

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



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**Monthly Director's Report**  
**SEPTEMBER 2015**



**1. WORLD SUICIDE PREVENTION DAY, 2015**

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA - A PROCLAMATION

All people deserve the opportunity to live healthy, rewarding lives. No American should have their potential limited, have their life cut short, or be deprived of their fullest measure of happiness because they do not have the mental health support they need. On World Suicide Prevention Day, we reaffirm our belief that mental health is an essential part of overall health, and together, we renew our commitment to supporting and empowering all Americans to seek the care they need.

Suicide is often related to serious depression, substance use disorders, and other mental health conditions. That is why recognizing severe psychological distress and ensuring access to the care and services needed to diagnose and treat mental illness are crucial to our efforts to prevent suicide. Individuals can also experience emotional and mental health crises in response to a wide range of situations -- from difficulties in personal relationships to the loss of a job to bullying at school. And for some of our Nation's veterans and military service members, these challenges are compounded by the invisible wounds of war. Tragically, these crises can sometimes involve thoughts of suicide -- and we must do more to support those suffering.

All Americans can take part in promoting mental well-being and preventing suicide. Everyone can contribute to a culture where individuals are supported and accepted for who they are -- no matter what they look like, who they love, or what challenges they face -- and where it is okay to ask for help.

We can do more to recognize the signs of mental health issues early and encourage those in need to reach out for support. And we must remind our loved ones that seeking treatment is not a sign of weakness; it is a sign of strength. If you or someone you know is in need of help, the National Suicide Prevention Lifeline offers immediate assistance for all Americans at 1-800-273-TALK. Veterans, service members, and their loved ones can call this number to reach the Veterans Crisis Line, and they can also send a text message to 838255.

The Affordable Care Act extends mental health and substance use disorder benefits and parity protections to over 60 million Americans, helping men and women across our country access critical care. Protections under the health care law prohibit insurers from denying coverage because of pre-existing conditions, like a diagnosis of mental illness, and require most insurance plans to cover recommended preventive services without copays, including behavioral assessments for children and depression screenings.

In February, I was proud to sign the Clay Hunt Suicide Prevention for American Veterans Act to help fill serious gaps in serving veterans with post-traumatic stress and other illnesses. This law builds upon our ongoing efforts to end the tragedy of suicide among our troops and veterans. Last year, I announced 19 Executive actions to make it easier for service members and veterans to access the care they need when they need it, and our Government has focused additional resources on mental health services, including increasing the number of mental health providers at the Department of Veterans Affairs.

My Administration is also committed to doing all we can to empower those facing challenges and hardship. We are dedicated to combating bullying, harassment, and discrimination in our schools and communities. We are doing more to guarantee all veterans and members of our Armed Forces -- as well as their families -- get the help they deserve while they are serving our Nation, as they transition to civilian life, and long after they have returned home. And across the Federal Government, we are working to ensure all Americans are supported in times of crisis.

Suicide prevention is the responsibility of all people. One small act -- the decision to reach out to your neighbor, offer support to a friend, or encourage a veteran in need to seek help -- can make a difference. It can help energize a national conversation and a changing attitude across America. If you are hurting, know this: You are not forgotten. You are never alone. Your country is here for you, and help is available. As we pause to raise awareness of the importance of suicide prevention, let us remember all those we have lost and the loved ones they left behind. As one people, we stand with all who struggle with mental illness, and we continue our work to prevent this heartbreak in our communities.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 10, 2015, as World Suicide Prevention Day. I call upon citizens, government agencies, organizations, health care providers, and research institutions to raise awareness of the mental health resources and support services available in their communities and encourage all those in need to seek the care and treatment necessary for a long and healthy life.

IN WITNESS WHEREOF, I have hereunto set my hand this ninth day of September, in the year of our Lord two thousand fifteen, and of the Independence of the United States of America the two hundred and fortieth.

BARACK OBAMA



## 2. JUST RELEASED: HANBOOK FOR RECOVERY AFTER A SUICIDE ATTEMPT

*A Journey Toward Health & Hope: Your Handbook for Recovery After a Suicide Attempt* can now be ordered and downloaded from the SAMHSA Store. This new booklet is designed to help people who have attempted suicide take their first steps toward healing and recovery. Tools and stories in the booklet come from first-hand experiences of individuals who have survived a suicide attempt and their supporters. It is the hope of the writers that their personal knowledge about the challenges of suicide attempts and the steps to successfully recover will help readers learn they are not alone, how to develop hope, and most importantly, how to stay safe in challenging times.

