SAN FRANCISCO MENTAL HEALTH BOARD

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ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, April 17, 2019
1380 Howard Street
4th Floor, Room 424
6:00 PM – 8:00 PM

BOARD MEMBERS PRESENT: Marylyn Tesconi, Co-Chair; Njon Weinroth, Co-Chair; Carletta Jackson-Lane, JD, Vice Chair; Terry Bohrer, RN, MSW, CLNC; Ulash Thakore-Dunlap, MFT; Judith Klain, MPH; Gregory Ledbetter; Toni Parks; Richelle Slota, MA; Harriette Stevens, EdD; Idell Wilson; Benny Wong, LCSW; and Wyatt Donnelly-Landolt (on behalf of Supervisor Catherine Stefani).

BOARD MEMBERS ON LEAVE: Judy Z. Drummond, MA, Secretary; and Marcus Dancer

BOARD MEMBERS ABSENT: None

OTHERS PRESENT: Helynna Brooke (Executive Director); Loy M. Proffitt (Chief Financial Officer); Steven Fields, ED of Progress Foundation; Liza Murawski; Winship Hillier; Teressa Yu, Department of Public Health of San Francisco; Sheila Hembury; and one additional member of the public.

Ms. Tesconi called the meeting to order at 6:12 PM.

Roll Call

Ms. **Brooke** called the roll.

Agenda Changes

ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR (See Attachment A)

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

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

Dr. Hammer was unable to attend the meeting so Agenda Items 1.0 and 2.0 were tabled.

1.2 Public Comment

Item tabled

ITEM 2.0 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.

2.1 Mental Health Services Act Updates

Item tabled

2.2 Public Comment

Item tabled

ITEM 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment

No public comments.

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of March 20, 2019 be approved as submitted.

The resolution unanimously approved.

ITEM 4.0 PRESENTATION: HISTORY AND CURRENT CHALLENGES DEVELOPING SUPPORTIVE HOUSING, STEVE FIELDS, MPH, EXECUTIVE DIRECTOR, PROGRESS FOUNDATION.

4.1 Presentation: History and Current Challenges Developing Supportive Housing, Steve Fields, MPH, Executive Director, Progress Foundation.

Steve Fields has been the Executive Director of Progress Foundation since 1969. He has championed the development of social rehabilitation programs throughout California and the

nation, pioneered acute residential alternatives to hospitalization, opened the first social model residential treatment programs for geriatric clients and the first social model residential treatment program for women and children. He received his BA from Harvard and a Masters of Public Administration from the University of San Francisco. A leader in local, state and national efforts to develop and promote change in the mental health system, he was instrumental in forming the San Francisco Human Services Network (HSN), an association of over 100 nonprofit agencies.

Mr. Fields thanked the board for asking him to present about supportive housing. He said that when the Short Doyle Act, requiring that counties establish mental health boards, was passed in 1969. He said that it is the common belief that when President Reagan closed the hospitals, there was not enough funding to provide services in the community for the people released, and that is why we have so many people who are homeless today. This is the wrong narrative and depiction of the status of the California community mental health at the time of the closing of the State Hospitals. He said there actually was significant new funding for community mental health services but insufficient planning for how people would move from institutional care to community care. California (and most of the nation) did not have a plan for a comprehensive community-based system of care that was distinct from the institutional attitudes and services that prevailed in the State hospitals.

Mr. Fields was the sole staff counselor in a house, which at the time was called a half-way house, with six clients in 1969-70. It taught him about what the experience of being mentally ill was. MediCaid paid 50 cents on a dollar for mental health care and the Short Doyle Act of California, the State, paid ninety cents on a dollar, leaving only ten cents a dollar for counties to pay. There was also additional federal funding, and there was SSI for clients.

There was buying power for living outside of the institutions and in the community, but no vision of what a community mental health system looked like compared to a state hospital. The State only thought of it as funding similar services to lock down facilities, but there was no plan to provide a more comprehensive community continuum of services.

An array of outpatient, day treatment, and consultation and education programs were created. The System of Care (SOC) was a problem. President Reagan then eviscerated the HUD budget which really caused a problem for the financially vulnerable.

