



Edwin Lee
Mayor

SAN FRANCISCO MENTAL HEALTH BOARD

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Adopted Minutes

Mental Health Board

Wednesday, September 12, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, MBA, Vice Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien, JD; Sgt. Kelly Dunn; Wendy James; Noah King III; Virginia S. Lewis, LCSW, MA; Terence Patterson, EdD, ABPP; and Alphonse Vinh, MS; Errol Wishom.

BOARD MEMBERS ON LEAVE: Lynn Fuller, JD; and Lena Miller, MSW.

BOARD MEMBERS ABSENT: Alyssa Landy, MA.

OTHERS PRESENT: Jo Robinson, Director of Community Behavioral Health Services (CBHS); Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Laura E. Gonzalez, Coro 2012 Fellow; Wendy Yu, MHA-SF; LaVaughn King, Mental Health Services Act (MHSA); Jeremiah Wright, Ocean Avenue Mission and Ingleside (OMI) clinic; Fred Ghods, Mental Health Association of San Francisco (MHA-SF); Lisa Reyes, MHSA; Holly Trief; and four public members.

CALL TO ORDER

Ms. Argüelles called the meeting of the Mental Health Board to order at 6:44 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes on the agenda.

ITEM 1.0 DIRECTOR'S REPORT

Ms. Argüelles stated Jo Robinson will give the Director's report.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Robinson mentioned that on October 1st, 2012 at 5:15 PM is going to be the first time San Francisco Youth Commission votes on the video for providing education about the 12 N Ordinance, that was produced by BAYCAT (Bayview Hunters Point Center for Arts and Technology). She felt BAYCAT did an outstanding job at capturing the ordinance's essence and encouraged everyone to see the video.

She announced that San Francisco Children, Youth and Families (CYF) has been pro-actively working on becoming the early full-service implementer for foster care as a respond to the Katie A vs. the State of California lawsuit. The gist of the lawsuit has been about offering comprehensive and inclusive behavioral health services and treatment for children at an imminent risk of foster care placement or already in the foster care system. Since CBHS already has a Foster Care Medical Health program, these children can benefit from individualized mental health services, including but not limited to professionally acceptable assessments, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their illness or condition.

She said that the State of California funding for re-alignment will have immediate ramifications on medically necessary care within Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

She pointed out that on the 4th and 5th pages of the Director's report is a report about the CANS (Children and Adolescent Needs and Strengths) assessment tool. The self reporting tool was piloted in 2008 and has been used throughout the US to obtain feedback on how well mental health services are benefiting children's needs. The State of California is considering the adoption of CANS.

She notified the board that Mr. Jay Avila is the new director of the Family Mosaic Program.

Also, she reported about the court's Hold for Services program where individuals with 20 outstanding citations or more are required to report to Judge Wang who presides over the Behavioral Health Court (BHC). People who come into contact with the criminal justice system due to mental health conditions are given the opportunity for jail diversion if they fully participate and are in compliance with BHC's treatment programs or services.

Please see the attached September 2012 Director's report.

Monthly Director's Report **September 2012**

1. September is National Recovery Month

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a special section on its website (www.recoverymonth.gov/UT) for community organizations and service providers to teach people about prevention, treatment, and recovery as they promote September as National Recovery Month. Also available on the Recovery Month site is a special section on youth

and young adults that includes stories of recovery, resources for youth and young adults, and social media and other online connections for youth and young adults in recovery.

2. Recovery Day at the Ballpark

Recovery Day at the Ballpark with the SF Giants
Tuesday, September 25, 2012, 7:15 p.m. game
Pre-game festival before!
\$15 donation – Checks payable to NCADA-BA

Each year, to celebrate National Recovery Month – September – the National Council on Alcoholism – Bay Area teams with the San Francisco Giants and A&E to sponsor at ATT Ballpark a pre-game recovery festival. The celebration is followed by the Giants game.

Recovery Day at the Ballpark is a great way to express gratitude for your or a loved one's recovery while also enjoying America's national pastime, all in one day (or night).

For more information, to purchase tickets, or to help sponsor the event, please email infor@nca-ba.org or call 415-296-9900.

