



Edwin Lee
Mayor

SAN FRANCISCO MENTAL HEALTH BOARD

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Adopted Notes

Mental Health Board

Wednesday, Jul 11, 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; Sgt. Kelly Dunn; Lynn Fuller, JD; Wendy James; Noah King III; Alyssa Landy, MA; Virginia S. Lewis, LCSW; MA; Lena Miller, MSW; Terence Patterson, EdD, ABPP; and Alphonse Vinh, MS.

BOARD MEMBERS ON LEAVE: Kara Chien, JD.

BOARD MEMBERS ABSENT: Errol Wishom.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); James Stillwell, Deputy Director of Community Behavioral Health Services (CBHS); Bevan Dufty, Director of the Mayor's Office of HOPE; Elizabeth Lisa Ochs, RN; Holly Trief; Charles Pitts and two members of the public.

CALL TO ORDER

Ms. Argüelles called the meeting of the Mental Health Board to order at 6:32 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes on the agenda.

ITEM 1.0 DIRECTOR'S REPORT

Ms. Argüelles introduced Jim Stillwell, Deputy Director of CBHS to give the Director's Report in lieu of Jo Robinson.

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.

Mr. Stillwell stated that Jo would like the board to know that Ken Epstein is the new director of Children Youth and Family (CYF) Services.

He shared the July 9, 2012 CalMHSA (the California Mental Health Services Authority) memo, which is attached to this months director's report. This memo describes the use of social media to connect at-risk youth between the ages of 14-24 years old to join in our anti-stigma and discrimination reducing movement.

There are no proposed cuts in the City's budget, and a 2% increase across the board for mental health services is expected. This is the best news in five years.

Regarding the State's budget, we attended the June 2012 realignment meeting in Sacramento. We heard a high probability of cash infusion for the MHSA. The amounts being considered are a couple of million dollars increase."

Dr. David E. Lewis asked what categories are in the Department of Public Health's operating funds.

Mr. Stillwell stated that there are about 17 classifications.

Please see the attached July 2012 Director's report.

Monthly Director's Report
July 2012

1. Welcome to our new Director of Children, Youth and Families System of Care

On July 9, 2012, Community Behavioral Health Services welcomes Ken Epstein as the new Director of Children, Youth and Families System of Care. With all his many years of experience working with children, youth and families, we are very pleased and privileged to have him join our department.

2. "My" Avatar

Community Behavioral Health Services (CBHS) is gearing up for the implementation of "My Avatar," a new look and feel for Avatar (Electronic Health Record). CBHS staff have been using Avatar since July 1, 2010 to document client treatments. "My Avatar" will change the way clinicians' interact with the client record, it will make it more intuitive and user friendly to get the clinical information at the right time in the workflow. CBHS IT is looking forward to training the over 2,400 Avatar users starting at the end of August in preparation for implementation in the fall of 2012.

3. Haight Ashbury Free Clinics – Walden House Changes Name

On July 1, 2012, Haight Ashbury Free Clinics – Walden House became known as HealthRIGHT 360. Dr. Vitka Eisen, Chief Executive Officer, stated that last year's merger presented them with the opportunity to rebrand and market with an identifiable name that would allow them to grow with

enhanced services; be more reflective of the services provided; and not be geographically-bound to one local.

4. MHSAs- 2nd Annual MHSAs Awards Ceremony

MHSA is please to announce that it has begun the planning process for the 2nd Annual MHSAs Awards Ceremony, in which consumers are recognized for their achievements in wellness and recovery. If you or someone from your agency (staff/peer/consumer) would like to help in planning for this wonderful event, please attend the next planning meeting which is set for Thursday July 12th from 1-2:30 at the Mental Health Association, 870 Market Street, Suite 928. For more information, please contact Lisa Reyes at 255-3613 or Lisa.Reyes@sfdph.org.

5. CalMHSA's Stigma and Discrimination Reduction Social Media Plan

Attached is CalMHSA's Stigma and Discrimination Social Media Plan and information regarding the July 9 launch of the social marketing campaign. (See Attachment 1)

6. Recovery Survey

I would like to take a moment to thank you all for supporting the Recovery Survey sent out the end of May. This is part of a broad effort to assess and improve the quality of services we deliver to our clients, by ensuring that we espouse MHSAs Principles and the Recovery Model in all areas of our work. We had 982 respondents! This is fantastic. Thank you.

