



Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

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### **Adopted Minutes**

Mental Health Board  
Wednesday, [May 21, 2014](#)  
City Hall  
One Carlton B. Goodlett Place  
2nd Floor, Room 278  
San Francisco, CA  
6:30 PM – 8:30 PM

**BOARD MEMBERS PRESENT:** David Elliott Lewis, PhD, Co-Chair; Wendy James, Vice Chair; Virginia S. Lewis, MA, LCSW, Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Sgt. Kelly Kruger; Andre Moore; Harriette Stevens, EdD; Vanae Tran; Alphonse Vinh, M.S.; Idell Wilson; and Errol Wishom.

**BOARD MEMBERS ON LEAVE:** Ellis Joseph, MBA, Co-Chair

**BOARD MEMBERS ABSENT:** Melody Daniel, MFT; Lena Miller, MSW, Terence Patterson, EdD, ABPP

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of CBHS; Gene Porfido; Larry Edmond; Carolyn Kojima, Institute on Aging; Larry Evans; Marilyn J. Isabell and [two](#) members of the public.

### **CALL TO ORDER**

**Ms. James** called the meeting of the Mental Health Board to order at 6:45 PM.

Dr. Harriette Stevens is the newest board member who was just appointed by Supervisor Mark Farrell for his family member seat. She thanked Virginia Lewis for recruiting Dr. Stevens for the board.

### **ROLL CALL**

Ms. Brooke called the roll.

### **AGENDA CHANGES**

#### **ITEM 1.0 DIRECTOR'S REPORT**

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

**Ms. Robinson** announced that Supervisor Mark Farrell is pushing forward on implementing Laura's Law in San Francisco, which would provide court ordered outpatient assisted treatment. The law could become effective in fiscal year 2015.

She reported that Mayor Lee's Contact Assess Recover and Ensure success (CARE) Task Force just concluded in May 2014. Mental Health Board members Dr. David Elliott Lewis and Ms. Kara Chien and Inspector Kelly Kruger were on the CARE advisory body. The final CARE report is available online at the San Francisco Department of Public Health.

Although the full report is publically available, she highlighted a few CARE recommendations. To engage the pre-treatment population, a psychiatric respite program was recommended. Community Behavioral Health Services (CBHS) will operate a hybrid respite model composed of peer specialists and credentialed mental health professionals. The operation will include a family liaison position and an intensive case management team. The feedback CARE got included a request for family involvement and support too. There are plans to increase full service partnerships and intensive case management to support more outpatient clients. Each clinician will have about 14-15 clients. Other recommendations that came out of the task force were expanding crisis intervention training, homeless outreach services, safe housing and harm reduction care.

Piloting a multi-disciplinary, multi-departmental collaborative is another recommendation. Looking at ways to share data, the team works with individuals who often are dually diagnosed and who failed to successfully treat or to adequately engage in their own recovery and wellbeing. Patients and clients at risk of suffering adverse health outcomes are triaged with medications not by their homeless status. Primary care, substance abuse and emergency medical response collaborate to help CARE population with a continuum of care and to re-engage patients/clients in their communities so they can live fulfilling lives.

**Dr. David Elliott Lewis** commented that he would like to see a peer specialist on the multi-disciplinary team.

**Ms. Robinson** replied "Yes" affirmatively.

**Dr. David Elliott Lewis** said he was on the CARE task force but wanted to know about the Mayor's personal position.

**Ms. Robinson** said the Mayor was very impressed with psychiatric respite and multi-disciplinary collaboration.

## **1.2 Update on the Horizon Unlimited Program Investigation**

**Ms. Robinson** reported that she has not completed her review of the Horizon Unlimited program. She said there are three departments still investigating the program. But she will keep the board informed once the investigations are complete in June.

**Ms. Virginia Lewis** asked whether it is "ok" for board members to still do the site visit during the investigative period.

**Ms. Robinson** said it is "Ok."

## **1.3 Public Comment**

No public comments.

**Monthly Director's Report**  
**May 2014**

**1. Mental Health Matters Day**

May 13<sup>th</sup> is Mental Health Matters Day ([www.EachMindMatters.org](http://www.EachMindMatters.org)) and its celebration will take place at the Capitol Building's South Lawn in Sacramento from 10:30am to 12:30pm. This event is hosted by Each Mind Matters: California's Mental Health Movement and the California Mental Health Services Authority ([www.CalMHSA.org](http://www.CalMHSA.org)).

