



Edwin Lee
Mayor

SAN FRANCISCO MENTAL HEALTH BOARD

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Adopted Minutes

Mental Health Board
Wednesday, [March 12, 2014](#)
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
San Francisco, CA
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Ellis Joseph, MBA, Co-Chair; David Elliott Lewis, Ph D, Co-Chair; Virginia S. Lewis, MA, LCSW, Secretary; Terry Bohrer, RN, MSW, CLNC; Kara Chien, JD; Terence Patterson, EdD, ABPP; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Wendy James, Vice Chair and Alphonse Vinh, MS

BOARD MEMBERS ABSENT: Andre Moore, Melody Daniel, MFT, Sgt. Kelly Kruger, Lena Miller, MSW

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Edwin Batongbacal, Director of Adult Services for Community Behavioral Health Services (CBHS); Joan Cairns, Jail Psychiatric Services Executive Director; Carrie Gustafson, Program Director; Paul Hickman, Lead Peer Case Aid – SPRC/GOS; Adrian Williams, Founder of the Village Project; Gene Porfido; Esme Wang; Tessa D’Arcangelew, NAMI-SF Board Member; Stacie Palatianos and [thirteen](#) members of the public.

CALL TO ORDER

Mr. Joseph called the meeting of the Mental Health Board to order at 6:40 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

ITEM 1.0 DIRECTOR’S REPORT

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

Edwin Batongbacal, Director of Adult Services for Community Behavioral Health Services, gave the director's report on behalf of Jo Robinson who is attending a meeting in Sacramento.

Mr. Batongbacal said federal regulations require the State of California to contract out independent audits with an EQRO (External Quality Review Organizations). An EQRO has performed a countywide audit on San Francisco programs. The audit process includes interviews of both staff and MediCal clients/patients. An early stage of the review shows the initial feedback has been generally good. EQRO auditors like the way CBHS is proactive by constantly improving patient care outcomes and their satisfaction. The final report of the EQRO audit is expected to be done in about two months.

Usually every two years there is a compliance audit as required by the Center for Medicare Medical Service (CMS). In April 2014, the CMS compliance audit will start. The Health Commission said that despite that most Healthy San Francisco members are qualified for a Covered California health insurance policy based on income criteria, no-one has to leave the Healthy San Francisco program until December 31, 2014.

He announced that Albert Yu is the new director of ambulatory care. He is responsible for primary care and behavioral health services, with the exception of overseeing San Francisco General and Laguna Honda hospitals.

San Francisco behavioral health services are becoming more holistic. Nurse Practitioners are available at the Ocean Mission Ingleside clinic (OMI), and the Sunset, South of Market and Mission clinics.

Ms. Virginia Lewis asked if nurse practitioners (NP's) are practicing behavioral health care.

Mr. Batongbacal said he does not know if behavioral health care is incorporated in the general nursing curriculum. Since NP's is higher training, San Francisco NP's in CBHS are practicing holistically.

Dr. David Elliott Lewis asked who in the Department of Public Health is responsible for the down sizing of 147 psychiatric acute beds to 47 psychiatric beds.

Mr. Batongbacal will find out and get back to the board.

1.2 Public Comment

Ms. Yu said she likes her Healthy San Francisco and wondered how Healthy San Francisco patients will get to keep and continue healthcare services under Covered California system.

Mr. Batongbacal said anybody on MediCal can join or opt-into the San Francisco Health Plan program to keep the same services they were entitled to under the Health San Francisco program.

Monthly Director's Report
March 2014

1. Do Send A Card

The Mental Health Association of San Francisco (MHASF) has a project called "Do Send A Card." Once a month, peer educators visit patients in the psychiatric inpatient unit of San Francisco General Hospital. They meet for an hour during an occupational therapy group talk about stigma and share their own personal stories living with mental health challenges as well as their mental health recovery. Afterwards, they distribute handwritten cards with messages of hope and recovery. These cards are sent to MHASF from all over the country thanks to Mary Ellen Copeland, Ph.D, author, educator and mental health recovery advocate. People with lived experience, especially people who have been hospitalized, send deeply moving, personal cards. For more information visit the website and send message of hope, or start "Do Send A Card" in your area. Website: www.DoSendACard.org

2. March is Problem Gambling Awareness Month

This is the first year that problem gambling will be recognized throughout the United States for the entire month of March, designated as National Gambling Awareness Month. The primary goal of the outreach effort is to educate the public about the warning signs of problem and pathological gambling behavior.

