

File No. 141240

Committee Item No. 2

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Public Safety & Neighborhood Services Date June 4, 2015

Board of Supervisors Meeting Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
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- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

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Completed by: Derek Evans Date 5/29/15

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.

1 [Edgewood Center for Children and Families Psychiatric Facility and Designation Agreement]

2
3 **Resolution designating Edgewood Center for Children and Families as an Evaluation**
4 **and Treatment Facility, pursuant to California Welfare and Institutions Code, Section**
5 **5151, for youth ages 5 to 17; and authorizing the Director for Behavioral Health**
6 **Services to enter into a Designation Agreement with said facility.**

7
8 WHEREAS, There is a need for psychiatric crisis services for youth in the City and
9 County of San Francisco; and

10 WHEREAS, Psychiatric Emergency Services at San Francisco General Hospital
11 (SFGH) is currently the only facility able to receive youth in psychiatric crisis who have been
12 placed on involuntary psychiatric holds, in accordance with California Welfare and Institutions
13 Code (WIC) Section 5585;

14 WHEREAS, SFGH's Psychiatric Emergency Services primarily cares for adult
15 psychiatric patients; and

16 WHEREAS, Edgewood Center for Children and Families (Edgewood) specializes in
17 children's mental health care and is able to provide services specifically designed for youth in
18 psychiatric crisis; and

19 WHEREAS, WIC Section 5151 allows counties to designate facilities that are
20 authorized to involuntarily detain individuals in psychiatric crisis; and

21 WHEREAS, The San Francisco Department of Public Health supports the designation
22 of Edgewood as an evaluation and treatment facility, pursuant to WIC Section 5151, with a
23 specific focus on youth ages 5 to 17, and on November 4, 2014, the San Francisco Health
24 Commission also supported this designation; and

1 WHEREAS, To approve this designation, the California Department of Health Care
2 Services requires a resolution by the Board of Supervisors.

3 WHEREAS, The Board of Supervisors has previously designated such facilities
4 through the adoption of resolutions, including Resolution No. 756-96 and 359-09; and

5 WHEREAS, Designated facilities are required to operate in compliance with the
6 requirements, and subject to the terms and conditions of the designated agreement contained
7 on file with the Clerk of the Board of Supervisors in this File No. _____, including any
8 amendments which the Director of Behavioral Health Services may require, which is hereby
9 declared to be a part of this resolution as if set forth fully herein; now, therefore, be it

10 RESOLVED, That the San Francisco Board of Supervisors designates Edgewood
11 Center for Children and Families to involuntarily detain psychiatric patients ages 5 to 17 years
12 for evaluation and treatment as authorized by WIC Section 5151; and, be it

13 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the San
14 Francisco Department of Public Health's Director of Behavioral Health Services to enter into a
15 Designation Agreement with said facility.

16
17
18 RECOMMENDED:

19 
20 _____

21 Barbara A. Garcia, MPA

22 Director of Health
23
24
25

Crisis Stabilization Unit

SF Community Behavioral Health Services
2014

Why We Are Here?

- To request your approval to allow Edgewood's Crisis Stabilization Unit (CSU) to be designated as a 5151 facility for children in psychiatric crisis
 - Edgewood's CSU is already operating as a 23-hour child and family-friendly facility for youth experiencing psychiatric distress
 - This program was facilitated by a grant from the State
- A 5151 designation will allow San Francisco youth in psychiatric crisis to be taken directly to a specialized youth-oriented provider

What does the CSU do?

Provides Stabilization and Psychiatric Care in a youth and family friendly setting:

- Provide clinical interventions including individual, family, group and psychiatric care
- Linkage and Case Management to ensure helpful follow up services
- Behavioral stabilization to avoid Emergency Room and Psychiatric Emergency Services for children, youth and families

Who is being served in the CSU?

Children Experiencing Psychiatric Distress
Including:

- Traumatized children and families
- Families trying to keep their child safe
- Children experiencing depression
- Children experiencing anxiety
- Approximately 200 individuals annually

What will 5151 designation add?

- Eliminate children and families being re-traumatized in adult settings
- Relieve SFPD by accepting children efficiently
- Reduce unnecessary hospitalizations by providing family focused, immediate care and follow up

How Will This Improve Care For Children

Current System

Proposed System

Youth admitted to PES or ER

Youth seen at family-friendly unit

Youth hospitalized out-of-county

SF-based stabilization unit

Unnecessary hospitalizations

Family focused interventions

Limited referral systems

Easier access to immediate follow-up

Community Outreach

- Worked with community in accordance with Prop I
 - 2 community meetings with over a hundred people in attendance
 - Interpretation provided
 - Flyers distributed 2 weeks prior to all meetings including community meetings, Health Commission
 - Flyers distributed 1 week prior to today's Neighborhood Services & Safety Committee hearing
- Health Commission voted to unanimously approve the 5151 designation for Edgewood

