



Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

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### **Adopted Minutes**

Mental Health Board

Wednesday, February 08, 2012

City Hall, Room 278

San Francisco, CA

**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Ellis Joseph, Vice-Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien ; Linda Bentley; Wendy James; Noah King III; Alyssa Landy; Virginia S. Lewis, LCSW; Lena Miller, MSW; Terence Patterson, EdD; ABPP, Alphonse Vinh; and Errol Wishom.

**BOARD MEMBERS ON LEAVE:** Lynn Fuller; Sgt. Kelly Dunn.

**BOARD MEMBERS ABSENT:** none

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); Jo Robinson, Director of Community Behavioral Health Services (CBHS); Sal Nunez, PhD, LMFT, Program Director, City College Certificate Program; Anthony Goleta, Mental Health Association San Francisco (MHA-SF); Rene Charles Celiz; Michael Wise; and three member of the public.

### **CALL TO ORDER**

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:30 PM.

### **ROLL CALL**

Ms. Brooke called the roll.

### **AGENDA CHANGES**

Ms. Argüelles: "There are no agenda changes this evening."

### **ITEM 1.0 DIRECTORS 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. Argüelles: “Jo Robinson, Director of Community Behavioral Health Services will give the Director’s report”

Ms. Robinson: “Tomorrow, Thursday February 9, 2012, is the memorial service, Celebrating the Lives of Nurse Susan Poff and Dr. Robert Kamin, Psychologist, at Glide Memorial Church. Both Susan and Bob are colleagues of Community Behavior Health Services.

The retirement celebration for Manuel Mena, Implementation Coordinator of Seeking Safety Project, is on March 2, 2012 at the Florida Café at 6 PM.

We are looking more at programs that can bill MediCal for services. Governor Jerry Brown, with AB3632, did re-alignment, allocating funds for mental health services directly to the school districts that formerly came directly to the county mental health services so they could provide the services to the schools... This meant about \$400,000 worth in services would be reduced from our General Funds budget; however, we are still hoping that this short-fall amount would be reimbursed by the San Francisco Unified School District for the services we are providing to the schools.

The latest budget planning is 25% cuts across the board. The San Francisco Health Commission wants to add back to programs with budgets less than \$500,000. The add-back means we are making funding whole for small programs.

The AB 109 realignment will bring people from state prisons back to the counties, some of whom will be released to the community. Mini dollars are being used to purchase more residential beds to treat adults in probation programs, because we have known that 100% of the people who will be released soon from correctional rehabilitative facilities will need our services.

The Southeast Child and Family and Geriatric Centers have been relocated to the Silver Avenue site to save about \$600,000 in rent. The relocation is due to expiring commercial leases, and we are just consolidating civil service sites. We are not cutting programs or services.

About \$1 million in savings is expected from changing the Seneca program, which is now a high level care residential, locked community treatment facility to a Level 14 program. The savings comes from reclassifying level 14 group home children. For children with needs for a higher level of care, they will be sent to a more targeted program.

Mr. Lewis: “What does the Level 14 designation mean?”

Ms. Robinson: “The Community Treatment Facility (CTF) is a locked voluntary program that is very expensive to run, while Level 14 is a voluntary residential treatment group home for youth with high level mental health needs.”

Ms. Bentley: “How are clients in the Southeast sector of San Francisco going to travel to the new sites on Silver Avenue for services?”

Ms. Robinson: “Maps show that clients are coming from all over the City for these services.”

Mr. King III: “I want to remark that southeast sector clients find access to reliable public transportation for services in other areas of the City very stressful, especially the T train.”

Ms. Robinson: “To give you good news. If you recall the Seeking Safety Training, we now have implemented new seeking safety groups throughout the CBHS System of Care.

Jelani House Inc. needs referrals. The program is designed for pregnant women including postpartum mothers.”

