

SAN FRANCISCO MENTAL HEALTH BOARD



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Adopted Notes

Mental Health Board

Wednesday, February 13, 2013

DPH, 101 Grove Street, Room 300

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien, JD; Sgt. Kelly Dunn; Virginia S. Lewis, LCSW, MA; Terence Patterson, EdD, ABPP; Alphonse Vinh, MS; Errol Wishom.

BOARD MEMBERS ON LEAVE: Ellis Joseph, MBA, Vice Chair; Wendy James; and Alyssa Landy, MA; and Lena Miller, MSW.

BOARD MEMBERS ABSENT: Lynn Fuller, JD.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Kenton Rainey, Chief of BART Police; Tyrone Forte, BART Police Lieutenant; Armando Sandoval, BART Police Crisis Intervention Coordinator; and Roddrick B. Lee, BART Manager, Government and Community Relations; Crystal Raine, Community Oriented Policing Unit Office of the Chief; Michelle Schultz, MHA-SF (Mental Health Association of San Francisco); Kaye Griffin, AMN Press; Terry Bohrer, MHA-SF; Greg Holland; Mathew Teen, Conard House Shelter Monitor Committee; John Alex Lowell, Pedestrian Safety Advisory Committee; Marlene Flores; and eight members of the public.

CALL TO ORDER

Ms. Argüelles called the meeting of the Mental Health Board to order at 6:42 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

There were no changes to the agenda.

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.

Please see the attached February 2013 Director's report.

Monthly Director's Report
February 2013

1. Mental Health Loan Assumption Program (MHLAP) for fiscal year 2012-2013

Congratulations to the FY12/13 Mental Health Loan Assumption Program Award Recipients! The Health Professions Education Foundation received 71 San Francisco applications and 26 were selected as awardees.

The MHLAP encourages mental health providers to practice in underserved locations in California by authorizing a plan for repayment for some or all of their educational loans in exchange for their service in a designated hard-to-fill/retain position in the Public Mental Health System. The MHLAP is administered by the Health Professions Education Foundation (www.healthprofessions.ca.gov), and is funded through the Workforce Education and Training component of the Mental Health Services Act.

2. President's Plan to Reduce Gun Violence Calls Attention to Mental Health Issues

Last month (1/16/13), President Obama released a package of proposals to reduce gun violence and a list of gun violence reduction executive actions. Among the 23 Executive Orders signed on Wednesday are a number of key components related to mental health. Foremost, the President's Plan, Now Is the Time: The President's Plan to Protect our Children and our Communities by Reducing Gun Violence, calls for stronger prevention and early intervention efforts to identify and treat mental health and substance use disorder issues early. Such efforts are to include bolstering access to mental health services in schools and encouraging teachers to intervene early when they believe a student needs counseling. Additionally, the plan calls for long-awaited rules requiring insurance companies to cover mental health services, including finalizing regulations clarifying parity requirements.

Specifically, the President's Plan includes the following key proposals relevant to mental health:

- “Mental Health First Aid” training for teachers. \$15 million proposed for training for teachers and other adults who interact with youth to detect and respond to mental illness in children and young adults, including how to encourage adolescents and families experiencing these problems to seek treatment. Also proposes \$40 million to help school districts work with law enforcement, mental health agencies, and other local organizations to assure students with mental health issues or other behavioral issues are referred to the services they need.
- Support for transition-age youth. \$25 million proposed for innovative state-based strategies supporting young people ages 16 to 25 with mental health or substance abuse issues.

- Helping schools address pervasive violence. \$25 million proposed to offer students mental health services for trauma or anxiety, conflict resolution programs, and other school-based violence prevention strategies.
- Train more than 5,000 additional mental health professionals to serve students and young adults. \$50 million proposed to train social workers, counselors, psychologists, and other mental health professionals. This would provide stipends and tuition reimbursement to train more than 5,000 mental health professionals serving young people in our schools and communities.
- Launch a national conversation to increase understanding about mental health. The President is directing Secretaries Sebelius and Duncan to launch a national dialogue about mental illness with young people who have experienced mental illness, members of the faith community, foundations, and school and business leaders.
- Finalize requirements for private health insurance plans to cover mental health services. The Administration will issue final regulations governing how existing group health plans that offer mental health services must cover them at parity under the Mental Health Parity and Addiction Equity Act of 2008. In addition, the Affordable Care Act requires all new small group and individual plans to cover ten essential health benefit categories, including mental health and substance abuse services. The Administration intends to issue next month the final rule defining these essential health benefits and implementing requirements for these plans to cover mental health benefits at parity with medical and surgical benefits.
- Make sure millions of Americans covered by Medicaid get quality mental health coverage. The Administration has issued a letter to state health officials making clear that these plans must comply with mental health parity requirements.

California's Senate President Pro Tempore, Senator Steinberg, also reached out to Vice President Biden to propose a framework for the federal role in investment in mental health services, requesting the federal government augment mental health funding by \$10 billion for Prop. 63-like services throughout the nation. The Pro Tempore, accompanied by California Institute for Mental Health Chief Executive Office Sandra Naylor-Goodwin, will be presenting his proposal to the Vice President early next week in Washington, DC.