Problem gambling is defined as a pattern of gambling behavior that disrupts or compromises family or personal pursuits. Pathological gambling is defined as a loss of control over gambling and preoccupation with gambling. The overall lifetime prevalence of problem and pathological gambling in California is 3.7 percent which equals just over 1 million individuals (2006 California Problem Gambling Prevalence Study, NORC).

To order brochures for "Responsible Gambling Guidelines" or posters at no cost available in 6 languages, visit the Problem Gambling website at:

<http://problemgambling.securespsites.com/ccpgwebsite/help-available/publications.aspx>

If you have questions or need additional information, contact the Office of Problem Gambling at (916) 327-8611.

3. Children Youth and Families (CYF) System of Care

CYF focused on three main initiatives in February.

- Clinical, Flow, Access and Equity:

CYF leadership has been working with civil service staff and CBO's to improve our capacity to provide access to all and to especially focus on populations that have historically been poorly served or underserved.

- **Strengthening and Enhancing Systems Collaboration:** CYF has successfully applied for and received three grants. Two focus on the Juvenile Justice System with respect to developing Substance Abuse Treatment Models and the other one focusing on developing an intensive family therapy model for helping youth in out of state placement return and succeed in their family homes. CYF also received a MHSA state grant to expand and implement more child friendly, flexible and culturally reflective services to children and youth in crisis and/or in response to violence and trauma.

CYF leadership began a series of three planning meetings with SFUSD Special Education and Pupil Services exploring ways to collaborate better and build more seamless systems that benefit families and children

- Replenish and restructure leadership as well as county clinics to better serve the needs of the children, youth and families we serve. In February, CYF clinics began hiring long standing open clinician and health worker positions. These positions are critical to increasing our service capacity. In terms of leadership, Roban San Miguel assumed the position of Director of Mission Family Clinic and Emily Gerber was promoted to Assistant Director of Children Youth and Families. CYF will benefit tremendously from their effective and passionate leadership.

4. Children's System of Care

RSSE (Reducing Stigma in the Southeast) and CSOC both celebrated Black History Month. The celebrations included Afrocentric cuisine and African-American fact and history sharing, as well as words of inspiration by community leaders. CSOC was honored with the Community Partner Award at the 19th Annual Afrocentric Parenting Conference by San Francisco Black Infant Health Program for our collaboration to bring Afrocentric parenting classes to mothers in the Southeast Sector of the City.

With so many of the families CSOC works with impacted by the gun violence that claims the lives of San Francisco youth, the CSOC Youth Development Team has developed a five-day "healing from community violence" workshop for transitional age youth who have lost friends and family to gun violence. In this workshop, youth will learn to identify their personal symptoms from trauma, how to seek treatment, and receive coping/healing tools that will help them begin the process of healing and maintaining a healthy mental well-being. The workshop will be offered in April 2014. For more information or youth workshop applications, please contact Inez Love, Youth Specialist, at (415) 920-7700.

5. Chinatown Child Development Center

For the 8th year, staff at the Chinatown Child Development Center will be participating in the Annual Shape Up SF Walking Challenge. Our team is the "CCDC Pandas," and each year, we participate to

maintain good health and reduce stress through physical activity and exercise. CCDC would like others in the S.F. Department of Public Health to join their team this year. The 2014 Shape Up SF Walking Challenge takes place for a total of 10 weeks from March 31, 2014 to June 6, 2014. Registration begins March 10th at <http://www.shapeupsfwalkingchallenge.org>

6. Early Childhood Mental Health Consultation Initiative

CBHS and the five program directors from the contracted mental health consultation providers had a full-day retreat on February 12, 2014. The day fostered rich conversations about conceptualizing particular aspects of service delivery and its documentation. Participants unanimously agreed that it was time well spent and would like to have a series of follow-up retreats.

7. Family Mosaic Project

In February, Family Mosaic celebrated Chinese New Year and Black History Month through events organized by staff. The celebrations were filled with food, music, and activities.

