

**THE BEHAVIORAL HEALTH COMMISSION (BHC)  
OF SAN FRANCISCO**

**Annual Report: July 1, 2021–June 30, 2022**



**Prepared for**

**The Mayor and Board of Supervisors of the  
City and County of San Francisco**

**Submitted: October 6, 2022**

1380 Howard Street, 2nd Floor

San Francisco, CA 94103

Email: [mhb@mhbsf.org](mailto:mhb@mhbsf.org)

<https://sfbos.org/behavioral-health-commission>

**Prepared by:**

Harriette S. Stevens, Ed.D., Board President  
San Francisco Mental Health Education Funds, Inc.  
Ph: 510-847-2823; Email: [hsstevens2@gmail.com](mailto:hsstevens2@gmail.com)

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## I. EXECUTIVE SUMMARY

The Behavioral Health Commission (BHC) of San Francisco submits this Annual Report for the fiscal year ending June 2022 in accordance with the California Welfare and Institutions Code, Section 5604.2. The Commission met 11 times during this period with robust attendance on the part of the membership. Commission meetings consisted of salient topic presentations, discussions, and public participation.

The themes for FY 2021-22 included supportive housing, the grievance process, BHC recruitment and training of new commission members and staff. We hosted eight educational presentations that included speakers from the Office of Homeless and Supportive Housing, the California Local Behavioral Health Boards/Commissions, Behavioral Health Services (BHS), and various mental health service providers. A detailed list is included in Section V, *BHC Accomplishments*.

In addition, the commission submitted reports from three program reviews/site visits. The site visits were conducted virtually and required additional planning and coordination due to COVID-19 mandates. In spite of this drawback, we learned a great deal about the organizations, their staffs and clients, and the services they provided. We are looking forward to returning to face-to-face visits in the future.

in preparing the annual CA Behavioral Health Planning Council Data Notebook, the BHC staff met with the BHS to review performance outcome data for the City and County of San Francisco and to report on the county's delivery of behavioral health services. The electronic report was submitted to the Planning Council and the BHS director.

The behavioral health needs in the county continued to increase despite innovative programs (e.g., transgender support, vocational training). The BHC recommended the establishment of culturally affirming and evidence-based practices for all services; strengthening the integration of substance use and mental health treatment to ensure that both disorders are treated effectively; and increasing the number of therapists, psychologists and psychiatrists working in the departments of Public Health and Behavioral Health Services.

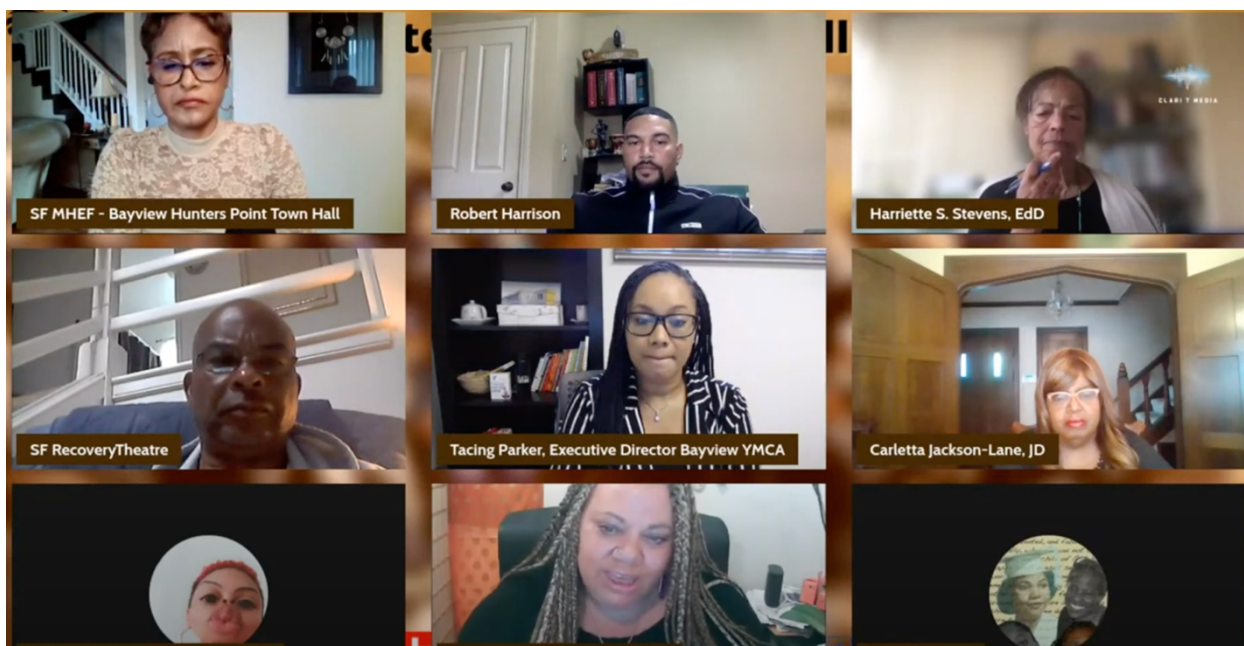
Too many of our citizens in San Francisco continue to face enormous challenges in trying to address issues related to mental health wellness and substance use and their intersections with homelessness. With the additional challenges of coping with COVID-19 safety measures, the commission did not reach all its goals, such as in implementing the five program reviews or resolutions that we had planned for the year. However, in FY 2022-23, as we continue to advocate on behalf of adults and families in San Francisco experiencing severe mental illness, we expect to identify and execute five program reviews and resolutions.