*Please see the attached February 2012 Director’s report.*

## **Monthly Director’s Report** **February 2012**

### **1. CBHS Welcomes Interns and New Staff At Ba’Hai - 2012 Provider Directory Released**

On January 20 the Office of Quality Management led the CBHS Annual Orientation with about one hundred and fifty new staff and interns in attendance. The presentation was designed to provide civil service and nonprofit staff, both clinical and administrative an overview of Mental Health and Substance Abuse services provided within the Community Behavioral Health Services Section of the Department of Public Health.

Community-based Program and Civil services program brochures were on display at the Community Resource Table. Michael Gause, Associate Director of the Mental Health Association gave an inspiring talk on Wellness and Recovery. Along with Michael, Antonio Morgan MHA Consumer Advocate spoke passionately about his personal and courageous story. He said he was not in “Recovery but in Discovery,” which brought on a thunderous applause.

A copy of the 2012 CBHS Directory was disseminated. For those who did not attend the event, there are copies available at the Forms Room 2nd floor at 1380 Howard. The Directory can be found online at:

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp>      See CBHS - Other Services

From the DPH Net intranet (civil service programs/staff) click on Program Services and a right menu will appear – scroll down to Organizational Provider Manual for CBHS 2012.

### **2. Seeking Safety Training has Resulted in New Seeking Safety Groups for CHBS System of Care**

Implementation Coordinator, Manuel Mena, asked the service providers to give the following information as they introduced themselves during the January 27, 2012 Seeking Safety Project – Peer Consolation meeting:

1.      What program do they represent?

2. What populations do they serve through their Seeking Safety groups?
3. Have they started implementing their Seeking Safety groups?
4. Are they still in the planning stages of assembling the Seeking Safety groups?
5. Are you using the Seeking Safety model's questionnaire or another evaluation tool?

Twelve programs reported that they have implemented a Seeking Safety groups at their agency and ten stated that they have plans to start Seeking Safety groups before the end of March.

Thank you Manuel and members of the Seeking Safety Project for your dedication to this project that will improve client care.

### **3. External Quality Review (EQRO)**

CBHS is preparing for its annual, mandated EQRO. This year's site visit will be held February 29 through March 2 year and check for regulatory compliance. Federal regulations issued by the Centers for Medicare & Medicaid Services (CMS) require that states engage an independent external quality review organization to review their respective public sector mental health plan (MHP) systems and present an annual report on findings to their.

### **4. Transgender Wellness and Recovery Group**

A transgender Wellness and Recovery group is held in the Behavioral Health Access Center (1380 Howard Street, 1st floor) Thursdays from 3:00pm to 4:00pm. This peer led group was formulated using a model of both peer support and Wellness and Recovery. The Transgender Wellness and Recovery Group provides information, education and linkages to services in the community. Its facilitators are Wellness Recovery Action Plan (WRAP) trained. WRAP programs are designed in practical, day-to-day terms and develops individualizes plans for getting and staying well. Walk-ins are welcome.

### **5. Mental Health Loan Assumption Program**

Mental Health Loan Assumption Program (MHLAP) is a statewide loan forgiveness program that allows the public mental health system to retain qualified mental health professionals in hard-to-fill or hard-to-retain positions. In FY10-11, the City & County of San Francisco was allocated \$92,000. Through a very competitive process, fifty-three San Francisco MHLAP applications were submitted and (10) awardees received \$9,200 each.

For FY11-12, (128) San Francisco MHLAP applications were submitted; and the county is awaiting the award decisions from the Health Professions Education Foundation.

### **6. Peer Specialist Mental Health Certification Program**

Richmond Area Multi-Services, Inc. (RAMS) and San Francisco State University Department of Counseling jointly developed and are offering the Peer Specialist Mental Health Certificate Program. Funded by the Mental Health Services Act (MHSA), the primary goal of the Certificate program is to prepare consumers of community behavioral health services or family members with the basic skills and knowledge for entry-level peer specialist/counseling roles in the community behavioral health

system or to further their career in the field. RAMS, in collaboration with SFSU, is pleased & very excited to announce the start of Peer Specialist Mental Health Certificate program for the Spring 2012.

