

SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION



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London N. Breed**

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Toni Parks
Harriette Stallworth Stevens, EdD
Ulash Thakore-Dunlap, MFT
Idell Wilson
Terezie (Terry) Bohrer, MSW, RN, CLNC
Ahsha Safai, Board of Supervisors

AGENDA

**Behavioral Health Commission Meeting
Wednesday, November 17, 2021
6:00 PM – 8:00 PM**

REMOTE BHC MEETING ZOOM

<https://us06web.zoom.us/j/89336028817?pwd=eGt2TjNmSCtSZmx0ekN1OExwdnN2Zz09> Meeting ID: 893 3602 8817 Passcode: 603055
Dial by your location +1 669 900 6833 US

CALL TO ORDER

Roll Call

Agenda Changes

ITEM 1.0 COMMISSIONER'S REPORTS

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

Discuss the serious implications of Board of Supervisors failure to timely appoint new BHC commissioners and what BHC plans to do about it. Continuation of strategic discussion focusing on the inclusion of the Behavioral Health Commission (BHC) in discussions pertaining to the distribution of the budget initiative by Mayor Breed to add \$1 Billion to housing and another \$300 Million to mental health services via MHSF (Mental Health SF)

1.1 a) Presentation – Liza Murawski will present on Resolution (MHB 02-2019) 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.

1.1 d) The Co-Chairs will have the Executive Director call attention to the updated remote meeting resolution 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 – see attached below

1.1 e) The Co-Chairs re-announce the December 4, 2021 date for the annual BHC retreat

1.1 f) Co-Chairs formerly announce the resignation of Commissioner Drummond and ashel (Kathryn) fey with discussion around letters of resignation

1.2 Public Comment

1.3 Reports from Committees

Discussion regarding committee meetings, goals and accomplishments:

Implementation Committee, Chair Carletta Jackson-Lane, JD

Develop strategy to gain more BHC commissioners

Site Visit Committee, Chair Richelle Lee Slota -

Update on Site Visit strategy

Bylaws Revision Ad Hoc Committee, Chair Bahlam Javier Vigil –

Report on the Bylaw progress

Strategic Planning Ad Hoc Committee, Commissioner Bohrer –

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

Recruitment Ad Hoc Committee, Chair Stephen Banuelos – update

Nomination Ad Hoc Committee, Commissioner Lane –

Progress on selecting Chair and Co-Chairs 2022-2024

1.4 Public Comment

ITEM 2.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR

For Discussion

Presentation by the Behavioral Health Services Department: a report on the activities and operations of Behavioral Health Services (BHS), including information on the budget and the planning process, policy updates BHC and DPH decision-making process, who makes final decision and programs and services.

2.1 Public Comment

ITEM 3.0 ACTION ITEMS

For discussion and possible action

3.1 Public comment

3.2 Approve the minutes of the Behavioral Health Commission meeting of October 20, 2021 as submitted. [**Action Item**]

3.3 BHC commission to vote on the Brown Act updated Telecommunication Resolution 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. [**Action Item**]

3.4 BHC to vote on Resolution (MHB 02-2019) 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 - **see pasted below [action item]**

3.5 BHC to vote on resolution proposed by Commissioner Vigil Urging the San Francisco City and County, Mayor, Board of Supervisors, The Departments of Public Health, and Homelessness and Supportive Housing to Invest Funds To Improve The Standard and Quality of Behavioral Health Services Provided by The City and County of San Francisco to Improve Equitable Access, Services Quality, and Facility and Staff Standard and Improve Departments Oversight and Quality Control Infrastructure – **see pasted below [action item]**

3.6 Adoption of Bylaws – BHC to vote on edits, amendments and changes from the most recent version coming out of the executive committee meeting, to forward on to city attorney for review - Bylaws Revision Ad Hoc Committee, Chair Bahlam Javier Vigil - **see pasted below [action item]**

3.3 Public comment

ITEM 4.0 PEOPLE OR ISSUES HIGHLIGHTED BY BHC [Discussion only]

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

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

ITEM 5.0 NEW BUSINESS [Discussion only]

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

6.0 Final Public Comment

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.

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 the 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.

Resolution Urging the San Francisco City and County, Mayor, Board of Supervisors, The Departments of Public Health, and Homelessness and Supportive Housing to Invest Funds To Improve The Standard and Quality of Behavioral Health Services Provided by The City and County of San Francisco to Improve Equitable Access, Services Quality, Transparency, Facility and Staff Standard and Improve Departments Oversight and Quality Control Infrastructure.