We will draw on the following community priority issues as our focus for the program reviews and resolutions and discuss them in more detail at the annual BHC retreat. These issues include:

- Mental health challenges and substance use in all educational settings.
- Continuation of transgender training and support.
- Access to same day services for prescription medications.
- Treatment on demand.
- Better access for elderly and isolated seniors, and those with disabilities struggling with mental health challenges in San Francisco.
- Encouraging BHS and HSH (Homelessness and Supportive Housing) to have more open interactions with the various communities around the services they provide to the citizens of San Francisco.
- The new (SF.GOV) website that replaces the current site and more guidance on how to use the new website. This will help BHS to better inform the public on significant new BHS services such as the Street Crisis Response Team (SCRT).

### Acknowledgements

We want to express our sincere gratitude to all the members of the BHC Ad Hoc Annual Report Committee and the SF Mental Health Education Funds Board who worked diligently over the summer months to help put together this annual report. The committee members included: Stephen Banuelos, BHC co-chair; Bahlam Javier Vigil, BHC co-chair; Liza M. Murawski; Kescha S. Mason; and Harriette S. Stevens, committee chair and president of SF MHEF; the public; BHC Clerk Amber Gray, and BHS/MHSA staff Geoffrey Grier.



## II. INTRODUCTION

The BHC of San Francisco, formerly named the Mental Health Board, was established in 1983 as mandated by the Bronzan-McCorquodale Act within the Welfare and Institutions Code, Section 5604.2. The BHC is responsible for the following:

- Review and evaluate the community's Behavioral Health needs, services, facilities, and special problems.
- Review County agreements entered into pursuant to Section 5650.
- Advise the Commission of Supervisors and the Director of Behavioral Health Services (BHS) as to any aspect of the local Behavioral Health system.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an Annual Report to the Mayor and Supervisors on the needs and performance of the Behavioral Health system.
- Review and make recommendations on applicants for the appointment of the director of Behavioral Health services prior to the vote of the governing body. The Commission shall be included in the selection process prior to the vote of the governing body.
- Review and comment of the County's/City's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
- Assess the impact of the realignment of services from the State to the County on services delivered to clients and on the local community.

### **The Mission of BHC**

*The Behavioral Health Commission of San Francisco represents and ensures the inclusion of the diverse voices of local consumers, citizens, and stakeholders in advising how behavioral health services are administered and provided.*

*Through its State and County mandates, the Behavioral Health Commission advises, reviews, advocates, and educates; with the aim of having that advice integrated, incorporated, and reflected in the implementation of Behavioral Health policy; with the ultimate goal of ensuring quality behavioral health services.*

