



Edwin Lee
Mayor

SAN FRANCISCO MENTAL HEALTH BOARD

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Adopted Minutes

Mental Health Board

Wednesday, January 11, 2012

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Argüelles, Chair; Ellis Joseph, Secretary; Kara Chien ; Linda Bentley; Lynn Fuller, Vice-Chair; Wendy James; Alyssa Landy; David Elliott Lewis, Ph D; Lena Miller; Terence Patterson, Ph D.; Alphonse Vinh; Errol Wishom; and Virginia Wright.

BOARD MEMBERS ON LEAVE: Inspector Kelly Dunn; Noah King III; and Virginia S. Lewis, LCSW

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); Chief of Police Kenton W. Rainey, BART Police Department; Anthony Goleta, Mental Health Association San Francisco (MHA-SF); Kathleen Bernard, San Mateo County Mental Health Board; Michael Wise; and six 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.

I want to welcome our newest member to the board, Dr. Terence Patterson. Later in the meeting I will ask you to give a brief introduction of yourself and share why you wanted to be appointed to the board."

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: “This year’s budget reduction needs to be completed by the end of February 2012, and we are facing a \$33 million in deficit for public health. Barbara Garcia, MPA, Director of Health, has planned three Town Hall budget meetings for the public. Also there will be two Health Commission budget hearings. I encourage board members to participate in these forums.

An increase in suicide rates in San Francisco teenagers have not gone unnoticed; San Francisco Suicide Prevention staff and San Francisco mental health professionals are seeing teenagers’ posted journal entries communicating suicide issues on social networks. These postings have insidious psychosocial effects because unwarranted fears are heightened, both unnecessary stress and social stigma are increased, and misinformation is spread among teenagers.”

Please see the attached January 2012 Director’s report.

Monthly Director’s Report
January 2012

1. MHSA Innovations Updates: 12N Project

Chapter 12N of the San Francisco Administrative Code requires all City departments to provide lesbian, gay, bisexual, transgender sensitivity and anti-stigma training to all staff who have direct contact with youth, or whose work directly affects youth.

The 12N ordinance specifies that the training must include issues faced by: LGBT youth with disabilities, LGBT youth with mental health issues, LGBT youth with HIV, Immigrant LGBT youth, LGBT youth of color, sexually abused LGBT youth, runaway and homeless LGBT, and LGBT youth from non-accepting households.

The 12N Steering Committee includes members from the following organizations/commissions: SF Youth Commission, SF Human Rights Commission, SF MHSA, and SF Community Programs for Youth.

Goals of 12N Project are to develop a youth-inspired training video on LGBTQ sensitivity issues, supporting documents, and pre/post evaluation. All SF City and County employees who provide direct services to youth or whose work affects youth will be required to watch this video on a yearly basis. Additionally, agencies receiving 50K from the city must also comply with training of their staff.

The 12N Planning Committee has identified Bayview Hunters Point Center for Arts and Technology (BAYCAT) as the best organization to develop a youth inspired video product. BAYCAT educates, empowers, and employs underserved youth and young adults to produce digital media that tells their

unique stories and engages them to positively transform themselves, their community, and their world.

How is 12N unique? BAYCAT and 12N committee will recruit 8-12 LGBTQ youth who will work on various aspects of production including, but not limited to: dialogue/scripting and perhaps acting. Additionally, all youth will receive stipends for their participation. This training video will pilot with youth and providers at CHPY clinics, then roll-out at CBHS, DPH, etc.

For more information, please feel free to contact Lisa Reyes at 255-3613

2. CBHS Annual Orientation

The Ba'Hai Center Auditorium
170 Valencia Street
January 20, 2012
8:00am- 12:00 Noon

CBHS Welcomes Interns and New Staff-

The CBHS Annual Orientation, on January 20th, 8:00am- 12:00 Noon, is 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. It is intended for newer staff, and interns only who need to learn more about resources in the community and our system of care. We are asking attendees to bring program brochures, 25 to 50 each from the site they are working from to be displayed at the Community Resource Table.

