



SAN FRANCISCO MENTAL HEALTH BOARD

Mayor Edwin Lee

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Harriette Stallworth Stevens, EdD
Vanae Tran, MS
Njon Weinroth
Adrian Williams
Idell Wilson
Errol Wishom

Adopted Minutes

Mental Health Board Meeting
Wednesday, [March 18](#), 2015
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Kara Chien, JD, Chair; Ulash Thakore-Dunlap, MFT, Vice Chair; David Elliott Lewis, PhD, Secretary; Terry Bohrer, RN, MSW, CLNC; Mark Farrell, Board of Supervisors; Deborah Hardy; Virginia S. Lewis, MA, LCSW; Harriette Stevens, EdD; Vanae Tran, MS.; Njon Weinroth; Adrian Williams; [and](#) Idell Wilson.

BOARD MEMBERS ON LEAVE: Ellis Joseph, MBA; [and](#) Terence Patterson, EdD, ABPP.

BOARD MEMBERS ABSENT: Wendy James; and Andre Moore.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Allynn McInerney (MHB Intern); Jo Robinson, Director of CBHS; Jess Montejano, Supervisor Farrell's staffer; Brian Tseng, Physicians Organizing Committee; Gene Porfido, Tom Waddell Program; Toni Parks; Mercedes Crouser, Janssen Pharmaceutical Companies; and [three](#) additional members of the public.

CALL TO ORDER

Ms. Chien called the meeting of the Mental Health Board to order at 6:44 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes in the agenda.

ITEM 1.0 WELCOME SUPERVISOR FARRELL

Supervisor Farrell will be welcomed to the Mental Health Board to the Board of Supervisor's Seat #17.

Ms. Chien welcomed Supervisor Farrell to Seat #17, the Board of Supervisor's seat, on the Mental Health Board stating that we greatly appreciate your willingness to serve and help with the 2015 Board priorities of:

1. Issues Concerning Incarcerated Mentally Ill
2. Information and Access to Behavioral Health Services
3. Chronic trauma as related to violence and youth and family Issues

She invited the Supervisor to say a few words to the Board.

Supervisor Farrell said he has been very involved in mental health issues and the issue of homelessness and he looks forward to working with the board. His staff, Jess Montejano will join him at the meetings. He is very happy to be here and looks forward to working with everyone.

ITEM 2.0 REPORT FROM COMMUNITY BEHAVIORAL HEALTH SERVICES DIRECTOR

Ms. Chien introduced Jo Robinson, Director of Community Behavioral Health Services to give her director's report."

2.1 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.

Ms. Robinson highlighted several items on the report. She hired the Assisted Outreach Team (AOT) director, Angelica Almeida, PhD who will start March 30th. She will begin by doing community outreach. She gave a budget update and there are no anticipated cuts to the Community Behavioral Health Services budget but no expected, no increase in dollars. The Health Department has to fund an enterprise electronic health record as part of the Affordable Care Act (ACA) requirements. We need a high end, electronic health record system, which will take five years in the making.

She said Chinatown/North Beach is the third Behavioral Health Home to get up and running. It can now provide both primary care and mental health services.

Ms. Hardy asked about the cost of the enterprise electronic health record system.

Ms. Robinson said it could be in the \$100 million dollar range.

2.2 Public Comment

No public comments.

Monthly Director's Report **March 2015**

1. Assisted Outpatient Treatment (AOT) Care Director

Please join CBHS in welcoming Angelica Almeida, PhD. into the position of AOT Care Director. Currently, she is the Deputy Director of Jail Health Reentry Services and the staff psychologist for the broader Behavioral Health Services with the San Francisco County Jail. She also serves as an adjunct faculty member at Argosy University, a graduate school for Psychology, Bay Area campus. Dr. Almeida brings a wealth of knowledge, experience and dedication to this position. A primary focus of her work has been to engage marginalized and indigent populations in services. We are privileged to have her leading this team. Her start date will be March 30, 2015.

2. Chinatown North Beach Mental Health Services (CTNBMHS)/Chinatown Public Health Center (CPHC) Behavioral Health Home

On January 8, 2015, Henrietta Tran, NP from Chinatown Public Health Center, assisted by Wen Fen Liu, HW from Chinatown North Beach Mental Health Services, cared for the first "Behavioral Health Home" client at Chinatown North Beach Mental Health Services. For many years a dream of CPHC and CTNBMHS to bring primary care directly to individuals with serious mental health conditions and multiple barriers to receiving primary care, the behavioral health home is the culmination of many months of planning, training and overcoming logistical obstacles.

The Affordable Care Act of 2010 created an optional Medicaid State Plan benefit for states to establish Health Homes to coordinate care for people with Medicaid who have chronic conditions. Health Home providers focus on care of the whole person and will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person. The CTNBMHS/CPHC Behavioral Health Home targets a population of individuals with serious mental illness in need of primary care to manage existing chronic conditions and/or to prevent the development of chronic conditions for which they are at risk. The majority of the targeted population have significant barriers related to their mental health conditions such that they are unable to access or link to primary care services effectively. By bringing primary care directly to them at CTNBMHS, the dedicated behavioral health home teamlet of Nurse Practitioner and Health Worker works closely with the CTNBMHS team including psychiatrists, case managers and RNs to holistically care for these clients. The post-clinic huddle, for example, enables increased communication between the teamlet and the case managers and psychiatrists. In the future, other models such as health coaching will be piloted

to improve care of these clients in between visits. The CTNBMHS/CPHC Behavioral Health Home Clinic is held weekly on Thursday afternoons.

South of Market Mental Health Mental Health Services and Mission Mental Health have operational Behavioral Health Homes. Sunset Mental Health Services and Ocean Park Health Center are targeting April 2015 to start their behavioral health home providing primary care services to clients on site at Sunset Mental Health.

3. Impact of Prop 47

The Legislative Analyst's Office this week issued a new report on the impact of Proposition 47 on State Corrections. The changes implemented by Prop. 47 will reduce the state prison population and associated costs by (1) making fewer offenders eligible for prison and (2) reducing the terms of the inmates resentenced by the courts. Over half of these inmates were incarcerated for drug offenses. One of the LAO's conclusions is that the administration may be underestimating the population reductions from Proposition 47 because it made very cautious assumptions about its effects. Beginning in 2016, 65% of the savings generated by the prison and jail population reductions will be directed into mental health and substance use disorder treatment and diversion programs

4. CYF Directors Report

After more than a decade of cross departmental advocacy San Francisco will have the opportunity to utilize shared information across departments to improve service delivery. The shared youth database is a collaborative effort of the SF Department of Public Health, Human Services Agency, Juvenile Probation Department, and the Unified School District. The system is designed to securely share data from each agency in order to identify families and individuals with high or special needs and direct appropriate services to them in hopes of improving outcomes and reducing duplication. It will also allow for cross-agency data research in the aggregate to inform policy and program decision-making. The system, initiated by Public Health, has been designed to protect all client's privacy and follow specific agency rules on data maintenance and exchange. This project has been identified as a model program by the National League of Cities who will be releasing an article about the initiative very soon.

