

**Mental Health Commission  
Quality of Care Committee Meeting  
Thursday, September 3, 2020, 3:30-5:30 pm  
Via: Zoom Teleconference:**

**<https://cchealth.zoom.us/j/6094136195>**

**Meeting number: 609 413 6195**

**Join by phone:**

**1 646 518 9805 US**

**Access code: 609 413 6195**

## AGENDA

- I. Call to order/Introductions
- II. Public comments
- III. Commissioner comments
- IV. Chair comments
- V. RECAP August 20, 2020 Quality of Care Committee meeting highlights
- VI. CONTINUE TO REVIEW drafts of guidelines and surveys worked on by the Quality of Care Committee Mental Health Commission Site Visit program development team including:
  - Second draft of Children and Young Adults surveys
  - First draft of Parents/Caregiver survey
  - First draft of Staff survey
  - First draft of Site Visit process
  - First draft of Introduction to the MHC Site Visit Program for Commissioners
- VII. Schedule a late September Quality of Care Committee meeting to prepare for presentation of the Site Visit program for the October 7<sup>th</sup> full Commission meeting
- VIII. Adjourn



# Contra Costa County Mental Health Commission

## Site Visit Guidelines and Process

### October, 2020

## I. GUIDELINES

### PHILOSOPHY/PURPOSE:

- Goals are to:
  - help programs improve their level of success
  - to deepen Commissioners' knowledge of Contra Costa Behavioral Health Services (CCBHS) programs and system of care and thereby help Commissioners to be more informed and effective advocates
  - better assist BHS, Contra Costa Regional Health Center (CCRMC) and Mental Health Services Act (MHSA) in making program and system decisions, including continuation of funding
- Focus is on client satisfaction and the client's view of the strengths and weaknesses of programs

**SCOPE:** The scope of sites is any and all mental health-related treatment facilities operated or contracted out by CCBHS, including those operated by CCRMC, e.g. Psychiatric Emergency Service (PES) and 4C. (*Forensics too difficult.*)

**FOCUS:** The focus of MHC site visits will be the consumer experience. While baseline questions will be asked of staff, the majority interviews are with consumers and family members/care-givers. The goal of the interviews will be to uncover what it is that consumers like or dislike about a program, what works or doesn't work, and, ultimately, does the program do what it promises to do. There is no investigation into finances, utilization, protocols etc. Any such issue that may come to light during consumer and family member/caregiver interviews or the baseline staff interviews will be forwarded to CCBHS, MHSA or CCRMC administration for follow up. Another important distinction is that interviews are meant to cast a light on the quality of care of the site and the system of care that it is a part of; it is not meant to be a tool for identifying and solving the specific problems of individuals. This being said, the site Program Director and CCBHS, CCBHS and/or MHSA should be immediately notified of any issues requiring an immediate response that are identified during a site visit.

**PRIVACY:** The privacy of the consumers and staff who are interviewed by the MHC will always be carefully protected. Interviewees will not need to give their names. Readers of the report will not be able to identify consumers simply by reading the report.

**MANDATORY RESPONSIBILITY FOR THE COMMISSIONER:** Site visits are a mandatory responsibility of all Mental Health Commissioners, not just leadership or Quality of Care Committee members.

**REQUIRED NUMBER OF SITE VISITS PER COMMISSIONER PER YEAR:** There are two site visits required per year for every Commissioner.

**TARGET NUMBER OF SITES TO VISIT PER YEAR:** On average we have 13 Commissioners on board at any point in time. There should typically be two Commissioners per site visit, sometimes three, depending on the number of interviews to be completed.