In addition, here is a sampling of Each Mind Matters resources that can elevate School-Based Mental Health Promotion efforts and Population Focused Communities: Health Promotion & Early Intervention programs.

*School-Based Mental Health Promotion:*

- WalkinOurShoes.org and PonteEnMisZapatos.org (tween target audience)
- Animated narratives of hope and resilience from TAY: <http://walkinourshoes.org/#/our-stories> and <http://ponteemiszapatos.org/#/nuestras-historias>
- Resources for parents and teachers: <http://walkinourshoes.org/for-grownups> and <http://ponteemiszapatos.org/para-adultos>

*Population-Focused Mental Health Promotion:*

- Each Mind Matters Contact Vignettes - A gallery of short stories about those who have overcome mental health challenges. Here are just a few examples:
  - <http://www.eachmindmatters.org/portfolio/moniques-story/> (African American)
  - <http://www.eachmindmatters.org/portfolio/chua-cher-yangs-story/> (Hmong)
  - <http://www.eachmindmatters.org/portfolio/janets-story/> (Native American)
  - <http://www.eachmindmatters.org/portfolio/la-historia-de-cristina-cristinas-story-en-espanol/> (Latina)
  - <http://www.eachmindmatters.org/portfolio/joes-story/> (Veteran experience)

*For broader audiences:*

ReachOutHere.com and BuscaApoyo.org - Resources for young people ages 14-24 that include facts and an online forum where they can share information and support one another.

SuicideIsPreventable.org - The home of "Know the Signs" suicide prevention campaign.

For full details about Each Mind Matters and its local Bay Area resources, contact Northern California Outreach Coordinator Chris Norem at (916) 502-3994 or [Chris.Norem@eachmindmatters.org](mailto:Chris.Norem@eachmindmatters.org).

**2. New Mental Health Resources for Asian Pacific Islander Community**

New Mental Health Resources for Asian Pacific Islander (API) Community: Solsken PR and Runyon Saltzman & Einhorn (RS&E) collaborated to develop two mental health resources for the Do you have news to share? Send submissions to Jenna Thompson at [Jenna@paschalroth.com](mailto:Jenna@paschalroth.com). CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop.

63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities. Available in Hmong, Lao, Khmer and Mien, the documents include a vocabulary matrix with an index of common mental health terms and translations, and a fact sheet with cultural myths and facts. These materials can be found at <http://www.speakourminds.org/resource-categories/to-say/> and can be reprinted for county and program partner use. Contact: Cindy Cha at [ccha@solskenpr.com](mailto:ccha@solskenpr.com) with any questions.

### **3. David Mineta, Deputy Director for Demand Reduction in the White House visits CBHS**

On April 29th David Mineta, Deputy Director for Demand Reduction in the White House Office of National Drug Control Policy, paid a visit to CBHS. He toured OBIC, TAP, and CBHS pharmacy, and heard about how our substance use programs integrate with mental health and primary care. He also visited primary care services at SFGH to learn about their SBIRT program.

### **4. Data on Transgender Clients**

Dr. Annesa Flentje and Dr. Jim Sorenson recently published data on transgender clients who received drug treatment services through the San Francisco substance abuse treatment system. These UCSF researchers worked with Tom Bleecker and Alice Gleghorn of CBHS to conduct this study. The abstract for this important study is below.

#### Abstract

Little is known about the needs or characteristics of transgender individuals in substance abuse treatment settings. Transgender (n=199) and non-transgender (cisgender, n= 13,440) individuals were compared on psychosocial factors related to treatment, health risk behaviors, medical and mental health status and utilization, and substance use behaviors within a database that documented individuals entering substance abuse treatment in San Francisco, CA from 2007 to 2009 using logistic and linear regression analyses (run separately by identified gender). Transgender men (assigned birth sex of female) differed from cisgender men across many psychosocial factors, including having more recent employment, less legal system involvement, greater incidence of living with a substance abuser, and greater family conflict, while transgender women (assigned birth sex of male) were less likely to have minor children than cisgender women. Transgender women reported greater needle use, and HIV testing rates were greater among transgender women.

Transgender men and women reported higher rates of physical health problems, mental health diagnoses, and psychiatric medications, but there were no differences in service utilization. There were no differences in substance use behaviors except that transgender women were more likely to endorse primary methamphetamine use. Transgender individuals evidence unique strengths and challenges that could inform targeted services in substance abuse treatment.

