San Francisco Behavioral Health Council

July 16, 2026

San Francisco
Department of Public Health

Land Acknowledgement

The San Francisco Department of Public Health staff acknowledges that we are on the unceded ancestral homeland of the Ramaytush (Rah-mytoosh) Ohlone (O-lon-ee) who are the original inhabitants of the San Francisco Peninsula. As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples.

Meeting Agenda

- **Brief Division Update** Valerie Kirby
- **Trainings: Brown Act; How to Be An Effective Commission** Theresa Comstock, CA Association of Local Behavioral Health Boards & Commissions
- **New Business and Agenda Planning** Valerie Kirby

All meeting materials can be found on the Behavioral Health Council website at https://www.sf.gov/departments--behavioral-health-commission.

Roll Call

Purpose and Scope of the BHC

The **BHC advises the SF Board of Supervisors, Health Commission, SFDPH, and the Director of Behavioral Health Services (BHS)** and **represents the diverse voices** of consumers, family members, citizens and stakeholders in advising how mental health services are administered and provided.

Key roles:

- **Review, evaluate and advise upon** any aspect of local behavioral health systems
- **Ensure procedures are in place** for community and professional involvement in behavioral health budget development
- **Provide an annual report** to the Board
- Participate in the **selection process** for the local behavioral health director
- **Review and comment on City outcomes data** and communicate findings to the State Mental Health Commission
- **Review and advise** upon key reports under Prop 1

Agenda Item #2

6:05 PM – 6:15 PM

Division Update

San Francisco Department of Public Health

Behavioral Health Services Division Update

July 16, 2026

Valerie Kirby, MPH
Special Projects & Planning Coordinator
Behavioral Health Services
San Francisco Department of Public Health

San Francisco
Department of Public Health

Agenda

- Budget Update
- Epic Substance Use Services Migration
- Behavioral Health Services Act (BHSA) Update and Next Steps

Budget Update

Recap: FY26-28 DPH Budget Context

- The City faces a **$600M+ structural deficit,** a portion of which is driven by tremendous state and federal Medicaid cuts to DPH
  - **$227M** in **Medi-Cal cuts** to DPH over two years (HR1).
  - As many as **40,000 San Franciscans** may lose Medi-Cal, creating major safety net and revenue **impacts (~$400M)** for DPH.
- Additionally, State-driven policy changes for Prop 1 (BHSA) require **new funding allocations**, resulting in a shift in funding toward Housing and Full-Service Partnership (FSP) programs and fewer dollars for Prevention & Early Intervention (PEI), workforce, and other behavioral health programs.
- Given these impacts, the Mayor directed all departments to **reduce General Fund spending** to **protect core services** such as health services.

City Budget Milestones

Update on FY26-28 DPH Budget

- On June 26, the SF Board of Supervisors approved the **City's $16.9B budget**, which includes **$3.6M (FY26-27)** and **$3.7M (FY27-28) for DPH**.
- In the finalization process and awaiting sign off from Mayor Daniel Lurie.
- The approved budget protects core health services **reversing layoffs** and **restoring funding** for programs, including:
  - City College
  - HIV and LGBTQ+ health services
- Additional **$20M savings required** starting July 1, 2027.

Epic Substance Use Services Migration

Overview: Substance Use Service Migration to Epic

On May 26, 2026, DPH transitioned substance use services to Epic, the same secure record used for mental health and physical health care. This move creates one connected, secure health record across the DPH system.

- **What this means for clients and care teams:** Ensures coordinated, timely, whole-person care across the system. Care teams can work better together, improving referrals, reducing gaps, duplications, and medical errors.

- **What Information is Shared (with Consent Only):** Substance use treatment information is now recorded in Epic for DPH clients who provide consent. Limited historic details such as medication and episode history for continuity of care. Private counseling notes are not recorded in Epic.

- **Privacy & Safety Protections:** Strong protections under HIPAA and 42 CFR Part 2. Medical record access is reviewed and clients can revoke consent anytime. Extra privacy features available (ex: “breaking the glass,” limiting outside sharing, etc.)

Behavioral Health Services Act (BHSA) Next Steps

Next Steps: Behavioral Health Services Act (BHSA)

Update on BHSA Integrated Plan Draft for FY26-29

- In June, BHSA Integrated Plan draft was finalized and submitted to the State.
- BHS is in the process of resolving a State comment on the final submission. Once this is completed, the plan will be posted to SFGOV and the Council will be notified.