- *Since Commissioners are required to visit two site visits per year, we should theoretically visit 13 to 15 sites per year. This also assumes that all Commissioners meet their commitment and that there are 13 to 15 Commissioners on the Commission for the year.*
- *There will be a few Commissioners who are not able to meet their commitment and there will be unforeseen circumstances etc. that lead to the cancellation of site visits. These situations will reduce the number of site visits made in a given year.*
- *Given the above, our target range is 10 to 15 site per year.*

**RATIONALE AND CRITERIA FOR SITE SELECTION:** Each year, the Commission must compile a list of sites to visit. Sites may be chosen for a variety of reasons to ensure that the site visit program remains flexible and able to meet a range of Commissioner interests and concerns. Sites may be selected that are:

- Programs that have not been visited within the past three years by the Commission
- Programs that have contracts coming up for review
- Programs that are known to be doing particularly well (how can their strengths be shared by other programs?)
- Programs that are known to be struggling in some way (what kind of support does the program need?)
- Programs of strategic interest e.g. a test site for a new process or for a new treatment or program (can the new process or treatment or program be rolled out to other sites?)
- Programs of particular interest to individual Commissioners

**RATIONALE AND METHOD FOR ASSIGNING COMMISSIONERS TO SITES:** Ideally, Commissioners will choose or be assigned to the sites that interest and motivate them the most. Sites should be matched with Commissioners on a first-serve, sign-up basis, with Commissioners indicating their first, second and third choices. The Executive Assistant can oversee this process and make final assignments.

**NUMBER OF COMMISSIONERS PERFORMING A SITE REVIEW:** There should be a minimum of two Commissioners to participate in a given site visit. The number can be higher depending on the size of the site and number of clients available for interview. Two Commissioners can share the workload and provide two different perspectives. Having two can also make the site visit feel less intimidating. Whenever possible, there should always be at least one family member or one consumer per interview team.

**REPORTING:** Site visit reports should be shared out to the entire Commission; CCBHS, CCRMC and MHSA staff, depending on the site that was visited; and the Public. Every month, the latest Site Visit reports should be shared with the Commission via email, presentation at a Committee meeting, and/or presentation at a full Commission meeting. The method of sharing out will depend on a variety of factors, e.g. time available on agendas, the strategic importance of a visit, how easy they are to digest, time-sensitivity, etc. They should be sent to the appropriate county mental health administration—CCBHS, CCRMC and/or MHSA and to the Program Director of the visited site. The reports should also be posted on the CCBHC website for the Public.

**PROCESS FOR SITE IMPROVEMENTS:** When a Program Director agrees to a site visit, they are also agreeing to consider making improvements that Commissioners identify, if any, and that CCBHS, CCRMC and/or MHSA, the site itself, and the MHC all mutually agree to. In the event that a site review identifies challenges that require improvement, an action plan should be defined by the site Program Director working with CCBHS, CCRMC or MHCA administration, with input by the MHC. The MHC should be provided with regular reports until the improvements have been successfully made and validated.

**TRACKING:** The MHC site visit process should track which sites have been visited, when and by whom. It should track how many sites each Commissioner has visited and when. The MHC Executive Assistant will do the tracking and will keep the Executive Committee informed of progress; he or she will also remind individual Commissioners of their commitment.

**CCBHS/MHSA COMMUNICATIONS/COORDINATIONS:** The MHC site visit process must include steps for keeping MHSA and CCBHS staff apprised of the MHC site visit schedule, e.g. when visits will occur, when visits are complete. Specific site visit dates should be coordinated with BHS/MHSA to avoid conflicts.

**SITE COMMUNICATIONS:** Site visits should entail effective communication and coordination with the Program Director of the site to be visited. Communications should include objective of the visit, an introduction the MHC and it's role; assurances of privacy of the clients, and agreed upon steps to be taken in the case of any significant challenges being experienced by the site.