They analyzed the problem incorrectly so the wrong solutions were developed and then they blamed the consumers for why it didn't work. In the 1970's, the SOC was top down, with inpatient first going down to outpatient services at the bottom. Housing did not appear as a valid expenditure of funds until the 1990's. Prior to that time, the only available long-term or permanent housing for clients were Board and Care homes, which were proprietary and custodial and did not provide any treatment, rehabilitation or recovery for individuals with a serious mental illness diagnosis, or Co-operative apartment programs provided by non-profit agencies in San Francisco.

The next generation of people with mental illness, in the late 1970's, had strong opinions about what they wanted and what they didn't want.

Increasingly, younger clients in the system of care were asking for more dynamic, treatment and recovery-oriented community 24-hour treatment alternative. People wanted a safe, dignified place to live and address treatment needs, an opportunity to work and develop relationships with people. Instead, they were often isolated, and their only identity was as a patient. If they had an

episode with methamphetamine or a psychotic break, they went to SFGH and were there from 72 hours to eight days and then it was back to their hotel with the dealer still sitting in the lobby. Case management only saw patients one time a week or less.

This works if the belief is that people really don't get better. If there is a belief in people getting better, there need to be opportunities for change. If the job is to try to stabilize and maintain and slow down hospitalization or growth.

In the early part of releasing clients from lockdown facilities, formerly institutionalized clients were sent to skilled nursing facilities, which were supported by Medi-Cal, even though the original Medicaid legislation did not allow federal reimbursement for these institutions. These for-profit settings were labeled "Institutes for Mental Disease (IMD's) in the original Medicaid legislation. If a facility had more than 50% mentally ill people and has more than 16 beds, they were disqualified from receiving MediCal reimbursements. Patient's rights advocates opposed this, saying that were now really IMDs and using MediCal. In federal court, this argument was upheld, and the States (along with counties throughout California) are not allowed to bill Medicaid for these facilities. Now if a mentally ill person goes to a skilled nursing facility, the counties must pay for the services without any federal reimbursement.

The ideal would be normalized living opportunities in the community with the possibility of friendships, growth and job opportunities. Scattered site locations are the best, rather than a concentration in one area of the city. Progress Foundation holds the master leases for 15 – 16 buildings and Baker Places has 25-30 apartments. The clients living in the cooperative apartments all have case management.

If a client can't succeed for a while, they go back to transitional residential treatment programs for more intensive 24-hour services. It is an intentional community with treatment. If that doesn't work, a client may move to an Acute Diversion program where there is more intensive treatment, and if they still need a higher level of care, they will move to an inpatient bed.

La Posada, a Progress Foundation house opened in 1978. It was the first Acute Diversion place, with a 14-day stay. Referrals come directly from Psychiatric Emergency Services (PES) at SFGH. LaAmistad is a 13-bed transitional house which is now up to 90 days. It is best if the program is 90 days to six months and determined individually. The Acute Diversion and Transitional Residential Treatment program serve an array of clients, including specialized services for older adults and women and their children. Following residential treatment services, the person can move to a cooperative apartment.

Clay Street is a 16 bed IMD alternate. Half the cost is paid by MediCal. Dore Urgent Care was created in the mid-2000's. It is for crisis stabilization, and people can stay up to 23 hours. Most of the people are brought there by the police, and they must voluntarily agree to stay and not be a danger to themselves or others. They can then move into the Acute Diversion part of Dore which has 14 beds. They stay up to two weeks.

There needs to be more accessible to 3-6 month programs, especially for clients with substance use disorders (SUD). Usually, people with severe mental illness only get three months, although SUD clients often get 6 – 12 months. No Transitional Resident Treatment beds (90-day programs) have been added to the San Francisco system of care in the past 25 years.

Ms. Thakore-Dunlap asked about the resources for transitional age youth (TAY).

Mr. Fields responded that Progress Foundation just got a contract to provide housing for TAY at Progress House. They just started the integration with a balance of TAY and adults. They now have a contract to open cooperative apartments for TAY.

