



Acting Mayor London N. Breed

## Behavioral Health Services Monthly Director's Report January 2018

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

#### MHSA Program Submits Application to MHSOAC for Innovation Funding

In December 2017, the Mental Health Services Act (MHSA) program submitted an MHSA Innovation Funding proposal for a project *entitled Intensive Case Management (ICM)/Outpatient (OP) Transition Flow*. This application was submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC). This project is proposed as a peer navigation program, utilizing the skills and expertise of peers to support clients transitioning from ICM services to an outpatient level of care. The peers providing these linkage services will be highly trained and supported to ensure program success at all levels. The goal of the project is to increase linkage and engagement to outpatient programs for clients transitioning from ICM programs and services.

Innovation (INN) projects are defined as creative and innovative mental health practices or strategies that test new approaches, contribute to learning, and can inform current and future mental health programs.

MHSA staff will continue to work with the MHSOAC through the review and approval process.

For more information contact [MHSA@sfdph.org](mailto:MHSA@sfdph.org).

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

#### Spotlight Mission Family Center (MFC)

For several years now, BHS Mission Family Center has started the beginning of each calendar year with a review of accomplishments and identifying challenges from the prior year. BHS-MFC is proud of the many accomplishments in 2017.

Community Building/ACCESS: Adoption of a more flexible & adaptable work schedule for staff which allows the Center to be more available to clients several nights a week; facilitation of FUERTE groups and parent groups onsite at the clinic & at school sites; sustained collaboration with three local schools; annual participation in CARNAVAL, the Center's big outreach effort in the Mission district; MFC clinicians' participation in the NorCal and local fire response efforts – serving predominantly Spanish

speaking families and linking them to services; MFC administrative staff's participation in the Pop-up HEP A Vaccination clinics; collaboration with the SF Sheriff Department on MFC's annual toy drive.

Enhancing Clinical Practices: MFC's Medical Director offered numerous clinical trainings throughout the year which were very well received by staff; group supervision has increased in a collaboration with a neighboring program as well as through the implementation of a new group supervision model; two staff are participating in Clinical Supervision Institute; registered staff are feeling more comfortable in writing clinical formulations and completing the CANS; all clinicians are now involved with the intake process.

Increased Compliance with Performance Objectives: Development of a more organized and timely Utilization Review process; increased achievements in a greater number of program objectives; increased use of Scheduler and successful signature pad implementation; enhanced documentation through MFC's Documentation QI project; better management of Center's caseload flow, making room for more new clients; on-going quarterly documentation monitoring in systematized manner.

Wellness in the Workplace: MFC was able to de-clutter and got new carpeting; staff started a garden and have shared more activities with Center's building neighbors from the Adult & Older-Adult Systems of Care – including joint safety/de-escalation trainings; collaborative group supervision; staff meetings have become increasingly participatory; two staff members serve as MFC's Trauma Informed Systems Champions; MFC was able to convert a long standing fiscal intermediary position into a Civil Service position & able to hire three clinicians; MFC is preparing for the transition of multiple responsibilities from a senior staff who will be retiring in the spring.

While Mission Family Center is very proud of its accomplishments, the Center is also acutely aware of the challenges for clients and staff working in the current political environment (e.g., ICE raids, protections for families under DACA, immigrant, LGBTQ and women's rights). The economic and housing landscape here in San Francisco impacts the families we serve as well as the staff. Nevertheless, MFC stands strong & dedicated to serving our communities and maintains commitment to quality health care as a right for our community members.

BHS and Mission Family Center express deep gratitude for the life & memory of Mr. Bruno Pardini, of the Elks Club, who passed away in December 2017. Mr. Pardini was MFC's *guardian angel* for over 30 years organizing activities, parties, donation of toys & equipment/furniture, beginning in the era of day treatment, but continuing all these years. He was a very special generous person throughout the Mission community. He will be sorely missed but never forgotten.

### **Program Utilization Review Quality Committee (PURQC)**

The Program Utilization Review Quality Committee (PURQC) is an activity designed to monitor and manage the use and quality of behavioral health resources to ensure: 1) cost effective services; 2) improvement in functioning and health, and 3) quality treatment services and client satisfaction. The Children, Youth, and Families System of Care (CYF SOC) redesigned the PURQC process in 2015 to a 3 level process and infused the compliance activity with a data & practice improvement lens to emphasize the improvement and quality of care aspect of this activity. PURQC Level 1 is a program level review and utilizes a clinical case review process by which the PURQC team authorizes services beyond 1 year for up to 6 months at a time. Level 2 is a program level review and an internal audit on if they agree or disagree with authorization decisions made at Level 1. Eligible cases include youth in services for 3 years or more and who are not making 50% improvement in CANS actionable items and involves a clinical supervisor case review and PURQC chart review process. Level 3 will be a system level audit to review a percentage of cases at Level 2, based on criteria set by the system and informed by providers, to determine if the system (Mental Health Plan) agrees or disagrees with programs' authorization decisions.