Whereas, Permanent supportive housing residences provide behavioral health services and case management to vulnerable populations; and

Whereas, The people residing in these buildings often have behavioral health issues, are very low income and rarely have other housing options; and

Whereas, Permanent housing buildings require that building owners and operators 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 the 1996 Health Insurance Portability and Accountability Act (HIPAA), which protects the privacy of their clients; and

Whereas, Facilities in San Francisco that provide behavioral health services are in much need of repairs due to constant building malfunctions, proper facility size, and the inequitable distribution of facility resources per district, showing a need for better oversight of the physical infrastructure where services are provided to ensure proper maintenance and health regulation; 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 the 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 cite incidents of severe bullying and direct threats of harm; and

Whereas, It has been reported that HSH and DPH are slow to, and often fail, to respond to community and stakeholder requests and information; and

Whereas; While San Francisco currently has workforce housing programs for vital employees of San Francisco such as teachers and law Enforcement Employees, these programs do not cover employees of Behavioral Health Services and housing providers, which, if extended to those employees, could aid in incentivizing employment in City-funded Behavioral Health Services and housing services, rooted in the communities they live in and serve; and

Whereas, According to Dr. Marlo Simmons, based on data from 11/12/20 on the total current vacancies for Behavioral Health Services positions, there are a total of 113 Vacancies (90 prioritized and moving through the hiring process, 23 vacant and not yet prioritized), that is 17.38% of BHS Positions Vacant (of the 650 who report to BHS), of which vacant positions, 9 are in the Senior Psychiatric Physician (2242 / 2243) job class, 37 are in the Behavioral Health Clinician (2930) job class, and 6 are in the Senior Behavioral Health Clinician (2932) job class; now, therefore, be it

Resolved, That the BHCSF of San Francisco thanks the Mayor, Board of Supervisors, Department of Public Health (DPH), and Department of Homelessness and Supportive Housing (HSH) of the City and County of San Francisco for their consistent commitment to bringing funds into the fold in the City's struggle for behavioral health services that tackle the problems and issues everyday San Franciscans face in terms of their behavioral health, and key environmental factors impacting their behavioral health such as homelessness and access to housing; and, be it

Further Resolved, That residents of permanent supportive housing need an entity, agency, or City department where their grievances can be heard and addressed; and, be it

Further Resolved, That the Behavioral Health Commission of San Francisco urges the City and County of San Francisco, Mayor, Board of Supervisors, DPH, and HSH to find ways to improve their oversight and accountability infrastructure to better oversee and monitor all behavioral health programs offered by the City and County of San Francisco; and, be it

Further Resolved, That the Behavioral Health Commission of San Francisco (BHCSF) 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; and, be it

Further Resolved, That even with separate responsibilities and legal requirements between case management services and property management, it is essential that this mutual exclusivity does not result in unsafe or unnecessarily stressful conditions for residents; and, be it

Further Resolved, That the BHCSF of San Francisco urges the City and County of San Francisco, Mayor, Board of Supervisors, DPH, and HSH to expand the City's workforce housing programs to include Behavioral Health Services providers and other employees working under HSH and DPH to incentivize employees to live in the communities they work for and improve the quality of services provided by HSH and DPH employees; and, be it

Further Resolved, That the BHCSF urges HSH and DPH to make information accessible to the public around behavioral health and housing services and improve community outreach and advertisement for behavioral health and housing services, and make information accessible to all who request it as seamlessly as possible; and, be it

Finally Resolved, That the BHCSF urges the city and county of San Francisco Mayor, Board of Supervisors, DPH, and HSH to allocate funds to improve staff standards and quality, hire more behavioral health services staff to meet the increasing demand for services, and ensure that those programs are being offered and operated with high-quality standards and quality of life.

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BYLAWS OF THE BEHAVIORAL HEALTH COMMISSION OF SAN FRANCISCO

ARTICLE I – NAME

The name of this organization shall be the Behavioral Health Commission of San Francisco, hereinafter referred to as the BHC, formerly known as the Mental Health Board (MHB) of San Francisco. “Behavioral Health” includes Mental Health and Alcohol and Drug programs and services.

ARTICLE II- AUTHORITY, POWERS AND DUTIES

The authority of the San Francisco Behavioral Health Commission (BHC) is established pursuant to the Bronzan-McCorquodale Act which may be found at Part 2 of Division 4.7 of the California Welfare and Institutions Code (commencing at section 5600 et seq.) and in the San Francisco Administrative Code, Section 15.4-1. Ordinance No. 229-20, passed by the Board of Supervisors (BOS) in November 2020, amended the Administrative Code to require the Department of Public Health (DPH) provide administrative staff to support the work of the BHC, expand the membership to conform to State law, and staggered member terms.

