



Edwin Lee  
Mayor

## SAN FRANCISCO MENTAL HEALTH BOARD

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### **Adopted Minutes**

Mental Health Board  
Wednesday, [November 13, 2013](#)  
City Hall  
One Carlton B. Goodlett Place  
2<sup>nd</sup> Floor, Room 278  
San Francisco, CA

**BOARD MEMBERS PRESENT:** David Elliott Lewis, Ph D, Co Chair; Ellis Joseph, MBA, Co Chair; Wendy James, Vice Chair; Terry Bohrer, RN, MSW, CLNC; Virginia S. Lewis, MA, LCSW, Secretary; Sgt. Kelly Kruger; Kara Chien, JD; Lena Miller, MSW; Andre Moore; Terence Patterson, EdD, ABPP; and Alphonse Vinh, MS.

**BOARD MEMBERS ON LEAVE:** Melody Daniel, MFT; and Errol Wishom.

**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); Reverence Lyle J. Beckman, Night Ministry; Reverence Deacon Diana Wheeler, Night Ministry; Simbareshe Temba Hove, RN at CPMC; Paul Hickman, Family Service Agency of San Francisco; Crystal R. Marsonia, ASW at Westside Community Services; Amaz Nigusse, ACSW at Westside Community Services; Simone Echeguren; Bailey Wendzel, Program Coordinator at National Alliance on Mental Illness (NAMI-SF) and two members of the public.

### **CALL TO ORDER**

**Mr. Joseph** called the meeting of the Mental Health Board to order at 6:35 PM.

### **ROLL CALL**

Ms. Brooke called the roll.

### **AGENDA CHANGES**

There were no changes to the agenda.

### **ITEM 1.0 DIRECTOR'S 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. Robinson**, Director of CBHS, gave the November 2013 director's report. She said the department of public health is busy with implementing the Affordable Care Act (ACA) or MediCal expansion, and the new health delivering system will be San Francisco Health Network.

The public health department is moving forward with implementing a trauma informed care (TIS) workforce, and has hired Katie Speziale to organize staff training starting in February 2014.

She mentioned that Roban San Miguel from Mission Family Center was promoted to Clinic Director.

She informed the board that mental health and substance use disorder parity was created, as reported in the media. This process took several years in the making, and the department is very excited by the commitment.

**Dr. David Elliott Lewis** asked for clarification on the meaning of health home.

**Ms. Robinson** explained that health home is just a terminology to indicate "local home" or location where people can get most medical services and mental health care. The significance of a health home is the convenience of accessing care in one place, rather than traveling to several different clinics for various types of care. It is especially important for people with mental illness who feel less stigmatized and discriminated by obtaining mental health care at their health home, or for people with a physical disability who will not have to travel far. An integrative care system means having a centralized record keeping of an individual's health history.

**Mr. Moore** wanted to know where health homes would be located in San Francisco

**Ms. Robinson** stated the roll out of health homes will be at the following locations: Mission, Sunset, Chinatown and South of Market, respectively.

## **1.2 Public Comment**

**Mr. Hove** is an RN with CPMC and commented about his filming project titled the "Diseased Mind". The filming project is a documentary highlighting and educating the public about the implementation of the Affordable Healthcare Law in treating people with mental illness, addiction and medication/drug coverage. The documentary also shows the stigma and discrimination of people with mental illness who silently suffer in isolation and loneliness, sometimes leading to suicides.

## **Monthly Director's Report November 2013**

### **1. Diane Prentiss Presented at the American Evaluation Association Annual Conference**

Diane Prentiss, Epidemiologist and Program Evaluator for the CBHS Office of Quality Management (OQM), delivered a presentation at the American Evaluation Association (AEA) annual conference in Washington DC in October. She spoke of the core skills required of an evaluator leading a quality improvement project in behavioral health. Under the guidance of the California Institute for Mental Health (CiMH), Diane coached a multidisciplinary team of staff from UCSF Citywide Forensics, South of Market Mental Health, OQM and MHSA through the “Advancing Recovery Practice Learning Collaborative” for 14 months. Training in and following the Institute for Healthcare Improvement Model for Improvement, the team conducted several Plan-Do-Study-Act (PDSA) tests designed to build client and clinician hope for recovery, identify clients ready to move on, and facilitate successful transitions to independent living with support from outpatient services if needed. Traditional evaluation skills that proved most valuable to the process included: skillful design of PDSA tests, development of useful data tools, identification of meaningful outcome indicators, assistance in interpreting findings and applying new knowledge to practice change. Unexpected skills that proved essential included: staying balanced in managing multiple PDSAs, remaining patient with slow progress, being clued in to the needs of the PDSA team, and keeping the team focused on the goal of improvement (i.e. client recovery).