**STAFF SUPPORT REQUIREMENTS:** The need for staff support is considerable. The MHC Executive Assistant will carry out the bulk of the main responsibilities. Every effort should be made to minimize work to be conducted by the Program Direct of the site to be visited. The main responsibilities are:

- Oversee the annual creation of a target site list
- Schedule site visits with sites and Commissioners
- Coordinate site visit logistics
- Informing site and Commissioners of the process, interview guidelines and forms.
- Tabulating interview responses that are quantitative, if any
- Assist Commissioners in writing their reports, if needed

- Packaging site visit documentation and reports
- Distributing site visit reports and posting them on the MHC website
- Training Commissioners and, if desired, CCBHS, CCRMC and MHSa staff on the MCH Site Visit program

**TRAINING:** Commissioners will need basic training on the Site Visit Program, including rationale, guidelines and process. There can be many ways to do this and the goal should be to get Commissioners ready and comfortable with conducting a site review and minimizing the load on the Executive Assistant. The training can be provided in person or via tele-video with the Executive Assistant, through a document specifically written for Commissioners, be a part of the semi-annual Commission Orientation and Training curriculum, and/or can be recorded for online viewing.

## II. PROCESS

### A. Outline of Process

#### JANUARY

- Prepare the list of sites to visit for the calendar year
- Match Commissioners with sites

#### FEBRUARY - MARCH

- Schedule site visits

#### FEBRUARY - NOVEMBER

- Coordinate and prepare for individual site visits
- Conduct site visits
- Prepare site visit reports and action plans
- Disseminate site visit reports
- Follow up on action plans

#### DECEMBER

Wrap up reporting on site visits  
Continue following up on action plans

### B. Description of Process

#### 1. PREPARE LIST OF SITES (DECEMBER – EARLY JANUARY)

***Update the master site database with the most recent information on all sites (Executive Assistant)***

The database should contain:

- Site name
- Site type
- Size (small, medium, large)
- Who operates it (CCBHS, contractor, CCRMC)
- Date last visited by MHC
- Date last visited by CCBHS
- Date last visited by MHSA
- Contract review date
- Priority CCBHS/MHSA (I, II, III)
- Which MHC Commissioners visited last
- Report on file

- Action plan complete and validated

***Create a list of target sites to visit***

***(Executive Assistant and Executive Committee or Quality of Care Committee)***

A list of twenty candidate sites should be selected according to the criteria listed above under the section on rationale and criteria for selecting sites. The first pass should include all sites not visited within the past three years, then the sites visited over two years ago.

The work of compiling the target site list should be carried out by a small team of Commissioners who are collectively familiar with many sites and are knowledgeable about quality of care concerns, with the support of the MHC Executive Assistant. Both the Executive Committee and the Quality of Care Committee are well suited for this task.

**2. SIGN UP COMMISSIONERS FOR SITE VISITS (EARLY TO MID JANUARY)**

***Match Commissioners with sites (Executive Assistant)***

Sign up Commissioners on a first come, first serve basis. Using an electronic sign-up system like Sign-up Genius, present Commissioners with the target list of sites to visit, including the number of Commissioner slots available for each site, and ask them to sign-up for three sites as their top choices.

***Fine tune the list***

***(Executive Assistant, Chair)***

Within reason, manually balance out the list so that there is an appropriate mix of Commissioners matched with each site.

- Check to see that there is at least one consumer and/or family member/caregiver signed up for each site (having one of each is preferable but may not always be feasible.)
- Check to see that there is at least one experienced Commissioner signed up per site visit. Team the more seasoned Commissioners with new Commissioners.

**3. SCHEDULE FEBRUARY SITE VISITS (MID-TO-LATE JANUARY)**

Site visits will occur February through November. To ensure that site visits begin as early as February, one to two sites will need to be scheduled by mid- to late-January.

***Schedule the visit(s) with the site Program Director and Commissioners (Executive Assistant)***

- Explain the purpose and process of the site visit to the Program Director (See “Letter to Program Director”).
- Request a couple of dates/times when the greatest number of consumers will potentially be available to interview.
- Site visits outside normal business hours are acceptable.

#### **4. SCHEDULE REMAINING SITE VISITS (FEBRUARY - MARCH)**

##### ***Schedule the March site visits (Executive Assistant)***

Queue up the March site visits in early February.

##### ***Schedule remaining site visits (Executive Assistant)***

Use the rest of February and March to schedule the remaining site visits.