Refreshments and light food are provided. Registration is NOT required and CEUS can not be offered for this event. For more information, please call 255-3687. Please be reminded this is not an academic training.

3. Upcoming Events/Trainings

Hepatitis C: New Advances & Current Challenges

February 10, 2012
9am- 4:30pm
St. Mary's Cathedral Conference Center
1111 Gough Street

Expert presenters include:

- **Todd Frederick, MD**, Hepatologist, Liver Disease Management & Transplant Program and Director of Quality & Clinical Protocols for the division, California Pacific Medical Center
- **Brad Hare, MD**, Associate Professor of Clinical Medicine, UCSF & Medical Director, UCSF Positive Health Program, San Francisco General Hospital
- **Emalie Huriaux, MPH**, Health Program Coordinator, San Francisco Department of Public Health

- **Val Robb, RN**, Clinic Coordinator, Hepatitis C Program, UCSF Positive Health Program, San Francisco General Hospital

Description: This one-day training for clinicians will include information on populations most impacted by Hepatitis C virus (HCV), new advances in Hepatitis C screening and diagnosis, multidisciplinary approaches to care and treatment; treating patients co-infected with Hepatitis C and HIV, new Hepatitis C treatments on the market and in the pipeline, and more.

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

- 1) Identify the populations most impacted by HCV;
- 2) Describe therapeutic options for chronic HCV;
- 3) Explain a multidisciplinary approach to providing care & treatment services to people living with HCV;
- 4) Articulate screening strategies and mechanisms to refer HCV-infected individuals to care and treatment services

For more information regarding these trainings, please contact Norman Aleman, Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

2012 Problem Gambling Training Summit

The Office of Problem Gambling, in partnership with UCLA Gambling Studies Program, is happy to announce registration for the 2012 Problem Gambling Training Summit. Registration is open. The Summit is an annual training to provide the latest information on problem and compulsive gambling and is open to anyone who is interested in attending. This year's theme is "*Building a Foundation for Multi-cultural Problem Gambling Prevention and Treatment Services.*" The summit will include presentations appropriate for: health care providers, CPGTSP providers, nonprofit organizations, community leaders & organizations, alcohol & other drug agencies, the recovery community, gambling industry personnel, governmental leaders, law enforcement personnel and the general public. The Summit will be held in San Diego, CA and the deadline to register is February 17, 2012.

Please Attachment 1 for a flyer and registration form for the 2012 Problem Gambling Training Summit Registration in San Diego.

FREE Registration

FREE Continuing education units

7.5 continuing education units will be offered for: PhD, PsyD, MFT, and LCSW Licenses; CAADAC/CFAPP certified counselors and those authorized to receive BBS CEU's.

Please note: the Summit is not a refresher course for the California Problem Gambling Treatment Services Program, nor is it a replacement for it.

If you have any questions, please call the Office of Problem Gambling at 916-327-8611 or email opg@adp.ca.gov.

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 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: "The MHSA Innovation money is being applied toward the Chapter 12N Project. Staff members who have any contact with youth are required to attend LGBT sensitivity trainings as mandated by the Chapter 12N of the San Francisco Administrative Codes.

Consumers with mental health issues often smoke. Smoking not only affects their physical health but also exacerbates their mental health conditions. A smoking cessation program is being implemented across the City and County of San Francisco starting in Chinatown.

We have started Mindfulness-based intervention for youth and their providers where high school students are learning strategies to reduce stress and reactive behaviors while gaining a greater self control.

The Seeding Resilience project promotes mental health care through skill shares between underserved populations and stakeholders. This garden project encourages individuals to become more self sufficient. Community engagement is also fostered throughout the project."

2.2 Public comment

Michael Wise: He said he is among the first cohorts in the Community Mental Health Worker Certificate at San Francisco City College. The program is funded with the Mental Health Services Act (MHSA). He also announced that the first graduation of this program will be in May 2012.

