

SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION



**Mayor
London N. Breed**

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Bahlam Javier Vigil, Co-Chair
Stephen Banuelos, Co-Chair
Genesis Vasconez, MS, PMHNP-BC, Vice-Chair
Lisa Williams, Secretary
Carletta Jackson-Lane, JD
Kescha S. Mason
Liza Murawski
Toni Parks
Harriette Stallworth Stevens, EdD
Lisa Wynn

AGENDA

Behavioral Health Commission Meeting

PLEASE NOTE: WE ARE RETURNING TO IN PERSON MEETINGS ON

Wednesday, May 17, 2023

6:00 PM – 8:00 PM

25 Van Ness Room # 610

San Francisco, California 94102

REMOTE BHC MEETING ZOOM

<https://us06web.zoom.us/j/87444415689?pwd=N2tUZkpRZlU5ZzhjOE9XOWV1bEpCZz0>

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Meeting ID: 874 4441 5689

Passcode: 284349

One tap mobile +14086380968,,87444415689#,,,,*284349# US (San Jose)

CALL TO ORDER

Roll Call

Agenda Changes: BHC should open the meeting with a motion to disclose the physical place, time, and location of the meetings under item 1.1a

ITEM 1.0 COMMISSIONER'S REPORTS

1.1 Report from the Commission Co-Chair and the Executive Committee

1.1a) The Co-Chairs will call for a motion to disclose the physical place, time, and location of the meetings going forward and BHC Staff call attention to California

Government Code Section 54953(e) also known as AB361 for the hybrid participants which empowers local policy bodies to convene by teleconferencing technology for those physically unable to attend – **[action item]**

PUBLIC COMMENT

ITEM 2.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR

Presentation by Hillary Kunins, MD, MPH (she/her) Director of Behavioral Health Services and Mental Health SF, SFDPH, to report on the activities and operations of Behavioral Health Services (BHS), including information on the budget and planning with policy updates on the BHC and DPH decision-making process. **(See attachment power point presentation) handouts will be provided.**

PUBLIC COMMENT

ITEM 3.0 Discuss and vote on providing the location of virtually attending commissioners, i.e. IP address versus physical address – **[action item]**

PUBLIC COMMENT

3.1 Approve the minutes of the Behavioral Health Commission March 15, 2023, meeting of November 16, 2022, January 18, 2023 and February 15, 2023, and April 19, 2023 **(action Item)**

PUBLIC COMMENT

3.2 Vote to adopt the time and place of the new standing Rules and Reports Committee, chaired by Commissioner Stevens Invite or appoint new members to the committee **[action item]**

PUBLIC COMMENT

3.3 Vote to accept: Commissioner Bohrer's letter of resignation: **(See Attached)**

PUBLIC COMMENT

3.4 Discuss the replacement of “Termed Out” commissioners, inclusion of required veteran representation and missing BOS representation – **[action item]**

PUBLIC COMMENT

3.5 Vote on proposal by Commissioner Wynn to install a public portal on the BHC website to expedite grievance matters and items the public feel need to be addressed – as discussed in the February 15, 2023, meeting **[action item]**

PUBLIC COMMENT

3.6 Clarification of PHACS and SRT, including relevant data - Discussion based on the results/response on data from DPH and BHS regarding the PHACS program (Permanent Housing Advanced Clinical Services) and SRT (Street

Response Teams) vote to accept or continue research – see attached **[action item]**

ITEM 4.0 REPORT FROM THE COMMITTEES

Discussion regarding committee meetings, goals and accomplishments:

Implementation Committee, Chair Stephen Banuelos

Discuss focus of the Implementation Committee

Site Visit Committee, Chair Murawski -

Report on Site Visit strategy on completing selected program reviews.

Strategic Planning Ad Hoc Committee, Commissioner Bohrer –

Update on progress of the current draft of the Strategic Plan – **see attached**

PUBLIC COMMENT

ITEM 5.0 PEOPLE OR ISSUES HIGHLIGHTED BY BHC [Discussion only]

5.1 Suggestions of people, programs, or both, that Commissioners believe should be acknowledged or highlighted by the BHC.

5.2 Report by members of the Commission on their activities on behalf of the Behavioral Health Commission as authorized

ITEM 6.0 NEW BUSINESS [Discussion only]

Suggestions for future agenda items to be referred to the Executive Committee and for future training and orientation of future Commissioners.