Allowing the reader to move at his or her own pace, the booklet speaks to questions such as, "How did I get to this point?" and "Am I the only one who feels this way?" The booklet also includes evidence-based information on:

- Taking the first steps: Talking with others about your attempt, re-establishing connections, planning to stay safe, and finding a counselor
- Moving toward a hopeful future: Finding and maintaining hope, staying in control by being organized, taking medication, and maintaining a healthy lifestyle
- Using practical, personalized tools, such as a Safety Plan
- Finding online resources for more information.

[Get Your Copy Today!](#)

### 3. IN CELEBRATION OF 'NATIONAL RECOVERY MONTH'

*The 'Recovery Happens' Planning Committee and Voices of Recovery  
San Mateo County*

**Is proud to present  
RECOVERY HAPPENS DANCE  
AND FREE screening of  
... A ground breaking film about Recovery and Hope  
ALL ARE WELCOME**

**When: Saturday, September 26th**

**Where:** Friendship Hall, 416 Second Avenue, San Mateo, CA

**Times:** Movie Screening begins at 5pm Recovery Happens Dance Begins at 8pm

**Music by DJ-Still Buzy**

The screening is free. Dance Ticket Price: \$5.00. Groups rates available for all treatment programs. Hot dogs, beverages and snacks will be available for purchase to support Recovery Happens events. Donations to support our Recovery Happens Celebrations will be accepted, but not required. Seating will be limited, so RSVP is highly recommended. For Group Ticket Sales and reservations, please call Ray Mills at (650) 630-4211 or email at [rmills@vorsmc.org](mailto:rmills@vorsmc.org).

**More Film Info:** <http://theanonymouspeople.com/movie/faq/>

### 4. STIPENDS FOR MFT S

California Educational MFT Stipend Program Application Materials For 2015-16 – *Application Process is now open!*

The California Educational MFT Stipend Program will be awarding up to 111 stipends of \$18,500 each for use by selected students to defray the cost of their graduate education. Selected stipend recipients are required to complete one year of paid or unpaid employment at a mental health service agency operated by or affiliated with a county's mental health or behavioral health department in California. The [2015-16 California Educational MFT Stipend Program](#) provides information on eligibility, application requirements, qualifying criteria, selection process, and employment/placement payback obligations.

For full details please visit the web link: <http://pgi.edu/page.php?id=350>

### 5. OVERDOSE PREVENTION DAY 2015

Overdose deaths outnumber deaths from motor vehicle crashes, according to the Centers for Disease Control and Prevention, and in 2013 an average of 120 Americans died from a drug overdose every day. August 31 was International Overdose Prevention Day.

San Francisco had special cause to celebrate this year. In July a deadly white powder was being sold to heroin users that turned out on analysis to be Fentanyl. The DOPE project reports 75 overdose reversals by alert San Franciscans who use drugs and look out for their friends. These overdose reversals were accomplished by use of naloxone, a rescue opioid antagonist that can be sprayed into the unconscious person's nostrils, or injected.

To learn more, or to obtain training and naloxone supplies, visit:

<http://harmreduction.org/our-work/overdose-prevention/bay-area-dope/>

## 6. **5<sup>TH</sup> ANNUAL MHSA AWARD CEREMONY – SAVE THE DATE!!!**

The MHSA Awards Ceremony is an Innovations project that publicly honors current and former clients in MHSA-funded programs in San Francisco. Consumers/peers are recognized for the personal achievements in wellness and recovery in a formal celebration that includes a delicious sit-down meal, entertainment, and awards.

The **5<sup>th</sup> Annual MHSA Awards Ceremony** will take place on **Thursday, October 15<sup>th</sup> from 10:30-1:30** at Scottish Rite Masonic Center.

What is perhaps most unique about the MHSA Awards Ceremony, is that this large event and *all* of the activities leading to the event are planned and coordinated by a 17-member *consumer* planning body, with the assistance of the Mental Health Association of San Francisco and MHSA. Most of the members of this committee are past award winners. The planning process for this event usually takes 6 months and includes outreach, event theme selection, selecting award criteria, logistics, décor, presenting awards, and entertainment planning. It truly is the party of the year!

Should you have any questions, please feel free to contact Lisa Reyes at 415-255-3613.

