

# SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION

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**Mayor  
London N. Breed**

1380 Howard Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94103  
(415) 255-3474 fax: 255-3760  
[mhb@mhbsf.org](mailto:mhb@mhbsf.org)  
[www.mhbsf.org](http://www.mhbsf.org)  
[www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health)

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## **MEETING OF THE SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION AGENDA**

Wednesday, November 20, 2019  
1380 Howard Street  
4<sup>th</sup> Floor, Room 424  
6:00 PM – 8:00 PM

### **Call to Order**

### **Roll Call**

### **Agenda Changes**

**Item 1.0** Presentation: Mental Health Services in the San Francisco Jail, Arthur Curry, Member Behavioral Health Commission.

For discussion

1.1 Presentation: Mental Health Services in the San Francisco Jail, Arthur Curry, Member Behavioral Health Commission

### **Item 2.0 Report from Behavioral Health Services**

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

## 2.2 Public Comment

### **Item 3.0 Mental Health Service Act Updates and Public Hearings**

For discussion.

#### 3.1 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.

#### 3.2 Public Comment

### **Item 4.0 Action Items**

For discussion and action.

#### 4.1 Public comment

**4.2 Proposed Resolution:** Be it resolved that the minutes for the Behavioral Health Commission meeting of October 16, 2019 be approved as submitted.

**4.3 Proposed Resolution** (BHC – 07-2019) (Attachment A) Be it resolved that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to secure more long- term care beds for our most vulnerable residents.

**4.4 Proposed Resolution** (BHC - 08-2019) (Attachment B) The San Francisco Behavioral Health Commission urges the Health Commission to submit a proposed ordinance to the Board of Supervisors, adding Section 4131 to the San Francisco Health Code

**4.5 Proposed Ordinance** (Attachment C) Draft Language of Proposed Ordinance

### **Item 5.0 Reports**

For discussion

#### 5.1 Report from Executive Director of the Behavioral Health Commission

Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Behavioral Health Commission budget issues and updates on staff work on board projects.

5.2 Report from Co-Chairs of the Commission and the Executive Committee.  
Discussion regarding Chair's meetings with Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance use.

5.3 Reports from Committees

Discussion regarding committee meetings, goals and accomplishments.

5.3 a) Information Committee

5.3 b) Implementation Committee

5.4 People or Issues Highlighted by BHC: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Behavioral Health Commission.

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

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

5.7 Public comment.

## **6.0 Public Comment**

## **Adjournment**

## **DISABILITY ACCESS**

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3. Rooms 226, 207, 424 and 515 are accessible to persons using wheelchairs and others with disabilities. Assistive listening devices, materials in other alternative formats, American Sign Language interpreters and other accommodations will be made available upon request. Osinachi Okakpu, MPH, Behavioral Health Services, 415-255-3493 or by email: osinachi.okakpu@sfdph.org. Providing at least 72 hours of notice will help to ensure availability. To reach a TTY line, call (415) 255-3449. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
4. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3<sup>rd</sup> Floor, Room 300 or Room 610, located at 25 Van Ness Avenue, San Francisco. The same public transportation options as above apply. It is wheelchair accessible.
5. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
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## **POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES**

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

## **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE**

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

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

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

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

### **Lobbyist Registration and Reporting Requirements**

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

**October 16, 2019**  
**Attachment A**

**PROPOSED RESOLUTION (BHC – 07-2019) Be it resolved that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to re-open the Adult Residential Facility (ARF) at Zuckerberg San Francisco General Hospital and Trauma Center to its capacity of 55 beds to maximize its use for our most vulnerable residents.**

Whereas, the Adult Residential Facility (ARF) at Zuckerberg San Francisco General Hospital and Trauma Center is a licensed board and care that provides long term care for mentally ill people in San Francisco; and

Whereas, the ARF is the only city-owned facility that provides 24/7 residential care consistently providing a safe place for people experiencing mental illness to sleep and provide meals, laundry and help with medication management and basic activities of daily living; and

Whereas, these kinds of facilities are a crucial resource for the health and well-being of people experiencing serious mental health challenges; and