(Attachment 1)

## **2. Access to Opioid Addiction Treatment in CBHS**

Addiction to heroin and prescription opioids remains a public health concern. Fortunately, we have safe and effective options for our patients. One of the most accessible options is treatment with buprenorphine (commonly called Suboxone or Subutex) which is available in office settings such as primary care and behavioral health clinics. Buprenorphine can be prescribed by trained physicians and dispensed by community pharmacies similar to other maintenance medications.

Patients interested in treatment of opioid addiction should be referred to OBIC, which is the Outpatient Buprenorphine Induction Clinic. The clinic is located on the 2<sup>nd</sup> floor of 1380 Howard St. and can be reached by phone at 415-552-6242.

Patients who are just starting on buprenorphine at OBIC or who require more intensive monitoring can receive their medication from the CBHS Pharmacy located on the 1<sup>st</sup> floor of 1380 Howard St. CBHS pharmacists work closely with patients and prescribers to coordinate care, monitor for changes in psychiatric symptoms, assess substance use, and support adherence.

## **3. New CMHDA Resources on Steinberg’s 5150 Legislation**

CMHDA has posted two resources on their State Legislation website for members to learn more about Senate Pro Tempore Darrell Steinberg’s bill, SB 364, which makes changes to the Lanterman-Petris-Short (LPS) Act regarding “5150” involuntary holds. The first item is a memo to CMDHA members with a simply worded overview of the key provisions of the bill. The other item is a “mock up” of current law showing specifically how SB 364 would change the LPS Act. As you may recall, CMHDA worked closely with Senator Steinberg’s office and Disability Rights California on the bill

over the past year, which Governor Brown signed into law last month. The bill goes into effect on January 1, 2014. <mailto:kbarlow@cmhda.org>

#### **4. Overview of New 2013 State Laws Now Available to CMHDA Members**

CMHDA members can now read an overview of all the key bills signed into law that CMHDA closely tracked over the past year. Posted on CMHDA's State Legislation web site, our memo briefly describes new laws in the areas of mental health, health care, schools, criminal justice, and veterans that are of most interest to county mental health departments.

#### **5. Statewide Suicide Prevention**

Media Plan overview - The second flight of the Know the Signs campaign launched in mid-September and will run through January 2014. This campaign is geared toward direct helpers of those who may be at risk of suicide and directs these helpers to suicide prevention resources. Media strategies spanned cable and satellite television, magazines, online presence, bulletins, posters and cinema media in English and Spanish. For full details contact Stephanie Welch at [Stephanie.welch@calmhsa.org](mailto:Stephanie.welch@calmhsa.org)

My3 Suicide Mobile Phone App overview - The goal of the My3 Suicide Prevention mobile application is to connect individuals who are at risk for suicide or individuals who are feeling suicidal with their crisis support network. Mental health care providers or other caregivers can identify individuals who may be at risk for suicide, and endorse the FREE download and use of My3. The app can be downloaded at the App Store (for Apple phones) and Google Play (for Android phones). For full details contact Theresa Ly at [tly@edc.org](mailto:tly@edc.org)

Linea de Crisis - The San Francisco Suicide Prevention Partnership launched its new Spanish Language Crisis Hotline "Linea de Crisis" that provides Spanish language crisis support to the Bay Area. Hotline staff and volunteers are Spanish speaking, and the hotline is open from 1pm to 9pm everyday with expanded hours coming soon – (800) 303-7431. For full details contact David Paisley at (415) 984-1900, x106.

