SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD
AGENDA

Wednesday, April 9, 2014
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 PM – 8:30 PM

Call to Order

Roll Call

Agenda Changes

Item 1.0 Directors Report
For discussion.

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.
1.2 Public Comment

Item 2.0 Mental Health Service Act Updates and Public Hearings
For discussion.

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
2.2 Public Comment

Item 3.0 Action Items
For discussion and action.

3.1 Public comment
3.2 **Proposed Resolution**: Be it resolved that the notes for the Mental Health Board meeting of January 8, 2014 be approved as submitted.
3.3 **Proposed Resolution**: Be it resolved that the notes for the Mental Health Board meeting of February 12, 2014 be approved as submitted.
3.4 **Proposed Resolution**: Be it resolved that the notes for the Mental Health Board meeting of March 12, 2014 be approved as submitted.
3.5 **Proposed Resolution**: Be it resolved that the Mental Health Board commends Ms. Terry Byrne for her work with the Mental Health Association with the "Do Send a Card" program to send get well cards to psychiatric inpatients at San Francisco General Hospital and the stigma reducing SOLVE program (Sharing Our Lives, Voices and Experiences).
3.6 **Proposed Resolution**: Be it resolved that the Mental Health Board commends Ms. Adrian Williams, for the founding of The Village Project which provides public and co-operative housing residents with positive activities and events for the "Village Kids" and their families.
3.7 **Election of Officers**: The Nominating Committee, David Elliott Lewis, PhD, Ellis Joseph, MBA, Alphonse Vinh and Wendy James proposed the current officers for re-election. Errol Wishom was added to the list at the February Mental Health Board meeting. Additional nominations can be made from the floor.

- Ellis Joseph, MBA: Co-Chair
- David Elliott Lewis, PhD: Co-Chair
- Wendy James: Vice Chair
- Virginia Lewis and Errol Wishom: Secretary

Item 4.0 Presentations

4.1 Mental Health Issues and Services in the Juvenile Justice System: Dr. Hagop Hajian, SF Juvenile Justice Center, Psychiatrist
4.4 Public Comment

Item 5.0 Reports
For discussion

5.1 Report from the Executive Director of the Mental Health Board.
Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.
5.2 Report of the Co-Chairs of the Board and the Executive Committee.

Discussion regarding Chair's meetings with Community Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance abuse.
5.3 Committee Reports: Assisted Outreach Treatment, Chair: Terry Bohrer
5.4 People or Issues Highlighted by MHB: Suggestions 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.
5.5 Report by members of the Board on their activities on behalf of the Board.
Terry Bohrer, Chinatown/North Beach Clinic program review
David Lewis and Terry Bohrer, NAMI meeting
5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.
5.7 Public comment.

6.0 Public Comment

Adjournment

DISABILITY ACCESS

1. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and meeting rooms are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place. Room 278 is accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Please contact Darlene Daevu, Community Behavioral Health Services, 415-255-3426 or by email: Darlene.daevu@sfdph.org. Providing at least 72 hours notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noriega. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

Assisted Outpatient Treatment

BACKGROUND INFORMATION: Considerable controversy exists concerning requiring people with mental illnesses to get treatment by court order, often referred to as "assisted outpatient treatment (AOT)" and in California AOT is referred to as "Laura's Law," State legislation passed in 2002. The California law allows counties to implement court-ordered treatment programs for adults who have serious mental illnesses ("gravely disabled"), recent histories of repeated psychiatric hospitalizations, jail time or acts, threats or attempts of serious violent behavior toward self or others. When these criteria are met, a judge can require the person to interact with a treatment team to provide counseling, treatment, access to housing and other forms of support, e.g., case management. It does not force medication. Additionally, each individual considered for AOT has a public defender. Since 2002, only two California counties, Nevada and Yolo, have fully implemented the law.

Two major divisive issues identified are: (1) How best to balance individual liberty and dignity on one side, and individual and public safety on the other; and (2) Allocating human and fiscal resources to provide necessary behavioral health care and services. Currently, 45 states have AOT laws; however, they are enacted and implemented in varied ways making it exceedingly difficult to uniformly measure outcomes. The following table illustrates many of the pros and con's expressed by advocates on this issue.