3. January marked the Continued Implementation of some Critical Policy and Programmatic Initiatives

Katie A. Human Services Agency and CYF, CBHS will be hosting a two day summit on March 4th and 5th to align and develop our plan for enhancing the Foster Care mental health system for youth at risk of or in residential or hospital placements. The summit will include Juvenile Probation, Education, CBHS and HSA as well as providers currently providing intensive services to foster care youth. The focus of the meeting will be on understanding the mandate, evaluating our current service system, aligning our principles and practices and developing a working map of our preferred service system. The product of the summit will be a clear timeline and workplan as well as designated workgroups to enhance and develop the services.

ERMHS: This month SFUSD and CBHS completed the memorandum to provide services to qualified youth. CYF is currently working closely with SFUSD on developing screening, assessment and treatment models that are consistent with the SFUSD mission meet legal mandates

incorporated into the IEP and constitute best behavioral health practices. As we move forward we will continue to discuss our model of care to insure we are helping students improve their educational experience by attending to their social-emotional needs.

Trauma-Informed Care: The CBHS core group continues to meet to discuss curriculum and delivery mechanisms to begin to develop trauma informed training for Community Programs. The current focus is on collecting information on what other systems have done and incorporating that into our current plan. We are intending to have a draft curriculum and plan by the end of June and hope to vet that plan through the summer. The intention is to begin piloting the initiative in September 2013.

Providers: CYF providers will be meeting in early February to discuss the structure and purpose of the providers meeting. The plan is to determine how to best incorporate strategy discussions, review of outcome data and policy and procedural issues into one monthly meeting.

CYF Leadership: The CYF leadership team is currently working on developing a way of acknowledging staff, programs, services and agencies that have effectively served the children, youth and families. The goal is to be able to identify, support, acknowledge and celebrate success and to help individuals and programs spread that success to their colleagues and sister agencies.

4. Formation of Comprehensive Crisis Services

In August 2011, after many months of planning, the three civil service crisis programs (the Comprehensive Child Crisis, Crisis Response, and Mobile Crisis Treatment Teams) began integrating under the banner of “Comprehensive Crisis Services.”

The purpose of this integration has been to create financial and staffing efficiencies and then to translate them into bolstered existing care, as well as, potential service expansion. Although unified under a new name/ leadership structure, each program would retain its original clinical identity.

This process has included unifying the clinical and administrative leadership of the programs, adjusting the clinical staffing patterns, and implementing the cross-training of select staff across the three service modalities.

Under the supervision of John Grimes, Stephanie Felder, Therese Garrett, and David Pine, the initial efforts focused on the Child Crisis and Crisis Response services, which already enjoyed a close programmatic relationship and shared an office space in the Bayview Plaza. The plan took a major step forward when, in December 2011, the Mobile Crisis Team relocated from its office in the South of Market neighborhood into this same suite.

In the following months, the staff adjusted to the new co-location arrangements, the leadership continued to fine-tune the integration plans (with input from all program staff), and the cross-training of new hires and interested existing staff began.

The Child Crisis and Crisis Response programs operate 24/7 and can be reached at 415-970-3800. The Mobile Crisis Team operates weekdays 8:30am to 11pm and Saturdays/ holidays from 12pm to 8pm. Its new number is 415-970-4000.

The Comprehensive Child Crisis, Crisis Response, and Mobile Crisis Teams are now co-located at 3801 Third Street, Suite 400, San Francisco 94124. (*Please note that Mobile Crisis still only evaluates clients in the field. Please do not direct clients to their office*).

5. Health and Human Services Secretary, Kathleen Sebelius, wrote an opinion for USA Today on mental illness: Bring mental illness out of the shadow

Please see the following link to the 2/4/2013 story:

<http://www.usatoday.com/story/opinion/2013/02/04/kathleen-sebelius-on-mental-health-care/1890859/>

6. CiMH Learning Collaborative - Advancing Recovery Practices (ARP) Summary of FSP Graduation Team Work

Since January of 2012, CBHS has had two teams participating in the 13-month long Advancing Recovery Practices (ARP) Learning Collaborative sponsored by CiMH. Based on the practical training program of the Institute for Healthcare Improvement (IHI) Model for Improvement, the ARP teams created small tests of change using the Plan-Do-Study-Act (PDSA) framework, over several months, from which they gathered data and made changes in programs to enhance recovery practices.

The Office of Quality Management partnered with Citywide Forensics FSP and SOMMHS to focus on identifying clients nearing readiness for graduation, supporting their transition out of the FSP and linking them effectively to outpatient services. To that end, the FSP Graduation team developed Talking Points for recovery conversations; utilized the Strengths Assessment, Strengths based Group Supervision and Personal Recovery Plan from Kansas University School of Social Welfare (R Goscha); developed a 22-item Recovery Checklist; and piloted a roadmap for client transitions called the Linkage Process.