In December 2017, CYF's PURQC Level 2, FY16-17 (Quarters 3-4), eligible cases were submitted (Quarters 1-2 were submitted in October). BHS CYF will engage in a quantitative & qualitative review of the data over the next couple months to better understand the demographic of youth who have been in services for more than 3 years without improvement based on CANS criteria. Included in this review is qualitative themes that relate to clinical supervisors responses to the following four questions: 1) Racial Equity: How does race affect and impact therapeutic relationship, clinical formulation, care coordination, intervention, and response to treatment?; 2) What are the clinical issues and barriers in the case?; 3) What additional resources (e.g., training, service coordination, interventions) would support the clinical team and clinical supervisor in working with a clinical case like this in the future?; and, 4) What resources would help support the youth/family? This same quantitative/qualitative review was conducted for the FY15-16 submissions and presented at the CYF SOC Providers' Meeting on August 15, 2017. Interesting results emerged from this review related to the race of the youth in PURQC Level 2, themes around the racial equity lens, and the clinical issues, barriers, and resources needed of providers. (A copy of the 45-slide power point that presents these results is available upon request)

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

#### **Discussions continue on meaningful use of Adult Needs and Strengths Assessment (ANSA)**

One of the major results of several months of collaboration, between BHS Adult & Older-Adult providers, System-of-Care (SOC) and Quality Management (QM) staffs, to test the use of the Adult Needs and Strengths Assessment (ANSA) Traffic Light Report was a consensus to increase the number of strength domain items to be scored in the annual ANSA assessment.

The ANSA Traffic Light Report compares clients' most recent ANSA scores with their ANSA scores immediately prior. Consultations with providers and ANSA super-users resulted in an agreement that increasing the number of strength domain items in the San Francisco ANSA will give a more comprehensive and accurate picture of clients' progress in recovery. It has been agreed that five strength domain items will be added to the ANSA assessment, namely:

- Social Connections
- Resiliency
- Resourcefulness
- Family
- Talents/Interests

The above additional ANSA strength items were the top five selected by surveyed providers, and corresponded with preferences offered by the Behavioral Health Services' Client Council.

Concern by providers, over their ability to succeed in the annual objective of improving their clients' scores on actionable ANSA domain items, also precipitated a discussion, with BHS SOC and QM staffs, on the possibility of permitting BHS clinicians to select which of the actionable ANSA items of a client to "target" in order to improve in treatment by the next ANSA assessment.

This would mean that, for a client's ANSA items rated a 2 or 3 (actionable), a provider will check boxes to identify which of these actionable items are to be targets for improvement for that client. Programs' success on the ANSA performance objective will then be rated on their ability to effect client improvements among only those targeted items. (By contrast, the current program performance objective considers all actionable ANSA items, and tallies improvement among all the actionable items, disregarding the fact that some of those actionable items may have not been targets for improvement in treatment.)

Focusing upon these identified actionable items, by providers, for the performance objective will make it more relevant to the current focus of the clinical work, as well align the ANSA more closely to treatment plan objectives. (Note: It was also discussed that each targeted ANSA item will not necessarily coincide with an objective in the treatment plan, as some targeted ANSA items might be those that improve as an effect of improvements achieved in other targeted ANSA items that are the subject of treatment plan objectives and interventions.)

The discussions also achieved a consensus to embed the ANSA into the annual client assessment, with different sections of the ANSA interspersed into different sections of the assessment, in order to place specific ANSA items side-by-side with each of their related assessment domains.

More discussions between BHS providers and central administration are forthcoming on the specifics of implementing “targeted” ANSA items as the basis for measuring programs’ achievement of their objective to improve their clients’ ANSA ratings. The goal is to implement the ANSA items targeting, and the embedding of the ANSA into the assessment, by fiscal year 2018-19.

For questions on the ANSA meaningful use initiative, please contact BHS Quality Management.

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

##### **Spotlight on Office of the Public Conservator and Behavioral Health Services**

Behavioral Health Services and the Office of the Public Conservator, which is a division of the Department of Aging and Adult Services, have been working closely together to develop innovative ways to serve individuals who meet conservatorship criteria under the Lanterman-Petris-Short (LPS) Act. An LPS Conservatorship is part of the Welfare and Institutions Code and may be initiated in a hospital or forensic setting for individuals who are determined to be gravely disabled as a result of a mental disorder and are unable/incapable of accepting treatment on a voluntary basis.

