



Mayor Edwin Lee

SAN FRANCISCO MENTAL HEALTH BOARD

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Benny Wong, LCSW

Adopted Minutes
Mental Health Board Meeting
Wednesday, [June 20](#), 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; David Elliott Lewis, PhD, Secretary; Terry Bohrer, RN, MSW, CLNC; Deborah Hardy; Wendy James; Virginia S. Lewis, MA, LCSW; Harriette Stevens, EdD; Vanae Tran, MS.; Njon Weinroth; Idell Wilson; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Ulash Thakore-Dunlap, MFT, Vice Chair; and Adrian Williams, Supervisor Mark Farrell

BOARD MEMBERS ABSENT: [None](#)

OTHERS PRESENT: Loy M. Proffitt (Administrative Manager); Victoria Larkowich; Edwin Batongbacal, Director of Adult Behavioral Health of BHS; Reuben David Goodman; Daniel F. Lee; Toni Parks; Gene Porfido, Tom Waddell Medical Center; Ali Riker, San Francisco Sheriff's Department (SFSD) ; Dr. Katrina Peters, San Francisco General Hospital (SFGH); Jenny Lee; Thea Matthews; Mesha Irizarry, Idriss Stelley Foundation (ISF), Jeremy Miller, ISF; Dave Limcaco; John Franklin, Mental Health Association (MHA-SF); and four additional members of the public.

CALL TO ORDER

Ms. Chien called the meeting of the Mental Health Board to order at 6:37 PM. She announced that Benny Wong, LCSW is the new board member who was appointed by Supervisor David Campos to seat # 8 on the board.

ROLL CALL

Ms. Larkowich is substituting for the Executive Director, who is on vacation. She called the roll.

AGENDA CHANGES

No changes in the agenda.

ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR

Substituting for Jo Robinson to give the June Director's Report tonight is Edwin Batongbacal, Director of Adult Behavioral Health

Ms. Chien introduced Edwin Batongbacal, Director of Adult Behavioral Health of BHS to give the June director's report.

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

Mr. Batongbacal informed the board that the month of May has been designated as mental health month. During the month of May 2015, there were several mental health activities organized by clients to promote awareness and to reduce stigma. The celebration ended with the Open Mic titled "Liberation" and the following Mental Health Board members were at the event: Kara Chien, Ulash Thakore-Dunlap, Wendy James, David Elliott Lewis and Idell Wilson.

Coupled with the behavioral health field recognizing the important of lived experience, the Affordable Care Act (ACA) has increased the workforce to provide support to individuals in recovery and their families. Currently pending in Sacramento is a state provision to certify peer support specialists. The provision also seeks MediCal reimbursement for billable services when peer specialists engage with clients with behavioral conditions.

At the national level, the Substance Abuse and Mental Health Services Administration (SAMHSA) has created essential core competencies for peer specialists. SAMHSA includes the following, but not limited to, the principle and values: recovery-oriented, person-centered, non-coercive, relationship-focused and trauma-informed care.

At the county level, Humming Bird Place has opened as a peer respite for low-threshold clients in need of psychiatric support. So far 16 clients have been in the program. By the end of July services will expand to weekend and overnight.

Dr. David Elliott Lewis asked if self-check-in is allowed by the peer respite.

Mr. Batongbacal said the peer respite is not a drop in center. Clients must be referred by case managers.

He also notified the board that the South of Market Mental Health Services clinic will be closed for remodeling for about four months. The clinic will not accept clients during the renovation period.

The Mental Health Services Act (MHSA) has an Innovation component. Innovations will have an exhibit on July 15, 2015 from 1-3 PM at 555 Polk Street.

Dr. David Elliott Lewis asked why community health services is re-branding itself to just BHS.

Ms. Batongbacal said as part of San Francisco Health Network, dropping the word “community” in CBHS to BHS (Behavioral Health Services) seems friendlier and more encompassing as MediCal is starting to offer specialty services. San Francisco County has primary care providers, San Francisco General Hospital (SFGH) and Laguna Honda Hospital in its system of care.

Dr. David Elliott Lewis felt that there are no signs on BHS clinics to easily locate the clinics. The lack of signage is making BHS an accomplice in the shame and stigma of mental illness. He pointed out, for example, there is no signs to inform consumers that they can obtain mental health services inside Mission Health clinic or the 1380 Howard facility.