Other BHSA Deliverables

The Council will be engaged around county deliverables for BHSA:

- Every three years: BHSA Integrated Plan (IP)
- Every one year (for years 2 and 3): BHSA Annual Update to the IP
- Every one year (after 2029): BHOATR

Public Comment for Agenda Item #2

Division Update

If in person:

- Line up to speak

If online:

- Click the **React** button in the meeting toolbar.
- Select **Raise Hand**.
- Your hand icon will appear, and the host will know you'd like to speak.
- When you're finished, click **Lower Hand**.

If by phone:

- Press ***9** on your phone keypad to raise or lower your hand.
- The host will see that you have raised your hand and can call on you/unmute you when it's your turn to speak.

6:15 PM – 7:45 PM

Agenda Item #3

Training from the California Association of Local Behavioral Health Boards and Commissions (CALBHBC)

THE BROWN ACT

Open Meeting Rules

for

California's Local *Advisory* Boards & Commissions

Including changes effective January 1, 2026 – January 1, 2030

CA GOV 54950 – 54963 | www.calbhbc.org/brown-act

Topics

Brown Act Basics

- Open & Public Meetings
- Who is Covered/Not Covered?
- Documents
- Posting
- Public Participation
- Teleconferencing
- Voting

Teleconference & Alternative Teleconference Rules

Frequently Asked Questions

Brown Act Basics: **Open & Public Meetings**

Meetings of public bodies must be “open & public“. Action taken in violation of open meetings laws may be voided.

A **“meeting”** is any **gathering of a majority of the members (quorum)** of a covered board, commission, or its standing committees to **hear, discuss, or deliberate** on matters within the agency’s or board’s jurisdiction.

Emails, texts, calls, or other contact that result in a **cumulative quorum of members** discussing the **subject matter** of the board/commission are “meetings” that violate the Brown Act.

Brown Act Basics: **Who is Covered?**

Public bodies of local agencies, including counties and cities, school and special districts.

- **"Legislative bodies"** of each agency, the agency's governing body, plus "covered boards," that is, any board, commission, committee, task force or other advisory body created by the agency, whether permanent or temporary.
- **Standing Committees** of a covered board or commission, regardless of the number of members.

  (Standing Committees are committees with continuing subject matter jurisdiction of a covered board or commission.)

Brown Act Basics: **Who is NOT Covered?**

Ad hoc advisory committees (also called “work groups”) consisting of less than a quorum of the covered board (or its standing committees) with a short-term, time-limited purpose.

Most non-profit organizations

State government agencies are covered by the Bagley-Keene Opening Meeting Act.

Brown Act Basics: **Documents**

Treat documents shared with a **majority** of the board or commission as **public**.

Distribute and post "**without delay**".

GOV 54957.5

Brown Act Basics: **Agendas**

- **Posting**: On agency website and at physical meeting location(s) freely accessible to members of the public
- Agendas posted **72 hours in advance** of regular meetings
- Agendas posted **24 hours in advance** of special meetings (plus notification of local media)
- Agendas must include **opportunity for the public to address the board/commission on any item of interest** (within the subject matter jurisdiction) of the board/commission
- **Items must be on the posted agenda:** No action shall be taken on any item not appearing on the agenda

Brown Act Basics: **Public Participation**

- **Public Comment**
  before or during agenda items.
- **Recording**: Non-disruptive recording and broadcasting is allowed
- **Removal:** Individuals may be removed from meetings if they do not promptly cease disruptive behavior after receiving a warning from the presiding member.
- **Sign-In** or identification is not required
- **Translation**: Allow at least twice the allotted time to a member of the public who utilizes a translator

Brown Act Basics: **Teleconferencing**

Teleconferencing*

Agendas

- Posted at all teleconference locations
- Each teleconference location must be listed on the meeting notice and agenda.

Teleconference Locations

- Each teleconference location must be accessible to the public.
- At least a quorum of the members must participate from locations within the county (or jurisdiction).
- The agenda must provide an opportunity for members of the public to address the legislative body at each teleconference location.

Members with disabilities (temporary or permanent) Title 42, Section 12102

May participate in any meeting of the legislative body by remote participation as a reasonable accommodation. Their remote participation shall be treated as in-person attendance for all purposes, including physical quorum requirements.

