

File No. 130249

Committee Item No. 3  
Board Item No. \_\_\_\_\_

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 3/21/13

Board of Supervisors Meeting

Date \_\_\_\_\_

**Cmte Board**

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Award Letter
- Application
- Public Correspondence

**OTHER**

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Linda Wong

Date 3/18/13

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.



Board of Supervisors  
 City and County of San Francisco  
 1 Dr. Carlton B. Goodlett Place, Room 244  
 San Francisco, California 94102-4689  
 (415) 554-5184 FAX (415) 554-7714

Application For Boards, Commissions and Committees

Application for Appointment to: SF Mental Health Board  
 Name of Board, Commission, Committee, or Task Force

Seat # or Category (If Applicable): Consumer #12

Print Name: ERROL WISHOM

Home Address: ARAGO, ST. SAN FRANCISCO CA Zip 94112

Home Phone: (415) \_\_\_\_\_ Occupation: BOARD MEMBER

Work Phone: (415) 597-8016 Employer: \_\_\_\_\_

Business Address: 982 MISSION, ST SF CA Zip: 94103

E-Mail Address: @MHSF.ORG Fax #: \_\_\_\_\_

Are you a United States citizen?  Yes  No (Citizenship is a mandatory requirement for all appointments)  
 Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  
 Yes  No. (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of those conviction(s), and the court(s) that convicted you.)

Education: RIORDAN HIGH SCHOOL, SF STATE SENIOR GRAD.

Business and/or professional experience: JOURNEYMAN FOOD CLERK

Civic Activities: (WALKING, SKIING, SWIMMING, RUNNING) N/A ME- IN OUR OWN VOICE  
 UCSF - CITY WIDE GENERAL HOSPITAL psy UNITS.

Other Personal Information: (optional) TRAINED IN INDUSTRIAL AND ORGANIZATIONAL PSY

Ethnicity: (optional) CREOL Sex: (optional)  M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No  
 Would you be able to attend night meetings? YES Day meetings? YES Either YES  
 Please state your qualifications (attach supplemental sheet if necessary) BOARD MEMBER 3 yrs.

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 1/11/12 Applicant's Signature: (required) Errol Wishom  
 Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:  
 Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

April 16, 2012

Supervisor David Campos  
Supervisor Jane Kim  
Supervisor Mark Farrell  
San Francisco Board of Supervisors  
Rules Committee  
City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

Re: Reappointment of Errol Wishom to the Mental Health Board of San Francisco

Dear Supervisor Kim, Supervisor Farrell and Supervisor Campos:

I am writing in support of Errol S. Wishom's reapplication to continue as a member of the Mental Health Board of San Francisco.

I had the pleasure of being one of Mr. Wishom's colleagues on the MHB as a first-term member holding a public interest seat. Mr. Wishom is uniquely qualified to serve as a consumer member of the MHB because of his experiences with the City's mental health services, as well as his status as a San Francisco native with insight into the challenges in delivering those services. He makes every effort to attend each MHB meeting, to listen attentively and to ask relevant questions.

As a new Board member, Mr. Wishom's comments and questions at the meetings were particularly helpful and discerning, mainly because he provided a perspective on mental health issues that I would not otherwise have had from my own experiences.

I believe that while the MHB needs a variety of voices, the voices we should first be listening to are those among us who struggle with some form of mental illness themselves such as Mr. Wishom.

In short, I think the Mental Health Board needs Mr. Wishom as a member to "keep it real."

Please reappoint Mr. Wishom to the Mental Health Board. Thank you for your consideration.

Very truly,

/ss

Linda L. Bentley  
Former Member, Mental Health Board of San Francisco  
Seat #4, Public Interest



Board of Supervisors  
 City and County of San Francisco  
 1 Dr. Carlton B. Goodlett Place, Room 244  
 (415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Mental Health Board.

Seat # or Category (If applicable): Professional, seat 15 District: 10

Name: Lena Miller

Home Address: Dartmouth St, San Francisco Zip: 94124

Home Phone: 415- Occupation: Executive Director

Work Phone: 415-822-8894 Employer: Hunters Point Family

Business Address: 1800 Oakdale Ave #406 Zip: 94124

Business E-Mail: lena@hunterspointfamily.org Home E-Mail: \_\_\_\_\_

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes  No  If No, where registered: \_\_\_\_\_

Resident of San Francisco  Yes  No If No, place of residence: \_\_\_\_\_

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a lifelong resident of District 10 and have worked with youth and their families with mental health issues for over 20 years in a professional capacity. I founded the Hunters Point Family a comprehensive youth community development agency for high risk youth living in the Hunters Point Community. I am especially interested in issues around trauma and healing as a result of community violence in D10.

