

FY 2019 – 2020 Annual Report

THE SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION



Presented to

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

JUNE 2020

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I. EXECUTIVE SUMMARY

The Behavioral Health Commission of San Francisco (BHC) submits this FY 2019 Annual Report in accordance with the California Welfare and Institutions Code, Section 5604.2. The Commission met eight times during this period with a robust attendance on the part of the membership, four of those meetings were virtual due to the COVID-19 pandemic. Commission meetings consisted of salient topics, including Mental Health SF legislation, presentations, discussions, and public participation.

Commission input and feedback was used in preparing the California Planning Council Data Notebook studying local residential facilities; two program reviews were conducted by Commissioners with recommendations forwarded to the Director of Behavioral Health Services; two Resolutions were proposed and forwarded to the Board of Supervisors; and two committees were established to research residential beds, availability of telepsychiatry, and issues raised by the pandemic.

San Francisco residents have been greatly impacted by COVID-19. Almost 14 percent of Americans reported symptoms of serious psychological distress in April 2020 during the peak of the coronavirus pandemic, according to new research from Johns Hopkins University. The isolation of "Shelter in Place," has resulted in an increase in domestic violence cases, child abuse cases, suicide in TAY cases, depression, anxiety, trauma PTSD, and increased alcohol consumption as a coping mechanism.

The pandemic, likewise, affected the work of the BHC. We were not able to meet our contract terms: we were only able to make two out of five site visits and only two out of ten resolutions. Moreover, as of this writing (June 2020) only two Commissioners out of 17 has legal standing, five seats are vacant (including the BOS seat), three have termed out (each had two two-year terms) and seven Commissioners are waiting reappointment. Last year, the State law, mandating Behavioral Health Boards and Commissions, amended the legislation to three-year terms for Commissioners/Board members, and is silent on reappointment requirements.

Behavioral Health needs in the County continue to increase despite innovative programs (e.g., isolated seniors living in the Tenderloin, transgender support, vocational training, school-based Behavioral Health programs). The BHC strongly recommends adopting a comprehensive continuum of care system; establishing culturally affirming and evidence based practices for all services; strengthening the integration of substance use and mental health treatment to ensure both disorders are treated effectively; access to same day services for prescription medications; ensuring every client has a WRAP Plan and an advanced directive; and increasing the number of therapists, psychologists and psychiatrists. While the issue of homelessness and mental health are intrinsically intertwined creating housing with support services and expanding the rapidly disappearing long term board and cares is crucial. The BHC recognizes the difficulty the City is facing due to budget problems as a result of COVID-19 expenditures. In the coming fiscal year, the BHC desires to be more involved in decision making on a macro level working more closely with the Board of Supervisors, the Department of Public Health (DPH), the Health Commission and the DPH/Behavioral Health Services.

II. LETTER FROM THE CHAIR

This past year has been both challenging and enlightening for the Behavioral Health Commission. Along with our name change from Mental Health Board to Behavioral Health Commission (BHC), we have witnessed many other changes. The unprecedented onset of the Covid-19 pandemic has overshadowed much of our work for the last four months of the fiscal year. The City has been on a shelter in place order, and that has impacted our manner of communication, the core work that we conduct, and our plans for continued advocacy and interface with the community. Nevertheless, the Commission has adapted to the situation by holding meetings through teleconferencing, strengthening our committees designed to gather information and plan strategies, and exploring new ideas that may help us remain effective and connected should the COVID-19 crisis continue.

Individual members have continued to build relationships with the Department of Public Health, Behavioral Health Services and their District Supervisors. By partnering with district outreach efforts on homelessness, substance misuse, and mental health programs, by visiting grass roots programs throughout the City, by attending virtual trainings and town halls, and through our own experience or those of our family members we have enhanced our understanding of the needs and the plans for support of underserved populations throughout the City.

We have recently begun to discuss new resolutions on Telehealth access, the impact of COVID-19 on jail populations, treatment services for PTSD during the pandemic, and the effect of COVID-19 on suicide and domestic violence. Since we are unable to visit most residential sites during the pandemic, we are developing a questionnaire we can use to interact with directors and staff to stay connected and learn from the providers how COVID-19 has affected staffing, consumers and the goals and plans of individual programs. We also continue to look forward to the implementation of Mental Health SF and will advocate to ensure that budgetary constraints will not too deeply affect the implementation and services this much anticipated program will offer.