* Alternative teleconference rules and requirements are listed on slides 11-14.

Brown Act Basics: **Voting**

- Conduct only public votes (no secret ballots)
- Public record of all member votes and abstentions
- Teleconference votes must be by roll call

Alternative Teleconference Rules
For Eligible **Subsidiary Bodies**

Local *advisory* board/commission members* may participate remotely without disclosing a physical location if the following requirements are met.

1. **Authorization** every 6 months by the governing body (The "governing body" is usually the Board of Supervisors) followed by **BH Board/Commission Approval**
2. **One Physical Meeting Location** (at least) for members who are not participating remotely and the public.
3. **One Staff Member** (at least) of the local behavioral health agency or of the governing body shall be present at the physical meeting.
4. **Public Participation** must be facilitated, allowing the public to remotely hear and visually observe the meeting.
5. **Disclosure of Individuals Present who are 18 years of age or older**.
6. **Members must appear on camera** (with exceptions due to disability or technical difficulties (that can be remedied by turning off their camera))

*7. **An elected official** serving as a member of an eligible subsidiary body in their official capacity shall not participate unless their use of teleconferencing complies with the requirements of GOV 54953 (b)(3).

Alternative Teleconference Rules

State of Emergency

B. State of Emergency: Local boards/commissions may conduct teleconference meeting(s) during a proclaimed state of emergency or local emergency (proclaimed by the governing body). (Gov Code 54953.8.2.)

The board/commission may convene by teleconference:

1) **Majority Vote:** In order to determine by majority vote whether as a result of the emergency, meeting in person would present imminent risks to health or safety of attendees.
2) **After a determination** described in item (1) is made that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.
3) **Reduced technology required:** The board/commission conducting a teleconference meeting pursuant to this section may elect to use a two-way telephonic service without a live webcasting of the meeting.
4) **45 Day Majority Vote:** The board/commission may re-instate the emergency allowance every 45 days by majority vote to continue conducting teleconference meetings pursuant to this section.

“Just Cause” Allowances

Local board and commission **members may participate by teleconference without providing a physical meeting address** if all of the following requirements are met:

1. **Quorum at a singular physical location** within the county or jurisdiction that is open to the public. (*Exception for members with disabilities attending remotely*.)
2. **Member request** may be at the earliest opportunity possible, including at the start of the meeting, and should include a general description of the circumstances relating to their need to participate remotely.
3. **Both Audio & Visual Participation** by member(s) attending remotely.
4. **Meeting minutes** must include the reason that member(s) relied upon to participate remotely.
5. **Limits to Remote Participation:**
   - 2 meetings per year, if regular meetings occur once per month or less.
   - 5 meetings per year, if regular meetings occur twice per month.
   - 7 meetings per year, if regular meetings occur three or more times per month.
   - For the purpose of counting meetings, a “meeting” is defined as any number of meetings that begin on the same calendar day.

"Just Cause" Allowances *Continued*

"Just Cause" Includes:

1. **Childcare or caregiving** need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely.
2. **Contagious** illness that prevents a member from attending in person.
3. **A need related to a physical or mental condition** that is not subject to disability allowances. **(See Slide 9)**
4. **Official Travel:** Travel while on official business of the legislative body or another state or local agency.
5. **Immunocompromised Family Member:** An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely.
6. **Physical or family medical emergency** that prevents a member from attending in person.
7. **Military service obligations** that require the member to be at least 50 miles outside the boundaries of the local agency.

Frequently Asked Questions

Closed Meetings - Is it permissible to conduct "Closed Meetings"? **Yes & No**, closed meetings are allowed under certain conditions. See the Brown Act Guide, Page 6

Conference Attendance - If individual members attend a conference called by someone else, is this covered by the Brown Act? **No**, as long as they do not discuss specific business matters within their jurisdiction. The best practice is to sit apart from one another.

Lack of Quorum - A board, commission or a standing committee meeting has less than a quorum. Is it still required to meet openly? **Yes**, if it has either a set meeting schedule or a continuing subject matter jurisdiction, it is required to meet openly. (A quorum is required for members to conduct a vote.)

Retreats - Are board/commission retreats subject to Brown Act Rules? **Yes**, if it is a meeting of a local board, commission or a standing committee, the event is subject to the requirements of the Brown Act.