The purpose of the BHC is to:

1. Review and evaluate the community’s public behavioral health needs, services, facilities, and special problems in any facility within the City and County of San Francisco where behavioral health evaluations or services are being provided, including but not limited to, schools, emergency departments, and psychiatric facilities. Facilities utilized out of the County/City to serve San Francisco residents with behavioral health needs, e.g., State hospitals, Residential Treatment Programs, may be included in reviews and evaluations.
2. Review any City and County agreements entered into pursuant to California Welfare and Institutions Code Section 5650. The BHC may make recommendations to the Mayor and Board of Supervisors regarding concerns identified within these agreements.

3. Advise the Mayor and Board of Supervisors (BOS), the Director of Public Health (DPH) and the Director of Behavioral Health Services (BHS) and Mental Health SF (MHSF) as to any aspect of the local behavioral health program.
4. Request assistance, when needed, from the local Patients' Rights Advocates when reviewing and advising on behavioral health evaluations or services provided in public facilities with limited access.
5. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
6. Review the procedures used to ensure the involvement of interested members of the behavioral health community and the public in the development of the budget for BHS and report on its findings to the Board of Supervisors.
7. Submit in June an Annual Report to the Mayor and Board of Supervisors (BOS) on the needs and performance of the City and County's behavioral health system.
8. Review and make recommendations on applicants for the appointment of Director of BHS and Mental Health SF. The BHC shall be included in the selection process prior to the selection of a person to fill this position.
9. Review and comment on the City and County's performance outcome data and communicate its findings to the California Behavioral Health Planning Council. All such communications shall be reported to the BOS, the Mayor, the Health Commission, the DPH, and the Director of BHS and Mental Health SF.
10. Assess the impact of the realignment of services from the State to the City and County of San Francisco, on services delivered to clients and on the local community.
11. Conduct, in accordance with Section 5848, a public hearing on the draft MHSA three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subsection (a). Each adopted plan and update shall include any substantive written recommendations for revisions. The BHC shall review the adopted plan or update and make recommendations to the Director of BHS and Mental Health SF for revisions. The BHS Director shall provide an annual report of written explanations to the

Mayor and BOS, and to the State Department of Health Care Services for substantive recommendations made by the BHC not included in the final plan or update.

12. Work collaboratively with other interested groups on issues of mutual concern.

13. Comply with all applicable laws, including but not limited to the Ralph M. Brown Act (Cal. Government Code Section 54950 *et seq.*) and the San Francisco Sunshine Ordinance (San Francisco Administrative Code Section 67.1 *et seq.*) in publishing notices, agendas, and minutes and carrying out its operations and functions. Where publication or posting on a website is required, the BHC shall use the Department of Public Health's website, or another website designated by the Department of Public Health.

ARTICLE III – MEMBERSHIP

The membership of the Behavioral Health Commission shall be as follows:

1. Consistent with Subdivision (a) of Section 5604, the number of members on the Behavioral Health Commission of San Francisco shall be 17. The Commissioners shall consist of those individuals appointed by the San Francisco County Board of Supervisors to the Behavioral Health Commission. A quorum shall be one person more than one-half of the appointed members (specifically nine people for Commission meetings). Quorum is defined in accordance with California Welfare & Institutions Code Section 5604.5 (c).
2. The BHC shall ensure the composition of the Commission represents and reflects the diversity and demographics of the City and County as a whole, to the extent feasible.
3. The activities and affairs of individual members of the Commission, acting as Commission members, shall be conducted, and powers exercised, by and under the direction of the BHC and these Bylaws.
4. The term of each Commissioner shall be for three (3) years, except when filling a seat vacated by a Commissioner prior to the term expiration. The BOS shall equitably stagger the appointments so that one-third of the appointments expire in each calendar year.
5. The BHC serves in an advisory role to the Mayor and Board of Supervisors, and one member of the Board of Supervisors shall be a member of the Commission.
6. Fifty percent of the BHC shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. At least 20 percent shall be families of consumers.

7. In addition to consumers and family members referenced in 5 above, the BOS is encouraged to appoint individuals who have experience with and knowledge of the behavioral health system. This includes members of the community that engage with individuals living with a behavioral health condition in the course of daily operations, such as representatives of offices of education, large and small businesses, hospitals, physicians practicing in emergency departments, Police Chief, Sheriffs, and community and nonprofit service providers.