CYFSOC has continued to strengthen its work with San Francisco Unified School District with goal of deepening alignment of service flow. Started in January, both systems have initiated the Students Behavior Triage team meeting to discuss and address high risk cases. This meeting takes place on 1st and 3rd Monday mornings. CYFSOC brings in cases from Risk Level-2 and/or students care that require high level case specific problem solving. In addition, we have allocated staff time to assist with navigating and bridging referrals from SFUSD to our system of care. This pilot effort includes 3 high school Wellness Centers with high volume of behavioral health service needs, referrals for students with 504 plans (students with disabilities accommodation needs), and, new this month, referrals from Truancy Court where judges hold truancy related hearings at 3 elementary school sites (El Dorado, Bret Harte & Visitation Valley).

Chinatown Child Development Center

Dr. Diana Wong, LMFT, Chinatown Child Development Center's Community Liaison, participated in the Asian Pacific Islander Health Parity Coalition Steering Committee Retreat. CCDC is an active Steering Committee member. API Health Parity Coalition established in 2006 aims to promote a "mentally healthy API community" by educating the community on mental health issues, de-stigmatizing mental illness and help-seeking behaviors, promoting workforce development, and providing culturally relevant services to the API Communities.

It is with deep regret that I am announcing the resignation of Dr. Alex Chen from the staff team of Chinatown Child Development Center effective April 3, 2015. Dr. Chen worked with the Department of Public Health Children, Youth, and Family System of Care for over a decade. He has provided child psychiatric services for many clinics. Dr. Chen served as medical director at Southeast Child/Family Therapy Center, Comprehensive Child Crisis Services, and most recently at Chinatown Child Development Center. We will celebrate Dr. Chen's on Wednesday, March 18th from 12:00PM to 1:00PM with a "potluck" party greeting him with our goodbyes.

Our weekly Infant Group, co-facilitated by Diana Wong, Becky Yu & Sam Eath, celebrated Chinese Lunar New Year with the group's primary care providers and infants. The primary care providers brought food to share during the meeting as well as sharing culturally relevant stories to celebrate the Year of the Ram.

Comprehensive Crisis Services

The Comprehensive Crisis Services had an eventful month filled with changes and celebrations. The New UCSF Benioff Children's Hospital at Mission Bay has just opened where Child Crisis will respond for crisis evaluation of kids in their state-of-art emergency room. Edgewood's Crisis Stabilization Unit was closed for one day due to construction to better accommodate children and families who show up at the CSU for evaluation and stabilization. The Child Crisis team conducted 60 crisis evaluations both in the field and at the CSU with primary location to see clients at the CSU. February was also a month of cultural celebrations. Our Comprehensive Crisis Services celebrated Black History month recognizing the achievements and contributions from prominent African American figures. Aside from food, music, trivia games, and festivities, staff provided an educational component to discuss the struggles as well as accomplishments particularly for African American pioneers in the Medical/Mental Health field. Dr. Charles Drew's breakthrough and research on blood plasma is especially highlighted for his life-saving work in the medical practice. In the same month, staff also celebrated the Lunar New Year with food, festivities, red envelopes, and decorations to welcome the year of the Sheep/Ram/Goat. Aside from festivities, the clinic also begun to interview for our full-time senior clerk position to help support the administrative duties of the team as a whole. February was a tremendous month and we will continue to strive for excellence and overall improvement on serving our children and families in crisis.

L.E.G.A.C.Y

On February 4th, L.E.G.A.C.Y. hosted the annual EQRO consumer interviews. The seven participants were given the opportunity to share their experiences of receiving CYF behavioral health services. Their feedback is utilized so that we may improve upon our delivery of services.

LEGACY's Family Support Night held on February 22 celebrated Black History Month. Our evening's speaker focused on empowerment. Additionally, one of our TAY youth performed a very moving praise dance routine. LEGACY also joined in with FMP's Black History Month celebration that included readings, songs, a raffle and therapeutic drumming.

Black Infant Health had their 20th Annual Afrocentric Parenting Conference and Dr. Joy DeGruy and Dr. Wade Nobles were the highlighted speakers. Five staff were chosen to attend this popular and informative event. LEGACY was honored by BIH at least year's event as an "Outstanding Community Partner."

Mission Family Center

MFC participated in the community meeting called by district supervisors in response to residents who were victims of recent fires. Various city departments and community based agencies were present to provide direct linkages and MFC was among them. In addition, MFC staff outreached to Edison Charter School where the majority of the K-8 aged children and youth who were fire victims are students. MFC remains ever available to provide additional support as needed. MFC hosts the monthly CBHS workgroup on unaccompanied minors in effort to strengthen our resources and knowledge and to streamline our processes for children, youth and their families who are reuniting after many years of separation. MFC also represented CBHS at the Unaccompanied Minors Legal Services quarterly collaborative meeting. Staff have begun planning for transition to DSM 5 and are using a variety of tools to prepare for our clinical discussions. Clinical and administrative staff are collaborating in this process using the strengths of their various roles and talents. Finally, MFC staff were honored to be invited and participate in the Family Mosaic Project Black History Month event "Honoring Our Ancestors – a Drumming and Healing Family Celebration."

Family Mosaic Project

On February 26th, Family Mosaic Project celebrated Black History Month. On this day we were able to honor the many contributions by African Americans to United States history. The event was for clients, families, staff and community leaders. The main event of the program was the Drumming Circle led by Roselyn Womack. A drum circle is a group of individuals who are creating and sharing a rhythmical experience. There are many healing benefits to a drum circle. Some of the benefits can be the release negative feelings,

emotional trauma, a medium for self-realization, and reduce stress. This event was possible by the hard work and donations by staff and the community.

Southeast Child & Family Therapy Center

Maryanne Mock began transitioning towards her retirement as of 2/13. Ines took on the role of Acting Interim Director beginning on February 16th. Lucia Hammond, LMFT will be the acting assistant director. Psychologists, Toni Jung and Vilma Entrenas will also support in supervision and administrative tasks.