### **5. CBHS Pharmacy**

CBHS Clinical Pharmacists provided training about improving access to intranasal naloxone for opioid overdose prevention at the national CPNP (College of Psychiatric & Neurologic Pharmacists) Conference April 28-30, 2014. There was strong interest at Dr. James Gasper's well-attended lecture, "Improving Naloxone Access to Promote Opioid Safety." Attached is the poster presentation, "Naloxone Prescribing by Psychiatric Clinical Pharmacists for Patients Receiving Opioid Agonist Treatment."

See Attachment 1.

## **6. Children, Youth and Families**

The Children and Youth System of Care (CYF) has spent the month of April focused on implementation, consolidation and infrastructure. CYF is in the process of implementing two Juvenile Justice Grants and one MHA grant. Each of these are intended to change the way we deliver services and continue to work towards a more integrated, higher quality and more efficient service system. Our CBO partners and Civil Service Clinics have been actively participating in a yearlong process to develop priorities, practices and policies that will help foster greater flow of clients in and out of behavioral health care; and considering practices that may help serve more clients more effectively and ensure that services are delivered equitably so that the underserved, the poorly served and the unserved have better access to effective and culturally responsive services.

CYF managers have been preparing for the audit and are now at work in developing a plan of correction. It is clear that the scrutiny from the federal government passed on to the state has now landed with the counties. While this may be difficult, it also provides an opportunity to reassess, redefine and potentially redesign how we deliver some of our most intensive services.

San Francisco Public Health has been recognized for its efforts to develop a Trauma Informed System. Along with representatives from around the country including members of the Obama Administration, states, tribes, counties, non-profits and foundations, Ken Epstein PhD, LCSW, was invited to participate in an all-day meeting in Los Angeles strategizing about developing a national agenda regarding the impact of trauma on children, youth and families. The focus of the meeting was on sharing program specific, leadership and policy objectives to move this issue into the national spotlight. At the meeting we shared San Francisco's efforts to develop a trauma informed system, which has begun to roll out through the initiation of a mandatory training for all of Public Health workforce. Thus far there have been three trainings and this will continue for the next 18 months as we train the workforce, develop and support Trauma Informed Champions in all departments of DPH, and develop a train-the-trainer model to sustain and replicate the training.

## **7. LEGACY (Formerly Children's System of Care)**

April has been a busy month for CSOC as we continue to roll out our new name: L.E.G.A.C.Y. – Lifting and Empowering Generations of Adults, Children & Youth through peer support. We did outreach at several communities and health fairs this past month, including Alice Griffith Housing Development, Heritage Homes Housing Development and Denman Middle School.

LEGACY welcomed the new Family Involvement Team (FIT) Coordinator, Monique El-Amin. Monique brings with her a wealth of knowledge on community outreach and referrals as well as experience in mental health and housing stabilization. The FIT team will be starting its second medicinal drumming group in June.

The Youth Development Team (YDT) just concluded their Healing from Violence workshop. The participants were all transitional aged youth who have been personally affected by violence. YDT also partnered with B-Majic and 3<sup>rd</sup> St Youth Clinic to host 15 transitional aged youth in participating in the Violence Interrupters curriculum. This was followed by a discussion as to whether or not this violence prevention program would be an effective tool in ameliorating violence in the Southeast sector of the city.

## **8. Chinatown Child Development Center**

In preparation for the retirement of Nancy Lim-Yee, Program Director at Chinatown Child Development Center (CCDC), at the end of June 2014, the announcement of an interim Program Director was made on April 2, 2014. Mr. Joe Ho-Yin Lai, LMFT, will assume the role of interim Program Director at CCDC after Nancy retires, and will be working with Nancy during the next two months to make the transition as smooth as possible. Thanks to Joe for his willingness to step into this role!

## **9. Early Childhood Mental Health Consultation Initiative**

BHS and four contracted mental health consultation agencies met with the SFUSD Early Education Department this month to discuss how well mental health consultation is going at 29 district preschools. In addition to sharing success stories about family engagement, outcomes from last fiscal year were highlighted. In FY 12-13, 1487 enrolled preschool children, 237 district preschool teachers and other school staff, and 770 parents were recipients of mental health consultation at district sites across the city.

Of those SFUSD staff who returned satisfaction surveys:

- a) 95% reported that the mental health consultant helped increase their understanding of children's emotional needs.
- b) 94% reported that the mental health consultant increased their understanding of children's development.
- c) 95% reported that working with the mental health consultant helped them respond more effectively to children's behavior.
- d) 93% reported that the mental health consultant helped them communicate more effectively with parents of children who have challenging behaviors.
- e) 96% were satisfied with the services of the mental health consultant.