He expressed interest in news about the San Francisco Police Department's new Crisis Intervention Team (CIT) training.

Ms. Robinson: "I'm glad they restarted the training after one and a-half years, and I am going to let Helynna Brooke address that issue since she coordinated Police Crisis Intervention Training (PCIT) for about 10 years and since she is still involved with CIT."

Please see the 5.1 Report from the Executive Director of the Mental Health Board for Ms. Brooke comments.

ITEM 3.0 PRESENTATION: MEET AND GREET CHIEF KENTON W. RAINEY, BART POLICE DEPARTMENT FAMILY MOSAIC PROJECT, JANA RICKERSON, LCSW, PROGRAM DIRECTOR

3.1 Presentation: Meet and Greet Chief Kenton W. Rainey, Bart Police Department

Ms. Argüelles: “I would like to introduce Chief Kenton W. Rainey, Chief of Police for BART. Chief Rainey requested the opportunity to meet the members of the San Francisco Mental Health Board. He met with our former chair, James Keys last year.”

Chief Rainey: “Thank you for the warm welcome.

First, I started with BART in June 2010 and during my first week on the job we had an encounter with a person with a mental illness that we had to Tase. Second, in July 2010, BART officers, along with Oakland Police Officers, were forced to use deadly force against a person with mental illness who threatened them with a knife. Because of these incidents Mr. Keyes from the San Francisco Mental Health Board reached out to me in the form of a letter and expressed his concern on how we were handling these incidents. In response to this letter I met with Mr. Keyes and Helynna Brooke of the SF Mental Health Board and detailed my background with CIT and my intent to make sure all of my personnel received this training.

I have been with law enforcement for 32 years but with the BART police 18 months. I started out with the Ventura County Sheriff’s Department where I dealt with homeless veterans who were living in river bottom areas and who were more often than not well-armed with weapons to protect themselves. Since they acquired wilderness training and survival skills through the armed forces, these homeless veterans knew how to take care of themselves.

Homeless veterans are already vulnerable and usually are an easy target to be preyed upon, and they prey on each other as well. I have discovered that many homeless veterans, unbeknownst to law enforcement officers, have unmanageable mental health problems.

I am very familiar with the Memphis CIT Model which was developed in the 1990’s, and Ventura officers received crisis intervention training through this model.

When I came to BART police about 18 months ago, there was no crisis intervention training for the BART police department, which is made up of about 206 uniformed officers. Now, however, as I previously stated I have the commitment from the BART board to train all of our officers and dispatchers.

According to my research, back in the late 1990’s, people with unmanageable mental illness were often involved in police shootings. In fact, in the previous jurisdiction I worked in approximately 60% to 70% of police shootings involved people with mental illness. In addition, all the officers killed in the line of duty during this same period were killed by a person suffering with or had been previously treated for a mental illness.

Police officers are taught command presence where they must speak and act reasonably, and with confidence in order to make sense out of chaos. The BART system goes through 26 cities, 44 stops and four counties. An average of three people per day are 5150’d by BART police.

It is very costly for BART when BART police are involved in shootings. These costs are criminal investigations to civil law suits, in addition to injury or loss of life. It is a lot cheaper to have crisis intervention training in order to try to prevent these incidents.

Since Oakland Police were not proactive in crisis intervention training, the former Oakland Police Chief Anthony W. Batts who was a reform-minded chief instituted a 40 hour crisis intervention training for Oakland Police.

I am happy to hear that San Francisco Police restarted their CIT training. I am hoping that after next week's meeting with the San Francisco Police Chief Greg Suhr, I will be able to place a few of my BART officers into San Francisco's CIT training. I also want to do more outreach to homeless people in four counties to prevent any more BART police involved shooting statistics!

I want to have a mental health clinician available to work with BART officers to work proactively to ensure homeless individuals within the BART system get the mental health services they need. The BART general manager has agreed that I can hire an outreach worker to perform this service."