Southeast offered 28 intake slots for February, of which 17 were scheduled. Southeast currently does not have a wait for services, as we recently filled our 20 hour as needed position with Paula Cordova, who was able to absorb our cases. In addition, we took four Spanish speaking cases from Mission Family Center.

We continue to work on our PDSA to improve access to psychiatric evaluations and are now also focusing on referring meds only cases back to Primary Care to increase access to new referrals. PLAAAY is ramping up and we met with 5 African American male mentors who may be partnering with us in providing the services. We are applying to implement the program at Palega Rec Center and hoping to start in mid-April. The girls empowerment group is up and running at Silver!

5. Suicide Safe Is Now Available for Download!

Today at the National Press Club, SAMHSA Administrator Pamela S. Hyde, J.D., unveiled Suicide Safe, the latest mobile app from SAMHSA.

The app, based on the nationally recognized [Suicide Assessment Five-Step Evaluation and Triage \(SAFE-T\) card](#), is designed to help primary care and behavioral health providers integrate suicide prevention strategies into their practices and address suicide risk among their patients.

Suicide Safe is now available for free on iOS® and Android™ mobile devices. Be among the first to try this new suicide prevention learning tool—optimized for tablets.

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 vita.ogans@sfdph.org

Item 3.0 Mental Health Service Act Updates and Public Hearings

3.1 Mental Health Services Act Updates

Ms. Robinson shared that we are opening housing units at Rosa Parks Senior II Housing that will provide supportive housing and on-site services provided by MHSA funds. It is a collaboration with Older Adults Services, Bethel African American Methodist Church and Tenderloin Neighborhood Development Corporation.

Darrell Steinberg who is the California legislator who wrote the MHSA will remain active. He has created the Steinberg Institute. He is really looking at the MHSA and looking at how the funds are being used and what are the outcomes. He published a report in March 2015.

Ms. Stevens asked who the participants are in the Rosa Park Housing.

Ms. Robinson said that seniors who are homeless and have a serious mental illness.

Ms. Stevens asked what are the services that are responding to these particular needs.

Ms. Robinson said they will have wrap around services provided by the Older Adult Full Service Partnership, run out of CBHS.

3.2 Public Comment

Brian Tseng, is a San Francisco resident and volunteer with the Physician Organizing Committee. He would like to see the board do follow up on programs providing services under the MHSA.

ITEM 4.0 ACTION ITEMS

4.1 Public comment

[No public comments.](#)

4.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of February 18, 2015 be approved as submitted.

[Unanimously approved.](#)

ITEM 5.0 PRESENTATION: SPECIALTY COURTS IN THE SAN FRANCISCO COURT SYSTEM, ARMANDO MIRANDA, DEPUTY PUBLIC DEFENDER.

Ms. Chien introduced Armando Miranda. He is a Deputy Public Defender for the San Francisco Public Defender's Office. He has been with the Public Defender's office for 17 years. He is an experienced attorney in the areas of criminal defense and collaborative courts. He is assigned specifically to the Parole Court, and he has appeared in every single specialty court in the San Francisco Superior Court. He is also the Proposition 47 attorney for the office.

5.1 Presentation: Specialty Courts in the San Francisco Court System, Armando Miranda, Deputy Public Defender.

The power point presentation is attached to the end of the minutes.

Mr. Miranda gave an overview of the specialty courts.

Behavioral Health Court (BHC): Created in 2002 due to the rising numbers of people with mental illness who were being sent to the jails. Defendant must have Axis 1 disorder. Certain felony charges such as homicides and sex offenders are not considered. The BHC team consists of the judge, a district attorney (DA), a public defender/defense counsel, behavioral health services, citywide case management forensics, community treatment providers, adult probation department, and Office of Collaborative Court Programs, Superior Court.

Eligibility: Must be in custody to be eligible for BHC, have a severe mental illness; defendant must be amenable to treatment, and the mental illness seriously affected their quality of life and likely resulted in their involvement in the criminal justice system. Most felonies are considered. The defendant signs a release of information form. The person must be in the BHC for at least one year. Graduation occurs when the team deems it appropriate.

Drug Court: Provides treatment for defendants charged with eligible offenses who have a serious underlying substance abuse problem.

Eligibility: possession, possession for sale, sales of drugs, and theft offenses

Drug Court also addresses mental health needs, and has dealt with suicidal ideation. Careful selection of lawyers to work on specialty courts so that they are sensitive to the many issues confronted by clients such as addiction and mental health disorders.

Expectations: attend all court dates, follow treatment plan, remain arrest free, attend all mental health appointments and take all medication if prescribed, stop using all drugs and alcohol, make victim restitution payments, regular urinalysis tests (UA's). Graduation occurs when the team deems it appropriate.

Community Justice Court (CJC) opened March 2009; offers community focus intervention that had been missing from the standard criminal justice system.

Eligibility: similar to drug court, but there is a geographic component. Address similar criminal acts that are reoccurring in geographical areas, like the Tenderloin, Civic Center, and south of Market.

Person is referred to the CJC for community service, substance abuse counseling, referral to mental health clinic, referred to shelter, referred to General Assistance.

Police can recommend that the arrested goes directly to the CJC, if they do not want it, they can return to regular criminal court, and then maybe get re-referred to CJC. Graduation occurs when the team deems it appropriate.

Veterans Court: There are 220 Veterans Courts in the country.

Eligibility: must have served in military, no residency restrictions, all misdemeanors with a few exceptions, non-strike felonies.

Team: Veteran's Affairs, Superior Court, District Attorney, Public Defender, Adult Probation, Former-Veterans, Jail Psychiatric Services, Sheriff's Department (Veterans Pod). Graduation occurs when the team deems it appropriate

Parole Court: Functions as a collaborative court with the District Attorney to create rehabilitative sanctions rather than a return to jail. It must consider public safety, transition into the community with support systems in place with hopeful employment.

Mr. Miranda discussed the 290 Dilemma which is the sex offender population. Many current sex offender parolees are on parole for non-sex offenses. Their sex offense could have occurred over twenty years ago but because they are currently on parole, they are subject to very restrictive parole conditions even if their sex offense is a misdemeanor from over a decade ago. Also a dilemma because many sex offender parolees have serious mental illnesses or are substance abuse issues and are unable to enter residential treatment programs because residential treatment programs will not take sex offenders. Consequently, the only option is outpatient treatment, but that is not always effective with a serious substance abuser who also possibly has a serious mental illness.

He said Parole Court can get clients into services and programs very quickly because there is funding for that, but for the clients that are sex offenders, there are fewer options because residential treatment programs will not accept sex offenders.