#### **6. Roban San Miguel – Mission Family Center**

We are pleased to announce two important hires for Children, Youth and Families. Roban San Miguel has accepted the position as Clinic Director for Mission Family Center. Mission Family Center is located in the heart of the Mission and focuses on serving children, youth and families that live in the district and/or the bicultural/bilingual Spanish speaking community. Roban has extensive experience as a clinician, clinical supervisor and clinic director most recently as director of the Special Programs for Youth at the Youth Guidance Center. She is a strong advocate for the community and community based services and brings a wealth of knowledge and experience to Mission Family Center. Roban will start her new position in February.

#### **7. Coordinator for Trauma Informed Systems**

The Department of Public Health has committed itself to developing its workforce to be trauma informed. This initiative referred to as the Trauma Informed Systems (TIS) is designed to increase overall understanding of the fundamentals of trauma. Consistent with a national movement, DPH will train all levels of the workforce and provide ongoing coaching and supervision to support a trauma sensitive system. The desired outcomes will include greater understanding of the impact of trauma on ourselves, our colleagues, our collaborators and ultimately the consumers. A small core group has been working on developing the Curriculum and we have vetted parts of the plan with over 400 people within and outside the system. We are hoping to begin training staff in February. Kaytie Speziale has been hired to coordinate this effort for DPH.

## **8. Obama Administration Issues Final Rule on Mental Health and Substance Use Disorder Parity**

The Departments of Health and Human Services (HHS), Labor and the Treasury today (Friday, November 8, 2013) jointly issued a final rule increasing parity between mental health/substance use disorder benefits and medical/surgical benefits in group and individual health plans.

The final rule issued today implements the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), and ensures that health plan features like co-pays, deductibles and visit limits are generally not more restrictive for mental health/substance abuse disorders benefits than they are for medical/surgical benefits.

Today's action also includes specific additional consumer protections, such as:

- Ensuring that parity applies to intermediate levels of care received in residential treatment or intensive outpatient settings;
- Clarifying the scope of the transparency required by health plans, including the disclosure rights of plan participants, to ensure compliance with the law;
- Clarifying that parity applies to all plan standards, including geographic limits, facility-type limits and network adequacy; and
- Eliminating the provision that allowed insurance companies to make an exception to parity requirements for certain benefits based on "clinically appropriate standards of care," which clinical experts advised was not necessary and which is confusing and open to potential abuse.

The Affordable Care Act builds on MHPAEA and requires coverage of mental health and substance use disorder services as one of ten essential health benefits categories. Under the Essential Health Benefits rule, individual and small group health plans are required to comply with these parity regulations beginning in 2014. Qualified Health Plans offered through the Health Insurance Marketplaces (e.g. Covered California) in every state must include coverage for mental health and substance use disorders as one of the ten categories of essential health benefits, and that coverage must comply with the federal parity requirements set forth in MHPAEA. The Department of Health and Human Services (HHS) has also released guidance explaining how federal parity requirements will be applied to the Children's Health Insurance Program (CHIP), Medicaid managed-care organizations, and Alternative Benefit Plans.

According to HHS, by issuing this rule, the administration has now completed or made significant progress on all 23 executive actions included in the President and Vice President's plan to reduce gun violence. In January, as part of the President and Vice President's plan to reduce gun violence, the Administration committed to finalize this rule as part of a larger effort to increase access to affordable mental health services and reduce the misinformation associated with mental illness.

The final Mental Health Parity and Addiction Equity Act rule was developed based on the department's review of more than 5,400 public comments on the interim final rules issued in 2010. CMHDA is in the process of reviewing the 206 page rule in its entirety and will be working with our coalition partners to better understand the implications for not only California's commercial health care market, but also our Medi-Cal program.

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*Past issues of the CBHS Monthly Director's Report are available at:*

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail [reanna.albert@sfdph.org](mailto:reanna.albert@sfdph.org)

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

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

### **2.1 Mental Health Services Act Updates: Mental Health Services Act Annual Update**

**Mr. Robinson** stated that the annual Mental Health Awards Ceremony is a validation celebrating recovery and wellness. The October 2013 Mental Health Awards had 15 planners, over 200 award recipients and 500 attendees. Dr. David Elliott Lewis, Co-Chair of the Mental Health Board was one of the 15 planners, and he has been involved in the celebration for several years.