## **10. Foster Care Mental Health**

Foster Care Mental Health is pleased to welcome Niki Smith, MSW, ASW and Emily Meneses, MSW to our team. Niki has been a case manager for FCMH for over 4.5 years and will transition into her new role as a psychiatric social worker in May. Emily, a recent graduate of Smith College, will join the team as a Spanish speaking psychiatric social worker. Both have child advocacy experience, as well as experience providing trauma informed care for children and families. In other news, we are eagerly awaiting the arrival of our Therapeutic Visitation Services (TVS) Team, who will be moving from their current offices on South Van Ness to our FCMH office on 3<sup>rd</sup> Street in the Bayview Plaza.

## **11. Mental Health Services Act Crisis Triage Grant**

San Francisco was awarded a 14 million dollar, 4 year grant to provide crisis triage services to children, youth, families and adults. We are currently organizing the components of the grant and expect to begin to initiate parts in fiscal year 13-14 and the rest in fiscal year 14-15. The new services will include mobile multidisciplinary crisis teams providing focused treatment to children and youth and their family members impacted by violence and/or experiencing acute psychiatric issues. In addition there will be a 23-hour crisis triage stabilization center for children and youth, which will be youth and family-centered. San Francisco is increasing its capacity to divert youth from psychiatric hospitalization by further developing hospital

diversion beds. Finally, there will be a 24-hour warm line staffed by peers and clinical staff to provide sub-acute advice and systems navigation. All of these services represent gaps in our current system.

## **12. Mission Family Center**

April has been a very productive month for Mission Family Center (MFC). We are pleased that our facility is being upgraded to make it a more staff and family-friendly place. One example is the hard work of MFC staff in reorganizing our waiting room to reflect a much more welcoming play area. MFC has successfully reduced the wait list by 33% since January of this year. We also celebrated Administrative Professionals Day in honor of Augusto Guerra who has been holding down the fort and all things "front-desk" since January. MFC participated as a group in the Trauma Informed Systems Initiative training on April 24<sup>th</sup> and will be working to further implement TIS principles and tools going forward. We have been very fortunate to partner with OTTP and seven mutual clients to enhance positive outcomes for those youth. Last but certainly not least, MFC is pleased to announce that Gilma Cruz-Montes, ASW joined us as a clinician beginning April 28<sup>th</sup>, 2014!

## **13. Southeast Child/Family Therapy Center**

Five staff attended a training in New Mexico at the National Network to End Disparities paid for by a grant from SAMHSA. The training was called "Preventing Long Term Anger and Aggression in Youth with a focus on African American Youth." We are working toward running groups for both youth and parents using the interventions they all learned. Two new psychiatric social workers started this month: Daniel Meisenheimer and Luisa Villagomez. Thanks to them, most of the families waiting have been assigned. We continue to assess new clients. 23 initial assessments were scheduled in April and at least 18 of these have been completed.

## **14. Quality Management**

Quality Management conducted a survey of youth and family engagement and satisfaction between May 21<sup>st</sup> and June 1<sup>st</sup>, 2013. The survey contained 20 items covering satisfaction and client-therapist engagement. It also included a section with questions asking whether the youth is doing better in school, home, or in public as a result of therapy. A total of 1763 forms were returned representing responses on 1212 unique youth, 680 from youth age 12 through 17, 1028 from caregivers of youth age six through 17, and 55 from caregivers of children birth through five years. Item responses were "Strongly Disagree," to "Strongly Agree." Surveys with 70% or more items marked "Agree" or "Strongly Agree" were considered satisfied. Overall, Child Youth & Family Program responses indicated high satisfaction (88.4%).

Reports were provided to individual programs with information about the response rate and feedback on overall satisfaction, and whether the program differed significantly from others. Detail was provided at the item level through tables and charts showing the proportion of "Strongly Disagree" to "Strongly Agree" satisfaction responses.

A system-wide Child Youth and Family report, and individual reports for each program, were posted on the San Francisco Department of Public Health web site:

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

## **15. CIMH Learning Collaborative: Advancing Recovery Practice**

Since October of last year, Sunset Mental Health Clinic and Mission A.C.T. have been participating in the California Institute of Mental Health's (CIMH's) Advancing Recovery Practice (ARC) learning collaborative – which is 15-month quality improvement effort wherein programs make fundamental changes that promote recovery for individuals with serious mental illness. These innovative changes are iteratively put into place by the ARC learning teams at each program, with the help of ongoing content support from CIMH, weekly team meetings as well as web conferences with other participating counties, and five quarterly state-wide learning sessions, from which the teams learn how to implement rapid-cycle tests of change toward improving their programs' ability to help clients develop meaningful, self-directed lives in their communities with a focus on improved health, housing, purpose in daily life, and relationships in their community.