ASSISTED OUTPATIENT TREATMENT	
PROS	**CON'S**
• AOT has safeguards and utilizes due process. Individuals are represented by attorneys and have full opportunity to communicate with their lawyer and the judge. AOT requires the person to comply with recommended treatment and receive services.	• Forced treatment is a violation of civil rights. People with mental illnesses often do not have access to adequate treatment. AOT is an intrusion into the lives of people who have not broken any laws. AOT deprives a person their freedom, loss of control, and their ability to make decisions on their own behalf.
• AOT obligates the city/county/region/state to provide care.	• In times of scarce infinite resources funds may have to be taken from a worthy mental health program and allocated to AOT, i.e., "robbing Peter to pay Paul."
• Can result in significant cost savings to Medicaid by reducing repeat hospitalizations of persons with serious mental illnesses. In New York City net costs went down 50% in the first year of AOT and an additional 13% in the second	• Without significant resources, human and financial, AOT cannot be successful. Most cities, counties, and states have lost significant funding in the past ten years; thus, accessing a full array of services is

year. AOT can reduce overall service costs for persons with serious mental illnesses depending upon the local service system.	not possible.
• AOT is viewed by the general public as a violence prevention strategy (a public safety issue) not a public health intervention. For the past ten years, the U.S. Department of Justice has conducted before and after research studies on AOT participants. DOJ found a drastic reduction in participants' arrests for all crimes, and a sharp decline in arrests for violent crimes. AOT can help to identify people at risk of violence against self or others and by providing treatment can reduce acts of violence.	• The political, but not scientific, rationale for passing AOT laws has been violent behavior. AOT is not going to prevent mass shootings. There is no methodology to predict or pre-empt violent behavior. AOT is a politicized form of coercion. Curing major mental illness would only reduce serious violence by 4%. Unfairly targets people with mental illnesses as most of this group does not commit acts of violence.
• AOT reduces rehospitalization, victimization, incarceration, homelessness, and violent behavior. Restores the individual's dignity and well-being.	• More research is needed on AOT to empirically (evidence based) demonstrate its effectiveness, i.e., demonstrate a causal relationship between AOT and its clinical outcomes.
• AOT is a tool to use within a well-functioning mental health system. Recipients of AOT receive an intensive level of services. AOT requires a substantial investment of resources.	• The majority of counties/regions/states do not have a well-functioning mental health system or the array of services or the financial resources and the capacity to support AOT. Most systems of care are underfunded.
• People with mental illnesses often do not recognize the severity of their symptoms (anosognosia) and their need for treatment. AOT improves the quality of life as a result of being in the community rather than in a hospital and receiving intensive services. In an assessment of Kendra's Law in New York, 81% of individuals surveyed said AOT helped them get and stay well.	• Involuntary coercive treatment does not work in the long run. AOT can be frightening for many. Engagement in treatment is what works for most people. Most AOT court orders require medication; however, medication may not be forcibly administered to any AOT patient. Treatment relationships should be collaborative partnerships emphasizing hope and recovery. In the Duke study only 27% of consumers' perceptions changed after treatment expressing they were thankful for receiving it. On a measure of "quality of life" there were improvements for those in AOT for more than 12 months, but not for those treated for six months.

• Kendra's Law in New York City after five years of operation, increased community services for those not in its program. This is attributed to fewer people in crisis and more people maintaining their treatment.	• In California only two counties have implemented Laura's Law. No scientific studies have been completed to demonstrate effectiveness and the AOT population has been exceptionally small in these counties.
• Encourage people who have previously refused treatment to enter treatment voluntarily and willingly.	• Drives people away from treatment causing them to flee and leave the area. The AOT program is stigmatizing.
• Provide a less restrictive alternative to inpatient commitment and prevent deterioration and negative outcomes, i.e., arrest or violence. The goal is to keep the individual stable, out of crisis, and to accept voluntary treatment.	• More research on AOT outcomes is needed. AOT remains an unproven approach. A 2013 large randomized study in the UK found this type of program made absolutely no difference to the "revolving door" patients and "doesn't work."

ACTION NEEDED:

1. Provide funding and resources needed to establish Assertive Community Treatment (ACT) and other crisis intervention services to de-escalate crisis situations before they happen and promote a sense of choice, autonomy and recovery.
2. Develop Peer Crisis and Respite Services, available 24/7.
3. Advocate the utilization of Psychiatric Advance Directives.
4. Assure access and an array of culturally, age and gender appropriate services.
5. Eliminate the stigma surrounding psychiatric disabilities.
6. Develop Citizenship Interventions designed to support the person in the community.
7. Enhance mental health outreach to homeless individuals with mental illnesses.
8. Enhanced coordination between mental health, substance abuse, physical health, corrections, rehabilitation and education systems of care.