Community Response

- **Many neighbors expressed support**
 - Good neighbors for over 100 years
 - Appreciated the service they provide to the children and families.
- **Some neighbors expressed concern about noise and safety**
 - Edgewood created a dedicated 24/7 phone line for neighbors
 - “No Siren” policy will be continued
 - 28th Ave entrance being remodeled to add security

Thanks

**Together, we can help San
Francisco families remain hopeful,
safe and happy.**



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Kenneth Epstein
Director of Children, Youth, and Family Services

THROUGH: Barbara A. Garcia, MPA
Director of Health

DATE: November 20, 2014

SUBJECT: Proposed Resolution Designating Edgewood Center for Children and Families as an Evaluation and Treatment Facility, pursuant to California Welfare & Institutions Code Section 5151, for Youth Ages 5 to 17

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2014 NOV 24 PM 1:14

The San Francisco Department of Public Health (SFDPH) is requesting approval to allow Edgewood Center for Children and Families to become a receiving center, pursuant to California Welfare & Institutions Code (WIC) Section 5151, for youth in psychiatric crisis in the City and County of San Francisco. To approve this designation, the California Department of Health Care Services requires a resolution by the Board of Supervisors.

Designating Edgewood as a 5151 receiving center would allow youth who have been placed on involuntary psychiatric holds because they are a danger to themselves, a danger to others, or gravely disabled, in accordance with WIC Section 5585, to be taken directly to a youth-oriented psychiatric crisis provider. Currently, youth who are placed on involuntary holds are transported to Psychiatric Emergency Services at San Francisco General Hospital (SFGH) for crisis stabilization services. However, SFGH's Psychiatric Emergency Services primarily cares for adult psychiatric patients. Because Edgewood specializes in children's mental health care, it can provide specialized crisis stabilization services specifically designed for youth. Additionally, avoiding the use of adult psychiatric emergency rooms would decrease the amount of stress and trauma on the youth and their families.

In April 2014, SFDPH was awarded a 4-year, \$16 million Mental Health Triage Grant from the Mental Health Services Act to decrease the use of psychiatric and hospital emergency rooms for people who are experiencing psychiatric crisis. As part of this effort, Edgewood – a large and highly respected local behavioral health agency – was awarded \$800,000 per year to develop a Crisis Stabilization Unit (CSU) for children ages 5 to 17. A CSU ensures that youth with mental disorders are not unnecessarily hospitalized and that they receive services in the least restrictive setting. The primary focus of the CSU is ongoing assessment, crisis intervention and stabilization, safety planning, aftercare, and discharge planning. Upon discharge, youth and their caregivers are referred to their health care provider network for follow-up services. The licensing requirements of the CSU allow youth to stay in the facility up to 23 hours and 59 minutes. If a youth cannot be stabilized within this time frame, they are transferred to a psychiatric hospital for further stabilization and treatment. Edgewood's CSU is anticipated to serve approximately 250 youth and their families per year.

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On November 4, 2014, the Health Commission voted unanimously to approve Edgewood Center for Children and Families becoming a 5151 receiving center for youth in San Francisco. This approval came after SFDPH conducted a neighborhood engagement process on the project pursuant to Proposition I of 1998, the Citizen's Right to Know Act. Proposition I allows interested neighbors, property owners, tenants and the public at large the opportunity to have a meaningful voice in City projects in their neighborhoods. SFDPH held two noticed community meetings prior to the Health Commission meeting. These community meetings allowed neighbors to express support as well as to voice their concerns and enter into discussion with Edgewood about possible solutions. The conversation was successful in confirming the importance of this vital program for the vulnerable children and youth it will serve and reassuring concerned community members.

UIN 2553439



File 141240

Mayor Gavin Newsom

DESIGNATION AGREEMENT BETWEEN
THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
COMMUNITY BEHAVIORAL HEALTH SERVICES ("CBHS")

AND

EDGEWOOD CENTER
("DESIGNATED FACILITY")

I. INTENT OF AGREEMENT

This agreement between Community Behavioral Health Services (CBHS), and the Designated Facility, approved as a 23 hour and 59 minute Crisis Stabilization Unit for children and youth aged 6-17 pursuant to California Welfare and Institutions Code (WIC) Section 5151, identifies the duties and responsibilities of the Designated Facility for serving individuals who require acute inpatient psychiatric care.

This Agreement is not intended to purchase services by CBHS from the Designated Facility. If a Designated Facility is to be a network provider for CBHS, then the Designated Facility will be provided a separate contract, and in case of a conflict between this Agreement and the terms of any provider contract entered into by CBHS and Designated Facility for purposes of providing crisis stabilization unit, then the contract terms shall govern.

