



Mayor Edwin M. Lee

Behavioral Health Services Monthly Director's Report April 2017

1. MENTAL HEALTH SERVICES ACT (MHSA)

Impacts of Mental Health Services Act (MHSA) programs

SFDH-BHS Quality Management (QM) pleased to present new evaluation briefs to share outcomes of three MHSA-funded programs:

- Felton Institute/FSA: Older Adult Full Service Partnership (FSP)
- Hospitality House: Tenderloin Self Help Center
- Instituto Familiar de la Raza: Indigena Health and Wellness Collaborative

Written by QM staff and approved by respective program directors, the briefs are based on program-reported data from year-end reports and, for the FSP, continuous state-mandated data collection. Outcome data reflect the last complete Fiscal Year 2015-2016. BHS-QM plans to highlight different MHSA-funded programs on a regular basis, in order to share the diverse and powerful work of our many programs & communities. For any related questions and/or comments, you may contact Diane Prentiss (QM) at diane.prentiss@sfdph.org, or 415-255-3696.

(Attachment 1)

(Attachment 2)

(Attachment 3)

Asian and Pacific Islander Mental Health Collaborative (APIMHC)

APIMHC, a collaborative partnership between RAMS, Inc. and six community-based organizations (<https://www.ramsinc.org/apimhcollaborative.html>), was selected to present at the Cultural Competence Summit XX: *Supporting Community Defined Practices* which was held on March 15th & 16th, 2017 in Santa Rosa, California. Their focus "Translation of Instrument for Depression, Anxiety and Post Traumatic Stress Disorder (PTSD) in Laotian, Cambodian and Vietnamese: Report from the Field" covered how this screening tool can be administered by non-clinical staff in community settings and illustrated the outcomes, implications and future directions yielded so far.

2. CONSUMER PORTAL STARTS IN MAY 2017

BHS is very excited to announce that the Consumer Portal “sfHealthConnect” will open for adult/older adult consumers starting on May 5, 2017!

What is the consumer portal?

sfHealthConnect is a secure website where consumers can view their health records. Nation-wide, health portals support consumer empowerment, engagement in care, and wellness and recovery.

Who will have access to sfHealthConnect starting May 5, 2017?

Consumers who are adults (18 years or older) who are receiving care at a mental health adult program.

Why don't all BHS consumers have access to the portal?

Due to additional sensitive nature of electronic access for children/youth and for substance use services, we are currently exploring the best approach for these groups.

Who does not have access yet?

Children/youth (less than 18 years old), parents/guardians of children/youth, consumers receiving care at Child, Youth & Family programs, and consumers receiving care at substance use treatment programs.

How do we find out more about sfHealthConnect?

On the SFDPH website (Our Services), under Community Behavioral Health Services, click "BHS Consumer Portal" to get to the User Manual, FAQs and forms. The direct portal URL is: sfdph.org/sfHealthConnect

What other supports will be provided?

We have a dedicated Consumer Portal IT Help Desk to provide help for both consumers and staff. The **Consumer Portal HelpDesk** is open Monday-Friday 9am-12noon, 1pm-4pm at **1-855-224-7782**. BHS staff may continue to use the Avatar HelpDesk for all calls; the Avatar HelpDesk will route Portal questions to the Portal HelpDesk. Please note that the Portal HelpDesk only provides IT help. If consumers have any clinical questions, they are referred to their Behavioral Health Services provider.

What happened with the Portal pilot?

The consumer portal has been live at our two pilot clinics since August 2016 (i.e., South of Market and Sunset Mental Health Clinics). We are grateful for the staff and managers at the clinics as our first programs to introduce and provide sfHealthConnect access to their clients. The clinics met their target goals for consumers registering and receiving PINS (a PIN is a special code used one-time during registration). Currently we have 85 consumers registered in sfHealthConnect and over 700 PINS given.

What do the consumers like about sfHealthConnect?

Consumers say they like receiving appointment reminders (from Avatar Scheduler) and seeing their medication list.

What is the role of providers in helping consumers with the Portal?

All staff are encouraged to let consumers know about sfHealthConnect. Beginning May 5, 2017 programs will be giving PINs to consumers who visit. Each program would be developing workflow to do this.

The Portal Workgroup is developing training and information materials for both program staff and consumers. The CBHS webpage will have tutorial, signage and more.

Thank you for all your work providing quality & compassionate care to our consumers, and thank you for your support of sfHealthConnect!