Dr. David Elliot Lewis asked for the number or percentage of cases that are turned away because the court is at capacity.

Mr. Miranda said they are not at capacity and haven't turned away people right now.

Ms. Robinson said they are actually trying to get more participants for the specialty courts.

Dr. David Elliot Lewis asked if there are specific criteria for attorneys to participate in these courts.

Mr. Miranda said they are interviewing for attorneys who would be a good fit and willing to work with this population.

Ms. Lewis asked for the numbers of people who have been involved in each court.

Mr. Miranda said he would get those numbers for the board.

Ms. Lewis asked if people can go through the courts multiple times.

Mr. Miranda said that many clients go through these courts multiple times, if necessary. It is a case-by-case approach.

Ms. Hardy wondered what percentage of paroles are sex offenders.

Mr. Miranda couldn't give exact numbers but estimated that over 50% of his cases, now, are sex offenders, because many are struggling while on parole because we cannot place them into residential treatment programs.

Ms. Lewis asked if the programs need expansion.

Mr. Miranda said the primary need is for more onsite mental health staff.

Dr. Stevens shared that the population seems, disproportionately, largely African American even though there are very few African Americans in San Francisco.

Mr. Miranda is aware of issues of racial profiling. Most everyone in the Hall of Justice is aware of the issue of racial profiling. Once, he spoke in parole court that a particular parolee

would not have been stopped if they were white for riding his bicycle on the sidewalk. The majority of the paroles are people of color, and very few females.

Dr. Stevens asked how the court relates to the neighborhood.

Mr. Miranda said the CJC courts works with the community.

Ms. Tran asked what happens if person violates and uses a drug.

Mr. Miranda said there are escalating sanctions. For example, they might have to sit in court all day and listen to other cases. They might be ordered to write an essay on a specific topic. They may also be ordered to attend extra AA/NA meetings.

Ms. Tran asked about the average length of time people are involved with these courts.

Mr. Miranda said it is a year for most people.

5.2 Public Comment

Mr. Porfido wondered how easy is it for someone who knows nothing about the specialty courts, the alternatives, to be offered them.

Mr. Miranda said it is always something that is addressed right away, but the question is when do you send them. Sometimes they want to litigate a legal issue first, but the question is not about if, but about when. All attorneys trained in the existence of these courts.

Member of the Public asked about the success rate of the overall program and clarification of the 290s.

Mr. Miranda said people come and go and it is not that high all the time. It depends on the participant. Many participants are not ready to address the issues, and we encourage them, and we allow them to return.

Regarding the 290 dilemma, sex offenders get arrested for drug possession, but cannot be treated in residential treatment programs. The residential treatment centers don't want to take sex offenders due to liability, erring on the side of caution. It would take a legislative mandate to change that.

Ms. Erica asked about dollars. How is this being funded, and is it increasing the quality of care for mental health?

Mr. Miranda stated the City covers some of the cost and there are federal grants.

Ms. Robinson said that when participants enter treatment, they are covered by Medical or General Fund dollars. The courts can't mandate where they get the treatment for the mental illness or the substance abuse.

Ms. Martina asked whether a member of the community or a service provider could advocate for one of their clients to be considered for one of these programs.

Mr. Miranda said that if you have a release from the client, then you can always speak with an attorney, or a clinician, about this. If you know of someone in the criminal justice system who these courts may suit, contact their lawyer and start the process.

ITEM 6.0 REPORTS

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

Ms. Brooke reported the following:

1. Victim Services Training April 20, 2015 at the SF Public Library. It is free.
2. Memorial Service for Michael Baxter March 25th at City Hall at 4:00 PM

6.2 Report of the Chair of the Board and the Executive Committee.

Ms. Chien said the next Executive Committee meeting is scheduled for Tuesday, March 24th in Room 207 at 1380 Howard Street. The Executive Committee meeting will continue to be the 4th Tuesday of the month. All board members as well as members of the public, are welcome to attend. She announced that we are also looking for board members to participate on the Information and Access to Services Committee with Vanae Tran. Vanae would like to meet at 9:00 AM, just before the Executive Committee meeting. In addition we are looking for volunteers to help with the board's Annual Report due June 30th.

Ms. Thakore-Dunlap volunteered to lead the work on the Annual Report.

6.3 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.

No reports.

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

Ms. Wilson thanked board members who attended the Program Review Committee, and said it is going well.

Ms. Hardy shared that Jeffery Leiberman, a psychiatrist involved in a study with schizophrenia is speaking tomorrow night at the Mechanics Institute. He is a former president of the American Psychiatric Association.

Dr. David Elliott Lewis shared that the Crisis Intervention Training used to be run by this board. He is on the oversight committee that reviews and designs the current crisis intervention training for police officers who have been on the job for at least three years. It is going on right now, it's the 3rd of a 4 day session, and he has been doing an audit of the program. Sgt. Kelly Kruger, former board member, is working with the program. She's the main psychiatric liaison between the police department and the community.

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

Dr. David Elliott Lewis would like a crisis intervention presentation.

Ms. Wilson would like the board to consider daytime meetings.

6.6 Public comment.

Ms. Crouser said she works for Janssen Pharmaceuticals, a company that produces a simulation of what it is like to have schizophrenia that she would like to share with the board.

7.0 PUBLIC COMMENT

Mr. Porfido said that he thought Ms. Chien did a great job for her first meeting as chair.

Adjournment

Adjourned at: 8:28 PM

Specialty Courts



March 18, 2015

Specialty Courts

- Behavioral Health Court (BHC)
- Drug Court
- Criminal Justice Court (CJC)
- Veterans Court
- Parole Court



Behavioral Health Court (BHC)