PUBLIC COMMENT

ITEM 7.0 FINAL PUBLIC COMMENT – opportunity for the public to comment on items not on the agenda but pertaining to the BHC

Adjournment

DISABILITY ACCESS

The ADA is a civil rights law that protects people with different types of disabilities from discrimination in all aspects of social life. More specifically, Title II of the ADA requires that all programs offered through the state and local government such as the City and County of San Francisco must be accessible and usable to people with disabilities. The ADA and City policy require that people with disabilities have equal access to all City services, activities, and benefits. People with disabilities must have an equal opportunity to participate in the programs and services offered through the City and County of San Francisco. If you believe your rights under the ADA are violated, contact the ADA Coordinator.

Ordinance 90-10 added Section 2A.22.3 to the Administrative Code, which adopted a Citywide Americans with Disabilities Act Reasonable Modification Policy that requires City departments to: (1) provide notice to the public of the right to request reasonable modification; (2) respond promptly to such requests; (3) provide appropriate auxiliary aids and services to people with disabilities to ensure effective communication; and (4) train staff to respond to requests from the public for reasonable modification, and that requires the Mayor's Office on Disability to provide technical assistance to City department responding to requests from the public for reasonable modifications.

Disability Accommodations: To request assistive listening devices, real time captioning, sign language interpreters, readers, large print agendas or other accommodations, please contact the Commission Secretary at (415) 558-6309, or commissions.secretary@sfgov.org at least 72 hours in advance of the hearing to help ensure availability.

Language Assistance: To request an interpreter for a specific item during the hearing, please contact the Commission Secretary at (415) 558-6309, or commissions.secretary@sfgov.org at least 48 hours in advance of the hearing.

SPANISH: Agenda para la Comisión de Planificación. Si desea asistir a la audiencia, y quisiera obtener información en Español o solicitar un aparato para asistencia auditiva, llame al 415-558-6309. Por favor llame por lo menos 48 horas de anticipación a la audiencia.

CHINESE: 規劃委員會議程。聽證會上如需要語言協助或要求輔助設備，請致電415-558-6309。請在聽證會舉行之前的至少48個小時提出要求。

TAGALOG: Adyenda ng Komisyon ng Pagpapalano. Para sa tulong sa lengguwahe o para humiling ng Pantulong na Kagamitan para sa Pagdinig (headset), mangyari lamang na tumawag sa 415-558-6309. Mangyaring tumawag nang maaga (kung maaari ay 48 oras) bago sa araw ng Pagdinig.

RUSSIAN: Повестка дня Комиссии по планированию. За помощью переводчика или за вспомогательным слуховым устройством на время слушаний обращайтесь по номеру 415-558-6309. Запросы должны делаться минимум за 48 часов до начала слушания.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: soft@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from the Sunshine Ordinance Task Force or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

LOBBYIST REGISTRATION AND REPORTING REQUIREMENTS

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; website www.sfgov.org/ethics.

**BEHAVIORAL HEALTH COMMISSION
RESOLUTION MAKING FINDINGS TO ALLOW TELECONFERENCED
MEETINGS UNDER CALIFORNIA GOVERNMENT CODE SECTION
54953(e)**

WHEREAS, California Government Code Section 54953(e) empowers local policy bodies to convene by teleconferencing technology during a proclaimed state of emergency under the State Emergency Services Act so long as certain conditions are met; and

WHEREAS, In March, 2020, the Governor of the State of California proclaimed a state of emergency in California in connection with the Coronavirus Disease 2019 (“COVID-19”) pandemic, and that state of emergency remains in effect; and

WHEREAS, In February 25, 2020, the Mayor of the City and County of San Francisco (the “City”) declared a local emergency, and on March 6, 2020 the City’s Health Officer declared a local health emergency, and both those declarations also remain in effect; and

WHEREAS, On March 11 and March 23, 2020, the Mayor issued emergency orders suspending select provisions of local law, including sections of the City Charter, that restrict teleconferencing by members of policy bodies; those orders remain in effect, so City law currently allows policy bodies to meet remotely if they comply with restrictions in State law regarding teleconference meetings; and

WHEREAS, On September 16, 2021, the Governor signed AB 361, a bill that amends the Brown Act to allow local policy bodies to continue to meet by teleconferencing during a state of emergency without complying with restrictions in State law that would otherwise apply, provided that the policy bodies make certain findings at least once every 30 days; and

WHEREAS, While federal, State, and local health officials emphasize the critical importance of vaccination and consistent mask-wearing to prevent the spread of COVID-19, the City's Health Officer has issued at least one order (Health Officer Order No. C19-07y, available online at www.sfdph.org/healthorders) and one directive (Health Officer Directive No. 2020-33i, available online at www.sfdph.org/directives) that continue to recommend measures to promote physical distancing and other social distancing measures, such as masking, in certain contexts; and