Highlights of Learning from the FSP Graduation Team:

- Client conversations about recovery and “graduation” are best as early as possible after enrollment
- Peer specialists are key players in helping to:
 - o Make clients feel welcome in a new setting
 - o Model client self-advocacy and recovery
 - o Connect clients to non-mental health community-base activities
- Focusing on client’s strengths builds both client and provider hope for recovery
- Newly developed 22-item Recovery Checklist helps:
 - o see a client’s recovery progress and needs more clearly
 - o focus on key recovery areas that need support before graduating out of the FSP
 - o provide a communication tool for understanding the client’s recovery that can be shared
 - between client and provider

- between FSP and outpatient providers during linkage

Next month, both teams, FSP Graduation and Team OMI, end their formal participation with CiMH and strike out on their own with all the recovery-based knowledge, tools and practices gained from this rich program improvement opportunity, with an eye toward expansion to other programs:

- Expand use of the Recovery Checklist to other FSP and ICM programs
- Develop an age-appropriate Recovery Checklist with the Child/Youth/Family (CYF) programs
- Both ARP teams will meet monthly with CBHS Leadership and key program directors to work on spread of ARP-informed, recovery-oriented tools and practices across the SOC.

CiMH will initiate the next ARP Learning Collaborative later this year. This offers an opportunity for other CBHS programs to take advantage of their structured model, extensive training and tools in order to test and implement recovery-based program changes, leading to improvements in clients' well-being and outcomes.

7. Adult Transgender Cultural Competence and Cultural Humility: 101

February 21, 2013 from 1:00-4:30pm

Location: SFGH Carr Auditorium - 1001 Potrero Ave. Building 3

This workshop is designed to educate service providers on important issues and trends affecting transgender people and their families. This workshop will address several key issues related to the health and wellness of the transgender communities. The primary goals of the workshop are to enhance the skills of service providers to provide culturally competent and welcoming services to transgender individuals and to expand the clinical knowledge and comfort level of medical, social and mental health care professionals, and frontline staff (security guards, receptionists, MD's, and therapists) in order to provide quality care to transgender individuals. The training will consist of viewing Transgender Tuesdays, a movie that documents the experience of SF Transgender patients at Tom Waddell Health Center and prior to the ability to obtain gender sensitive health care. It will also have two separate panel discussions and a presentation on the why and how to be a more welcoming clinic and provide a higher quality of care to our community.

8. Council of State Governments Features San Francisco in its Study on the Impact of Probation and Parole in Arrests

As local governments are having to contend with the fiscal pressures of reducing costs associated with the criminal justice system, the Council of State Governments has initiated a comprehensive study on the effects of probation and parole supervision on arrest rates. San Francisco, along with Los Angeles, Redlands, and Sacramento participated in this effort. A key takeaway from this study is that about one in five people arrested in these four metropolitan areas were under parole or probation supervision when they came into contact with police. And that when compared to the 80% of arrests that did not involve people under community supervision, people under probation and parole supervision made up a disproportionately large share of drug arrests. The report is available at the Council of State Governments website: <http://justicecenter.csg.org/> (See attachment 1)

9. Gloria Wilder Selected to Attend American Society of Health-System Pharmacy Leadership Institute

Congratulations to Gloria Wilder, Director of CBHS Pharmacy. Gloria was selected for the ASHSP's Foundation Pharmacy Leadership Institute. The Pharmacy Leadership Institute is a challenging program designed to develop inspirational leaders, energize accomplished clinicians and managers with new insights and equip participants for the roles of executive leader, coach, teacher, motivator and strategist. Participants will have opportunities to share their expertise, complementary skill sets and work and life perspectives with each other. Widely recognized and highly regarded within the health-system pharmacy community, alumni enjoy an established network of the best and brightest pharmacy leaders across the country. The program is taught at Boston University's prodigious business school by tenured professors. We look forward to Gloria's participation in the ASHS Leadership Institute. Community Behavioral Health Services greatly appreciated Gloria for her wisdom and her leadership.

10. The Mental Health Services Act Housing Program in San Francisco

The San Francisco Department of Public Health (SFDPH) has used Mental Health Services Act (Prop 63 or MHSA) housing funds to create permanent supportive housing and services for individuals with serious mental illness who are homeless or at risk of being homeless. All tenants have leases and maintain independent housing with the support provided through MHSA, the sponsors, and SFDPH.

Development Project Summary Cost Allocations

SF MHSA Housing Funding				
Income	Capital	Subsidy	Discretionary	Total
MHSA Allocation	\$5,142,900	\$2,571,500		\$7,714,400
Discretionary Fund Transfer			\$2,163,000	\$2,163,000
Interest			\$281,514	\$281,514
Total				\$10,158,914
SF MHSA Housing Funded Projects				
Polk and Geary	\$1,000,000			\$1,000,000
Richardson	\$1,200,000	\$1,200,000		\$2,400,000
Veterans Commons	\$800,000			\$800,000
Kelly Cullen Community	\$1,700,000	\$1,700,000		\$3,400,000
Ocean Avenue	\$600,000	\$600,000		\$1,200,000
Rene Cazenave	\$1,000,000			\$1,000,000
Admin Fees				\$98,776
Total	\$6,300,000	\$3,500,000		\$9,898,776
Balance*				\$260,138

*Balance to be allocated to reserve additional units in an existing MHSA housing project.