MENTAL HEALTH COURTS

Eligibility

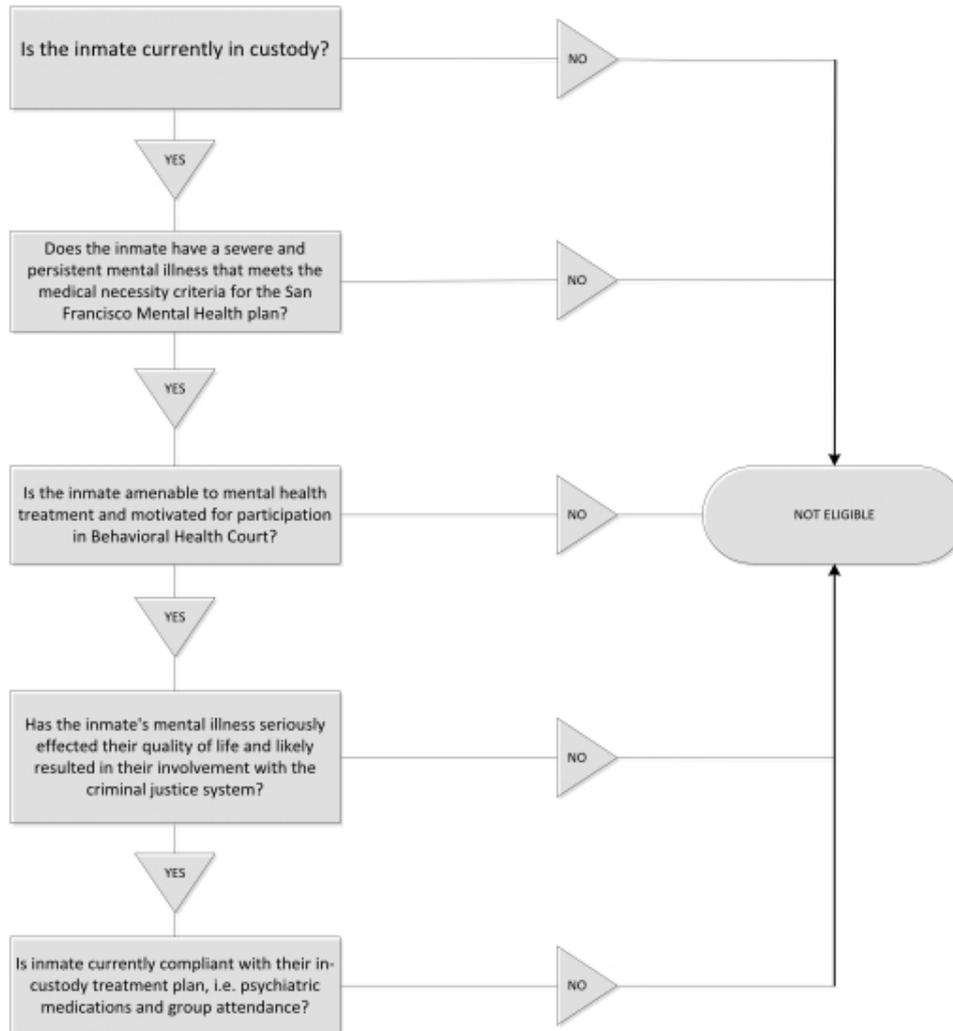
- Many felonies will be considered on a case by case basis.
- Homicides and sex offenses ARE NOT ELIGIBLE.



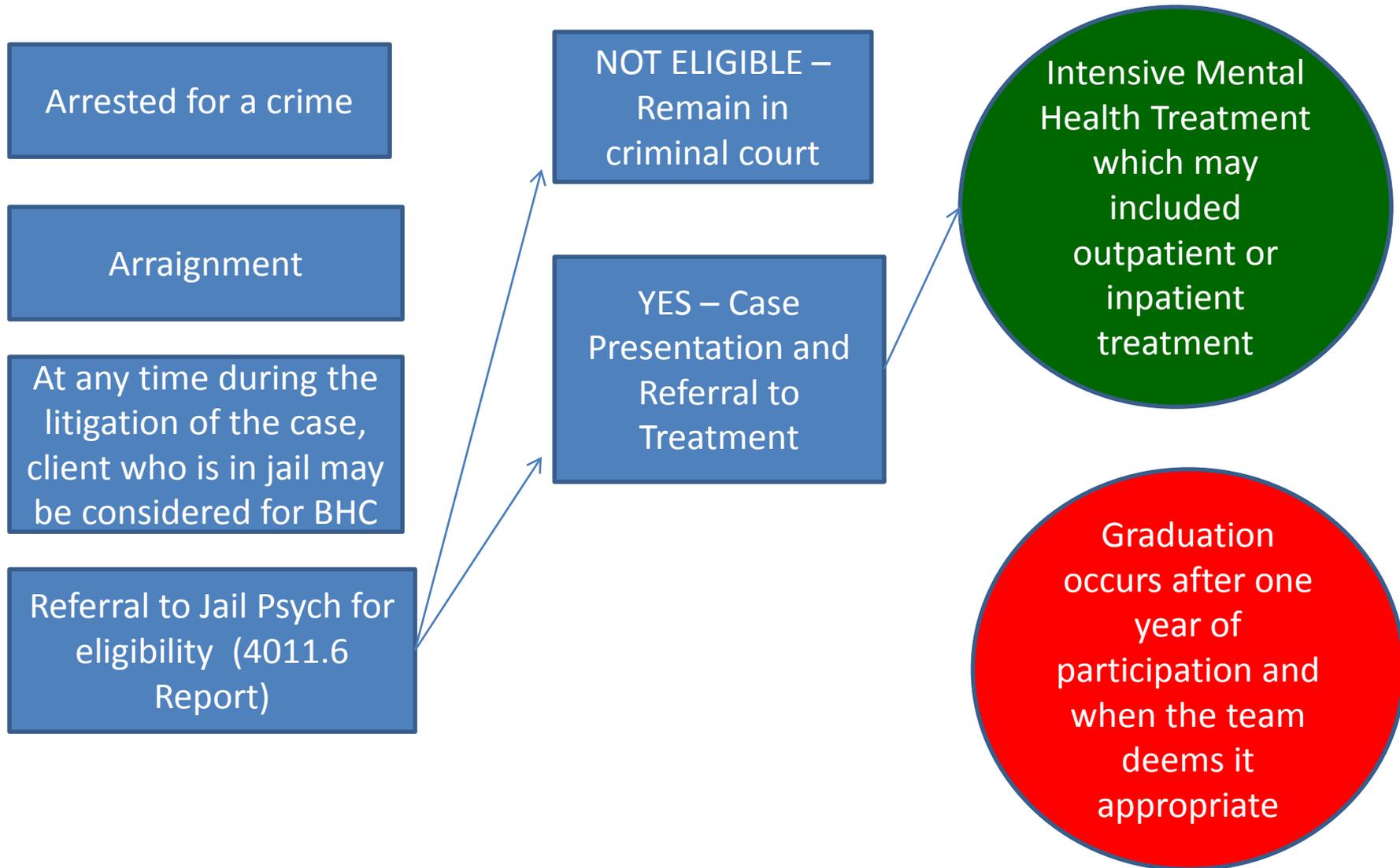
BHC Team

- **Judge**
- **District Attorney**
- **Public Defender/Defense Counsel**
- **Behavioral Health Services (formerly known as Jail Psychiatric Services)**
- **Citywide Case Management Forensics**
- **Community Treatment Providers**
 - Acute Diversion Units
 - Residential facilities
 - Locked facilities
 - Dual Diagnosis Programs
 - Hospital-based detoxification
 - Short and long-term residential treatment
 - Outpatient Treatment
- **Adult Probation Department**
- **Office of Collaborative Court Programs, Superior Court**

