



Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

---

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, June 13, 2012

City Hall, Room 278

San Francisco, CA

**BOARD MEMBERS PRESENT:** M. Lara Siazon Argüelles, Chair; Ellis Joseph, MBA, Vice Chair; David Elliott Lewis, Ph D, Secretary; Kara Chien, JD; Sgt. Kelly Dunn; Wendy James; Noah King III; Alyssa Landy, MA; Lena Miller, MSW; and Errol Wishom.

**BOARD MEMBERS ON LEAVE:** Virginia S. Lewis, LCSW; and Alphonse Vinh, MS.

**BOARD MEMBERS ABSENT:** Lynn Fuller, JD; and Terence Patterson, EdD, ABPP.

**OTHERS PRESENT:** Helynna Brooke (MHB Executive Director); Loy M. Proffitt (Administrative Manager); James Stillwell, Deputy Director of Community Behavioral Health Services (CBHS); Gail Gilman, Chief Executive Officer of Community Housing Partnership; Michael Wise, Pathways to Discovery; Mikel Matto, M.D., UCSF Department of Psychiatry; LaVaughn Kellum King; Patricia Walker, ACME Clean; Nancy Cross; Charles Pitts and two members of the public.

### **CALL TO ORDER**

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

### **ROLL CALL**

Ms. Brooke called the roll.

### **AGENDA CHANGES**

Ms. Argüelles: "Tonight, we are accommodating Gail Gilman's schedule to have her presentation before the Director's Report. We then follow the order on the agenda."

### **ITEM 1.0 DIRECTOR'S REPORT**

Ms. Argüelles: "In lieu of Jo Robinson who is sick, giving the June Director's report, we will hear from James Stillwell, Deputy Director of CBHS."

## **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: “There is a growing awareness in CHBS that thousands of San Franciscan clients have contracted hepatitis C virus (HCV). There is a big stigma on HCV. I’m glad for more public awareness that is being supported at the federal level. In May 2011 there were two new protease inhibitors -- telaprevir and boceprevir, that came on the market. The new HCV treatment protocol is shorter and offers higher sustainable virologic response rate (SVR). We want clients to get tested for HCV.

I also want to mention that the mayor’s budget doesn’t have any cuts for mental health and substance abuse. A 1% COLA (cost of living allowance) is tentatively being considered in the budget negotiations. But, on the State level, revenues from the sales tax have been dropping continuously. Realignment of the budget is expected if revenue initiatives on the ballot don’t pass this fall.”

Mr. Joseph: “Can you talk more about HCV testing?”

Mr. Stillwell: “In the preliminary diagnosis, the HCV antibody test is for ascertaining HCV antibodies. Studies on hepatitis C show a 25% spontaneous clearance of the virus in hepatitis C positive people meaning the viral load is undetectable. The person is cured from the virus.”

Ms. James: “Does HIV testing test HCV at the same time?”

Mr. Stillwell: “Although both HIV and HCV are RNA viruses, the testing for these different viruses is very specific.”

Dr. David Elliott Lewis: “Can you talk about the drug efficacy?”

Mr. Stillwell: “Combination drugs, usually pegylated interferon and ribavirin with either telaprevir or boceprevir work effectively in phenotype I. Generally, many patients can tolerate the treatment just fine. However, a few persons with prodromal symptoms for psychosis, alcoholism or substance abuse just need to have any of these conditions under management.”

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

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

#### **1. Dr. Alice Gleghorn Wins Community Service Award**

Congratulations to Alice Gleghorn, Ph.D., Community Programs Privacy Officer and County Alcohol and Drug Administrator, who will receive the Community Service Award at the California Society of Addiction Medicine (CSAM) Conference and Annual meeting later this summer. This award was established by the CSAM Executive Council in August, 1985 as the Achievement Award or the Merit Award to be awarded to "someone outside the health professions." Over time, it came to be called the Community Service Award and is primarily awarded to a non-physician or a non-medical person who has worked to support addiction treatment. Past recipients include Betty Ford, Hon. John Burton, Wesley Chesbro, and Reverend Cecil Williams.

## **2. Debi Hines Wins Mildred Crear Award**

It is with great joy to announce that Debi Hines, Public Health Nurse of Family Mosaic Project was recently awarded the Mildred Crear Award for Advancing the Nursing Profession. Ms. Debi Hines has served the Family Mosaic Project clients and staff over the past fifteen years and she has been an excellent role model for advocacy, collaboration, and health promotion / education. Ms. Hines is an integral member of the Family Mosaic team. Her warm, flexible, funny, and supportive approach when working with clients has produced positive results in the lives of the FMP clients and their families. She has been instrumental in breaking barriers on behalf of the FMP clients so that our families can better access medical and mental health services.