Ms. James: "How do you currently handle crisis intervention training?"

Chief Rainey: "BART officer's command presence coupled with careful assessment of a situation can de-escalate a crisis. BART police can learn more about different types of mental illness."

Ms. Robinson: "I want to introduce you to our San Francisco clinicians. Can you elaborate on when you want to have the new person on board for consultation?"

Chief Rainey: "I am hoping this special person will be on board sometime in March 2012. This person would be a non-officer but have expertise in mental health. I also welcome the Mental Health Board of San Francisco to sit on the interview committee."

Mr. Vinh: "What assistance can we offer to your department?"

Chief Rainey: "Anytime there is an officer involved shooting, both the officer and families are traumatized with post-traumatic stress disorder. We have an internal trauma response team for BART police personnel.

I am also committed to working with various agencies to make crisis intervention training be a mandated training for all law enforcement field training officers in the state of California."

Mr. Lewis: "In the Oscar Grant shooting, Oscar did not have mental illness. How do you prevent such future conflicts?"

Chief Rainey: "In response to the Oscar Grant incident, two studies were commissioned and those studies came up with hundreds of recommendations for best practices. I was hired to lead the change, and many of those recommendations have been implemented to date."

Mr. Lewis: "How many have been implemented?"

Chief Rainey: "A good many have been implemented. It takes almost 3-7 years for new policies to be accepted and incorporated into an organization's culture."

Ms Fuller: "How are data collected and analyzed regarding people with mental illness?"

Chief Rainey: “The complexity of the details will depend on what we want to analyze. All 5150’s are reported to me daily, and any major incidents are tracked with Computer-Aided Dispatch (CAD).”

Mr. Ellis: “What happens to an out-of-county person with mental illness in your jurisdiction?”

Chief Rainey: “If we can safely assist that out-of-county person back to San Francisco we will do so. However, we may need to 5150 them if that person with mental illness were to show imminent violence or danger to themselves. We seek voluntary compliance from passengers as the first thing because it is safer for everyone!”

Ms James: “Is it true that BART officers are required to have both a Taser and a pistol on different sides of their bodies to avoid accidental discharge of the wrong weapons?”

Chief Rainey: “Yes, but right around the time of the Oscar Grant incident, BART police had just acquired Tasers. At the time, there was no quality control.

Although some officers don’t want to carry a Taser, front line officers are required to carry a Taser, after a formal training. Officers also have at their disposal a baton.”

Ms. Argüelles: “I suggest board members attend the reverse training.”

Ms. Robinson: “I believe the West Coast Retreat Center in Marin could be beneficial to BART police who just recently engaged in a traumatic event.”

Ms. Brooke: “I can send that information to Chief Rainey.”

Ms. Miller: “I admire your compassion that you bring with your leadership. It is a positive change.”

Mr. Lewis: “Do you require psychological assessments of BART police candidates?”

Chief Rainey: “We do.”

3.2. Public comment

Mr. Wise: He congratulated Chief Rainey’s administration for getting BART connection down to San Jose. He also appreciated that there is a BART police department because it is very reassuring.

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 November 9, 2011 be approved as submitted.

Unanimously approved

Ms. Argüelles: “Be it resolved that the notes for the Mental Health Board Retreat of December 3, 2011 be approved as submitted. Your vote to approve the notes from the retreat includes the goals that were created at the meeting. So before we vote on the notes, please turn to the page with the goals and we will go over them before voting. We can then vote on any changes before voting to approve the notes.”

Ms. Bentley: “I like to encourage everyone to attend the Executive Committee meeting to plan to implement goals and priorities that were discussed at the December 3, 2011 retreat.”

Ms. Fuller: “I would like to make it a priority to explore more ways to work together that don’t require so much physical presence.”

Ms. Vinh: “I would like to use Skype technology.”

Ms. Fuller: “Does the Website Committee need to publish notices of meetings?”

Ms. Brooke: “At this time, the Sunshine Act requires notice of meetings and mandates physical attendance of all voting members!”

