File No.	180950	Committee Item No 5	
5	w	Board Item No.	

## COMMITTEE/BOARD OF SUPERVISORS

A	GENDA PACKET CO	NTENTS LIST	
Committee: Rules C	ommittee	Date _Oc	ctober 17, 2018
Board of Supervisors	Meeting	Date	
Budget a Youth Co Introduc Departm Memoral Grant Int Grant Bu Grant Bu Grant Bu Grant Bu Applicat Form 70	ve Digest ve Digest and Legislative Analy ommission Report tion Form ent/Agency Cover Le adum of Understand formation Form udget ract Budget d/Agreement 6 - Ethics Commission etter ion	etter and/or Repo ing (MOU)	rt
	Notice ion Sheet orrespondence		
OTHER (Use bac	k side if additional s	pace is needed)	
Completed by:Vi	ctor Young		Oct 12, 2018



## 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: Mental Health Board
Seat # or Category (if applicable): Consumer District: 5
Name: Toni Parks
Home Address: Street
Home Phone 4 Occupation: Retired
Work Phone: N/A Employer: N/A
Business Address: N/A
Business Email: toniparks@mhbsf.org 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: I have lived in San Francisco since 1973.
Registered voter in San Francisco: Yes _x_ No If No, where registered:5 Resident of San Francisco :Yes _x_ No If No, place of resident:5
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 served on the Mental Health Board for 3 years. In that time I was able to

effect the enforcement of No Smoking polices at all non-profits under our services. I have worked on the Wellness Van Committee. I have had excellent attendance records. I am currently living in a Baker Place program and a client of Mission Mental Health. I am a member of the LGBT community and an African

American and an older adult.

Business and/or Professio	nal experience:	
I have many years working o	n the other side of s	social services. I have worked as an HIV
test counselor for the San Fr		
Civic Activities:		
		Public Health committees as well as
jury service on a number o	f occasions.	
	•	
Have you attended any meeting Yes _x No	gs of the Board/Comn	mission to which you wish appointment?
		earance before the RULES COMMITTEE is . (Applications must be received 10 days
Date: <u>5/2/18</u> App	licant's Signature:	: (required) Tow Fille
Please Note: Your applicat form, including all attachm		d for one year. Once Completed, this blic record.
FOR OFFICE USE ONLY:	,	
Appointed to Seat #:	_ Term Expires:	Date Seat was Vacated:

# Toni Parks Street San Francisco, CA 94102 Email: toniparks@mhbsf.org

May 2, 2018

Board of Supervisors Rules Committee City Hall, Room 244 One Dr. Carlton B. Goodlett Place San Francisco, CA 94102

Dear Members of the Board of Supervisors,

Tan Pull

Please consider my application to be re-appointed to the Consumer Seat on the San Francisco Mental Health Board. I was originally appointed in July 2015 for a three year term ending January 31, 2018. I am seeking a second term on the board.

I have been living in a social rehabilitation facility for eight years. I am one of San Francisco's disabled residents living on SSI. I am currently an outpatient with the non-profit Baker Places. Because of my experience as a client with San Francisco Health Department, I have seen what it means to receive services from multiple social services.

Also, I have many years being on the other side of social services. I have been an employee of UCSF/SFGH, UCSF/AHP, Tenderloin Health, Continuum and Volunteer's of America and the Sheriff's Department in the city jails. I have worked as a HIV Test Counselor, Phlebotomist and Lab Technician.

My current interests are to connect the "Tech World" to homelessness social services in San Francisco. I have enjoyed doing site visits during my time on the board. I have served on the Wellness Van Committee and participated on the Executive Committee of the Mental Health Board.

I have been involved with several committees with the Behavioral Health Services Department. One is the Mental Health Services Act Advisory Committee and another is the Committee to Improve Transitions for Clients in Intensive Case Management.