## **3. Mental Health Board Awards San Francisco City College a Commendation**

MHSA's funded Community Mental Health Certificate Peer Program at City College was awarded a commendation from the San Francisco Mental Health Board. Dr. Sal Nunez, PhD, Director, Community Mental Health Certificate Program, and Coordinator, Peer Care Management Unit accepted the award for the program. The commendation was granted for the "Exceptional Training of Mental Health Workers." Congratulations to Dr. Nunez, the training program and City College.

## **4. MHSA FY 10-11 Annual Report**

The Community Behavioral Health Services (CBHS) unit of the Department of Public Health is inviting all stakeholders to review and comment on the San Francisco Mental Health Services Act Fiscal Year 2010-2011 Annual Report for a period of 30 days from May 17, 2012 to June 16, 2012. This 30-day stakeholder review and comment is in fulfillment of the provisions of the Welfare and Institutions (W&I) Code Section 5848.

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/mnu30-DayNotice.asp>

Please email your comments to [Marlo.Simmons@sfdph.org](mailto:Marlo.Simmons@sfdph.org) or send by mail to:

Community Behavioral Health Services Mental Health Services Act  
1380 Howard Street, Room 210b  
San Francisco, CA 94103

## **5. Asian Pacific American Mental Health Day Helps to launch the Friends DO Make a Difference Campaign**

May 10th was APA Mental Health Day in San Francisco and California. A press conference was held at George Washington High School. Nancy Lim-Yee, Program Director of Chinatown Child Development Center, participated in celebrating the occasion. The celebration also helped to launch the Friends DO Make a Difference Campaign. To find out more about this wonderful campaign go to <http://naapimha.org/friends-do-make-a-difference/>.

Nancy asks that we all view a video made by Ramey Ko, an administrative judge in Austin, Texas. The Honorable Judge Ko serves on President Obama's Advisory Commission on Asian American and Pacific Islanders. The video can be viewed at <http://www.youtube.com/watch?v=VvvlLdHSiFA&feature=youtube>.

**6. CalMHSA Statewide Media Launch Mental Health Services Act – Prevention & Early Intervention Statewide Projects: Stigma and Discrimination Reduction**

On behalf of California counties, CalMHSA has launched some of the first major pieces of its social marketing campaign that aims to reduce Stigma and Discrimination (SDR) about mental health and mental health care. Paid media activities – like radio, on-line web banners, [www.ReachOutHere.com](http://www.ReachOutHere.com) and print marketing -- will run through August 2012, with additional flights slated for 2013. For the Latino community, communication strategies include Spanish-language media beginning the week of June 4, 2012; radio spots; web banners; and [www.BuscaApoyo.com](http://www.BuscaApoyo.com).

In addition, CalMHSA will be working with counties to develop targeted social marketing efforts for both the SDR and Suicide Prevention programs for rural and frontier counties.

For more information, please contact [Stephanie.welch@georgehills.com](mailto:Stephanie.welch@georgehills.com) or (916) 859-4816.

**7. San Francisco's RAMS, Inc. Participating in the International Study of DSM Cultural Formulation Interview**

The Diagnostic and Statistical Manual of Mental Disorders (DSM), the handbook written by the American Psychiatric Association (APA), and used by health care professionals as an authoritative guide to the diagnosis of mental disorders, is now in the process of finalizing its 5th addition. Richmond Area Multi-Services, Inc. (RAMS) is proud to serve as the San Francisco site for the DSM-5 Cultural Formulation Field Trial, studying the newly proposed Cultural Formulation Interview (CFI). This key addition to the Manual has been created to help clinicians more effectively assess cultural aspects of psychiatric diagnosis. In collaboration with UC Davis, RAMS is one of about a dozen sites in this international DSM-5 Cultural Formulation field trial study being led by the Center of Excellence for Cultural Competence at the New York State Psychiatric Institute with support from the American Psychiatric Association.

