



Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

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1380 Howard Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94103  
(415) 255-3474 fax: 255-3760  
mhb@mhbsf.org  
www.mhbsf.org  
www.sfgov.org/mental\_health

### **Adopted Minutes**

Mental Health Board

Wednesday, April 11, 2012

City Hall, Room 278

San Francisco, CA

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

**BOARD MEMBERS ON LEAVE:** Ellis Joseph, MBA, Vice-Chair; Linda Bentley, and Lynn Fuller, JD.

**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); Supervisor Christina Olague, District 5; Melody Daniels, MFT, Girls 2000 of Hunters Point Family; Tonya P. Williams, MPA, Executive Director of Girls After School Academy (GASA); James Bolden; Michael Wise; and Wendy Yu.

### **CALL TO ORDER**

Ms. Argüelles: "This meeting of the San Francisco Mental Health Board is called to order at 6:45 PM.

### **ROLL CALL**

Ms. Brooke called the roll.

### **AGENDA CHANGES**

Ms. Argüelles: "Supervisor Christina Olague from District 5 would like attend the first part of the meeting tonight. The supervisor would like to hear ITEM 3.0 Presentation from Lena Miller so we will go to Item 3.0 first and then return to Item 1.0."

### **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: “Starting on July 9, 2012, Ken Epstein will become the Director of Children, Youth and Families. For many years, he has worked at the Edgewood Center for Children and Families which provides services that are conducive to healing, wellness and recovery. If you see him, please introduce yourself.

We talked about Ms. LaVaughn Kellum King’s position last week. She is the Project Coordinator of Reducing Stigma in the Southeast (RSSE) corridor of San Francisco. RSSE provides advocacy and support for people in Bayview Hunter’s Point, Visitacion Valley and Sunnydale areas.

Behavior Health Court (BHC) is going to be 10 years old.”

Dr. David Elliott Lewis: “I’m from District 5 and would like to introduce Supervisor Christina Olague, who just arrived to the meeting.”

Supervisor Olague: “I notice for tonight’s meeting the agenda is community violence and its impact on youth. This topic has profound mental health and behavioral health effects on everyone in the Southeast Sector community.

Next Friday, April 20 the San Francisco Board of Supervisors (BOS) will have a hearing at the public safety meeting. The BOS would like to hear more about the impact of community violence on youth citywide. The hearing will help the City focus on how to protect youth and families.

I understand behavioral health and substance abuse issues, because I worked in the San Francisco South of Market area where I saw homeless people cycling through Tenderloin single residency occupant (SRO) units.”

Ms. Argüelles: “As I announced at the beginning of the meeting, we will switch to ITEM 3.0 for Lena’s presentation then return to Jo’s report and MHSA Updates.”

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

**Monthly Director’s Report**  
**April 2012**

**1. Employee Budget Challenge**

Dear City and County of San Francisco Employees,

I am happy to announce the launch of the **Employee Budget Challenge!**

**Over the next two weeks, I'm looking for your best ideas to help save money and make our city's government more efficient.**

As you well know, government agencies across the country are wrestling with deficits and the pressure to do more with less. While San Francisco's revenues are improving, we still face significant budget deficits, and Federal and State reductions are increasing the demand for our services. This year, for the first time, we will submit a two-year balanced budget, which will require us to close budget shortfalls of \$170 million in Fiscal Year 12-13 and \$312 million in FY 13-14.

This financial challenge demands our most innovative ideas to bring our City into fiscal balance while continuing to provide the effective, quality services that are vital to our community.

I began my career as a City employee over twenty years ago. I know that City employees are on the front lines of delivering service to the public, and, as a result, have some of the best ideas on how we can improve the way we do our work.

Please join me and your colleagues at <http://ideas.sfgov.org> to:

- **Submit your best ideas**
- **Comment on other people's cost-saving ideas**
- **Vote on your favorite ideas**

Submitted ideas will be considered by a review panel led by my Budget Director, Kate Howard, and Supervisor Carmen Chu, Chair of the Board of Supervisor's Budget and Finance Committee. The top ideas will be considered for implementation and the employees who submit them will be recognized.