She announced that MHSA has a new program. It is called First Impression and the program's providers are helping clients to acquire vocational skills in high paying jobs like carpentry, painting and remodeling. MHSA is placing clients with Asian Designs and Citywide Services Clinic, so far.

She announced and encouraged the board and members of the public to attend the next MHSA Advisory meeting on December 18<sup>th</sup>, 2013 at 2 PM at 1380 Howard.

### **2.2 Public comment**

No public comments.

## **ITEM 3.0 ACTION ITEMS**

### **3.1 Public comment**

No public comments.

**3.2 PROPOSED RESOLUTION:** Be it resolved that the notes for the Mental Health Board meeting of October 9, 2013 be approved as submitted.

Unanimously approved

## **ITEM 4.0 PRESENTATION: CRISIS SERVICES AFTER DARK ON THE STREETS OF SAN FRANCISCO: NIGHT MINISTRY, REV. LYLE J. BECKMAN; AND REV. DIANA WHEELER, DEACON ASSIGNED TO NIGHT MINISTRY LYLE BECKMAN AND DIANA WHEELER**

### **4.1 Presentation: Crisis Services After Dark on the Streets of San Francisco: Night Ministry, Rev. Lyle J. Beckman; and Rev. Diana Wheeler, Deacon Assigned to Night Ministry.**

**Reverend Beckman** is one of the night ministers. He provided a brief history of the San Francisco Night Ministry, which will celebrate its 50<sup>th</sup> anniversary, next year, in 2014.

Night Ministry began in the fall of 1964 to meet the need for counseling services in the middle-of-the-night during which many people, typically, experience the most intensive psychological crises, since social services and churches are closed after hours.

The post Summer of Love movement left many young, disillusioned people who came for the counter culture experiences and social experimentation with drugs stranded in San Francisco and unable to return to their families of origin. Night ministers reached out to many young people to offer compassionate, non-judgmental pastoral care and linkage to services.

Then, during the 1980's, San Francisco was the epic center of the AIDS crisis. Ignorance combined with socially sanctioned discrimination resulted in many victims of AIDS at the prime of their lives who were not only losing their homes and careers but also were being ostracized and shunned by their own birth families. During this time, holding funeral services in churches for AIDS victims were almost impossible due to the stigma and discrimination. Night ministers were comforting dying victims and conducting celebration of life services in bars and clubs.

Night ministers provide counseling, referral and crisis services to anyone in any kind of distress during the hours between 10 PM – 4 AM every day. There are ordained clergies working the streets of San Francisco to provide crisis intervention services to all persons regardless of age, gender, ethnicity, sexual orientation, life style, social or economic status, religion or no religion.

Night clergies walk the streets of San Francisco to engage people in serious conversations on issues like anxiety and depression, isolation, loneliness and grief and, and the most recent trend, aging and disability.

If the street is too uncomfortable for any one in distress, ministers will even meet people anywhere in San Francisco. For examples, ministers have met with people in coffee shops, private homes, bars, transportation centers, hotel lobbies, and hospitals.

Regardless of weather conditions, Night Ministry sponsors three Open Cathedrals in Civic Center, Mission and Castro for people living on the streets of San Francisco and/or people with mental health issues, since often these people feel too alienated in traditional worshiping environments. The open-air services not only provide non-traditional worshiping but also include meals afterward.

Open Cathedrals are located in Civic Center (Leavenworth and McAllister on Sundays at 2 PM followed by lunch); Mission (16<sup>th</sup> Mission BART station on Thursdays at 5:30 PM followed by dinner) and Castro (Castro Virtual Community).

Tuesday night gatherings are called a Bible class. It is mainly a get-together to talk. Night Ministry conducts an annual average of 11,000 – 13,000 middle-of-the-night conversations and serves 10,000 meals.

**Reverence Deacon Wheeler** said she started with Night Ministry in 2008. From 10 PM – 2 AM is Crisis Line Counseling via a telephone and from 2 AM to 4 AM is face-to-face conversations.

She added that callers are lonely and often stay awake at night struggling with anxiety and depression and, recently, with aging and disability. There are people who call Night Ministry every night. For example, one person has called just about every night for 34 years. Ministers have a long-term relationship with callers and people on the street.