*Adopted October 12, 1994*

### III. SAN FRANCISCO BHC COMMISSION MEMBERS AND STAFF

FYE June 2021	FYE June 2022
Seat 1, Bahlam Javier Vigil, MA	Seat 1, Bahlam Javier Vigil, MA
Seat 2, vacant	Seat 2, Genesis Vasconez
Seat 3, Carletta Jackson-Lane, JD	Seat 3, Carletta Jackson-Lane, JD*
Seat 4, Terezie Bohrer, RN, MSW, CLNC	Seat 4, Terezie Bohrer, RN, MSW, CLNC
Seat 5, Judith Klain, MPH	Seat 5, Judith Klain, MPH
Seat 6, Arthur Curry/vacant***	Seat 6, Kescha S. Mason, M.Div., MCL
Seat 7, Gregory Ledbetter**	Seat 7, Ashel Sempel***/Vacant
Seat 8, Stephen Banuelos	Seat 8, Stephen Banuelos, LCSW Retired
Seat 9, Richelle Slota, MA	Seat 9, Vacant
Seat 10, Harriette Stevens, Ed.D.*	Seat 10, Harriette S. Stevens, Ed.D.*
Seat 11, Judy Drummond, MA/vacant***	Seat 11, Lisa Williams
Seat 12, Toni Parks	Seat 12, Toni Parks*
Seat 13, vacant	Seat 13, Lisa Wynn
Seat 14, vacant	Seat 14, Liza M. Murawski
Seat 15, Ulash Thakore-Dunlap, MFT****	Seat 15, vacant
Seat 16, Idell Wilson****	Seat 16, vacant
Seat 17, Ahsha Safai <sup>+</sup> , Supervisor	Seat 17, vacant

\* Starting February 1, 2020, termed-out Commissioners may attend BHC meetings and vote until a new Commissioner appointed by a district supervisor or the Rules Committee

\*\* Commissioners waiting for reappointment

\*\*\*Commissioners resigned after July 2021

\*\*\*\*Commissioners resigned after December 2021

+ Supervisor Ahsha Safai never attended meetings

#### Staff

Amber Gray, BHC Clerk, 3/1/ 2022–present

Geoffrey Grier, Executive Director, 2/1/2021–5/31/2022

#### **IV. LETTER FROM THE CO-CHAIRS**

FY 2021-2022 was an important year for the San Francisco BHC in several ways. There were several significant challenges as well as initiatives during the year. Probably the most significant was the continuation of Covid-19. Though there was a new vaccine delivered in 2021, the hope that came with it was short lived due to the emergence of new strains and infection surges. Consequently, the City of San Francisco only recently reached a mandate for staff to be in their offices 3 days per week. When the City returns to five day a week office attendance is unknown. The pandemic also resulted in fewer Site Visits than the BHC would have preferred. The commission plans to schedule substantially more visits in FY 2022–2023.

This year also saw a short transition from an interim Director of Behavioral Health Services (BHS), Marlo Simmons, to a permanent Director, Dr. Hillary Kunins. Also notable were the monthly reports from the Director of BHS about the state of the department and its services, including several new initiatives and services that have started. The director also helped to arrange several presentations for the BHC that commissioners requested, the most significant being a presentation of the BHS “Grievance Process” which generated many questions and has placed the BHC & BHS on a path for finding better alternatives to dealing with a grievance.

This year also saw the Mayor’s Declaration of Emergency for the Tenderloin. Though it only lasted a few months, it facilitated the hiring of about 200 BHS staffers that were desperately needed. There was also a sizable funding increase due to Prop C/ Our City Our Home (OCOH) and Mental Health SF (MHSF) of more than a hundred million dollars. The commissioners have tried to stay abreast of the changes these funds are bringing.

Though it took many, many months the BHC finally developed and passed new Commission Bylaws in May 2022. Part of the problem was the number of vacancies on the 17-member commission. Several members served beyond their official appointment schedules, some served their time commitments and then resigned but many seats were, and continue to be, vacant. It was frequently impossible for the commissioners to vote on matters, and this resulted in many “discussion only” commission and committee meetings. At this time, 5 of the 17 commission seats remain vacant, including the seat reserved for the SF Board of Supervisors (BOS). It’s been over a year since a BOS member has attended a BHC meeting.

In FY 2022-2023, the commission will continue to focus on several issues begun in prior years, such as how to better deal with “grievances,” making citizens more aware of the innovative services offered by BHS such as SCRT (Street Crisis Response Team), and the importance of BHS and HSH departments needing to have more open interactions with the public. The many BHS clients whose behavioral health is affected by numerous reported and documented housing problems need culturally responsive resources and supportive services.

The commission's work, like the BHS department's, is more like a process of recovery and not a race. Improvement in the behavioral health of the citizens of San Francisco is incremental but should always be moving forward. With more funding and staffing and training, these improvements can be better met in 2023.

