

Discussion Item #2: Principles to apply to MHSF Recommendations

Overview: The IWG will use a set of principles to apply to all MHSF recommendations they develop. A discussion group including Members Vitka Eisen, Shon Buford, and Sarah Shortt met on May 10, 2021 to make final refinements to the principles (see Appendix for history of principles development) to present to the full IWG at the May 25, 2021 meeting. If approved, these principles will be included in the [Planning Framework](#) and used by the IWG as they develop recommendations.

Discussion group action*	What action was taken	Final wording to be used to answer the following questions for each recommendation: “Does the recommendation.....
Approve	-	1. Reflect evidence and/or community based best practices, data, research, and a comprehensive needs assessment.
Approve	-	2. Prioritize mental health and/or substance use services for people in crisis.
Approve	-	3. Provide timely and easy access to mental health and substance use treatment (low barriers to services).
Amended	Changed “patients” to “individuals”	4. Create welcoming, nonjudgmental, and equity- driven treatment programs/spaces where all individuals are treated with dignity and respect.
Amended	Included DPH wording to define “harm reduction”	5. Utilize a harm reduction approach in all services. (Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Mental Health SF shall treat all consumers with dignity and compassion, and shall provide care without judgment, coercion, discrimination, or a requirement that clients consumers stop engaging in specific behaviors as a precondition to receiving care.)
Approved	-	6. Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services.
Amended	Changed “patients” to “individuals”	7. Facilitate the integration of mental health and substance use services to ensure that individuals experience treatment as one seamless and completely coordinated system of care, organized around their individual needs.
New [for discussion At May 2021 meeting]	A principle was not originally suggested for “conservatorship and involuntary treatment” because it is considered a governing design element. Ordinance wording: <i>“Involuntary Treatment and Conservatorships. Mental Health SF shall use a wide array of compassionate and flexible treatment options to engage vulnerable individuals who are averse to accepting appropriate voluntary treatment. In cases where an individual demonstrates a persistent inability or unwillingness to engage in clinical intervention and after a good faith effort has been made to connect such an individual with voluntary treatment, Mental Health SF shall utilize existing involuntary treatment options such as 515 0 holds, conservators hip, and locked wards, where clinically appropriate, in compliance with state and local law and contingent upon availability of appropriate treatment programs.”</i>	

* The action is based on the wording of the “suggested recommendation” column of the table in Appendix A

NOTE: the discussion group recommended that there not be a section on equitable behavioral health practices because it is already part of other recommendations

Appendix A: History of Principles Development

Original principles (Jan)	IWG considerations (from Feb meeting)	IWG Feedback (from Feb post-meeting survey)	March Recommendation (synthesized from all previous feedback)
<p>Reflect evidence based best practices, data, research, and a comprehensive needs assessment</p>	<ul style="list-style-type: none"> • Define the issue which interconnect to mental health, homelessness, drug use, racial experiences, living in violent environments of drug dealing and crime, prison reform and re-entry into society. • Identify communities most in need and services in those communities • Community-based best practices that reflect that community of focus for MHSF • Inclusive 	<ul style="list-style-type: none"> • Reflect evidence and community based 	<p>Reflect evidence and/or community based best practices, data, research, and a comprehensive needs assessment.</p>
<p>Prioritize mental health or substance use services for people in crisis or experiencing homelessness</p>	<ul style="list-style-type: none"> • Define mental health in relation to MHSF 	<ul style="list-style-type: none"> • Prioritize mental health and/or substance use services for people in crisis or experiencing homelessness. • I do believe we had an agreed upon change of language to this • It is equally important to assist individuals who are on the verge of losing their housing due to behavioral health issues. <p>Crisis is broad term- accessing emergency services PES?</p>	<p>Prioritize mental health and/or substance use services for people in crisis.</p>
<p>Provide timely and easy access to mental health and substance abuse treatment (low barriers to services)</p>	<ul style="list-style-type: none"> • or at-risk of prevention and early intervention 	<ul style="list-style-type: none"> • Substance use treatment 	<p>Provide timely and easy access to mental health and substance use treatment (low barriers to services)</p>

Original principles (Jan)	IWG considerations (from Feb meeting)	IWG Feedback (from Feb post-meeting survey)	March Recommendation (synthesized from all previous feedback)
Facilitate friendly, nonjudgmental services, and treat all patients with dignity and respect	<i>[Did not get to during meeting]</i>	<ul style="list-style-type: none"> • Create welcoming, non-judgmental treatment programs/spaces where all patients are treated with dignity and respect. • equity 	Create welcoming, nonjudgmental, and equity-driven treatment programs/spaces where all patients are treated with dignity and respect.
Respect the rights of people who engage in illegal, self-harming, harmful or stigmatized behaviors, and work with patients to minimize the physical, social, emotional, and economic harms associated with these behaviors	<ul style="list-style-type: none"> • Commit to harm reduction without putting public in harm's way (get more information from authors to better understand the intention of this principle) • Caveat: this does not stigmatize and exclude individuals with special needs- serves as a reminder to prevent denial of services and treatment for all individuals who need services and treatment in a dignified manner • Commit to using non-stigmatizing language 	<ul style="list-style-type: none"> • Respect the rights of everyone to access treatment. No one should be turned away because they engage in illicit, self-harming, harmful or stigmatized behaviors. Service providers should not engage in policing behaviors. A priority should be placed on harm reduction principles that reduce the physical, social, emotional and economic harms in every person's life. • To be consistent, either use patients or people. • I would be willing to accept this with a legal explanation of what this means, and with the inclusion of involuntary treatment and conservatorship. 	<p><i>Break out into two recommendations:</i></p> <p>Respect every person's right to access treatment and no one turned away for their engagement in illicit, self-harming, harmful or stigmatized behaviors.</p> <p>Prioritize the use of harm reduction principles and actively disengage from policing behaviors.</p>
Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services	<ul style="list-style-type: none"> • 3. <i>[Did not get to during meeting]</i> 	<ul style="list-style-type: none"> • I need more clarification to what this means 	Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services.

Original principles (Jan)	IWG considerations (from Feb meeting)	IWG Feedback (from Feb post-meeting survey)	March Recommendation (synthesized from all previous feedback)
Facilitate the integration of mental health and substance use services to ensure that patients experience treatment as one seamless and completely coordinated system of care, organized around their individual needs	<ul style="list-style-type: none"> <i>[Did not get to during meeting]</i> 	-	Facilitate the integration of mental health and substance use services to ensure that patients experience treatment as one seamless and completely coordinated system of care, organized around their individual needs.
n/a	<ul style="list-style-type: none"> Add a recommendation to focus on equitable behavioral health practices across the BHS system of care. 	<ul style="list-style-type: none"> I have no idea what this means?? maybe they mean, Create equity in behavioral health care across the BHS system of care. I'm not sure what this means. 	<i>[Suggest not including this because it's embedded in all other recommendations]</i>