Now is the time to share your best suggestions – no idea is too big or too small!

Join me at <http://ideas.sfgov.org> I look forward to hearing your ideas!

Edwin M. Lee  
Mayor

## **2. Ken Epstein named as Director for the Children, Youth and Families' System of Care**

Community Behavioral Health Services is pleased to announce that Ken Epstein will be joining the Community Behavioral Health Services team. As the Director for the Children, Youth and Families' System of Care, Ken will be part of CBHS's executive team. He has a MSW from UC Berkeley and is in the process of obtaining his Ph.D. from Smith College. Ken comes to CBHS with a great deal of experience and a wealth of knowledge. During his 18 year career, he has been an Executive Director, Chief of Programs, Clinical Manager, teacher, and therapist. Most of this experience was gained in children, youth and families programs in San Francisco. Please join DPH in welcoming Ken to CBHS.

## **3. Reducing Stigma in the South East (RSSE- pronounced rise)**

RSSE is an MHSA Innovations program whose goal is to reduce stigma and increase mental health awareness in the South East corridor of San Francisco. This program aims at engaging the faith-based organizations and families in Bayview/Hunter Point, Visitacion Valley/Sunnydale. Services will include peer-based support groups for family members and consumers. Workshops will be ongoing and based on residents specify needs as they relate to mental health.. RSSE will have peers/consumers to present to churches, community-based organizations, and families. Additionally, they will work with faith-based organizations and families to increased mental health awareness and decrease stigma. This program will also provide advocacy and support for families in the south east of SF.

The project coordinator for RSSE is LaVaughn King. She has offices at both 1380 Howard and 1099 Sunnydale. The MHSA program manager for RSSE is Lisa Reyes.

#### **4. SAMHSA's Working Definition of Recovery**

**Recovery from Mental Disorders and Substance Use Disorders:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

**Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;

**Home:** a stable and safe place to live;

**Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

**Community:** relationships and social networks that provide support, friendship, love, and hope.

Let us all work towards CBHS's treatment programs becoming a place where recovery happens.

#### **5. San Francisco's Behavioral Health Court is 10 Years Old**

Since its launch in 2002, 251 defendants have graduated from Behavioral Health Court (BHC) and, at any given time, there are roughly 130 defendants in the program. Over the last 10 years, BHC has been the subject of several studies that have supported the effectiveness of this innovative program. Highlights of these studies include a 26 percent reduction in the probability of a new criminal charge and a 55 percent reduction in the probability of a new violent crime in the 18 months after entering the program. Additionally, participants saved the criminal justice system over \$10,000 during the first year of BHC as compared to the previous year. In the last year, BHC has focused its efforts on training the Judges and legal counsel about BHC by distributing program eligibility guidelines. We have also responded to concern about participants' knowledge and understanding of the program by creating and distributing a client handbook.

#### **6. Richardson Apartments chosen for Real Estate Award**

The San Francisco Business Times honored MHPA housing sponsors Community Housing Partnership & Mercy Housing CA with the affordable housing “Real Estate Deal of Year Award” for Drs. Julian & Raye Richardson Apartments. Recently completed and now housing more than 12 formerly homeless MHPA tenants, the Richardson Apartments was developed as permanent supportive housing for 120 formerly homeless adults. Richardson Apartments also features a full staff of supportive services providers from UCSF Citywide Case Management and appealing retail spaces for San Francisco businesses. San Francisco DPH has worked closely with CHP and Mercy throughout the building's development and lease-up, ensuring that both Direct Access to Housing and MHPA clients would be assisted at all points in obtaining and maintaining these appealing units.