MHSA Housing Development: Completed

Project	Address	Sponsor	Total Units	MHS A Units	Population
Polk and Geary Senior	990 Polk	TNDC/Citizens	110	10	Seniors
Richardson Apartments	365 Fulton Street	CHP/Mercy	120	12	Adults
Veterans Commons	150 Otis	CCDC/Swords	76	8	Adults (Vets)
Kelly Cullen Community	220 Golden Gate	TNDC	174	17	Adults
Ocean Avenue	1100 Ocean Ave.	BHNC/Mercy	60	6	Youth
Rene Cazenave	530 Folsom	CHP/BRIDGE	120	10	Adults
Total				63	

Project Descriptions

Completed Projects



Drs. Julian and Raye Richardson Apartments Central Freeway Parcel G Housing City Hall View C1.1b

The **Polk and Geary** senior building, built in partnership with Citizens Housing Corporation, represents an innovative approach to address homelessness by combining services-rich supportive housing units within a larger low-income population. The property was voted the overall winner in the national Readers' Choice Awards for Affordable Housing Finance Magazine in 2009. Its ground floor contains retail spaces and offices for resident services providers. A large community room and kitchen, computer center, laundry room, solarium and outdoor patio are accessible from the second floor. Another outdoor patio is located on the seventh floor, and on the eighth floor residents can plant their own fruits and vegetables in a community garden.

In the community room, residents can participate in educational programs and activities or reserve the space for a special event. Ten of the units are fully accessible, and the remaining units are adaptable for individuals with disabilities. 50 units are set aside for formerly homeless seniors; the rents and services for residents of these units are subsidized by the City of San Francisco. 990 Polk was also one of the first new construction projects to receive funding from the MHSA Housing Program.

Drs. Julian and Raye Richardson Apartments, opened in 2011, is a five-story development including 120 studio units of housing for extremely low income, formerly chronically homeless

individuals. Located at the corner of Fulton & Gough streets, the building also includes ground floor retail commercial space, common space and social service program space. Additionally there is an open courtyard and roof deck open space area. Twelve units are designated for the MHSA Housing Program. An integrated services team provides the community with a full range of on-site and off-site resources, including community-building events, educational opportunities, information and referrals to local social services, health management support by a visiting nurse practitioner or mobile medical team, case management and crisis prevention and intervention. The University of California-San Francisco Citywide Case Management team works with SFDPH's Housing and Urban Health Clinic (HUHC) and three adult Full Service Partnerships (FSPs) to provide the 12 MHSA residents with integrated recovery and treatment services appropriate for severely mentally ill adults to help them live in the community and to maintain the greatest possible independence,

stability and level of functioning. The property is managed by Community Housing Partnership.



supportive services for homeless veterans. The project houses 76 U.S. veterans, eight of whom qualify for the MHSA Housing Program. Veterans Commons accommodates veterans in studio apartments, each with a private bath and kitchen. The development includes space for intensive supportive services designed to build community and stability among residents, including space for counseling, group meetings, case management, and social activities. Veterans Commons has a dedicated, on-site supportive services team with accessible offices, private meeting rooms, and an exam room for visiting nurses, or other community health practitioners. Adult Full Service Partnerships provide the 8 MHSA residents with integrated recovery and treatment services appropriate for severely mentally ill adults to help them live in the community and to maintain the greatest possible independence, stability and level of functioning. The property is managed by Swords to Plowshares.

Kelly Cullen Community is a \$95 million renovation of the former Central YMCA at 220 Golden Gate and provides 172 efficiency studio units for chronically homeless individuals. Completed in 2012, the project includes a ground floor SFDPH-managed health and wellness clinic and a corner commercial retail space. Unique historic features restored include the 2nd floor atrium and auditorium, and a 5th floor gymnasium. Operated by the Tenderloin Neighborhood Development Corporation (TNDC), Kelly Cullen is named after one of the first executive directors of TNDC, Brother Kelly Cullen, who came to the Tenderloin in 1981 with the idea of ministering to the poor, and helped transform TNDC from the fragile and fledgling organization of its roots to the thriving neighborhood institution it is today.

Projects in Development

The **Ocean Avenue** development is a new construction project that will include 70 units of housing for families and transitional aged youth (TAY) and one property manager unit. The ground floor will feature commercial space designed to complement the existing neighborhood and enhance the

shopping experience on Ocean Ave. The building will consist of a mix of studios, 1, 2, and 3-bedroom units available to residents making no more than 50% of the area median income. Twenty-five units will be restricted at 20% of the area median income. It is anticipated that this project will start construction in mid-2013, with a seventeen month construction period.

Six (6) of the project's 25 TAY units will be reserved for the MHSA Housing Program. An integrated services team will provide the youth community with a full range of on-site and off-site resources, including community-building events, educational opportunities, information and referrals to local social services, case management and crisis prevention and intervention. In addition, Community Behavioral Health Services, will work with property management and two TAY Full Service Partnerships to provide the 25 TAY residents with integrated recovery and treatment services appropriate for severely mentally ill youths to help them live in the community and to maintain the greatest possible independence, stability and level of functioning. The property will be managed by Mercy Housing Management Group, an affiliate of Mercy Housing California.

The **Rene Cazenave** Apartments will be a new housing project in the Transbay Redevelopment Area developed by Community Housing Partnership and BRIDGE Housing. Following completion of the project, Community Housing Partnership will remain the owner and property manager of the site. The building will be named in memory of Rene Cazenave – a founding board member of Community Housing Partnership who was at the center of the affordable housing movement in San Francisco for over 40 years. Leddy Maytum Stacy Architects is the architect for the project.