II. RESPONSIBILITIES OF CBHS

1. CBHS will authorize and designate qualified professional staff of a Designated Facility, who have attended a CBHS sponsored WIC 5150/5585 training session, to complete preadmission assessments/evaluations and to initiate Applications for 72-Hour Detentions for Evaluation and Treatment.
2. Designated Facility Emergency Rooms are required to notify the Mobile Crisis Team for adults and Comprehensive Child Crisis Services for children (0-18 years) so that they can provide on-site consultation, evaluation, and assistance with disposition of San Francisco indigent residents and San Francisco MediCal beneficiaries.
3. CBHS has designated Patients' Rights Advocacy Services, Inc. ("PRAS") as the county patients' rights advocate pursuant to Welfare & Institutions Code Section 5500 et seq. The Designated Facility shall comply with all applicable laws and CBHS Policy #3.11-2 (including any revisions thereafter adopted) relating to access by PRAS to the Designated Facility premises and staff, and to mental health patients and their records.
4. The Director of Quality Management for CBHS is responsible for the overall coordination of this agreement.

III. RESPONSIBILITIES OF A DESIGNATED FACILITY

1. ~~The Designated Facility must comply with applicable constitutional, statutory, regulatory, and decisional law including but not limited to California Welfare and Institutions Code~~ Section 5000 et. seq., the requirements set forth in California Code of Regulations, Title 9, Sections 663, 821-829 and 835-868, the requirements of Titles 22 and 24 of the California Code of Regulations, and applicable CBHS Policies and Procedures.
2. The Designated Facility shall maintain 24-hour, 7-day a week admission capability. A physician shall be on call at all times for the provision of those Crisis Stabilization Services which can only be provided by a physician. There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times clients are present. At a minimum there shall be a ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving Crisis Stabilization at any given time (WIC 1840. 348)
3. Designated facilities are responsible for arranging and paying for necessary transportation. The Mobile Crisis Team does not provide transportation services. The San Francisco Police Department (911) is to be called only when a situation impends serious bodily harm, or is life-threatening, or a weapon is being used.
4. Comprehensive Child Crisis shall be notified of all child and adolescent admissions.
5. When Psychiatric Emergency Services at San Francisco General Hospital ("PES") is on diversion status, the Designated Facility (CSU) will accept all patients for whom an Application for 72-Hour Detention for Evaluation and Treatment has been written for whom can be safely maintained in an unlocked setting. When the Designated Facility reaches capacity as a result of accepting additional involuntary patients due to PES diversion, it may also go on diversion according to the procedures as outlined in the San Francisco Emergency Medical Services Agency, Psychiatric Diversion Policy #8012 (see Attachment A). In the event that multiple Designated Facilities are on diversion, the San Francisco Emergency Medical Services Agency may suspend psychiatric diversion if it is determined to be a danger to public health and safety as outlined in the Psychiatric Diversion Policy #8012.
7. When PES at San Francisco General Hospital is on diversion, police transports to Alternate Psychiatric Receiving Hospitals are managed by the "PES Pre-Diversion Policy."
8. No mental health employee from any Designated Facility shall interfere with the performance of duties of a peace officer or other person designated to have the power to initiate a 5150 hold under the terms of this provision. No peace officer or other designated person shall be forbidden to transport the individual to Designated Facility or be detained any longer than is necessary to effect a safe and orderly transfer of physical custody of the individual. Nothing in this policy is intended to relieve the facility of its obligations to comply with laws requiring the treatment of patients under emergency circumstances.
9. The Designated Facility shall maintain 24-Hour, 7 day a week assessment, evaluation, referral, and treatment capabilities.
10. Children and Youth admitted to a Designated Facility under the provisions of Section 5585.50

shall receive a clinical evaluation consisting of multidisciplinary professional analyses of the minor's medical, psychological, developmental, educational, social, financial, and legal conditions as may appear to constitute a problem. This evaluation shall include a psychosocial evaluation of the family or living environment, or both. Persons providing ~~evaluation services shall be properly qualified professionals with training or supervised~~ experience, or both, in the diagnosis and treatment of minors. Every effort shall be made to involve the minor's parent or legal guardian in the clinical evaluation.