Three people won the raffle for the \$50 gift cards, and they were:

1. Ariana Mofran, Peer counselor
 - Agency: Thunder Road
 - Program: Teens in treatment
2. Lisa Amico, Supervisor
 - Agency: HAFC-Walden House
 - Program: Mental Health Department
3. Augusto Guerra, Clerical Staff/Administration
 - Agency: DPH/CBHS
 - Program: Mission Family Center

In approximately 6 months, we will administer a follow up survey. Please be sure to support the effort again at that time.

If you have any questions or concerns, please contact Madeline Ofina (Madeline.Ofina@sfdph.org) or Diane Prentiss (Diane.Prentiss@sfdph.org, 255-3696) in the Office of Quality Management.

7. Applying for a Grant? Need a Letter of Support?

The Department of Public Health Process:

- Draft the letter you would like the Director of Health to endorse.
- Send an email version of your draft letter to jana.rickerson@sfdph.org, Department of Public Health, Grants Administrator.
- Your letter will be reviewed and approved.
- You will be contacted by the Office of the Director of Health once your letter has been officially signed.

**Please remember all Letters of Support from the Department of Public Health must be signed by the Director of Health.*

For more questions, please contact Jana Rickerson, Grants Administrator, at 415-255-3940 or Richelle-Lynn Mojica, Grants Manager, at 415-255-3555

8. RAMS and SFSU are Now Accepting Applications to Fall 2012 Specialist Mental Health Certificate

RAMS, in collaboration with SFSU, is very pleased & excited to announce that the Peer Specialist Mental Health Certificate Program is currently accepting applications for the Fall 2012 Class!

Richmond Area Multi-Services, Inc. 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 counseling/specialist roles in the community behavioral healthcare system or to further their career in the field.

We are seeking individuals who are:

- at least 18 years old
- residents of San Francisco
- have completed at least high school level education or GED
- current or past consumers of behavioral health services and/or family members
- and are interested in entering or furthering their career in the community behavioral health system as peer specialists/counselors

We will be accepting applications until Friday, August 10th, 2012 at 5:00pm. We are holding an Open House on July 17th.

Brochures, flyer, and applications are also available for download at www.ramsinc.org (click on the link for the Peer Specialist Mental Health Certificate on the left-side of the webpage).

Please feel free to contact Christine Tam, Program Coordinator, with any questions at christinehtam@ramsinc.org or by phone (415) 668-5955 x386. We look forward to the Fall 2012 class in September and continue training the next generation of Peer Specialists/Counselors.

9. I Got Better - a reminder of wellness and recovery from our peer specialist colleagues

Keeping the spirit of wellness and recovery in mind, someone came up with a new response to people who just don't seem to get it. After listening to people telling you why it is that you are not in Wellness and Recovery, you listen quietly and when they are done you just simply respond "I got better."

We are all looking forward to hearing those words uttered from our clients. Rejoice, it will happen.

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

There were no additional Mental Health Services Act updates that were not included in the July Director's Report.

2.2 Public comment

No public comment.

ITEM 3.0 PRESENTATION: BEVAN DUFTY, DIRECTOR OF MAYOR'S OFFICE OF HOPE (HOUSING OPPORTUNITIES, PARTNERSHIPS AND ENGAGEMENT).

Ms. Argüelles introduced Bevan Dufty, Director of the Mayor's Office of HOPE, which stands for Housing Opportunities, Partnerships and Engagement. Mr. Dufty was formerly the Supervisor for District 8 in San Francisco, and during his first term he filled the supervisor seat on the Mental Health Board and attended meetings regularly during his year on the board.

She stated that we would use a little different format tonight, which was suggested by Nancy Cross, a member of the public who has attended recent meetings. Rather than a formal presentation, we will have a conversation with Mr. Dufty, asking questions and then board members may also ask questions.

3.1 Presentation: Bevan Dufty, Director of Mayor's Office of Hope (Housing Opportunities, Partnerships and Engagement)

Question 1: Please share a brief overview of your positions with the City of San Francisco up to your current position.

Mr. Dufty thanked Ms. Argüelles for the warm introduction, stating that it was great to be here tonight.

He stated that he would talk briefly about himself, do a Q & A then share some ideas about how board members can engage with the San Francisco Board of Supervisors.