**Reverend Beckman** said night ministers collaborate with San Francisco Suicide Prevention for referrals.

**Ms. Bohrer** wondered about funding.

**Reverend Beckman** said the funding allocations are 45% from individuals, 15% from annual fall benefits (Fall Gala), 15% from matching grants and foundations, 15% from community fundraising, and 10% from the congregation.

**Reverence Deacon Wheeler** added that community fundraising comes from local non-profit organizations like Sisters of Perpetual Indulgence and San Francisco Imperial Court who donate their fund raising proceeds to Night Ministry.

**Dr. Patterson** said years ago he went out on a night ministry walk with Reverend Don Stewart and wondered how situations on San Francisco streets have changed over the years.

**Reverend Beckman** said in the early years during the late 1960's, lots of lost young people were desperately in trouble with substance abuse and sex work. Suicide Prevention was the only 24 hour hot line. Ministers were initially focused on linkages to services for these youth.

Then, during the 1980's there was the AIDS epidemic. Reverend Chuck Lewis worked with the AIDS community to reduce the fear of HIV and AIDS. He sat and comforted many dying victims and conducted funeral services in bars and clubs. When ordained clergies were performing diagnostic blood tests for HIV, San Francisco made national and international news.

Now, Night Ministry is focusing on people with mental illness who are being taken advantage of and being victimized by violence, because they are so awake at night that they are wandering on the streets.

**Mr. Vinh** commented that he is a contractor for the Institute on Aging and wondered how much time is allocated for face-to-face meeting.

**Reverend Beckman** said normally it is 10 minutes to stabilize a person, but exceptions are made in very serious circumstances.

For a Crisis Line Counselor telephone talk, there is no time limit. An average talk can last 20 minutes to an hour.

Night Ministry also connects with Women Inc. to take battered or abused women to the hospital.

**Ms. Bohrer** asked about the average number of engagements.

**Reverend Beckman** said there are three full-time ministers of 14 ministers who each average around 2-4 engagements per night.

With women in crisis situations, a woman minister will come along with a male minister.

**Ms. Virginia Lewis** said she served on the board of Night Ministry for five years, and is still very touched by Open Cathedral.

**Reverend Beckman** said Open Cathedral has been going on for years and has transformed into a community where people help each other through difficult times.

**Reverence Deacon Wheeler** said Open Cathedrals started in the Civic Center, expanded to Mission and Castro, and now to Bayview/Visitation Valley.

**Ms. Bohrer** asked what additional mental health services are needed that are not available in the middle-of-the-night.

**Reverend Beckman** said Night Ministry is in the process of developing a full-time wellness program to include mental health professionals on nightly walks along with ministers to do crisis

intervention for people in the middle of an acute crisis and help people in distress articulate themselves better.

**Ms. Robinson** asked if Night Ministry has any relationship with DORE Urgent Care Clinic.

**Reverend Beckman** said Night Ministry has often taken clients/patients to DORE.

**Dr. David Elliott Lewis** asked about non-faith callers with crisis in need of a non-faith response, since only 30% of night calls are religiously connected.

**Reverend Beckman** said Night Ministry is an inter-faith and ecumenical 501c3 organization, meaning it is not connected to a specific faith.

**Reverence Deacon Wheeler** said most of the conversions with callers are non-faith based responses.

**Mr. Vinh** personally believed that ministers wearing a religious collar during night walks is a necessity for ease of identification and to create an immediate trust.

**Reverend Beckman** said he had received calls from Muslims who want anonymity and prefer non-faith based responses, rather than going to a Mosque to discuss their psychological issues with an imam or khalifah.

**Dr. Patterson** wondered how the Mental Health Board can support Night Ministry.

**Reverend Beckman** said he would like board members to join in an Open Cathedral.

**Ms. Virginia Lewis** suggested board members can participate in annual benefits for the Night Ministry.

**Ms. Chien** commended the work of Night Ministry and its commitment to have mental health professionals to train the 14 ministers.

**Reverend Beckman** said having a mental health professional comes along with a night minister will be very helpful.

He shared that about 70% of the callers they have talked with are isolated seniors, with most of them being women. Aging well is a big concern for many callers.