Lastly, our long-standing Executive Director, Helynna Brooke is retiring at the end of this fiscal year after 21 years of service; we look forward to a smooth transition. Although Ms. Brooke will be missed, her departure will usher in a new era under new leadership, and Commissioners are excited to work with a newly selected Executive Director holding a fresh perspective and an opportunity for growth and change.

Sincerely,
Marylyn Tesconi, Chair Behavioral Health Commission

III. INTRODUCTION

The Behavioral Health Commission (BHC) of San Francisco, formerly known as the Mental Health Board (MHB), established in 1983, as mandated by the Bronzan-McCorquodale Act within the Welfare and Institutions Code, Section 5604.2, 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 Board 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

The Behavioral Health Commission of San Francisco represents and ensures the inclusion of the diverse voices of 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 implementation of Behavioral Health policy; with the ultimate goal of ensuring quality behavioral health services.

Adopted October 12, 1994

**THE SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION MEMBERS
AND STAFF**

FY 2019	FY 2020
Seat 1, vacant	Seat 1, vacant
Seat 2, Njon Weinroth/Sanders	Seat 2, vacant
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 ¹	Seat 6, Arthur Curry ****
Seat 7, Gregory Ledbetter	Seat 7, Gregory Ledbetter ****
Seat 8, Benny Wong, LCSW	Seat 8, vacant
Seat 9, Richelle Slota, MA	Seat 9, Richelle Slota, MA ****
Seat 10, Harriette Stevens, Ed.D.	Seat 10, Harriette Stevens, Ed.D.*
Seat 11, Judy Zalazar Drummond, MA	Seat 11, Judy Zalazar Drummond, MA ****
Seat 12, Toni Parks	Seat 12, Toni Parks
Seat 13, Marylyn Tesconi, MA	Seat 13, Marylyn Tesconi, MA ****
Seat 14, Marcus Dancer	Seat 14, Dancer/vacant 6/20 ***
Seat 15, Ulash Thakore-Dunlap, MFT	Seat 15, Ulash Thakore-Dunlap, MFT ****
Seat 16, Idell Wilson	Seat 16, Idell Wilson *
Seat 17, Catherine Stefani, JD, LL. M Supervisor	Seat 17, Catherine Stefani, JD, LL. M ** Supervisor

¹ Commissioner Arthur Curry started in June 2019

* On 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

** Supervisor Catherine Stefani resigned in April 2020

*** Commissioner Dancer resigned after June 17, 2020

**** Commissioners waiting for reappointment

Staff

Helynna Brooke, Executive Director (retired 7/3/2020)

Loy Proffitt, MBA, ARC, Assistant Director

IV. BEHAVIORAL HEALTH COMMISSION ACCOMPLISHMENTS

A. FY 2019-20 RESOLUTIONS

November 20, 2019 Meeting: **BHC 01-2019**: Resolved the San Francisco Behavioral Health Commission urges the Mayor, the Board of Supervisors and the San Francisco Department of Public Health to not close beds and secure more long-term care beds for the most vulnerable residents

November 20, 2019 Meeting: **BHC 02-2019**: The San Francisco Behavioral Health Commission urges the Health Commission to submit a proposed ordinance to the Board of Supervisors, adding Section 4131 to the San Francisco Health Code.

B. PROGRAM REVIEWS

July 19, 2019, two members reviewed the South Van Ness Adult Clinic which provides transgender services.

August 21, 2019, two members reviewed the Broderick Street ARF.