Sincerely,

Toni Parks



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

Application for Boards, Commissions, Committees, &	
Name of Board, Commission, Committee, or Task Force: Mental He	ealth Board
Seat # or Category (If applicable): 12 (consumer)	District: n/a
Name: Wynship W. Hillier	
Home Address: Street, A	Zip: 94110
Home Phone: (415) Occupation: disabled	
Work Phone: none Employer: none	
Business Address: n/a	Zip:
Business E-Mail: n/a Home E-Mail	@hotmail.com
Pursuant to Charter Section 4.101 (a)2, Boards and Commission the Charter must consist of electors (registered voters) of the Cit San Francisco. For certain other bodies, the Board of Superviso residency requirement.	ty and County of
Check All That Apply:	
Registered voter in San Francisco: Yes 🔳 No 🗌 If No, where reg	istered:
Resident of San Francisco  Yes  No If No, place of residence:	
Pursuant to Charter section 4.101 (a)1, please state how your qualifi	

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 been an involuntary psychiatric outpatient in this city continuously since 2007. I have been involuntarily medicated with powerful and debilitating anti-psychotic medication -- in the avoidance of the administration of which this nation's Supreme Court says that I have a Constitutional interest under the 14th Amendment -- other psychiatric drugs, sodium cyanide, and other behavioral contaminants intended to put me in fear of major organ failure. Psychosurgery has been involuntarily administered to me, prohibited in this state without the consent of the patient, causing me serious and permanent disability. I have been and continue to be subjected to denial of my identity as a patient through the unconstitutional application of this state's patient confidentiality laws.

Business and/or professional experience:
I was formerly a quantitative analyst. In that capacity, I developed a large Bayesian network solution to the problem of estimating a unidimensional probability density function with an
uniform prior. I developed a mathematical solver for a specialized credit union application, which used gradient projection, reduced gradient, and branch-and-bound methods to solve a
problem of 27 variables. I developed a solution using a Markov Decision Process for a problem in condominium administration. I used a differential equation to solve a pricing problem. I
developed a solution using admission control queues for a problem in nonprofit administration.

					***************************************
Civic Activities:					
Since October 2017, nave, continuously si					pervisors, and
		·.			
ave you attended any mo	etings of the Board/	Commission to	which you wish a	ppointment?	Yes <b>I</b> No ☐
efore the scheduled	ricaring.)			:	
				less the	///s///
Pate: 5/31/18	_Applicant's Sig	gnature: (rec	191	lly sign or type you	ır complete name.
Pate: 5/31/18	_Applicant's Si	gnature: (rec	(Menua NOTE:	By typing your cor	ur complete name, mplete name, you are of electronic signature.)
<i>lease Note</i> : Your ap		retained for o	(Menus NOTE: hereby	By typing your conconsenting to use o	nglete name, you are of electronic signature.)
Please Note: Your ap	oplication will be r	retained for o	(Menus NOTE: hereby	By typing your conconsenting to use o	nglete name, you are of electronic signature.)
<b>Please Note</b> : Your ap	oplication will be r chments, become	retained for o e public recor	ne year. Once d	By typing Your concenting to use of	nglete name, you are of electronic signature.) his form, includi



## 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 Fo	rce: Mental Health Board
Seat # or Category (if applicable):	District: 2
Name: Marcus Dancer	
Home Address: 5 Sf, Ca.9413	3
Home Phone 415 (cell)	Occupation: Self Employed
Work Phone: NA Employer: NA	
Business Address: Same	
Business Email: @yahoo.com	Home Email: Same
Pursuant to Charter Section 4.101 (a established by the Charter must consist of the City and County of San Francisco. For of Supervisors can waive the residency red Check All That Apply:	of electors (registered voters) of recertain other bodies, the Board
Registered voter in San Francisco: Yes _x_ No Resident of San Francisco :Yes _x_ No If N	If No, where registered: o, place of resident:
Pursuant to Charter Section 4.101 (a)1, please starepresent the communities of interest, neighborh ethnicity, race, age, sex, sexual orientation, gendand any other relevant demographic qualities of Francisco:	oods, and the diversity in der identity, types of disabilities,
Dualmana andlas Dualmanianal associanas	
Business and/or Professional experience:	
Minister (Golden Gate Church of Christ), Retail opera (Wingz), Distributor (Natures Best CBD), Hazardous	

Civic Activities:
RABB Board, Homeless Coalition, Black Coalition on Aids (Outreach), CIBHS Panel
Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes X 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: 1-23-18 Applicant's Signature: (required)
Date: 1-23-16 Applicant's Signature: (required)
Please Note: Your application wil 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:

## Marcus Dancer

San Francisco, CA. 94133

@yahoo.com

Professional Experience:

Associate Minister (Golden Gate Church of Christ)

Distributor (Natures Best CBD)

Ride-Share Driver (Wingz)

Civic Activities:

CIHBS (Panel Member)

Black Coalition on AIDS (Outreach)

**RABB Board** 

**Homeless Coalition** 

Education:

High School F.D. Roosevelt High Dallas, TX. 75203 Diploma

College U.T. Texas at Austin 110 Inner Campus Drive Austin, TX. 78705. Aug 1984- May 1985.