11. The Designated Facility shall comply with City policies and procedures regarding constitutional, statutory, regulatory, and decisional law, including, but not limited to California Welfare and Institutions Code Section 5325 and 532.1 and Title 9, California Code of Regulations, Section 860-868. In the event of any conflict between City policy or procedure, or the custom or practice in a Designated Facility, applicable laws shall prevail.
12. At the time that an individual is taken into custody in the community or at the Designated Facility pursuant to Section WIC 5150/5585, the peace officer or professional person designated by CBHS for this purpose (see CBHS Policy 3.07-2, including any revisions thereafter adopted) shall complete the oral Detainment Advisement on the Application for 72-Hour Detention for Evaluation and Treatment (MH 302) and shall indicate on the Application whether or not the oral Detainment Advisement has been completed. In addition, each individual admitted to the Designated Facility shall be given written and oral information as required in California Welfare Institutions Code, Section 5157 and a written advisement will be completed. (MH 303 E/S). Documentation of the written advisement shall be completed by appropriate facility staff.
13. Only a board eligible or board certified psychiatrist, a licensed psychologist or a psychiatric nurse practitioner under the supervision of a board certified psychiatrist may revoke an involuntary detention pursuant to Welfare & Institutions Code Section 5150/5585.
14. The Designated Facility shall participate in CBHS quality improvement activities as set forth in CBHS Policy #3.08-11 (including any revisions thereafter adopted).
15. The Designated Facility shall appoint a representative with clinical administration responsibilities as a liaison to CBHS on issues related to its role as a Designated Facility.
16. The Designated Facility shall participate in regular CBHS program reviews to determine whether the Designated Facility is complying with the terms of this Agreement.
17. No individual will be held in a Designated Facility against his/her wishes unless he/she meets the criteria for the appropriate involuntary detention has been completed. At such time as an individual no longer meets the criteria for involuntary detention, he/she shall be provided evaluation, crisis intervention, or outpatient services on a voluntary basis. At the time of voluntary admission to the Designated Facility services shall be provided pursuant to California Welfare and Institutions Code Section 6000 *et. seq.*, and related provisions of Title 9, California Code of Regulations and all other applicable law.
18. Title 9, California Code of Regulations, Sections 850-857 requires that no patient admitted on a voluntary basis be treated with anti-psychotic medication(s) as defined by regulation until he/she has been informed of his or her right to accept or refuse such medication(s) and has consented to the administration of such medication(s). The Designated Facility is required to maintain a written record of the decision to consent to such medication. "Emergencies", as

defined by Title 9, California Code of Regulations, Section 853 and WIC 5008 (m) are the only exceptions to the mandate of informed consent.

The California Welfare and Institutions Code Sections 5332 *et. seq.* govern the procedures that providers must follow with respect to the provision of psychotropic medications to involuntarily detained patients. These procedures require, among other things, that providers give the patient information regarding the medications, inform them of their right to refuse such medications, and, absent an emergency, obtain a determination of incapacity before providing such medications to patients who refuse. The Designated Facility shall comply with the provisions of this law.

19. Pursuant to California Welfare and Institutions Code Section 5585.57, a written Aftercare Plan must be completed upon discharge for each County-funded patient.
20. The Designated Facility shall submit monthly and quarterly reports as required by CBHS within 30 days after the end of the report period in accordance with Title 9, California Code of Regulations, Section 866 and CBHS Policy #3.11-1 (including any revisions thereafter adopted).
21. The Designated Facility shall report Quality of Care issues and comply with CBHS Policy #1.04-4.
22. The Designated Facility will notify CBHS Quality Management by fax immediately of any suicide, homicide, or incident of sex abuse involving a psychiatric patient at the designated facility regardless of which county/HMO has authorized the admission.
23. The Designated Facility will maintain a physical environment to ensure the safety of recipients of mental health services.

IV. REVOCATION

Failure to comply with requirements as outlined in this Agreement may result in revocation of the facility's designation.

V. TERM

This Agreement supersedes all prior agreements, and is in effect from the date of execution until cancellation by either party. No payment by the City and County of San Francisco will be made to said facilities for implementation of the terms of this Agreement. ~~Thirty days notice from either party is required to cancel this Agreement, unless exigent/emergent circumstances exist, as~~ determined by the Director of Community Behavioral Health Services in his or her sole discretion, which would warrant temporary suspension or cancellation of the agreement. If either party cancels this agreement, the Facility will be deemed to no longer be a Designated Facility under Welfare and Institutions Code Section 5000, et. seq.

Director,
Community Behavioral Health Services

Edgewood Center

Designated Facility
Division of Mental Health Services

Signature Date

Dan [Signature] 9/22/14

Signature Date

WELFARE AND INSTITUTIONS CODE

SECTION 5150-5155

5150. (a) When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. At a minimum, assessment, as defined in Section 5150.4, and evaluation, as defined in subdivision (a) of Section 5008, shall be conducted and provided on an ongoing basis. Crisis intervention, as defined in subdivision (e) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service.

(b) The professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county shall assess the person to determine whether he or she can be properly served without being detained. If in the judgment of the professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, the person can be properly served without being detained, he or she shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis. Nothing in this subdivision shall be interpreted to prevent a peace officer from delivering individuals to a designated facility for assessment under this section. Furthermore, the assessment requirement of this subdivision shall not be interpreted to require peace officers to perform any additional duties other than those specified in Sections 5150.1 and 5150.2.

(c) Whenever a person is evaluated by a professional person in charge of a facility designated by the county for evaluation or treatment, member of the attending staff, or professional person designated by the county and is found to be in need of mental health services, but is not admitted to the facility, all available alternative services provided pursuant to subdivision (b) shall be offered as determined by the county mental health director.