Mr. Ledbetter shared that a friend is in a vicious circle. They are taking medications and are paranoid schizophrenic. Towards the end of the month, the person stops taking their medications and goes to St. Francis Hospital or SFGH. Three days later they are back out in the Tenderloin and return to SFGH in a month.

Mr. Fields said that there is a disconnect between hospitals and community alternatives to institutional care. There are only 48 Acute Diversion Units in San Francisco, but only two crisis intervention places, PES and Dore Urgent Care.

Ms. Jackson-Lane said that MHSA funds an early intervention program called PREP for TAY, which results in earlier detection of psychosis. Many TAY are also dual diagnosed. It is best to be able to treat both. She asked how the State is responding to serving dual diagnosed clients.

Mr. Fields said that all of their programs are harm reduction programs. We are all learning about the impact of methamphetamine. It is so available, so cheap and the effects are very enjoyable.

Ms. Klain said that the system is still expecting people to come into a system that is predetermined and not meeting them where they are at. People are expected to be free of drugs and to get into a substance abuse program, and people with mental illness are not supposed to have behavioral problems. People on the streets do not always do well in our system because of all the rules the system imposes.

Mr. Ledbetter asked what the oldest people are in the programs.

Mr. Fields replied that they serve people 55 years old and older. Mr. Fields concluded that he feels that the new Director of Public Health, Dr. Grant Colfax will be a strong, positive influence.

4.2 Public Comment

Ms. Hembury commended Mr. Fields for his leadership in raising wages of staff and starting the Human Services Network, a non-profit membership organization that is a collective of non-profits contracted to the City of San Francisco.

Mr. Hillier said that he did not feel that San Francisco is the best to get off the bus if mental health services are needed. He noted that between 2001-2002, there was an increase in involuntary commitments which has continued.

ITEM 5.0 REPORTS

For discussion

5.1 Report from Executive Director of the Mental Health Board

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

Ms. Brooke shared about the Drug Policy Association conference coming up May 15th, and it is free to attend. She mentioned the Executive Committee interest in having another Meet and Greet event for the public.

5.2 Report from Co-Chairs of the Board 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.

Ms. Tesconi announced that the next Executive Committee meeting is Monday, May 6, 2019, at 4:00 PM at 1380 Howard Street, Mental Health Board office, Room 225.

5.3 Reports from Committees

Discussion regarding committee meetings, goals and accomplishments.

5.3 a) Information Committee

The Information Committee did not meet in March.

5.3 b) Implementation Committee

The committee met on March 26th, and they are drafting a resolution regarding supportive housing which will go to the Executive Committee and then the full board. The next meeting of this committee is April 23, 2019 at 10:00 AM, also in the MHB office.

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.

Ms. Bohrer suggested the Medical Respite and Sobering Center, the presiding Judge for Behavioral Health Court and Steve Fields.

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

Ms. Bohrer made an announcement about the upcoming Annual Awards Ceremony for outstanding police officers on the Crisis Intervention Team. It will be from 1:00 PM – 3:00 PM at the Scottish Rite Center on June 13, 2019. To date, 50% of the police department has been trained in crisis intervention.

Mr. Donnelly-Landolt announced that there will be a Board of Supervisors hearing on Housing and Homelessness on Wednesday, May 1st. It would be good if board members would get questions to Supervisor Stefani. He also shared that the name change process for the Mental Health Board is still in process.

Dr. Stevens announced that she was elected president-elect of the California Association of Behavioral Health Boards/Commissions. She attended the training in Sacramento in early April and met State legislators to advocate for mental health services. She mentioned that the National Alliance for the Mentally Ill (NAMI) is now doing Crisis Intervention Trainings statewide.

Ms. Jackson-Lane mentioned that there are vigils all over the State focused on gun violence. She also shared that there is too much incarceration of the chronically mentally ill. Governor Newson is introducing an initiative about this issue.

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

Ms. Bohrer suggested a presentation on Police Department's Crisis Intervention Training.

5.7 Public comment.

No comments

6.0 Public Comment

Ms. Murawski asked how many program reviews were done in 2019. She shared that there are property management and case management challenges.

Adjournment

The meeting was adjourned at 8:06 PM.