Rene Cazenave Apartments will be a mid-rise, eight-story building. The proposed design includes 120 apartments, of which 12 are 1-bedroom units and 108 are studios. Ten of the units will be reserved for MHSA clients. Ground floor spaces include a wide range of programming space, private courtyard, and two retail spaces. All tenants will be formerly homeless and referred by SFDPH. The site is located on Folsom Street at the northeast corner of Essex Street. Rene Cazenave Apartments is the first of several development sites in the San Francisco Redevelopment Agency Transbay Redevelopment Area and will serve as a gateway to the SFRA's vision of a new "main street" along Folsom Street.

Other MHSA Housing Projects

Aarti: The only county in the state to use MHSA dollars beyond the housing allotment for permanent units, San Francisco allocated additional General System Development funds to develop housing for transition aged youth with Larkin Street Youth Services. In 2009, Larkin Street began planning with TNDC and SFDPH to expand the Routz program, which provides housing and wraparound support services for those in our care with the greatest mental health needs. Capacity to house youth through Routz will more than double when youth begin moving into the Aarti Hotel this fall. TNDC will provide property management and Larkin Street will offer case management, therapeutic services, and other wraparound supports to help residents address their mental health and build critical life skills. The Aarti is home to 40 youth between the ages of 18 and 24, and Larkin offers ten youth scattered-site apartments in the community.

11. House Democratic Task Force Issues Policy Principles on Gun Violence Prevention; Includes Closing Holes in the Mental Health System (CMHDA)

[http://bobbyscott.house.gov/images/stories/Gun Violence Prevention Task Force Recommendations.pdf](http://bobbyscott.house.gov/images/stories/Gun_Violence_Prevention_Task_Force_Recommendations.pdf)

Congressman Mike Thompson (CA-5), chair of the Democratic Caucus House Gun Violence Prevention Task Force, today announced the task force's comprehensive set of policy principles designed to reduce gun violence "while respecting the 2nd Amendment Rights of law-abiding Americans." Most of the principles were related specifically to the purchase of guns. However, the following principle related to mental health was also included:

"Close the holes in our mental-health system and make sure that care is available for those who need it: Congress must improve prevention, early intervention, and treatment of mental illness while working to eliminate the stigma associated with mental illness. Access to mental health services should be improved, the shortage of mental health professionals should be addressed, and funding should be made available for those programs that have proven to be effective."

The task force met with and solicited input from victims of gun violence and gun safety advocates; gun owners, hunters, and outdoor sportsmen; federal, state, and local law enforcement; educators and community workers; mental health experts and physicians; representatives of the motion picture, television, music, and video game industries; leaders in our faith communities; and representatives of gun manufacturers and retailers, as well as cabinet secretaries and the Vice President of the United States. The task force also met with Members of Congress from all sides of the issue, and held hearings in Washington, DC to consider ways to address this issue. It now urges Congress to take steps to act on the recommendations.

12. Senator Franken Introduces Mental Health in Schools Act (CMHDA)

Senator Al Franken (D-Minn.) last week introduced the Mental Health in Schools Act, to ensure that schools provide access to critical mental health treatment for children who need and deserve these services. Senator Franken's bill would authorize funding for grants to schools and community mental health centers to work with community-based organizations to expand access to mental health services for students. It will soon be introduced in the House of Representatives by Rep. Grace Napolitano (D-Calif.), who has introduced similar measures in the past. The bill is cosponsored in the Senate by Sens. Dick Durbin (D-Ill.) and Max Baucus (D-Mont.), Ben Cardin (D-Md.), Mazie Hirono (D-Hawaii), Sherrod Brown (D-Ohio), Mary Ladrieu (D-La.), Richard Blumenthal (D-Conn.), and Jon Tester (D-Mont.).

The Mental Health in Schools Act would establish a grant program that would:

- Expand access to mental health services in schools;
- Support schools that work with community-based organizations to expand access to mental health services for students;
- Provide assistance through grants to schools to train staff, volunteers, families, and other members of the community to recognize the signs of behavioral health problems in students and refer them for appropriate services; and

- Authorize \$200 million in grant funding per year over five years, and eligible schools may apply for up to \$1 million per grant year, based on the size of their student population.

13. Substance Abuse

A recent report from the Center for Substance Abuse Research (CESAR) has shown a marked increase in Emergency Room (ER) visits related to the opiate treatment medication Buprenorphine from 2005 through 2010 (see attached article). Based on data from the SAMHSA Drug Abuse Warning Network (DAWN), buprenorphine related ER visits have risen steadily since this medication became available in the mid-2000s following the passage of the federal Drug Abuse Treatment Act (DATA 2000).

The report suggests that some of these ER visits may be related to "patients who may be attempting to self-treat opioid dependence using buprenorphine without a prescription" and that "expanding access to treatment and putting these patients in the care of a certified physician may help reduce the nonmedical use of buprenorphine and subsequent ER visits."

San Francisco County's Alcohol and Drug Administrator recently presented data from the same time period at the NIDA Community Epidemiological Working Group from DAWN showing that San Francisco is NOT showing this increase despite the widespread availability of buprenorphine treatment in the County (see attachments 2 and 3).