Serial Meetings - Members use individual contacts to collectively decide an issue related to the *subject matter* of the board/commission. Is this a violation? **Yes,** information communicated to a quorum through a series of contacts (such as: individual phone calls ("daisy chain"), emails, chat messages, or a third person ("spoke and wheel")) is prohibited by the Brown Act.

THANK YOU for serving on or supporting a local mental or behavioral health board or commission!

Questions?

CALBHB/C Resources

Resources:
www.calbhbc.org/resources

On-line Training & Handbooks:
www.calbhbc.org/training

Issue Briefs and more:
www.calbhbc.org/training

CA Association of Local Behavioral Health Boards and Commissions supports the work of CA's 59 local mental/behavioral health boards and commissions.

California Association of Local Behavioral Health Boards and Commissions

How to be an

Effective Behavioral Health Advisory Board/Commission

Membership, Meeting Rules, Duties & Tools

Rev. 5/2025

The California Association of Local Behavioral Health Boards/Commissions supports the work of CA's 59 local mental/behavioral health boards & commissions. www.calbhbc.org

Topics

Membership

Meeting Rules & Conduct

Duties & **Tools**

Behavioral Health Services Act (BHSA): Role of Boards/Commissions

Review & Evaluate

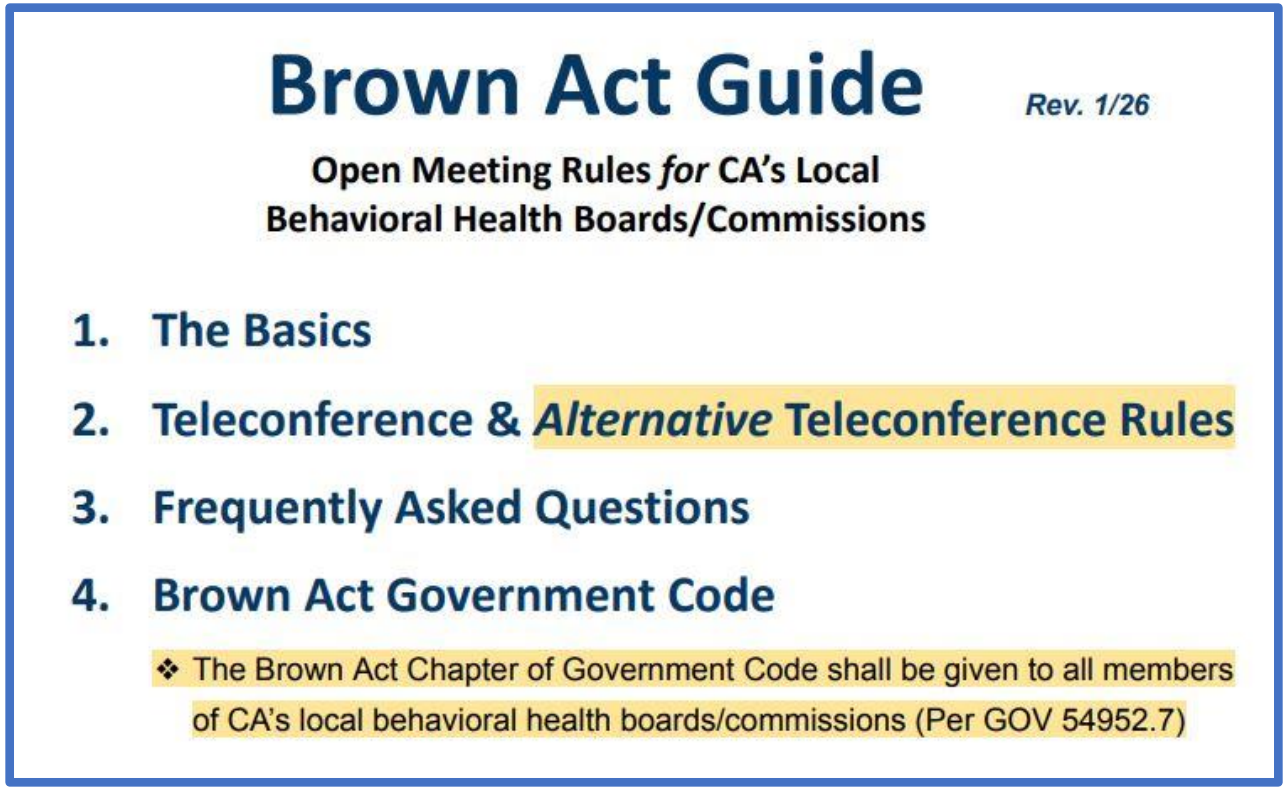
Membership

- **3 Year Terms** (Members are Appointed by the Governing Body, usually the Board of Supervisors.)
- **10 Member Minimum** (*or* **5 Member Minimum** in Counties with Population fewer than 80,000)
- **50% Consumers*** (individuals with lived experience) or **Family Members of Consumers**
  This must include at least: **20%** Consumers* **One (1)** who is 25 Years Of Age or Younger
  20% Family Members
- **One (1) Board of Supervisor Member**
- **One (1) Employee from a Local Education Agency**
- **One (1) Veteran or Veteran Advocate**
- **Reflect the DIVERSITY of the local client** population (Diverse membership includes ethnic, racial, cultural, LGBTQ+, age.)
- **Individuals with experience & knowledge of the MH system**, such as representatives of:
  - County Offices of Education
  - Hospitals, Hospital Districts
  - Physicians Practicing in Emergency Departments
  - Community and Nonprofit Service Providers
  - City Police Chiefs
  - County Sheriffs
  - Large and Small Businesses

* **Exceptions, WIC 5604 and a Summary are in the Best Practices Handbook, Pages 35-37**