C. EDUCATIONAL PRESENTATIONS INCLUDED

July 2019

- Glide Housing Supportive Services and the Best Practices for Interaction and Collaboration Between Case Management Services and Property Management, Pamela Grayson, MHB, Executive Director, Glide Housing

October 2019

- Mental Health Services Act Updates, Jessica Brown, MPH, and Director

November 2019

- Mental Health Services in the San Francisco Jail, Arthur Curry, Member Behavioral Health Commission

December 2019

- San Francisco Behavioral Health Commission Annual Retreat

January 2020

- Mental Health SF: A plan to transform the mental health and substance use system for people most in need of services; Abigail Rivamonte-Mesa, aide to Supervisor Matt Haney

February 2020

- Mental Health SF: Supervisor Matt Haney: A plan to transform the mental health and substance use system for people most in need of services

May 2020

- Virtual Meeting: Mental Health Service Act Public Hearing presenting the three-year plan for Fiscal Years 2020-2023I, Teresa Yu, LMFT, Acting MHSA Director; Kim Ganade and Tracy Helton

Note: All agendas and minutes can be found at www.sfgov.org/mental_health

D. COMMISSIONERS ACTIVITIES

The Commission established in January 2019 two committees with the following members:

1. **Information Committee:** Chair: Mr. Dancer, Dr. Stevens, Ms. Tesconi, Ms. Wilson, and Ms. Bohrer.

FY 2020 Goals: (1) To collect firm numbers on beds available for our demographic throughout the City and County of San Francisco whether they were publicly or privately funded, and (2) To collect information on available Tele-Medicine resources that could be made available through the City and County of San Francisco.

2. **Implementation Committee:** Chair: Ms. Jackson-Lane, Ms. Parks, Ms. Slota, Ms. Drummond, Ms. Thakore-Dunlap, and Mr. Sanders.

The Implementation Committee under the direction of the Co-Chair Njon Sanders, pushed forward with San Francisco City and County Board of Supervisors to have San Francisco Mental Health Board to be converted to San Francisco Behavioral Health Commission. There was an urgency communicated to Department of Public Health, that the need to address substance misuse in consumers suffering from chronic mental health challenges; requires a merging of services Mental Health Services and Behavioral Health (substance misuse).

In furthering that agenda, Ms. Jackson-Lane, the new Chair of the Implementation Committee, continued to address that disproportionately over 80 percent of the population in the County jail are part of the chronic homeless population, African American and suffering from mental health challenges. Housing, the lack thereof, high cost and need for on-site direct mental health and substance abuse services, continue to be a problem in San Francisco. Case in point, Hummingbird proposed homeless respite site on 22nd and Valencia. The proposed site will have 24 hour on-site, 30 nighttime beds, serve additional 25 drop-in consumers with behavioral health issues during the day. Similar program modelling the Navigation Centers are being developed in the Bay View Hunters Point District 10. The key is if we have homeless persons suffering from chronic behavioral health issues throughout the City in multiple neighborhoods--why not give them direct quality mental health and behavioral health services where they live?

The Implementation Committee will continue to push forward and incorporate major issues facing the behavioral health population resulting from COVID-19 and the impact on funding for Behavioral Health Services for the residents of San Francisco.

Commissioners contributions to the mission of the Commission included the following:

- Membership on the San Francisco Police Department Crisis Intervention Team (CIT) Work Group provided leadership and training.
- Membership on the California Association of Local Behavioral Boards and Commissions (Dr. Harriet Stevens Chaired this organization).
- Met with Supervisors and their staff.
- Met monthly with the Interim Director of BHS.
- Represented the MHB on the Crisis Intervention Team Work Group (Terezie Bohrer Chaired the CIT Work Group).
- Attended community meetings representing the BHC.

V. BEHAVIORAL HEALTH SERVICES NEEDS AND RECOMMENDATIONS

The Commission identified the following needs and recommends:

- Implementation of Mental Health SF.
- Increase DPH/Behavioral Health Services funding.
- Ensure Crisis Intervention Team (CIT) training for all Police and Sheriffs.
- Increase behavioral health services and supportive housing for people who are homeless.
- Increase housing, board and care residential facilities and address the homeless crisis which is intrinsically entwined with the issues of mental health and substance use.
- Adopt a Comprehensive Continuum of Care system within BHS.
- Establish culturally affirming and evidence-based practices for all services.
- Strengthen the integration of substance use and mental health treatment to ensure both conditions are treated effectively.
- Provide access to same day services for treatment and prescription medications.
- Increase the number of therapists, psychologists and psychiatrists in BHS to decrease waiting time, increase ability to serve all in need, and offer enhanced therapeutic services including co-occurring disorder services, trauma informed services that are culturally affirming, and TAY appropriate services.