Behavioral Health Court Eligibility Criteria



Behavioral Health Court (BHC)



Drug Court



Purpose

- Provide treatment for defendants charged with eligible offenses who have a **SERIOUS UNDERLYING SUBSTANCE ABUSE PROBLEM.**



Eligibility

- Possession of controlled substances
- Possession for sales, sales of drugs (drug quantity limits apply)
- Variety of theft related offenses



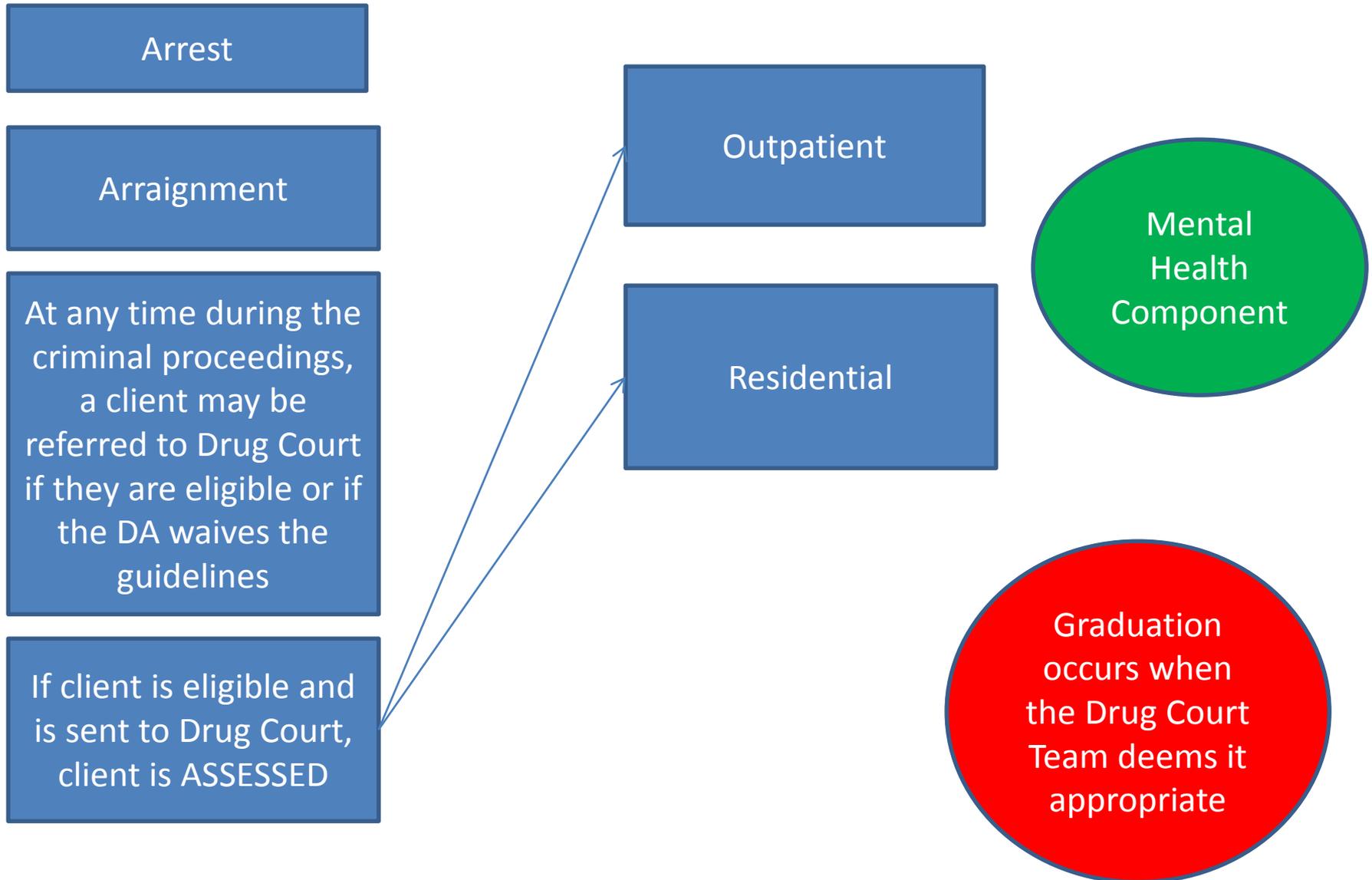
Treatment



Expectations of Drug Court

- **Attend all Court dates, treatment and probation appointments**
- **Follow your treatment plan.**
- **Remain arrest free.**
- **Attend all mental health appointments and take all medications.**
- **Stop using all drugs and alcohol.**
- **Tell your case manager about any prescription medicines you are taking and show documentation from your doctor.**
- **Make victim restitution payments.**
- **Follow all urinalysis orders, without tampering.**