** **A "consumer"** is defined as an individual who has received services for illnesses related to mental health or substance use (alcohol and drugs).

Meeting Rules



www.calbhbc.org/brown-act

Conduct

1. Active **Listening** www.calbhbc.org/conduct
2. Focus on **Issues**
3. **Person-First** Language
4. **No Swearing**
5. **No Personal** Attacks or Criticism (of self or others).
6. **One person** speaks at a time – No side bars.
7. Keep **Comments Short** if possible—Do not monopolize.
8. Limit **Acronyms** –"When in doubt, spell it out."
9. Silence **Cell Phones**

(1) REVIEW & EVALUATE the community's public behavioral health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health or substance use disorder evaluations or services are being provided…

Review: Best Practices, Page 23
Recommendations: Best Practices, Page 19

Tools:

1. **Speakers / Panels / Community Forums**
   - Community organizations/agencies
   - Mental Health agency staff
2. **Liaisons** to other commissions/committees
3. **Site Visits** (p. 28 Best Practices)
4. **Ad Hoc Committees** (p. 3 Best Practices)
5. **Performance Outcome Data**

(2) REVIEW any county **AGREEMENT** entered into pursuant to Section 5650. The local behavioral health board may make **RECOMMENDATIONS** to the governing body regarding concerns identified within these agreements.

Review: Best Practices, Page 23

Recommendations: Best Practices, Page 19

Strategies:

1. **Staff Presentations & Reports**
   - **Medi-Cal** – Annual External Quality Review (EQRO Report): Review "Recommendations" and "Performance Improvement Plans" Sections.
   - **BHSA –** Behavioral Health Services Act Integrated Plan / Update
   - **SAMHSA –** Substance & Mental Health Services Admin Grants
     - PATH - Projects for Assistance in Transitions from Homelessness
     - Substance Use and Mental Health Grants
2. **RFPs/RFAs*:** Review new contract proposals
3. **Site Visits:** Review specific contract prior to visit

* **RFP**: Request for Proposal **RFA**: Request for Application

(3) **ADVISE** the Board of Supervisors and the local Behavioral Health Director regarding any aspect of the local behavioral health program.

1. Identify

- Public Comment
- Performance Outcome Data
- Presentations (by staff, patients rights advocates, contractors)
- Liaisons - BHB/C members can act as liaisons to other boards, commissions or committees.