College City College San Francisco 50 Phelan Ave, San Francisco, CA 94112 (On Going)

Uptown Preaching Training Program Uptown Church of Christ 939 Fillmore Sf, CA. 94109 (2yrs).

## Marcus Dancer

5-SF, CA. 94133. 415

@yahoo.com

## 1-23-2018

Helynna Brooke
Executive Director
San Francisco Mental Health Education Funds, Inc.
1380 Howard Street, Suite 226 SF, CA. 94103

### Dear Helynna Brooke:

I am seeking a seat on the Mental Health Board of San Francisco. I believe I can bring an experienced perspective to the challenges that face the Mental Health Community in San Francisco. I will participate with all my honesty, willingness, and open-mindedness.

Sincerely,

**Marcus Dancer** 

San Francisco Supervisors,

SF Mental Health Board,

and to whom it may concern:

I have been a resident of San Francisco for over 25 years and during that time I have received great care and attention from the mental health community from the day I arrived. I am challenge with not only mental health but also physically challenged. I have had nothing but good to say about this city as opposed to where I come from which is Dallas Texas. As with all things, there is always room for an added positive perspective.

I am submitting this endorsement letter on behalf of my dear brother, Marcus Dancer, in full support of his efforts to join the SFMHB. It is my sincere belief that he would be an excellent addition to the board. Of course, I have known him his whole life and have witnessed his love and compassion for not only my journey with mental health issues but the journeys of other friends and relatives.

He has been my only family support in San Francisco, as well as providing my in-home care. He is always available for whatever I need from transportation to spiritual inspiration. He is very familiar with the issues involved with mental health and substance abuse all of which are apart of our family dynamic. I can always count on my brother and so can the City of San Francisco.

With all due regards

Michelle Dancen

U2/27/20/2

Michelle Dancer

Sf, Ca. 94109-5275



## 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): FAMILY MEMBER VIRGINIA BRASKI Home Al Occupation: TEACHER (PART TIME Home Phone Employer: SEQUOIA A DULT SCHOOL Work Phone: Business Address: Business E-Mail: gingerbraskikatt. 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 M No I 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 have lived in San Francisco for over 40 years and raised my family of three children here. When they were young adolescents, I became a single parent. My 2 daughters graduated from SFSU and my son from Cal-Poly in San Luis Obispo. I attended college as an adult, starting at CCSF and graduating from SFSU with a degree in Psychology. I continued on at SFSU to finish coursework in the Masters program in Adult Education. During that time, I worked in the Employee Benefits business and volunteered at the Delancey Street Foundation. Then, about 20 years ago, I changed careers and began work as a teacher in the San Francisco County Jail and in the San Mateo County jail. Many of these experiences have acquainted me with the diversity and demographic qualities of San Francisco.

usiness and/or professional experience:
EMPLOYED BY SEQUOIA ADULT SCHOOL TEACHING COMMUNICATION
SKILLS AT BRIDGES & DRUG ALCOHOL DON TREATMENT
ROGRAM IN REDWOOD CITY.
VOLUNTEER TEACHER IN THE CHOICES PROGRAM AT SAN MATER
COUNTY THIL (SEQUED DOWN TO THE
COUNTY THIL. (SEQUOIA ADULT SCHOOL BECAME UNABLE TO FUND THIS PROGRAM, SO I CONTINUED AS A VOLUNTEER) PRICE ENDERGISE TERMINES AS A VOLUNTEER)
PRIOR EXPERIENCE TEACHING A SAN FRANCISCO COUNTY DAIL.
PAST EXPERIENCE IN EMPLOYEE BENEFITS MARKETING
The state of the s
vic Activities:
SEE ABOVE
JUL ADVIC
an annihimanta his the Deard of Comemicans, appropriate before the DINEC COMMITTEE is
or appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a
quirement before any appointment can be made. (Applications must be received 10 days efore the scheduled hearing.)
note the scheduled healing.)
ate: 2/2//2018 Applicant's Signature: (required) ////Ginty Diastai
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)
lease Note: Your application will be retained for one year. Once Completed, this form, including
lease Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.
lease Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