3. National Drug Overdose Awareness Day Celebrated in San Francisco

On August 31st, 2012, San Francisco recognized National Overdose Awareness Day and celebrated the success of the Drug Overdose Prevention Education Program (DOPE) by granting the program and its director, Eliza Wheeler, a "Public Health Hero" award on the steps of City Hall. The award followed a march from the office of the San Francisco Drug Users Union in the Tenderloin to City Hall with community members, DOPE staff and other advocates carrying paper flowers and signs decorated with names of those who have been lost through overdose death. The procession was accompanied by a police motorcycle escort and music by the Brass Liberation Orchestra.

In the United States, the number of lives lost to accidental drug overdose has recently surpassed deaths caused by motor vehicle accidents, and increases in prescription drug abuse are contributing to these rates. The Director of the White House Office of National Drug Control Policy (ONDCP), Gil Kerlikowske, has outlined a national goal of reducing unintentional drug overdose deaths by 15 percent over the next five years.

San Francisco's DOPE program has been providing education about overdose risks, recognition and reversal since 2001, and has trained and provided naloxone prescriptions to at-risk individuals since 2003 (naloxone, also known as narcan, is a medication that reverses the effect of a narcotic overdose and revives someone who is unconscious due to an opiate overdose). DOPE has received @800 reports of overdose reversals since 2003, and has trained thousands of community members and clients to respond effectively to overdose incidents. In the past year DOPE's director, Eliza Wheeler was lead author on a Centers for Disease Control and Prevention MMWR publication on community-based naloxone programs, and was invited to speak about overdose prevention strategies before the Federal Drug Administration, the White House ONDCP, and the World Health Organization's World Health Assembly. San Francisco is actively planning to expand the work of

the DOPE project, and to work closely with clients in primary care, mental health and substance abuse treatment to further reduce overdose deaths.

4. San Francisco 49ers Create Suicide Prevention Video

This month the San Francisco 49ers became the first NFL team to produce an "It Gets Better" suicide prevention video. The video is aimed at LGBT youth who may be being bullied because of their sexual orientation, and offers words of encouragement and hope. The video refers those who may be thinking about suicide to the National Suicide Prevention Lifeline (877-273-TALK) and the Trevor Project Lifeline (866-488-7386),

5. ONDCP Director Gil Kerlikowske to Outline 5-Year Goal of Reducing Unintentional Drug Overdose Deaths Nationwide by 15 Percent

According to the Centers for Disease Control and Prevention, an estimated 37,000 people died from drug overdoses in the United States in 2009. Many overdose deaths involve the abuse of prescription opioid drugs. On Wednesday, August 22nd, Gil Kerlikowske, Director of National Drug Control Policy (ONDCP), will visit Wilkesboro, North Carolina, to participate in a discussion on the importance of a comprehensive community-based approach to overdose prevention, including an array of tools like overdose education, referral to treatment, and naloxone. The Director will outline a national goal of reducing unintentional drug overdose deaths by 15 percent over the next 5 years.

To address the problem of overdose and opioid abuse, the Obama Administration released Epidemic: Responding to America's Prescription Drug Abuse Crisis, a national framework for reducing prescription drug diversion and abuse. The National Drug Control Strategy - the Nation's primary blueprint for drug policy in the United States - also outlines support for the use of naloxone to reverse opioid overdoses. Director Kerlikowske will deliver his remarks during a meeting with officials from Project Lazarus, an innovative non-profit overdose prevention program in North Carolina, and ahead of International Overdose Awareness day, which will be observed on August 31st.

6. Mental Health Loan Assumption Program

The Mental Health Loan Assumption Program (MHLAP) is a financial incentive strategy designed to recruit and retain mental health professionals in the Public Mental health System workforce who reflect California's diverse mental health consumer population. It offers educational loan repayment to prospective and current employees who work in hard-to-fill or retain position in the Public Mental Health System. The closing date for applications was August 17, 2012.

The MHLAP is administered by the Office of the Statewide Health Planning and Development (OSHPD) and the Health Professions Education Foundation. This year over \$10 million is available for awarded recipients; and the City and County of San Francisco has been allocated \$185,639.66, a significant increase from last year's allocation of \$92,000.

To learn more about the Mental Health Loan Assumption Program, please visit www.healthprofessions.ca.gov.

