

File No. 160573

Committee Item No. 5

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date May 26, 2016

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"/> | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form (for hearings)             |
| <input type="checkbox"/>            | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | 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"/> | Public Correspondence                        |

#### OTHER (Use back side if additional space is needed)

- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Information Sheet</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Vacancy Notice</u>    |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____                    |
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Completed by: Derek Evans Date May 20, 2016

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

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



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

RECEIVED  
 BOARD OF SUPERVISORS  
 SAN FRANCISCO  
 2016 APR 11 PM 3:03

Application for Boards, Commissions and Committees & Task Forces

Name of Board, Commission, Committee, or Task Force: Mental Health Board  
 Seat # or Category (if applicable): Family Member Public Interest Seat District: 1

Name: Richard Sota

Home Address: [Redacted] Union Street [Redacted] Zip: 94133

Home Phone: [Redacted] Occupation: retired

Work Phone: \_\_\_\_\_ Employer: retired

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

Business Email: \_\_\_\_\_ Home Email: [Redacted].net

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 resident: \_\_\_\_\_

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:

although I am caucasian, my 22 year old black adopted son is homeless on the streets of san Francisco. He has a mental illness and refuses all help. as a veteran I have a 100% service connected disability

**Business and/or Professional experience:**

Global Career Developmental Facilitator Certificate #04736  
MA in English, SFSU  
BA in Psychology  
BA in Theater Arts  
Retired as a Director of Community Employment at Dreamcatchers  
Empowerment Network, helping disabled find jobs.

**Civic Activities:**

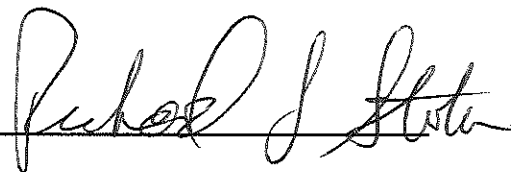
I am a member of the Playwrights Center of SF  
the National Alliance on Mental Illness (NAMI).  
I am an Adjudicator for Theater Bay Area  
and a member of District 3 Democratic Club  
and Telegraph Hill Dwellers.

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: 4/7/16 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: \_\_\_\_\_



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 & Task Forces

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

Seat # or Category (if applicable): Family Member

District: 1

Name: Marylyn Tesconi

Home Address: Cayuga Ave. San Francisco CA
Zip: 94112

Home Phone:

Occupation: Manager

Work Phone: 650-994-0117

Employer: State of CA DMV

Business Address: 1500 Sullivan Ave. Daly City CA
Zip: 94015

Business Email: marylyn.tesconi@dmv.ca.gov Home Email

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 X No \_\_\_ If No, where registered:

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

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 have worked for and with a diverse population in state service for over 30 years. I have participated in town hall meetings, public outreach clinics and job fairs. I have an ongoing leadership role in implementing AB 60, an assembly bill making it possible for undocumented people to hold a CA Driver License. I am a native San Franciscan with a strong sense of community, and I am invested in fair and equitable treatment and services for all people. I hold a Masters Degree in Community Mental Health with a specialty in addictions. I spent nearly 10 years as an intern/volunteer for Haight Ashbury Free Clinic/Walden House/HealthRight 360.

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2016 MAY -9 AM 9:27
AK

**Business and/or Professional experience:**

I have been a Manager for over 25 years, also acting as a trainer and mentor throughout northern CA. I have presented workshops on upward mobility, workforce diversity and customer service. As an Intern/volunteer I have also presented workshops and facilitated groups on drug diversion, early recovery from drug addiction, and trauma survival. I have provided individual counseling, referrals and offered creative opportunities for growth and sustained wellness. In addition, I have worked as an organizer and provider of healing workshops in collaboration with Women's Studies and LGBT studies at CCSF.

**Civic Activities:**

I have participated in Community outreach for CCSF Healing events and workshops.  
I have represented DMV and the state of CA at educational/informational events, and supported Project Homeless Connect in SF and San Mateo County  
I have recently become involved with the Alliance for Girls,  
I continue to support families navigating addictions, and have worked with Kaiser Chemical Dependency Recovery Programs in that capacity.  
I have published work in non-profit/fund raising publications that seek to empower at-risk girls and women recovering from relationship violence, abuse and neglect.

Have you attended any meetings of the Board/Commission to which you wish appointment?  
Yes  No  I will be attending the May 18<sup>th</sup> Board Meeting.