Business and/or professional experience:

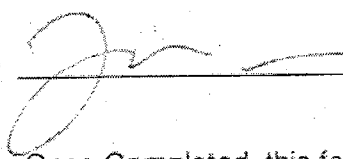
Have offered mental health services for high risk youth in SFPD for over 8 years. Served on San Francisco mental health board since 2011. I have a Masters Degree in Social Work.

Civic Activities:

Organized and facilitated the D10 Trauma summit to develop strategies to address trauma and healing in District 10.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 3/13/13 Applicant's Signature: (required) 

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:  
Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_



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City and County of San Francisco  
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Application For Boards, Commissions and Committees

Application for Appointment to: SF Mental Health Board  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If Applicable): 14, 13, 16

Print Name: Ellis Joseph

Home Address: 1500 Divisadero St Zip 94114

Home Phone: 415 Occupation: Retired

Work Phone: 415 259-6191 Employer: Self

Business Address: Same as Home Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax #: 415 259-6191

Are you a United States citizen?  Yes  No (Citizenship is a mandatory requirement for all appointments)  
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  
 Yes  No. (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of those conviction(s), and the court(s) that convicted you.)

Education: MBA in Business & Taxation

Business and/or professional experience: over 45 yrs as Tax Director & Bookkeeper  
over 17 yrs as Foster Parent

Civic Activities: San Francisco Board of Supervisors - MHB & SF African American  
Historical & Cultural Society

Other Personal Information: (optional) Volunteer for 15 yrs

Ethnicity: (optional) Black Sex: (optional)  M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No  
Would you be able to attend night meetings? \_\_\_\_\_ Day meetings? \_\_\_\_\_  
Please state your qualifications (attach supplemental sheet if necessary) over 45 yrs as MHB on the last  
3 yrs

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 2-25-13 Applicant's Signature: (required) [Signature]  
Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_



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 City and County of San Francisco  
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Application For Boards, Commissions and Committees

Application for Appointment to: Mental Health Board  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If Applicable): Family member 13, 14, 14

Print Name Joy King

Home Address Arpanaut Avenue Zip 94134

Home Phone: 415 Occupation: singer, songwriter Health care Provider/Retail Sales

Work Phone: 415 832-9603 Employer: Self

E-Mail Address: 96MAIL.com Fax # \_\_\_\_\_ Pager # \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes  No  
 Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  
 Yes  No. (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of those conviction(s), and the court(s) that convicted you.)

Education Westmoor High School, San Francisco City College

Business and/or professional experience San Francisco Black Business and Professional Women, Extensive Retail experience and stylist, Modeling and Performances for Charities

Civic Activities San Francisco National Association of Mentally III (NAMI), Reducing Stigma in S&F Sector of San Fran (RSSE)

Other Personal Information: (optional) \_\_\_\_\_

Ethnicity: (optional) \_\_\_\_\_ Sex: (optional)  M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No  
 Would you be able to attend night meetings? Yes Day meetings? Yes Either \_\_\_\_\_  
 Please state your qualifications (attach supplemental sheet if necessary) \_\_\_\_\_

Is this a Supervisorial appointment?  Yes  No if yes, Name of Supervisor: \_\_\_\_\_  
 For a Supervisorial appointment, no appearance before a Board committee is required, pursuant to Ordinance Number 41-00.

For a Board of Supervisors appointment, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Date February 16, 2013 Applicant's Signature [Signature]  
 Please Note: Your application will be retained for one year.

For Office Use Only: Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ District #: \_\_\_\_\_



**Board of Supervisors**  
**City and County of San Francisco**  
 1 Dr. Carlton B. Goodlett Place, Room 244  
 San Francisco, California 94102-4689  
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**Application For Boards, Commissions and Committees**

Application for Appointment to: San Francisco Mental Health Board.  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If Applicable): FAMILY S.T ; seats 13, 14, 16

Print Name Maelene Flores

Home Address Bush St San Francisco CA Zip 94115

Home Phone: 415 Occupation: House Manager

Work Phone: 415 Employer: Elizabeth Woodward

E-Mail Address: ep@hotmail.com Fax # \_\_\_\_\_ Pager # \_\_\_\_\_

Business Address 1115 Divisadero St San Francisco CA Zip 94122

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship?  Yes  No  
 Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  
 Yes  No. (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of those conviction(s), and the court(s) that convicted you.)