#### **5. PREPARE FOR SITE VISITS (FEBRUARY - NOVEMBER)**

##### ***Confirm visit (Executive Assistant)***

One month before the visit, confirm with the Program Director and Commissioners involved in the visit. Copy CCBHS, MHSA and/or CCRMC administration to keep them apprised of the visit.

##### ***Coordinate site visit details with the Program Director (Executive Assistant)***

- Send Consumer notice of site visit interview opportunity (see Consumer Notice Letter) to be posted by the Program Director and invitation to interview (see Letter to Consumer) to send to all clients plus family members/care-givers
- Obtain names of consumers to interview
- Obtain names of staff to interview (target Program Director and 1-2 staff)
- Confirm private, quiet space for conducting interviews (two separate areas if possible)
- Coordinate final schedule of interviews – name and time

##### ***Arrange training (Executive Assistant and possibly other experienced Commissioners)***

If the Commissioners are new to site visits, schedule training (in-person with Executive Assistant or other experienced Commissioner or watch training video (to be created)).

##### ***Prepare site visit packets (Executive Assistant)***

Put together packets for the Commissioners containing:

- Schedule--List of consumers, family members/care-givers, staff (including Program Director) to interview and roughly when;
- Background information on the Program including known strengths, challenges, any outstanding issues;
- Copies of Consumer, Children, Youth, Family Member/Care-giver, Staff and Program Director Interview forms;
- Extra blank paper;
- Address of site and what to do upon arrival;
- Contact information for the Program Director, including cell phone number.
- [In the case of a Zoom visit...]

##### ***Complete final confirmations (Executive Assistant and Program Director)***



Confirm with Program Director and Commissioners the Friday before the site visit. Ask Program Director to confirm with interviewees.

***Complete homework (Commissioners)***

Commissioners should review their packets, formulate their own questions about the site, and research the site more if necessary.

**6. CONDUCT SITE VISIT (FEBRUARY - NOVEMBER)**

- Greet and thank Program Director for the opportunity to learn more about their site and to provide feedback
- Take brief tour of site (ten minutes)
- Interviews
  - First, interview Program Director for background information.
  - Second, interview one to two staff members
  - Third, interview consumers and family members/care-givers
  - Interviews should begin with a warm greeting, explanation of the Mental Health Commission, explanation of the purpose of the site visit and interview, and an assurance of privacy
  - Take careful, legible notes as they will need to be transcribed
- De-brief with partner Commissioner(s)
  - Share and jot down big picture take-aways, unexpected findings, lasting impressions – anything that will help make writing a report easier and more insightful
  - Share any issues that require an action plan.
- Thank the Program Director

**7. PREPARE REPORT (FEBRUARY – NOVEMBER)**

The site visit report is a critical piece of the process – it’s how the story of the consumer and family members/care-givers unfolds and provides insights to how the county’s mental health system of care can be its very best. It’s up to Commissioners to tell this story the best that they can.

***Organize and transcribe notes (Commissioners, Executive Assistant if help needed)***

First, for each interview, organize and type notes into a Work document (see Program Director, Staff, Consumer, Youth, Child, Family/Care-giver Interview documents). They are now legible and accessible to everyone.

***Draft report narrative (Commissioners, Executive Assistant if help needed)***

- Second, draft a narrative report using the Report Template document to help stay organized and address the main points.
- Choose one person to write the report or assign different sections to different Commissioners.

- Keep the narrative report brief – readable in under five minutes and presentable in a meeting in under five minutes. If the reader wants more details they can reference the individual interview notes.
- Using bullet points is encouraged.
- If assistance is needed, contact the Executive Assistant for help – he or she may help or may connect you with another Commissioner who likes to write.

***Review and edit (Commissioners, Executive Assistant, Chair)***

- Review and edit the report with the Executive Assistant and any other Commissioner who is available to assist.
- Provide the MHC Chair with a review copy.
- Sign off on the final draft.

**8. DETERMINE ACTION PLAN(S) IF NECESSARY (FEBRUARY – NOVEMBER)**

If an action plan(s) is deemed necessary, there will be a methodical, transparent and cooperative process of creating a plan, getting agreement, executing and validating the plan.