WHEREAS, The California Department of Industrial Relations Division of Occupational Safety and Health ("Cal/OSHA") has promulgated Section 3205 of Title 8 of the California Code of Regulations, which requires most employers in California, including in the City, to train and instruct employees about measures that can decrease the spread of COVID-19, including physical distancing and other social distancing measures; and

WHEREAS, Without limiting any requirements under applicable federal, state, or local pandemic-related rules, orders, or directives, the City's Department of Public Health, in coordination with the City's Health Officer, has advised that for group gatherings indoors, such as meetings of boards and commissions, people can increase safety and greatly reduce risks to the health and safety of attendees from COVID-19 by maximizing ventilation, wearing well-fitting masks (as required by Health Officer Order No. C19-07), using physical distancing where the vaccination status of attendees is not known, and considering holding the meeting remotely if feasible, especially for long meetings, with any attendees with unknown vaccination status and where ventilation may not be optimal; and

WHEREAS, On July 31, 2020, the Mayor issued an emergency order that, with limited exceptions, prohibited policy bodies other than the Board of Supervisors and its committees from meeting in person under any circumstances, so as to ensure the safety of policy body members, City staff, and the public; and

WHEREAS, The Behavioral Health Commission has met remotely during the COVID-19 pandemic and can continue to do so in a manner that allows public participation and transparency while minimizing health risks to members, staff, and the public that would be present with in-person meetings while this emergency continues; now, therefore, be it

RESOLVED, That the Behavioral Health Commission finds as follows:

1. As described above, the State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, the Behavioral Health Commission has considered the circumstances of the state of emergency.
2. As described above, State and City officials continue to recommend measures to promote physical distancing and other social distancing measures, in some settings.
3. As described above, because of the COVID-19 pandemic, conducting meetings of this body and its committees in person would present imminent risks to the safety of attendees, and the state of emergency continues to directly impact the ability of members to meet safely in person; and, be it

FURTHER RESOLVED, That for at least the next 30 days meetings of the Behavioral Health Commission and its committees will continue to occur exclusively by teleconferencing technology (and not by any in-person meetings or any other meetings with public access to the places where any policy body member is present for the meeting). Such meetings of the Behavioral Health Commission and its committees that occur by teleconferencing technology will provide an opportunity for members of the public to address this body and its committees and will otherwise occur in a manner that protects the statutory and constitutional rights of parties and the members of the public attending the meeting via teleconferencing; and, be it

FURTHER RESOLVED, That the staff of the Behavioral Health Commission is directed to place a resolution substantially similar to this resolution on the agenda of a future meeting of the Behavioral Health Commission within the next 30 days. If the Behavioral Health Commission] does not meet within the next 30 days, the staff is directed to place a such resolution on the agenda of the next meeting of the Behavioral Health Commission.

BHC Meeting Schedule for 2023

January 10: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

January 18: Behavioral Health Commission Meeting (6PM)

February 7: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

February 15: Behavioral Health Commission Meeting (6PM)

March 7: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

March 15: Behavioral Health Commission Meeting (6PM)

April 11: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

April 19: Behavioral Health Commission Meeting (6PM)

May 9: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

May 17: Behavioral Health Commission Meeting (6PM)

June 13: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

June 21: Behavioral Health Commission Meeting (6PM)

July 11: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

July 19: Behavioral Health Commission Meeting (6PM)

August: Summer Recess

Sept. 12: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

Sept. 20: Behavioral Health Commission Meeting (6PM)

Oct.10: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

Oct. 18: Behavioral Health Commission Meeting (6PM)

Nov. 7: Site Review/Implementation/Executive Committees (3PM/4PM/5PM)

Nov. 15: Behavioral Health Commission Meeting (6PM)

December 3: BHC Annual Retreat (Time TBD)

Program: Permanent Housing Advanced Clinical Services (PHACS)

- **Target Population:** Serves previously chronically homeless individuals housed in SRO/studio apartment style PSH. Residents are medically and psychiatrically complex and are often High Users of Multiple Systems, end of life, and/or not connected to care.
 - **Services:** CBO capacity building consultation, triage, linkages, chronic care management, medication adherence support, direct nursing/medical care.
 - **Key Partners:** HSH funded housing providers, Behavioral Health/Office of Coordinated Care, Human Services Agency.
 - **What's next?:** Moving from pilot to launching services covering the 8,000+ PSH tenants who don't have health services in their building, adding in capacity-building and behavioral health.
- Funded by Prop C, will draw down CalAIM (Medi-Cal) revenue
 - Working with Behavioral Health/HSH/HSA to address system barriers for PSH tenants
 - Will leverage Office of Coordinated Care infrastructure