Education City College of San Francisco  
Associates Degree - Business Administration

Houston Community College English 2 & 2 second language  
 Business and/or professional experience See attached resume

Civic Activities fund raising to help families at Ronald M. Donald House  
Regular Volunteering at Oh Jerusalem nonprofit organization to help troubled teens

Other Personal Information: (optional) \_\_\_\_\_

Ethnicity: (optional) Hispanic Sex: (optional)  M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No  
 Would you be able to attend night meetings?  Day meetings? \_\_\_\_\_ Either \_\_\_\_\_  
 Please state your qualifications (attach supplemental sheet if necessary) \_\_\_\_\_

Is this a Supervisorial appointment?  Yes  No If yes, Name of Supervisor \_\_\_\_\_  
 For a Supervisorial appointment, no appearance before a Board committee is required, pursuant to Ordinance Number 41-00.

For a Board of Supervisors appointment, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

Date February 26 113 Applicant's Signature Maelene Flores  
**Please Note:** Your application will be retained for one year.

For Office Use Only: Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ District #: \_\_\_\_\_



Marlene Flores  
— Bush St  
San Francisco CA 94115  
415  
— J@hotmail.com

February 26, 2013

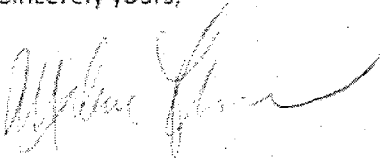
Helynna Brooke  
Mental Health Board  
1380 Howard Street.  
2<sup>nd</sup> Floor, San Francisco, CA 94013

Dear Ms. Helynna,

I am writing to express my interest in applying for a Family Member Sit on the Mental Health Board of San Francisco. Virginia Lewis, who sits on the San Francisco Mental Health Board, recommended that I contact you directly about this position.

I am confident that my experience and Knowledge are well aligned with the role and that would be an excellent fit for the Board. Attached is my resume, and I am looking forward to hear from you.

Sincerely yours,



Marlene Flores

Marlene Flores  
— Bush St. San Francisco CA, 94115  
415 —  
— [mflores@100thman.com](mailto:mflores@100thman.com)

Profile: See below questionnaire

#### Experience

2010 – Present Elizabeth Woodward San Francisco CA.  
House Manager

2009 – 2010 Pelican Advisors LLC  
Family Assistant

2006-2009 Erin and Mike Burkett; San Francisco CA.  
Personal Assistant

Supervising, training and assisting the other housekeepers in deep cleaning  
Scheduling and running household errands such as dry cleaning, pet care or car services

Grocery shopping, kids clothing shopping, banking, mailing, returning unnecessary gear, provide restaurant menus

Contact vendors, paying vendors, plumbers, electricians etc.

Providing a second pair of hands to help around the house, organizing closets, storage areas, pantries, garage, maintaining household security

Hiring and overseeing other household staff

Managing the household calendar

Packing and travel with the family

Reason for leaving: Moved back to Texas – recommendation provided

2004-2005 Tiwanacu Bolivian Restaurant; Houston, TX

Restaurant Manager/Owner

Taking responsibility for the business performance of the restaurant.

Analysing and planning restaurant sales levels and profitability.

Organising marketing activities, such as promotional events and discount schemes.

Preparing reports at the end of the shift/week, including staff control, food control and sales.

Creating and executing plans for department sales, profit and staff development.  
Setting budgets .  
Planning and coordinating menus.  
Coordinating the entire operation of the restaurant during scheduled shifts.  
Managing staff and providing them with feedback.  
Responding to customer complaints.  
Ensuring that all employees adhere to the company's uniform standards.  
Meeting and greeting customers and organising table reservations.  
Advising customers on menu and wine choice.  
Recruiting, training and motivating staff.  
Organising and supervising the shifts of kitchen, waiting and cleaning staff.  
Maintaining high standards of quality control, hygiene, and health and safety.  
Checking stock levels and ordering supplies.  
Preparing cash drawers and providing petty cash as required.  
Helping in any area of the restaurant when circumstances dictate.