8. Foster Care Mental Health

Foster Care Mental Health celebrated African American History month. The staff came together to create a warm, welcoming reception area that featured the many achievements of African American leaders, inventors, educators and activists. A DVD was viewed, followed by a discussion and celebratory potluck lunch.

In addition, we are excited to announce that Dr. George Fouras, a member of the Royal College of Psychiatry, and San Francisco Chief of Probation, Allen Nance, will be presenting at the 4th annual European Association for Forensic Child and Adolescent Psychiatry, Psychology and Other Involved Professions Congress in Manchester, United Kingdom, from May 7-9, 2014. Their presentation topic is “Integration of Mental and Physical Health Delivery in a Juvenile Hall Setting.” Special Programs for Youth, a clinical program that integrates physical, dental, and mental health services within one clinic, will be presented as a multi-agency collaborative model that results in higher quality and better outcomes.

9. IASC (Interagency Service Collaborative)

Initial planning stages for the MHSA crisis triage grant has begun. In March, staff will meet with and tour similar programs and models around the Bay Area. Additionally, planning will begin with Edgewood to develop a hospital diversion program. The hope is to partner with the S.F. Human Services Agency to develop a more comprehensive program for stabilization of San Francisco dependents that would include relocation of HSA’s Child Protection Center at Edgewood.

10. Mission Family Center

Robán San Miguel, LCSW, started as the new Program Director at Mission Family Center, and Juan M. Rodriguez was hired as the new psychologist. A special thanks to Demetra Paras, Ph.D., for her service as Interim Director. Major accomplishments in the month of February included hiring two new staff, completing a compliance review, participating in the Mission Promise Neighborhood meeting and making a presentation to the Mission Family Resource Center Collaborative. Additionally, improving access to behavioral health services remains a top priority at the clinic, and in February, there was a reduction in client waitlist.

11. Parent Training Institute

Since January 2014, ten new Triple P Parenting classes have started, provided by seven agencies. These classes are being delivered in three languages at family resource centers, elementary schools, a church, and a community center. A total of 93 unduplicated caregivers of 161 children have been served through Triple P.

12. Therapeutic Behavioral Services (TBS)

Fifty clients are receiving TBS within the Child, Youth and Family System of Care.

13. Edgewood's Early Childhood Mental Health Consultation Program

One four-year-old boy would get very uncommunicative and aggressive after waking up from the afternoon nap at his preschool. The teachers and I had tried giving him choices, redirecting him, using visual aids, reading scripted stories about managing anger but we couldn't get him to talk and couldn't reduce the aggression. He was suspended from the center and there started to be discussions about whether he would stay at the school.

A care team meeting was called and I asked the parents and teachers if they had found anything that helped him calm down. The teachers said the only thing that worked was when they called his mother on the phone, but this was difficult for the mother to do because she worked. What could we create that would elaborate on this "shining moment" in a different way? I asked if the mother would be willing to record a positive message for her son on a tape recorder they had at the center so he could hear her voice. She agreed and the next week I asked the head teacher about his progress. She said he was fine! After naptime he would sit in his cubby and play the recording over and over. He had had almost no aggressive incidents during the week since this was introduced to him! He actually started to choose the recording instead of the actual phone call, I assume because he could rely on a positive message. After a couple months, he stopped asking for the recording and was able to handle naptime without using aggressive behavior. He was no longer considered a high concern and he graduated successfully.

This intervention made me think about how early childhood centers are a child's first time being separated from their family for six or more hours a day. Are there other ways of increasing a family's presence inside the classroom to reduce challenging behavior? Building on the success of this intervention, one teacher created a "family notebook" that parents are now using to write

messages in the morning for the teacher to read to their son throughout the day. The teacher also transcribes messages the child wants written down to his parents. The notebook has become a great support for creative communication between the parents, child, and teacher. It now includes loving messages, drawings of difficult incidents, parents' hopes and dreams, and ninjas. We have seen a significant reduction in challenging behavior when we've brainstormed with families about creative communication projects to stay connected with each other.

14. Fu Yau Project

A four-year-old boy has been at his current child care placement since Fall 2013. Both of the child's parents recently passed away, and he has been in the care of his grandparents and other relatives since the parents' deaths. After the child attended the parents' funeral, he started acting out and being aggressive with others in the classroom.