Information regarding this program is posted at [www.ramsinc.org](http://www.ramsinc.org) on the left-side of the webpage along with the listing of other programs/services at RAMS. Please feel free to contact Christine Tam, Program Coordinator with RAMS, with any questions at [christinehtam@ramsinc.org](mailto:christinehtam@ramsinc.org) or by phone (415) 668-5955 x386. We look forward to the Spring 2012 class in April and continue training the next generation of Peer Specialists/Counselors.

## **7. Seniors and Persons with Disability**

Many of you have worked with and are assisting your clients transition into Medi-Cal Managed Care. As of January 1, 2012, approximately 229,000 SPDs have been transitioned into Medi-Cal Managed Care. Between 340,000 and 350,000 SPDs are targeted for transition by May 2012. To view the managed care implementation for SPDs, as of November 2011, please view the monitoring dashboard at:

[http://www.dhcs.ca.gov/individuals/Documents/MMCD\\_SPD/ChartsRptsData/SPD\\_Dashboard.pdf](http://www.dhcs.ca.gov/individuals/Documents/MMCD_SPD/ChartsRptsData/SPD_Dashboard.pdf).

This document is updated regularly.

## **8. Jelani Inc.**

Jelani Inc. is comprised of two residential substance abuse and mental health treatment programs for San Francisco residents. The duration of the programs is an average of 6 months. Jelani Family Program is the only public alcohol and rug program in Northern California that take couple and/or fathers.

Unique AND highly effective for participants. Currently no waiting list.

Some of the services provided:

- Individual/Group Counseling
- Parenting Education
- Anger management
- Seeking Safety
- Empowerment + Self-esteem
- Health & Wellness
- Case Management
- Mental Health Therapy
- (Individual, Family, Couples, Children's)
- Child Development
- Infant Massage
- Domestic Violence
- Relapse Prevention
- Couples Skill Building
- Referrals
- Smoking Cessation

**Jelani House** is designed for pregnant/postpartum women 18 years of age or older with children up to the age of 5.

Women do not need to have their child/children with them to start treatment if there is a CWS supported reunification plan in place. Women must also identify as having a substance issue and be willing to participate in drug/alcohol treatment.

The **Jelani Family Program** is designed for families (couples and single fathers) with children up to the age of 12 to come into treatment as a family unit.

Parents do not need to have their child/children with them to start treatment if there is a CWS supported reunification plan in place. At least one parent must also identify as having a substance issue and BOTH parents must be willing to participate in treatment.

For Intake, please contact: 415.822.5945 Questions or problems, Jim Stillwell, 415.255.3717

## **9. No Alcohol Intake Safe in Pregnancy**

January 17, 2012

Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco and Dorothy Caputo, MA, RN, BC-ADM, CDE, Nurse Planner

Any alcohol consumption during pregnancy -- especially during the second half of the first trimester -- puts the newborn at risk for fetal alcohol syndrome (FAS), results of a study showed.

For every additional drink a day on average during those early months, there were increased risks of 25% for smooth philtrum, 22% for thin vermilion, 12% for microcephaly, 16% for lower birth weight, and 18% for reduced birth length, reported Haruna Sawada Feldman, PhD, MPH, of the University of California San Diego in La Jolla, and colleagues.

There were similar findings for each additional episode of binge drinking and each additional drink in the maximum number consumed per occasion, the authors noted in the study, which appeared online ahead of print in *Alcoholism: Clinical and Experimental Research*.

- This study found that when it comes to avoiding fetal alcohol syndrome (FAS) in newborns, there is no safe level of alcohol consumption for mothers.
- Note that the risk of FAS among the children of women who drank alcohol was especially high in the second half of the first trimester.

To further clarify the issue, researchers undertook a prospective study involving 992 women.