Ms. Bohrer shared that the director of Mission Health does not want to have a sign on the clinic because it would further stigmatize clients.

1.2 Public Comment

Ms. Jenny Li believed having a sign on clinics would be helpful and easier to locate services.

Mr. Porfido asked about peer specialist opportunities.

Mr. Batongbacal said there is a certification process that is being worked out by legislators.

Dr. David Elliott Lewis shared that he believes that certification would add veracity and legitimacy.

Mr. Goodman shared that he is a client of Mission Act and is in transition to Mission Mental Health. As a consumer, having a sign for the facility would be helpful to people like him.

A member of the public member shared that just as people don’t choose the color of their skin people with mental illness do not choose to have the illness, since the illness often makes them the victim of violence at many levels from systemic to institutional. Since not everyone’s mental illness is welcomed in their family and friends, they don’t want their private struggle to become a public spectacle!

Monthly Director’s Report **June 2015**

Mental Health Month

A peer-led team, within BHS Peer-to-Peer and Vocational Services, assisted in promoting May as Mental Health Awareness Month by reaching out to BHS clinics and community programs, and sponsoring a public Open Mic event titled “Liberation”. The Open Mic event attracted a diverse crowd of talented peers, consumers, participants and attendees. Participants surveyed found the event to be



empowering and a supportive environment to express themselves. The peer-led team also staffed seven 2-hour outreach resource fairs in the BHS lobby at 1380 Howard St. MHSA and *Each Mind Matters* materials including green ribbons, water bottles, shopping bags and educational materials were provided as program incentives for participants. The peer-run outreach efforts reached several community-based organizations and civil service programs and touched over 250 participants.

These activities were developed, coordinated and facilitated by peers targeting other peers and the community at-large. The peer planning committee, named Stigma Busters, plans to meet throughout the year to further facilitate and plan activities to promote mental health awareness. For more information, please contact, Victor Gresser at victor.gresser@sfdph.org or (415) 255-3699

1. Recapturing “LIBERATION”

Over 50 people participated in the event. Victor Gresser was the MC. He kept the room alive and energetic during the whole afternoon.

One of the most memorial moments was a 60 older consumer who talked about the early days' of her institutionalization and electrocution therapy. She poignantly moved everyone in the room with her LIBERATION by energetically dancing around the room to “People like Us” by Kelly Clarkson for over 5 minutes. She received a standing ovation.

Another special highlight was an older gentlemen sharing his wellness and recovery. He began his journey to wellness by leaving the life he knew in Anaheim, Southern California for a one way trip to

San Francisco to start all over again, beginning with being a homeless person. Casting himself in a movie as the hero of his own LIBERATION, he made everyone in the room laugh with him as he narrated his story with his movie silently playing in the background.

The following Mental Health Board members attended the Open Mic event: Kara Chien, Ulash Thakore-Dunlap, Wendy James, David Elliott Lewis and Idell Wilson.

Thank you all for a great event!!

2. The Value of Peer Support

SB 614, LENO

PAT RYAN

The first, CBHDA’s sponsored legislation (SB 614, Leno) – which would require the Department of Health Care Services to establish a program for certifying peer and family support specialists

(PFSS) to provide services to Medi-Cal beneficiaries with mental health care needs -- was approved by the Assembly Appropriations Committee by a unanimous vote of 7-0. This is a significant accomplishment for mental health peer specialists, and for CBHDA's legislative advocacy team, including staff Adrienne Shilton and Diane Van Maren, and CBHDA Legislative Committee co-chairs Mary Hale, Madelyn Schlaepfer and CaSonya Thomas. The next step for the bill will be the full Assembly.

PEERS PRESENT THE CASE FOR PEER SUPPORT SERVICES ON CAPITOL HILL
RONALD MANDERSCHIED, PHD.

[Reprinted, with permission, from Behavioral Healthcare at :
<http://www.behavioral.net/blogs/ron-manderscheid/peers-present-case-peer-support-services-capitol-hill#>

Truly authentic “firsts” are extremely rare in D.C. To experience two in a single day is amazing beyond the pale. Yet, that is exactly what happened on Wednesday, April 29, 2015. That day, the Depression and Bipolar Support Alliance—DBSA—hosted one Congressional Briefing for the House and another for the Senate. Never before has a peer group ever hosted even a single Congressional Briefing, let alone two. Just marvelous!

