

File No. 150390

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date April 23, 2015

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Memorandum of Understanding (MOU) |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 - Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 700 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vacancy Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Information Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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Completed by: Alisa Somera Date April 17, 2015

Completed by: _____ Date _____



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): consumer District: 9

Name: Reuben David Goodman

Home Address: Mariner House, Capp St., S.F. 94110-3224
Cell: (415) [redacted]

Home Phone: Res: (415) [redacted] Occupation: Disabled, Dual diagnosed Mental Health consumer

Work Phone: _____ Employer: _____

Business Address: _____ Zip: _____

Business E-Mail: _____ Home E-Mail: marinerhse@ [redacted]

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 Native San Franciscan. I attended Portola Jr. High School and Woodrow Wilson HS. both of which are majority minority schools. In this environment I developed a great sensitivity to the cultures and needs of African American, Philipino and Chinese American communities. There was also a period during which I was heavily involved in Democratic Party politics. I was a member of both the Harvey Milk and Alice B. Toklas Democratic Clubs, this gave me a deep appreciation of the issues of importance to the LGBT community. In the election known as "The Year of the Woman" I was a candidate for Demo Party Central Comm. I was the only candidate. (Cover please)

Business and/or professional experience: (continued)

- 3 years of experience as a Child Development teacher
- 1 year of experience working for The Los Angeles Council of Churches as a Career Development Specialist in South Central L.A.
- Cheshire/A Xerox Company, One year as a sales rep. I was the #1 Sales Rep in the U.S.A. in my product line.
- Assessor's Office, Contra Costa County, 2 years as a Real Property Appraiser.
- Assessor's Office, City and County of San Francisco. Over 5 years experience as a Real Property Appraiser for Tax Purposes (#261)

Civic Activities:

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.)

complete name
 Ruben David Goodman

Date: 7/27/14 Applicant's Signature: (required)

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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: _____

in the race to receive the unanimous endorsement of The Chinese American Democratic Club (C.A.D.C.). This shows that in the opinions of the members I was the candidate who showed the greatest sensitivity to Chinese American issues.

Business and/or professional experience:

- Assoc. Of Arts in Liberal Arts Jan. 79
GPA 3.944 summa cum laude
I was the Valedictorian for the 50th Anniversary class of Los Angeles City College.
- 12/23/82 Bachelor of Science - Business Admin. California Business School, University of Southern California GPA 3.48 cum laude. Please see next page Business and/or professional exp. box

Civic Activities:

I regularly attend meetings of both the Mental Health Board and Health Commission.
I serve as an Inspector at a Precinct on election days.
I advocate for other mental health consumers both at public meetings and individually by putting them in contact with Isaac Taggart, MSW - Long-Term Care Ombudsman San Francisco LTC Ombudsman Program.

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.)

complete name

Reuben David Goodman

Date: 7/27/14 Applicant's Signature: (required)

Reuben D. Goodman

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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: _____



Board of Supervisors
City and County of San Francisco
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(415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions, Committees, & Task Forces

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

Seat # or Category (If applicable): Consumer District: 9

Name: Nsomeka Gomes

Home Address: Andover Street Zip: 94110

Home Phone: 415 Occupation: residential counselor

Work Phone: Employer: Baker Places

Business Address: Zip:

Business E-Mail: Home E-Mail: nsomekag@

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 [checked] No [] If No, where registered:

Resident of San Francisco [checked] 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 Afro-European lesbian of color and an active consumer of mental health services in San Francisco since 2005. I have been living and working in San Francisco with communities of color and the LGBT community since 1992. I am familiar with the mental health systems of care and the myriad of complexities that consumers face when trying to access services.

Business and/or professional experience:

I have a BA in social sciences and spent two years in a graduate program studying social work and ethnic studies at San Francisco State University. Presently I am working as a residential counselor in a treatment program for mentally ill, dual and triple diagnosed people in San Francisco. Since 1992, I have worked in the capacity of a disability benefit's counselor, an HIV legal advocate, case manager and a substance abuse counselor.

Civic Activities:

[Empty box for Civic Activities]

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: April 7, 2015 Applicant's Signature: (required) Nsomeka Gomes

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

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: _____

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 544-5227

VACANCY NOTICE

MENTAL HEALTH BOARD

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancy:

Vacant seat 12, succeeding Errol Wishom, term expiring on January 31, 2015, must be a consumer, for a three-year term ending January 31, 2018.

Additional Requirements: At least nine members must be consumers or the parents, spouses, siblings or adult children of consumers; of these nine members, at least four must be consumers and at least four should be family of consumers. Additionally, one member must be a child advocate (a family member or consumer advocate for minors who use mental health services), one member must 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 must 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. All other seats may be filled by persons with experience and knowledge of the mental health system representing the public interest.

"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.

Exclusions: No member or his/her spouse shall be a full-time or part-time County employee of a County mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a Bronzan-McCorquodale contract agency.

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

Sunset Date: None.


Additional information relating to the Mental Health Board may be obtained by reviewing Administrative Code, Section 15.12, available at <http://www.sfbos.org/sfmunicodes> or by visiting the Mental Health Board website at www.sfgov.org/mental_health.

Interested persons may obtain an application from the Board of Supervisors website at http://www.sfbos.org/vacancy_application or from the Rules Committee Clerk, 1 Dr. Carlton

B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. Completed applications should be submitted to the Clerk of the Board. All applicants must be residents of San Francisco, unless otherwise stated.

Next Steps: Applicants who are applying for seats 1 through 11 will be contacted by the staff of the Mental Health Board if they are appointed by the District Supervisor. Applicants applying for seats 12 through 16 and who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment at the hearing and applicants may be asked to state their qualifications. The appointment of the individual who is recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, these vacancies may have already been filled. To determine if vacancies for this Board are still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-4447.


for Angela Calvillo
Clerk of the Board

DATED/POSTED: December 30, 2014

San Francisco
BOARD OF SUPERVISORS

Date Printed: February 6, 2015

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:

California Welfare and Institutions Code, Section 5604 et seq.; and Administrative Code, Section 15.12 et seq. (Ordinance Nos. 15-80, 452-85, 98-93, and 337-99)

Board Qualifications:

California Welfare and Institutions Code, Section 5604 et seq.; and Administrative Code, Section 15.12 et seq. (Ordinance Nos. 15-80, 452-85, 98-93, and 337-99)

The Mental Health Board consists of seventeen (17) members:

- > Eleven (11) members: one (1) appointed by each of the District Supervisors; and
- > Six (6) members are appointed by the full Board of Supervisors; one (1) of whom shall be a member of the Board of Supervisors.

The California Welfare and Institutions Code, Section 5604, requires:

- > At least nine (9) members shall be Consumers or the parents, spouses, siblings or adult children of Consumers;
- > At least four (4) members shall be Consumers;
- > At least four (4) members shall be family of Consumers.
- > One (1) member shall be a child advocate (a family member or Consumer advocate for minors who use mental health services);
- > One (1) 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 (2) members shall be from the following professions: psychiatry, psychology, mental health social work, nursing with a specialty in mental health, marriage and family counseling,

San Francisco
BOARD OF SUPERVISORS

psychiatric technology, or administrator of a hospital providing mental health services or of a community mental health facility.

NOTE: 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.

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.

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.