8. Except as provided in number 5 above, a member of the Commission or the member's spouse shall not be a full time or part-time employee of BHS, an employee of the State Health Department, or an employee of, or a paid member of the BOS or a mental health contract agency.

9. A consumer of behavioral health services who has obtained employment with an employer described in number 7 above, and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the BHC. The Commissioner shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the Commission.

10. Commissioners of the BHC shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the State Government Code.

11. A Commissioner shall be removed from office if the Commissioner is absent from three (3) meetings in one calendar year where no leave has been granted.

12. A leave of absence may be granted for up to four months with prior approval from the Executive Committee.

13. In cases of medical illness, family emergency or other exigency, the Executive Committee may retroactively grant leave, as necessary.

14. When it is determined a Commissioner has been absent from three (3) meetings within a 12-month period, and no leave of absences was granted, the BHC shall deem the Commissioner to have resigned from the BHC ten (10) days after the third unapproved absence and notify the BOS City Clerk in writing. Upon receipt of this notification the position shall be declared vacant by the BOS City Clerk.
(Administrative Code § 5.44-3(f).)

15. The BHC may vote to excuse an absent member from a BHC meeting. Whenever the BHC does not take such a vote at the meeting or at a previous meeting, then the minutes shall note that the absence is unexcused. Regular attendance at the BHC meetings is critical to the BHC's ongoing success.

16. No Commissioner shall be compensated for duties performed as a member of the BHC. Notwithstanding the previous sentence, a Commissioner may be reimbursed for the actual costs of attending meetings, conferences, or similar gatherings if attendance at the meeting, conference or similar gathering is approved in advance in writing by the BHC Chair.

ARTICLE IV – MEETINGS

1. Meetings of the BHC shall be held monthly as designated by the BHC, for a minimum of 11 meetings per year. Meetings may be held in person, or virtually by computers or phones.

2. The BHC is subject to the provision of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the California Government Code, relating to meetings of local agencies (The Brown Act) and to the provisions of the Sunshine Ordinance (SF Administrative Code, Section 67).

3. Annual Meetings: There shall be a regular meeting, which shall constitute the annual meeting of the BHC, to be held in February of each year at which time the Officers will present their reports, a meeting schedule will be adopted for the next twelve months, and elections held.

4. Regular Meetings: Other regular meetings of the BHC may be held at such time and place as is established by the annual meeting schedule.

5. Special Meetings: Special meetings, for any purpose or purposes related to the business of the BHC, may be called at any time by the Chair or the Co-Chairs or by a majority of the BHC members.

6. Notice of Annual and Regular Meetings shall be given to each member of the BHC by one of the following methods:

- a. Personal delivery of written notice; or
- b. First class mail, postage prepaid; or
- c. Fax transmittal or e-mail of written notice; or
- d. Telephone, either directly to the member or to a person at the member's office who would reasonably be expected to communicate that notice promptly to the member;

- e. Notices sent by first class mail shall be deposited in the U.S. Mail not less than five (5) days before the time set for the meeting;
- f. Notice given by personal delivery, fax, e-mail, or telephone shall occur at least 72 hours before the time set for the meeting; and
- g. All such notices shall be given or sent to the members address or telephone number as shown on the records of the Board.

7. Notice of regular and special meetings shall be publicized on the BHC and DPH websites at least 72 hours before the meeting.

8. Special meetings shall be convened in the following manner:

- a. Upon the call of the Chair, provided at least one (1) another member of the Executive Committee concurs;
- b. Upon the call of the Chair following the Chair's receipt of a written request signed by at least nine (9) Commissioners; and
- c. Any special meeting notice must be received at least 72 hours in advance and posted on the BHC web site and delivered to the Clerk of the Board of Supervisors and to the Government Information Center at the Main Branch of the SF Public Library.

9. A quorum for a full BHC meeting is always nine (9) Commissioners, per the San Francisco Administrative Code which states a quorum is 51 percent of the number of members designated by law, rather than the number of seats actually filled, SF Administrative Code, Charter Section 4.104. A quorum to do business in BHC Committees shall consist of 51 percent of the current membership of the committee.

10. Each Commissioner present must vote on every question put to a vote, unless excused by a majority vote of the BHC, or unless a legally recognized conflict of interest exists, as provided for in San Francisco Administrative Code, Chapter 1, Section 1.29.