(d) If, in the judgment of the professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or the professional person designated by the county, the person cannot be properly served without being detained, the admitting facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, and stating that the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff,

or professional person designated by the county has probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself or herself, or gravely disabled. If the probable cause is based on the statement of a person other than the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, the person shall be liable in a civil action for intentionally giving a statement which he or she knows to be false.

(e) At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him or her into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him or her into custody shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211, except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him or her into custody for that property shall terminate. As used in this section, "responsible relative" includes the spouse, parent, adult child, domestic partner, grandparent, grandchild, or adult brother or sister of the person.

(f) (1) Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form:

My name is _____ .
I am a _____
(peace officer/mental health

professional)
with _____ .
(name of agency)

You are not under criminal arrest, but I am taking you for an examination by mental health professionals at _____ .

_____ (name of facility)
You will be told your rights by the mental health staff.

(2) If taken into custody at his or her own residence, the person shall also be provided the following information:

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.

(g) The designated facility shall keep, for each patient evaluated, a record of the advisement given pursuant to subdivision

(f) which shall include all of the following:

- (1) The name of the person detained for evaluation.
- (2) The name and position of the peace officer or mental health professional taking the person into custody.
- (3) The date the advisement was completed.
- (4) Whether the advisement was completed.
- (5) The language or modality used to give the advisement.
- (6) If the advisement was not completed, a statement of good cause, as defined by regulations of the State Department of Health Care Services.

(h) (1) Each person admitted to a facility designated by the county for evaluation and treatment shall be given the following information by admission staff of the facility. The information shall be given orally and in writing and in a language or modality accessible to the person. The written information shall be available to the person in English and in the language that is the person's primary means of communication. Accommodations for other disabilities that may affect communication shall also be provided. The information shall be in substantially the following form:

My name is _____.

My position here is _____.

You are being placed into this psychiatric facility because it is our professional opinion that, as a result of a mental health disorder, you are likely to (check applicable):

- Harm yourself.
- Harm someone else.
- Be unable to take care of your own food, clothing, and housing needs.

We believe this is true because

(list of the facts upon which the allegation of dangerous or gravely disabled due to mental health disorder is based, including pertinent facts arising from the admission interview).

You will be held for a period up to 72 hours. During the 72 hours you may also be transferred to another facility. You may request to be evaluated or treated at a facility of your choice. You may request to be evaluated or treated by a mental health professional of your choice. We cannot guarantee the facility or mental health professional you choose will be available, but we will honor your choice if we can.

During these 72 hours you will be evaluated by the facility staff, and you may be given treatment, including medications. It is possible for you to be released before the end of the 72 hours. But if the staff decides that you need continued treatment you can be held for a longer period of time. If you are held longer than 72 hours, you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to

pay for the lawyer, then one will be provided to you free of charge.

If you have questions about your legal rights, you may contact the county Patients' Rights Advocate at _____

(phone number for the county

Patients' Rights Advocacy office)

Your 72-hour period began _____.
(date/time)

(2) If the notice is given in a county where weekends and holidays are excluded from the 72-hour period, the patient shall be informed of this fact.

(i) For each patient admitted for evaluation and treatment, the facility shall keep with the patient's medical record a record of the advisement given pursuant to subdivision (h), which shall include all of the following:

- (1) The name of the person performing the advisement.
- (2) The date of the advisement.
- (3) Whether the advisement was completed.
- (4) The language or modality used to communicate the advisement.
- (5) If the advisement was not completed, a statement of good cause.

5150.05. (a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

(b) For purposes of this section, "information about the historical course of the person's mental disorder" includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to a determination described in subdivision (a), evidence presented by one or more members of the family of that person, and evidence presented by the person subject to a determination described in subdivision (a) or anyone designated by that person.

(c) If the probable cause in subdivision (a) is based on the statement of a person other than the one authorized to take the person into custody pursuant to Section 5150, a member of the attending staff, or a professional person, the person making the statement shall be liable in a civil action for intentionally giving any statement that he or she knows to be false.

(d) This section shall not be applied to limit the application of Section 5328.

5150.1. No peace officer seeking to transport, or having transported, a person to a designated facility for assessment under Section 5150, shall be instructed by mental health personnel to take the person to, or keep the person at, a jail solely because of the unavailability of an acute bed, nor shall the peace officer be forbidden to transport the person directly to the designated

facility. No mental health employee from any county, state, city, or any private agency providing Short-Doyle psychiatric emergency services shall interfere with a peace officer performing duties under Section 5150 by preventing the peace officer from entering a designated facility with the person to be assessed, nor shall any employee of such an agency require the peace officer to remove the person without assessment as a condition of allowing the peace officer to depart.

"Peace officer" for the purposes of this section also means a jailer seeking to transport or transporting a person in custody to a designated facility for assessment consistent with Section 4011.6 or 4011.8 of the Penal Code and Section 5150.