SF Department of Public Health | Whole Person Integrated Care

San Francisco Department of Public Health Division of Behavioral Health Services

Behavioral Health Commission— Director's Update May 17, 2023

Hillary Kunins, MD, MPH, MS
Director of Behavioral Health Services and Mental Health SF
San Francisco Department of Public Health



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Agenda

- Financial Forecast
- BHS Budget
- BHS Priorities
- In Development
- Budget Next Steps



The City's Financial Forecast and Fund Reductions

The financial forecast projects deficits for the City over the next five years due to:

- Slow or no growth in major local revenues combined with loss of federal revenues
- New costs (i.e: higher wages, growing health benefit and pension costs, new set-aside for schools)
- Risks and uncertainties can alter this forecast

As a result, the following are required general fund reductions for DPH:

- 5% in FY23-24 (\$49.7M)
- 8% in FY24-25 (\$79.5M)

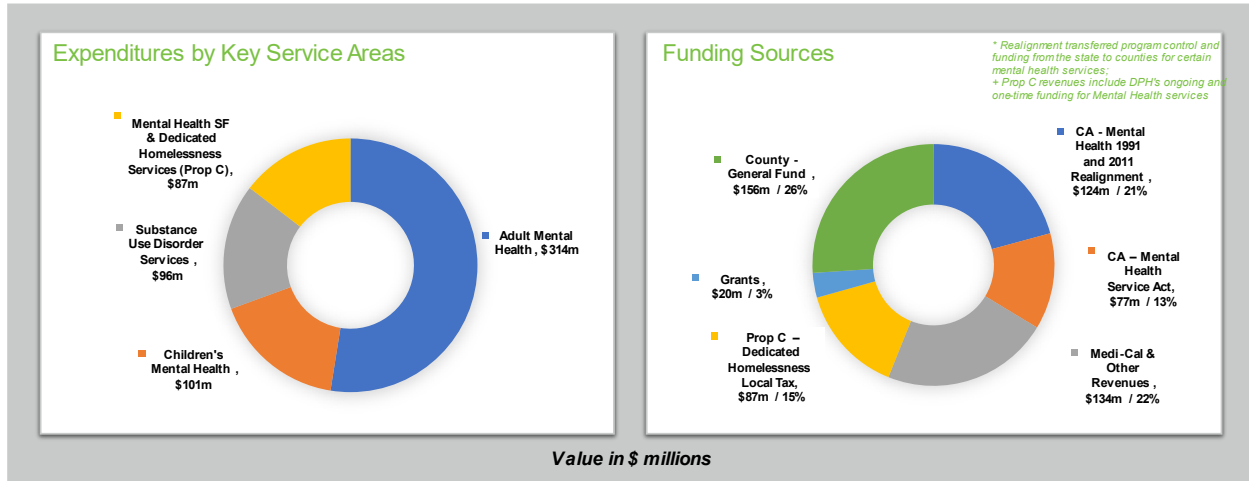
DPH and BHS received additional instruction to further reduce the general fund budget. Revisions to the budget were presented at the Health Commission on Tuesday, April 18. The budget is currently in progress.



BHS Expenditures + Revenues FY22-23

Total BHS Budget: ~\$598M

Total DPH Budget: ~\$3B



Behavioral Health Services Priorities for FY23-25

1. Maximize opportunities through CalAIM implementation

2. Continue investment in behavioral health services

3. Expand electronic health records and improve access to data

Maximize Opportunities through CalAIM Implementation

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative that aims to improve health outcomes and quality of life for people with Medi-Cal by addressing barriers to access and delivering equitable, coordinated, and person-centered care.

CalAIM introduces billing changes and new benefits for clients that will result in new, expanded services such as:

- Enhanced care management (January 2022)
- Community supports (July 2022)
- Expansion of justice-involved services (January 2023)



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Continue Investment in Behavioral Health Services

In 2018, voters approved a new business tax, Prop C, that funds dedicated services for people experiencing homelessness. DPH's Prop C budget for ongoing behavioral health services is growing from **\$87.1M** in FY 22-23 to **\$98.1M** in FY 23-24.