As part of this collaborative relationship, we have developed ways in which we can better serve consumers who are conserved in the least restrictive community based setting. When this occurs, an individual may attend court hearings from the community and work closely with their treatment team to ensure that they are receiving an appropriate level of care. As such, we have developed a handout for providers to review the roles/responsibilities of all team members and how we can best work together to ensure the recovery and wellness of individuals we are serving.

Please feel free to contact Sandra Teixeira ([sandra.teixeira@sfgov.org](mailto:sandra.teixeira@sfgov.org)) with the Office of the Public Conservator and Angelica Almeida ([angelica.almeida@sfdph.org](mailto:angelica.almeida@sfdph.org)) with Behavioral Health Services if you would like additional information or would like to schedule a training for your clinic. We would like to visit as many sites as possible by March 16, 2018, so don’t delay in contacting us!

##### **Spotlight on Promoting Recovery and Services for the Prevention of Recidivism (PRSPR)**

San Francisco has been chosen as a recipient of an additional Board of State and Community Corrections (BSCC) grant to implement a Proposition 47 program, which is being called Promoting Recovery and Services for the Prevention of Recidivism (PRSPR). This program is designed to work with individuals who have been charged with, convicted of, or arrested for a criminal offense with a goal of reducing recidivism and improving the health and housing status of participants. This grant is funding 32 Substance Use Disorder

residential treatment beds (3-6 months), as well as 5 detox beds, through Salvation Army's Treatment Center. The program will also provide peer navigation to individuals as they complete the program and has an additional Transitional Age Youth (TAY) component to support the outreach of TAY participants and development of TAY specific SUD curriculum.

BHS is excited to announce that we are now able to accept referrals to the program! At this time, referrals can be processed through the Treatment Access Program (TAP), Offender Treatment Program (OTP), Law Enforcement Assisted Diversion (LEAD), and Jail Health Reentry Services (JHRS). Please feel free to contact Angelica Almeida ([angelica.almeida@sfdph.org](mailto:angelica.almeida@sfdph.org)) with Behavioral Health Services if you would like additional information.

## 5. EXCERPTS FROM BARBARA GARCIA SFDPH DIRECTOR'S REPORT

### ***Public-private partnership to bring new beds for mental health patients to San Francisco***

*The City is launching a public-private partnership to address critical mental health needs in our system of care for people with complex behavioral health needs. Soon, 40 new subacute mental health (conservatorship and incompetent to stand trial) beds will open at St. Mary's Hospital. Former Mayor Lee invested \$5M in the City's FY17/18 and 18/19 budget for DPH to increase capacity for subacute mental health beds. These new beds will serve clients placed on various mental health conservatorships, as well as people who are deemed incompetent to stand trial. The increased capacity – nearly doubling the in-county supply -- will allow us to alleviate upstream pressure on inpatient psychiatric units, Psychiatric Emergency Services, and the city's emergency rooms. DPH, with support from UCSF of a \$1M capital investment, is partnering with Saint Mary's Medical Center where the beds are currently scheduled to open in February.*

### ***Legalized cannabis for adults prompts youth health campaign***

*As San Francisco embarks upon the legal sale of adult-use cannabis, the Health Department launched a campaign in December to provide youth with the facts and risks to support healthy decisions in this new era. The campaign kicked off with social media PSAs and will expand with messages tested by youth focus groups, in collaboration with SFUSD, the Department of Children, Youth and Their Families, and other organizations that work with young people.*

*With the loosening of restrictions for adults, and the expected surge in cannabis businesses and advertising, it is crucial that teenagers know the facts. Young people are smart. They need clear information about the new law, the risks of cannabis use and how to withstand the influence of targeted advertising. California voters approved Proposition 64, the Adult Use of Marijuana Act, in November 2016. The law makes it legal for people 21 and older to use, possess and make non-medical cannabis available for retail sale. The San Francisco Office of Cannabis oversees the local program, and the Health Department will support it through health education and assessment, environmental health monitoring and inspection, and care for people who develop medical or substance use problems related to recreational cannabis. Youth consumption of cannabis here is lower than the national average. Seventy-one percent of San Francisco high school students have never used cannabis, compared to 59 percent of their counterparts nationwide, according to a 2015 study by the National Drug Early Warning System. Using cannabis is not something that every teenager does, despite the myths and messages to the contrary.*

*From a health perspective, delaying cannabis consumption is the smart thing to do for young brains, which are still developing into the mid-20s. Cannabis-related health risks are greater for young people. Smoking it can increase the risk of respiratory illness, and decreased motivation and memory can inhibit youth from reaching their goals as they grow into adulthood.*

*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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