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

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: 5/8/12 Applicant's Signature: (required) [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: \_\_\_\_\_

1/20/12



  
E-mail

## Marylyn Tesconi

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### Objective

To secure a position as an instructor/counselor with an organization committed to strengthening community, insightful, compassionate learning, collaborative healing, and positive change.

### Summary of qualifications

- Developed and delivered 8 module self healing workshop entitled Healing Through Writing utilizing specific written exercises, drumming, guided meditations and group dynamic to cultivate self healing techniques designed to facilitate recovery from sexual abuse, trauma, neglect and relationship violence.
- Volunteer core group member, event coordinator and workshop assistant for CCSF yearly Healing for Change event Sexual Healing: Touching the Hurt and Releasing the Pain 2007 – 2013.
- Over 2500 clinical internship hours of individual substance abuse counseling, and group facilitation at Haight Ashbury Free Clinic (HAFC) since 2005. Continued Volunteer Work at this site with Group/individual mental health and substance abuse counseling, treatment planning, screening and assessment, referrals, client education and documentation.
- MFTI at HAFC and HealthRight 360 with both Mental Health and Substance Abuse clients 12-15 hours weekly including dual diagnosis individual/group counseling 2004-2013 .
- Invited speaker at Kaiser Chemical Dependency Recovery Program 4-6 times yearly since 2002, sharing experience and solution oriented approaches to families with addiction issues.
- Developed and delivered interactive training workshops for DMV personnel seeking promotional opportunities. Wrote and implemented training programs focusing on collaborative workforce and team building for Managers throughout Northern California.

### Employment

#### Manager Department of Motor Vehicles 2009-present

- Currently managing largest level of DMV field office, serving 900-1200 customers daily. Successfully leading staff of approximately 50 people through training, program implementation, and comprehensive service delivery. Serve as mentor and Regional relief throughout northern CA.

#### Manager Department of Motor Vehicles 2001-2009

- Managed all staff and facility issues in a large DMV field office

including Career Counseling for employees, motivational training, goal setting and referrals. Organized outreach programs for elderly, and homeless for licensing and identification cards.

**Administrative Assistant Department of Motor Vehicles 2000-2001**

- Coordinated technical and motivational training programs for 23 regional field offices. Conducted workshops in conflict resolution, critical thinking and development of presentation skills. Coordinated Community Early Start outreach program in high schools for driver licensing and driver education.

**Assistant Manager Department of Motor Vehicles 1996-2000**

- Hiring, training, and directing activities of large field office staff. Developed/delivered training material on DUI and license reinstatement requirements. Organized community outreach for immigrants seeking CA DL/ID. Conducted staff workshops on self motivation and promotional readiness.

**Education**

**Harrisburg Area Community College Harrisburg PA**

- English/History 1979-1981
- Editor college newspaper, Founder Literary Arts Magazine

**City College of San Francisco San Francisco CA**

- Drug and Alcohol Studies 2003-2007
- Drug and Alcohol Counselor Certification Spring 2007
- California Association of Alcohol and Drug Educators Certification Spring 2010 to present

**California Institute of Integral Studies, San Francisco 2008-2011**

- BA Interdisciplinary Studies completed August 2009
- MA Counseling Psychology Community Mental Health completed December 2011, graduated May 2012

**References**

Dr. Steven Tierney, Professor/Program Chair CIIS CMH, California Association of Mental Health Counselors (CAMHC) 415-575-6208

Dr. Fernando Castrillon, Core Faculty and Advisor, CIIS, 415-575-3487

Dr. Trinity Ordon, Professor Lesbian, Gay, Bisexual and Transgender Studies CCSF, 415-452-4895

Mary Galvan, Regional Administrator, DMV 530-225-2104

Lindsay Hutchins, LCSW, Kaiser Permanente CDRP, 415-845-5097



May 8, 2016

Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco CA

To Whom It May Concern,

On July 22, 1998 my 17 year old daughter attempted to take her life by swallowing a bottle of Tylenol pills. I was a single mother struggling to survive and provide a home and education for my only child; she was a student in a prestigious private school in San Francisco, headed for the Ivy League. None of that mattered the moment I was summoned to the hospital and watched as paramedics wheeled her in on a gurney.

The near loss of my child was beyond my scope of experience or understanding. This terrifying and unprecedented event led us both on a journey of substance abuse, drug addiction and recovery, a mental health diagnosis of depression and anxiety, and a myriad of treatment options and modalities. It changed everything completely forever.