Whereas, many people would be homeless without these kinds of facilities, and that currently there are many people living on the streets that would be helped by being placed at the ARF;

Whereas, people who are eligible to be placed at the ARF are languishing in locked care settings or other units longer than necessary or living unsupervised in the community and;

Whereas, 19 long-term residents, of this facility some whom have called the ARF home for decades, are being relocated, disrupting and destabilizing their care; and

Whereas, these kind of facilities are closing all over the State at an alarming rate: with estimates that board and care beds decreased from 999 in 2013 to 601 beds in 2019, with more than a third of licensed residential facilities that serve people in San Francisco under 60 have been closed;

Therefore, Be it Resolved, that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to rescind its order to transfer 19 patients from the Adult Residential Facility Board and Care;

Be it Further Resolved that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to take all steps necessary, including the hiring and training of appropriate staff, to operate the facility; and

Be it Further Resolved that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to expand services at the ARF that support residents rehabilitation and skills to move towards independence; and

Be it Further Resolved, that the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to re-open the ARF to its capacity of 55 beds to maximize its use for our most vulnerable residents.

**NOVEMBER 20, 2019**  
**Attachment B**

**Proposed Resolution: (BHC 08-2019) The San Francisco Behavioral Health Commission urges the Health Commission to submit a proposed ordinance to the Board of Supervisors, adding Section 4131 to the San Francisco Health Code.**

*WHEREAS*, mental health hearings are normally conducted in secret and notice of the existence of records is unavailable, even to the patients themselves;

*WHEREAS*, the most recent *Court Statistics Report* released by the Judicial Council of California shows that 2,556 mental health cases were filed and 2,579 mental health cases were disposed in Superior Court for the State of California, County of San Francisco, during Fiscal Year 2016-2017, or over 10 per business day;

*WHEREAS*, in San Francisco, long-term involuntary mental health petitions have exceeded non-traffic misdemeanor complaints for four of the last six years on record;

*WHEREAS*, mental health filings include petitions, and dispositions include orders, for post-certification treatment, LPS conservatorship, freedom from prison commitments, commitment for incompetency to stand trial, sexually violent predator designation, juvenile dangerousness commitments, intellectually disabled and dangerous commitments, commitments to developmental centers, i.e., “mental health filings” are made up substantially completely by involuntary treatment, but do not include short-term “intensive” involuntary treatment;

*WHEREAS*, according to other statistics released by the Judicial Council of California, mental health filings in the Superior Court of the State of California, County of San Francisco, incurred an order-of-magnitude increase between prior fiscal years and Fiscal Year 2001-2002, which increase has been sustained and further increased through the most recent figures;

*WHEREAS*, the most recent statistics show a rate equivalent to nearly 3 filings per year per thousand people in San Francisco, the second highest for any County in the State of California, only slightly exceeded by San Luis Obispo County, more than 1 filing per year per thousand higher than Humboldt, the County with the 3rd-highest rate, over three times higher than Los Angeles County, and over four times higher than Alameda County;

*WHEREAS*, involuntary committed mental health patients have historically been denied their rights to due process and the right to be free from involuntary treatment, which can be harmful;

*WHEREAS*, incompetency-to-stand-trial determinations are included in these figures and may have impacted due-process protections of civil commitment statutes; and

*WHEREAS*, this situation requires continual monitoring by the People of the City and County of San Francisco; now, therefore, be it

*RESOLVED*, that the San Francisco Behavioral Health Commission urges the Health Commission to submit a proposed ordinance to the Board of Supervisors, adding Section 4131 to the San Francisco Health Code.

**DRAFT LANGUAGE OF PROPOSED ORDINANCE**

Be it ordained by the People of the City and County of San Francisco:

Section 1. Article 41 of the Health Code is hereby amended by adding Division IV to read as follows:

**DIVISION IV: LONG-TERM INVOLUNTARY TREATMENT**  
**SEC. 4131. REPORTS.**

*The Department of Public Health shall provide an annual report to the Board of Supervisors showing the following numbers for each fiscal year:*

