



Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

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### Adopted Notes

Mental Health Board Retreat  
Saturday, [December 7, 2013](#)  
San Francisco Police Academy  
350 Amber Drive  
San Francisco, CA  
9:30 a.m. – 4:00 p.m.

**BOARD MEMBERS PRESENT:** David Elliott Lewis, Ph D, Co Chair; Ellis Joseph, MBA, Co Chair; Wendy James, Vice Chair; Terry Bohrer, RN, MSW, CLNC; Virginia S. Lewis, MA, LCSW, Secretary; Sgt. Kelly Kruger; Kara Chien, JD; Terence Patterson, EdD, ABPP; and Alphonse Vinh, MS.

**BOARD MEMBERS ON LEAVE:** Melody Daniel, MFT; Lena Miller, MSW; Andre Moore; and Errol Wishom.

**BOARD MEMBERS ABSENT:** none.

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Roma Guy; and Lara Minda Argüelles, former board member.

### CALL TO ORDER

**Mr. Joseph** called the meeting of the Mental Health Board to order at 10:15 AM.

### ROLL CALL

Ms. Brooke called the roll.

### ITEM 1.0 GETTING TO KNOW YOU ICEBREAKER: TERENCE PATTERSON

**Dr. Patterson** led an ice breaker exercise for board members to share their thoughts about mental health services in San Francisco. Following were some of the responses by board members:

1. Have more mental health services available to every person in acute psychiatric crisis at Dore & Psychiatric Emergency Services (PES) of the San Francisco General Hospital.
2. Have the City established a self-referred 24x7 drop-in mental health care center
3. Have gender specific services for mental health and substance abuse.

4. Have public education to end stigma and marginalization of people with mental illness.
5. Have more mental health peers and consumers actively participate in all levels of respite care
6. Have the City make housing an urgent priority for people with mental illness who are homeless
7. Have court orders to take rights away from people who do not know their life could change for the better by conservatorship
8. Have program reviews and evaluations to quantify and to qualify any evidence based practices
9. Have mental health allies proactively monitor any mental health program shutdown
10. Have more comprehensive services for people with SMI (serious mental illness)

### **1.1 Public Comment**

**Ms. Arguelles** agreed that program reviews should include funding disclosures.

### **ITEM 2.0 MENTAL HEALTH DIRECTOR'S REPORT**

**Ms. Robinson** said new revenue streams in 2014 will come from serving more San Franciscans under the Affordable Care Act (ACA). Under the ACA, San Francisco Health Network is the new name. The network of care is team based care (TBC), and substance abuse disorder clinicians can conduct individual and group therapy sessions.

CBHS is consulting with Health Maintenance Associates (HMA) to help determine the future of mental health services in San Francisco. There is an opportunity to create a new system to benefit more people by integrating primary health care with mental health services and substance abuse programs. We will need to be very efficient and effective.

It is known that approximately 10%-11% of our clients don't engage with primary care because of personal challenges with their mental illness. There are several reasons for this. Some patients with mental health disorders feel clinicians speak tangentially and do not empathize with their lived experiences. Or, patients find it is too intimidating to sit in a primary clinic. Or many patients feel it is off-putting when their clinicians identify them by their mental health diagnosis rather than see them as a person with mental illness.

Health home funding for a Care Coordinator will be approved in January. Nurse practitioners will work with licensed social workers. We are currently doing trainings with primary care staff to train about mental health. Ryan Shackelforth, an Internist and Psychiatrist will help lead this process. All clinics will convert to Team Based Care (TBC), with multi-disciplinary clinicians and social workers to tend to a person's care. Every clinic will have substance abuse clinicians for assessment, treatment, and group therapy. We currently have four clinicians.

There will be a profound change for some clients. For example, a primary care clinician with mental health and substance abuse training will be serving more people with fewer dollars. A psychiatrist can provide supervision in peer run psychiatric respite.