Reason for leaving: Closed business; returned to college

2001-2004                    Patrician Bed; Southmore Blvd, Houston, TX

Assistant Manager

Reason for leaving: Opened restaurant

2001-2004                    Robin's Nest Bed& Breakfast; Houston TX

Part-time Assistant Manager

Reason for leaving: Opened restaurant

1997-2001                    Kyle & Katherine Smith; Houston, TX

Part-time Babysitter/Housekeeper

Driving the child to appointments and activities, such as school, museums, zoo,  
seasonal camps, parks, swimming, tennis, horse riding classes

Plan and organize after-school activities

Preparing meals, snacks

Communicate with Parents as needed

Clean the entire house, laundry, ironing, polishing silver, marble etc.

Reason for leaving: Focused on school

## EDUCATION

2005-2006                    City College of San Francisco

Associates Degree Program - Business

2000-2004                    Houston Community College

English as a second Language

- Associates Degree Program - Business Administration

#### SKILLS

- Bilingual (Fluent in writing and speaking Spanish (Native). English as a second language)
- Typing 30 WPM
- Knowledge of Microsoft Office word, excel,
- Decorative Painting, Finishes.

#### Business Administration

#### SKILLS

- Bilingual (Fluent in writing and speaking Spanish (Native). English as a second language)
- Typing 30 WPM
- Knowledge of Microsoft Office word, excel,
- Decorative Painting, Finishes.



**Board of Supervisors**  
**City and County of San Francisco**  
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**Application For Boards, Commissions and Committees**

Application for Appointment to: Mental Health Board  
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If Applicable): Seats 13, 14, 14

Print Name: Melody Daniel

Home Address: — GUNT ST SAN FRANCISCO, CA zip 94134

Home Phone: (415) — Occupation: PROGRAM DIRECTOR

Work Phone: (415) 927-8074 Employer: WINTERS JUNIT FAMILY

Business Address: 1770 CORCORAN AVE. #4012 Zip: 94124

E-Mail Address: — @WINTERSJUNIT-FAMILY.ORG Fax #: (415) 611-3910

Are you a United States citizen?  Yes  No (Citizenship is a mandatory requirement for all appointments)  
 Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  
 Yes  No. (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of those conviction(s) and the court(s) that convicted you.)

Education: MASTER DEGREE Psychology, MFT

Business and/or professional experience: WFT WORKERS LEAD FOR TALK PREVIOUSLY. HAS BEEN WORKING TOWARDS COMPLETING MY WORK FOR MFT.

Civic Activities: \_\_\_\_\_

Other Personal Information: (optional) \_\_\_\_\_

Ethnicity: (optional) AF AMERICAN Sex: (optional)  M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No  
 Would you be able to attend night meetings? YES Day meetings? YES Either  X  
 Please state your qualifications (attach supplemental sheet if necessary) FAMILY MEMBER WFT MENTAL HEALTH WORKERS.

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 1/31/13 Applicant's Signature: (required) Melody Daniel  
Please Note: Your application will be retained for one year.

**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_



Board of Supervisors  
 City and County of San Francisco  
 1 Dr. Carlton B. Goodlett Place, Room 244  
 San Francisco, California 94102-4689  
 (415) 554-5184 FAX (415) 554-7714

Application For Boards, Commissions and Committees

Application for Appointment to: San Francisco MENTAL HEALTH BOARD  
 Name of Board, Commission, Committee, or Task Force

Seat # or Category (If Applicable): Commission - ~~Consumer~~ Family Member  
 Seats 13, 16, 14

Print Name: Idell Wilson

Home Address: Plymouth Ave Zip 94112

Home Phone: 415 TBA Occupation: Part time For NAMI

Work Phone: 415 424-3420 Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Yahoo.com Fax #: \_\_\_\_\_

Are you a United States citizen?  Yes  No (Citizenship is a mandatory requirement for all appointments)  
 Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?  
 Yes  No. (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of those conviction(s), and the court(s) that convicted you.)