5150.2. In each county whenever a peace officer has transported a person to a designated facility for assessment under Section 5150, that officer shall be detained no longer than the time necessary to complete documentation of the factual basis of the detention under Section 5150 and a safe and orderly transfer of physical custody of the person. The documentation shall include detailed information regarding the factual circumstances and observations constituting probable cause for the peace officer to believe that the individual required psychiatric evaluation under the standards of Section 5105.

Each county shall establish disposition procedures and guidelines with local law enforcement agencies as necessary to relate to persons not admitted for evaluation and treatment and who decline alternative mental health services and to relate to the safe and orderly transfer of physical custody of persons under Section 5150, including those who have a criminal detention pending.

5150.4. "Assessment" for the purposes of this article, means the determination of whether a person shall be evaluated and treated pursuant to Section 5150.

5151. If the facility designated by the county for evaluation and treatment admits the person, it may detain him or her for evaluation and treatment for a period not to exceed 72 hours. Saturdays, Sundays, and holidays may be excluded from the period if the State Department of Health Care Services certifies for each facility that evaluation and treatment services cannot reasonably be made available on those days. The certification by the department is subject to renewal every two years. The department shall adopt regulations defining criteria for determining whether a facility can reasonably be expected to make evaluation and treatment services available on Saturdays, Sundays, and holidays.

Prior to admitting a person to the facility for treatment and evaluation pursuant to Section 5150, the professional person in charge of the facility or his or her designee shall assess the individual in person to determine the appropriateness of the involuntary detention.

5152. (a) Each person admitted to a facility for 72-hour treatment and evaluation under the provisions of this article shall receive an evaluation as soon as possible after he or she is admitted and shall

receive whatever treatment and care his or her condition requires for the full period that he or she is held. The person shall be released before 72 hours have elapsed only if the psychiatrist directly responsible for the person's treatment believes, as a result of the psychiatrist's personal observations, that the person no longer requires evaluation or treatment. However, in those situations in which both a psychiatrist and psychologist have personally evaluated or examined a person who is placed under a 72-hour hold and there is a collaborative treatment relationship between the psychiatrist and psychologist, either the psychiatrist or psychologist may authorize the release of the person from the hold, but only after they have consulted with one another. In the event of a clinical or professional disagreement regarding the early release of a person who has been placed under a 72-hour hold, the hold shall be maintained unless the facility's medical director overrules the decision of the psychiatrist or psychologist opposing the release. Both the psychiatrist and psychologist shall enter their findings, concerns, or objections into the person's medical record. If any other professional person who is authorized to release the person believes the person should be released before 72 hours have elapsed, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released before 72 hours have elapsed only if the psychiatrist making the final decision believes, as a result of the psychiatrist's personal observations, that the person no longer requires evaluation or treatment.

(b) Any person who has been detained for evaluation and treatment shall be released, referred for further care and treatment on a voluntary basis, or certified for intensive treatment, or a conservator or temporary conservator shall be appointed pursuant to this part as required.

(c) A person designated by the mental health facility shall give to any person who has been detained at that facility for evaluation and treatment and who is receiving medication as a result of his or her mental illness, as soon as possible after detention, written and oral information about the probable effects and possible side effects of the medication. The State Department of Health Care Services shall develop and promulgate written materials on the effects of medications, for use by county mental health programs as disseminated or as modified by the county mental health program, addressing the probable effects and the possible side effects of the medication. The following information shall be given orally to the patient:

(1) The nature of the mental illness, or behavior, that is the reason the medication is being given or recommended.

(2) The likelihood of improving or not improving without the medication.

(3) Reasonable alternative treatments available.

(4) The name and type, frequency, amount, and method of dispensing the medication, and the probable length of time the medication will be taken.

The fact that the information has or has not been given shall be indicated in the patient's chart. If the information has not been given, the designated person shall document in the patient's chart the justification for not providing the information. A failure to give information about the probable effects and possible side effects of the medication shall not constitute new grounds for release.

(d) The amendments to this section made by Assembly Bill 348 of

the 2003-04 Regular Session shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

5152.1. The professional person in charge of the facility providing 72-hour evaluation and treatment, or his or her designee, shall notify the county mental health director or the director's designee and the peace officer who makes the written application pursuant to Section 5150 or a person who is designated by the law enforcement agency that employs the peace officer, when the person has been released after 72-hour detention, when the person is not detained, or when the person is released before the full period of allowable 72-hour detention if all of the following conditions apply:

(a) The peace officer requests such notification at the time he or she makes the application and the peace officer certifies at that time in writing that the person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

(b) The notice is limited to the person's name, address, date of admission for 72-hour evaluation and treatment, and date of release.

If a police officer, law enforcement agency, or designee of the law enforcement agency, possesses any record of information obtained pursuant to the notification requirements of this section, the officer, agency, or designee shall destroy that record two years after receipt of notification.

5152.2. Each law enforcement agency within a county shall arrange with the county mental health director a method for giving prompt notification to peace officers pursuant to Section 5152.1.