The purpose of these briefings was to offer a very convincing case for peer support services. This case is extremely strong: Both personal reflection and research evidence document the effectiveness of these services; good training is available to teach required skills; and the need for these services is very large and growing every day with the implementation of the Affordable Care Act. One could not present a more convincing case about anything.

Led by Alan Doederlein, President of DBSA, the presentation panel included Olga Wuerz, a certified peer support specialist who provides support services in a large VA facility; Larry Davidson from Yale, who presented the research evidence; Lisa Goodale, DBSA Vice President and Director of Training, who described the skills taught through a one-week course; Tom Lane from Magellan, and me, who described implementation in private and public settings.

Peer support services bring hope and the promise of recovery. They help to overcome social isolation and the fear of stigma. And they can even help restore a productive life in the community. Yet even more eye opening, none of this existed prior to the turn of the century.

Peer support services can help lead a person to care, improve care engagement, and promote earlier recovery. They also can help to foster good health literacy and personal activation to improve self-management skills over a lifetime.

The Affordable Care Act already has increased private health insurance enrollment by about 11.7 million through the state Health Insurance Marketplaces, and by about 6 million more through the state Medicaid Expansions. Of the former, about a quarter of the enrollees have a behavioral health condition; among the latter, fully 40%. This translates into more than 5

million potential new consumers for a behavioral health care system that already is laboring to meet the needs of current participants. Thus, peer support services are an exceptionally welcome new resource—in my words, priceless!

Yet, today, only 37 states fund peer support services as part of their state Medicaid plans. The briefings were a clarion call to action to increase this number to 50 as soon as possible. All participants agreed that this recommendation is fundamental for future progress.

Our hats are off to Alan Doederlein, Phyllis Foxworth, DBSA Communication Director, and the entire DBSA team for exceptional performances on Capitol Hill. I have no doubt that their message was heard loudly and received warmly by the congressional staff members who participated.

TIME TO COMMENT: PEER WORKER COMPETENCIES

Peer engagement, as discussed in the article by Ron Manderscheid (above) and in the course of the Capitol Hill briefings, can open doors to care, promote continuity of care, and help support recovery.

It's an element of integrated care efforts spanning the public and private sectors, and an integral part of HRSA/SAMHSA initiatives to dovetail behavioral and physical health care services.

In another effort to advance the role of peers and peer support, SAMHSA has identified and developed a draft set of core competencies for peer workers in behavioral health settings. They are intended to be the foundational and essential competencies required by all positions that provide peer support in behavioral health services. The competencies are common across a range of roles and environments and span a range of providers, such as peer specialists, recovery coaches, parent support providers, youth peer support providers and others.

SAMHSA is seeking review and comments about the competencies. A brief overview of the core competencies and a series of Q&A can be found at:

<http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers>

To review the competencies and provide feedback, click: <http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers>.

3. Street Violence Intervention & Prevention Academy Graduation

On June 2, 2015 the SFDPH-funded **Street Violence Intervention & Prevention (SVIP) Academy** celebrated the graduation of its first cohort of 17 street outreach workers, coordinators and directors. These gifted men and women completed a nine-month long training program that focused on community mental health, trauma, vicarious trauma and trauma recovery; and this Academy's unique learning and application setting allowed the

SVIP staff to build upon their already existing talents for working with and alongside of communities. For more information about the City's Street Violence Intervention & Prevention (SVIP) work, visit <http://www.dcyf.org/index.aspx?page=30>



4. Peer Respite Update – Hummingbird Place

On 4/20/2015 the Hummingbird Place Peer Respite opened its doors on the grounds of San Francisco General Hospital. Hummingbird Place is a peer-run voluntary program that offers a safe place for clients who are pre-contemplative to treatment. It is staffed by peer counselors specially trained to teach healthy practices and promote wellness activities.

Clients must have housing and working actively with a case manager from a Full Service Partnership or ICM.

Since opening the doors, the Hummingbird Peer Respite has seen a total of sixteen unduplicated clients, nine of which have returned for additional support. The space has provided a healthy diversion to many clients inappropriately using psychiatric emergency services and many referrals have come directly from PES. One participant was able to return to his housing after working with the peer staff around alternatives to his frequent hospital use. Another client described the space as, "the best place I ever attended, a place that doesn't judge me." We anticipate the Peer Respite to extend the current daytime hours by the end of June and open up on the weekends. In a few months, the respite will be running 24 hours of operations and offer overnight stays.