The Fu Yau Project Mental Health Consultant assigned to the child's preschool engaged him through drawing. The drawing sessions took place usually once or twice a week. At the beginning of his work with the Consultant, the drawings were very dark and seemed to convey the sadness the child was experiencing about his losses.

At this school, the Consultant worked with the teachers to change how they engaged with the children by coaching them on softening their voices and also offering affection and warmth to the boy. They also began using a type of positive reinforcement to shape successive approximations of the behavior they wanted to see (e.g. he would get fun stickers for "trying" to behave well). The Consultant also praised the teachers for their efforts and patience in working with children.

Over time, the colors and intensity of the boy's drawings became lighter. The Consultant recently showed our team his most recent drawing. In the picture, the boy is standing on a light-green, grassy hill. According to the Consultant, the picture depicts a cemetery. He is in the picture, and he told the Consultant that she is there with him. While the child is still grieving, he has internalized the Consultant as a part of his process. The child's behaviors and mood have improved dramatically with the interventions the Consultant implemented at his child care site. Upon reflection, the Consultant noted that the interventions were effective because it was built upon existing strengths - the child was very articulate and intelligent so he could grasp concepts easily and the teachers' willingness to modify their behaviors to meet the child's needs. This Consultant was very proud to present this case to our team as an example of successful mental health consultation work.

15. Help Spread the Word About the MY3 Suicide Prevention Mobile App

The Know the Signs Campaign's MY3 Mobile App has had over 500 downloads since its launch in November 2013! What are some ways you can help spread the word about MY3? Share MY3 Materials, such as a listing of all of California's 24/7 crisis hotlines and an easy-to-customize version that can highlight your local crisis hotline with your community and local health and mental health care providers; contact your local health care providers about MY3 and encourage them to share it with their clients who may be at risk for suicide; include MY3 as one of your suicide prevention resources when you conduct presentations throughout your community; share MY3 with your local

grief and support networks; and share MY3 with your local school staff. Contact: Theresa Ly at tly@edc.org or (916) 494-9616.

16. Disability Rights California (DRC) Releases New Mental Health Resources

DRC has released three new publications to help consumers understand that health insurance must provide equal coverage for physical and mental health conditions. Contact: Margaret Jakobson-Johnson at margaret.jakobson@disabilityrightsca.org.

17. CARE Advisory Council

Mayor Lee has tasked SFDPH with convening a community process to determine how to engage and maintain in appropriate behavioral health treatment dually diagnosed individuals that current programs have failed to successfully treat or adequately engage. This process, driven by the CARE (Contact ▪ Assess ▪ Recover ▪ Ensure Success) Advisory Council, will take place between March 2014 and May 2014 with the goal of yielding a final report that outlines a range of policy and programmatic recommendations for Mayor Lee's consideration. A broad range of community stakeholders will comprise the CARE Advisory Council, which will be co-chaired by Jo Robinson, SFDPH Director of Community Behavioral Health Services, and Lani Kent, Office of Mayor Lee. The CARE Advisory Council's first meeting will take place on Thursday, March 20, 2014 from 1:30PM – 3:30PM at San Francisco City Hall, Room 305. All four meetings of the CARE Advisory Council will be open to the public, and public comment will be encouraged.

18. The Focus is Work, by Victor Gresser

1. What percent of people who live with mental illness are unemployed?
 - A. 12-33 percent
 - B. 25-47 percent
 - C. 75 percent
 - D. 60-80 percent
2. Since the CBHS/Department of Rehab CO-OP formed in 2009, how many clients have been helped to meet their employment goals?
 - A. nearly 60
 - B. over 600
 - C. more than 1,250
 - D. 285

Answers: question 1 – D; question 2 – B

19. Success Stories - Affordable Care Act and CBHS Clients

Under the Affordable Care Act (ACA), many CBHS clients are now eligible for healthcare coverage. This includes folks who previously did not qualify for healthcare coverage, such as clients who applied for Medi-Cal and were previously denied.

Having health insurance is better than being uninsured. Health insurance provides access to medical care when needed, and includes coverage for preventive and routine care, hospital care and prescription medications.

Here are a few success stories of CBHS pharmacy clients:

Case One.