If there is an issue that warrants an action plan, promptly contact the MHC Chair and describe the issue. Don't wait until the report is complete – the action plan will be key component of the report. The MHC Chair will contact the site Program Director and CCBHS, MHSA or CCRMC administration to outline the issue and request their assistance in creating an action plan. The Program Director, ideally, should lead the problem-solving. The action plan must be approved by the MHC Chair, the Program Director, and the CCBHS, MHSA or CCRMC administration; successful completion of the plan must likewise be signed off on.

The action plan should include:

- Problem to be solved;
- Recommended change;
- Steps for implementing the change;
- Time-frame;
- A measurement(s) for determining the success of change;
- Method for validating successful change;
- Responsible parties.

The action plan will be included in the Report.

**9. PREPARE SITE VISIT REPORT PACKAGE (FEBRUARY – NOVEMBER)**

The Executive Assistant will prepare the final report package. The final site visit report will contain:

- The narrative report
- Action plan(s) if any as appendices

- The electronic version of the interview written responses as appendices
- The original, handwritten interview question responses

#### **10. DISSEMINATE REPORT (FEBRUARY – NOVEMBER)**

The final report needs to be promptly distributed to:

- All Commissioners;
- The site Program Director;
- CCBHS, MHSA and/or CCRMC administration;
- The Public.

There are different venues for distribution:

- One should be presented at each monthly full Commission meeting
- All reports with an action plan(s) should be presented at the relevant Committee meeting, typically Quality of Care but sometimes Finance-MHSA or Justice Systems Committees
- All reports should be emailed to Commissioners
- All reports should be posted on the MHC website.
- A few key reports may be included in the Annual Report to the Board of Supervisors

#### **11. FOLLOW UP ON ACTION PLAN (FEBRUARY – NOVEMBER)**

Action plans will be followed up on at the Committee level. For example, site Program Directors may be invited to a Quality of Care meeting to answer questions about their site action plan.

**DRAFT**

**CONTRA COSTA MENTAL HEALTH COMMISSION**

**CLIENT SATISFACTION SURVEY**

*Let the client know that the interview will be confidential, and you will not be putting their name on the form. The client does not have to tell us his or her name.*

1. Tell me a few things about this program or service that you like the best?

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2. In what ways does this program or these services help you the most?

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3. Do you feel that your needs are being met? (examples: culturally, gender-responsive, other,etc.). **Do they provide services in your preferred language?**

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4. **Do you feel the staff works with you to determine the services that are most helpful to you? (MHSA Question)**

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5. Do you have children, elderly parents, or anyone else whom you are responsible to care for? What are some ways that this program supports you in balancing your needs and your caregiving needs (for example, providing toys and a play space for children, discussing how to bring up treatment with relatives, etc.)?

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6. How does this program support your family members? What services does the program offer that have a positive impact on your family member's?

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7. Are there ways in which this program or service is new and different for you than other programs or services you have been involved with? (for example, is it better or is it worse?)

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8. Does the staff ask you for your ideas about services you might need?

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9. Do you feel the staff listens to or uses your ideas about services you might need?

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10. Do you feel the staff respects you?

Yes

No

Comment:

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11. What does the program do well?

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12. What does the program need to improve on?

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13. What challenges have you faced in this program?

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14. Do you feel safe in this program?

Yes

No

Comment:

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15. How do you get to and from this program? How long does it take you to get here from where you live? Do you feel safe in this program's neighborhood?

No

Yes

Comment:

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16. How long have you been getting these services? How long do you expect to be in this program?

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17. Do you feel this program is the right one for you?

Yes

No

Comment:

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18. Does the staff recognize your individual strengths, skills, and capabilities? (for example, your leadership abilities, compassion for others, artistic talents, musical ability, etc.)

Yes

No

Comment:

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19. Does the staff help you use these strengths in your recovery?

Yes  No   
Comment:

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20. Does the staff help you connect with other resources? (for example medical needs, vision, dental, legal, housing, male/female issues, **education**, etc.)

