

File No. 100563

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date May 20, 2010

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 May 16, 2010

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) 554-5163

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)
 Print Name M. Lara S. Arguilles
 Home Address Bryant Street, San Francisco CA zip 94110
 Home Phone: 415 Occupation: Semi-retired, Landlord
 Work Phone: same Employer: Self employed
 E-Mail Address: mlara888@ Fax # _____ Pager # _____
 Business Address same 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 B.A. - Psych Tech

Business and/or professional experience Business Owner for 20 years, Landlord (Mental Property owner in San Francisco), member of Yellow Cab Coop Inc.
 Civic Activities Volunteers - senior center (Potrero) - various church activities, taking seniors to their medical appointments, giving talks about mental health services available to families.
 Other Personal Information: (optional) Started a new non-profit organization to help parolee families financially, health, resources
 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 Yes
 Please state your qualifications (attach supplemental sheet if necessary) care provider for daughter for 20 years plus, act me in my community as advocate/activist
 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 14 April 2010 Applicant's Signature [Signature]
 Please Note: Your application will be retained for one year.

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

M. Lara Siazon Arguelles
— Bryant Street
San Francisco, CA 94110

April 14, 2010

Board of Supervisors
City Hall
1 Dr. Carlton B. Goodlett Place, Rm. 244
San Francisco, CA 94102-4689

Dear Members of the Board of Supervisors,

For the past two (2) years being a member of the San Francisco Mental Health Board has been a wonderful experience for me; learning so much about policy making on long term plans, budget, development of new programs, health services, homelessness and housing, mental health programs, to name a few. In my personal growth I learned how to become a more knowledgeable and effective advocate for my child and the mentally challenged population about mental health issues, consumer self-help groups and guidance, special needs of women and children, hospital services, civil rights and ending stigma and discrimination..

As a board member, I had the privilege to meet and work with many hard working, compassionate and sincere people who dedicate their services, in their own expertise and field to the betterment of society. I also had the privilege to meet and talk with other consumers as part of our official review process when we visit mental health programs/providers.

The inspiration that I received from all these sincere and giving people that I have met encouraged me start my own non profit organization, F.O.R.W.A.R.D. (Families Of Recently paroled Women and Men Action & Resources Development): a self-help family support group providing a safe and confidential place for family and friends of parolees to support one another.

Thank you for giving me the opportunity. I would like to continue to serve as a board member and make a difference.

Sincerely,



Lara Arguelles



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) 554-5163

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 BOARD OF SUPERVISORS
 SAN FRANCISCO
 2010 APR 16 PM 3:30
 BY AK

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): MEMBER, (14)
 Print Name ANIDIA ZABALA
 Home Address BRYANT ST SAN FRANCISCO Zip 94110
 Home Phone: (415) _____ Occupation: ACCOUNTANT
 Work Phone: (415) 040-1991 Employer: SELF EMPLOYED/RETIRED
 E-Mail Address: _____ Fax # _____ Pager # _____
 Business Address 237A BRYANT ST SAN FRANCISCO CA Zip 94110

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 B.S. 1978 UC BERKELEY HAAS SCHOOL OF BUSINESS
MBA 1982 STANFORD UNIVERSITY

Business and/or professional experience ACCOUNTANT/CONSULTANT SINCE 1978,
TAX ACCOUNTANT FOR TELECOMMUNICATION COMPANY

Civic Activities VOLUNTEER HEALDSBURG SENIOR CENTER, HEALDSBURG
GENERAL HOSPITAL

Other Personal Information: (optional) SPEAK SPANISH FLUENTLY

Ethnicity: (optional) LATINA/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) FAMILY MEMBERS APPLICATED
WITH MENTAL ILLNESS

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 3/14/2010 Applicant's Signature Anidia Zabala
 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
 (415) 554-5184 FAX (415) 554-5163

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): (14)

Print Name Ellis Joseph

Home Address EXCELSIOR AVE, San Francisco Zip 94112

Home Phone: 415-_____ Occupation: Book Keeping / Tax

Work Phone: 415 239-6144 Employer: Self

E-Mail Address: Joseph E. Fax # 415-_____ Pager # _____

Business Address 1001 EXCELSIOR AVE, San Francisco Zip 94112

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 MBA IN TAXATION & BUSINESS ADMINISTRATION

Business and/or professional experience Over 10 years in business, registered and bonded tax preparer, was a notary for over 12 years, and a check books production.