5. South of Market Mental Health Services (SOMMHS) Upcoming Renovations

South of Market Mental Health Services at 760 Harrison Street will be undergoing facility renovations. This is scheduled to start on July 15, 2015 and is estimated to take up to 4 months. The clinic is unable to accommodate new referrals and transfers at this time, but will continue to provide services to open clients.

The programs at this facility include SOMMHS ISC (outpatient), Filipino-American Counseling and Treatment Team (FACT), SF FIRST (ICM), Integrated Primary Care, UCSF Citywide Linkage, and Conard Payee Services. Most of the behavioral health services are moving temporarily to 1380 Howard Street. Integrated primary care clinical services are moving temporarily to Tom Waddell Urban Health Center at 50 Lech Walesa "Ivy" Street. UCSF Citywide Linkage will be moving temporarily to 982 Mission Street. And Conard Payee Services SOMA will be moving temporarily to Conard Payee Services North at 259 Hyde Street.

Special thanks to Mission Mental Health, OMI, COPE/OBIC, BHAC, and all staff at 1380 for providing the clinic with resources and in getting the facility ready for this renovation period. The staff at SOMMHS are working closely with CBHS leadership and Facilities to ensure a smooth transition. Updates will be provided throughout. Thank you in advance for your patience and support!

6. [Come See What's Innovative at CBHS!](#)

California Mental Health Services Act (MHSA) "Innovations" funding supports pilot projects of novel, creative, and original mental health practices and approaches to care. To highlight recent and current Innovations projects, Quality Management staff (Diane Prentiss and Juan Ibarra), MHSA Innovations

Program Manager, Lisa Reyes, and peer volunteers from the MHSA Advisory Committee, are organizing the first ever MHSA Innovations Showcase.

The Showcase will be an exhibition of San Francisco's Innovations projects through live presentations and table displays, tentatively to be held at Community Justice Court, 555 Polk Street, Wed., July 15, 2015, 1:00pm – 3:00pm. Using innovative story-telling techniques (i.e., slideshows, video, photo-voice, demonstrations, etc.), Innovations program participants will describe their project plans, challenges faced, lessons learned and the transformative effects of their efforts on community members, including consumers and staff. All members of the behavioral health community are welcome!

An Innovations representative from the state Mental Health Services Oversight and Accountability Commission will also attend and is very excited to hear about the learning generated from Innovations projects in San Francisco, and the positive contributions these programs have had for community members.

Providing one-time funding for short-term projects offers the mental health field an exciting opportunity to improve the variety, quality and efficacy of mental health services and supports. Elements of the Innovative pilots that demonstrate positive outcomes may be implemented within our mental health system, further advancing the client driven, recovery oriented transformation of our services.

This event is guaranteed to inspire hope and passion for all who attend! For more information, please contact Lisa Reyes at 255-3613 or Juan G. Ibarra at 255-3693.

7. Peer-to-Peer and Vocational Programs Training Series

Peer-to-Peer and Vocational Programs offers quarterly monthly trainings on various topics of interest. Please contact Stephan.Dempsey@sfdph.org or 415.255.3664 for more information on upcoming events.

(Attachment 1)

8. Children, Family and Youth (CYF)

The East Bay Center for Children (EBAC)

SFDPH is proud to announce the successful completion of the selection process for our nationally funded Bay Area Trauma Informed System of Care Initiative. The East Bay Center for Children (EBAC) will partner with us to implement a trauma informed, regional system of care in San Francisco, Alameda, Santa Cruz, Santa Clara, Marin, San Mateo and Contra Costa. EBAC will launch the center in FY15-16 and work towards our shared goal of improving systems and care for families and children.

EBAC is located in Alameda County and has served children and families for over 60 years. They were created by a small group of families with high need children who did not feel that thoughtful and caring services existed for their families. EBAC remains true to its roots and closely connected to the community and individuals with lived experience. They have provided local and national leadership both in trauma informed care and in culturally relevant services and look forward to a promising partnership with them!

Chinatown Child Development Center

The Chinatown Child Development Center's staff and families participated in the 67th Annual Donaldina Cameron House Carnival on May 2, 2015. Our families enjoyed the full day of events, which included fun and games for the children. The family festival has been a long tradition of Cameron House-more than 6 decades, and CCDC has been participating in this unique event for over 10 years. All proceeds go towards vital Cameron House youth leadership programs.