11. Each Commissioner shall serve on at least one Standing Committee and shall attend the scheduled meetings of that Committee. The BHC Chair or Co-Chairs may assign a Commissioner to represent the BHC at related City Committee meeting.-

ARTICLE V – OFFICERS

1. The officers shall be Commissioners elected for the positions of Chair, Vice Chair, and Secretary. There may be two Co-chairs sharing the duties of the Chair.

2. Officers shall be elected at the meeting of the BHC in February of even-number years and shall serve a term of two (2) years, or until their successors are elected.

3. At the same February meeting of the BHC, additional nominations may be made by Commissioners.

4. Elections shall be by open and public ballot.

5. Vacancies occurring in the offices between elections shall be filled in the following manner:

a. At its next meeting the Chair or Co-Chairs, in consultation with the Executive Committee, shall appoint a Nominating Committee. The Nominating Committee shall then meet within 15 days. At the BHC meeting next following the Nominating Committee meeting, the Nominating Committee shall present its report to the BHC, and elections shall then occur, with nominations being accepted from the floor.

b. Officers may be removed from office for failure to carry out the duties of their office by a two-thirds (2/3) vote of the BHC, provided that forty-five (45) days' notice is given to all Commissioners.

c. If the Chair's office is vacated prior to the end of the one-year term, the Vice Chair shall assume the Chair's office and a replacement Vice Chair nominated at the next regularly scheduled meeting. The election vote for the new Vice Chair shall be held at the next regularly scheduled meeting following the nomination meeting.

ARTICLE VI - ELECTION OF OFFICERS

1. A Nominating Committee shall be appointed by the Chair or Co-Chairs, following consultation with the Executive Committee, by the November meeting of each odd-numbered year and shall consist of no fewer than three (3) Commissioners.

2. The Nominating Committee shall have the responsibility to:

a. Select at least one (1) candidate for each office.

b. Secure from each candidate their written or verbal consent to serve; and

c. Report the slate to the BHC at its January meeting.

3. At the February BHC voting meeting, additional nominations may be made from the floor by Commissioners.

4. Elections shall be by open and public ballot, unless there is only one (1) candidate for any office, in which case the ballot shall be dispensed with, and a voice vote taken.

ARTICLE VII - DUTIES OF OFFICERS

1. The Chair or Co-Chairs, shall be the official spokesperson of the BHC. The Chair or Co-Chairs shall carry out the policies of the BHC. The Chair or Co-Chairs shall preside at all meetings of the BHC and the Executive Committee and shall be in consultation with the Director of Behavioral Health Services and Mental Health SF. The Chair or Co-Chairs is ex-officio voting member of all standing and ad hoc committees, but not of the Nominating Committee, unless the Chair is serving on the Nominating Committee.

2. The Vice Chair shall serve as an aide to the Chair, shall be in consultation with Director of Behavioral Health Services and Mental Health SF at the request of the Chair, and shall serve as Acting Chair in the absence of the Chair.

3. The Secretary shall take or review the minutes of all BHC monthly meetings and Committee meetings prepared by Commissioners or staff and serve as Acting Chair in the absence of the Chair and Vice Chair.

ARTICLE VIII – COMMITTEES

Section 1: Committees

1. A member of the BHC shall serve on at least one Committee or Work Group.

2. The duties of the Chair or Co-Chairs shall be to at least annually establish or confirm Ad-hoc and Standing Committees; appoint the Chairs of Committees and any liaisons to other groups, organizations, task forces or committees; and establish Work Groups which can determine their own membership and selection of officers or establishes Ad-hoc committee(s) or discontinues any committee or Work Groups.

3. The duties of Committee Chairs shall be to:

- a. Sets agenda for committee meetings;
 - b. Assures 72-hour notice is posted on website, prior to convening meeting;
 - c. Conducts Committee meetings;
 - d. Performs or oversees any special projects assigned to the Committee;
 - e. Performs or assigns a Committee Member to take meeting minutes;
- and
- f. Reports on Committee's activities to the Executive Committee and the full BHC, at their respective monthly meetings.

4. Ad-hoc Committees may be established or eliminated by the Chair or Co-Chairs, with concurrence of the Executive Committee. Ad hoc Committees include, but are not limited to: Nominating Committee, Strategic Planning Committee, Retreat Committee, Bylaws Revisions, Annual Report Committee, Planning Council Study Committee, Annual MHSA Plan Review and Public Hearing, Recruitment and Outreach Committee.