After getting counseling, women who reported exposure to at least 1 of 70 different agents, including alcohol, were interviewed in greater detail. Pregnant women who reported no exposure to these agents were also asked if they would like to participate in the study. At the end of the pregnancy, various outcome data were obtained. For all live births, mothers were asked to participate in a standardized, blinded dysmorphological assessment of the child. The assessors, who were blinded for mother's status, looked for a standardized checklist of 132 malformations.

When women consuming one or more drinks per day were compared to those consuming less during the first trimester, higher risk was seen with higher dose for microcephaly, thin vermilion border,

and smooth philtrum, as well as reduced birth length and weight. These outcomes did not exclusively occur in the higher-dose group, the researchers noted.

During the second trimester, significant associations were seen with smooth philtrum, and weight and length. By the last trimester, only birth length was associated with average drinks per day and maximum number at one occasion.

Higher prenatal exposure to alcohol was significantly associated with incidence of smooth philtrum, but not with short palpebral fissures. The strongest associations were found during the second half of the first trimester in both average drinks per day and maximum number of drinks. There was no indication of any safe level of alcohol exposure, the authors noted.

"Based on our findings, there is no safe threshold for alcohol consumption during pregnancy with respect to selected alcohol-related physical features," the authors concluded. "Women who are of childbearing age and who are contemplating or at risk for becoming pregnant should be encouraged to avoid drinking, and women who are pregnant should abstain from alcohol throughout the pregnancy."

*Primary source: Alcoholism: Clinical and Experimental Research*

*Source reference:*

*Feldmen HS, et al "Parental alcohol exposure pattern and alcohol-related birth defects and growth deficiencies: A prospective study" Alcohol Clin Exp Res 2012; DOI: 10.1111/j.1530-*

For Assistance During Pregnancy, NEW BEGINNINGS, 415 546-6756 EXT 316 OR 364

## **10. Upcoming Events/Trainings**

### **Coping with Hope: HIV and Aging**

Friday, March 23, 2012

9:00am - 4:00pm

UCSF Mission Bay Conference Center

### **Featured Speaker:**

Jason Tokumoto, MD

National Clinician Consultation Center at SFGH

HIV Specialist, San Francisco AIDS Education & Training Center

*See Attachment 1, for information and how to register.*

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at

415-255-3553 or email [norman.aleman@sfdph.org](mailto:norman.aleman@sfdph.org)

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*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](mailto:richelle-lynn.mojica@sfdph.org)

## **1.2 Public Comment**

No public comments.

## **ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS**

### **2.1 Mental Health Services Act Updates: Staff will provide overview of Fiscal Year 2011-12 Annual Plan Update**

Ms. Argüelles: "Jo, are there any Mental Health Services Act Updates not included in your report?"

Ms. Robinson: "There is an MHSA advisory board meeting on February 15, 2012 at 2:30 PM at the LGBT Center on Market Street. I encourage the board to attend the meeting."

### **2.2 Public comment**

No public comments.

## **ITEM 3.0 PRESENTATION: UPDATE ON COMMUNITY MENTAL HEALTH CERTIFICATE PROGRAM BY SAL NUNEZ, PhD, LMFT, PROGRAM DIRECTOR**

### **3.1 Presentation: Update on Community Mental Health Certificate Program by Sal Nunez, PhD, LMFT, Program Director**

Ms. Argüelles: "I would like to introduce Dr. Sal Nunez, Program Director for the Community Mental Health Certificate Program. The Mental Health Board provided a support letter for this program when he applied for the funding and after he received the grant, Sal gave a presentation to the board about his planned program. He is here this evening to give the board an update."

Mr. Nunez: "I would like to thank Jo Robinson, Lara Arguelles and Helynna Brooke for your support. I also want to say thank you to the community programs because their collaboration make the Mental Health Certificate Program sustainable.

With me is Rene Charles Celiz who is a graduate student and a coordinator of the program.

A recent graduate of the Community Mental Health Program is Mr. Michael Wise. He may share with the board about his experience.