7. Children, Youth and Families'

Children, Youth and Families', in general, are preparing to meet the demands of the year ahead. This report will outline opportunities and challenges internally and externally to provide comprehensive, evidence informed services the children youth and families in San Francisco and most in need. Notably this month has been witness to an uptick in violence in Visatacion Valley. Crisis response and outpatient staff has been working with the community to respond to the after-effects of these tragic and violent events. In addition Child Crisis has served as a clearinghouse for information and coordination of some of our behavioral health services.

Internally challenges and opportunities include developing the appropriate infrastructure to respond to the needs of the organization, continuing to focus on strengthening the Family Mosaic Project service delivery model. With the work of the multidisciplinary work group complete supervisors are now implementing the updated program structure and responsibilities. Staff at all sites have begun to discuss the implementation plan. A new director for FMP, Jay Avila, begins on September 17th. She will lead the program towards a more integrated service delivery approach and help reinvision and repurpose FMP to meet the needs of the 2012 system of care.

In CYF we have begun to develop a conversation about further integrating substance abuse at all levels of our care continuum. This process will begin with planning for an internal summit to take stock of where we are today across the system and what we need to do to build a more comprehensive approach. The intention of this effort is to work with a variety of programs within public health including Special Programs for Youth, Maternal Child Health, Adolescent Health, Primary Care, Substance Abuse, TAY and CYF.

There is a lot of work with our partners currently. Over the next few months CYF will be issuing an updated RFP for our Mental Health Consultation to day care and preschool sites. This RFP is co-created with our funding partners at DCYF, First Five and HSA. SFUSD has a new superintendent and we are currently planning to meet with SFUSD staff to discuss our collaboration and ways we can better serve the schools. CYF has formed an internal work group to develop a strategy to assess our current capacity and develop a plan to respond to the Katie A. lawsuit. Katie A. certified a class of children in California who are in foster care or are at risk of foster care have a behavioral health diagnosis and are in need of mental health services. This class of children and youth are now entitled to be assessed and treated if needed under the declaration of this lawsuit. CYF staff will be working closely with Human Services Agency Staff to insure we are meeting this mandate. As San Francisco does already have Foster Care Mental Health we are assessing whether we qualify as an early implementer. This could provide more flexibility in program and funding for the county.

CYF, CBHS and the budget office are working to develop a plan that insures we are prepared for the ramifications of state realignment and the transition of Healthy Families to medical. These two initiatives provide opportunity to work closely together and with our partners to assess our system, our gaps and how to use the funding to effectively address their needs. At the same time we are working to insure that we can both meet the requirements of service entitlements such as medically necessary care within EPSDT. CYF has reestablished its access committee to help insure access to our system of care and the provision of best practices.

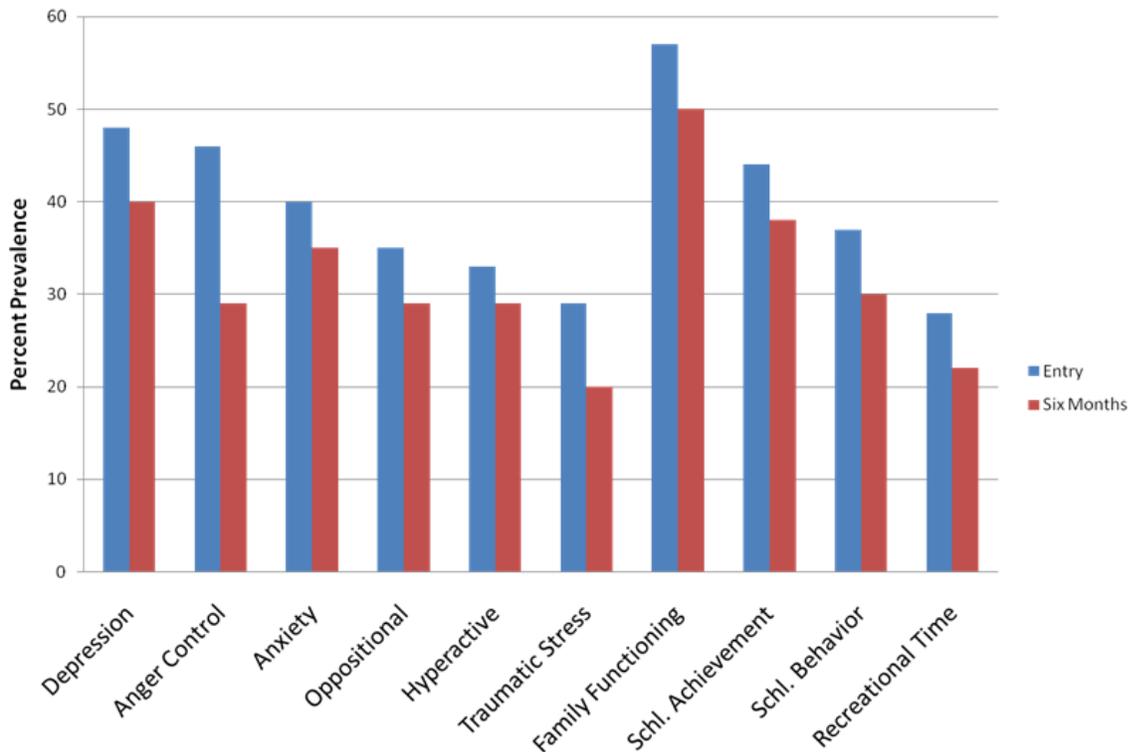
CYF has taken the lead in developing a system wide workforce development training for CBHS and our partners on trauma and complex trauma. The training is intended to build a common nomenclature and knowledge base among the staff on the incidence, sequelae and the theories relevant to understanding and treating children, youth, families, adults and older adults who have or are experiencing trauma. The purpose is to develop a workforce that can deliver all of its services through a trauma informed lens, upon which to build evidence based practices.