Behavioral healthcare can be obtained at health homes. Two weeks ago, the state legislators started the approval process for health homes. Once the final approval is completed in January 2014, we must be ready to go live, because that is the time when the funding support begins for San Francisco.

The roll out process of health homes starts in the locations of Mission, Chinatown, Sunset and South of Market clinics. These clinics provide multi-care services from primary care to behavioral health services. It is usually rare to have a dually board certified clinician with psychiatry and health care expertise which we are fortunate to have. Nurse practitioners will work with licensed social workers in coordinating care. Outcomes should be better this way.

One of the changes in health homes is that staff must follow up with no-show clients. We want clients to engage in their treatment and be more involved in community. Mental health parity means no more restriction on the number of visits for mental health or substance abuse related care.

Psychiatric respite used to be having one psychiatric medical director for psychiatry and having another medical director for medical. Now, with tight funding it means only one psychiatric medical director is needed to be in charge of both medical and psychiatry.

We have the following members leading the ACA implementation at CBHS: Deborah Sherwood, PhD, for mental health, Lisa Golden for substance abuse and Albert Yu for ambulatory care, respectively.

**Dr. David Elliott Lewis** asked for clarification on health homes.

**Ms. Robinson** explained that health home is San Francisco's version of maximizing health outcomes of the patient-centered medical home (PCMH). Having a team based health care delivery model allows patients to have better access to health care and support. Locations for health homes are in the Mission, Sunset, Chinatown and South of Market clinics.

## **2.1 Public Comment**

**Ms. Arguelles** commented that non-compliant people with mental illness was not addressed in the ACA. She believed program reviews should have more affect.

## **ITEM 3.0 STRATEGIES FOR INCREASING MENTAL HEALTH ADVOCACY: ROMA GUY**

**Ms. Guy** facilitated the session, and the following thoughts were shared. Ms. Guy has a system orientation background. She suggested board members identify for themselves what mental health means, such as being able to navigate basic needs, able to enjoy alone time, able to enjoy community, and think about what mental health board membership means to each of us.

Have stable relationships

Reality contact and consensually supported.

Have mental wellness

Have efficiency and wholeness in the delivery of mental health and substance abuse services

Have access to community programs quickly to prevent further health deterioration

Have more influence with board of supervisors and mayor, and health commissioners

There might be a collective mandate of the board but each member brings their own experiences to the board. Members need to be able to reflect on individual beliefs to affect community. Honesty and transparency are important too.

She said that the US is going through a profound change in healthcare. For the first time in 200 years of the US history, the US not only will have an integrated mental health and primary care but also will have mental health parity under the ACA.

The change in the ACA is an opportunity for the Mental Health Board to strengthen alliances with other community leaders and to make selective decisions on a county-wide basis, since the board cannot do everything.

Board members should think in terms of CSP (Cultural Structures Project). In culture, the board should find allies and people to collaborate with and should take into consideration people's beliefs in the system and their assumptions. In structure, the board should be influential in resource allocation. Structure determines resources and who gets them. Each board member could become a passionate advocate and develop their own "job" description.

She said that struggling and fighting is over values in the end. Board members should define and frame and take into policy implementation. Our goals and objectives are based on our beliefs both individually and collectively.

Since our society has an aversion toward evaluation, she encouraged board members to perform evaluations during program reviews and not just report back on what is going on in the community. The board should rhetorically ask "How do we want to position ourselves today?" Board members should proactively and continually refine their strategies.

People with mental illness have struggles and needs and they need someone to advocate for them, and the board could be an agent of change. Unfortunately, earlier decisions were made years ago to separate mental health and physical health. And we saw what happened during the 1960's when patients with mental illness were depopulated out of mental health hospitals back into the community that had no infrastructural capacity to care for them during the early years. Another phenomenon in San Francisco was a cultural belief about family housing. San Francisco was not family centered because the city was originally settled by a dominant culture of single white persons. The closure of mental health hospitals meant no family around to take in the discharged patients.

