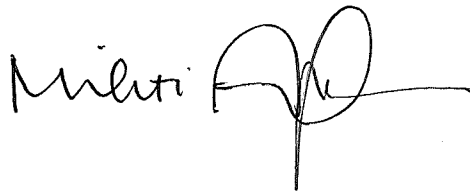


My name is Mileti Afuha'amango, I am writing a public comment to support treatment on demand. There seems to be a huge disconnect between the needs of the individual seeking treatment and the institutions in place that provide these services. It has been a frustrating and daunting task to locate appropriate treatment for individuals, with so many barriers in place (funding, eligibility, referral points, bed space availability etc.) it's completely inaccessible for many people who aren't at the top of their level of functioning. Drug treatment sounds great in theory, and many people in San Francisco are in support of this, but when you look closely at the barriers that come along with accessing treatment you will find that this current model that we have fails to provide accessible treatment to everyone.

There are so many people in need, I've heard countless stories about how they felt neglected or isolated by service providers. It could be something like signing up for Medi-Cal and being told to attend more follow up appointments before entering a treatment program. There are specific referral points, scheduled intake operating hours, staffing issues and just poorly thought out plans that don't support an individual's need for treatment. There are no running clocks and calendars to remind people who are without food and shelter about their appointments. They end up falling through the cracks, or cycling in and out of the streets without appropriate and consistent treatment.

A person would need to be aggressively seeking treatment while enduring ongoing stressors. People wait so long for a bed and end up being turned away, causing further harm and sustaining their chronic substance issues or homelessness. This is a crisis that impacts not only the individuals seeking treatment, but the communities as well.

We need the City's help, we need to increase oversight with a task force, fund more treatment beds and create immediate placement into services for any individual seeking treatment.

A handwritten signature in black ink. The name "Mileti" is written in a cursive style, followed by a stylized, looped signature that appears to be "Afuha'amango".

NO DOOR TO TREATMENT BUT A REVOLVING DOOR

There is no accountability to treat the patient in Behavioral Health. The burden of responsibility is solely placed on the client to decide to be treated, as if their stubbornness and high risk behaviors is the problem.

Treatment is not providing medical monitoring by giving a client their pre-packaged meds for the day (weekends/holidays) and send them on their way back to homelessness or elsewhere.

Treatment is not giving a client a referral ^{or} ~~and~~ not following-up on ^a ~~that~~ referral.

Treatment is not spending 30 min with a client and not offering any further assistance.

Treatment is not calling your case manager while you are having a mental health Crisis and told to call 911 or go to the ER, where you receive No treatment or 911 when the police arrive and escalate the situation causing more stress and chaos; either to be arrested, released or taken to ER.

Treatment is not allowing a client to "hit bottom"

~~As~~ parents are told; jail will be good, kick them out, and quit being an "enabler" get a restraining order.

Treatment is not jail; or calling the police and allowing them to take charge of the situation by arresting the person, placing them on an EPO/CPO, which can last anywhere from less than a year or a lifetime which causes further family separation and lack of emotional/financial support and can have a detrimental effect of isolation and alienation for the person suffering from mental illness.

Treatment is not going to the ER and being "kicked out" when you are asking for help, because you are in a severe state of detoxing and you are afraid that you are going to die.

Treatment is not being thrown out of a program because you relapsed or you are not following the rules, etc.

Treatment is not providing needles/syringes to opiate users and allow them to bleed on the street and remain homeless.

Relapse is part of Recovery

Treatment is not blaming the client for their behaviors that are associated with their symptoms of mental illness that they cannot control.

The present belief system that the mentally ill should be “held accountable” for the symptoms of their mental illness and which seems to have become the mantra or justification for all behavioral health social workers, case managers, doctors, and other mental health providers as the reason for not providing treatment, has caused a hostile environment towards persons with mental illness and has resulted in the further stigmatization of millions of persons who suffer with mental illness.

The National Alliance on Mental Illness estimates 11.2 million people suffer serious mental illness every year. Those millions are no more responsible for their symptoms than are millions of cancer patients. A person with an initially treatment-resistant mental illness is no more at fault than a person with an antibiotic-resistant staph infection. It is time to stop trying to selectively hold people accountable for things they do not control.

Currently there are no California laws in place to help people who suffer from the disease of addiction that is prevalent among individuals with mental illness to help them get the treatment they need. They have to “volunteer” to accept treatment. We leave the choice up to them when they do not have the cognitive awareness or competency to make that choice. According to psychiatry once someone falls so deeply into addiction, the drug takes over all rational thinking in the brain thus causing denial and distorted thinking. This in turn impedes one’s ability to make a competent rational decision about getting the help they need for their addiction.

We have equated ones' "refusal" for treatment with honoring ones "rights" but yet at the same time have failed to provide individuals with mental illness, the compassion, care, dignity and respect that they need to make a rational decision about getting the help they need for their mental health well-being and substance addiction.

The Mantra should be: We Are Here to Help and Support You Not to Blame or Shame You!!

A handwritten signature in cursive script that reads "Sheryl Abbeduto". The signature is written in black ink and is positioned above a horizontal line.

Sheryl Abbeduto/PRA