2. Research

- Ad Hocs (short-term workgroups) to conduct research meetings – Page 3 of Best Practices
- Chair to meet regularly with Behavioral Health Director
- Site Visits

3. Advise

- Draft recommendations – Page 19 of Best Practices
- Vote on recommendations

(4) Review and approve the procedures used to **ENSURE CITIZEN** and **PROFESSIONAL INVOLVEMENT** at all stages of the planning process…

BH Board & Commission Meetings

- Publicize meetings and topics
- Public Comment – Encourage public comment.
- Accessible locations and times

Tools

- Staff presentations re: the planning process
- Staff reports and updates regarding plans and execution of BHSA Integrated Plan Planning, Cultural Plans and Performance Improvement Plans
- Attend Public Events – Board/Commission members may attend forums/events
- Liaison(s) – Board/Commission member liaisons to the local BH agency's Cultural Committee(s), Quality Improvement Committee
- Review *adopted* BHSA* Plans/Updates and Cultural Plans & Updates and make recommendations to ensure plans address the needs of the community.

Resources

- BHSA* Stakeholder Involvement Requirements, Best Practices, P. 16
- Cultural Requirements, Best Practices, Page 11

* **BHSA** = Behavioral Health Services Act

(5) Submit an **ANNUAL REPORT** to the Board of Supervisors on the needs and performance of the county's behavioral health system

Advise: Remember to Advise!

Resources:

- Best Practices, Page 5
- www.calbhbc.org/reports

(6) Review and make recommendations on applicants for the appointment of a local **BEHAVIORAL HEALTH DIRECTOR;** the Board shall be included in the selection process prior to the vote of the governing body.

- Review **Job Description** (Note: FAQs #10)
- Review **Applications**
- Participate on **Interview Panels**

More at FAQs #9:

www.calbhbc.org/faqs

(7) Review and comment on the county's **PERFORMANCE OUTCOME DATA** and communicate findings to the California Behavioral Health Planning Council (CBHPC)

Data Notebook (*from the* CA Behavioral Health Planning Council)

- www.calbhbc.org/data-notebooks

Performance Outcome Data– www.calbhbc.org/performance

- **CALBHB/C Issue Brief**
- **CALBHB/C Performance Compilation**

Tools for Staff & Stakeholders:
PERFORMANCE OUTCOME DATA

Children & Youth	Criminal Justice	Employment	Hospitalization	Housing

www.calbhbc.org/performance

Alameda	Humboldt	Merced	San Bernardino	Solano
Alpine	Imperial	Modoc	San Diego	Sonoma
Amador	Inyo	Mono	San Francisco	Stanislaus
City of Berkeley	Kern	Monterey	San Joaquin	Sutter-Yuba
Butte	Kings	Napa	San Luis Obispo	Tehama
Calaveras	Lake	Nevada	San Mateo	Tri-City
Colusa	Lassen	Orange	Santa Barbara	Trinity
Contra Costa	Los Angeles	Placer	Santa Clara	Tulare
Del Norte	Madera	Plumas	Santa Cruz	Tuolumne
El Dorado	Marin	Riverside	Shasta	Ventura
Fresno	Mariposa	Sacramento	Sierra	Yolo
Glenn	Mendocino	San Benito	Siskiyou	

(8) **ADDITIONAL** Duties or Authority & Assess **REALIGNMENT**

- The Board of Supervisors may transfer **additional duties or authority** to a Behavioral Health Board

- Assess the impact of the **REALIGNMENT** of services from the state to the county, to clients and on the local community

  Realignment (1991): The money distributed from the state to the county to meet the costs of mental health services

  Realignment (2011): The money distributed from the state to the county to meet the costs of Law Enforcement, Social Services and Behavioral Health

www.calbhbc.org/realignment

BHSA*: Role of the Behavioral Health Board

Best Practices, Page 15 & 16

1. **Assure Citizen and Professional Involvement**

   BHSA* Integrated 3-Year Plans must be developed with local stakeholders. The BHB should review local staff's plans and execution throughout the process.

   Requirements - Best Practices, P. 16 or www.calbhbc.org/bhsasir

2. **Review & Advise**

   a) **Vote** on substantive recommendations

   b) A **response** is required from the behavioral health staff through:

   - Incorporating recommendations in the BHSA Integrated 3-Year Plan
   - Summary & analysis of recommendations that are not included in BHSA Plans/Updates.

3. **Conduct BHSA Public Hearings** at the close of 30-day public comment periods.