*Co-chairs:* Stevens Banuelos & Bahlam Javier Vigil

## V. BHC ACCOMPLISHMENTS: JULY 1, 2021–JUNE 30, 2022

### A. RESOLUTIONS AND COMMENDATIONS

- MHB 02-2019: Resolved: The Mental Health Board urges the City and County of San Francisco to develop a system of oversight and accountability for buildings providing permanent supportive housing to people with behavioral health challenges. (BHC Minutes, January 19, 2022, and *Section VIII* below)
- BHC recognized the success of the Felton Institute, a nonprofit social service provider that offers evidence-based mental health and social services and treatments to underserved communities and families in San Francisco. Commendation award pending, BHC Minutes January 19, 2022

### B. PROGRAM REVIEWS (COVID surveys were used due to COVID-19 mandates)

- **Dimensions Clinic** (follow-up visit from FY20–21), August 21, 2022
- **Edgewood Children and Family Center**, September 2, 2022
- **Citywide Case Management**, including interviews with the directors, peers, staff, and clients, September 28, 2022

### C. EDUCATIONAL PRESENTATIONS AT COMMISSION MEETINGS

- **Cameo House:** A long-term program designed to foster parent reunification with their children. Cameo House started as part of the Center of Juvenile Criminal Justice, servicing homeless, justice involving women with children, Rebecca Jackson, July 21, 2021
- **Street Crisis Response Team (SCRT)**, Angelica Almeida, SCRT and Kathleen Silk, new SCRT Director, September 22, 2021
- **SF Office of Homelessness and Supportive Housing (HSH)**, Ms. Dylan Schneider, HSH, September 21, 2021
- **Overdose, Safe Injection Sites, Fentanyl:** racial equity, the homeless population and mental health, and progress of the Street Opioid Response Team, Dr. Judith Martin, MD (she/her), Deputy Medical Director, Behavioral Health Services (BHS) Medical Director, Substance Use Service County Alcohol and Drug Administrator, October 20, 2021



- **California Association of Local Behavioral Health and Boards/Commissions (CALBHB/C):** Work in support of CA’s Local and Statewide Advisory Boards, Dr. Harriette Stevens, former President, CALBHB/C, December 4, 2022
- **Understanding the Grievance Process, Procedures, Legal Mandates:** Dr. Melissa Bloom, BHS, April 20, 2022
- **The San Francisco Mental Health Education Funds (SF MHEF), Inc.:** Former administrative arm of the BHC, with outreach currently taking place in targeted communities in San Francisco, Dr. Harriette Stevens, SF MHEF Board President, June 15, 2022
- **Tipping Point:** makes a significant effort in fighting poverty, by providing grants, various services, serving six counties in the Bay Area, Nick Arevalo Capacity Building Director, June 15, 2022

*Note:* All agendas and minutes can be found at [www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health), or <https://sfbos.org/behavioral-health-commission>

#### **D. COMMISSIONERS’ ACTIVITIES**

In addition to the Executive Committee, the BHC’s Standing Committees are included below, along with a brief description of the activities that commissioners conducted on behalf of the BHC for fiscal year July 1, 2021 to June 30, 2022.

1. Implementation Committee: Chair: Carletta Jackson-Lane, JD, followed by Steven Banuelos, focused on the need for housing to be a major part of policy conversation and the housing needs of the homeless population
2. Site Visit Committee: Chair: Richelle L. Slota, followed by Balham Vigil, worked to help assure the evaluation of the community’s behavioral health needs, services, facilities, and special problems and that mandated program reviews were implemented.
3. Commissioners’ contributions to the mission of the BHC are as follows:
  - Met monthly with BHS Director Dr. Hillary Kunins
  - Attended public community meetings as a representative of the Commission
  - Attended statewide trainings for mental and behavioral health board and commission members, sponsored by CALBHB/C (BHC commissioners & staff)
  - Membership on the CALBHB/C Governing Board (Dr. Harriette Stevens)
  - Represented the BHC on the Crisis Intervention Teamwork Group (Ms. Terezie Bohrer chaired the CIT Work Group)

- ALERT (Auxiliary Law Emergency Response Team) and Neighborhood Emergency Response Team, followed the Mental Health (SF) Implementation Workgroup protocols (Ms. Liza Murawski is an ALERT team member)

#### E. BHC STAFF ACTIVITIES

Clerk Amber Gray’s contributions to the mission of the BHC included participation in the following statewide meetings and trainings:

- **“Mental / Behavioral Health Board / Commission and Staff” Training** with a focus on the duties and responsibilities of local mental/behavioral health boards and commissions, May 13, 2022
- **CALBHB/C Teleconference (Zoom) on “Cultural Requirements: Eliminating Cultural, Ethnic & Racial Disparities,”** including ways to address these disparities across the mental health system and provide effective, accessible, and equitable programs and services, June 10, 2022
- **CA Association of Local Behavioral Health Boards/Commissions,** quarterly sessions

#### VI. BEHAVIORAL HEALTH SERVICES HIGHLIGHTS

Annual Update on the MHSA 3-Year Draft Report and Budget, Tracy Helton, MPA, MHSA Program Manager/Acting Deputy Director, JEDI, July 20, 2022. The presenter answered all the questions that the commissioners and the public submitted prior to the meeting.