Halfway into the learning collaborative, Sunset MH and Mission A.C.T. team members are increasing their belief and understanding that recovery is possible for all people diagnosed with serious mental health issues. They are learning how to partner with the client to identify treatment goals that are meaningful to the client, and use highly individualized and specific client strengths. In addition, the teams are making use of staff supervisory supports and skill development methods, including the strengths-based group supervision, wherein team members brainstorm with the primary clinician to identify usable client strengths and small, measurable steps, towards achieving client goals.

## **16. Redesigning the PURQC**

The CYF and Adult/Older-Adult CBHS Systems-of-Care are initiating a planning process to redesign the PURQC process within CBHS mental health outpatient programs. PURQC stands for Program Utilization Review and Quality Committee. PURQCs meet weekly in order to authorize requested levels-of-service utilization for clients, review charts for compliance with regulations and standards for documentation set by Medi-Cal and CBHS, and review charts for quality-of-care.

The redesign will work on the following concerns and issues that have been identified in the current PURQC process:

- There is limited amount of time to review a high volume of charts coming in weekly into PURQC for renewal of utilization authorization, which may be leading to a poor quality of review across the three areas of review – utilization authorization, compliance and quality. What is an alternative protocol to determine what charts are required to be PURQC'd that will result in a lesser number of charts having to be PURQC'd weekly, but with the opportunity to have more time to review each chart, and therefore more quality in the chart reviews?
- There is no monitoring to find out if the level of intensity/frequency of services authorized by the PURQC is actually implemented.
- It is not certain whether the results of the reviews of their charts by the PURQC are adequately brought to the attention of clinicians, and that adequate follow-up on compliance or quality-of-care issues, to foster improvement in areas of weaknesses, are done with clinicians.
- The results of the PURQC review of charts in the area of compliance need to be followed up, and necessary improvement in the clinician's practice monitored and ensured.

Quality-of-Care chart reviews and discussions with the clinicians may be lacking in the PURQC weekly chart audits. A quality-oriented chart review looks for indicators of a Wellness-Recovery approach to providing care. How can the Quality of Care aspect of the PURQC chart review be strengthened within the weekly PURQC meetings? Or should there be a separate arena instead for

Quality of Care chart reviews, via other case conference venues or strengths-based group supervision, taking it totally outside of the weekly PURQC meetings which can then focus solely on Utilization Authorization and Compliance?

The PURQC redesign teams will start meeting soon and will complete their work and recommendations by September 2014.

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

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*Past issues of the CBHS Monthly Director's Report are available at:*  
<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>  
To receive this Monthly Report via e-mail, please e-mail [reanna.albert@sfdph.org](mailto:reanna.albert@sfdph.org)

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

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: Mental Health Services Act Annual Update**

**Ms. Robinson** announced that the MHSA annual report has been posted and is available for the public for a thirty-day review. Marlo Simpson, Director of San Francisco Mental Health Services Act programs, will give the report at the June 18, 2014 meeting.

Many people are too ashamed or embarrassed, unfortunately, because of the stigma associated with mental illness, to seek help. National Mental Health Awareness Month has been observed since 1949. The Mental Health Matters Day 2014 event was on May 13<sup>th</sup>, 2014 at the Capitol Building in Sacramento, CA. The bus ride from San Francisco to the State's Capital for the celebration was very successful.

**Ms. Wilson** asked about positions with 9924 status.

**Ms. Robinson** said the human resources director attended meetings, and she believed that the 9924 status will be converted to Health Worker1.

### **2.2 Public comment**

**Mr. Porfido** said he is the chair of the Tom Waddell Health Center board and shared that Homeless Outreach Team's (HOT) recent updates mentioned that the team is doing more outreach services around 50 Ivy Street.

**Mr. Edmond** he has gone to the Tom Waddell Health Center and has lived in a single room occupancy unit (SRO) hotel. He would like to see more veterans become more engaged in mental health services, since many of them are suffering loneliness and are insulating themselves from communities. Many veterans are loitering around the Tenderloin.

**Ms. Robinson** said at the June annual MHSA update reporting there will be a three-year plan for veterans and encouraged Mr. Edmond to attend the meeting.