Justin Young, LMFT, has accepted the position here at Chinatown Child Development Center, as the 2931 Marriage and Family Therapist. His first day was May 11, 2015. Justin has many years of experience working with children, youths, and families at CCDC as a Health Worker IV since 2010. We are fortunate to have him here at our clinic to continue providing culturally and competent mental health services and support to all our clients in the community.

9. The Legend of Stan and the CBHS Pharmacy

Nowadays it is rare to meet a San Francisco native among all the transplants. Stanton Lowe, pharmacist-in-charge at CBHS pharmacy, not only grew up in San Francisco, he has witnessed and participated in the changing social landscape of the city. For the first 20 years of his career, he worked as a community pharmacist, gaining expertise in patient care while learning the specific needs of San Francisco residents. He worked with the historical San Francisco Haight-Ashbury free clinic, providing medication services to thousands of young



adults in desperate need of medical, mental health and substance abuse services. Armed with several decades of experience under his belt, Stan opened his own pharmacy, Civic Center Pharmacy in 1986. Located in the heart of the Tenderloin, he continued to serve and carry a torch for populations in need by advocating for local and national legislation favorable for lower income individuals once the medical system increased in complexity.

Stan sold Civic Center pharmacy and joined the CBHS pharmacy team in 1998. Since then, he has built a reputation for himself as the go-to pharmacist for the entire system. Physicians, clients and pharmacies throughout the community request him by name. "We appreciate everything he does for us. Anytime prescriptions are not covered he will navigate the system, contacting doctors or insurance companies, ultimately saving us time so that we can help the customers" quotes a Walgreens pharmacy employee. Perhaps his most notable role is fielding calls from all over the system, assisting pharmacies and our providers in insurance navigation to ultimately help our clients access their prescription medications. Everyone appreciates being able to reach a live person with one phone call and Stan's dedication to this role is evident by his custom phone headset which does not leave his ear while he is at work.

Stan works as the pharmacist-in-charge at the CBHS pharmacy. He dispenses buprenorphine to clients from the out-patient buprenorphine induction clinic (OBIC) with a tough-but-fair attitude, letting them know that the goal is for wellness and independence. "Clients feel comfortable telling Stan everything and anything, he addresses confessions of risky behavior

in a straight forward manner offering facts that gently encourage safer practices. His subtle and honest approach rarely goes unheard by clients” explains one of the OBIC providers. “He’s always even keel, realistic and he meets patients where they’re at” states one substance abuse counselor. Stan describes having an open attitude, giving clients’ undivided attention and connecting through casual conversations as essential for engaging with this population. His contributions to the substance abuse and mental health community is vast and inspiring.

Stan’s devotion is not only reserved for clients but also extends toward his colleagues in the pharmacy. He trains new pharmacists as they come on board, supervises pharmacy technicians, intern pharmacists and volunteers to mentor high-school students as part of the San Francisco YouthWorks program. His tasks each of us in the pharmacy to provide excellent customer service which has resulted in a friendly, comfortable environment for clients coming in for treatment and for everyone working here. Stan is a pharmacy role model whose contribution to the San Francisco population over the years embodies the mission of the Department of Public Health overall.

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 2.0 Mental Health Service Act Updates and Public Hearings

2.1 Mental Health Services Act Updates

There were no updates.

2.2 Public Comment

No public comments.

ITEM 3.0 ACTION ITEMS

3.1 Public comment

Mr. Goodman attended the hearing today that Sheriff Ross Mirkarimi and Public Defender Jeff Adachi were present at. At the hearing, public comment items were closed.

Ms. Irizarry from the Idriss Stelley Foundation (ISF) felt that advocating for the CIT budget alone is not enough. She felt there is a strong need for fundamental changes starting with the top commanders to patrolmen in the San Francisco police and sheriff culture. Since the top brass set the tone, leaders need to take corrective actions toward unconscious bias of police and sheriff toward the mentally ill and the disenfranchised communities that they claim to serve.

Ms. Mathews is a proponent of the funding and commented that there are not enough statistics. For example, will there be any program evaluations to ascertain efficacy of CIT.

Mr. Goodman believed that at the police academy, cadets are trained to terminate with lethal intent rather than to disable their target.