**Ms. Robinson** wondered if Night Ministry receives any CBHS training notices.

**Ms. Virginia Lewis** pointed out that one of the night ministers is a bi-lingual Spanish-English speaker, and commented that there is a huge stigma and discrimination against mental illness in the Latin and Hispanic cultures.

#### **4.3 Public Comment**

**Ms. Nigusse** from Westside Crisis Clinic shared that she is appreciative of Night Ministry and wanted to know more about its other language capability.

**Reverend Beckman** said Night Ministry has English, German, Japanese, Korean speakers, and there are stand-by Chinese speaking staff as well.

**Mr. Hickman** works with age 55+ population at Family Services Agency (FSA). He shared that FSA clients have shared that the middle-of-the-night calls to Night Ministry have gotten them through many crisis nights. He would like to be a volunteer with Night Ministry.

## **ITEM 5.0 REPORTS**

For discussion

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

Ms. Brooke made the following announcements

- November 15th, 2013 Peer Respite event hosted by MHA-SF.
- December 13, 2013 is the 6th Annual Family and Consumer Conference with Laura Brainin-Rodriguez, MPH, MS, RD.; Eve Myers, ED of San Francisco Suicide Prevention; and a panel of four clients, who will share “Living the Wellness and Recovery Model.” Family and Consumer support are critical to the journey of wellness and recovery from mental illness, and they will provide useful tools to assist people through the 2013 holiday season.

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

**Mr. Joseph** reminded the board that the 2013 working retreat is scheduled for Saturday December 7th from 10 – 4 at the San Francisco Police Academy in Diamond Heights at 350 Amber Street in San Francisco. Jo Robinson will give a report in the morning and then Roma Guy, former President of the Health Commission, will give a presentation on strengthening our advocacy skills.

And if others would like to participate in the final planning of the retreat, they should feel free to come to the next Executive Committee meeting on Thursday, November 21st at 1380 Howard Street, Room 515 at 6:30 PM.

He also talked about suicide rates in the U.S. Armed Forces which is higher than the total number of troops killed in action since the war started in 2003. He would like board member to keep awareness about veteran suicides.

**Dr. David Elliott Lewis** mentioned Dr. Patrick Corrigan who is an author and an advocate against the stigma of mental illness. He has written more than ten books and more than 300 papers specializing in issues related to mental illness. One of his most noted books is "Don't Call Me Nuts: Coping with the Stigma of Mental Illness", which discusses many issues relating to mental illness including the issue of indiscriminate disclosure.

Dr. Lewis is a strong advocate for reducing stigma and would like to do public service education via TV to educate the public about the silent sufferings of people living with mental illness. He wants to personalize it by having the public seeing people with mental illness as people rather than seeing them as a diagnosis.

**5.3 People or Issues Highlighted by MHB: Recognition of people and/or programs that the board believes should be acknowledged and highlighted or issues of concern to the Mental Health Board that the board wishes to bring attention to.**

**Dr. David Elliott Lewis** wanted to recognize the outstanding work of San Francisco Night Ministry.

**Ms. Bohrer** wanted to recognize Ms. Terri Byrne from MHA-SF for her “Send a Card” campaign to hospitalized patients/clients with mental illness.

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

**Dr. David Elliott Lewis** met with Supervisor Jane Kim and Ed Riskin of SF MTA to discuss pedestrian deaths and safety on 6<sup>th</sup> and Market streets.

**Ms. Virginia Lewis** met with Supervisor Mark Farrell to discuss the Laura’s Law in San Francisco.

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

**Dr. Patterson** wanted a VA representative to talk about the network of services in the VA system.

**Dr. David Elliott Lewis** wanted to submit the SF AIMS project on Golden Gate. The project focuses on nutritional education around metabolic disorders.

**Ms. Miller** would like to explore the topic of medication effects on sleep.

**5.6 Public comment.**

No public comments.

**ITEM 6.0 PUBLIC COMMENT**

Public member stated that there is so much stigma, discrimination and ignorance surrounding mental illness that the general public does not understand. He felt the MHSA awards ceremony will help people better understand compassionately the challenges that individuals with mental illness face in the recovery journey.

**ADJOURNMENT**

Meeting adjourned at 7:53 PM.