## **ITEM 3.0 ACTION ITEMS**

### **3.1 Public comment**

**Mr. Edmond** shared that he attended a suicide prevention meeting and learned that most suicides are completed on the Sausalito-Marín side rather than the San Francisco side of the Golden Gate Bridge. He proposed a colorful suicide intervention and prevention van roaming around in San Francisco. The van could proactively do outreach, be dispatched or be waved down to help at-risk people.

**3.2 PROPOSED RESOLUTION:** Be it resolved that the notes for the Mental Health Board meeting of April 9th, 2014 be approved as submitted.

*Ms. Bohrer made two non-substantive comments on page 13:*

- 1. “Un” prefix should be added to “conscionable” to be read as “unconscionable under Mr. Davis’s statement.”*
- 2. The meeting was adjourned at 8:30 PM not 10:30 PM*

The approval of the Minutes was postponed until the June 2014 meeting because there were questions regarding naming of some of the members of the public.

**3.3 PROPOSED RESOLUTION (MHB 04-2014):** Be it resolved the Mental Health Board advocates full funding in 2014 to build a safety barrier net to prevent suicides at the Golden Gate Bridge.

**Dr. David Elliott Lewis** shared that most suicides committed off the Golden Gate Bridge are facing the City view rather than the Pacific Ocean view.

**Ms. Wilson** believed there are other ways to spend \$66 million on mental health services than just on a net barrier to help people get through suicidal thoughts.

**PROPOSED RESOLUTION (MHB 2014-04):** Be It Resolved the Mental Health Board advocates full funding in 2014 to build a safety barrier net to prevent suicides at the Golden Gate Bridge.

WHEREAS, the number of suicide deaths by jumping off the Golden Gate Bridge continues to rise.

WHEREAS, in 2013 more people jumped to their deaths than at any time in the past 40 years.

WHEREAS, it is estimated 1,600 people and up to 2,400 have died by jumping off the bridge since its inception.

WHEREAS, there are 11 crisis counseling telephones on the bridge connected to trained suicide prevention counselors; additionally, California Highway Patrol officers stationed at the Bridge are trained and highly skilled in suicide prevention techniques.

WHEREAS, the installation of a safety net was approved in 2008 by the Golden Gate Bridge Highway and Transportation District and the Metropolitan Transportation Commission after the determination the net will have no significant impact on the environment.

WHEREAS, it has been estimated in 2014, \$66 million is needed to construct of a suicide net.

WHEREAS, building of the barrier net 20 feet below the pedestrian walkway could commence six weeks after the completion of the final design.

WHEREAS, a blended funding plan, utilizing local, regional, State and Federal funding, needs to be developed and approved.

WHEREAS, research has demonstrated if access to a single means of suicide is restricted, suicides decrease.

WHEREAS, nets and barriers at other jumping sites have saved lives (e.g., Bern, Switzerland; Bristol, England; Augusta, Maine).

WHEREAS, statistics have shown 90 percent of people who have survived a jump from the Golden Gate Bridge did not die later by suicide.

WHEREAS, a study of people stopped during a Bridge suicide attempt found 94 percent were still alive or had died from natural causes.

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the Golden Gate Bridge Highway and Transportation Board and the Metropolitan Transportation Commission to

immediately allocate funds for the Golden Gate Bridge barrier net in 2014 and assure immediate construction.

*David Elliott Lewis, PhD, Wendy James, Virginia S. Lewis, Terry Bohrer, Kara Chien., Sgt. Kelly Kruger; Andre Moore; Alphonse Vinh, Errol Wishom approve d the resolution. Vanae Tran and Idell Wilson opposed the resolution.*

#### **ITEM 4.0 PRESENTATION: MENTAL HEALTH ISSUES OF SENIORS, DR. PATRICK ARBORE, INSTITUTE ON AGING, NATIONAL ORGANIZATION**

Dr. David Elliott Lewis thanked Alphonse Vinh for bringing tonight's presentation.

##### **4.1 Presentation: Mental Health Issues of Seniors, Dr. Patrick Arbore, Institute on Aging, National Organization**

*At the end of the minutes is Dr. Arbore's presentation handout.*

**Dr. Arbore** is the director and founder of the Friendship Line. Since 1973, the Line has never gone unanswered, and there are lots of volunteers to staff 24x7. The Line acts both as a hotline and warmline for older people living independently but in extreme isolation and for the younger disabled population. The Line was accredited by the America Suicide Accreditation.