In the CFI, *culture* refers to the values, orientations, assumptions, and perspectives that may be influenced by an individual's membership in a social group or by aspects of an individual's background, such as ethnicity, class, race, language, and religion. The Cultural Formulation Interview focuses on assessing these cultural aspects of the patient's presentation and treatment expectations in order to make clinical care more culturally appropriate. Thus, unlike the standard patient history assessment, whose agenda of topics and direction is usually set by the clinician, the CFI attempts to address problems from the patient's standpoint. The RAMS is excited to have been the site utilizing the Chinese language translated version of the CFI in order to better assess its content, clarity, and effectiveness within a particular ethnic and linguistic group.

From the Press Release from American Psychiatric Association: "As with every stage in this thorough development process, DSM-5 is benefiting from a depth of research, expertise and diverse opinion that will ultimately strengthen the final document," noted David J. Kupfer, M.D., chair of the DSM-5 Task Force. Feedback about the proposed changes, diagnostic criteria, and updates can be submitted through [www.DSM5.org](http://www.DSM5.org), which will be available until the comment period ends June 15. After that, the site will remain viewable but will be closed to comments as the Work Groups and Task Force complete revisions and submit criteria for evaluation by the Scientific Review

Committee and the Clinical and Public Health Committee. The Task Force will then make final recommendations to the APA Board of Trustees. The final version of DSM-5 is expected to go before the Board of Trustees in December 2012. A more detailed update on the development and list of changes made to draft proposals since July 2011 can be found on [www.DSM5.org](http://www.DSM5.org).

**8. Mental Health Loan Assumption Program for 2012-2013**

[www.oshpd.ca.gov/HPEF/MHLAP.html](http://www.oshpd.ca.gov/HPEF/MHLAP.html)

The Health Professions Education Foundation is pleased to announce that the NEW 2012-2013 Mental Health Loan Assumption Program (MHLAP) cycle is now open! Please visit [www.oshpd.ca.gov/HPEF/MHLAP.html](http://www.oshpd.ca.gov/HPEF/MHLAP.html) to complete the application. If you were awarded in the 2011-2012 cycle, you are still eligible to apply. Regulations for the MHLAP allow for applicants to apply & be awarded for up to 6 years!

Quick Overview ~

- You may be awarded up to \$10,000 to repay your education loan that is with an educational lender
- The award is in exchange for working or volunteering for 12 months in a hard-to-fill or hard-to-retain position in the City & County of San Francisco's Department of Public Health – Community Behavioral Health System
- Your completed application is to be sent to the below address & must be postmarked no later than **August 17, 2012**

**Health Professions Education Foundation  
Attention: MHLAP APPLICATION  
400 R Street, Room 460  
Sacramento, CA 95811**

At [www.oshpd.ca.gov/HPEF/MHLAP.html](http://www.oshpd.ca.gov/HPEF/MHLAP.html) you will find:

- An electronic fillable version of the application
- A printable version of the application
- A County Contact List Link
- A “How to Fill-Out the Application” Power Point
- An Applicant Questions & Answer Conference Call Schedule Link

Eligibility Reminders

- Applicants may work or volunteer with an organization which is administered in the City & County of San Francisco by the Department of Public Health including City & County of San Francisco
- Applicants must provide a minimum of 20 hours a week of service

Very Important! – **go to the website at [www.oshpd.ca.gov/HPEF/MHLAP.html](http://www.oshpd.ca.gov/HPEF/MHLAP.html) first** and look at the application, instructions, Power Point and FAQs. If you still have questions, contact Mental Health Service Act Program Manager Kimberly Ganade-Torres at (415) 255-3551 or [Kimberly.Ganade-Torres@sfdph.org](mailto:Kimberly.Ganade-Torres@sfdph.org)

## **9. Hepatitis C: Boomers urged to get tested for virus**

Victoria Colliver

Bay Area health advocates and doctors welcomed the recommendations by federal health officers Friday that all Baby Boomers get tested for the liver-destroying virus hepatitis C. The draft recommendations issued by the U.S. Centers for Disease Control and Prevention called for anyone born between 1945 and 1965 to get a one-time blood test for the liver disease, believing that doing so could prevent many cases of cirrhosis and liver cancer caused by the infection, and save more than 120,000 lives. Hepatitis C can be spread a variety of ways, but the most common means of exposure for the Baby Boom generation was most likely through sharing needles to inject drugs and blood transfusions received before 1992. Federal officials say deaths from hepatitis C are on the rise. That's because people can have the virus and not know it, said Dr. Natalie Bzowej, director of clinical viral hepatitis research at California Pacific Medical Center in San Francisco. "It's a silent epidemic," she said.

