

To work through families and interagency collaborations to ensure that individuals, with mental illness in the justice system, are given respect, dignity and human rights.

**Justice Systems Committee Meeting**  
**Tuesday, August 25, 2020 ♦ 1:30pm to 3:00pm**

**Via: Zoom Teleconference:**

**<https://cchealth.zoom.us/j/6094136195>**

**Meeting number: 609 413 6195**

**Join by phone: 1 646 518 9805 US**

**Access code: 609 413 6195**

**AGENDA**

- I. Call to Order / Introductions - Chair**
- II. Public Comments**
- III. Commissioner Comments**
- IV. APPROVE minutes from the July 28, 2020 meeting**
- V. RECEIVE Presentation from Marie Scannell (Program Manager) and Natalie Dimidjian (Program Supervisor) of Forensic Mental Health Services, Contra Costa Adult Mental Health regarding the Contra Costa Mobile Crisis Response Team (MCRT)**
- VI. DISCUSS two articles from the San Francisco Chronicle concerning providing services for the homeless**
- VII. DISCUSS the Contra Costa Mayors Conference to be held in September**
- VIII. DISCUSS the Contra Costa Racial Justice Oversight Body**
- IX. IDENTIFY Agenda items for the September 22, 2020 Justice Systems Committee meeting**
- X. Adjourn**



# Breed, supes reach deal on SF mental health reform to fix ‘crisis on our streets’

(Dominic Fracassa Nov. 12, 2019, San Francisco Chronicle)



San Francisco Mayor London Breed is flanked by city health officials Dr. Grant Colfax (left) and Dr. Anton Nigusse Bland. Photo: Liz Hafalia / The Chronicle

After months of sometimes bitter political bickering, Mayor London Breed and two supervisors have reconciled their dueling plans to overhaul San Francisco’s fractured mental health care system.

The agreement recognizes both the mayor’s plan to immediately channel resources to the city’s most vulnerable population and Supervisors Hillary Ronen and Matt Haney’s demands for systemic change.

The mayor and the supervisors will announce their deal Tuesday, along with an agreement that both sides will pull their respective ballot initiatives for mental health reform from the March ballot.

Instead, Breed, Ronen and Haney will introduce Mental Health SF as an ordinance at Tuesday's Board of Supervisors meeting, foregoing what was otherwise expected to be an expensive, hostile fight at the voting booth over two proposals with many meaningful similarities.

Breed insisted that the city focus on serving the roughly 4,000 addicted, mentally ill people living on the city's streets and the new proposal reflects that. In turn, Breed signed on to the numerous changes Ronen and Haney have in mind to recast the health department's approach to mental health care.

"We have to work together to deliver real solutions to address the crisis we all see on our streets everyday," Breed said in a statement. "This issue is too urgent and too important to play politics with, so I'm glad we are taking this on in City Hall and not at the ballot. That was my goal from the beginning, and I want to thank the supervisors for working with us on this issue. Working collaboratively we can make a difference for those in crisis on our streets."

Breed strongly resisted taking mental health reform to voters, in large part because doing so would force the city to return to the ballot any time officials needed to adapt the program to changing circumstances. She framed her own ballot measure — dubbed Urgent Care SF — as a last-resort to preserve her administration's priorities.

At that time, Ronen and Haney doubted Breed and the health department were willing to take on the fundamental changes they sought without a voter mandate.

"We weren't willing to bend on the big, lasting, expensive, visionary systems changes," Ronen said. "We didn't think the mayor would agree to it, but ultimately she did, and that makes me incredibly hopeful and excited and ready to roll up our sleeves to get to work toward a faster implementation plan."

"We are now mutually owning Mental Health SF, and that's why I think we're going to change the status quo and save lives and help the people who so desperately need it," she said.

The legislation Breed and the supervisors will introduce Tuesday represents the beginning of the long process of making Mental Health SF's ambitious reforms a reality.

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(l-r) Supervisors Matt Haney and Hillary Ronen meet with the Chronicle editorial board regarding their San Francisco mental health proposal at the San Francisco Chronicle offices in San Francisco, California, on Monday, June 10, 2019.

Photo: Gabrielle Lurie / The Chronicle

They face a host of major outstanding questions not decided in the legislation: City officials agree that making Mental Health SF work will require a surge in the hiring of outreach workers, clinical staff and others needed to develop and execute personalized treatment plans for thousands of new patients. But the working group will have to figure out just how many to hire, and what incentives to offer them to join the city's program. They'll also need to determine just how many treatment beds and what kinds the city needs to open.