Besides providing crisis intervention and ongoing connection for callers, Institute on Aging (IOA) staff, working on the hotline try to proactively anticipate or assess vulnerable people who are at-risk for suicide to prevent them from getting to that point. This means doing follow-up calls, and engaging in conversations during challenging times such as grieving, loneliness and depression. For some people the hour they feel despair can be an early evening, and for other individuals the hour can be another different time.

On the warmline, volunteers provide emotional support to callers living alone who are susceptible to falls and feel very vulnerable that people might not find them. Volunteers provide reassurance with a pre-arrangement for either a call-in or check-in for well-being checks. In a few situations, our volunteers make courtesy calls to clients to remind them to take their medications.

Generally, 1 out of 25 attempts result in a suicide success. But, for people 65 or older their suicide rate is about 25% meaning 1 suicide success out of 4 attempts. For 24 years old, it is usually 1 suicide completion out of 100 to 200 attempts.

Usually clinical depression can drive a person to recurrent suicide ideation. Society, as a whole, tends to be passionate about preventing suicide in young people. However, there is less passion about suicides in the elderly. A few people just excuse elderly suicide as self-determination. Thus, suicide is not treated in an equitable fashion for the young and the elderly.

Unlike the Asian culture, where there is a reverence for older adults, there is lots of ageism in the Western society. This discrimination translates into diagnosing depression in older people as just the inevitable burden of being old. This discrimination just perpetuates the myth, so many older people end up slipping through the cracks in the healthcare and social support systems. Older people tend to be vague about how they communicate depression or suicide ideation. Older people are not as ambiguous about suicide as young people are in their intention. Usually, fire arms are commonly utilized, then hanging is next.

Friendship Line usually gets about 300 calls per month with 60% out-going calls to people. About 30 years ago, it was about 40 calls per month. People are encouraged to call back.

Besides a Saturday morning drop-in for grief groups, IOA has about 78 volunteers with three staff per shift. Language capability and cultural competency includes Chinese, Filipino, and Spanish. The Department of Aging of San Francisco has provided funding. Our Cal MHSA grant is drying out and becoming less. There is hope for Cal-MHSA grant renewal for a 5-year grant by February 2015.

**Dr. David Elliott Lewis** said chronic health issues or complex medication regimens can cause mild to severe extreme isolation.

**Dr. Arbor** said hearing loss is a form of extreme isolation that can lead to loneliness and debilitating depression. Friendship Line clients get emotional support calls.

About 1-3 referrals are made to 911 a year. Elder abuse whether emotionally, physically or financially by a family member is not commonly acknowledged by society.

For example, there is a nephew harassing a 103 years old woman, who contacted the Friendship Line. Her nephew does not live with her, but he made attempts to terminate her 16 year relationship with a care giver. So Friendship line reported the situation to APS for follow up investigation.

In another situation, an adult child locked the elderly parent inside the room for fear the parent might start a fire in the house when the adult child is working. As of this year, eleven APS reports were made of elder abuse.

**Ms. Bohrer** asked about budgets and operational needs.

**Dr. Arbor** said Cal-MHSA has been supporting about five paid positions with a budget of \$500,000. The allocation of positions are between full-timers and part-timers. They are 1 part-time staff, 2 lead crisis line, 2 Friendship Line, an outreach worker who will laid off, a division director and a part-time LCSW.

He would like see more support for rural counties in the State, since people in rural counties do not have easy access to suicide prevention. It means Friendship Line's resources are being diverted from helping San Francisco to providing a life line for many out-of-county clients at-risk of suicide.

Currently IOA is operating in a bridge year between funding sources. About \$20,000 is generated through fund raisings. Though it got about \$175,000, it needs about \$150,000 more to break even.

**Ms. James** asked about training for volunteers.

**Dr. Arbor** said training is all day on Saturday and Sunday. Trainees have to observe 2-4 shifts and each shift is about four hours long. There is a training coming up at the end of May 2014.

No special skills are needed in particular other than having an open heart and care about people!

**Ms. Stevens** asked about depression in older people living with others.

**Dr. Arbor** said that on the 30<sup>th</sup> of the month, he is giving a talk on loneliness and extreme isolation. He emphasized that there is an insidious loneliness that comes from an emotionally unavailable partner who refuses to communicate.

For example, there was a case where a caller shared that her partner who was in the room physically but for years just gave her a cold shoulder and refused to talk to her at all. Their relationship was an extreme disconnection. She has called the Line just to hear another human voice and just to receive reassurances.