He started as a supervisory aide for the former Supervisor Susan Leal who served during Mayor Willie Brown's administration, and then coordinated the Mayor's Office of Neighborhood Services. In 2002, he was elected as supervisor for the San Francisco 8th district, and was reelected in 2006. While serving as a supervisor he was in the Mental Health Board's supervisor seat. He was behind the initiative of hiring of social workers to engage in outreach services with homeless people who often congregate at the San Francisco's main library.

After completing his supervisory term in 2011, he was appointed to be the Director of the Mayor's Office of HOPE by Mayor Ed Lee. He has the deepest respect for Mayor Ed Lee and wants to serve San Francisco with great honor. Although he doesn't always keep up with the rapidly evolving electronic technologies, he has learned to use Twitter to update people about homeless policies and public housing issues in the City.

Question 2: Do we understand correctly that the Mayor's Office of HOPE (Housing Opportunities, Partnerships and Engagement) was formerly the Mayor's Office of Homelessness?

Mr. Dufty confirmed that understanding and stated that he is all about systemic changes. Six families were offered units at the Sunnydale Public Housing development but they preferred to live in shelters. We need to look at these issues.

Question 3: What's the scope of services for your office?

Mr. Dufty stated that his role is to stir the "pot." Supervisor Jane Kim passed a resolution urging the Director of HOPE to develop a series of recommendations on shelter service access for homeless clients.

Under the first-come-first-serve in-line system, for example, homeless people must queue up in the long line for once-a-day meal at Glide then they must hurry up to get in line on time for one of the limited shelter du jour beds that are available on a first-come-first serve basis that night. Many homeless people face barriers to shelters because shelter sign up moves very quickly, so they often spend the night on the street where they become easy prey and are exposed to the elements. We are doing this to homeless families with young children!

The current system presumes that homeless people are very organized. However, many homeless people have multiple diagnoses not to mention children too. This system is an onerous one, frankly, it's an ADA lawsuit in the making!

He is suggesting utilizing the 311 system for shelter access. Homeless people can use texting technology to check-in for shelter availability. Also, chronically homeless people should be able to sign up for 30 day or 90 day housing. Having dependable shelter, homeless people can focus on finding jobs and recovery. When people experience a homeless episode, they have been traumatized, same as with Sunnydale Public Housing.

Question 4: How do you see your office influencing opportunities for people who are homeless?

Mr. Dufty said he is angered by the mean-spiritedness of the blame-the-victim attitude toward homeless people with schizophrenia. Why is all there such hostility toward them! Usually it takes about a year for a homeless person with schizophrenia to qualify for supplemental social security income and MediCal in California. San Francisco is one of the two cities in the nation was chosen to participate in a presumption pilot program by the Social Security Administration. This pilot program may come into fruition for the rest of the nation. Under the presumption qualification program, a homeless person with schizophrenia may receive SSI and MediCal by the fifth business day.

Another pilot program is WOOF (Wonderful Opportunities for Occupants and FIDOS). There's lots of compassion for animals in San Francisco. About 500 dogs have come into the shelter system. Since people living in SRO's resort to panhandling for supplemental income on their barely subsistence allowance to live, eat and thrive, the WOOF program is job creation for dog walkers, groomers and veterinarian technicians, and at the same time it cuts down on euthanasia. People living in Community Housing Partnership units can participate in the San Francisco Animal Care and Control's rigorous training program to learn about dog training and handling."

Dr. David E. Lewis asked what happens if they fall in love with each other?

Mr. Dufty said that the first dog can be adopted, since CHP allows small pets. But the second dog adoption may not be possible. The Board of Supervisor passed legislation requiring dog walkers to get trained, which cost about \$600. WOOF encourages self esteem because learning to care for another living being can make a positive impact on the life of a dog and its future adoptive families!"

Question 5: How does your office connect with mental health services for people who are homeless?

Mr. Dufty said that one of the issues is the intersection of homelessness and mental illness and that mental illness is another disability.

Public housing should be available and be accommodating to seniors with a disability and homeless people with mental illness. Only neighbors seem to report when they see disabled seniors or a homeless person with mental illness being victimized. Shelter access has not met the needs of people with severe mental illness and/or mental health conditions. He thinks there ought to be a step-up shelter offering hybridized services like nursing home care and housing to accommodate people with special needs. He wants to see them living with peace and in a peaceful environment.