8. Child and Adolescent Needs and Strengths (CANS) Tool Longitudinal Profile

The Child and Adolescent Needs and Strengths (CANS) tool was implemented across the child-serving system to create a shared understanding of client needs and strengths among youth, caregivers, behavioral health providers, supervisors and administrators. Items on the CANS are used to rate a child’s behavioral and emotional needs, strengths, risk behaviors, functioning, trauma experience, and social and cultural context. Each item is rated on a scale from 0 to 3, with items rated a ‘0’ indicating no need for intervention in this area, and items rated a ‘3’ indicating a need for immediate or intensive intervention.

The CANS was first piloted in 2008, and implemented system-wide across all children’s mental health service providers in the Fall of 2009. The CANS has been used to understand both the initial needs and strengths of children receiving specialty mental health services, and how those needs and strengths change over time. For this report, we will concentrate on the mental health needs domains, and how needs in those domains change over time. In our next update, we will concentrate on child and youth strengths and how those change over time.

Table 1. Children’s Behavioral Health Needs, Risk Behaviors, and Functioning at Entry and 6-Months



In this table we see that Depression is the most common presenting problem for children and youth in our system. Nearly 50% of children and youth in our system present with Depressive symptoms requiring treatment at entry. About 45% of children and youth present with Anger Control (externalizing) concerns. After six months of treatment services, about 40% of children and youth have Depressive symptoms requiring treatment; children and youth presenting with Anger Control problems show a sharper decline in these problems (from 45% to 29%). In terms of Functional concerns, more than half of all children and youth have a need to improve their functioning and participation in family activities (57%). After six months of treatment, this need has dropped only slightly (to about 50%).

These profiles of change provide us with data about the initial presenting needs of children and youth, and our effectiveness as a service system in providing specialty mental health services to address those needs. These data begin to show some of our strengths and needs in treating children and youth. In the next installment of this series we will look at the data on children's strengths and strength development, to understand what strengths children and youth present with, and how we can build and build on these strengths over time.

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

No public comment.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates

Ms. Robinson explained that in the last few months there were inaccurate and negative news articles that portrayed adversely how San Francisco County spends Early Intervention and Innovation dollars from the 2004 Mental Health Services Act (MHSA) in its multicultural multi-ethnic county. San Francisco was not the only county that got singled out, other counties were criticized as well in the articles.

She said that the articles want justification on two San Francisco programs. The first program was the Bayview Mental Health Wellness Center. This center has been offering unique culturally relevant programs and trauma informed care that are necessary in sustaining recovery of Bayview Hunters Point clients/patients.

The other program is peer supportive care. The role of peer support in mental health care is very important in clients'/patients' centered recovery, because many clients/patients like to work with peer staffers whose lived experiences inspire hope and offer comfort consumers in their path to wellness and recovery, since peer staff can relate to clients'/patients' personal challenges. To maintain and support peer staffer's on-going wellness and recovery, CBHS made a \$600 investment in a pilot program that provides lunch-time yoga sessions for peer staffers to test if that helped reduce their stress.