Yes  No   
Comment:

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21. What could be added to this program or service to make it work better for you?

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22. Are you satisfied with the meals you are receiving here?

No   
Yes   
Comment:

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23. Is the staff willing to make appointments that are convenient for you?

Yes  No   
Comment:

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24. Are you taking medications? If Yes, go to #25. If No, skip ahead to # 26

Yes  No



25. Where do you get your medications? Is it convenient for you?

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Did you sign any papers agreeing to take medications?

Yes  No

Did you understand them?

Yes  No

Did a doctor or staff person talk to you about what the medications were for?

Yes  No

Did a doctor talk to you about the side effects of the medications?

Yes  No

Did a doctor or staff talk to you about alternatives to medication, such as other kinds of treatment programs?

Yes  No

Did the doctor or staff answer all of your questions about your medications?

Yes  No

For women clients: Did a doctor talk to you about the impact of medication on your hormones, menstrual cycle, menopause, pregnancy, or sexual function?

Yes  No

For male clients: Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes  No

For transgender clients: Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes  No

Do you feel the medications you are taking are helping you?

Yes  No

If you had a problem with your medications, did the doctor or staff listen to your concerns? What did they do about your concerns?

Yes  No

Comment: \_\_\_\_\_

26. Think of the documents you've signed:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Did you have the chance to look them over? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Did you read them?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Could you read them? (for exp. Can't read) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Did you understand what you were signing?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comment: \_\_\_\_\_

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27. Did you ever sign a document you didn't want to sign?

Yes  No   
Comment:

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28. Do you know that information about you cannot be given to anyone unless you sign a release?

Yes  No   
Comment:

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29. Do you feel that the staff keeps your treatment records confidential?

Yes  No   
Comment:

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30. Do you know what WRAP is? (Wellness and Recovery Action Plan)\*

Yes  No

31. Do you have a WRAP plan?

Yes  No

32. Do you have a Mental Health Advanced Directive? (also known as Psychiatric Advanced Directive)

Yes  No

33. Is there anything else you would like to tell me about?

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WRAP is a self-designed plan to help people with mental health conditions stay well and to help individuals to feel better when not feeling well, increase personal responsibility, and improve quality of life. WRAP consists of the following: Wellness Toolbox, Daily Maintenance Plan, Identifying Triggers and an Action Plan, Identifying Early Warning Signs and an Action Plan, Identifying When Things Are Breaking Down and an Action Plan, and Crisis Planning and Post Crisis Planning.

\*\* MENTAL HEALTH ADVANCED DIRECTIVE: Document developed voluntarily by a person with a mental health condition when the person is doing well to ensure that during periods, when the person lacks the capacity to make an informed decision about mental health care, their choices regarding treatment and services shall be carried out. The potential benefits of Mental Health Advance Directives include increasing treatment collaboration by improving communication between the individual and his/her treatment team; allowing for consumer- centered care and treatment planning; expediting crisis interventions; preventing unnecessary guardianship procedures; and promoting individual autonomy and empowerment in the recovery from mental illnesses.

**DRAFT**

**CONTRA COSTA MENTAL HEALTH COMMISSION  
CHILD SATISFACTION SURVEY (5-11 years)**

1. I am going to ask you some questions today and want you to know that anything we talk about will be confidential and I will not put your name on the form. Is that OK with you?

Yes  No

Comment:

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2. Do you know why you are here?

Yes  No

Comment:

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3. Do you like it here? Do you feel safe?

Yes  No

Comment:

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4. Do you feel scared or sad? Does anyone bother you here?

Yes  No

Comment:

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5. How is your body feeling? Are you having stomach or headaches?

Yes  No

Comment:

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6. Do you have friends here? What do you do with them?  
Yes  No

Comment:

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7. Tell me a few things about being here that you like the best?

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8. Is there anything about being here that you do not like?