Mr. Vinh: “I wonder if the public could IM live questions when there is a meeting.”

4.2 b. PROPOSED RESOLUTION: Be it resolved that the notes for the Mental Health Board Retreat of December 3, 2011 be approved as submitted.

**MENTAL HEALTH BOARD
January 11, 2012**

RESOLUTION (MHB-2012-2): MENTAL HEALTH PRIORITIES FOR 2012

- BE IT RESOLVED, that the Mental Health Board of San Francisco adopts the following three items as its priorities for 2012.
- **GOAL #1: EDUCATION AND INFORMATION GATHERING**
 - a. Healing traumas, PTSD, and community violence in the SE sector
 - b. Laura’s Law
 - c. Sexual offenders, sex abuse and SVP -- sexual violence & predator
 - d. SFUSD Programs: mental health first aid for schools
 - e. Sunshine and new technology
- **GOAL #2: IMPACT & ADVOCACY OF CRITICAL ISSUES**
 - a. Media exposure
 - b. Board resolutions
 - c. Articles
 - d. Supervisor outreach

- e. MHBSF.org website
- **GOAL #3: FOLLOW UP**
 - a. Follow up on Goals 1 and 2, revisiting issues at each board meeting
 - b. Follow up on the SF Police Department Crisis Intervention Team

Unanimously approved

Ms. Argüelles: “Ms. Brooke will read the proposed resolution commending the Family Mosaic Project for its work.

Ms. Robinson: “I think that it would be great to have the board present Family Mosaic resolution to the Family Mosaic staff meeting.

4.2 c. PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Family Mosaic Project for its work with children, youth and their families.

**MENTAL HEALTH BOARD
January 11 2012**

RESOLUTION (MHB- 2012-01): THAT THE MENTAL HEALTH BOARD COMMENDS THE FAMILY MOSAIC PROJECT FOR THEIR EXCEPTIONAL WORK WITH VULNERABLE CHILDREN, YOUTH AND FAMILIES.

WHEREAS, Family Mosaic Project has Care Managers, Marriage & Family Therapists, Psychiatric Social Workers, Psychiatrists, and Public Health Nurses; and,

WHEREAS, their offices are in Bayview-Hunter's Point, Mission and Chinatown; and,

WHEREAS, they serve San Francisco children and youth who are at risk for out of home care due to their emotional/mental and behavioral issues; ages 3-18; with the majority of their clients adolescents, and,

WHEREAS, a client satisfaction survey for 2011 indicated that 82% of their clients were very satisfied with their services; and,

WHEREAS, Family Mosaic Project believes that every child, youth and family has the right to a coordinated system of care and the right to reach their own unique potential; and,

WHEREAS, Family Mosaic Project believes that change is possible, and they can mobilize child, youth, family and community resources to build a nurturing team, and that creative and innovative approaches should be embraced to meet the needs of every child, youth and family; and,

WHEREAS, Family Mosaic Project believes that services must include, respect, recognize and be sensitive to cultural diversity; and,

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco believes that the Family Mosaic Project is meeting its mission to strengthen children and youth to build a positive future for themselves, their families and their community; and,

BE IT FURTHER RESOLVED that the Mental Health Board of San Francisco asserts that the Family Mosaic Project is achieving its vision that every child, youth and family will strive and thrive, reaching their optimal potential.

Unanimously approved

ITEM 5.0 REPORTS

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

Ms. Brooke: “Ms. Brooke congratulated Michael Wise on achieving his Community Mental Health Worker certificate. She met Mr. Wise when she first became Executive Director. She shared that he is also a very good writer. Ms. Brooke highlighted the flyer showing the times for the Director of Public Health, Barbara Garcia’s Town Hall meetings about the budget because Ms. Garcia really wants to hear from everyone who might have ideas. She then mentioned the flyer with the times for the California Association of Local Mental Health Board upcoming webinars. She encouraged board members to look at the webinars. If people were unable to view them at the scheduled times it will be possible to see them on the California Institute of Mental Health website later. Then she passed out a list of possible program reviews, explaining that board members were welcome to suggest additional programs they might be interested in visiting. Ms. Brooke or Mr. Proffitt will accompany new board members so as to be available if they have any questions.