Since I didn't know what to do initially, I did what treatment providers and caregivers told me to do. Some recommendations were a blessing, others were flawed and untenable, but the one thing that grew and remained persistent was my own unquenchable curiosity. How did this happen? Why didn't I see it coming? What is to be done in the long term? It was this curiosity that sent me back to school. I enrolled in a single class at CCSF: Drugs and Society. I stayed for 3 three years, completing a Drug and Alcohol Certification. That inspired me to complete my BA and eventually I earned an MA in Community Mental Health. I am grateful to report my daughter was in the audience, cheering me on the day I received my diploma.

I have looked at mental health services from the consumer side as well as the provider side. As an intern clinician in community mental health, I was a strong advocate for underserved populations. As a recipient of services, I have also become a strong advocate for families and continue to support family treatment through the lens of personal experience.

I still have that unquenchable curiosity, along with a sincere desire to explore options and facilitate change. I believe my education and professional accomplishments make me a strong candidate for membership on the Mental Health Board of San Francisco. I hope that you will consider my application and the vision of wellness that fuels my desire to serve.

Sincerely,





# FAX TRANSMISSION COVER SHEET

PLEASE NOTE: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and destroy the transmission. Thank you.

DATE : May 9, 2016 NUMBER OF PAGES 7  
TIME : 7:45 A.M. (INCLUDING COVER)

TO:  
NAME: Helynna Brooke MHS SF  
OFFICE, UNIT OR ORGANIZATION:  
FAX NO.: 415-554-7714  
PHONE NO.: 415-255-3474

FROM:  
NAME: Marilyn Tesconi  
OFFICE, UNIT OR ORGANIZATION: Daly City Field Office - 599  
FAX NO.: (550) 994-3247  
PHONE NO.: (550) 994-0117

COMMENTS:

I am faxing this cover letter, application and resume for your review. I am interested in serving on the Board. I will send a hard copy application ASAP.  
Thanks for your consideration.  
M J J



# FAX TRANSMISSION COVER SHEET

PLEASE NOTE: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employer or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and destroy the transmission. Thank you.

DATE : May 9, 2016 NUMBER OF PAGES 7  
TIME : 7:45 A.M. (INCLUDING COVER)

TO:  
NAME: Helynna Brooke MHS SF  
OFFICE, UNIT OR ORGANIZATION:  
FAX NO.: 415-554-7714  
PHONE NO.: 415-255-3474

FROM:  
NAME: Marilyn Tesconi  
OFFICE, UNIT OR ORGANIZATION: Daly City Field Office - 599  
FAX NO.: (550) 994-3247  
PHONE NO.: (550) 994-0117

COMMENTS:

I am faxing this cover letter, application and resume for your review. I am interested in serving on the Board. I will send a hard copy application ASAP.  
Thanks for your consideration.  
M J J

San Francisco  
BOARD OF SUPERVISORS

Date Printed: February 6, 2015

Date Established: November 13, 1968

Active

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**MENTAL HEALTH BOARD**

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**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:**

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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)

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**Board Qualifications:**

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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

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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.

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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 vacancies:

**Vacant seat 11**, succeeding Adrian Williams, term expired, must be appointed by the District 8 Supervisor, for the unexpired portion of a three-year term ending January 31, 2019.

**Vacant seat 13**, succeeding Deborah Hardy, resigned, must be the family member of a consumer, for the unexpired portion of a three-year term ending January 31, 2019.

**Vacant seat 14**, succeeding Ellis Joseph, resigned, must be a family member of a consumer, for the unexpired portion of a three-year term ending January 31, 2019.

**Vacant seat 15**, succeeding Ulash Thakore-Dunlap, term expired, must be a health professional, for the unexpired portion of a three-year term ending January 31, 2019.

**Vacant seat 16**, succeeding Idell Wilson, term expired, must be a family member, for the unexpired portion of a three-year term ending January 31, 2019.

**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.

***“Family Member of a Consumer”*** includes domestic partners and significant others.

**“Mental Health Professional”** 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 health facility.

**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](http://www.sfgov.org/mental_health).

Interested persons may obtain an application from the Board of Supervisors website at [http://www.sfbos.org/vacancy\\_application](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 Rules Committee Clerk and 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(s) at the hearing and applicant(s) may be asked to state their qualifications. The appointment(s) of the individual(s) 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 the vacancies for this Board are still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.*

  
Angela Calvillo  
Clerk of the Board