Education: San Francisco City College

Business and/or professional experience: San Francisco State University  
Peer Specialist Mental Health Certificate, WRAP

Civic Activities: San Francisco Mayor's Disability Council

Other Personal Information: (optional) I have lived in San Francisco all my life and work

Ethnicity: (optional) \_\_\_\_\_ Sex: (optional)  M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No  
 Would you be able to attend night meetings? yes Day meetings? yes Either \_\_\_\_\_  
 Please state your qualifications (attach supplemental sheet if necessary)

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 12-12-12 Applicant's Signature: (required) [Signature]  
 Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

# Idell Wilson Facts and Information 2013

P.O. Box \_\_\_\_\_ San Francisco Ca 94134-7507

E-mail: \_\_\_\_\_@yahoo.com

NAMI In Our Own Voice (IOOV) Presenter, Peer To Peer Mentor and Trainer  
National Alliance on Mental Illness San Francisco

Sharing Our Lives, Voices, and Experiences (SOLVE) Speaker  
Mental Health Association of San Francisco Speakers Bureau  
Reducing Stigma associated with mental illness

"STIGMA 22" Director, Writer, Producer  
Documentary Film 22 minutes about real Life "Stigma before I was Born"

Voices That Heal Documentary Co-Director  
Stories of People overcoming Mental illness Some SOLVE Speakers

San Francisco Mayor's Disability Council (Council Member)  
We advise the Mayor of San Francisco on disability issues and provide public forum  
To discuss disability issues.

Community Activist; Culture, Illiteracy, Diabetics, Drugs, Mental illness, Church whipped

Skills: Mentor, Video Photo Journalist/ Scholarships, and Outreach Specialist, Author,  
Producer, Director, Host, Writer, Camera, Editor, Floor director, Speaker, Presenter, Breathless Photos

Black Diva Media TV Talk Show Live (Happy 3 Birthday June 2012 and 72 shows)  
SF Live Cable 76 1, 3Friday @ 5:30-5:52 Pm www.bavc.org Public access Live Stream TV 76  
Ghetto TV 07-09 SF and Oakland 28/ Bedside with Ralph Jacobson RIP 9/2012 St Luke Hospital;  
Producer, Director, Host, Writer, Camera, Editor, Floor director

City College of San Francisco Alumni Class of 2003 Keynote Speaker Twice a Year  
Community Health Worker/ Scholarship winner of "22"  
San Francisco State University  
Peer Specialist Mental Health Certificate: WRAP,  
Parent Advisory Council Support Group (PACSG)  
Member 2009-10/ Facilitator 2010-12, New PAC Board Member 2012  
San Francisco Human Services Parent Partners Child Welfare Laws

Volunteer Work:  
S.F.P. Schools, Baycat, TALK LINE, Mentor for Support For Families Of Children With Disabilities,  
San Francisco Mental Health Board, Homeless Prenatal Program, Compass Family Center, Bavc,  
AmericorVista Volunteer, KTUV Channel 2, Prop 63 Task Force, Yahoo, Dr. George Davies Seniors  
Center, Coleman Advocates for Youth, Aids Walk, Walk / Run for Health, 20+ Scholarships,  
South East Health Center, Parent Advisory Council, Walk& Roll, SOLVE, IOOV, PTP, WOFC,  
VOPC, NLMC, San Francisco City Hall, Public Access TV 29,76,

Idell Wilson  
— Plymouth Ave  
San Francisco Ca  
94112 —  
(415)

January 2, 2013

San Francisco Mental Health board  
1380 Howard street Suite 226  
San Francisco Ca 94103

To The Board *In San Francisco*

I am a native of San Francisco and ready to help people living here with metal heath. I am in school at SFSU for metal heath class and look forward to helping. I do have time.

I appreciate your time look forward to hearing from you.

Idell Wilson

*Idell Wilson*  
*1-2-2013*  
*3:30*



San Francisco  
BOARD OF SUPERVISORS

Except for the Board of Supervisors member, the term of each member shall be for three years. No member shall serve more than two consecutive terms. The term of office of a member appointed by an individual Board of Supervisors member is not affected by the Board of Supervisors member no longer continuing in that office.

The Mental Health Board shall review and evaluate the City and County's mental health needs, services, facilities and special problems and other duties as stated in Administrative Code Section 15.14.

Reports: An Annual Report shall be submitted to the Board of Supervisors on the needs and performance of the City and County's mental health system.

Sunset Date: None referenced.