In a research study of San Francisco General Hospital, it was learned that even one-time incarcerated women have higher risks of mental health disorders and homelessness. For men, according to the research, income is a risk factor for homelessness.

### 3.1 Public Comment

**Ms. Arguelles** commented that the recent deaths on November 19, 2013 of West Virginia Senator Creigh Deeds and his son who had untreated mental illness were preventable.

**Sgt. Kruger** reported that UCSF is doing a project for people with SMI (serious mental illness).

#### ITEM 4.0 DISCUSSION ABOUT THE FOLLOWING TOPICS:

1. What would you like to see as training for incoming board members?

Pre-requisites for MHB candidate should include at least attending two board meetings; An incoming member should have a pre-orientation soon after appointment and have a board buddy to provide answers to questions.

2. Review of how we have been doing – have each board member evaluate: What have you liked the most about being on the board and what have we done that you particularly liked? What has been most interesting and valuable to you the past year?

Dr. Patterson along with Ms. Lewis would like a multi month thematic focus on a couple of broad issues at board meetings. He would like to have a deliberative and investigative board rather than just an informational board.

Ms. Lewis would like to revise the Director's Report to include follow ups on problematic issues in CBHS that come up during board monthly meetings.

Ms. Bohrer would like to share a different approach to advocacy than Roma Guy. She believed the name behavioral health board is an umbrella term for mental health board and substance abuse board.

Dr. Lewis would like psycho-education awareness on how unresolved traumas inflict mental illness and or substance abuse.

Ms. Chien appreciated board members presence at community celebratory events, for example the Behavioral Health Court's 10<sup>th</sup> Anniversary.

Mr. Vinh would like to address the issue of underserved seniors with hidden mental illness that are not being addressed.

3. If you have done program reviews, what is the most and least valuable part of the visits to programs?

Ms. Chien and Ms. Lewis would like investigative journalists to come to a board meeting to address deficits and strengths of programs and services.

Increase the number of site visits.

#### **4.1 Public Comment**

**Ms. Argüelles** commented that she would like to see the Mental Health Board invite supervisors to board meeting. She suggested board members make their presence known at the Health Commission, Board of Supervisors, and Sheriff meetings.

**Dr. Lewis** suggested that the upcoming elections in 2014 is a good opportunity to approach supervisors about mental health issues who stand for re-election.

**Ms. Brooke** asked board members to individually and as a group to lobby a supervisor be on the Mental Health Board.

#### **ITEM 5.0 NEW DIRECTIONS FOR 2014**

Board members would like to have sub-committees to focus on needs and problems of various communities in San Francisco then report their findings back to the general board, so the whole board can take action. The board came up with the following “themes.”

1. CBO's are unable to renew their leases because they are priced out of the market, and there is a big concern that community programs may become inaccessible.
2. Seniors are vulnerable to isolation and loneliness and their senior mental health disorders are not being addressed adequately.
3. There are insufficient inpatient emergency psychiatric beds at SFGH
4. There is a lack of mental health treatment by local emergency rooms.
5. The board should submit editorials to the media
6. San Francisco needs to have after-hours mental health crisis response.
7. Mental health services in jails are inadequate due to an increase in criminalization of people with mental illness.
8. There is a revolving door of acute patients with mental illness due to premature discharge and improper follow up care.
9. Board members need to educate themselves on the Lanterman Petris Short Act (LPS) policies and issues.
10. The budget inequities perpetuate a dual system of public vs. private care.
11. There is a strong correlation between trauma and violence and mental health and substance abuse.
12. Inaccurate mental illness diagnosis can manifest into devastating impact.

13. There is a 6.5 year gap delay between mental illness symptoms and receiving proper treatment.

14. The board would like to see presentations from Ron Patton on conservatorship and Joan Cairns on jail psychiatric care.

### **5.1 Public Comment**

**Ms. Argüelles** was glad to attend the retreat and to learn about the board future goals.

### **ADJOURNMENT**

Meeting adjourned at 4:00 PM.