Mr. Miller, program director of ISF said the lack of results of CIT is alarming. He urged the board to consider accountability.

Ms. Virginia S Lewis shared that participation in the CIT is minimal and voluntary. She supported the public concerns and recommended the board amend the resolutions to include program evaluation.

Dr David Elliott Lewis explained that the funding is for the FY 2015-2016 and SFPD officers participating in a 40 hour CIT training are compensated by salary. However, facilitators and trainers like him are volunteers. For the Sheriff's Department, when a deputy participates in a CIT training, the department must back fill because there is a lack of man power.

Dr. Stevens added the amendments ought to include the accountability component.

Ms. Chien summarized that the goals of the resolutions are urging the Board of Supervisors to allocate CIT funding support to the SFPD and the Sheriff, and incorporating CIT into the academy – rather than allowing CIT training to be a voluntary training.

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of May 20 15, 2015 be approved as submitted.

Unanimously approved.

3.3 Proposed Resolution: Be it resolved that the San Francisco Mental Health Board urges the Board of Supervisors and the Mayor to provide funding for the San Francisco Police Department Crisis Intervention Team, which includes accountability and program evaluation.

Except for Ms. Wilson who opposed to the amendment on the resolution, the board voted to include the phrase "which includes accountability and program evaluation" in the last sentence.

Aye: Kara Chien, David Elliott Lewis, Terry Bohrer, Deborah Hardy, Wendy James, Virginia S. Lewis, Harriette Stevens, Vanae Tran, Njon Weinroth, and Benny Wong.

Nay: Idell Wilson.

3.4 Proposed Resolution: Be it resolved that the San Francisco Mental Health Board urges the Board of Supervisors and the Mayor to fund crisis intervention training for the San Francisco Sheriff's Department, which includes accountability and program evaluation.

Except for Ms. Wilson who opposed to the amendment on the resolution, the board voted to include the phrase "which includes accountability and program evaluation" in the last sentence.

Aye: Kara Chien, David Elliott Lewis, Terry Bohrer, Deborah Hardy, Wendy James, Virginia S. Lewis, Harriette Stevens, Vanae Tran, Njon Weinroth, and Benny Wong.

Nay: Idell Wilson.

ITEM 4.0 PRESENTATIONS:

- **PRESENTATION (#1): HOUSING AND SUPPORT AFTER RELEASE FROM JAIL, ALI RIKER, DIRECTOR OF PROGRAMS, SAN FRANCISCO SHERIFF'S DEPARTMENT (SFSD).**
- **PRESENTATION (#2): CRISIS MENTAL HEALTH TREATMENT AT SAN FRANCISCO GENERAL HOSPITAL (SFGH) FOR INMATES, DR. KATRINA PETERS, MD, UNIT CHIEF FOR UNIT 7L, SFGH.**

4.1 Presentation: #1: Housing and Support After Release from Jail, Ali Riker, Director of Programs, San Francisco Sheriff's Department (SFSD)

Ms. Chien introduced Ali Riker who is Director of Program for the San Francisco Sheriff's Department. She will explain to us about MIOCRG. MIOCRG stands for **M**entally **I**ll **O**ffender **C**rime **R**eduction **G**rant. The great news is that this grant has been awarded to our county. Ali will explain how the grant will be spent and how it would benefit the individuals with mental health challenges when they are being released from our county jail.

Ms. Riker explained that the Mentally Ill Offender Crime Reduction Grant (MIOCRG) was issued in February 2015 to the San Francisco Sheriff's Department. Only eight California counties were awarded the grant.

For San Francisco, the total grant is \$950,000 to cover three years. The plan was collaboratively formed by the Sheriff's Department, the Director of Behavioral Health Services (BHS), the Public Defender's office, Probation Department, and the Mental Health Association. Besides making housing for the newly released a priority, other recommendations in the plan were a Re-Entry Council to oversee the process, funding CIT for the Sheriff's Department, looking at Proposition 47 to consider services for substance abuse and mental health services, diverting non-violent offenders to Behavioral Health Court (BHC), educating non-clinical providers, training on evidence based practices, training on trauma informed care and expanding the pre-booking diversion program.

Part of the BHC treatment plan includes residential services. However, the waitlist for residential housing is long. There are six months for transitional housing for about 115 BHC clients. There will be a funding allocation for three different housing types. A full-time peer specialist will work out of Westside to help people show up for court, appointments and staying in housing. There is, also, a flexible funding component to meet clients basic emergency needs.