Drug Court





Criminal Justice Court

Eligibility

- **Similar to Drug Court.**
- **There is also a geographic component.**

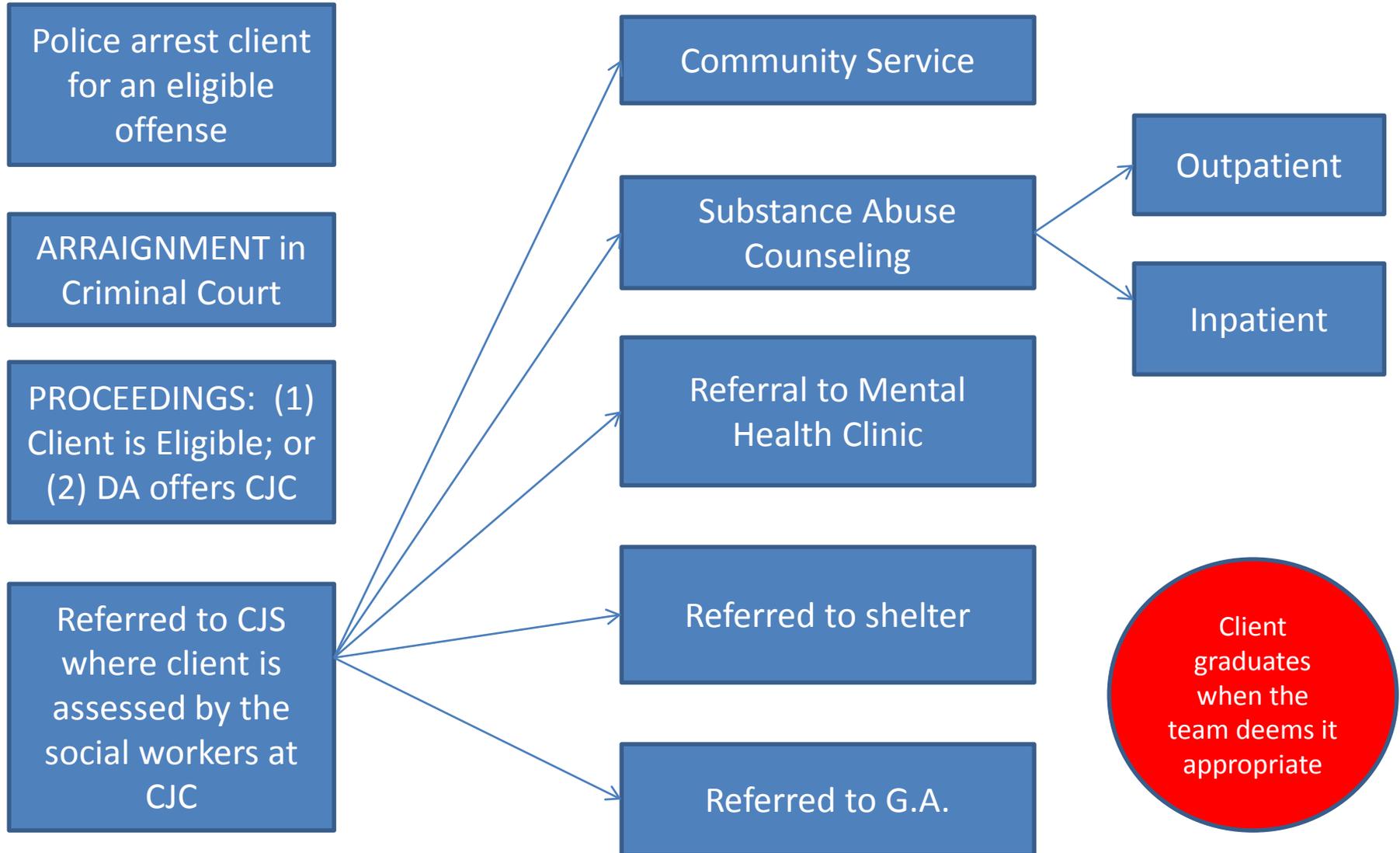
**You are
ELIGIBLE**

CJC Center - 575 Polk Street

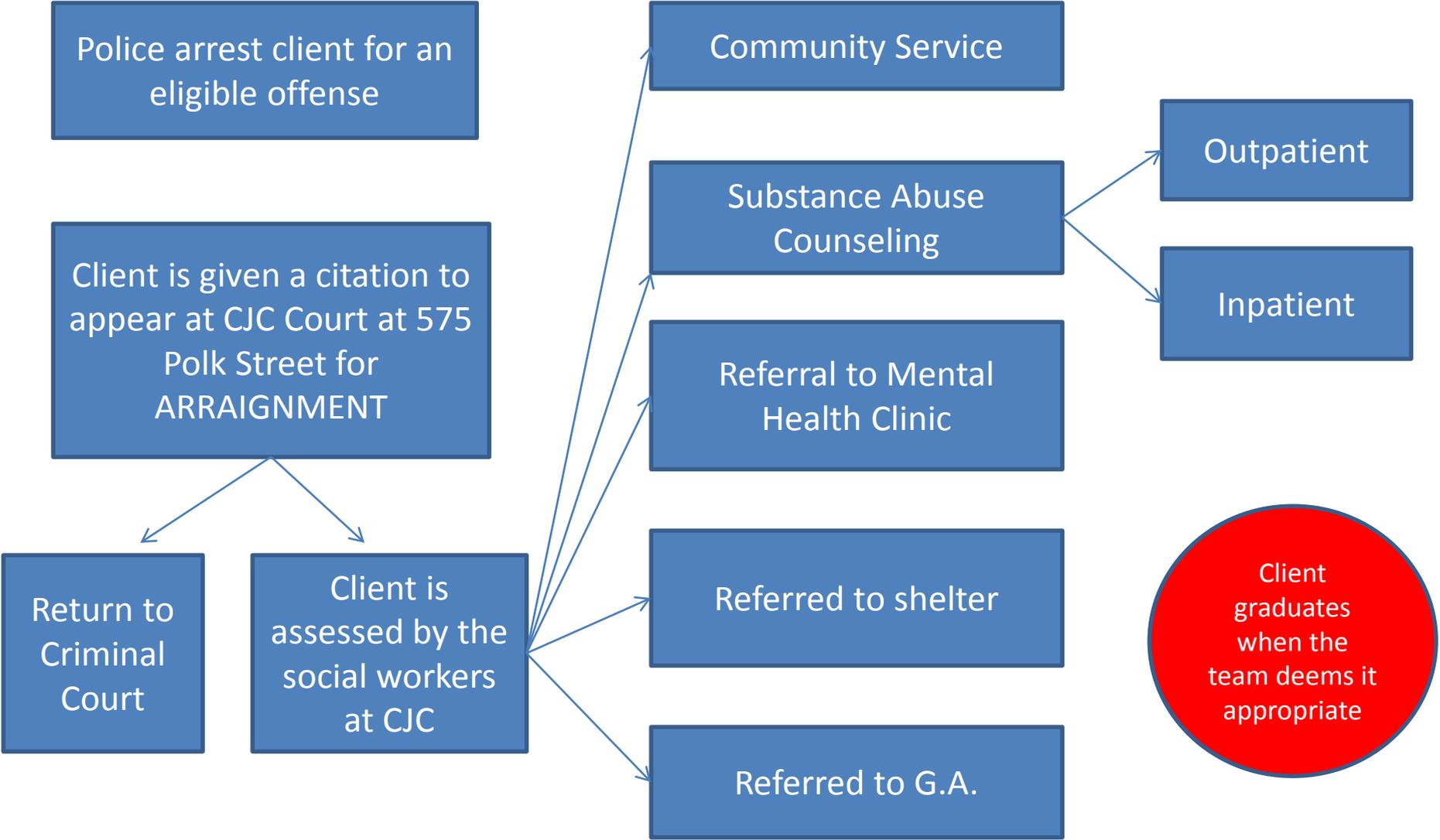
- **Assessment by Department of Public Health Staff**
- **On site counseling**
- **Substance Abuse Counseling**
- **Social workers provide both individual and group counseling**
- **Referrals to mental health clinics**
- **Referrals to shelters such as Next Door**
- **Referrals to the GA office which can provide employment referrals**
- **Referrals to SFGH for medical issues**
- **Will refer client to BHC if appropriate**
- **Applying for grant to fund a full time mental health worker**