Our client was reluctant to go for screening for insurance, saying, “I don’t think I will qualify.” With encouragement, the client went to HSA for screening, and during his next visit to pharmacy he reported he now had Medi-Cal. “I’m really surprised and glad I went. I really didn’t think I would qualify.”

Case Two.

Having Medicare (only) coverage, this client was very concerned about high deductibles and high copays for prescriptions with her Medicare D drug plan. She told her clinicians that she was so anxious about costs that she was considering stopping her medications. With help, the client was screened and found to be eligible for Medi-Cal. She is now Medi-Medi with no medication deductibles or copays. She also qualified for food stamps.

Case Three.

After much encouragement, our Healthy San Francisco client went to the HSA Offices for eligibility screening. Our client returned to the pharmacy thanking the staff for our support, “I can’t believe it! I now have Medi-Cal, dental care, and \$200 per month in food stamps!”

We’ve found that it can be challenging for clients to gather the documents and to make the trip to get eligibility screening. Some clients believe they will not qualify for benefits, perhaps because they have been denied in the past before the expanded coverage of the Affordable Care Act or lack of understanding about expanded care. Clients often need lots of encouragement and support so that they can access their new healthcare benefits.

Expanded Health Coverage Screening and Medi-Cal Enrollment

The goal of an expanded health coverage screening is to:

- 1) Provide screening and enrollment in San Francisco County Medi-Cal
- 2) Provide help to those who are low income but not eligible to Medi-Cal to purchase affordable private health insurance offered by Covered California.

WHERE: Human Services Agency Office

No appointment required

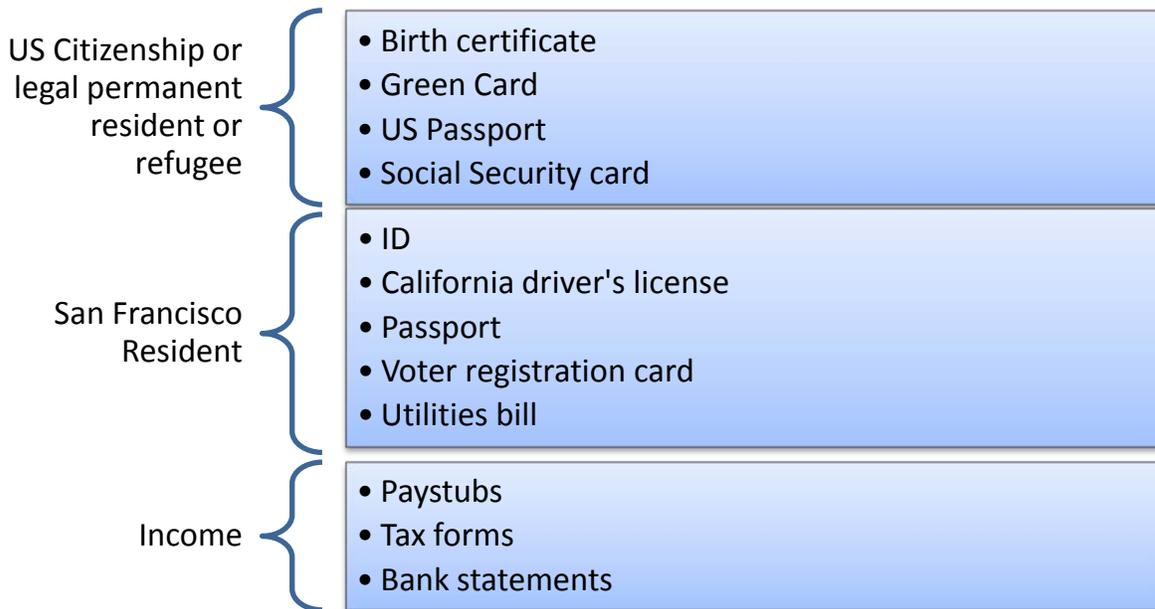
Location: 1440 Harrison Street

Hours of operation: Monday - Friday from 8:00 a.m. to 5:00 p.m.

Phone number: (855) 355-5757

Documents to Bring to Screening

To facilitate the appointment, bring ONE document from EACH section if available:



20. Time to First Offered Appointment FY 2012-13

One of the Timely Access indicators we are required to track by the Department of Health Care Services (DHCS) is the time between “initial contact” and the first offered appointment. All initial contacts by consumers, whether via phone or in person, should be documented in the Timely Access Log in Avatar. This is a requirement for both mental health and substance abuse providers. The state requirement is that appointments for non-urgent conditions be made available within 10 days.

