkages  
Made

 2,116  
Served  
Through  
Individual  
Peer Support



720   
Individuals  
Engaged in  
Community-  
Building Events

# To learn more...

- [mentalhealthsf.org](http://mentalhealthsf.org)
- Telephone: (415) 421-2926
- Email: [info@mentalhealthsf.org](mailto:info@mentalhealthsf.org)
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