Ms. Brooke provided an update on the new San Francisco Police Department Crisis Intervention Team and the recent training. The training in early December was well received by the participants who were a mix of officers, lieutenants and dispatch staff. The curriculum team will be making some changes for the upcoming training in February. Commander Mikail H. Ali is in charge of the Crisis Intervention Team and oversees the training. He is in charge of half of the patrol officers, born and raised in San Francisco, and well liked and respected by his colleagues. Sergeant Kelly Dunn is working with him in the training. A new person has been appointed by the police department to be a psychiatric liaison. Two of the key things that are exceptional about this training is the greater collaboration between the police department and mental health and the inclusion of dispatch.”

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

Ms. Argüelles: “I propose that the board should give out certificates to recognize the first graduates of CIT.

I want to welcome you all back from the holidays and I am looking forward to working with you in 2012. All of you did a tremendous job at the retreat coming up with the goals and priorities for the year. Over the next few months we will be focusing on the goals from the retreat, on getting as many program reviews done as possible, visiting our supervisors and attending as many budget town hall meetings as we can.

Now I would like Dr. Patterson to introduce himself. Thanks to the advocacy of board members and myself, Supervisor Campos finally made the appointment to the board.”

Mr. Patterson: “I am really delighted to be on the board. My interests come from many years in public mental health. I was at San Francisco General Hospital’s refugee clinic and worked with underserved communities. I also was in a family health center and teen center.

I then spend time in Washington DC on public health services. My passion is in diversity

Since 1990, I’ve been a faculty member of University of San Francisco (USF). I am currently developing a Ph.D. program in behavioral health for the University of California at San Francisco. I also want to collaborate with Community Behavioral Health Services.”

Ms. Argüelles: “I look forward to seeing you on the Executive Committee.”

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

Mr. Lewis: “Our Mayor Edwin Lee has appointed Christina Olague as District 5 supervisor to replace Supervisor Ross Mirkarimi who was elected.”

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

Ms. Fuller: “I would like the board to consider attending meetings via phone or Skype media.

I would like the Executive Committee to review how goals of the 2011 Board Retreat meet its goals in 2012.”

Ms. Miller: “I would like a presentation on methamphetamine which is very prevalent with kids these days and under the influence they commit shootings. I have recently been seeing this.”

5.5 Public comment

No public comments.

ITEM 6.0 PUBLIC COMMENT

Ms. Bernard: Bellow is Ms. Bernard submission to the board.

There is a land for sale in Clear Lake County in California, over 100 acres on lake front property, once owned by U.A. Local 38 Plumbers and Pipefitter Union, now empty, is up for sale for the asking price of 13 million, my idea was to have this property currently called Konocti Harbor Resort and Spa and Concert Inn turned into a hospice, rehabilitation, temporarily housing the mentally ill, training center and work convention center. The concert hall alone holds over 2000 people and besides an entertainment concert stage would make a great place important. For conventions, there are hotels, condos, lobby, two houses holding at least houses over 800 and people also places for doctors and other staff in which it takes to run the New Center. I understand the Proposition 63 which has the funding for the state of California, may be able to purchase the land and rebuild and run, to the point where people with mentally illness can make their own profits, after my project is put into action,

and completed by the people for the people whom are mentally ill, looking at the homeless in San Francisco and Los Angeles counties those whom are mentally ill to get those who qualified a the New Center and get them on government assistance, SSI, SSDI, MediCal, housing, I feel the center should have a revolving door, not temporary housing. San Mateo County Mental Health Board approves of project and is willing to assist in what it takes to make this dream a reality.

Thank you,

Kathleen Bernard

Adjournment

Meeting adjourned at 8:25 PM.