**Ms. Chien** thanked Dr. Arbor and wanted to know if volunteers need any special credentials.

**Dr. Arbor** said “No, just have an open heart and a sense of appreciation and respect for older adults’ life time achievements and experiences.”

#### **4.2 Public Comment**

**Public member** wondered what happened to seniors with un-treated post-traumatic stress disorder (PTSD.)

**Dr. Arbor** said there is a rise in PTSD. People with PTSD do not feel that other people can comprehend the disease itself. Thus PTSD has a lasting impact of trauma.

**Mr. Porfido** shared that many of the discussed issues were very disheartening. He was taught to show respect for the elderly, but he feels culturally, especially in the western society, there is an under appreciation, sometimes outright hostility towards older people, and wanted to know if there is any way to educate the public about ageism.

**Dr. Arbor** said education is transformative.

**Mr. Porfido** wondered why there are more female callers than males.

**Dr. Arbor** said culturally males resist asking for help because it triggers a sense of shame that questions their hyper-masculinity.

**Public member** suggested there should be special consideration for black people who often age faster than non-black peers due to cumulative stress from socioeconomic discrimination at institutional levels.

**Public member** said she is a volunteer at the Friendship Line and found it to be very rewarding and culturally humbling. She feels, now, she can relate to people better and respect her parents more from the trainings.

**Dr. Arbor** said some people don’t have deep empathy for the elderly, and trainings give volunteers an opportunity to learn empathy.

#### **ITEM 5.0 REPORTS**

For discussion

**Dr. David Elliott Lewis** announced that Ms. Brooke just recently lost her mother on Saturday May 3, 2014.

#### **5.1 Report from the Executive Director of the Mental Health Board.**

**Ms. Brooke** reported the followings.

- Thank you for all of your condolences on my mother's death.
- Family members and consumers needed for California Institute for Mental Health (CiMH) Statewide focus group on involuntary treatment
- Data Notebook 2014 (the packet has the State of California)
- Disaster Mental Health Training
- Orientation for new board members
- She described the organization of San Francisco Mental Health Education Funds, Inc. which staffs and operated the Mental Health Board.
- She announced the next board meeting is Wednesday 6/18/2014.

## **5.2 Report from the Chair of the Mental Health Board and the Executive Committee.**

**Dr. David Elliott Lewis** announced that the Executive Committee has changed its meeting time to the daytime. The next regular meeting is Thursday, June 19, 2014 at 11:00 AM in Room 424 at 1380 Howard Street. However, due to the change in the dates of the full board meeting and the way the dates fell this month, we will be holding an additional brief Executive Committee meeting the first week of June to create the June board meeting agenda. All board members as well as members of the public are welcome to attend.

He also introduced Ms. Stevens to introduce herself to the board.

**Ms. Stevens** is not only a mathematics consultant and a professor but a credentialed counselor as well. San Francisco has been her home for 35 years, and she has two children. She encourages and inspires her students with learning differences to empower themselves to enjoy learning about mathematics and to apply themselves to living up to their full potential.

**Dr. David Elliott Lewis reported** that he is involved in a peer based outreach group for the chronically homeless on 6th St. The group offers stipends to get homeless people engaged in services.

He is also part of the emerging group against Laura's Law that was recently reintroduced by Supervisor Mark Farrell.

## **5.3 Dr. David Elliott Lewis Report: Mayor's CARE Advisory Taskforce**

**Dr. David Elliott Lewis** said he is very heartened by Mayor Lee's receptiveness to respite care and a multi-disciplinary team. He reported the CARE advisory body recognized conflicts among more consumer peer based focus, outpatient assisted treatment (AOT) and more resources for care. He encourages the board to review the CARE report.

## **5.4 Committee Reports: Assisted Outreach Treatment, Chair: Terry Bohrer**

**Ms. Bohrer** gave a report on the Assisted Outreach Treatment Committee. She said the committee met on Friday May 9<sup>th</sup>, 2014 at 1380 Howard Street in room 424.

She said 10 people were involved during the months of April and May. She would like the board to come up with a consensus position. She suggested an AOT resolution to put forth the summary of the Mental Health Board official position on AOT.

**5.5 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.**

No issues or people were highlighted.

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

No members spoke.

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

No suggestions were made.

**5.8 Public comment.**

Ms. Isabell stated she was very impressed with tonight's presentation.

**ITEM 6.0 PUBLIC COMMENT**

No public comments.

**ADJOURNMENT**

Meeting adjourned at 8:45 PM.

*Dr. Patrick Arbore's Institute on Aging (IOA) presentation*