Dr. David Elliott Lewis asked about what happens to housing after the six month period.

Ms. Riker explained that it used to be easier to negotiate for extending housing services. But now, housing is scarcity. So the safety net is keeping people longer in jail so they at least would not end up on the streets, be homeless and be vulnerable to violence and exploitation.

Dr. David Elliott Lewis asked if there was any housing consideration for out-of-county placement.

Ms. Riker said that housing outside of the Bay Area is an alternative, provided the client is not on parole or is mandated to stay in San Francisco County.

Mr. Wong wondered about working with hotels to meet the housing shortage.

Ms. Riker said she hoped to work with hotels to expand housing inventory.

Ms. James suggested partnering with other CBO's or vocational training services to provide uninterrupted housing support and a warm-hand-off.

Ms. Riker said the six-months of housing support is just a start. Rather than kicking people out of housing NOVA funding could kick in to provide additional funding to keep the newly released housed. Her office collaborates with employment specialists to help people succeed.

Ms. Hardy shared that rising rents make it difficult for housing.

Ms. Riker acknowledged that it used to be easier to pay for single residency occupant (SRO's) on just social security income (SSI).

PRESENTATION #2: DR. KATRINA PETERS PRESENTATION

4.1 Presentation #2: Crisis Mental Health Treatment at San Francisco General Hospital (SFGH) for Inmates, Dr. Katrina Peters, MD, Unit Chief for Unit 7L, SFGH.

Ms. Chien introduced Dr. Katrina Peters. She is the Unit Chief for Unit 7L at San Francisco General Hospital and a clinical professor of psychiatry for University of California, San Francisco (UCSF). 7L is a forensic inpatient mental health unit for people who have been arrested but are suffering a mental health crisis. After they are stabilized they return to jail to await trial.

Dr. Peters explained that these patients are treated at SFGH Ward 7L which is dedicated and used by the jurisdiction of San Francisco County to confine inmates for short periods while awaiting trial or processing. Although there are fewer amenities than a jail or prison, 7L has a common area in which inmates can socialize, and there are six rooms available with an average length of a four-to-five day stay. If a 7L patient is able, then the patient can be taken to court for hearings, as needed. They have occupational therapists and nurses treating them. There used to be a social worker but they don't currently have that position filled.

Many patients struggle in jail because of adverse reactions to psychotropic medicines. But there are not enough psychiatrists to help with medication management. As a result, there is administrative segregation to keep these patients safe. 7L clinicians try to stabilize and provide humane services to high-risk patients as best as they can. Unfortunately, there are some 7L patients who are ineligible for BHC.

There are only 14 beds for 100,000 people. There should be 50 beds/100,000.

Dr. David Elliott Lewis wondered about the impact of bed shortages for psychiatric patients.

Dr. Peters said there are only twelve beds and six rooms. Sometimes administrative segregation is required. For example, there is no room sharing with the opposite sex, or with a transgender person or with a gang member. She also shared that LA County Jail is the number one psychiatric jail in California.

Ms. Wilson asked if wards 7B & 7C units still exist at SFGH.

Dr. Peters said both wards 7B & 7C are still medical psychiatric inpatient units.

Ms. Stevens inquired about expanding the psychiatric unit into the new part of the hospital.

Dr. Peters said in order to be safe for psychiatric patients, there are costly renovations and updating to rehabilitate the old part of the hospital, since some forensic (inmates) patients must stay in Psychiatric Emergency Services (PES) for several days before they are stabilized enough to be incarcerated in the jail system.

Ms. James liked to know about providing crisis de-escalation training for deputies.

Dr. Peters said usually deputies don't get any formal psychiatric training. Instead, any psychiatric training they learn often comes from field work.

Mr. Wong asked if relapsed patients come back to 7L.

Dr. Peters said "Yes."

Ms. Virginia S. Lewis asked for the wish list.

Dr. Peters said without further analysis of 7L she does not know if expansion is necessary. She would like to see an analysis done between BHS and 7L population. She would like the Sheriff's Department to have CIT training so they can gain better insights into acute psychoses. They would also like more staff and to have the social worker position filled.

4.2 Public Comments:

Ms. Mathews asked for allocation for 18-25 demographic.