Baby Boomers are five times more likely than other American adults to be infected. "Two out of every three hepatitis C cases are in that generation, and having people be screened based on age rather than risk factors really takes the stigma out of it," said Ryan Clary, public policy director with Project Inform, the national HIV and hepatitis C advocacy organization based in San Francisco.

The Bay Area has been particularly hard hit by hepatitis. San Francisco is home to about 12,000 people with chronic hepatitis C, and according to the CDC, liver cancer from hepatitis B and C kills more people in the Bay Area than anywhere else in the country. Some people may have developed flu-like symptoms when they contracted it but were unlikely to seek medical attention. People often have no symptoms, and a small percentage - less than 15 percent - may have the antibodies to fight the virus, indicating they were exposed but do not have the disease. Identifying people who aren't obviously at risk has been a challenge because it requires asking them about past behavior they may not recall or realize is significant. "We have been screening patients based on risk, but not everyone remembers a risk factor because often that was decades ago," Bzowej said. "Patients are also embarrassed to admit a high-risk behavior."

**What is hepatitis C?** It's a contagious liver disease that results from infection with the hepatitis C virus.

**How serious is it?** It can be acute or chronic, ranging in severity from a mild illness lasting a few weeks to a serious, extended illness that can result in lifelong health problems or even death.

**How is it spread?** It's usually spread when blood from a person infected with the virus enters the body of someone who is not infected. Most people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. Before 1992, when widespread screening of the U.S. blood supply began, the disease was also often spread through blood transfusions and organ transplants.

**How can it be prevented and treated?** There is no vaccine for the disease. The best way to prevent hepatitis C is by avoiding behaviors that can spread the disease, especially injection drug use. Newly developed therapies can cure up to 75 percent of infections.

For more information about hepatitis: [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis).

## 10. **MHSOAC Calls for Art and Writing Submissions!**

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is currently accepting artwork and writing **produced by consumers in recovery, family members, and the mental health stakeholders community at large** to be featured in our special edition newsletter, MHSOAC Expressions, as well as future issues of the MHSOAC newsletter, MHSOAC Update, and public view on the MHSOAC Website at [www.mhsoac.ca.gov](http://www.mhsoac.ca.gov).

MHSOAC Update is a published quarterly newsletter of current commission news, consumer success stories and other related mental health news and events.

MHSOAC Expressions is a special edition of the MHSOAC newsletter which will exclusively feature artwork and writings from the mental health community. This newsletter will be available to mental health stakeholders and the public in print and on our website.

**Please submit your artwork, short stories, and poems to the MHSOAC to be considered for inclusion. We**

**encourage all themes and topics, but especially those with themes of: wellness, recovery, and personal experiences or triumphs as related to mental health.**

### **Submission Guidelines**

1. Please submit your art and/or writing in **electronic form**.
2. Art images must be **digitally photographed** and saved in the format of a JPEG.
  - \* You can also save materials onto a CD and send us the CD via postal mail.
    - Please make sure that the digital image is as **high quality** as possible, and that there are **no other objects in the photograph** (such as hands, or anything that obscures the artwork). If the artwork is in a frame, please remove it before photographing.
3. Writing in the form of stories and poetry are highly encouraged. If writing is not in English, please also provide a translated copy.
4. For each submission, please include **your name as you would like it to appear**, the **title** of each artwork/writing submission, and your **county** of residence.
5. The selection of the art and writing featured will be up to the discretion of the MHSOAC Communications Unit.
6. Author or artist will be notified if your piece is selected for use. There is no monetary compensation for artwork or writing that is selected; this is solely an opportunity to share creative expressions with the community.
7. Unless requested, materials submitted will not be returned.
8. **Please also send or fax in a copy of the submission form with your signature. For legal reasons, artwork or writing without a completed submission form will not be considered for publication.**

All submissions are to be submitted electronically in the format of a word document, PDF or JPEG via email to [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov) or via postal mail to the MHSOAC no later than **Friday, July 6, 2012**.