The data in the table below indicate that we were in compliance in approximately 89% of the records entered into the Timely Access Log during FY12-13. While we are doing well, there is room for improvement to ensure that all clients are offered appointments in a timely manner, and that all initial contacts are recorded in the log.

In the near future, a field will be added to the Timely Access Log to enter the consumer’s date of birth. This will allow us to link the records in the log to our service data, so that we will be able to report on the time from initial contact to the actual receipt of services.

FY 2012-13	All Providers	Adults	Children
Average length of time from first request for service to first <i>offered</i> appointment	4.72 days	4.25 days	6.70 days
State (DMHC) standard or goal	10 days	10 days	10 days
Percent of <i>offered</i> appointments that meet this standard	89.3%	91.5%	79.7%

The Timely Access Log module is available to all Avatar users. Please call or e-mail the Avatar Help Desk for support (e-mail at avatarhelp@sfdph.org, or call 415-255-3788).

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

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

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates: Mental Health Services Act Annual Update

There were no MHSA updates.

2.2 Public comment

No public comments.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

No public comments.

3.2 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of January 8, 2014 be approved as submitted.

No vote was taken because quorum was not established.

3.2 PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board meeting of February 12, 2014 be approved as submitted.

No vote was taken because quorum was not established.

3.4 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).

Ms. Byrne was recognized at the February meeting but no vote was taken because there was not quorum.

3.5 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.

Ms. Williams resides in the Western Addition and about eight years ago she decided to give back to the community by developing an afterschool program for children and youth. She has worked with children in the community who are undersocialized and underserved who are living in public housing in the Western Addition. Often these children are exposed to violence at a very early age. She does five community events a year and has about 50 children in her program attending daily activities after school and getting help with their homework. Ms. Williams manages this program with very little financial support and many helpful volunteers.

Dr. Patterson said he attended her annual Kwanza celebration and felt her work with the community was extraordinary, so he wanted to honor her with a Mental Health Board resolution commending her work.

Ms. Williams was recognized at the March meeting but no vote was taken because there was not quorum.

3.6 PROPOSED RESOLUTION: Be 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

No votes were taken because quorum was not established.

ITEM 4.0 PRESENTATIONS

Mr. Joseph introduced Ms. Joan Cairns, Executive Director of Jail Psychiatric Services. He said that board members may all be interested in knowing that Jo Robinson was the executive director before being appointed CBHS director.

4.1 Presentation: Joan Cairns, Executive Director of Jail Psychiatric Services.

At the end of the minutes is Ms. Cairns' presentation handout.

Ms. Cairns provided an overview of Jail Psychiatric Services (JPS). About 1.1 million people are in the county jail system.

She explained that Psychiatric Administrative Segregation is for extremely violent patients who need stabilization into a transitional housing environment.

JPS is providing Crisis Intervention Training (CIT) for the Sheriff's department to help them best deal with the needs of people with mental illness. Crisis de-escalation is one of the tools.

Dr. Patterson asked for clarification between mental health workers and psychologists.

Ms. Cairns said mental health workers are people with a BS in social work, while psychological clinicians have a master's degree.

Ms. Virginia Lewis asked for the staffing to patient ratio.

Ms. Cairns said there are 22 people on staff but would like more community resources.

Ms. Virginia Lewis asked about the time of release from jail which can be very late at night when very few resources are available.

Ms. Cairns said the time of release or bail out may be problematic for women's safety if they are being released late at night..

Dr. David Elliott Lewis asked for the wish list for her program.

Ms. Cairns replied that supportive housing and stable employment opportunities would be great.

Dr. David Elliott Lewis asked what she would like from the Sheriff's department.

Ms. Cairns replied that training deputies working with people with mental illness and having all 800 sheriffs get CIT training.

Public member said he is with Tom Waddell clinic. Although the clinic has its own security, many times a situation escalates into violence between people with acute mental illness. Calls to the sheriff department can result in delays.

Ms. Cairns said it is a custody issue.