#### **7. Bayview Hunters Point Foundation for Community Improvement, Inc. Strengthening Families Program**

Bayview Hunters Point Foundation’s families have embraced Strengthening Families Program. When the families step through the doors of Bayview Hunters Point Youth Services, they are welcome with open hands and warm hearts. The smell of home cook meals prepared by BVHP staff fills their soul. During dinner a question is posing to open a discussion forum and each person (staff, parents, youth and children) answers. Since Bayview Hunters Point is a small community, our work has been spread around the community.

##### *Parents*

The parents that attend Strengthening Families Program come with different kinds of issues, whether its drugs and alcohol, homeless, jobless or hopeless. Most of the time, parents are struggling to connect with their youth because of the hopelessness they face in their daily life.

##### *Youth*

Many of the youth that we deal with have emotional issues and are not living with their parents/guardian. Some of the students do not have substance abuse issues; however they come in needing support in school and helping them connect with their family,

##### *Children*

SFP provides younger children with activities that relates to the curriculum of the youth and parents.

##### *Families*

Strengthening Families Programs have helped families reconnect. Families are in need of advocates to help direct them with resources and support.

##### *Recruitment*

Families are recruited from Department of Human Services and Youth Guidance Center. Previous SFP families have recruited their friends and other community members to participate in the program.

##### *Needs*

Family advocates are important in supporting and directing families to services. Since many of the families come into SFP to learn skills and start to feel comfortable and safe with the staff, they seek help and guidance from the team leaders. At times it can be difficult for the team leaders because they have limited time to work with the families outside of Strengthening Families Program.

### *Next Step for BVHP-SFP*

Strengthening Families Program team leaders in the next cycles will provide college and career counseling for current and previous SFP families. We are also including speakers to come and address different needs of each of our families. At each meeting we ask families what their needs are and how we can address it. At the last SFP session, we provide families with a resources guide that BVHP SFP staff have created.

Contact: Julia Barboza, BVHP Youth Program, (415) 822-1585

## **8. Upcoming Trainings**

### **I. Advancing Your MI Skills**

April 19-20, 2012

9am – 4pm

Dee Dee Stout, MA

St. Mary's Conference Center

1111 Gough Street

Nationally recognized Motivational Interviewing trainer, Dee-Dee Stout, comes for 2 days of “Advancing Your MI Skills”! This interactive, fast-paced presentation will focus on “learning through experience,” which is the preferred style of teaching and learning MI skills and strategies. Bring your questions and case scenarios.

By the end of the 2-day session, participants will be able to:

1. Define DARN-CATs
2. Demonstrate an ability to use complex reflections
3. Identify the differences between Change Talk & Commitment Language
4. Show when and how to ask for commitment from consumers
5. Know how to continue to learn MI
6. Demonstrate OARS
7. Show how to pull all their skills & strategies together in the 5-Chair exercise

### **II. Moving Recovery from Theory to Practice in Outpatient Clinics**

Save the date!

Wednesday, May 30, 2012

9:00am – 4:00pm

San Francisco Location to be determined

This exciting Wellness and Recovery training will feature Mark Ragins, Medical Director at the MHA Village Integrated Service Agency in Long Beach, California. The Village is an award winning model of recovery based mental health care. This training opportunity is geared towards staff who work at **outpatient clinics**.

CEUs will be available. Lunch will be provided.

Registration information to follow.

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: "After hearing Lena's heartfelt presentation, I just want to make my MHSA Updates very brief. When I worked at the San Francisco jail system, I heard the same things as what I heard in tonight's presentation. As incarcerated youth were leaving the jail system, they were very afraid for their own personal safety.

Back to MHSA Updates, it looks like the state funding for MHSA for Fiscal Year 2012-2013 will increase for California counties, but there is a Republican bill to siphon off funds.

Also, Marlo Simmons will come next month to give more MHSA updates."

Dr. David Elliott Lewis: "I heard recently that the Republican bill is already DOA, dead on arrival!"

## **2.2 Public comment**

No public comments.