She also pointed out that these two programs did receive prior authorization from the MHSA's oversight committee. The committee considered these programs to be appropriate to meet San Francisco's multicultural, multi-ethnic needs.

The news writers' misunderstanding of these San Francisco programs incited several law makers to demand a state audit, and she does not know if San Francisco County is on the audit list. There will be three programs selected from the Bay Area, the Imperial Valley and a rural county. "I would rather create [culturally appropriate behavioral healthcare] services than defend services" she said.

Lisa Reyes, the MHSA Program Manager at CBHS announced the MHSA Awards Ceremony 2012 and that MHA-SF (Mental Health Association of San Francisco) is co-producing of the event.

She explained that MHSA funds a broad continuum of mental health services, including much-needed prevention and early intervention, infrastructure, technology and training, and innovations. The MHSA Awards Ceremony honors the achievements of current and former clients in MHSA-funded programs in San Francisco. The MHSA Awards Ceremony is an opportunity to acknowledge the hard work of these consumers in creating change in their lives.

She mentioned that the nomination period ends on October 1, 2012 at 5 PM.

Fred Gosey thanked the board and encouraged the board to nominate clients and mentioned that 92 individuals were recognized in the MHSA Awards Ceremony 2011. He expressed that he would like to recognize about 120 people in the 2012 Awards ceremony which will be at the Unitarian Church on Friday October 19, 2012 from 12 – 4 PM.

Dr. David E. Lewis added that nominations can be based on individuals as well as agencies. The awards program has a positive impact for clients with mental health conditions; the award validates the important of on-going recovery and wellness while challenges the socio-institutional stigma and discrimination associated with mental illness and substance issues. He suggested the board should send in nominations via the www.MentalHealthSF.org website.

2.2 Public comment

No public comment.

ITEM 3.0 PRESENTATION: CHIEF KENTON RAINEY, BAY AREA RAPID TRANSIT (BART) CRISIS INTERVENTION TRAINING (CIT) FOLLOWUP REPORT AND INTRODUCTION TO THE BART CIT COORDINATOR.

3.1 Presentation: Chief Kenton Rainey, Bay Area Rapid Transit (BART) Crisis Intervention Training (CIT) Followup Report And Introduction To The BART CIT Coordinator

Ms. Argüelles introduced the Chief of BART Police, Kenton Rainey. Chief Rainey presented to the Mental Health Board in January of this year, sharing in particular his plans for training BART officers in effective interactions with people with mental illness. He will give us a brief update tonight and introduce the BART Crisis Intervention Coordinator.

Chief Rainey said that all BART officers will receive crisis intervention training (CIT). Working with Chief Greg Suhr, Chief of San Francisco Police, the BART chief has already sent some of his officers to SFPD's CIT trainings and other counties' for the 40 hour trainings.

He informed that 88 BART officers, so far, received the training, and expects an additional 14 BART officers will receive training by the end of the year. In total, BART has 200 officers, and there is a mandate from the BART Board to train both officers and dispatchers.

SFPD extended invitation to BART officers to attend meetings in 16th St BART, BART officers were receptive to the idea of working closely with a mental health outreach coordinator, who helps BART officers coordinate care for individuals with a behavioral health crisis. BART officers are getting trained to de-escalate tense situations.

The BART chief said that in the spring of this year, the BART board invited Ms. Brooke, Executive Director of the Mental Health Board to sit on the selection committee that was hiring a behavioral outreach coordinator, and the Chief introduced Mr. Armando Sandoval as the new BART's CIT Coordinator.

Mr. Sandoval worked at the Mobile Crisis Unit of San Mateo for 25 years. He has 30 years of experiences working with at-risk youth from the Mission and Tenderloin neighborhoods in San Francisco. During his 10 years of CIT trainings, he has included San Mateo youth in role playing scenarios. Part of his responsibilities at BART include developing BART appropriate response training.

Dr. David E. Lewis wondered about BART officers carrying Tasers.

Mr. Sandoval responded by saying that he only handles CIT training itself not BART regulations.

Chief Rainey commented that the CIT training and the use of Tasers are for de-escalation purposes.