4.2 Review of Assisted Outpatient Treatment and Overview of Laura's Law Programs in Nevada and Yolo Counties, David Elliott Lewis, PhD, Terry Bohrer

Dr. David Elliott Lewis interviewed people in Yolo and Nevada counties on Laura's Law and met with Michael Haggerty, who is Director of Behavioral Health for Nevada County and who implemented Laura's Law in Nevada County. Assisted outpatient treatment works for some people.

He also said Mayor Ed Lee is convening a community process to determine how to engage and maintain appropriate behavioral health treatment of the severely mentally ill and often dually diagnosed individuals that current programs have failed to successfully treat or adequately engage

Ms. Bohrer said the name of the task force is Contact Assess Recover Ensure Success (CARE) Task Force. The CARE Task Force will host four bi-weekly community meetings between March 2014 and May 2014. She suggested that since Dr. David Elliott Lewis is sitting on the CARE task force she would like the board to take a position on implementation of Laura's Law for San Francisco.

She is the newly appointed Chair of the Assisted Outpatient Treatment (AOT) Committee to review options for San Francisco. Her committee will provide input for the Mayor's CARE task force. She volunteered to chair the committee to come up with a resolution on AOT and invited board members to be on the committee.

Ms. Virginia Lewis clarified that a resolution on Laura's Law is very different than an exploration of a full range of AOT care to advise the Board of Supervisors for San Francisco.

Public Comment

Ms. D'Arcangelew from NAMI-SF commented that she works for the American Civil Liberty Union (ACLU), and urged the board to consider adopting the implementation of Laura's Law as a viable option for San Francisco.

She said NAMI meets next Tuesday at Saint Francis Hospital in the basement.

A member of the public showed New York's Kendra's Law report of 120 pages.

4.3 Golden Gate Bridge Suicide Barrier Collaboration with Marin Mental Health Board: David Elliott Lewis, PhD

Dr. David Elliott Lewis said for 40 years there were talks about barriers to prevent suicide jumpers. The total cost is \$66 million with a \$12 million short-fall for putting in an esthetic net on the east side of the bridge. Since 1937, there have been only 17 people who survived jumping off the Golden Gate Bridge.

Ms. Chien would like a board resolution supporting the barrier.

Public Comment

No public comments.

4.4 Public Comment

No public comments.

ITEM 5.0 REPORTS

For discussion

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

Ms. Brooke said Jo Robinson has been asked to participate in an ongoing committee in Sacramento that meets the second Wednesday of the month so she will no longer be able to attend our meetings unless we consider changing the meeting to a different Wednesday of the month. She asked if board members are willing to consider a change so that Jo Robinson can continue to attend the meetings and if so do any of the members have a conflict with the 1st, 3rd or 4th Wednesdays?

Ms. Chien urged the board to accommodate Jo Robinson's new schedule on moving the meeting.

Ms. Brooke mentioned two additional items in her report

- San Francisco Mental Health Education Funds received the highest scoring of Four on the program review by Tom Mesa.
- She urged the board to get involved in the annual report process, and the report is due on June 30, 2014.

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

Mr. Joseph announced that the Executive Committee has changed its meeting time to the daytime. The next meeting is Thursday, March 20th, 2014 at 11:00 AM at 1380 Howard Street, Room 424. All board members as well as members of the public are welcome to attend.

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 or people were highlighted.

Dr. David Elliott Lewis would like the board to investigate the down sizing of acute psychiatric beds in San Francisco.

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

No activities reported.

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

No suggestions were submitted.

5.6 Public comment.

No public comments.

ITEM 6.0 PUBLIC COMMENT

Ms. Palatianos offered her services to CCSF

No public comments.

ADJOURNMENT

Meeting adjourned at [8:30 PM](#).

Jail Behavioral Health Services/Jail Reentry Services

Joan Cairns, Director

Carrie Gustafson, Program Director

Currently, approximately 1.1 million people with severe mental illness are admitted to U.S. jails each year.