## **ITEM 3.0 PRESENTATION: IMPACT OF VIOLENCE ON THE MENTAL HEALTH OF YOUTH IN THE SOUTHEAST SECTOR OF SAN FRANCISCO, LENA MILLER, MSW, MENTAL HEALTH BOARD MEMBER, EXECUTIVE DIRECTOR, HUNTER'S POINT FAMILY AND GIRLS 2000.**

**3.1 Presentation:** Impact of Violence on the Mental Health of Youth in the Southeast Sector of San Francisco, Lena Miller, MSW, Mental Health Board Member, Executive Director, Hunter's Point Family and Girls 2000

**Ms. Argüelles:** “I would like to introduce our very own board member, Lena Miller, appointed by the Board of Supervisors several months ago to a Mental Health Professional Seat. Ms. Miller is an expert in urban youth issues and the impact of violence on the mental health of youth in the Southeast Sector.”

**Ms. Miller:** “I would like to introduce Ms. Melody Daniels who has a master’s degree in marriage family counseling, and she is a member of the staff with the Girls 2000 program.

Started in the 1980’s, there was a young member murdered in the Southeast Sector community, which includes Bayview Hunter’s Point (BVHP) and Visitacion Valley. Such violence in the community was very rare. After that incident, we became very alarmed with the exponential increase of murders of young people in the Bayview Hunter’s Point district. Growing up during tumultuous times, I personally experienced the loss of many young people who were peers. I decided to become a social worker because, as the number of lost young lives increased, there were profound effects on the community. After earning my MSW, I worked for many years in social work before I became Executive Director of Hunters Point Family.

Violence and fear in a community often have a long lasting psychological impact on children, because their minds have not yet matured enough to help them process pain and suffering. Although still too young to understand, and too helpless, these children often have difficulty articulating themselves because they are forced to make fight or flight decisions on a daily basis. There is a strong correlation between chronic exposure to community violence and Post Traumatic Stress Disorder (PTSD) symptomatology.

There is also a lack of law enforcement from the criminal justice system. Rarely have perpetrators been convicted of murders in the past 20 years. Murderers seem to get away with impunity. Not only is there an increase in the level of fear in the community because the community is held hostage when murderers are still roaming freely, but also there is lots of anxiety as victims try to calculate their next response. When children witness community violence, they are victims too!

In their young minds, children perceive as “next time, I won’t let it happen!” For example, African American boys experience constant anxiety, to the point that they are often diagnosed with PTSD. However, the sources of anxieties are being bullied around by other boys, and being challenged by the police, who are supposed to protect them from violence. No one in the community is immune to violence, and everyone, especially young people feel very unsafe!

BVHP and Visitacion Valley children learn to become aware of their community safety at a very young age, and they feel powerless when violence is prevalent in their community. Usually they become acutely aware of their own safety around 12 years old, and they have to start thinking about exit strategies when they are confronted with violence because the stakes of survival are higher for them. It is life or death! These children have had intimate experiences with death, and how everyone is connected in the community.

For example, everyone seems to have access to guns. However, people have limited access to mental health after a horrific incidence. Chronic violence is not very conducive to health because after awhile people just shut down as though they are in a cathartic state.

A map of San Francisco City programs and services created by the Department of Public Health in 2008, shows that there is a big contrast in mental health support. Within the Pacific Heights area, which is predominately white, there are many services. However, within the BVHP area, which is predominantly black, there are less than a handful of services available. This discrepancy shows the lack of social services and funding support for the BVHP community.

Resilience is perhaps the most important factor in healing and recovery. Hunters Point Family is an example of how community is self advocating for the underserved people. Community elders are reaching out to children to nurture their development and help children overcoming obstacles. They are shielding and limiting children from further violence repercussion. These kinds of community supports help children process their pains and help them survive!

The reality is children don't have the capacity to process violence like adults do. Children tend to internalize violence as their fault and don't know how to access the community for help. It is not a hopeless situation. The Community Response Network does some conflict resolution. Conflicts are often resolved through community mediators who intervene quietly and keep conflicts off the record. We have to handle matters with respect and sensitivity so that we don't get caught in the crossfire!