The Chief said that when he was back in Washington DC at a recent conference, it was mentioned that the best practice for de-escalation is using time to slow down a heated situation during an initial contact, seeking reinforcement from supervisors and requesting help from CIT trained BART officers. BART officers with CIT training wear a pin to identify themselves. During the daily check-in process, BART officers and dispatchers are given a list of CIT trained officers to contact.

Mr. Wishom asked how candidates become BART officers.

Chief Rainey said qualified candidates are drawn from the same pool that other law enforcement agencies use to find candidates. He provided the www.BART.org website.

Dr. Patterson first confirmed that Mr. Sandoval is not a law enforcement officer himself then he asked about a target date to have all BART officer trained in CIT.

Chief Rainey hoped by year end another 14 more officers will be CIT certified, and by 2014 all officer will be certified in CIT as well.

The Chief said that he, along with the BART board, is very committed to CIT training. Even though it is a very expensive proposition, his utmost concern is public safety to everyone. He pointed out that, despite the high financial commitment to CIT, the SFPD is one of the few progressive law enforcement agencies and that the department trained over half of its personnel between 2001 and 2010 when the Mental Health Board coordinated the training.

Dr. David E. Lewis commended the BART Chief's forward-thinking-initiative and leadership style in instituting CIT training for the BART system. He was also glad to hear the collaborative efforts between the BART and San Francisco chiefs.

Ms. Robinson asked Mr. Sandoval about his vision in his role in CIT.

Mr. Sandoval concurred with Chief Rainey that CIT training is a good investment for both law enforcement agencies and the community at large because CIT has made a positive impact on BART riders.

He is very hopeful of the progress. He sees his contributions as a community outreach liaison. His role includes developing workgroups in Alameda and San Mateo and to coordinate collaborative trainings.

Ms. James mentioned that she witnessed a begging incident on BART and wanted to know what riders should do.

Chief Rainey advised that if any public member has a safety concern or see something suspicious then they should either call 510-464-7000 or use the intercom button or pick up the white phones that are located on each car on BART trains to notify BART authorities.

Lastly, the Chief ended his presentation by announcing that he recently got on the NAMI of Northern California board and he looks forward to working with the criminal justice committee.

Public Comment

Jeremiah Wright voiced that when a person with severe mental illness is in an acute active episode; that person often does not harm anybody and that person is just a little bit slow in respond to a police officer's immediate commands. People with mental illness may experience a temporary state of confusion and they are easily seen as uncooperative. But, he said, often harsh tones and loud noises just startle and exacerbate these people's affliction. He strongly recommended that BART police should not misinterpret these people's slow responses as being combative or uncooperative but to treat them with more patience.

3.2. MHB EXECUTIVE COMMITTEE DISCUSSION REGARDING FOLLOW-UP ON 2011 BOARD RETREAT ACTION ITEMS, FORMING A MEDIA AND TECHNOLOGY COMMITTEE, AND OUTREACH TO MEMBERS OF THE BOARD OF SUPERVISORS

Ms. Argüelles said the Executive Committee wanted to use this meeting to check in with where we are with the goals we established at the Retreat last December and to look at the legislative mandates for mental health boards as well as the suggestions made by Bevan Dufty to increase the board's role with supervisors and the city. Mr. Dufty has since spoken with Supervisor Cohen and

she would like to work with the board to organize a Supervisor Recognition hearing of Mental Health Heroes in October 2012. In addition the Executive Committee is proposing two committees, one a media and technology committee and the other a committee of the entire board to contact each supervisor.

Ellis and Terence will lead this part of the meeting. In your packet you have a copy of the Retreat Goals, State Mandates, and Mr. Dufty's suggestions.

In the review and progress report on the Retreat goals, the board would be educated and get information on the five items done. The second goal would be action items such as developing a committee around media and technology to bring the board work to wider attention. A committee of the entire board contacts supervisors to inform and get information and find out about accomplishments for each district. She said each board member would make a quarterly report from their meetings with supervisors.

Mr. Joseph reviewed the 2012 MHB retreat goals with board members, and said he and Dr. Patterson would co-chair the Media and Technology committee.

Mr. Vinh volunteered to be on the Media and Technology committee.

Dr. David E. Lewis volunteered to be on the Media and Technology committee as well. He also suggested that the board should strategize platform alignments with members of the Board of Supervisors.

Mr. Joseph suggested events with supervisors should be included on the board's web site. He also suggested informing members of the Board of Supervisors about program reviews to keep them abreast of services and programs in the CBHS system.