5. Standing Committees include, but are not limited to: Executive Committee, Program Evaluation Site Visit Committee, and Implementation Committee. Standing Committees may be established or eliminated by the BHC. Standing Committees have ongoing responsibilities concerning a particular subject matter that is not time limited.

6. Committees and Work Groups will conduct meetings in accordance with the Brown Act (Government Code Section 54950 et seq.) to the extent applicable.

Section 2: Standing Committees

1. **Executive Committee** shall be composed of the BHC officers, Chairs of the Standing Committees and one (1) At Large Commissioner to be named by the Chair or Co-Chairs. The At Large Commissioner is to be chosen from any category that is under-represented on the Executive Committee, e.g., gender, ethnic or sexual minority, or membership category (consumer, professional, etc.) The At Large Commissioner will be a regular voting member of the Executive Committee. The duties of the Executive Committee shall be to:
 - a. Prepare draft agendas for regular and special meetings of the BHC;
 - b. Prepare the Annual Report as specified in Article II, Section 6 of these Bylaws;
 - c. Handle urgent matters within established policy between regular or special meetings with ratification of all action required by a majority vote of the full BHC at its next regular or special meeting, and to carry out any duties ordered by the full BHC;
 - d. The Executive Committee will be the fiscal agent for the BHC. In this role the Committee will prepare the Annual BHC budget, submit the budget to DPH/BHS, and approves and monitors monthly BHC expenditures;
 - e. The Executive Committee shall meet monthly;
 - f. In special session, at the call of the Chair or Co-Chairs with the concurrence of one (1) Executive Committee member or one (1) another Commissioner not on the Executive Committee or, in special session, at the call of the Chair or Co-Chairs, upon the receipt of a written request signed by at least four (4) Commissioners.
 - g. Such a special session shall be held within five (5) days of the Chair or Co-Chair's receipt of the written request and posted 72 hours on the BHC website prior to the convening of the meeting; and

- h. The Executive Committee will proactively engage to resolve any internal and external conflicts related to behavioral health and BHC.

2. Program Evaluation Site Visit Committee shall be responsible for assisting each Commissioner to make at least four (4) visits annually to public behavioral health programs, utilizing the most current “BHC Site Visit Manual” for procedures and forms. The Committee:

- a. Convenes monthly;
- b. Reviews and revises the “BHC Site Visit Manual” as needed;
- c. Provides a copy of the “BHC Site Visit Manual” to each Commissioner;
- d. Keeps a current listing of behavioral health programs that may be selected for a site visit;
- e. Maintains a chart of sites visited by each Commissioner;
- f. Reports at Executive and BHC meetings a summary of the findings of visits; and
- g. Submits all Site Visit Reports to the Director of BHS and Mental Health SF.

3. The Implementation Committee shall devise and implement strategies for accomplishing the Goals and Objectives of the BHC. All BHC Commissioners shall have a proactive role in setting Goals and Objectives. The Implementation Committee shall:

- a. Convene monthly;
- b. Recommend which program areas, under the BHC jurisdiction, should receive significant attention, using tools such as the BHC Strategic Plan and the Behavioral Health Services and Mental Health SF Director’s monthly report to the BHC;
- c. Research and attend community meetings and investigate relevant issues, such as City Task Forces, Working Groups formed by the BOS or Mayor and report this information back to the BHC membership and constituents.

ARTICLE IX – ATTENDANCE AND VACANCIES

1. All BHC members are required to contact the BHC Chair or Secretary prior to a meeting if they are unable to attend. Failure to do so will result in an unexcused absence.

2. A BHC member may be deemed by the Executive Committee to have ceased to discharge the duties of a BHC member based on attendance and/or performance of other assigned duties. If after review, the Executive Committee determines the member should be removed, a recommendation will be made to the full BHC. Upon two thirds vote the BHC may recommend the removal of the member to the Board of Supervisors.

3. If a vacancy occurs due to the occurrence of any of the events described in Section 1770 of the California Government Code, the Secretary shall advise the BHC, and the Executive Committee will commence the recruitment for a replacement.

ARTICLE X - RESIGNATIONS AND LEAVES OF ABSENCE

1. Any member may resign effective upon giving written notice to the County Clerk's Office with a copy to the Chair or Co-Chairs, the Vice Chair, or the Secretary of the BHC. A notice which specifies a later time shall be effective upon the date of the resignation set forth in said notice.