There are homeless people ranging in age from 20's to 40's coming into shelters with some form of disability. These people are the catalysts for change. The housing authority seems more interested in evicting them, not to mention the expensive eviction process itself!

State compensation for victims of violent crimes needs to be more available for victims in the southeast sector area. He would like to see the Mental Health Board be more involved. Just being seen going to the district attorney's office can be seen as a threat to perpetrators, and it means life-and-death retaliation for the victims!

But if the board collaborates and ensures safety for victims who are willing to come forward, then the victims can get compensations for violent crimes."

Question 6: How do people connect to your office and its services?

Mr. Dufty shared that he doesn't see himself as a direct service provider per se. He distributed a sheet listing his staff: Dee Schexnayder, Manager, Public Housing Excellence; Amanda Kahn Fried, Deputy Director for Policy; Nima Eslamieh, Program Assistant; respectively.

There needs to be a moral voice out there. He thinks people need to be challenged in this City. He went to the Interfaith Council and challenged them. He sees a disproportionate homelessness in the African American community.

He thinks we need to have a "Homes for Heroes" program for veterans. There are veterans with vouchers for one bedroom places, yet there are only six landlords who called in to say they have places ready to be inspected and be rented to homeless veterans! Many landlords discriminate against veterans and prefer young renters with high FICO scores and who work for places like Google!

People spend years waiting for a section 8 voucher. But once they are housed, we don't provide any education to them on how they can maintain housing. We could have Lowes or Home Depot come in and train these people on how to maintain their housing because many homeless people who have not lived in market-rate housing don't know what it takes to maintain housing, let alone understand the lease agreement.

Question 7: What is your longterm goal or vision for your office? There have been articles about things such as your plan to give people who are homeless a stipend for taking care of an animal from the animal shelter. How do you see this as changing whether they continue to panhandle? What oversight will be happening so that animals are fed and cared for and aren't abused or in unsafe situations where they might run into the street?

Mr. Dufty stated that often homeless people treat their pets much better than themselves. For example, at St. Anthony kitchen, there has been a client who always piles his food plate really high but has eaten nothing on the plate because he has been sharing the food with his dog!

People for the Ethical Treatment of Animals have claimed that my proposed WOOF plan is a form of animal cruelty and have proposed a \$10,000 pledge to the City if there is a ban on allowing homeless people to have pets. By the way, Pet Food Express has been donating all pet food to animal shelters and homeless shelters. He stated that if he were a dog seeing a needle coming toward me to be put down, he would rather be with an addict than be euthanized forever!

Question 8: Another idea is a wet house where people can continue to drink. How do you envision this?

Mr. Dufty asked how many people have heard of Seattle's 1811 Eastlake residence. Basically, he is all for wet housing. Mayor Ed Lee likes the program and does not understand why the program is so controversial for San Francisco.

Seattle's 1811 Eastlake has 30 units of dorm style living with 45 efficiency apartments. Research shows that people with alcoholism in fact drink less when alcohol is permitted in a wet housing program.

In San Francisco, our current alcoholic homeless population, our top 225 people usually cost San Francisco about \$60,000 per person in services from emergency room care, to public safety, to sobering centers, to court expenses.

In Seattle, Washington, the 95 participants in their wet housing program saw a tremendous daily cut in alcohol consumption by 40%.

We are going through the neighborhood approval process right now. He is hoping within the next year that we will have a wet house.

Ms. Virginia S. Lewis inquired about chronically mentally ill people with multiple diagnoses living in wet housing when they need to be compliant with their psychotropic medications.

Mr. Dufty stated that he knows staffing is intense both financially and in terms of human resources. There are about 1,500 medically supported units out of 5,000 units available for homeless clients. He needs to understand more about the medical needs by talking to people in direct access to housing. He is happy to come back and report what he has learned from them.

Question 9: In a city where rent has increased 30% over the past two years making a one bedroom cost more than a person takes home a month earning minimum wage, how do you envision expanding housing opportunities for people who are homeless?

Mr. Dufty stated that they have applied for a housing grant and he heard that the grant is moving up the list. He thinks we need to have the Housing Trust Fund on the ballot. He thinks that in process is an increase in property taxes above \$1 million dollars to pay for supportive housing.

He has seen lots of people who are homeless and who have come from public housing because they were evicted, or just received a letter and left because they felt intimidated.