Ms. Riker said the demographic is about 25%. This statistic mirrors the jail's population. But now the older adult demographic is increasing as there are more 55+ adults being incarcerated.

Ms. Mathews asked about peer support.

Ms. Riker said she works with a multi-disciplinary team.

Ms. Mathews asked what can community based organizations do to help 7L patients.

Dr. Peters believes that inadequate behavioral health services in the community negatively set up people with acute psychosis to decompensate quickly. For example, lack of stabilized housing exposes people to becoming homeless. And homeless people are more visible on the streets for police to pick them up. Or homeless people become an easy prey to violence which sends them into the emergency room.

Mr. Goodman is a graduate of the Behavioral Health Court and Progress Foundation and shared that he was diverted out of a two year state prison sentence. He had 21 years of addiction. He shared that safety cells in jail do not have cameras and were used to administer beatings by deputies. Some deputies use the safety cell to beat and murder people. He personally experienced such beating when he was placed in a safety cell.

Mr. Miller wondered what happens to people who are misdiagnosed by Jail Psychiatric Services (JPS).

Dr. Peters said a patient can be released prematurely if that patient seemed stable enough. For example, when in court, a judge can prematurely release a person for satisfying the court requirements, despite clinician's objection. In other words, everyone is subject to the judiciary process.

ITEM 5.0 REPORTS

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

Ms. Chien said “Ms. Brooke is on vacation but she asked me to remind board members to email a letter for the annual report if you wish to have your thoughts and perspective included. She also asked that I remind you to turn in your program review summaries. Without the summary, the review isn’t counted in the number of reviews we need to complete by June 30th.

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

Ms. Chien said the next Executive Committee meeting is scheduled for Tuesday, June 23rd in Room 207 at 1380 Howard Street at 10 AM. 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 said Friday, July 17th is the next Consumer and Family Member conference titled “Journey to Wellness.” She wanted to highlight that our very own Dr. David Elliott Lewis will be the keynote speaker for this event. She encouraged board members to attend. It is free and there is always a really good lunch. The conference is entirely organized by peer staff in the Pathways Program and it focuses on key issues of concern for consumers and family members. Loy Proffitt has attended the planning meetings for the Mental Health Board and provides invaluable assistance as needed.

5.3 Report from Program Review Committee Chair, Idell Wilson

Ms. Chien mentioned that Idell Wilson was chair of the Program Review Committee, and the Executive Committee approved the changes from the Program Review Committee at its May meeting.

She also commended Idell Wilson for her outstanding leadership and commended its members, Ms. Bohrer, Ms. Thakore-Dunlap and Mr. Weinroth for putting so much effort into developing better questionnaires and notices so quickly.”

5.4 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 suggestion was made.

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

Ms. James commended the Open Mic titled “Liberation” event and wished it could have been longer. The LGBTQQI training was good. She recently completed a program review of Mission Mental Health Clinic and was impressed with the clinic.

Ms. Hardy attended a SAMHSA webinar that was really great.

Dr. David Elliott Lewis announced the next forty-hour CIT training starts on July 13, 2015.

Ms. Chien felt that she was much enriched at the Liberation event by clients.

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

Dr. Stevens inquired about the date of the board retreat.

Ms. Chien said it is always the first Saturday of December, so it would be December 5, 2015.

Ms. Virginia S. Lewis said the presentation tonight was extremely important as to the goals of the board and she would like to learn more about JPS services. She would like to hear from the Sheriff's Department on the incarcerated mentally ill patients.

Mr. Weinroth wanted to hear about Navigation Center's respite services that was announced by Mayor Lee for people before entering the jail system.

Ms. Bohrer suggested a Network of Care presentation.

Dr. David Elliott Lewis wanted presentation focus on treatments provided by peers.

Ms. Wilson wanted to hear from stake holders in mental health services and programs

Ms. Bohrer wanted a presentation from the UCSF Brain Center about its renowned research.

5.7 Public comment.

Mr. Goodman felt his board and care on Geneva and Mission might retaliate against him because he went to see an ombudsman.

Ms. Mathews shared that she noticed that jail is becoming the default place for people with mental illness.

Mr. Porfido hoped tonight's two resolutions will move forward with CIT incorporated into the academy.

6.0 PUBLIC COMMENT

No public comments.

Adjournment

Adjourned at: 8:50 PM