Portal URL: sfdph.org/sfHealthConnect

3. CHILDREN, YOUTH AND FAMILIES (CYF) UPDATES

Mission Family Center

January, February and March were busy months at the Mission Family Center, returning from the school Winter Holiday to continue providing services in Marshall and Moscone Elementary Schools and John O'Connell, SF International and Balboa High Schools. While SB75 brought great news in May of 2016 regarding Medi-Cal Eligibility for all low income children up to the age of 19 (regardless of immigration status) unfortunately there has been a drop in families accessing this benefit since January 2017. However, the Center staff are facilitating a returning FUERTE group this semester at SF International and a brand new FUERTE group at Balboa High School for recent immigrants reunifying with family. BHS welcomed the new Medical Director, Dr. Craig Schiltz, in January of 2017. Dr. Schiltz has already offered two clinical presentations to the staff and taken on "Medication Only" clients to better serve the needs of those clients who have Primary Care providers outside of DPH are unable to take over the prescription of psychiatric medication for children and youth who are stable on their current medication regime. The Center has implemented a regular "Quality Improvement" agenda item into the staff meetings with a focus on improving our clinical documentation.

Family Mosaic Project

At Family Mosaic Project the goal is always to link our youth to services in their communities. Project Wreckless is an organization which enlists at-risk youth to rehabilitate classic cars from the ground up. The project supports youth with job training, scholarships and mentoring. The non-profit project recently purchased a building at 1449 Mendell Street which has been empty for the past five years. The program last for 7 months with the youth spending 12 weeks working as a *mechanic* and the rest of the time rotating between different managerial positions, including human resources, accounting and safety. At the end of the program, the car is sold at auction where similar vehicles are sold for \$100,000 or more. The proceeds are reinvested into scholarships, mentoring, job placement and another car for a new cohort of youth. Our youth participated in this program and also the video. The link to the video and more information is: <http://projectwreckless.org/#video>

Therapeutic Behavioral Services (TBS)

BHS is pleased to announce Kristin Rhoades, LMFT, as the new TBS Coordinator. As many may already know, State regulations require each county to designate its own TBS Coordinator, and in SF County this position oversees the referral and authorization processes while working closely with BHS contracted TBS providers. For the last decade this title was held by Chris Lovoy, LCSW, who is now passing the baton.

Kristin was previously the TBS Supervisor for St. Vincent's School for Boys, one of the BHS contracted residential treatment programs for children, so she has valuable knowledge and experience of TBS and its implementation. Welcome, Kristin!

L.E.G.A.C.Y. - Lifting and Empowering Generations of Adults, Children & Youth

L.E.G.A.C.Y and Support for Families 6-week workshop series, which focused on promoting successful tools for families to navigate the educational system, ended on March 1, 2017. L.E.G.A.C.Y Girls' Empowerment Group, which focused on promoting positive self-esteem and healthy relationships, ended its 8-week group at Martin Luther King Middle School on March 24, 2017. Upon completion, both groups were given certificates and small incentives for their participation. L.E.G.A.C.Y is currently partnering with APA Family Support Services for a 13-week Triple P class in Cantonese, which started on February 27, 2017 and will end on May 22, 2017. The classes are geared to teach parenting skills.

On March 20, 2017 L.E.G.A.C.Y hosted its monthly Family Support Night and invited the Parent Advisory Council to speak with the families about San Francisco United School District's upcoming budget cuts and to get feedback. Also, L.E.G.A.C.Y participated in two outreach events, one On March 9, 2017 where team members attended the Nutrition & Wellness Fair, the other, on March 11, 2017 where staff attended Support for Families Resource Fair which was held at John O'Connell High School.

Chinatown Child Development Center (CCDC)