Implementation of prior year investments continues for Prop C -funded Mental Health SF and related programs in FY 23-24, such as:

- **\$34.9M** for 400 new residential care and treatment beds
- **\$20.7M** for expanded street -based services including the Street Crisis Response Team (SCRT), Street Overdose Response Team (SORT), and Street Medicine teams
- **\$10.1M** for Care Coordination and Case Management service expansions
- **\$8M** for overdose response, contingency management and medications for addiction treatment
- **\$3.1M** for new, dedicated Transitional Aged Youth and Transgender behavioral health services

Projected shortfall in revenues for Prop C, but there is currently sufficient one -time savings to carry programs through the two -year budget. A long -term plan is needed to sustain **\$100M** spending plan.



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Continue Investment in Behavioral Health Services

The Mental Health Services Act (MHSA) was passed in 2004 and is funded by a one percent income tax on personal income in excess of \$1 million per year. MHSA addresses a broad range of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements to effectively support the system.

Increases in Mental Health Services Act funding and investments include:

- **\$4M** for Black/African American programs and mental health support for Black/African American birthing people
- **\$3M** for an Office of Overdose Response
- **\$12.8M** for one-time capital improvements



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Continue Investment in Behavioral Health Services

Other investments include:

- **\$10M+** to strengthen services for clients on involuntary (5150) holds, expand comprehensive services, create a utilization management team, and enhance coordination in the residential system of care.

Expanding Electronic Health Records and Improving Access to Data

The largest expansion of DPH's Epic Electronic Health Record (EHR) since the initial go live in August 2019 will occur.

- While many areas of DPH are already live on Epic EHR, a number of new modules and a large part of the organization – Behavioral Health Services – will go live on the shared record for the first time.
- In April 2024, BHS will see the full implementation of EPIC.



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Still in Development

CARE Court

- Coming in October 2023
- For people with psychotic disorder/schizophrenia who are deteriorating and have not voluntarily participated in treatment due to significant untreated symptoms as well as barriers to access.
- BHS to provide clinical evaluation of clients and development of care plans.

Wellness Hubs

- Pending program and legal implementation
- Neighborhood-based settings that provide safe consumption, health, and treatment support for people with substance use disorders.

Opioid Settlement Funds

- Being finalized
- One-time funding to be disbursed over several years.
- Possible uses can include: Addressing or preventing the misuse and risks of opioid products; treat or mitigate opioid use or related disorders; mitigate other alleged effects of the opioid epidemic.

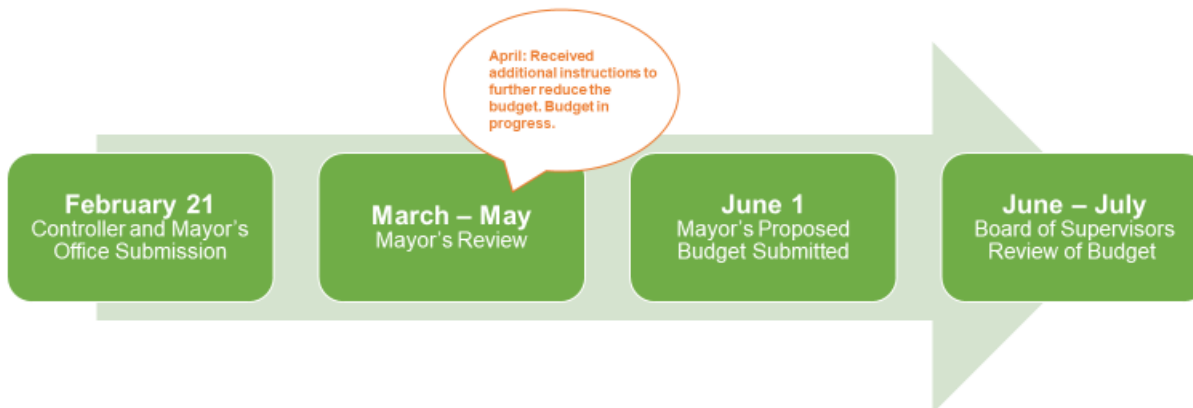


San Francisco Health Network
Behavioral Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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Next Steps: Budget Timeline



San Francisco Health Network
Behavioral Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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Strategic Plan FY 23-24 draft_0.pdf

From: Terezie S Bohrer <tsbohrer@yahoo.com>

Sent: Monday, April 10, 2023 8:54 PM

To: Gray, Amber (DPH) <amber.gray@sfdph.org>

Subject: Re: Behavioral Health Commission Committee Meeting Reminder .

As stated before I am unable to attend mtgs on Tuesday's. Thus I am resigning from the BHC or

just leaving as my term is over. I believe I can be a better advocate on the "outside" with less

governmental constraints and take more actions that can effect positive changes. I will notify the

BOS Clerk this week.

Sent from my iPhone