* **BHSA** = Behavioral Health Services Act

Review & Evaluate

Review: Best Practices, Page 24

1. **Accessibility**
   - Culturally Relevant
   - Scaled
   - Integrated
   - Communicated

2. **Recommended Practices:**
   - Client & Family Driven
     - **Peer Providers** are an essential component
     - **Clients and family members** are treated with dignity and respect and are included in decision-making
     - **Program leadership and staff** includes individuals with lived experience and family members (such as on non-profit boards and as employees)
   - Evidence-Based Practices: www.calbhbc.org/evidence-based-practices
   - Trauma-Informed Practices: www.calbhbc.org/evidence-based-practices
   - Community-Defined Evidence Practices: www.calbhbc.org/cultural-competence

3. **Sustainability**
   - Financially Viable
   - Workforce

     www.calbhbc.org/wf

4. **Performance**

   www.calbhbc.org/performance

CALBHB/C Resources

1. **Guide/Handbook:**
   - Best Practices: www.calbhbc.org/bestpractices
   - Member Guide (Sample): www.calbhbc.org/membership-guide
2. **News/Issues:** www.calbhbc.org
   - Issue Briefs (12) Issue Pages (31+)
   - Newsletters - www.calbhbc.org/newsletter
3. **Performance:** www.calbhbc.org/performance
4. **Resources:** www.calbhbc.org/resources
5. **Trainings:** www.calbhbc.org/training
   - Behavioral Health Board
   - Chair & Admin Training
   - Community Engagement
   - Ethics (link to Department of Justice)
   - Unconscious Bias

CA Association of Local Behavioral Health Boards and Commissions (CALBHB/C) supports the work of CA's 59 local mental/behavioral health boards and commissions. www.calbhbc.org

7:45 PM – 7:50 PM

Agenda Item #4

Approve Meeting Minutes

Vote on Agenda Item #4

Approve Meeting Minutes

Decision Rule: Simply majority, by roll call

Public Comment for Agenda Item #4

Meeting Minutes

If in person:

- Line up to speak

If online:

- Click the **React** button in the meeting toolbar.
- Select **Raise Hand**.
- Your hand icon will appear, and the host will know you'd like to speak.
- When you're finished, click **Lower Hand**.

If by phone:

- Press ***9** on your phone keypad to raise or lower your hand.
- The host will see that you have raised your hand and can call on you/unmute you when it's your turn to speak.

Agenda Item #5

7:50 PM – 7:55PM

New Business and Agenda Planning

Agenda Planning: September

Consider for September meeting:

- Director's Update
- Bylaws review and amendments
- [Other items as time allows]

Agenda Planning: Future

Consider for future meetings: These are suggestions for partial meetings, with room to add in topics of interest to Commissioners with the Director's Update.

- Bylaws finalization (October/November)
- Review of key behavioral health reporting timeline (DPH) and training on data (Steinberg Institute) (October)
- Election of officers and if needed, formation of Committees (~November)

Trainings on Sunshine and Ethics will likely be completed independently.

Agenda Planning: Input

Items raised during May and June meetings:

- Retreat: *Consider under Bylaws review*
- Site visits: *Consider under Bylaws review*
- How can we be inclusive
- CBO presentations: *Will review history with Clerk, suggest invitations.*
- Housing prioritization with HSH: *DPH can extend invitation*
- Briefing on autism care: *BHS to consult CMO*
- Briefing on crisis continuum and system entry points
- Process for adding new beds; bed optimization
- Budget: Review of funding sources and restrictions
- How to help the Council be effective amidst new policy directions: *BHS to review available Steinberg resources*
- Staying close to client experiences: *Suggest invitation to the Client Council*

What other ideas do you have?

Public Comment for Agenda Item #5

New Business and Agenda Planning

If in person:

- Line up to speak

If online:

- Click the **React** button in the meeting toolbar.
- Select **Raise Hand**.
- Your hand icon will appear, and the host will know you'd like to speak.
- When you're finished, click **Lower Hand**.

If by phone:

- Press ***9** on your phone keypad to raise or lower your hand.
- The host will see that you have raised your hand and can call on you/unmute you when it's your turn to speak.

Public Comment for Agenda Item #6

Any other matter within the jurisdiction of the Commission not on the agenda

If in person:

- Line up to speak

If online:

- Click the **React** button in the meeting toolbar.
- Select **Raise Hand**.
- Your hand icon will appear, and the host will know you'd like to speak.
- When you're finished, click **Lower Hand**.

If by phone:

- Press ***9** on your phone keypad to raise or lower your hand.
- The host will see that you have raised your hand and can call on you/unmute you when it's your turn to speak.

Adjourn