Since 2003, San Francisco has provided free or low cost access to opiate treatment with buprenorphine to low income opiate-addicted San Francisco residents through the Integrated Buprenorphine Intervention Service (IBIS) and its centralized medication initiation service, the Outpatient Buprenorphine Induction Clinic (OBIC). Located at 1380 Howard Street, OBIC provides assessment, initiation, stabilization and coordination services for patients who need medication assisted treatment with buprenorphine. OBIC works with more than 20 Primary Care, Mental Health and Substance Abuse treatment programs across the city to coordinate referrals of patients needing care, and has served more than 750 individuals. OBIC was the first buprenorphine induction clinic in the United States, and its model has now been replicated in other areas.

San Francisco supports appropriate and timely access to opiate addiction treatment that is integrated with other needed health services through innovative programs like IBIS and OBIC which will celebrate a decade of service this spring. Access to care can reduce or prevent negative consequences of drug addiction, such as drug-related ER visits.

Dr. Gleghorn will present the full CEWG report on Wednesday, February 27, 2013 from 1-2pm, everyone is welcome to attend. OBIC services may be accessed through Matt Tierney at (415) 255-4787.

14. Webinar Invitation: California Code of Regulations – Title 22 – Drug Medi-Cal – Beneficiary Record Requirements

You are invited to join the postservice postpayment (PSPP) utilization review unit for a webinar training on the Drug Medi-Cal (DMC) Requirements for Outpatient Drug Free, Day Care Habilitative, and Perinatal modalities. To register, please see the information below.

Title: California Code of Regulations – Title 22 – Drug Medi-Cal – Beneficiary Record Requirements

Topics: Postservice Postpayment (PSPP) reviews, Admission/Physical Exam, Treatment Plans, Counseling (Group and Individual), Continuing Service Justification, Discharge, Multiple Services, and Common Deficiencies.

Date: February 26, 2013

Time: 1:00PM – 3:00PM PST

Reserve your Webinar seat now at: <https://www1.gotomeeting.com/register/730605873>
Space is limited.

System Requirements:

PC-based attendees

Required: Windows 7, Vista, XP or 2003 Server

Mac-based attendees

Required: iPhone, iPad, Android phone or Android tablet

15. Attitudes Toward Mental Illness -- Results From the Behavioral Risk Factor Surveillance System

This study found that most adults surveyed agree that mental illness treatment is effective, but substantially fewer adults agreed that people are caring and sympathetic to people with mental illness. In general, adults with mental illness symptoms, including those receiving treatment for a mental health problem were less likely to agree that people are caring and sympathetic to people with mental illness. The report states, “Attitudes and beliefs about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past restrictions. When such attitudes and beliefs are expressed positively, they can result in supportive and inclusive behaviors. When such attitudes and beliefs are expressed negatively, they may result in avoidance, exclusion from daily activities, and, in the worst case, exploitation and discrimination. For the full study, go to

www.cdc.gov/hrqol/Mental_Health_Reports/mental_health_reports.html

Let us all work to reduce stigma.

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

1.2 Public Comment

No public comment.

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

Ms. Robinson announced that she wanted to keep her director's report very brief in order to give more time to the BART presentation on AB 716.

She reported one of the Obama 2013 administration's key proposals is mental health first aid trainings for teachers.

She informed the board that March 4 to March 5 is a two day summit on Katie A law. The summit is hosted by CBHS (Community Behavioral Health Services), HSA (Human Services Agency) and CYF (Children, Youth and Families).

She also mentioned that California Senate President pro Tempore Darrell Steinberg praised San Francisco's MHSA Housing Program.

2.2 Public comment

No public comment.

ITEM 3.0 PUBLIC HEARING ON AB716: BART (BAY AREA RAPID TRANSIT) HAS NEW AUTHORITY TO PROTECT RIDERS AND EMPLOYEES AND IS SEEKING PUBLIC INPUT BEFORE IMPLEMENTING AB716. SPEAKERS: BART POLICE LIEUTENANT, TYRONE FORTE; BART POLICE CRISIS INTERVENTION COORDINATOR, ARMANDO SANDOVAL; AND BART MANAGER OF GOVERNMENT AND COMMUNITY RELATIONS, RODDRICK B. LEE

3.1 Public Hearing on AB716: BART (Bay Area Rapid Transit) has new authority to protect riders and employees and is seeking public input before implementing AB716. Speakers: BART Police Lieutenant, Tyrone Forte; BART Police Crisis Intervention Coordinator, Armando Sandoval; and BART Manager of Government and Community Relations, Roddrick B. Lee

AB 716 Fact Sheet is attached to the end of the minutes

Ms. Argüelles introduced Roddrick Lee, BART Manager of Government and Community Relations, and BART Police Lieutenant, Tyrone Forte, and BART Police Crisis Intervention Coordinator, Armando Sandoval. She said they will provide an overview of AB716, which allows BART to issue "stay away" orders to people who are cited or arrested for certain offenses, and they will explain the details and the public will be able to comment afterward.

BART Police Chief Kenton stated that the AB 716 is BART's response to acts of violence against BART frontline employees. He hoped that AB 716 will serve as a deterrent.

Mr. Lee stated there was a wide dissemination of AB 716 to about 600 community organizations, the general media in San Francisco and the East Bay, BART website, and posted at BART stations.