Now, I would like to hand the next part of the presentation to Melody Daniels."

**Ms. Daniels:** "Regarding Lena's talk about the Community Response Network, we need sometimes to use a kid glove approach because we may know the perpetrator.

My name is Melody Daniels. I earned my Marriage and Family Therapy degree from Golden Gate University in San Francisco. I live in BVHP and my oldest just turned 21 years old and is currently attending college. This is an achievement because it is rare for young men to make it this far in life. Often kids are overwhelmed by negative peer pressure.

I often provide therapy to families because when a family member has trauma the client's whole family, and even extended family members, need support as well. For example, a high school boy was robbed at gun point for his iPod when he was in high school. He felt less manly for turning over an iPod rather than fighting back and putting his own life at risk. He was also a basketball star. However, other kids got jealous and wanted to pull him down. So he became a target for their paintball shooting games. Instead of telling his parents what was going on, he confided to his older cousin about being robbed at gun point and being harassed in high school.

About a month after graduating from high school in early June, around July, he had an episode, a nervous breakdown! We were able to get him hospitalized, but he was not immediately recovered. Three years later he seemed to get better.

This aforementioned example illustrates what Lena said about PTSD symptomology. Mental health services are very important to the BVHP community.

Another example closer to me is about a young man who is a good friend of my daughter who has participated in the Girls 2000 program, which is part of Hunters Point Family, was shot. Even though this young man was getting emergency care for a non-fatal shot, he never received mental health services. Children become victims and start to take matters into their own hands because they feel the City ignores BVHP's violence. Since the shooting incident, he carries a gun. Since the only

services Medicaid would pay for are in the Western Addition neighborhood, this boy was not qualified for help because he lived in a different neighborhood. He is currently in jail.

When I got my MFT, I wanted to give back to my community. When young people witness violence, for example the loss of a girl or boy friend in a shooting, they need a caring adult to validate that loss and help them process feelings of grief. Without proper mental health services, consequently, they may self medicate as a way to deal with anger, hurt and pain. That is why it is important to have mental health services.

A young lady came to us today and wanted to talk. However, my time is limited to help her because I have so many other people seeking similar demands.

The community has seen so many funerals that they are now being glorified! Kids are getting stuck in an angry stage of grief because no services are available to help them process their grief. So their only means is self-medicating. Alcohol and marijuana are prevalent and used to sooth away their suffering. More services definitely could help.

Kids are in survivor mode. Not a lot of healing is happening in the community. Not only are kids suffering, so are parents and grandparents!”

**Ms. Miller:** “I’d like to add that the best trauma center in the nation is San Francisco General Hospital, yet the death toll doesn’t accurately reflect the number of youth who have experienced violence, because SFGH doctors are able to save lives by putting people back together again!”

**Ms. Daniels:** “People are coming forward in BVHP but they are told by the justice system that there is not enough evidence for a murder conviction. In Sacramento, they are prosecuting and convicting killers at a higher rate. In San Francisco murderers are roaming freely in our community and are causing fear to people in the community.”

**Mr. King III:** “Sacramento police are harassing too much. When confronted with violence, there is a fight or plight response!”

**Dr. David Elliott Lewis:** “Are there any services in BVHP to respond to such violence?”

**Ms. Miller:** “The Community Response Network is immediate for the public housing area. The agency is focusing on mental health and keeping up with daily services. What I am saying is that there is a prevalence of violence in the BVHP community. I am not talking about law enforcement. I am just talking about mental health services.”

**Mr. King III:** “There is a turf war between communities, specifically the gang wars between BVHP and Visitacion Valley. These places are parts of the Southeast Sector. I think community elders need hands-on. I believe there is a strong need for community elders to maintain open dialogues between 94134 and 94124 communities.”

**Dr. Patterson:** “What have you heard about the community’s perception of lack of law enforcement? Is it the District Attorney, the Police and/or the Courts?”