There is \$3 million being sponsored by Supervisor Jane Kim with \$1 million for shelters, \$1 million for resource centers and \$1 million for rapid housing programs.

He thinks we need to have homeless centers support people seeking employment so they can work debts off, which eat up a large portion of their incomes.”

Ms. Fuller asked Mr. Dufty to share his thoughts on how we can elevate the board status and be more effective?

Mr. Dufty said that working closely with city supervisors and their platforms can align and promote the board interests. The board can strategically, for example, work with Supervisor Campos who is chairman of the school committee, and present the supervisor with examples of children whose educational progress is impeded by unnecessary psychotropic medications.

Let's take the Commission on the Status on Women where every year they approach a supervisor to honor women in the San Francisco community for their individual contributions. The Mental Health Board can work with the Board of Supervisors to recognize individuals who made significant differences in mental health or substance abuse or a success story.

Another way to be effective is for the board to update the supervisors on various board activities, health workshops, or needs of underserved communities.

He thinks the board has a moral obligation and should be a “bully” pulpit and get out and actively challenge various City leaders to positively respond to needs for seniors and the disabled. These people just want better access to services and support and not be frustrated by inefficient bureaucracies that various agencies seem to create, and access barriers for disabled seniors, and people with mental illness and/or substance abuse!

Rather than allowing the housing authority to evict people, I think the board can support me in establishing a public-housing-problem-solving community court with a therapeutic component. This court can adjudicate disputes, can address disabled seniors with severe medical needs and can advocate better care for homeless people with severe mental illness or behavioral health conditions. For example, people in public housing are afraid to come forward and complain directly to the housing authority for fear of reprisals.

He would like to see the board get elevated and get involved with the State Compensation for Victims of Violent Crimes to get more resources for victims in the southeast sector area. Going to the DA’s office is often construed that the victims of community violent crimes are collaborating and the victims’ family members are likely to be in jeopardy.

He thinks the board can push for step-up shelters and to advocate for seniors and disabled clients in public housing. For example clients can be advocated to have hoarding and cluttering services and mental health treatment so the housing authority would not resort to eviction.

It would be a good collaboration with the board to require media companies wanting to establish their businesses in San Francisco to allocate employment opportunities to homeless and disabled people and groom them for leadership or high-paying positions. There is such a huge disparity between the haves and have nots!

He thinks we can draw attention to the board with editorial letters on mental health and substance abuse issues to newspapers.

Ms. James asked why is there not an easier route for housing support like a one-stop service when people go to the welfare office?

Mr. Dufty stated that it is seen that people who are poor have difficulty accessing services in the City. There are about 10,000 people on the section 8 housing list that has not been open since 2001. The list has not been updated nor has it been centralized to help connect people on the list to housing.

Some communities have organized themselves to present their candidates with complete housing applications. He thinks the African American community needs more organization. The board could work effectively with various agencies to help clients with mental illness in the housing applications and present their clients to the housing agency.

The board can do audits of non-profits organizations and use a supervisor to get audits to help build capacity.

Dr. Patterson thanked Mr. Dufty for his hard work.

Dr. David E. Lewis asked who he should talk to in city government to advocate for creating a housing master list.

Mr. Dufty said he thought a unified master list could be requested from the City Controller's office.

Ms. Virginia S. Lewis stated that it seems that chronic mental illness can result for people going from housed to homelessness.

Mr. Dufty suggested looking into creating an eviction defense program and staff the program with graduate students in social work.

3.2. Public comment

Elizabeth Lisa Ochs: Ms. Ochs is an RN who has been working with PTSD children. She commented that there is not enough mental health professional in the City. She suggested that the board should go under cover as a homeless person going through the process of seeking housing services then the board should publish their experiences in the San Francisco Chronicle newspaper including other social media.

Mr. Dufty shared that Kevin Fagan is at the San Francisco Chronicle and can be contacted to write up mental health issues. It's an effective way to generate more press attention.

ITEM 4.0 ACTION ITEMS

For discussion and action

Ms. Argüelles stated that we did not have quorum at the June board meeting so there are several action items on the agenda from last month.

4.1. Public comment

No public comment.

4.2. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of May 9, 2012 be approved as submitted.

Unanimously approved.

4.3. PROPOSED RESOLUTION: Be it resolved that the minutes for the Mental Health Board meeting of June 13, 2012 be approved as submitted.