5153. Whenever possible, officers charged with apprehension of persons pursuant to this article shall dress in plain clothes and travel in unmarked vehicles.

5154. (a) Notwithstanding Section 5113, if the provisions of Section 5152 have been met, the professional person in charge of the facility providing 72-hour treatment and evaluation, his or her designee, the medical director of the facility or his or her designee described in Section 5152, the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released before the end of 72 hours pursuant to this article.

(b) The professional person in charge of the facility providing 72-hour treatment and evaluation, his or her designee, the medical director of the facility or his or her designee described in Section 5152, the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released at the end of the 72 hours pursuant to this article.

(c) The peace officer responsible for the detainment of the person shall not be civilly or criminally liable for any action by a person

released at or before the end of the 72 hours pursuant to this article.

(d) The amendments to this section made by Assembly Bill 348 of the 2003-04 Regular Session shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

5155. Nothing in this part shall be construed as granting authority to local entities to issue licenses supplementary to existing state and local licensing laws.

WELFARE AND INSTITUTIONS CODE

SECTION 5585-5585.25

5585. This part shall be known as the Children's Civil Commitment and Mental Health Treatment Act of 1988.

5585.10. This part shall be construed to promote the legislative intent and purposes of this part as follows:

(a) To provide prompt evaluation and treatment of minors with mental health disorders, with particular priority given to seriously emotionally disturbed children and adolescents.

(b) To safeguard the rights to due process for minors and their families through judicial review.

(c) To provide individualized treatment, supervision, and placement services for gravely disabled minors.

(d) To prevent severe and long-term mental disabilities among minors through early identification, effective family service interventions, and public education.

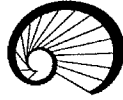
5585.20. This part shall apply only to the initial 72 hours of mental health evaluation and treatment provided to a minor. Notwithstanding the provisions of the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000)), unless the context otherwise requires, the definitions and procedures contained in this part shall, for the initial 72 hours of evaluation and treatment, govern the construction of state law governing the civil commitment of minors for involuntary treatment. To the extent that this part conflicts with any other provisions of law, it is the intent of the Legislature that this part shall apply. Evaluation and treatment of a minor beyond the initial 72 hours shall be pursuant to the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000)).

5585.21. The Director of Health Care Services may promulgate regulations as necessary to implement and clarify the provisions of this part as they relate to minors.

5585.22. The Director of Health Care Services, in consultation with the California Mental Health Directors Association, may develop the appropriate educational materials and a training curriculum, and may provide training as necessary to ensure that those persons providing services pursuant to this part fully understand its purpose.

5585.25. "Gravely disabled minor" means a minor who, as a result of a mental disorder, is unable to use the elements of life that are

essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others. Intellectual disability, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder.



San Francisco Public Library

October 31, 2014

David A Young, PhD, MPH
Executive Director of San Francisco Region
Edgewood Center for Children and Families
1801 Vicente St.
San Francisco, CA 94116

Dear Dr. Young,

We are writing to support the Children's Crisis Stabilization Center proposed by Edgewood Center for Children and Families.

Edgewood has been a fixture in the Parkside/Sunset community, providing vital services to children and families in crisis for many years.

The staff at Parkside Library has had the pleasure of working with both staff and youth at Edgewood, who regularly visit the library to browse, read and borrow library materials. The youth at Edgewood have participated in the library's annual Summer Reading Program, attending programs and achieving reading goals over the summer. Both our teen and children's librarians have done outreach programs at Edgewood and have been impressed by the participation level of the students and the supervision skills of the staff.

We are proud that Edgewood is a part of the Parkside/Sunset neighborhood, and look forward to many more positive interactions with this organization.

As the number of families and children decline in San Francisco, it is imperative that organizations like Edgewood continue to develop responsive programs to serve children in need.

Sincerely,

Ann Dorman, Branch Manager
Leslie Kanno, Children's Librarian

Parkside Branch Library
1200 Taraval Street
San Francisco, CA 94116
415-355-5770
psimgr@sfppl.org

File No. 141240
Rec'd in Committee.
- 1 -



October 31st, 2014

To: Members of the Health Commission – San Francisco Department of Public Health
Re: Edgewood Center Crisis Stabilization Unit
Cc: David Young, Executive Director, San Francisco Region of Edgewood Center

The Mental Health Association of San Francisco strongly supports the establishment of the Crisis Stabilization Unit with Edgewood Center as part of the Mental Health Crisis Triage Project with San Francisco City and County. This well-conceived program to reduce expensive hospitalizations through community-based resources for crisis support and early intervention will bring significant value, public sector savings and positive health outcomes to communities and youth affected by mental health conditions.

The proposed Children's Crisis Stabilization Unit (CSU) being housed on Edgewood's campus benefits children and families of San Francisco, including those from our immediate neighborhood. Edgewood Center has been a leader in mental health treatment and support for many decades, and this project promises to reduce isolation and stigma by creating services that help individuals manage psychological distress.