"We had to push and push to to get (Breed's administration) to agree to make systemic changes, and now we'll have to push to make sure those things actually happen," Haney said.

One of the main wedges initially separating the mayor and the supervisors was their competing visions over whom the city ought to be serving. Breed insisted that the city focus on serving the roughly 4,000 addicted, mentally ill people currently living on the city's streets.

Some of the first drafts of Ronen and Haney's initiative contemplated providing free mental health care to anyone who needed it, including those with private insurance.

The impasse over what populations should be prioritized was a major reason why Breed broke off talks with the supervisors over their measure in September. But Ronen and Haney narrowed the population Mental Health SF would serve substantially. The legislation being introduced Tuesday now explicitly says the "primary focus of Mental Health SF" is to serve homeless people suffering from "mental illness and/or substance use disorders." The program will also serve people insured under Medi-Cal and Healthy San Francisco.

But Ronen and Haney were able to keep their proposal to create an Office of Insurance Accountability, a city agency intended to advocate for insured people who are not getting timely access to the mental health care they're entitled to.

Breed also acquiesced to one of the supervisors' biggest changes: establishing an Office of Coordinated Care, which they envision as a centralized nerve center designed to ensure that patients are progressing seamlessly and efficiently through the city's network of services, adding an additional level of oversight to the health department.

Ronen and Haney previously sought to build a new facility to serve as a Mental Health Service Center, which would serve as a centralized access point for treatment. But they

agreed to drop that demand, consenting instead to refurbish the existing Behavioral Health Access Center on Howard Street, provided it will operate around the clock.

Mental Health SF will be rolled out in stages, but once it's fully operational, officials estimate it will cost around \$100 million annually. That's not counting the one-time costs needed to upgrade buildings and buy new treatment beds — though some of those costs could be covered by the mental health bond measure the mayor has proposed putting on the November 2020 ballot. The city already spends nearly \$400 million annually on mental health and addiction treatment services.



Dr. Anton Nigusse Bland (middle right), director of mental health reform, talks about homelessness in an editorial board meeting at the San Francisco Chronicle on Tuesday, Oct. 15, 2019, in San Francisco, Calif.

Photo: Liz Hafalia / The Chronicle

“This provides the framework, the vision, and obviously we’re excited and optimistic that the resources will follow from that vision,” said Dr. Grant Colfax, director of the city’s health department. He, along with Dr. Anton Nigusse Bland, the city’s director of mental health reform, have been largely responsible for the recommendations informing the direction of Breed’s policy proposals.

Breed and the supervisors hope much of the ongoing costs can be paid for with revenue from the city's business taxes. City Controller Ben Rosenfield is currently reviewing San Francisco's patchwork of business taxes with an eye to making them fairer and less burdensome for small businesses while potentially bringing in more money to fund the city's needs — including vastly expanding its mental health care system. Ronen and Haney previously planned on taxing businesses with high-paid CEOs to fund Mental Health SF, but are willing to wait for Rosenfield's review before revisiting that proposal.

“The fact that the mayor is 100% committed to generating \$100 million a year for this by taxing businesses — that to me is one of the biggest wins of this entire thing,” Ronen said.

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# SF planning to add mental-health crisis teams to aid people on the streets in psychiatric distress

Dominic Fracassa Aug. 11, 2020 (San Francisco Chronicle)



EMS-6 paramedic Capt. Jennifer Ishikawa tends to Raymond Djasrabe shadowed by the San Francisco Department of Health's Stephanie Dupuy and Charles Houston on Friday, Aug. 7, 2020, in a demonstration of how street-crisis response team would operate.

In spite of the budget woes brought on by the shattering economic effects of the coronavirus pandemic, San Francisco is moving ahead with substantial investments meant to repair the city's fragmented mental health care system. One of them will give the city its first street-crisis response teams, which will deal with psychiatric emergencies.

Over the next two years, Mayor London Breed's proposed budget envisions spending nearly \$76 million to begin implementing Mental Health SF, a sweeping vision of reform authored by Supervisors Hillary Ronen and Matt Haney.



In addition to funding dozens of new beds for drug sobering, psychiatric skilled-nursing settings and board-and-care facilities, the budget includes money to begin hiring case managers for people with mental illness or substance abuse disorders, and for setting up a new, centralized office meant to ensure patients progress seamlessly through the city's network of services.

“In the midst of a pandemic, with a massive budget deficit, to be implementing this reform to our system is extraordinary and exciting,” Ronen said. “This will lead to a different situation on the streets when it's up and running.”