BART Police Lt. Forte mentioned a few violations, though not limiting to them only, that could result in a "stay-away" citation. Violations are assaults, battery or threatening acts, sex soliciting activities, and illicit drug trafficking and damaging BART properties or hindering BART operations. Stay away citations would be issued to violators who were found to commit three infractions.

He stated that BART has already formed a Transit Advisory Committee. The committee provides oversight, trainings and appeals for AB 716.

Mr. Sandoval is the Crisis Intervention Training trainer for BART. He is on the transit advisory committee.

Ms. Raine works for the Community Oriented Policing Unit Office of the Chief and does community outreach services. She shared with the board some of the public's concerns about AB 716.

She said that the advisory group reviews and monitors the training process. The advisory group is composed of citizens from BART's five regional areas ,a person from the Disability Task Force, a union member, a BART person, an attorney and a youth services person, which is Mr. Sandoval because he has prior experience with youth.

She mentioned that there will be an annual report showing the number of stay away orders including different types, numbers, category, and the number of appeals with the reasons.

She also stated that trainings will cover mental health, homelessness, and disability issues.

Dr. David Lewis clarified that the California State legislature created AB 716 to be an optional mandate for regional transit authorities, not a mandatory requirement that must be implemented. He wondered if AB 716 were in place today, how many stay-away orders would have been issued.

BART Police Lt. Forte mentioned that in California there are two regional transit districts that have implemented AB 716 to issue prohibition orders against anyone who commits certain offenses. In the past year, Sacramento Regional Transit District had nine prohibition orders and Fresno Area Express issued 27 of them. These orders had not been appealed.

Dr. David Lewis asked if AB 716 would be enforced if the public were having protests.

BART Police Lt. Forte mentioned that AB 716 does not apply to demonstrations that have proper permits and demonstrators don't hinder BART operations.

Dr. David Lewis asked if AB 716 would be enforced if people carried protest signs.

BART Police Lt. Forte said that AB 716 does not apply in that situation as long as the sign carriers do not hinder BART operations.

Dr. David Lewis asked for more explanation about the mental health training component.

Mr. Sandoval stated that CIT incorporates mental health training sensitivity.

Mr. Lee emphasized that AB 716 profiles violent offenders. In the past several years BART agents were severely assaulted. BART has had to go to the District Attorney's office of a particular

individual county to seek stay-away orders against violators. The multi-county nature of the BART system requires a quicker and more effective way to bar violent offenders from all counties, instead of just each individual county where the crime was committed.

Dr. Patterson asked for clarification on narcotic offenses. Specifically, he wanted to know if a narcotic offense is applicable only on a BART train, BART stations or BART parking lots. He also wanted to know if a narcotic offense is for seriously offenses or just a simple impediment on transit.

Ms. Chien is with the San Francisco Public Defender's office and she wanted to know about the time table for implementing AB 716.

BART Police Lt. Forte stated that BART is seeking public concerns on AB 716 from all five counties in the Bay Area. He expects that AB 716 would be implemented in May 2013.

Ms. Chien asked if a person with mental illness were issued a stay away order but that person later on received treatment would BART rescind or vacate the order.

BART Police Lt. Forte stated that over 100 or 200 officers have received CIT trainings. BART has a goal to train all officers and dispatchers, as well. He believed that review officers should be able to intervene.

Mr. Lee said that the legislature was signed by Governor Jerry Brown in October 2011 and it became law in January 2012. BART postponed the implementation because it wants to develop training and community input first.

BART Police Chief Kenton stated that he is contemplating whether the duration of stay away orders should be 30, 60 or 90 days. The time duration is dependent on an individual need for public transit. He believes the time can be modified.

Mr. Vinh asked if there is any cooperation between BART and MUNI.

BART Police Lt. Forte stated that there has been no interaction between BART and MUNI at this time.

Dr. David Lewis congratulated BART for its thoughtfulness and outreach to the Mental Health Board and the public. He asked if a person were identified and restricted access to BART, then how would BART determine if that person trespassed.

BART Police Lt. Forte stated that transit officers may recognize the offenders.

3.2 Public comment

Ms. Terry Byrne wanted to know how the public will be informed of AB 716.

Mr. Lee said that the public should attend meetings like this one. There are additional posters in stations and on trains. He hopes to deter violent offenders with AB 716.

Ms. Kate Griffin was concerned about arrests being politically motivated. She wondered why BART has not made a full disclosure of the use of private police forces to the ACLU (American Civil Liberty Union), the National Lawyer Guild and Paratransit Committees.

She pointed out people's private information on clipper cards will be used nefariously for profiling purposes. She is very upset with AB 716 because BART is overreaching its authority.

Mr. Don Savoy worked with BART before and is currently a director of the Civic Center. He felt AB 716 is a tool for BART.

Member of the public stated that business owners are concerned about patrons getting into the City on BART. He believed that rather than help AB 716 is nothing more than a hindrance.

Member of the public pointed out he has witnessed incidents where disenfranchised people being harshly treated for asserting their rights against bullying by BART police and has observed BART police using excessive force on minorities.

Member of the public mentioned that if BART goes forward with AB 716 then some cited people in San Francisco, for example, don't have other optional transportation and must rely on BART for medical and legal appointments, grocery shopping and social services. He felt that AB 716 would help BART police at the expense of too many people who depend on BART for trips of necessity.