Civic Activities on the Board of the San Francisco African American Historical & Cultural Society as Treasurer, Organizer of Black History Month at City Hall for the last 12 years.

Other Personal Information: (optional) I have a 3rd Degree Black Belt in Taekwondo

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? _____ 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 3-18-10 Applicant's Signature [Signature]
 Please Note: Your application will be retained for one year.

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

JOSEPH &

A S S O C I A T E S

ecjoseph@joseph-associates.com

"We are here to help!"

Ellis C. Joseph
Owner/Consultant
Computerized Bookkeeping
& Tax Specialist

1001 Excelsior Ave.
San Francisco, CA
94112-2143

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\$8000, NOW!
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& Tax Specialist

February 10, 2010

To Whom It May Concern:

I would like to state why I think I'm qualified to service on the San Francisco Mental Health Board.

San Francisco has been my home for all my life, my homes are here.

I have serviced on Non-profits Board, like the San Francisco African American Historical & Cultural Society, as Treasurer for 12 years.

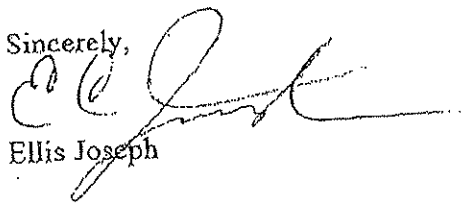
I have been a foster parent of three children's for over 20 years, with one of them with bipolar.

I have taken classes dealing with mental health, and my next class is on "Intro to Recovery Wellness Model" starting on April 7th.

I work will with people and I'm a very good listener, planner and achiever. I have been in business for over 40 years, in the Income Tax and Bookkeeping Services.

I have held other employment while being self-employed, SFPD (parking control officer) Muni (driver) and a Toll Collector on our bridges, just name a few.

Sincerely,



Ellis Joseph



**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 and Committees

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

Seat # or Category (if applicable): Professional Seat #15 District: _____
 Name: Mary Ann Jones, Ph.D.
 Home Address: _____ Divisadero Street Zip: 94115
 Home Phone: 415- _____ Occupation: Clinical Psychologist
 Work Phone: 510-828-3907 Employer: Bay Area Community Services, Inc.
 Business Address: 1814 Franklin Street, 4th Floor, Oakland, CA Zip: 94612
 Business E-Mail: drmajones@aol.com Home E-Mail: _____ @aol.com

Check All That Apply:

- A citizen of the United States. At least 18 years old on or before Election Day.
- Not in prison or on parole for a felony conviction
- A resident of San Francisco Yes: No: (Place of Residence): _____

Please state your qualifications (attach supplemental sheet if necessary)

I am an advocate for people living with mental illness and have worked in the field of community mental health for over 20 years

Education:

Katherine Delmar Burke School; Galileo High School; Mills College; Georgetown University; Wright Institute

Business and/or professional experience:

Private Practice in the Western Addition with Dr. Reiko True; Chief of Program Operations at Bay Area Community Services; Clinical Director of Westside Community Services; SFDRH AIDS Office

Civic Activities:

Vice-Chair; Governor's Task Force on Domestic Violence; Family Violence Prevention Fund; HIV Care Council; Chair, New Sudan Generation; Volunteer of the Year, Florida Association of Volunteers in Action in the Caribbean/Americas.

Ethnicity: (optional) African American

Sex: (optional) M F

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.) (Please Note: Once Completed, this form, including all attachments, become public record)

Date: April 16, 2010 Applicant's Signature: (required) Mary Ann Jones
 Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

Mary Ann Jones
Divisadero Street
San Francisco, CA 94115
415-
www.drmaryannjones.com

April 16, 2010

Helynna Brooke
Executive Director
San Francisco Mental Health Board
1380 Howard Street, Suite 510
San Francisco, CA 94103

Dear Helynna,

I am writing this letter to express my interest in continuing on the Mental Health Board. I currently serve as the Secretary and believe that I can contribute to the on-going work and successes of the Board.