Unanimously approved.

4.4. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges the Department of Public Health to Maintain Sufficient Services to Prevent Vulnerable San Franciscans from Suffering the Loss of Critical Services.

RESOLUTION (MHB- 2012-05): THAT THE MENTAL HEALTH BOARD URGES THE DEPARTMENT OF PUBLIC HEALTH TO MAINTAIN SUFFICIENT SERVICES TO PREVENT VULNERABLE SAN FRANCISCANS FROM SUFFERING THE LOSS OF CRITICAL SERVICES.

WHEREAS, San Francisco is facing an uncertain projected deficit for FY 2012-2013; and,

WHEREAS, Community Behavioral Health Services has spent years building a strategic, cost-effective system of care with a focus on community-based treatment; and,

WHEREAS, a clear strategy and principles are necessary to address the City's short-term fiscal crisis; and,

WHEREAS, a comprehensive and inclusive planning process is essential to ensure the long-term capacity, sustainability and effectiveness of safety-net services to care for vulnerable San Franciscans; and,

WHEREAS, the Mental Health Board believes that the City has a moral or ethical duty to care for those people who are ill, suffering, in trouble, and in need; and,

WHEREAS, budget cuts to Community Behavioral Health Services will likely expose the City to increased costs through a rise in crime, homelessness, and utilization of emergency medical services while failing to provide humane treatment and the hope of recovery to residents with mental illness; and,

WHEREAS, the successful Community Behavioral Health programs have shown that with adequate and proper treatment, people can recover, and break the destructive cycle linked to mental illness and substance abuse; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the Department of Public Health to maintain sufficient services to prevent vulnerable San Franciscans from suffering the loss of critical services; and,

BE IT FURTHER RESOLVED that the City actively seek new revenue sources in the form of fees or other sources of revenue.

Unanimously approved with grammatical change.

4.4. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will not meet in the month of August 2012.

Unanimously approved

ITEM 5.0 REPORTS

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

Ms. Brooke made the following announcements

- Friday July 13, 2012 is the Consumer Conference. The keynote speaker is Sal Nunez who was honored by the board a few months ago.

She asked the board to consider co-organizing with Constant Contact company to host a series of workshops about social media for non-profits in CBHS. Ms. Miller stated that she would like to learn more about the realignment and would like to know the role of the MHB in prioritizing programs and services and how the board can direct resources.

Ms. Virginia S. Lewis said she would like to learn more about the role of the MHB in implementing or influencing mental health services.

Mr. Joseph said he would like to know about the role of the MHB in decision-making of fund allocation for services and programs in SF.

Ms. Fuller brought the California Welfare and Institutions Code Section 5604 to share with the board regarding the roles of the MHB.

Ms. Fuller passed around the California Welfare Institution Code (WIC) 5604.2

(a)The local mental health board shall do all of the following:

(1)Review and evaluate the community's mental health needs, services, facilities, and special problems.

(2)Review any county agreements entered into pursuant to Section 5650.

(3)Advise the governing body and the local mental health director as to any aspect of the local mental health program.

(4)Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

(5)Submit an annual report to the governing body on the needs and performance of the county's mental health system.

(6)Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7)Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

(8)Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b)It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

Mr. Patterson stated that he supported reviewing the board's roles but noted that it is primarily an advisory and review role.

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

Ms. Argüelles expressed her profound gratitude for the hours of hard work and creativity by Ellis Joseph for his graphic layout and design for the Annual Report, and the hours and hours of editing and-writing that Lynn Fuller did. She also wanted to thank Wendy James and Loy Proffitt for their proofreading, and David Lewis for his photography. Ms. Brooke shared that she feels the work of the board members on this report has significantly increased the quality.

The Executive committee meets Thursday, July 19th 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.

Ms. Fuller shared that she edited the 2012 annual report.

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

Ms. Fuller would like to have a work plan to implement ideas we talked about.

Ms. Landy would like to hear more about Laura's Law. She also wanted to announce that at 7 PM tonight KGO is doing a segment on elderly homeless women.

Dr. David E. Lewis suggested that we have a Mental Health Board of San Francisco twitter account.

5.5 Public comment

No public comments,

ITEM 6.0 PUBLIC COMMENT

No public comments.

ADJOURNMENT

Meeting adjourned at 9:05 PM.