Member of the public mentioned that often BART police are unfamiliar with chronic neurological disorders like seizures and epilepsy and may misconstrue a BART patron's inability to obey directives and be charged with combative, uncooperative, resisting arrest and assaulting an officer. He added often BART police respond with restraint on a person with an acute seizure and would cause that person to be terminated from positional asphyxia.

Member of the public voiced that since AB 716 is optional not mandatory, then it would behoove BART not to implement it. He believed that AB 716 is just another crutch that would cripple BART's public image and just further alienate the public. He suggested that if BART's public image were to be about peace keeping rather than law enforcement then BART would reduce confrontational and adversarial situations with patrons and would earn public respect out of admiration rather than out of despotic fear!

BART Police Chief Kenton thanked the public and the board for the opportunity to present AB 716. He stated that his administration is committed to provide a transit friendly environment.

Mr. Sandoval stated that he was hired to interact with people using the BART system who have mental health issues.

BART Police Lt. Forte stated that his training staff is interested in implementing AB 716 for safety reasons. He emphasized that AB 716 is not a magic bullet but another tool for BART to respond to violent situations. He hopes that in the future BART and MUNI would collaborate on transit safety.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1. Public comment

No public comment.

4.2. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of January 9, 2013 be approved as submitted.

There was no quorum tonight so no vote was taken.

ITEM 5.0 REPORTS

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

Ms. Brooke announced that the 2012-2013 Program Review schedule is in process.

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

Ms. Argüelles said that because of the need to hold a public hearing on this important issue, the Executive Committee moved the elections of new officers to the March 2013 board meeting. She announced that the nominations have changed since those announced at the January 2013 meeting. The change is Dr. David Lewis and Ellis Joseph will be running for the positions of Co-Chair, Wendy James for Vice Chair, and we still need a nomination for secretary."

The Executive committee meets Thursday, February 21st at 6:30 at 1380 Howard Street in Room 515. All board members are welcome to attend the meeting as well as members of the public.

5.3 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 were mentioned.

5.4 Report by members of the Board on their activities on behalf of the Board.

Dr. Patterson reported that he met with Supervisor David Campos and updated the supervisor on tonight's meeting with BART on AB 716 and gang violence. He informed the supervisor about Laura's Law and Tasers. The supervisor suggested the board make more resolutions about the above issues.

Ms. Virginia Lewis reported that she recently attended a NAMI meeting. She expressed interest in learning how MHSA money has been allocated.

Ms. Robinson responded to Ms. Lewis interest in MHSA funding by suggesting she attend MHSA advisory meetings. Ms. Robinson mentioned that she expected an annual report in 30 days.

Mr. Wishom reported that he coordinated a volunteer group for Project Homeless Connect.

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

No public comment.

5.6 Public comment.

Ms. Kate Griffin said that the members of the Paratransit Advisory Committee cannot use transit in a normal way.

Ms. Robinson suggested that board members visit Jail Psychiatric Services.

Ms. Terry Bohrer asked if there is any disaster mental health plan for San Francisco.

Ms. Robinson said that CBHS has a disaster mental health plan and has trained staff on psychiatric first aid. She said the State has a plan where all providers should have 120 trained staff, and encouraged the board to look into the disaster mental health plan.

ITEM 6.0 PUBLIC COMMENT

No public comment.

ADJOURNMENT

Meeting adjourned at 7:45 PM.



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New Authority to Protect Riders and Employees

AB 716 BACKGROUND

The Bay Area Rapid Transit District (BART) has received an increasing number of complaints from riders and employees regarding safety on BART trains, in parking lots, stations and passenger waiting areas. In an effort to better protect its riders and employees, BART requested and received new authority to implement additional security measures to reduce passenger misconduct and disruptions. A new exclusion process is intended to enhance the quality of service and safety in the BART system.

California State Assembly Bill 716 (Dickinson) was enacted into law in 2012 and allows BART to issue "stay away" orders to people who are cited or arrested for certain offenses, thus reducing the number of crime-related disruptions.

NEW "STAY AWAY" SAFETY PROGRAM

Citizens arrested or convicted can be issued a "stay away" order for a misdemeanor or felony committed on a train or in a station or parking lot on BART property for acts of violence or threats of violence upon passengers and transit employees, lewd or lascivious behavior, or possession for sale of a controlled substance.

OR

Citizens convicted of entering or remaining on BART property without permission with the intent to interfere or hinder with the safe operation of any car or train.

OR

Citizens cited on at least three separate occasions within a period of 90 consecutive days can be issued a "stay away" order for any of the following violations:

- Willfully disturbing others by engaging in unruly behavior.
- Carrying hazardous materials in transit facility or vehicle.
- Urinating or defecating in a system facility or vehicle.
- Willfully blocking the free movement of another person.
- Defacing facilities or vehicles with graffiti or other materials.

WORKING WITH THE COMMUNITY TO IMPLEMENT

An oversight committee comprised of local residents with experience in the areas of mental health, homelessness, public safety, and cultural awareness will monitor the number of citations and exclusions issued by BART and oversee the training of transit personnel. Training of transit personnel is mandated in order to recognize and facilitate the special needs of homeless and those who may have psychiatric disabilities. Also, since this new BART security effort will exclude specific individuals, an appeals process will be established for those who believe they have been mistakenly cited or are transit-dependent.



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