Title 15- Article 11

Medical and Mental Health Services

- Minimum jail standards
- Inmates will have access to:
 - mental health assessment and treatment
 - crisis intervention (including transfer to another facility, such as SFGH Ward 7L, to meet these needs
 - stabilization and treatment of mental illness
 - medication support services
 - Individual treatment plans for inmates with a mental illness that may be shared with custody staff to coordinate care
- Suicide prevention program

Jails Today

- In 2012, jails admitted more than 11.6 million people
- Nearly 750,000 people are in jail in the United States on any given day (Regenstein & Rosenbaum, 2013)
- Rates of mental illness in jails have increased upwards of 50% over the last five years (Hirschhorn & Mitchell, 2011; Wiener, 2012)
- With the closure of psychiatric hospitals and inpatient units, individuals with acute psychiatric needs are being seen in custody rather than receiving appropriate psychiatric interventions in a hospital setting.

Jails Today

- Forensic settings now provide significantly more mental health services to individuals than community based treatment.
- While overall jail census is low, special populations increasingly account for a large portion of the jail population.
- Most individuals (roughly 80%) are arrested for nonviolent offenses such as drug and property offenses (Baillargeon, Binswanger, Penn, Williams & Murray, 2009)
- Individuals with mental illness have higher rates of recidivism (Baillargeon et al., 2009; Steadman, Redlich, Callahan, Robbins & Vesselinov, 2010)
- County jails see higher rates of mental illness than prisons (Hatcher, 2012)

Mental Illness in the San Francisco County Jail

- Mentally ill population, as a percentage of the population, has increased
- Increase of older inmates with mental health and medical needs
- Increase of first arrests with serious charges
- Patients are sicker and more complicated
- SFGH 7L , where patients on a 5150 are sent, is always at capacity, with a long que of patients waiting to be admitted.

Behavioral Health Services (BHS)

- BHS has 22 clinicians, 1.75 psychiatrists, and 4 mental health counselors to address the mental health needs of inmates in the jail (approximately 1400)
- Approximately 33% of inmates in the San Francisco County Jail display symptoms and/or behaviors that require intervention and are followed by BHS. Within this population, 11- 15% of those individuals have a severe and persistent mental illness
- Monthly, clinicians conduct over 600 mental status evaluations, approximately 400 5150's, 3,400 treatment sessions, 600 collateral contacts, 280 discharge planning contacts, and 830 case management contacts.
- In 2013, BHS saw 5,326 individuals

Referral Sources

- Medical Triage
- Community Treatment Providers
- Jail Health Services
- Sheriff's Department
- Attorneys, Probation Officers, Community Providers, Family/friends
- Self-referral
- Safety cell placement
 - Danger to Self
 - Danger to Others
 - Grave Disability

BHS Treatment Services

BHS provides the following services:

- Evaluation within 24 – 48 hours
- Crisis intervention
- Individual and group therapy
 - Evidence Based Practices (EBP)
- Medication management
- Assessment and referrals to community treatment
- Substance abuse assessment
- Training for SFSD and Jail Medical Services

BHS Treatment Services

- BHS provides intensive psychiatric treatment in a milieu setting to inmates who would be vulnerable if housed in general population
 - Observation Housing
 - Women's Psychiatric Sheltered Living Unit (CJ2)
 - Men's Psychiatric Housing (CJ4)
 - Men's Psychiatric Sheltered Living Unit (CJ5)
 - Men's Psychiatric Administrative Segregation (CJ5)
- Coordination with SFSD to move stable individuals from administrative segregation to milieu setting

Jail Reentry Services (JRS)

- Specialized treatment component of BHS
- Primary roles are to:
 - Ensure the continuity of care between the jail and the community (e.g., working with current providers)
 - Collaborate with the courts to develop mental health dispositions for clients with mental illness
 - Provides reports to the court via 4011.6 orders about clients' mental health
- Liaison between County Jail System, Superior Court, Community System of Care (e.g., VA, FAP, CBHS, DPH), and Families
- Healthcare enrollment (ACA)
- Residential treatment and hospital beds in the community

CIT Training

- Similar to officers in the community, custody staff are the first responders to crises in a jail
- Need to be “armed” with specialized training to address these situations
- Develops a collaboration between custody staff and mental health professionals
- Choosing instructors that represent all perspectives (i.e., psychiatric, medical, custody)
- Modeling collaboration and mutual respect

CIT Training Curriculum

- Introduction to mental illness
- Suicide prevention
- Substance abuse disorders
- Special populations
- Active listening
- Communication strategies
- Job burnout
- Community resources

QUESTIONS?