**These forms are available at:**

**[http://www.mhsoac.ca.gov/Announcements/docs/Invitation\\_Art\\_Writing\\_2012.pdf](http://www.mhsoac.ca.gov/Announcements/docs/Invitation_Art_Writing_2012.pdf)**

## MHSOAC

1300 17<sup>th</sup> Street, Suite 1000  
Sacramento, CA 95811  
Attention: Jacie Scott  
Subject: Art & Writing Submission  
Telephone: (916)445-8728  
Fax: (916) 445-4927  
Email: [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov)  
Website: <http://www.mhsoac.ca.gov>

If you have any further questions, please feel free to contact Jacie Scott at [Jacie.Scott@mhsoac.ca.gov](mailto:Jacie.Scott@mhsoac.ca.gov) or [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.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](mailto:richelle-lynn.mojica@sfdph.org)

### 1.2 Public Comment

No public comment.

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

### 2.1 Mental Health Services Act Updates

Ms. Argüelles: “Are there any additional Mental Health Service Act Updates that were not mentioned in your report?”

Mr. Stillwell: “There are no immediate noticeable changes in the MHSA. Realignments affected last year’s MHSA services but not this year’s.

The San Francisco MHSA has started planning for the second Annual MHSA Awards Ceremony. Over 90 certificates were awarded at the first Annual MHSA Awards Ceremony.

The San Francisco MHSA Fiscal Year 2010-2011 Annual Report is still posted for all stakeholders to review until June 16, 2012, which is the last day of the 30 day review period.”

### 2.2 Public comment

No public comment.

## ITEM 3.0 PRESENTATION: SUPPORTIVE HOUSING OVERVIEW, GAIL GILMAN, EXECUTIVE DIRECTOR, COMMUNITY HOUSING PARTNERSHIP.

**Ms. Argüelles:** “I would like to introduce Gail Gilman, Executive Director of Community Housing Partnership to present to us about supportive housing.”

### **3.1 Presentation: Supportive Housing Overview, Gail Gilman, Executive Director, Community Housing Partnership**

**Dr. David Elliott Lewis:** “I requested Gail to speak to the board tonight about Community Housing Partnership. CHP was founded in 1990 and assists people who are homeless in San Francisco to overcome homelessness permanently. She left CHP in 1998 and returned in 2002.”

**Ms. Gilman:** “Good evening everyone. I became the executive director in 2010. Many CHP staff are former homeless people.

Community Housing Partnership (CHP) builds and rehabilitates supportive housing for formerly homeless youth, adults, seniors, and families who are in need of permanent housing. CHP has housing on Treasure Island and in the Western Addition. Additionally, CHP does property management and onsite tenant based services.

CHP’s motto is *homelessness is just an episode and isn’t pathology in a person’s life!*

Not only do our clients receive recovery through the harm reduction model, but they also benefit from employment training programs because clients want to enhance their soft and hard skills. Our clients ask for community development and volunteer education, and they want neighborhoods to be organized with outpatient substance abuse treatment.

Our resident-identified needs, for example, include an intensive six-month outpatient substance abuse program in conjunction with mental health services. This program has been available since 2007.

CHP has about 1,000 supportive housing units with a 98% retention rate. It costs CHP about \$10,000 per year to provide housing, but it cost the City of San Francisco about \$25,000 when people are homeless. The 250% difference is due to shelter services, public safety and hospitalization expenses. Because over 51% of our staff personally experienced homelessness themselves, they have an instant connection with clients and mental health crisis. Our staff can offer relationship building and referrals to clinical staff.

I would like to use the rest of my time to answer questions.”

**Dr. David Elliott Lewis:** “Can you talk about how supportive services are provided for clients with an acute severe mental health disorder?”

**Ms. Gilman:** “During the initial assessment, CHP tries to illicit a client’s mental health history. After the assessment we offer peer-support and wrap around services.

When a client with severe mental illness creates problems for housing management, CHP attempts to engage the client’s housing manager to offer the client services rather taking the drastic step of eviction.”

**Ms. Gilman:** “CHP has two supportive housing systems. One is for families and the other is single adults. Half of our housing portfolio used to be federal subsidies for clients qualified for Section 8, which is antiquated. Now, we run an old fashion wait list. Tenderloin Neighborhood Development Corporation (TNDC) and Conard House are parts of CHP.

People seeking housing go to 519 Ellis Street for intake services; it takes at least one year to reach the top of the housing waitlist. Eligible individuals still lacking housing then attend a group orientation followed by a financial means screening. Once the verification for paying rent is complete, they go to the San Francisco Housing Authority to obtain income verification.

The threshold for paying rent requires that 30% of their monthly income is allocated to housing. Besides the monthly rent, there are the requirements for a security deposit and first month rent.