Criminal Justice Center (In-Custody)



Criminal Justice Center (Out-of-Custody)



Veterans Court





Eligibility

- Participants must have served in the U.S. Military
- No residency restrictions
- All misdemeanors with a few exceptions
 - No DUIs, gang allegations, hate crimes, domestic violence, elder abuse, crimes against children, guns etc.
- Non-strike felonies (on a pre-plea basis)
- All other felonies with a probation disposition

Team Players



- **Veterans Administration**
- **Superior Court**
- **District Attorney**
- **Public Defender**
- **Adult Probation**
- **Former-Veterans**
- **Jail Psychiatric Services**
- **Sheriffs Department
(Veterans Pod)**

Veterans Court

Arrest

Arraignment

If client wishes to participate, confirm VETERAN status

Refer to Veterans Court

Suitability Screening conducted by licensed clinicians

Full Veterans Court Team discusses matter. If suitable, a comprehensive treatment plan is developed

Outpatient
or
Residential
Treatment

Medical
and
Mental
Health

Job
Training &
Housing
Referrals

Client
graduates
when team
deems it
appropriate

Parole Court



Purpose



Recovery

- **Rehabilitation of the parolee**
- **Public Safety**
- **Transition into the community with support systems in place and, hopefully, employment**

Parolee Service Center

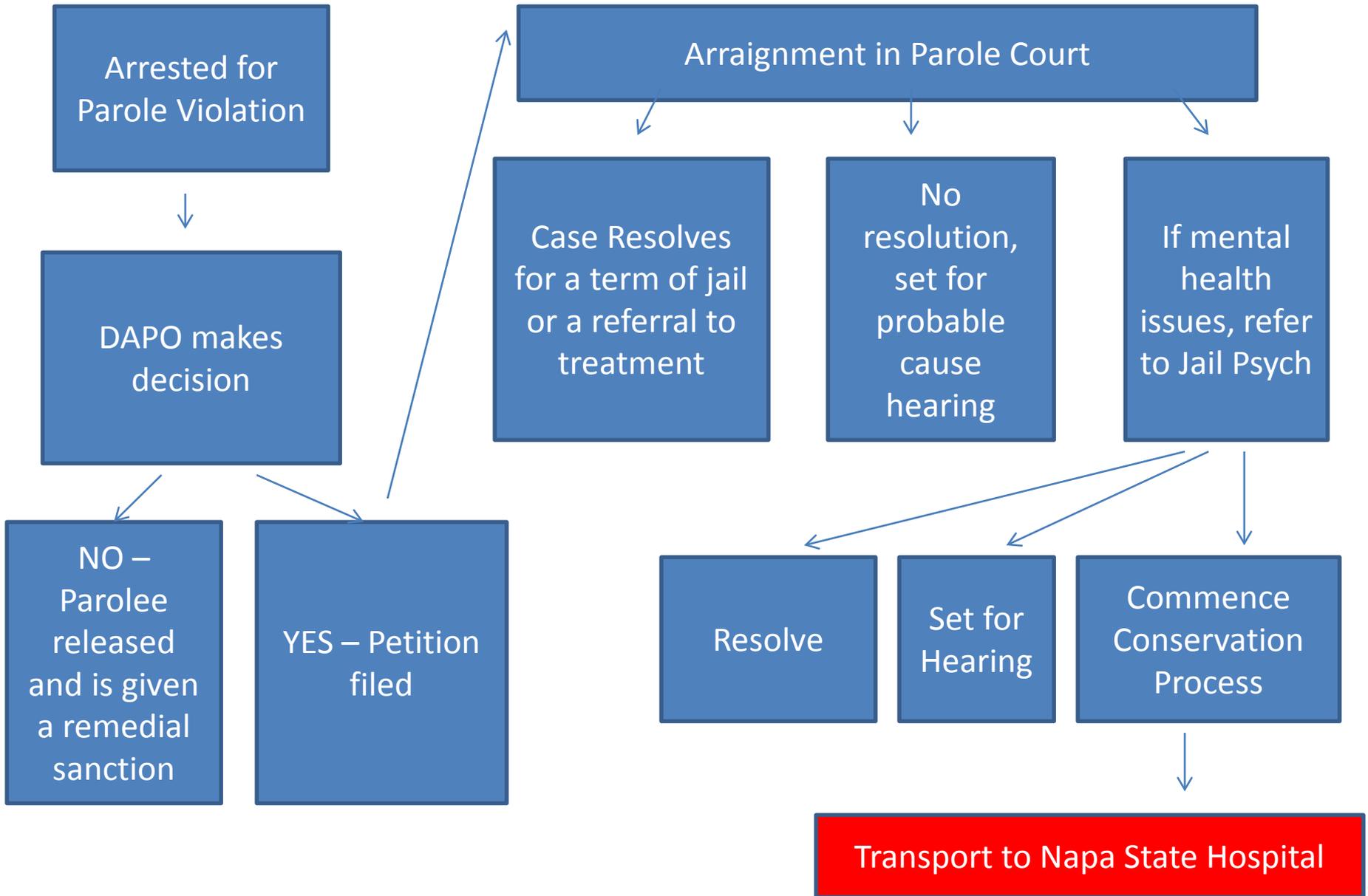
111 Taylor Street, San Francisco

- **Substance Abuse Counseling**
- **Mental Health Counseling**
- **HIV/AIDS and Hepatitis Prevention**
- **Education and Testing Life Skills (including Anger / Stress Management, Budgeting, Banking, Personal Hygiene, Securing Housing, Victim Awareness, and Conflict Resolution)**
- **Specialized Programs (including Cultural Diversity Education, Parenting/Family Skills Program, Women's Group, Suicide Precaution Class, Weekly Meditation Group, and Prison Fellowship/Spirituality Services)**
- **GED Preparation Employment Assistance (including Resume Writing, Job Search Strategies, Job Application Assistance, and Interview Techniques)**
- **Vocational Training**

The 290 Dilemma



Parole Court





Prop 47

- Reduces certain felonies to misdemeanors
- Parolees are automatically discharged from parole.
- Proposition 47 should not impact other specialty courts unless the participant has completed a full misdemeanor sentence.

Questions