Before going further into my talk about our certificate program, I am going to demonstrate mindfulness by passing around some rosemary and sage sprigs. Many studies show that the herbs have therapeutic values that are known by North American natives for centuries. I also like to sing a Native American song because the natives like to begin their assemblies with a song – the purpose of singing is like the Olympics' opening ceremony. Singing quells any restlessness of the mind and encourages the circulation of positive energy.

The Community Mental Health Certificate Program was developed out of necessity to meet San Francisco's diversified community's needs. Before the program came into fruition, we had community forums, talked to Mental Health Services Act (MHSA) people, attentively soliciting feedback from people with mental illness who shared their lived experiences. Regardless of people's

socioeconomic status or political affiliations, they all kept saying San Francisco could benefit from a wellness recovery program! Individuals have wanted to develop certain skills to keep their mental illness manageable so they can be self-reliant and live independently. When loved ones are victimized or traumatized, employers and family members have called behavior health and mental health professionals to see what is being offered in the community. People also wanted harm reduction and substance abuse to be addressed in wellness and recovery.

In response to community needs and with the collaboration of the City College of San Francisco, we started to offer the Community Mental Health Worker Certificate. This program is based on the wellness and recovery model. Students are empowered to use their experiences to advocate for others. Students are encouraged to develop employment skills needed to become gainfully employed. We create a very conducive learning environment fostering a person's strengths to help students restore their health and wellness.

For example, we have the Wellness Recovery Action Plan (WRAP). San Francisco is very rich in cultural diversity. Working in teams enhances students' individual contributions; at the same time, students learn to be culturally responsive. Our workshops are designed to meet various learning styles because we believe an experiential approach is important to wellness and recovery. Students develop their own recovery methods that speak to their cultures. We incorporate linguistic and cultural skills.

Completing a 15-week internship is a must for the students. The internships provide a testing ground for students to find their own working niche, so they can position themselves to become gainfully employed when they complete our program. Students demonstrate competency in resume writing, interview skills, and disability issues. The internship is an eight-hour a day, all week position. By graduation time, students would have an easy transition.

We also developed a team of graduates to help new in-coming students acclimate to our program. We use the Peer Care Management team. I introduced Rene Charles Celiz earlier, and he is part of the Peer Care Management (PCM) team. Working as a liaison, he helps prospective students navigate the college system and the Community Mental Health Certificate Program. Current students check-in regularly with PCM and behavioral health specialists so we can be proactive with students' special needs. We have loan out text books for financially strapped students. Our extra hand-holding effort is very much appreciated because we want people to succeed!

The American Psychological Association (APA) has recently recognized the value of the wellness and recovery model, and Substance Abuse Mental Health Services Administration (SAMHSA) recently found that the wellness and recovery model works very well for people with substance abuse.”

Before Mr. Nunez continued his presentation he asked the board members to stand up to participate in a kinetic exercise, which he uses in his classroom because so many of his students found the exercise to be helpful in staying engaged and alert in their learning.

Mr. Nunez: “The Community Mental Health Certificate Program does offer scholarships ranging from \$100-\$150 to help pay for school expenses. The Board of Governor Waiver (BOGW) is another option to pay for tuition. Our first graduation had 15 graduates last year.

We are expanding our collaboration with other community programs. Some of them are Senaca, RAMS, San Francisco General Hospital, Standing Against Global Exploitation (SAGE) A Women's Place, and the Veteran Affairs Department. We are currently negotiating with the San Francisco Fort Miley's Medical Center because so many veterans would benefit from our program.

We have a very low students to faculty ratio so many students appreciate the faculty attention. We have relationships with the California Institute of Integral Studies (CIIS) as well, and Dena Redman is the dean of the California State University (CSU) at San Francisco.

25 students in this semester will do an internship. We have found lots of interest in our program and we try to incorporate new information for treatment. The Community Mental Health Certificate Program is only two years old.

Our program is very responsive to cultural practices that help people recover from traumas because these indigenous mindful practices are valid and reliable to wellness and recovery. For example, our indigenous community model sees the value in food where such a model may have been discounted in western medicine. Some communities practice wellness and recovery through pot-luck gatherings, while the Samoan culture incorporates indigenous dances.