## 7. **BEHAVIORAL HEALTH SERVICES CLINICAL SUPERVISION INITIATIVE**

The Clinical Supervision Initiative continues to move forward with the support of our BHS leadership; we are currently organizing work groups for both the CYF and AOA sections of Behavioral Health Services and are vetting two training models that may be used to train our workforce. We are identifying the participants who will work within each system of care's work group; these staff will provide input to inform the content of the clinical training, identify sustainable processes to support our clinical supervisors in local learning communities, and help the leadership team identify the unique needs of their programs and system of care. This important process will help us create a training model that meets the unique needs of our systems clinicians and provide a model that informs the ongoing practice improvement needs of our department.

The training models that we are vetting will be assigned the task of educating and training our clinical supervisors to support our clinician's development by practicing from a reflective frame work, focusing on their supervisees individual skill development, learning the benefits of being a safe container for their staffs emotional responses while they provide care to our clientele, and how to implement these skills within the priorities of our system of care (Trauma Informed, Whole Person Care, Cultural Humility, Wellness & Recovery.) These foundational skills will help our system supervisors be further empowered in providing clinical supervision, support increased job satisfaction among our behavioral health staff, and improve the quality of care for our diverse client population. We are excited about the progress that has been made in identifying and prioritizing the supervision needs of our department and look forward to the feedback that our assigned work groups will provide our leadership team.

## **8. BOARD OF BEHAVIORAL SCIENCES UPDATES**

### **Examination News**

#### **EXAMINATION RESTRUCTURE - EFFECTIVE JANUARY 1, 2016**

Effective January 1, 2016, the Board's examination process will be changing. New exams will be implemented for all LCSW and LMFT candidates, and registrants (ASWs, MFT Interns and PCC Interns) will be mandated to take a California Law and Ethics Exam, as specified below.

#### **WHAT IS CHANGING?**

- **Registrants** will have to take the California Law & Ethics Exam to renew. Also, to be issued a second registration number registrants will have to pass the California Law & Ethics Exam.
- **LMFT** applicants will be required to pass two new exams that replace existing exams.
- **LCSW** applicants will be required to pass two new exams that replace existing exams.
- **LPCC** applicants will continue to take the California Law and Ethics Exam and the National Clinical Mental Health Counseling Exam.
- **LEP** applicants will continue to take the LEP Written Exam.

#### **HOW WILL THE EXAMS CHANGE AFTER JANUARY 1, 2016?**

- **A California Law and Ethics Exam** will replace the Standard Written Exam for LMFT and LCSW applicants. For LPCC applicants this exam will not change. It is designed to assess the applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice. This will consist of 75 multiple-choice items administered over a two-hour period. The re-exam waiting period for the exam is 90 days. The [Law and Ethics Exam Plans](#) outline further information about these exams.

- **The National Clinical Exam** administered by ASWB will replace the Clinical Vignette Exam for LCSW applicants. It is designed to assess an applicant's knowledge of psychosocial principles and methods in treatment and their application, and the ability to make judgments about appropriate techniques, methods and objectives as applicable to the profession's scope of practice. This exam consists of 150-item multiple choice questions administered over a four hour period. The re-exam waiting period for the exam is 90 days. When you have met the eligibility requirements for the Clinical Exam, BBS will send your eligibility information to ASWB, and will also notify you of your eligibility to take the clinical exam. Once you receive the notification you may contact ASWB to register for their Clinical Exam. The [ASWB Candidate Handbook](#) for the Clinical Exam includes a variety of information as does the "[Content Outline and Knowledge Skills and Abilities](#)".
- **A California Clinical Exam** will replace the Clinical Vignette Exam for LMFT applicants. It designed to assess an applicant's knowledge of psychotherapeutic principles and methods in treatment and their application, and the ability to make judgments about appropriate techniques, methods and objectives as applicable to the profession's scope of practice. This exam consists of 200-item multiple choice questions. The re-exam waiting period for the exam is 120 days.
- **LEP Exams** - There are no new exams. LEP applicants will continue to take the LEP Written Exam.

For more information, please visit the BBS web page at [www.bbs.ca.gov](http://www.bbs.ca.gov)

## 9. (AOA) ADULT AND OLDER ADULT SYSTEM OF CARE UPDATE (AOA)

OMI Clinic steps up outreach to clients discharged from the hospital:

When OMI Family Center staff saw an increase in "gold card" priority referrals for them to follow-up on clients discharged from the San Francisco General Hospital psychiatric ward, they also saw a high rate of no-shows of these clients to the expedited appointments given them at the OMI Clinic. Aside from missing an opportunity to connect with these clients as soon as possible after their hospital discharge, the appointment no-shows also created inefficiency with unkept client appointments. As part of the "gold card" protocol, OMI expedites the case assignment of clinicians and appointment time slots for these inpatient referrals, and when clients do not show, valuable clinician time is lost.