**Ms. Miller:** “I have heard from some community members that there is a perception that SFPD’s response urgency is predicated on the skin color of victims!”

**Ms. Chien:** “I used to work at Juvenile hall, and I am a lawyer working with the Public Defender’s Office. What mental health services do you need?”

**Ms. Miller:** “I think we need as many different forms of therapy as possible from yoga, to talk therapy to aroma therapy.

**Mr. Vinh:** “What do you do for parents and grandparents of victims and perpetrators?”

**Ms. Daniels:** “We do work with the parents and grandparents who themselves often have their own mental health and substance abuse problems. We work with these parents as long as they need us, including requesting assistance from Child Protective Services (CPS). Our extended family involvement model enables us to do more.”

**Supervisor Olague:** “The Western Addition is hurting because of recent deaths, and there is an urgent need to have mental health services for youth and families.”

**Ms. Daniels:** “There is a myth of negligent parents to explain increasing community violence. But the reality is that many young people who were victims of violence had lovingly involved parents.”

**Ms. Miller:** “I just want to clarify that we serve specifically high-risk and at-risk families living in public housing units.”

**Ms. Virginia Lewis:** “How are your programs supported?”

**Ms. Miller:** “When DCYF was flooded with cash we got some funding. Now we don’t have such funding to hire therapists. I don’t know where you can get mental health therapy in BVHP.

**Ms. James:** “I am a consumer myself. Is there any help from public or private schools to provide peer counseling for K-12 graders?”

**Ms. Miller:** “Other than Phillip and Sala Burton High School, which is a middle and high school in Visitacion, I don’t believe there is another one.”

**Ms. Robinson:** “I have some contacts for San Francisco Hope.”

**Dr. David Elliott Lewis:** “I believe supervisors can be strong advocates for the Southeast Sector community and can provide sustainable funding to support programs and services there.”

**Ms. Miller:** “We have Dr. Nadine Burke from the medical community and we have tried the Healing Circle. No one seems to know what to do.

I believe having a summit in the Southeast Sector would invite young people, families and professionals to come up with evidence-based practices and strategies to get more funding. I believe there are about seven different things that might work.”

**Mr. Wishom:** “It seems like mental health is the central issue, and racism itself is a mental health issue too.”

**Ms. Miller:** “This’s so big. Clinicians in the community are wondering how much crime is motivated by racism too.”

**Dr. David Elliott Lewis:** “People just compartmentalize and become incapacitated.”

**Ms. Brooke:** “I think if the problem were somewhere else, there would have been a sudden response and urgency like the Columbine massacre in April 1999 in the suburban town of Littleton, Colorado. One of the major unacknowledged issues is the population make up of a community. BVHP is being ignored but children from Pacific Heights receive the most resources.

**Ms. Landy:** “As a teacher, peer-counseling is doing great things with kids for mental health support.”

### **3.2. Public comment**

Public member: She said sometimes people hesitate to go to services. She believes they need outreach and continuity. What she finds is the myth of negligent parents. She personally has seen many of these parents who are very involved and love their children. Despite all of that, these loving parents cannot protect their children against community violence.

Mr. James Bolden: He expressed that systemic racism is part of the real problem not just mental health issues. He believes that many black communities throughout the United States don't have enough services and jobs.

He said black communities produce law abiding citizens who came from good homes but who later become drug dealers due to lack of opportunities. This is a national problem!

He said that the flip side of repression is depression for the whole community and wondered if arts can be brought back to enable black Americans to express their feelings.

Ms. Tonya Williams: She has an MPA degree and is the Executive Director of the Girls After School Academy program for the Southeast Sector. 94124 and 94134 are in the same community but they are separate. She said people are projecting their anger outward rather than inward, this is PTSD for clinicians, parents, and children. She remarked that a therapist does not do it! She believed more therapists are needed. She said we need to try multiple programs in wellness and recovery because one program is not enough.