Mr. Wishom suggested the board go into psychiatric wards to observe the environment.

Ms. Chien pointed out the psychiatric wards are usually for authorized personnel only.

3.3 Public comment

Ms. Gail Smith asked Ms Brooke for clarification on the relationship between board members and the San Francisco BOS.

Ms. Brooke said that board members are appointed by Board of Supervisors.

Ms. LaVaughn King mentioned that Supervisor Cohen was recently educated on how the MHB works when she spoke personally to her.

Jeremiah Wright believed Laura's Law is appropriate in a few cases when a person is in non-compliance and in an active psychotic state.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1. Public comment

No public comment.

4.2. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of July 11, 2012 be approved as submitted.

Unanimously approved

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke made the following announcements

1. There are two upcoming workshops on social media with Constant Contact, 9/20/2012 and 9/25/2012.
2. Trauma Training October 4th conferences
3. Coalition on Homelessness event tomorrow at 5:30 PM
4. Ms. Brooke introduced Laura Gonzalez a Coro Fellow who has been helping the board in developing its conferences and social media focusing on women and girls.

Mr. Gonzalez stated that she grew up in Hopland in Mendocino County. She graduated from the California State University at Sacramento with a bachelor's degree in Government and Womens Studies. She is currently a 2012 Coro fellow for the board and wants to focus on re-branding and promoting the SF Mental Health Education Funds mission.

5.2 Report from the Chair of the Mental Health Board and the Executive Committee.

Ms. Argüelles acknowledged, along with the board members, condolences to Ms. Virginia S. Lewis, whose husband just passed away.

She said we had a very successful collaborative workshop with Constant Contact yesterday at the library about email marketing for non-profits. About 40 people attended and the presenter gave lots of solid information and little to no advertising of their company. She is looking forward to the next two workshops. All board members are welcome. It gave her a chance to talk about the board and to mention our openings.

The Committee decided to add a new regular item to the agenda. It would be 5.3: Suggestions of people or issues to highlight. This could either be a problem or concern, something to watch or a person or program to acknowledge. We would highlight an issue or person each month. It could be something someone says is not working or commend those for doing good work. It would be 5.3 and the next item would move down to 5.4. : Mental Health Board Recognition. Board members would suggest people or programs to spotlight. These names would then go to the Media Committee for recognition, possible articles, notice on the website and a newspaper liaison.

The Executive committee meets Thursday, September 20th at 6:30 at 1380 Howard Street in Room 515. All board members are welcome to attend the meeting.”

5.3 Report by members of the Board on their activities on behalf of the Board.

Dr. David E. Lewis attended the CBHS Quality Assurance meeting and felt very informed on how quality assurance works. He also mentioned that he will be a co-master of ceremony for the MHSA-2012 Upcoming Awards ceremony.

Mr. Vinh announced that he was recently hired as a part-time counselor with the Institute of Aging.

The institute starts to offer support to people 50 years old, since unaddressed mental health issues are becoming a lot more prevalent. As people age, their behavioral health needs are exacerbated by isolationism. There is a very high correlation between people with un-manageable mental health issues and premature death.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Wishom suggested an invitation to Tae-Wol Stanley, Director of San Francisco Medical Respite and Sobering Center, at 415-734-4200. The Medical Respite and Sobering Center is a partnership between CATS (Community Awareness & Treatment Services Inc.) and the San Francisco Department of Public Health (DPH).

Dr. David E. Lewis mentioned extending an invitation to NAMI-SF to talk about their high school programs.

Ms. Chien suggested a program similar to Laura's Law called Community Independent Pilot Project (CIPP) which is conservatorships in community.

5.5 Public comment

Ms. LaVaughn King announced that NAMI-SF's Family to Family offers faith based training on September 22th, 2012.

ITEM 6.0 PUBLIC COMMENT

Ms. Yu asked about the US citizenship requirement to be on the board.

Ms. Brooke responded that the citizenship is the State of California's requirement.

Mr. Wishom asked rhetorically why NAMI-SF stopped the In Our Own Voice program.

Mr. Wright whose mother was on the board recently, thanked the board for supporting mental health and substance use programs and services, and for collaborating with the City College of San Francisco in educating the community about early intervention, prevention, and treatment.

ADJOURNMENT

Meeting adjourned at 8:30 PM.