Ensuring timely follow-up treatment of clients discharged from psychiatric inpatient is also important because 10% of such clients in San Francisco end up being re-hospitalized a week after discharge, and over 20% get re-hospitalized a month after discharge. Almost half of clients discharged from psychiatric inpatient in San Francisco are also not able to be seen for outpatient follow-up within a week of hospital discharge, and over one-fourth are not able to be seen within a month.

To better ensure successful follow-up of clients after psychiatric hospitalization, OMI administrative staff began calling each client over the phone the day before their appointments to remind them. The expectation was that by doing this OMI's gold card clients would have a better show rate.

The data showed significant improvement as result in appointment show rates. During the baseline week in July when no reminder phone calls took place, OMI's two gold card appointments that week were no-shows. In the following weeks when phone calls were done, 50% of gold card referrals kept their appointments and had service episodes opened.

OMI recognizes that even though a much better show rate was effected by the reminder phone calls, much still needs to be done to improve engagement in the community with clients discharged from psychiatric hospitalization. Among the barriers OMI staff noted were incorrect client phone numbers provided, and insufficient outreach to engage clients who miss their appointments. One recommendation OMI has is to use peer system navigators to provide this linkage from the inpatient units to the clinics.



#### **10. RAMS PEER INTERNSHIP PROGRAM**

The RAMS Peer Internship Program is with the “Division of Peer-Based Services” for individuals with lived experience who are a consumer of behavioral health services, a former consumer, a family member of a consumer, and/or currently a peer provider working for a community agency providing behavioral health services.

The Internship Program encourages both Consumer and Peer Practitioner to utilize lived life experience, when appropriate and at discretion of the peer, in peer-to-peer service settings to benefit the wellness & recovery of other peer members / clients being served.

Our internship schedule complements the busy lifestyle of a working adult who is looking to fortify skills, build community & peer network, and gain more knowledge of behavioral health services. Peer Interns work in a variety of roles during the course of scheduled rotations between sites with other Peer Interns, including but not limited to: peer counselors at community-based mental/behavioral health sites, system navigators in direct service as health care enrollers, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

The Internship Program offers a collaborative learning – peer supported environment, in which Peer Interns work with other Peer Practitioners throughout the 9-month program. Peer Interns will receive weekly supervision and also attend at least two formal trainings per month provided by RAMS for additional professional development.

The Internship Program also provides weekly group supervision from a Peer Supervisor, as well as ongoing individual supervision from a site supervisor.

The Peer Internship Program is a 9-month, 20 hours/week, paid (\$12.25/hour), under RAMS "Division of Peer-Based Services". The Internship Program respects your privacy and adheres to the confidentiality rules and regulations that apply. Should you have any questions, please feel free to contact us at (415) 579-3021 or [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org).

Thank you for your interest in the Peer Internship Program.

Attachments 1 & 2

## **11. DEPARTMENT OF CHILDREN, YOUTH & FAMILIES (DCYF)**

### Trauma Informed

As part of SFDPH's efforts to become trauma informed system, more than 2,000 staff members have completed a plan for a Commitment to Change project. These employees have committed to making one small trauma informed change in their work-lives to help improve our system for everyone. The TIS Evaluation team has followed up with more than 400 of these employees to find out about their experience with the project and how it impacted their daily work-lives.

### Chinatown Child Development Center

Chinatown Child Development Center welcomed and hosted students from Japan who attend Alliant International University. Approximately thirty students came and visited our clinic. We provided an in-service training to the students regarding the services provided by San Francisco Health Network. Dr. Helena Chan provided an education seminar to the students pertaining to Eating Disorders. Students from the program were impressed with the services the City provides as well as the informative educational materials provided by Dr. Chan.