Ms. King: “I am glad to see this is being talked about. We need to advocate for more services for 94124 and 94134. I work in BVHP or Visitacion Valley communities. I believe we need to inform clergies in these communities so they can advocate for care for their own congregation.”

Ms. Miller: “I have met with Supervisor Malia Cohen and the recently appointed City Administrator Naomi Kelly about these issues.”

## **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 March 14, 2012 be approved as submitted.

Minutes unanimously approved.

## **ITEM 5.0 REPORTS**

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

Ms. Brooke made the following announcements

- Program Reviews are moving along. We have done five so far. I want to say thank you to Dr. Patterson for translating the Program Reviews Client letter into Spanish. The Director of Mission Family Center said his translation is excellent.
- LifeCycle Progress: My training for the AIDS LifeCycle is going well. Last weekend I did an 80 mile bicycle ride.

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

Ms. Argüelles: “I did a program review on the Behavior Access Community (BHAC) Program. I was very impressed with the program and clients seemed satisfied with their treatment.

I am pleased to announce that Lena Miller will be attending the meeting in Los Angeles April 21<sup>st</sup> representing the board at the California Association of Local Mental Health Boards.

I also want to thank and appreciate Terence Patterson for translating our notices to clients about program reviews into Spanish. Dr. Patterson did a review of the Mission Family Center with Wendy James in February, but I want to highlight that he also translated the forms. The program’s director said it was an excellent job.

I want to publicly thank Linda Bentley, even though she is not here tonight, for bringing a wonderful array of food to the Executive Committee meeting last month. It was truly appreciated by all.

The Executive Committee will be starting to work on the Annual Report this month and would very much like the help of other board members. Please let me know if you would like to help.

I would like to invite Mr. King III to our next Executive Meeting.

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

Ms. Landy: “I did the Edgewood program review. I was very impressed with their work with children. The campus is very beautiful. I interviewed the program director who has been there for many years. I met one client who has had four children successfully exit the program. One of her children is attending CCSF. I recommend transitional support for children coming home for unsupervised home visit. I, also, met with Supervisor Eric Mar and his legal aid. He expressed some interest in an ad-hoc committee on Laura’s Law. He also expressed interest in mental health for elders.”

Mr. Vinh: “When I met with Supervisor Sean Elsbernd from District 7, the supervisor mentioned that he would put together a list of mental health supporters.”

Mr. King III: “I met with Supervisor Malia Cohen from District 10 recently. She was very glad to hear that the board is advocating more services and support for 94124 and 94134.”

Dr. David Elliott Lewis: “MHA-SF met today. 6.4 billion dollars will be distributed to mental health cities in California rather than being distributed to the State. Cities now have direct influence on how MHSA money will be spent and supervisors can be involved in the budget.”

Mr. Wishom: “I attended a press conference about medicinal cannabis in front of City Hall.”

Ms. Virginia Lewis: “Kara and I visited Lyon Martin Clinic for a program review. Medical services are being provided predominantly to female transgenders. Their service model includes two years of individual therapy, which is very rare these days.”

Ms. Chien: “We were very impressed with their integrated care between primary services and supportive behavior health and mental health wellness and recovery. The medical services that are provided to female transgenders is very specialized, and Lyon Martin one of the few places providing services to female transgenders in the City.”

#### **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, April 19, 2012 at 1380 Howard Street, Room 515 (formerly 537). Anyone is welcome to attend.”

Dr. David Elliott Lewis: “I’d like to invite Eduardo Vega to come and talk about MHSA.”

Ms. Virginia Lewis: “I would like to explore barriers to service provision in the Southeast sector.”

#### **5.5 Public comment**

Ms. King: “Every Thursday I facilitate the Healing Circle, and one of our clients is 89 years old.”

Ms. Tonya Williams: She wanted the board to know that the Public safety meeting is Thursday April 19, 2012 that will focus on community violence.

#### **ITEM 6.0 PUBLIC COMMENT**

No public comments.

#### **Adjournment**

Meeting adjourned at 8:50 PM.