2. A BHC member, who does not wish to resign and who needs leave from BHC commitments, may request a leave of absence for personal reasons. The request must be submitted in writing to the Chair or Co-Chairs of the BHC. The Executive Committee may approve this request for a period of time not to exceed six (6) months. A Commissioner on leave may request an extension in writing to the Chair or Co-Chairs and such extension is subject to the approval of the Executive Committee. The request for extension will be reviewed by the Executive Committee as to the reasonableness of the extension and the overall impact on the Board in carrying out its responsibilities.

ARTICLE XI - CONDUCT OF BUSINESS

The parliamentary authority for the BHC shall be the most current edition of Robert's Rules of Order, Newly Revised, to the extent to which they are consistent with these Bylaws; San Francisco Administrative Code, Sections 15.3 et. seq., and California Welfare and Institutions Code, Sections 5604 et. seq.; as well as all other applicable federal, state, or City and County legislation or regulation. All meetings must conform to the Brown Act and SF Administrative Code.

ARTICLE XII – AMENDMENTS

These bylaws may be amended at any meeting of the BHC by a two-thirds vote of the Commission when 15-days' notice has been given as described below. The BHC shall use the following procedure when amending the Bylaws:

- a. Proposals for change shall be noticed on the BHC agenda and a written copy sent to all BHC members a minimum of five (5) days prior to the meeting date on which proponents wish consideration and a vote on the change;
- b. The BHC must approve the change by a two-thirds majority of those Commissioners in attendance at a regular or special meeting at which a quorum is present;
- c. The change, as approved, is to be signed and dated by the BHC Chair or Co-Chairs;
- d. Amended Bylaws are to be provided to each BHC member at the next regularly scheduled meeting;

- e. Bylaws shall be reviewed at least once every five (5) years recommending revisions needed to the BHC for approval;
- f. An original copy signed by the BHC Chair or Co-Chairs are to be filed with the BHC Secretary. Additionally, an appropriate historical log of all Bylaw amendments and the date of the changes are to be maintained by the BHC Secretary. The historical log is to be distributed to BHC members whenever revisions are recommended; and
- g. All Commissioners will be provided with the current BHC Bylaws and Policies and Procedures.

ARTICLE XIII - CODE OF CONDUCT

Section 1: Code of Conduct

The BHC is committed to providing a welcoming, respectful, friendly, safe, supportive, and harassment-free environment for Commissioners, staff, presenters, and members of the public and expects all such individuals to act professionally, respecting the personal rights and dignities of all so as to create a productive, inclusive environment. All individuals should feel welcome and safe within the BHC regardless of their sex, gender, gender identity, gender expression, sexual orientation, pregnancy, race, color, ethnicity, national origin, ancestry, religion, creed, age, physical or mental disability, medical condition, genetic information, marital status, military or veteran status, body size, domestic violence victim status, employment status, type of employment, or any other legally protected classifications. All Commissioners and all others associated with the BHC shall comply with the applicable Code of Conduct as stated in the BHC Bylaws.

ARTICLE XIV - POLICIES AND PROCEDURES

The BHC may establish Policies and Procedures on matters not covered by these Bylaws.

CERTIFICATE

This is to certify that the foregoing is a true and correct copy of the Bylaws of the Behavioral Health Commission of San Francisco and that such Bylaws were duly adopted by the Behavioral Health Commission of San Francisco on the date set forth below.

Chair or Co-Chairperson(s)