### Mission Family Center

August 2015, was a busy month for Mission Family Center (MFC). We reduced our wait list from 24 to 10 as a result of hiring Rosa Lutrario, our new staff person in July; we are preparing to provide specialty mental health services in the schools – John O'Connell High School, Marshall Elementary School, and hopefully Mission Education Center; the entire staff participated in the new Treatment Plan of Care webinar; we got ready for the upcoming collaborative CYF Community Advisory Board meeting; and we participated in a focus group for clinicians with UCSF-SFGH affiliates to help inform a school-based curriculum for reunified families. MFC continues to host the monthly Unaccompanied Minors Treatment Providers' meetings; Jose Hipolito represented us at the Chicano/Latino/Indigena Health Equity Work Group; and Jose Hipolito, Dr. Rody & Robán San Miguel attended Mission Neighborhood Health Center's open house. Our Program Director continues to participate in the Bay Area Collaboration of American Indian Resources (BACAIR) Round Table and work toward practice improvement successes with regard to properly tracking children and youth eligible for the Indian Child Welfare Act (ICWA) and follow the spirit of ICWA for all native and indigenous families regardless of tribal enrollment. Last but not least we were able to bring on our newest staff person, Jose Luis Villarce, MFT as of 8/31/15 – more to come on Jose Luis next month.

### Southeast Child Family Therapy Center

We are happy to share that the PLAAY (Preventing Long Term Anger and Aggression in Youth) group celebrated the graduation of 5 African American teen boys alongside their caregivers at Palega Recreation Center on September 3<sup>rd</sup>. It was a festive celebration with the boys sharing their Capoeira skills and was finalized with a group / family drumming circle. We were happy that Max Rocha was able to attend. We also want to thank our supportive partners who supplied gift cards and other program support for the boys and family, in particular Bonnie Friedman of LEGACY and Danijela Zlatevski of the Family Training Institute. We wouldn't have done it as well without the support and the dedication of our staff here at SE: Joy Gamble, Shakira De Abreu, Luisa Villagomez and Sue Kuyper. Kudos to all.

We welcome three new student interns to Southeast for this academic year. We also are glad that 5 clients from Southeast participated in the CYF Community Advisory Board on September 1<sup>st</sup>. We are looking forward to seeing how we can respond to the work of the CAB.

### The Parent Training Institute

The Parent Training Institute begins in the Fall with many new developments. The most exciting development is the PTI has recently expanded into a more comprehensive program encompassing several family-focused initiatives in addition to Triple P and the Incredible Years. One of the initiatives is an evidence-based program called Supporting Father Involvement, which will begin implementation in late 2015 / early 2016. We have also recently hired three new staff: two part-time bilingual (Spanish-English) site liaisons and a part-time bilingual (Chinese-English) MPH focused on supporting Triple P implementation. Finally, the outcomes for Triple P continue to be very good, and effects are maintaining over time, up to 12 months following completion of the class.

## **12. Drug Medi-Cal Billing Manual**

The Department of Health Care Services is pleased to announce that the updated DMC Billing Manual has been posted to the DHCS website.

[http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC\\_Billing\\_Manual%20FINAL.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf)

**13. AOT FACT CORNER**

<p>What is AOT?</p>	<p>AOT stands for Assisted Outpatient Treatment. This program is an engagement and outreach tool designed to assist individuals with a severe mental illness who are not engaged in care with linking to outpatient services. In some cases where an individual meets the AOT criteria and is unwilling to be linked to services despite multiple attempts to engage them, the individual can be court ordered into outpatient treatment. The law was passed in California in 2002 and the San Francisco Board of Supervisors adopted the legislation in July 2014.</p>
<p>Who is eligible for AOT?</p>	<p>This program is for adults (age 18 and over) who have a known mental illness, are not engaged in care, are on a downward spiral, and meet strict eligibility criteria.</p>
<p>How do I refer someone to AOT?</p>	<p>When San Francisco’s AOT program begins this Fall a public information website will be available with details on how to make a referral via email or fax. Individuals will also be able to call the AOT Office to make a referral and a TDD, local number, and toll free numbers will be available.</p>
<p>Who will be providing the AOT services?</p>	<p>The AOT Care Team will consist of a director (Angelica Almeida), peer (TBD), and family liaison (TBD). The peer and family liaison positions will be Health Worker II classifications (2586) and have not yet been filled. <i>The jobs are posted at <a href="http://www.jobaps.com/SF">www.jobaps.com/SF</a> and the filing deadline is Friday September 18, 2015 at 5:00 pm.</i></p> <p>UCSF’s Citywide Case Management will be providing the treatment for individuals who are court ordered into outpatient treatment. Alison Livingston has accepted the position as Team Lead for this program. Welcome aboard Alison!</p>
<p>Where do I learn more about AOT?</p>	<p>Angelica Almeida is the director of the AOT program in San Francisco and can be contacted at 415-255-3722 or <a href="mailto:angelica.almeida@sfdph.org">angelica.almeida@sfdph.org</a>.</p>

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

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