01/20/12

San Francisco, CA 94123

February 21, 2018 Mental Health Board of San Francisco

To Whom It May Concern:

I would like to apply for a seat on the Mental Health Board as a Family Member. I have two reasons for applying to the Board. First, I would like to be a member of a diverse group of citizens who are working to help make a difference in the lives of people who have mental health care needs. San Francisco has an impressive array of mental health services, many with the focus of giving consumers a voice and fostering independence and sense of purpose. The make up of the mental Health Board embodies this philosophy. and has led to my desire to be a part of it,

Second, I would like to pay tribute to my son, Mike Braski. Mike became mentally ill when he was working on his PhD in Physics at UC San Diego. It took many difficult years to ascertain the final diagnosis of schizoaffective disorder find proper medication. Once stable, Mike worked to dispel the stigma of mental illness. In a program called PERT (Psychiatric Emergency Response Team), he helped train San Diego Police Department members to deal with people with mental illness. He was a vibrant and eloquent presenter, and achieved much recognition for his work. Mike passed away in 2014. He was dedicated to raising awareness about mental illness, and I would like to carry on his legacy by advocating for quality mental health service as a volunteer with The Mental Health Board.

As for my own background, I have lived in San Francisco for over 40 years and raised my family of three children here. When they were young adolescents, I became a single parent. My 2 daughters, Linda and Lisa, graduated from SFSU and my son, Mike, from Cal-Poly in San Luis Obispo and UC San Diego. I attended college as an adult, starting at CCSF and graduating from SFSU with a degree in Psychology. I continued on at SFSU to finish coursework in the Masters program in Adult Education. During that time, I worked in the Employee Benefits business and volunteered tutoring and teaching at the Delancey Street Foundation. My experience there revealed a love of teaching, and about 20 years ago, I changed careers and began work as a teacher in the San Francisco County Jail and in the San Mateo County jail.

Currently, I teach a communication class in a program at the San Mateo County jail as a volunteer (the program lost its funding several years ago). I am also employed by Sequoia Adult School as a teacher in the Bridges Program, a day treatment program run by the Probation Department.

I believe that volunteerism strengthens communities and that there is strength in diversity. I would appreciate being considered for a position on the Board.

Magenia Braske Virginia Bydski

Mental Health Board, San Francisco February 16, 2018

I am writing you in support of Ms. Virginia Braski's application to take a position on the board. The following is my letter of support in her endeavor.

I have known Ms. Braski for nearly 30 years since my arrival in San Francisco. During that entire period, she has involved herself in various volunteer activities that have supported many in San Francisco, including Delancey Street Foundation where she taught for many years and supported the transition of men back into the community post incarceration. Ms. Braski is dedicated and insightful and empathetic to the struggles of those that she works with. She communicates always in a respectful manner and sensitive to the culture distinctions in our community.

I was traveling with Ms. Braski when, her first experience, demanded her personal presence to support her son, Mike, as he struggled with acute psychosis. She departed immediately to offer that support and discovered the challenges of health systems unable to truly meet the needs of those facing mental illness. She worked diligently with local community supports and services to assist her son with his comprehensive needs and recovery to manage independently. Advocating for those with mental illness were the pillars of her personal experience with Mike, who ultimately himself became a champion for those suffering from mental illness in his community. Ms. Braski fully supported his needs which, at times, demanded her physical presence in Southern California. She became integrated into the resources that fought for the needs of those requiring integrated mental health services in Mike's community. The unfortunate death of Mike solidified her dedication to those who helped her son in Southern California. Recognition of the fractured ways those with mental health problems interface with services will be an emphasis for Ms. Braski.