In the month of March, Chinatown Child Development Center participated in many community events. CCDC had its CAB (Consumer Advisory Board) meeting at L.E.G.A.C.Y. to include family's participation in advocating for services. CCDC continues to participate in the Asians Against Violence meeting, held at Donaldina Cameron House, and continues to collaborate with neighboring agencies in the Chinatown community to create awareness as well as to enhance our communities response to family violence and abuse. CCDC is excited to be a community planning partner for the upcoming International Mental Health and Violence Prevention Conference, scheduled for October, 2018. There is a current call for abstracts on human trafficking, cyber/online bullying, teen dating violence and mental health/trauma focused areas. CCDC also continues to join the monthly meeting of the Asian & Pacific Islander Health Parity Coalition, whose goal is to achieve parity for San Francisco's Asian and Pacific Islander communities by identifying and addressing health and healthcare issues. CCDC serves as a Steering Committee Member of the coalition. An upcoming meeting is scheduled to discuss possible general data collected from the API populations in San Francisco. CCDC staff also attend the Family Harmony Project celebration at Donaldina Cameron House on March 24, 2017. This 3-year project highlighted cross sector domestic violence and health care safety net partnerships to improve systems of Domestic Violence care within the safety net. The Family Harmony Project is a partnership between North East Medical Services (NEMS), Asian Women's Shelter (AWS) and Donaldina Cameron House in San Francisco's Asian community. Informative, bilingual resources on domestic violence training for staff in a medical setting was shared with CCDC staff.

Southeast Child/ Family Therapy Center

Southeast Child/Family Therapy Center is very excited that two of their clinicians, Dr. Clifton Hicks and Rowena Ng, are facilitating a five week adventure-based psychotherapy group in April and May. This group is in its 17th year. It is a therapeutic outdoor rock-climbing group for clients ages 10-17. Sessions are held twice a week in Glen Park Canyon.

4. ADULT/OLDER ADULT SYSTEM OF CARE UPDATE

New Client Care Coordination Agreements between ZSFGH and BHS Mental Health Outpatient Programs

Via a series of meetings held over a period of a year, BHS mental health outpatient programs (including Intensive Case Management and Full Service Partnership programs) came to agreement with Psychiatric Emergency Services (PES) and Inpatient Psychiatry at Zuckerberg San Francisco General Hospital & Trauma Center (ZSFG) on two protocols (below) aimed at improving client care coordination.

- 1) “Client Care Transition and Communication Protocol”
- 2) “Gold Card Referral Protocol” for clients being discharged from ZSFG psychiatric inpatient hospital and being referred into BHS mental health outpatient programs.

The meetings (which began in late 2015 and continued until the end of 2016) were convened by BHS Adult/Older Adult Systems-of-Care to improve communication between ZSFG and BHS community programs, in order to best share information towards optimum treatment of clients in the hospital and plan discharge towards connection of clients to community care. Collaboration between hospital and community is important given that 42% of individuals seen at PES, and 53% of individuals admitted to ZSFG psychiatric inpatient, are current clients of BHS community providers (*FY 2014-15 data*).

There were also challenges in being able to get hold of a staff person in the community or in the hospital to talk to about a client at PES or psychiatric inpatient hospitalization— particularly for clients in PES where the length of client stay is short. For current clients as well as for clients not yet enrolled in a BHS community program, timely access to an outpatient appointment after hospital discharge, and effective formulation and implementation of discharge plans, are also critical.

The Communication Protocol establishes expected timelines for the hospital to call the client’s outpatient provider, and for the provider to return the hospital staff’s call, when clients enter PES or are admitted to psychiatric inpatient. Accurate outpatient program phone numbers and contact persons were collected and made conveniently available to hospital staff. The protocol details procedures for outpatient programs to provide the hospital with relevant client information (such as on client care issues), and for the hospital personnel to provide outpatient programs with relevant information on clients’ psychiatric hospital episode(s) and discharge plans. The protocol was communicated to all outpatient programs and hospital staff by program directors and hospital administration. The implementation plan was tested and a feedback mechanism was put in place to report & correct any problems in the implementation of these two protocols, as part of its adoption.

5. ASSISTED OUTPATIENT TREATMENT (AOT)

Assisted Outpatient Treatment submitted the second annual report to the State Department of Mental Health (www.sfdph.org/aot). Many thanks to Harder+Company and UCSF-ZSFG Citywide Case Management for their support in the evaluation process.

Some highlights include that individuals with contact with AOT showed overall reduction in negative outcomes

- 87% of participants were successful in reducing or avoiding PES contacts
- 65% of participants were successful in reducing or avoiding time spent in inpatient psychiatric hospitalizations
- 74% of participants were successful in reducing or avoiding time spent incarcerated

To date there has been a great deal of positive feedback from families and referred individuals about the support offered to them by the AOT program. Feedback from participants has been overwhelmingly positive with 90% of those who responded to a questionnaire indicating that they feel hopeful about their future and 89% feeling confident that they can reach their treatment goals. One court ordered participant reported, "If I'm taking a step toward recovery, then I can see myself recovering, staying on the treatment." Further, a family member was noted to say, "AOT, quite literally, saved my son's life" and another family member reported that AOT had helped the family "understand his illness and gave [the family] new tools to use that will last a lifetime."