In 2007, we instituted the supportive housing referral program for new properties. This program is similar to the first but does not require a visit to the SF Housing Authority for income verification because we outsource that to a third party.

CHP does have permanent housing program for homeless seniors, people with disabilities and youth where most single adults don't transition to other housing arrangements. Families that initially qualified for permanent housing sometimes transition out of CHP about 5-7 years later."

**Mr. Joseph:** "How does the public get involved in CHP's fund raising?"

**Ms. Gilman:** "CHP does not have a formal volunteer program at the moment, but we are exploring. Job with CHP is posted. One property provides volunteering opportunities to people who are over 52 years old."

**Ms. Landy:** "What is your supportive housing waitlist?"

**Ms. Landy:** "Our waitlist is 300 people. San Francisco City's list is about 6,600 names."

**Ms. Brooke:** "What happens when job placements result over qualification for rent subsidy?"

**Ms. Gilman:** "There is an income cap. Usually only families have transitioned out of CHP due to both parents getting jobs."

CHP offers three vocational training programs: Desk Clerk Training, Maintenance Training and Recycling and Environmental Training Awareness Programs (REAP). Only 30% of our clients have earned income while 60% of the clients are on Supplemental Social Security Income.

Many clients prefer work that create short term opportunities. Our Social Enterprise provides 18-24 months of supported employment."

**Mr. Joseph:** "What is the size of your housing?"

**Ms. Gilman:** "We have studios, 1 bedroom and 2 bedroom units depending on the building. On Treasure Island we have three-to-four bedroom places. Anything above a studio requires an adult with a minor dependent like a single mother."

**Ms. James:** "Are training programs opened to others?"

**Ms. Gilman:** "Yes, our vocational support includes other in supportive housing."

**Mr. King III:** "Can you talk more about the Maintenance Training Program?"

**Ms. Gilman:** “A landlord hires us to clean out bedbugs. We can do preparatory work like bagging and tagging linens and personal belongings of residents. We also do laundry, if needed. Right now, we work with Supervisor Jane Kim’s office on the Bedbug Task Force.”

**Dr. David Elliott Lewis:** “How are the recent changes in the Redevelopment Agency affect CHP?”

**Ms. Gilman:** “Our current development pipeline includes two projects. Currently, breaking the ground are 144 units at the Transbay terminal, a redevelopment area, and Edward II Inn is a collaboration with Larkin Street Youth Services, in the Marina.

Funding for housing development in San Francisco is scarce, and Mayor Edwin Lee is putting a housing trust fund on the ballot.

Return on Capital includes an operating subsidy and service subsidy of about \$800,000 – \$900,000 annually. The argument for subsidies is diversion from homelessness, ER and public safety. So the City needs to commit to these subsidies in addition to capital. We see more homelessness with families. Not everyone needs supportive housing.”

**Ms. Landy:** “Do you have any other partnerships in educational opportunities?”

**Ms. Gilman:** “We had been more vocationally focused, G.E.D and AA degrees, but, with more client-driven demand, we are now focusing on education advancement. For youth we focus more on modified behavioral diversion and family programs. It takes about two-and-half generations to break the cycle of homelessness.”

**Ms. Argüelles:** “Does a client being hospitalized risk CHP’s supportive housing and services?”

**Ms. Gilman:** “When a client becomes a patient, the client must be able to keep making rent payments. A few exceptions we’ve had. It’s just on a case-by-case basis.”

**Ms. Argüelles:** “What happens to a client who became incarcerated?”

**Ms. Gilman:** “Also, as long as clients can pay rent, they continue to receive supportive housing. However, when a client is hospitalized or incarcerated and cannot pay rent, that client’s supportive housing status is lost.”

If rent cannot be paid, unfortunately, the client will lose the housing entitlement.”

**Ms. James:** “What happens to pets when a person becomes your client?”

**Ms. Gilman:** “Clients must abide by the pet agreement. Small pets are allowed in CHP housing.”

### **3.2. Public comment**

Charles Pitts: Speaking eloquently, Mr. Charles Pitts respectfully disagreed with Ms. Gail Gilman’s portrayal of CHP. He would like her to be cognizant of how her organization has responded to tenants’ concerns.

From his point of view, he mentioned that residents with mental health issues in hoarding and cluttering were not treated with dignity by CHP. He has tried for several years to get hoarder and clutterer meetings established.