Over twenty years of experience teaching inmates in jails, originally in San Francisco and now in San Mateo County, has created a framework for her to understand the interconnections between how behavioral problems, substance abuse, and mental illness often intersect. Several years ago, the adult school where she worked stopped its funding for the jail program; unhindered, she felt the need did not cease and today maintains her original role but as a volunteer. She continues to maintain a position in the adult school working with an outpatient program in San Mateo County run by the Probation Department.

The combination of her personal and intimate experiences regarding her son's mental illness and unfortunate death as well as her many volunteer and employment experiences in the Bay Area, provides a sensitive and broad view of the needs of those struggling with mental illness. Her approach of listening empathetically and working with others for solutions to create a comprehensive approach to mental health services would be an asset to the board.

Mitchel Erickson, BSN, MSN, ACNP Director of Advanced Practice, UCSF Health 350 Parnassus Avenue, Room 701-A, San Francisco, CA 94143 415-353-8054

Acute Care Nurse Practitioner, Emergency Medicine, UCSF Health Associate Clinical Professor, Department of Physiological Nursing, UCSF SON

#### **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 seat information and term expirations (in bold), appointed by the Board of Supervisors:

- Seat 1, Susan Page, term expiring January 31, 2020, must be a consumer appointed by the District 11 Supervisor, for a three-year term.
- Seat 2, Njon Weinroth, term expiring January 31, 2020, must be a consumer appointed by the District 7 Supervisor, for a three-year term.
- Seat 3, Carletta Jackson-Lane, term expiring January 31, 2020, must be representative of the public interest and appointed by the District 6 Supervisor, for a three-year term.
- Seat 4, Terezie Bohrer, term expiring January 31, 2020, must be representative of the public interest and appointed by the District 3 Supervisor, for a three-year term.
- Seat 5, Judith Klain, term expiring January 31, 2020, must be a family member of a consumer and appointed by the District 4 Supervisor, for a three-year term.

**Vacant Seat 6**, succeeding Eugene Porfido, resigned, must be a consumer appointed by the District 10 Supervisor, for the unexpired portion of a three-year term ending January 31, 2020.

- Seat 7, Gregory Ledbetter, term expiring January 31, 2020, must be a consumer appointed by the District 5 Supervisor, for a three-year term.
- Seat 8, Benny Wong, term expiring January 31, 2020, must be a mental health professional appointed by the District 9 Supervisor, for a three-year term.
- Seat 9, Richard Slota, term expiring January 31, 2020, must be a family member of a consumer and appointed by the District 1 Supervisor, for a three-year term.
- Seat 10, Harriette Stallworth Stevens, term expiring January 31, 2020, must be a family member of a consumer and appointed by the District 2 Supervisor, for a three-year term.

Seat 11, Judy Zalazar Drummond, term expiring January 31, 2019, must be representative of the public interest and appointed by the District 8 Supervisor, for a three-year term.

**Seat 12**, succeeding Toni Parks, term expired, must be a consumer, for the unexpired portion of a three-year term ending January 31, 2021.

Seat 13, Marylyn Tesconi, term expiring January 31, 2019, must be the family member of a consumer, for a three-year term.

Vacant Seat 14, succeeding Angela Pon, resigned, must be a family member of a consumer, for the unexpired portion of a three-year term ending January 31, 2019.

Seat 15, Ulash Thakore-Dunlap, term expiring January 31, 2019, must be a mental health professional, for a three-year term ending March 31, 2019.

Seat 16, Idell Wilson, term expiring January 31, 2019, must be a family member of a consumer, for a three-year term.

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.

<u>Report:</u> 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 <a href="http://www.sfbos.org/sfmunicodes">http://www.sfbos.org/sfmunicodes</a> or by visiting the Mental Health Board website at <a href="http://www.sfgov.org/mental">www.sfgov.org/mental</a> health.

Interested persons may obtain an application from the Board of Supervisors website at <a href="http://www.sfbos.org/vacancy\_application">http://www.sfbos.org/vacancy\_application</a> 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. <a href="https://www.sfbos.org/vacancy\_application">All applicants must be residents of San Francisco, unless otherwise stated.</a>

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, a vacancy may have already been filled. To determine if a vacancy for this Board is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-5184.

Angela Calvillo Clerk of the Board

DATED/POSTED: August 7, 2018

## 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.