- (a) Regarding misdemeanor defendants who have been determined to be incompetent to stand trial due to mental disorder alone, whom the court has either found not to be appropriate candidates for diversion pursuant to California Penal Code § 1001.35, or who are not eligible for diversion pursuant to California Penal Code § 1001.36,
  - (1) The number of such individuals whom the local behavioral health director was ordered to evaluate pursuant to California Penal Code § 1370.01(a)(3)(A) during the fiscal year;*
  - (2) The number of initial determinations regarding the suitability of outpatient treatment the local behavioral health director or designee made pursuant to California Penal Code § 1370.01(a)(3)(A) for such defendants during the fiscal year;*
  - (3) The number of such defendants whom the local behavioral health director or designee recommended that they be required to undergo outpatient treatment, rather than committed to a treatment facility during the fiscal year;*
  - (4) The number of such defendants who were transferred from outpatient to inpatient status pursuant to California Penal Code §§ 1608 or 1609 during the fiscal year;*
  - (5) The number of such defendants who were transferred from inpatient to outpatient status pursuant to Title 15 of Part 2 of the California Penal Code during the fiscal year;*
  - (6) The number of such defendants who departed from the City and County while on outpatient status, including, but not limited to, departures from the state pursuant to California Penal Code § 1611, during the fiscal year;*
  - (7) The number of such defendants who entered the City and County while on outpatient status during the fiscal year;*
  - (8) The number of such defendants who recovered competency while on outpatient status pursuant to California Penal Code § 1607 during the fiscal year;*
  - (9) The number of such defendants who recovered competency while inpatients;*
  - (10) The number of such defendants whose involuntary treatment terminated without recovery of competence due to the conclusion of the period of commitment, while inpatients, during the fiscal year;**

- (11) *The number of such defendants whose involuntary treatment terminated without recovery of competence due to the conclusion of the period of commitment, while on outpatient status, during the fiscal year;*
  - (12) *The number of such defendants who died while inpatients during the fiscal year;*
  - (13) *The number of such defendants who died while on outpatient status during the fiscal year;*
  - (14) *The number of such defendants who were inpatients at the end of the fiscal year;*
  - (15) *The number of such defendants who were on outpatient status at the end of the fiscal year; and*
  - (16) *Other matters the Department deems relevant.*
- (b) *Regarding individuals subject to postcertification treatment pursuant to Article 6 of Chapter 2 of Part 1 of Division 5 of the California Welfare & Institutions Code,*
- (1) *The number of such individuals whom the local behavioral director or designee assumed supervision as outpatients pursuant to California Welfare & Institutions Code §5305(c) during the fiscal year;*
  - (2) *The number of such individuals who were transferred from outpatient to inpatient status pursuant to California Welfare & Institutions Code §§ 5306.5(b) or 5307 during the fiscal year;*
  - (3) *The number of such individuals who were unconditionally released from inpatient status pursuant to California Welfare & Institutions Code § 5309(b) during the fiscal year;*
  - (4) *The number of such individuals subject to supervision as outpatients pursuant to California Welfare & Institutions Code § 5305(c) who departed from the City and County during the fiscal year;*
  - (5) *The number of such individuals who died while inpatients during the fiscal year;*
  - (6) *The number of such individuals who died while subject to supervision as outpatients pursuant to California Welfare & Institutions Code § 5305(c) during the fiscal year;*
  - (7) *The number of such individuals who were inpatients at the end of the fiscal year;*
  - (8) *The number of such individuals who were subject to supervision as outpatients pursuant to California Welfare & Institutions Code § 5305(c) at the end of the fiscal year; and*
  - (9) *Other matters the Department deems relevant.*

Section 2. Effective Date. This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor's veto of the ordinance.

Section 3. Scope of the Ordinance. In enacting this ordinance, the Board of Supervisors intends to amend only those words, phrases, paragraphs, subsections, sections, articles, numbers, punctuation marks, charts, diagrams, or any other constituent parts of the Health Code that are explicitly shown in this ordinance as additions, deletions, Board amendment additions, and Board amendment deletions in accordance with the "Note" that appears under the official title of the ordinance.

Section 4. Undertaking for the General Welfare. In enacting and implementing this ordinance, the City is assuming and undertaking only to promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an obligation for breach of which it is liable in money damages to any person who claims that such breach proximately caused injury.