If you have further questions, I find that direct one on one communication is more effective than email or phone because I can observe your non-verbal communication. I can also be contacted about gender responsiveness, integration and culture needs."

Mr. Wise: "I found my personal workbook in Wellness Recovery Action Program (WRAP) to be a very positive and self empowering exercise. In Sal Nunez's internship class, I had to do a personal project called the genogram, which I found to be very insightful. When it came to selecting an elective, I decided to enroll in the Mindfulness class. I also participated in a Native American drumming circle practice, which as very uplifting. There was also the resume and job interviewing skills through City College's career resource center, and I found it to be very helpful."

Mr. Celiz: "I am currently a graduate student at the California Institute of Integrative Studies School in San Francisco. There are over 100,000 students at City College. It is very overwhelming for new students to navigate the campus. Students get overwhelmed with financial aid, counseling, re-entry into school after being away for 20 years. As a Peer Care Management person, I help them through the process."

Mr. Ellis: "Can you talk about Health 91D?"

Mr. Nunez: "It is a one time prerequisite that provides navigation in the Wellness and Recovery Model. The class gives students a chance to see their academic readiness for our program."

Ms. Chien: "How do students find internships? Do they find internships themselves or do you place them in an approved internship?"

Mr. Nunez: "If a student has a specific internship preference, we will make accommodation. Otherwise, we try to match students to our list of internships."

Ms. Chien: "By incorporating cultural diversity in your program, I believe your program would add great value to San Francisco because it is a city that is rich in diversity."

Mr. King III: “When is WRAP taught?”

Mr. Nunez: “WRAP is in the Health 102 syllabus.”

Mr. Vinh: “Are you going to have a 2012 summer semester despite budget cuts?”

Mr. Nunez: “We tentatively will have Health 91D class this summer.”

Ms. Virginia Lewis: “How many women are in the program?”

Mr. Nunez: “We have attempted to balance out the gender mix but there is usually a higher female to male ratio.”

Dr. David Lewis: “I found the WRAP program to be very helpful. I wish WRAP were taught in grade school for everyone.”

Ms. James: “I myself did find the WRAP program to be effective as well.”

Ms. Miller: “So many traumas have existed in the Bayview Hunter’s Point (BVHP), and people in that community would benefit from your program very much. I hope you would work with us to develop strategies for the BVHP community.”

### **3.2. Public comment**

Ms. King: “I am concerned about young men and women in the community. How do you blend young people coming in with attorneys there?”

Mr. Nunez: “We have students from all walks of life and different age groups from early 20’s to some late teens. Most students do not have degrees, not even a general education degree.”

Mr. Wise: He wondered if there is any funding sustainability.

Mr. Nunez: “Despite the budget cuts, I hope other funding sources will step up to help sustain the program.”

Ms. Robinson: “With the Affordable Healthcare Act, this program would fit into the Workforce Development Program (WDET) of the MHSA.”

## **ITEM 4.0 ACTION ITEMS**

For discussion and action

### **4.1 Public Comment.**

No public comments.

### **4.2 Proposed Resolutions.**

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

Mr. King III: “I wish I were at the January meeting, but want to go on record that I have issues with BART but not the current BART’s Chief of Police per se.”

Ms. Brooke: “Chief Rainey is very approachable and I am happy to set up a meeting for you to meet with him so you can share your concerns.”

Minutes unanimously approved

**4.2 b PROPOSED RESOLUTION:** Be it Resolved that the Mental Health Board supports Crisis Intervention Training for all police officers in addition to Crisis Intervention Team members.

Unanimously approved, after wording change from “along with” in the last sentence to “as well as”.

**MENTAL HEALTH BOARD  
February 8, 2012**

**RESOLUTION (MHB – 2012-3):** Be it Resolved that the Mental Health Board supports Crisis Intervention Training for all police officers in addition to Crisis Intervention Team members.