Sincerely,

Mary Ann Jones

Mary Ann Jones, Ph.D.

SAN FRANCISCO MENTAL HEALTH BOARD



Mayor
Gavin Newsom

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mentalhealthboardsf.org
www.sfgov.org /mental_health

April 23, 2010

Supervisor David Campos
Supervisor Michela Alioto-Pier
Supervisor Chris Daly
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Dear Supervisors Campos, Alioto-Pier, and Daly,

The San Francisco Mental Health Board currently has three seats open that are determined by the Rules Committee rather than individual supervisor appointments. They are Seat 13, a Family Member Seat, and Seat 14, a second Family Member Seat, and Seat 15, a Mental Health Professional seat.

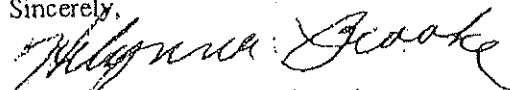
Two of the people to come before you have served their first term on the Mental Health Board. Mary Ann Jones, PhD, is applying for appointment to her second term in the Mental Health Professional Seat 15. She was appointed in March of 2009 to finish out the term of a person who resigned the seat. She has been a such a strong and valuable member of the board that she was elected to serve on the Executive Committee as Secretary in February. Dr. Jones is a native San Franciscan and formerly a therapist with one of our community programs, Westside Crisis Center.

The second person seeking re-appointment is M. Lara S. Arguelles, for the Family Member Seat #13. Ms. Arguelles was appointed in March of 2008 and has served the board as a strong advocate for family members. She is Filipino which brings added diversity to our board. Since joining the board she also started a non-profit organization to provide support for family and friends of parolees.

A second Family Member seat is also vacant, seat #14. Two applicants are seeking appointment for this seat, Mr. Ellis Joseph and Anidia Zabala. Mr. Josephs raised several foster children, two of whom had serious mental illness and participated in the community mental health system. The board does not currently have another family member with experience with foster care and this issue has been important to the board. Ms. Zabala was recruited by Ms. Arguelles and is Hispanic, speaking Spanish fluently.

Applications are attached for all applicants.

Sincerely,


Helyna Brooke, Executive Director

San Francisco
BOARD OF SUPERVISORS

Date Printed: May 11, 2010

Date Established: November 13, 1968

Active

MENTAL HEALTH BOARD

Contact and Address:

Helynna Brooke Executive Director
Mental Health Board
1380 Howard St, Suite 510
San Francisco, CA 94103

Phone: (415) 255-3474

Fax: (415) 255-3760

Email: hbrooke@mhbsf.org

Authority:

Welfare and Institutions Code Sec. 5604 et seq.; Admin. Code Sec. 15.12 et seq.; Ord. Nos. 15-80, 452-85. Ord. No. 98-93; amended by Ord. No. 337-99.

Board Qualifications:

The Mental Health Board consists of seventeen (17) members. Each member of the Board of Supervisors shall appoint a member of the Mental Health Board (11 members). The remaining six (6) members are appointed by the full Board of Supervisors, one of whom shall be a member of the Board of Supervisors. As required by the Welfare and Institutions Code Section 5604, at least nine members shall be consumers or the parents, spouses, siblings or adult children of consumers; at least four members shall be consumers; and at least four members shall be family of consumers. A consumer is a person who has received mental health services in San Francisco from any program operated or funded by the City and County, from a State hospital, or from any public or private nonprofit mental health agency. The Board of Supervisors member position shall not count in determining whether the consumer and family of consumer requirements of this section are met. In addition, one member shall be a child advocate (a family member or consumer advocate for minors who use mental health services); one member shall be an older adult advocate (a family member or consumer advocate for persons 60 years of age or older who use mental health services); and two members shall be from the following professions: psychiatry, psychology, mental health social work, nursing with a specialty in mental health, marriage and family counseling, psychiatric technology, or administrator of a hospital providing mental health services or of a community mental health facility. Any positions not allocated to specific types of members may be filled by persons with experience and knowledge of the mental health system representing the public interest.

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.