Perhaps the most visible element set to arise from the budget are new street-crisis response teams — specialized crews tasked with responding to mental health emergencies.

Currently, that's a responsibility that falls largely to the police department. While the city does have several dedicated teams focused on addressing street homelessness and behavioral-health incidents, the street-crisis units would be the first to be solely dedicated to responding to 911 dispatches for mental health emergencies.

By doing so, city officials are making a deliberate choice to shift such service calls away from police officers — who, even despite added training, usually lack the expertise, experience and equipment needed to treat someone in the grips of a mental health crisis. Doing so was a key pillar of Breed's blueprint for changing the day-to-day operations of law enforcement following nationwide calls for police reform.

With the street crisis teams and other investments, “We're taking the first step toward redirecting nonviolent calls from police to other resources and are expanding behavioral health services in San Francisco,” Breed said in a statement.

Despite the time, energy and money spent on confronting the pandemic, “The other challenges on our streets with mental illness and substance use disorder haven't gone away, and we must remain focused on addressing that ongoing public health crisis as well,” Breed said.

Breed's proposed budget calls for investing nearly \$17 million over two years to fund four, three-person teams, each made up of a specialized paramedic, a behavioral health clinician and a behavioral health peer — a person working with the city's health department with first-hand experiencing dealing with mental-health crises.



EMS-6 paramedic Capt. Jennifer Ishikawa puts a mask on Antoinette Lattimore on Friday, Aug. 7, 2020.

Having trained specialists on the street-crisis teams is also meant to lessen the burdens on the city's emergency room and psychiatric emergency services, since individuals in a crisis may be better suited for other types of care.

“Right now, we have a one-way express to an emergency room that starts with a police officer's initial engagement,” said Simon Pang, section chief of the San Francisco Fire Department's EMS-6 division, which handles calls dealing with the city's highest-frequency users of emergency services, many of whom are homeless.

That one-way express, Pang said, “turns into a revolving door. An emergency room is a great place if you're sick, but most people (treated by the crisis teams) have substance abuse and mental health problems and social needs.”

Police officers would still be called in for support in confrontations that could turn violent, Pang said. Currently, city officials are sorting through emergency call codes to decide what sorts of incidents the street-crisis teams will be responsible for. Pang said police responded to over 50,000 calls last year for incidents including people in distress wandering into city streets, to well-being checks to suicide attempts, some of which may fall into the street crisis team's wheelhouse, Pang said.

“We recognize that right now in San Francisco there is an over-involvement of law enforcement in responding to people with substance abuse and mental health crisis on the street,” said Dr. Anton Nigusse Bland, the city’s director of mental health reform. “This is the first response where trained medical professionals are going out before police arrive at the scene, if it’s necessary for police to be involved at all.”

The Mental Health SF investments are largely dependent on city voters passing a business-tax reform initiative in November. In addition to recasting the city’s business tax structure, the measure would also unlock hundreds of millions of dollars in tax revenues that have gone unspent because of ongoing legal disputes.

Breed’s budget is now in the hands of the Board of Supervisors, which will hold hearings and make adjustments before sending it back for Breed’s signature before Oct. 1. Ronen said she intends to push for additional funding for Mental Health SF, which will likely necessitate cuts elsewhere in the budget.

She’s seeking nearly \$12 million over two years to add a fifth three-person unit to the street-crisis response team and to expand the hours at the city’s Behavioral Health Access Center so it can stay open around the clock. Breed’s budget currently sets aside money for the facility to stay open longer, but Ronen said, in order to be effective, it needs to be open “24-7.”

“For Mental Health SF to work in a way where people see change on the street, then you have to have a service center open 24 hours a day and a crisis outreach team functioning 24 hours a day,” Ronen said. Without round-the-clock access to mental health clinicians, people who need treatment will invariably get sent to the “already overwhelmed” city emergency rooms, she said.

Ronen has also asked Breed to allocate the \$12 million for those purposes should the city receive additional federal stimulus money.

“My inclination is four (street-crisis teams) is not enough. It’s possible five is not enough,” said Supervisor Rafael Mandelman, a member of the board’s Budget and Finance Committee. The number of teams “is a pretty important thing for us to push on. I’m with Supervisor Ronen on that,” he said.

“We want the status quo to change. And the status quo is one where every single day, most of us see one or two individuals out there who need a mental health intervention seemingly not getting it,” Mandelman said. “We can’t wait until COVID-19 is behind us to address these issues.”

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