

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

Commissioner Curry introduced himself by sharing that he spent 22 years in prison. Currently, he works with clients who are in jail and have mental health and substance use issues. The clients are pending discharge and probation assignment. There are over 100 probation officers. Working with Mr. Curry are two clinicians who are licensed clinical social workers (LCSW) and two case managers. He meets with the clients to assess their level of readiness, develop a discharge plan, and advise the case managers as to the appropriate placement after jail. Some clients will go to Harbor Lights Salvation Army residential program or if they are ready for placement with Healthrite 360, an outpatient program. Mr. Curry shared the extensive paperwork necessary for the process, describing the step by step process of assessment and intake that is required.

1.2 Public Comment

No comments

ITEM 2.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR

The full director's report can be viewed at the end of the minutes or on the internet.

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

Dr. Hammer shared that Mayor Breed and the Board of Supervisors are working together to develop a collaborative plan for Mental Health SF. One of the issues they need to explore is how to hire sufficient staff and the need to expand treatment beds.

Dr. Hammer thanked Commissioner Jackson-Lane for her role on the interview panel for hiring the new director of BHS. A new search has been launched due to a change in the job description.

2.2 Public Comment

Member of the Public raised questions about the availability of data regarding who needs beds, how many beds are needed. He shared that his daughter has psychosis and was seen by the Felton Institute Early Psychosis program. He asked if the program would be continued.

Dr. Hammer replied that it would continue under the auspices of the Transitional Aged Youth (TAY) Program.

ITEM 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

The passage of Proposition 63 (now known as the [Mental Health Services Act](#) or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this

system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

3.1 Mental Health Services Act Updates

No updates

3.2 Public Comment

Mr. Hillier that he continues to have difficulty getting information about people who are involuntarily committed.

Ms. Murawski shared concerns about incarcerated women with mental illnesses.

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.
Approved unanimously

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.
Approved unanimously following minor word changes.

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
Approved unanimously following minor word changes.

4.5 Proposed Ordinance (Attachment C) Draft Language of Proposed Ordinance
Approved unanimously.

Item 5.0 Reports

For discussion

5.1 Report from Executive Director of the Behavioral Health Commission

Ms. Brooke reported that the deadline for submitting the Data Notebook had been extended. She reviewed details about the upcoming retreat.

5.2 Report from Co-Chairs of the Commission and the Executive Committee

Commissioner Tesconi said there would be no executive committee meeting in December. She is looking forward to working with the Commission at the retreat to develop new priorities.

5.3 Reports from Committees

No reports

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.

No suggestions

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

Commissioners shared about events they attended.

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

Item 5.6 to 6.0 tabled.

5.7 Public comment.

6.0 Public Comment

Adjournment

The meeting was adjourned 8:42 PM.

Resolution
November 20, 2019

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 secure and maintain more long-term care beds 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 people with mental illness 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 illnesses to sleep and provide meals, laundry, 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, these kind of facilities are closing all over the State at an alarming rate: with estimates that board and care beds decreased from 999 beds in 2013 to 601 beds in 2019, with more than a third of licensed residential facilities that serve people in San Francisco below the age of 60 years old, have been closed;

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 take all steps necessary, including the hiring and training of appropriate staff, to operate and expand services in these facilities; 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 secure and maintain more long-term care beds for our most vulnerable residents.

**RESOLUTION
NOVEMBER 20, 2019**

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 without the presence of the individual for whom the hearing is being conducted, 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 2,491 mental health cases were filed and 2,532 mental health cases were disposed in Superior Court for the State of California, County of San Francisco, during Fiscal Year 2017-2018, or approximately 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 seven 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 cases of 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 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 highest for any County in the State of California; more than 1 filing per year per thousand higher than Tuolumne, the County with the 2nd-highest rate; over two-and-a-half 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.

ATTACHMENT C: 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 break of which it is liable in money damages to any person who claims that such breach proximately caused injury.