As always, if you would like more information about AOT, please visit www.sfdph.org/aot. If you would like to make a referral to AOT, please call 415-255-3936.

6. COMPLIANCE UNIT UPDATE

Healthcare Compliance and Exclusion Monitoring

Healthcare spending is one of the biggest items in the United States each year, with approximately 20 million people working to provide healthcare services. Unfortunately, billions of dollars in fraud and abuse occur each year. To protect the integrity of health and welfare programs, the Department of Health & Human Services created the Office of Inspector General (OIG) to find, eliminate, and punish fraud, waste and abuse violators. The OIG ensures federal healthcare dollars (Medicare and Medicaid) are used wisely, legally and in conformance with regulations. Violators who do not properly bill for government funding are prosecuted with fines and penalties, including exclusion from participation in federal healthcare programs.

An OIG Exclusion is an administration action taken against an individual or entity (AKA vendor) whereby no federal healthcare payment will be made for any items furnished or services performed by excluded individuals or entities. The OIG excludes any individual or entity convicted of the following criminal offenses or violations:

- Medicare or Medicaid fraud
- Healthcare related fraud, abuse, theft or other financial misconduct
- Unlawful manufacture, distribution, prescription or dispensing of controlled substances
- Suspension or revocation of professional license
- Provision of unnecessary or substandard services
- Substance or alcohol abuse
- Patient abuse or neglect
- Sexual assault
- Default on federal student loans.

Once an individual or entity is excluded, s/he/it is considered excluded in all 50 states. Additionally, excluded individuals are not limited to those who provide direct care, but could include administration, housekeeping, maintenance, and finance – basically, anyone whose salary, reimbursements or cost reports for services come from federal healthcare (Medicare and Medicaid) dollars in part or in whole. The civil monetary penalties for doing business with an excluded individual or entity are severe and can include:

- \$10,000 for each item claimed/billed, per day, per person for every day the individual/entity was excluded
- Treble damage – 3 times the amounts claimed to CMS for reimbursement regardless of whether the claim was reimbursed.

To mitigate risks, the BHS Compliance Unit exercises due diligence by conducting a pre-employment background check on all county staff, and requires all contractor agencies to verify their staff prior to hire. In addition, the BHS Compliance Unit has a robust monitoring protocol that includes monthly checks of all county and contracted MHP staff. The Compliance Unit’s monthly monitoring combines checks of 2 federal exclusion lists – the OIG-LEIE, SAM data base (which includes GSA and EPLS), all available state Medicaid exclusion lists (currently 39 states have exclusion lists), NPPES, Social Security Death Master File, professional licensing boards, National Practitioner Data Bank (NPDB), Drug Enforcement Administration (DEA), National Plan and Provider Enumeration System (NPPES), California Consortium of Addiction Program and Professionals (CCAPP), California Association for Alcohol/Drug Educators (CAADE) and California Association of DUI Treatment Program (CADUITP).

The OIG views monthly exclusion monitoring to be an essential element of an effective compliance program, and gives “informal credit” should an excluded provider be missed, and the DOJ gives federal sentencing guideline discounts of up to 85% in fines if a compliance plan is implemented and followed.

7. COMMUNITY PRESENTATION

SFDPH presented its City & County Behavioral Health Services at the recent meeting of the Pacific Islander Task Force, held on March 30, 2017 in East Palo Alto. This was an opportunity for the health departments from the three local counties; San Francisco, Alameda and San Mateo to present information about the behavioral health programs & services offered in each county, and how the Task Force can be helpful to counties effort. The meeting format allowed for information-sharing and identification of points of alignment and collaboration on behavioral health issues across the Bay Area. The purpose of the Pacific Islander Task Force is to serve as an advisory group for the San Francisco, San Mateo and Alameda County Department of Public Health Programming in hope for the state to adapt this County Model approach in addressing health disparities and other social determinants that affect the outcome of health for these isolated small communities like Pacific Islanders in California.

8. MENTAL HEALTH AWARENESS MONTH – MAY 2017

Behavioral Health Services is planning a host of events in celebration of Mental Health Month 2017. Please see the attached for all of the upcoming interesting activities.

(Attachment 4)

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

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

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