His other specific issue was the lack of response from CHP in regard to the bed bug issue and felt that CHP staff were evasive about his health concerns.

He has had negative experiences and has been victimized. His needs were ignored. One of his housing managers cursed him out. He, also, felt CHP's lawyers use the threat of eviction in a retaliatory manner. He mentioned that CHP only responded if clients called DPH or the building inspection department.

**Ms. Gilman:** "We partner up with the Mental Health Association's hoarder and clutterer program."

**Mr. Joseph:** "How does your place response to legitimate grievances?"

**Ms. Gilman:** "We do have a full grievance procedure in place."

**Mr. Wise:** He brought up the housing needs for transitional age youth in the City?

**Ms. Gilman:** "Research shows that transitional age youth do well in small buildings. We are building supportive housing of 24 units with the Larkin Youth program."

#### **ITEM 4.0 ACTION ITEMS**

For discussion and action

##### 4.1 Public comment

No public comment because the Chair announced that no votes would be taken because quorum was not achieved.

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

4.3. 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.

#### **ITEM 5.0 REPORTS**

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

Ms. Brooke made the following announcements

- AIDS ride thank you to everyone for their support. There were about 2200 riders ranging in age from 18 to 82. A 72 year old woman has been on the ride for 17 years. Ms. Brooke raised over \$6K for the cause.
- Thursday June 14, 2012 from 6:00 PM to 8:30 PM is the 45<sup>th</sup> Anniversary of Westside Community Services. Dr. Maryann Jones was a former Mental Health Board member and now she is the CEO of Westside Community Services.
- Friday June 15, 2012 at 7 PM is the In the Hive movie at the Lorraine Hansberry Theater.

- Thursday June 21, 2012 from 6:00 PM to 7:00 PM is the San Francisco Mental Health Educational Funds, Inc. (SFMHEF) board meeting.
- Wednesday June 27, 2012 is a public hearing on Girls in San Francisco. This hearing was the result of hard work by the Commission on the Status of Woman's new report entitled An Update on Girls in San Francisco: Girl's Forum: A Decade of Success and Challenges.
- Thursday June 28, 2012 is the all day Race, Class and Gender training at the San Francisco Public Library. Any board member can attend the training. After the training, there will be a film, *Miss Representation*, showing the psychological effects of the emphasis of woman's body rather than a woman's other attributes.
- The Central City Hospitality Art show is still available until June 30 2012.

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

Ms. Argüelles: "Respectively, we are circulating condolence and congratulatory cards for James Keys, who recently loss his brother and longtime partner, and Sarah Accomazzo who is getting married this coming Saturday in Colorado, for board and staff to sign.

On June 6th, I attended the 2012 fundraising event for Hunter's Point Family. On June 7, 2012 I attended the Chinese for Affirmative Action dinner at the table of former Chief Fong. I am urging Supervisor Chiu to encourage a supervisor to apply for their vacant seat on the mental health board.

And finally, the Executive Committee will be working 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. The Executive committee meets Thursday, June 21st at 6:30 at 1380 Howard Street in Room 515. All board members are welcome to attend the meeting."

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

Dr. David Elliott Lewis: "I met with Fiona Ma's office about deregulation of telecommunication services such as life line service for low-income households."

Ms. Miller: "We met with Stanford folks and Dr. Nadine Burke to address PTSD in the BVHP. We hope to put together a summit this month."

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

Dr. David Elliott. Lewis: "I'd like to hear from Sgt Kelly Dunn on the crisis intervention team training."

## **5.5 Public comment**

Ms. Nancy Cross: She commented to the board about smoking in San Francisco's SRO and shelters. She would like the board to assess the detrimental effects of smoking on residents' mental health in San Francisco SRO's and shelters. She felt there is contempt for residents' wellbeing when the City is not enforcing health safety standards in these places.

Mr. Charles Pitts: He has attended many San Francisco board and commissioner meetings. He has been attending the Local Homeless Coordinating Board, the Shelter Monitoring Committee and the SRO Task Force.

He commented the Mental Health Board has been in compliance with the Sunshine Ordinance.

Ms. LaVaughn Kellum King: She has noticed that healing is starting to work between Visitacion Valley and the Bay View Hunter's Point communities. She said Commander Makil Ali who is with the San Francisco Police Department will attend the Healing Circle which happens every 1<sup>st</sup> Thursday of each month.

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

No public comments.

#### **ADJOURNMENT**

Meeting adjourned at 8:10 PM.