Children and youth need services at the CSU because the parents can't provide transportation much of the time, and the CSU provides a safe, supportive setting. It is important to note that individuals challenged by mental health conditions are less likely to be violent than the general population and are actually at a higher risk of being victims of violence themselves.

The Mental Health Association of San Francisco (MHASF) also provides services and supports to individuals who are accessing services through our 24/7 Mental Health Peer Run Warm Line, and we are proud to partner with Edgewood in providing full wraparound services to our most vulnerable population.

I urge the Health Commission to support the CSU, and we look forward to continuing to provide innovative, community based services that support our children and youth.

Yours sincerely,

Michael Gause
Deputy Director
Mental Health Association of San Francisco
Ph: (415) 421-2926, ext. 304
Email: michael@mentalhealthsf.org

Farallone Pacific



INSURANCE SERVICES

David Young
1801 Vicente
San Francisco, CA 94116

10/28/2014

David,

I was raised on 25th & Vicente and now have a home on 26th & Vicente, right across from Edgewood. My son and my whole family have played in Parkside Park for 50 years and have never been exposed to any unpleasant incidents related to Edgewoods operations. We have always supported the work done at Edgewood and will continue to do so in the future.

I have done volunteer work at Edgewood and am very impressed with the staffing and their work with the children on campus.

The buildings and grounds are an asset to the neighborhood, let alone the fine work and contributions they have made to the community. We are very confident that the addition of the Children's Crisis Stabilization Unit will not change any of the existing calm we have in the neighborhood. These services are essential to the health and safety of our City's children and I support the efforts that will be made at Edgewood on their behalf.

Sincerely,

Dan Buick
2624 26th Avenue
San Francisco, CA 94116

San Francisco • Novato • Sacramento

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admin@littlefootprintspreschool.com
littlefootprintspreschoo.org
415-200-8607

October 29th, 2014

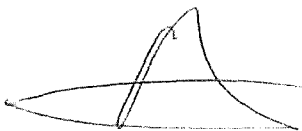
Déar Health Commission,

Little Footprints Preschool is located 3 blocks away from Edgewood's campus (Vicente and 33rd). We have started our operation since June 2011. Our children walk directly passed by Edgewood campus daily to play at the Parkside Square playground (across from Edgewood campus). For more than three years, our teaching staff feel very safe and at ease walking the children passed by and there is never any harmful incidents from the children and youth receiving services at Edgewood.

About two years ago, we have been invited by the Executive Director, David Young, to tour the campus and being informed by the various services Edgewood provides for the children and the families. When we were looking for a location to host parent workshops, Edgewood allows us the access to their conference room to make the workshops possible. We have been using their conference room annually to hold our kindergarten Information Session for over 40 parents. Edgewood not only serve the targeted children and families, but also reach out to the communities and to share their resources.

As the Director at Little Footprints Preschool, we understand that having a place for children to receive immediate help during a crisis is crucial. We understand that there is a proposed Children's Crisis Stabilization Unit being housed on Edgewood's campus. We are in support of the program because it benefits children and families of San Francisco, including those from our immediate neighborhood.

We can be reached at admin@littlefootprintspreschool.com should you have any questions.



Annabella Tong

Program Director

Dear Health Commission,

My name is Amara Kellogg, and I have lived on 28th Avenue, right near the corner of Ulloa, since I was eight years old. I am now twenty-three, and I have been volunteering at Edgewood for two and a half years now. I have never once felt in danger of harm from any of the children, and I have worked with them on many occasions. I have even seen dramatic situations have to be de-escalated, and never felt worried for my safety because of the competence of Edgewood staff, and faith that the child was just going through a hard moment, but they weren't going to hurt me.

I have worked with both older residents and younger residents, and only one in one hundred situations even has had to be dealt with by someone other than myself. I've had kids argue with me, as children will, and been able to firmly tell them what was happening, and they followed my directions.

The kids of Edgewood are some of the most polite kids I've ever seen, and some of them even have a thirst for helping others. I volunteer at Edgewood's food bank every week. Sometimes kids come down to help us pack up the boxes. The older kids are most enthusiastic, helping carry boxes of food to elder clients cars. It's amazing to watch them contribute and make a difference.

The proposition for a 5585 building to be created on Edgewood property is nothing short of brilliant. Edgewood has consistently shown themselves to be competent and loving, and the environment there is exactly the type of place children who need immediate psychiatric evaluation will be best helped. I have absolute confidence in the abilities of Edgewood staff, and know from experience that these children are not a danger to this neighborhood.

We are a community, and communities should extend their hands to those who need it. The non-violent children who need our help deserve a chance to come to a place where they will be safe and will get the immediate attention they need. There is nothing more loving than helping those who need it.

Sincerely,

A handwritten signature in cursive script that reads "Amara Kellogg". The signature is written in black ink and is positioned above the printed name.

Amara Kellogg