WHEREAS, San Francisco has the highest number of individuals who are a danger to themselves or others or gravely disabled according to the California Welfare and Institutions Code, Section 5150, of any county in California; and,  
WHEREAS, San Francisco Police Officers spend more of their shifts interacting with people with mental illness than any other county in California; and,  
WHEREAS, San Francisco has a high number of people with mental illness who are homeless, and therefore have a high likelihood of interactions with police officers; and,  
WHEREAS, the San Francisco Police Department trained nearly 1,000 officers between May 2001 and June 2010 and 98% stated that the training helps them with their daily interactions with people with mental illness, preventing situations from escalating or becoming a crisis; and,  
WHEREAS, Officers who received the training said they were better able to identify symptoms and behaviors, resulting in more accurate assessments and timely referrals to services; and,  
WHEREAS, Officers reported that their communication skills have improved as a result of the training. They feel they are able to keep a mentally ill person calm and the situation under control by talking and listening to the person; and, so therefore,

BE IT RESOLVED, that the Mental Health Board recommends to the Police Commission, the Board of Supervisors, and the Mayor, that the San Francisco Police Department provide all officers with the opportunity to participate in the 40 hour crisis intervention training as well as Crisis Intervention Team officers.

**4.2 c PROPOSED RESOLUTION:** Be it resolved that the Mental Health Board individually commends all Police Officers graduating from the December 2011 Crisis Intervention Team Training.

Ms. Argüelles: “Ms. Brooke will read one of the certificates commending the officers. Be it resolved that the Mental Health Board individually commends all police officers graduating from the December 2011 Crisis Intervention Team Training.”

Unanimously approved.

There were 22 certificates handed out tonight.

## **ITEM 5.0 REPORTS**

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

Ms. Brooke: Ms. Brooke made the following announcements

- I have with me a few complimentary tickets for the board to the Blue & Orange at the Lorraine Hansen Theater. The tickets are for Thursday and Friday 2/9/2012 and 2/10/2012 respectively and am happy to pass them out.
- I would like to update the board on the program reviews. Ms. Linda Bentley just completed the Lee Woodward Counseling Center (LWCC) which provides outpatient substance abuse and mental health treatment services to women

Ms. Bentley: “The Lee Woodward Counseling Center is amazing because it is one of the two programs focused on woman’s needs in the County of San Francisco. The program does outreach to pregnant women and women with children and the program has the following requests: space, resources, and food.”

Ms. Brooke: “San Francisco Mental Health Education Funds, Inc. (SFMHEF) is now certified to give out continuing education units. SFMHEF is collaborating with the Youth Justice Institute to do three conferences this year. We have one coming up on February 29 and March 1. The Mental Health Board 2012 Retreat, may be the second Saturday of December 2012 because the room for the 1st Saturday is not available

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

Ms. Argüelles: “Mr. Vinh and I met with Supervisor Elsbernd. Yesterday, Helynna and I attended the February 7, 2012 Health Commission meeting.

I also would like to let the board know that the next Health Commission meeting will be Tuesday February 21, 2012.”

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

Mr. Vinh: “I spoke with Supervisor Elsbernd, and he recommended me to align with various supervisors’ interests or connections with mental health issues. He also explained that the Board of Supervisors has control of only 25 million dollars while the Mayor has a 750 million dollar budget.

I also met with Barbara Garcia.”

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

Ms. Argüelles: “The next Executive Committee meeting is Thursday, February 16, 2012 at 1380 Howard Street, Room 515 (formerly 537). Anyone is welcome to attend.”

Dr.. David Elliott Lewis: “I would like the board to invite Executive Director Gail Gilman from Community Housing Partnership (CHP) to talk about housing issues.”

Ms. Bentley: “I would like to do a survey of the 2011 board retreat.”

**5.5 Public comment**

No public comments.

**ITEM 6.0 PUBLIC COMMENT**

No public comments.

**Adjournment**

Meeting adjourned at 8:32 PM.