Adopted: January , 2022

STRATEGIC PLAN: FY 2021-22 BEHAVIORAL HEALTH COMMISSION OF SAN FRANCISCO

<p>a. Review monthly reports submitted by the Behavioral Health Director. Request presentation of specific data pertaining to priority issues.</p>	<p>Behavioral Health Director and Commissioners</p>	<p>Reports reviewed at each meeting and included with minutes. Questions and comments made.</p>	<p>Monthly meeting</p>
<p>b. Evaluate services via conducting a minimum of 20 Program Review Site Visits annually and via MHSA and other provider presentations at Commission meetings. Each Commissioner will be requested to conduct a minimum of four (4) Program Evaluation site visits.</p>	<p>Establish Program Review Site Visit Committee; Invite presenters; Commissioners with staff assistance.</p>	<p>Number of completed visits; written reports prepared by Commissioners submitted to Behavioral Health Svs. Director. Attend Provider presentations; offer comments/recommendations.</p>	<p>A minimum of two (2) site visits conducted monthly. Monthly meetings</p>
<p>c. Hold one (1) public hearing annually. Consider holding monthly Commission meetings at different Community sites.</p>	<p>Staff and Commissioners</p>	<p>Public Hearing held. Follow up actions, if any, completed.</p>	<p>Public Hearing ? DATE</p>
<p>d. Participate in selection of the Behavioral Health Director.</p>	<p>Commissioner(s)</p>	<p>Full participation in selection process.</p>	<p>When necessary.</p>
<p>e. Advise Board of Supervisors and Mayor and Behavioral Health Director as to any aspect of the local mental health program.</p>	<p>Commissioners</p>	<p>Testify at BOS meetings, Annual Report completed; resolutions presented; and letters/memos as needed.</p>	<p>Annual Report – June Testify, Resolutions/Letters – as needed.</p>
<p>f. Complete Data Notebook distributed by the California Mental Health Planning Council.</p>	<p>Commissioners (Special Ad Hoc Committee)</p>	<p>Timely submission to request from Planning Council.</p>	<p>Date?</p>
<p>g. Review and comment on MHSA multi-year plan. Hold Public Hearing on Plan. Divide report into sections; assign</p>	<p>Commissioners Ad hoc MHSA Review Committee; staff schedule Hearing date</p>	<p>Comments provided within time frame. Time allocated for Public Hearing.</p>	<p>DATE- July 2021</p>

GOAL 2. Review any agreements entered into by the Behavioral Health Services. Review realignment.	RESPONSIBLE PARTIES	OUTCOME MEASURES	COMPLETION DATE
Request information from the Director of Behavioral Health Services. Review contract(s) and reports.	Executive Committee and Staff	Contracts reviewed; comments submitted to Board and BHS Director	Date?
GOAL 3. Establish committees to address special needs, projects, and issues, e.g., Executive Committee, Legislation, Bylaws, Program, Site Visits, Public Hearing and Awards.	RESPONSIBLE PARTIES	OUTCOME MEASURES	COMPLETION DATE
a. Update Commission By-laws	Ad hoc Subcommittee, Executive Comm. & staff	Bylaws completed.	October 2021
b. Convene Annual Board retreat in December to set priorities for the next year.	Commissioners & staff	Retreat planned and held.	December 2021
c. Set Annual priorities via Strategic Plan.	Commissioners; Committee Chairs/ staff	Priorities set. Strategic Plan reviewed bi-monthly to note progress. Status reported at monthly BHC meetings. Recorded in meeting minutes	FY 21-22 Plan – 10/2021 Bi-monthly review – November/January/March/May July/September
d. Establish Committees to address priorities (e.g., special needs, projects, and issues). 1. Recruitment and Outreach Committee 2. Site Visit Committee 3. Implementation Committee 4. Ad hoc Committees A) MHSA Review/Public Hearing B) Bylaw Revisions	Commissioners & staff	Committees established. Each Committee reports its progress and status monthly.	Committee meetings held; develop objectives and work plan for the year. List DATE Issue interim reports at DATE meeting. Complete tasks by DATE.

a. Update Commission By-laws	Ad hoc Subcommittee, Executive Comm. & staff	Bylaws completed.	October 2021
b. Convene Annual Board retreat in December to set priorities for the next year.	Commissioners & staff	Retreat planned and held.	December 2021
c. Set Annual priorities via Strategic Plan.	Commissioners; Committee Chairs/ staff	Priorities set. Strategic Plan reviewed bi-monthly to note progress. Status reported at monthly BHC meetings. Recorded in meeting minutes	FY 21-22 Plan – 10/2021 Bi-monthly review – November/January/March/May July/September
d. Establish Committees to address priorities (e.g., special needs, projects, and issues). <ol style="list-style-type: none"> 1. Recruitment and Outreach Committee 2. Site Visit Committee 3. Implementation Committee 4. Ad hoc Committees <ol style="list-style-type: none"> A) MHSA Review/Public Hearing B) Bylaw Revisions C) Annual Report D) Nominating E) State Planning Council Report F) ? 	Commissioners & staff	Committees established. Each Committee reports its progress and status monthly. Over a two-year period, identify, analyze, and publicize gaps pertaining to each issue; produce written reports; testify at BOS hearings and meetings; share information with California Association of Local Behavioral Health Boards/Commissions, SF Health Commission, SFDPH BHS & MHSF Director.	Committee meetings held; develop objectives and work plan for the year. List DATE Issue interim reports at DATE meeting. Complete tasks by DATE.
e. Priority Issues For 2021-2022: [INCLUDE SHORT AND LONG-TERM PROJECT GOALS] <ol style="list-style-type: none"> 1. Improve communication with BOS 2. Develop Position Papers/Interim reports 			? DATE ? DATE