#### VII. BEHAVIORAL HEALTH NEEDS AND RECOMMENDATIONS – HIGHLIGHTS

The BHC Commissioners identified the following needs and recommended:

- Strengthen **behavioral health services and supportive housing** for people who are homeless.
- Make the **grievance process** more transparent and user friendly.
- Increase Behavioral Health Services’ funding and pay **higher wages to the employees** of the service providers.
- Promote the implementation of a **Comprehensive Continuum of Care system** within BHS, in which care evolves with the patient over time. A comprehensive array of services can offer optimal support during gaps in care when the patient’s health may be most vulnerable.
- Establish **culturally affirming and evidence-based practices** for all services. The BHC works to assure that DPH-funded behavioral health providers are providing effective, equitable,

and high-quality care and services that are responsive to clients with diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

- Provide **regular board training** for new BHC commissioners so they are more effective. Regular ethics training is required per GOV 53234 - 53235.2. New and veteran commissioners also gain a better understanding of the duties of California's mental/behavioral health boards/commissions through in-person and online training offered through CALBHB/C (<https://www.calbhbc.org/training.html>).
- Strengthen the **integration of substance use and mental health treatment** to ensure both conditions are treated effectively. For instance, the Collaborative Care Model has emerged as a major evidence-based approach in integrating physical and behavioral health services. The primary care physician, behavioral health care manager and psychiatrist work as a team to provide care and monitor patient progress (California Health Care Foundation, <https://www.chcf.org/>).
- Increase the number of **therapists, psychologists and psychiatrists** in BHS to decrease wait time, increase ability to serve all in need, and offer enhanced therapeutic services, including co-occurring disorder and trauma-informed services that are culturally affirming, and transitional aged youth (TAY) appropriate services.
- Provide staff wellness and supportive services for the individual behavioral health service personnel.

## VIII. SAMPLE BHC RESOLUTION

**3.4 RESOLUTION:** (MHB 02-2019) The Mental Health Board urges the City and County of San Francisco to develop a system of oversight and accountability for buildings providing permanent supportive housing to people with behavioral health challenges.

**WHEREAS**, permanent supportive housing residences provide behavioral health services and case management to vulnerable populations, and;

**WHEREAS**, the people residing in these buildings have behavioral health issues, are very low income and rarely have other housing options, and;

**WHEREAS**, permanent housing buildings require that building owners have contracts with property management services to collect rents and oversee building maintenance and repairs, and;

**WHEREAS**, it is contractually necessary for property management services and City and County of San Francisco funded case management and behavioral health services provided in these buildings to maintain a separation of duties, and:

**WHEREAS**, it has been reported that supportive service staff are violating 1996 Health Insurance Portability and Accountability Act (**HIPAA**), that protects the privacy of their clients, and;

**WHEREAS**, some of these residences are in varying states of neglect and disrepair with incidents of mold, structural damage, missing or broken fixtures and appliances, vermin infestation, and outdated and potentially hazardous plumbing, electrical, and mechanical systems with rusty pipes and brown water, and;

**WHEREAS**, after seeking resolution with case management, some residents have escalated their concerns through designated channels and still fear retaliation for voicing their concerns around building conditions and property management practices, and;

**WHEREAS**, males significantly outnumber females in the majority of the permanent housing residences and many female residents have expressed feeling unsafe, and site incidents of severe bullying incidents and direct threats to harm, and;

**THEREFORE, BE IT RESOLVED** that, even with separate responsibilities and legal requirements between case management services and property management, it is essential that this mutual exclusivity not result in unsafe or unnecessarily stressful conditions for residents, and;

**FURTHER RESOLVED**, that residents of permanent supportive housing need an entity, agency, or City department where their grievances can be heard and addressed, and;

**THEREFORE, BE IT RESOLVED** that The Behavioral Health Commission (BHC) formerly known as The Mental Health Board (MHB) urges the City and County of San Francisco to develop a system of oversight and accountability for buildings providing permanent supportive housing to people with behavioral health challenges.