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9. Does the staff ask you for your ideas about things you might like or need?  
Do you feel they listen to you?  
Yes  No

Comment:

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10. Do you feel the staff likes and respects you?  
Yes  No

Comment:

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11. How do you get to and from this program? How long does it take you to get here  
from where you live? Do you feel safe in this program's neighborhood?  
Yes  No

Comment:

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12. How long have you been getting these services? How long do you expect to be in this program?

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13. Do you feel the program is the right one for you?

Yes  No

Comment:

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14. Do you feel the staff knows what your skills are and what you like doing? (for example, your, artistic talents, musical ability, being a good friend to others, etc.)

Yes  No

Comment:

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15. Does the staff help you use these skills while you are here?

Yes  No

Comment:

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16. Does the staff help you with doctors and dental appointments, other appointments?

Yes  No

Comment:

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17. What could be added to this program or service to make you like it better?

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18. Are you satisfied with the meals you are receiving here?

Yes  No

Comment:

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19. Are you taking any medications? If Yes, go to #20. If No, skip ahead to # 21.

Yes  No

20. Where do you get your medications? Is it convenient for you?

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Did a doctor or staff person talk to you about what the medications were for?

Yes  No

Did a doctor talk to you about the side effects of the medications?

Yes  No

Did a doctor or staff talk to you about alternatives to medication, such as other kinds of treatment programs?

Yes  No

Did the doctor or staff answer all of your questions about your medications?

Yes  No

For women clients: Did a doctor talk to you about the impact of medication on your hormones, menstrual cycle, menopause, pregnancy, or sexual function?

Yes  No

For male clients: Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes  No

For transgender clients: Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes  No

Do you feel the medications you are taking are helping you?

Yes  No

If you had a problem with your medications, did the doctor or staff listen to your concerns? What did they do about your concerns?

Yes  No

Comment: \_\_\_\_\_

21. Has the staff shared with you the documents your parents signed?:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a. Did you have the chance to look them over? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Did you read them?                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Could you read them? (for exp. Can't read) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Did you understand what you were signing?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Comment:

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22. Did you feel the staff keeps your treatment records confidential?

Yes  No

Comment:

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23. Is there anything else you would like to tell me about?

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**DRAFT**

**CONTRA COSTA MENTAL HEALTH COMMISSION  
YOUTH SATISFACTION SURVEY (12-17 years)**

1. I am going to ask you some questions today and want you to know that anything we talk about will be confidential, and I will not put your name on the form. Is that OK with you?

Yes  No

Comment:

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---

2. Do you know why you are here?

Yes  No

Comment:

---

---

3. Do you like it here? Do you feel safe?

Yes  No

Comment:

---

---

4. Do you feel scared here? Are you worried about anything?

Yes  No

Comment:

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---

5. How is your body feeling? Are you having stomach or headaches?

Yes  No

Comment:

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6. Tell me a few things about this program or service that you like the best?

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7. Does the staff ask you for your ideas about services you might need?

Yes  No

Comment:

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8. Do you feel the staff listens to or uses your ideas about services you might need?

Yes  No

Comment:

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---

9. Do you feel the staff respects you?

Yes  No

Comment:

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10. Do you have anyone you take care of? (elderly parents, sibling, child)

Yes  No

Comment:

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11. How do you get to and from this program? How long does it take you to get here from where you live? Do you feel safe in this program's neighborhood?

Yes  No

Comment:

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12. How long have you been getting these services? How long do you expect to be in this program?

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13. Do you feel the program is the right one for you?

Yes  No

Comment:

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14. What challenges have you faced in this program?

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15. What do you think the program needs to improve on?

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16. Does the staff recognize your individual strengths, skills, and capabilities? (for example, your leadership abilities, compassion for others, artistic talents, musical ability, etc.)

Yes  No

Comment:

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---

17. Does the staff help you use these strengths in your recovery?

Yes  No

Comment:

---

18 Does the staff help you connect with other resources? (for example medical needs, vision, dental, legal, housing, male/female issues, education, etc.)

Yes  No

Comment:

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19. What could be added to this program or service to make it work better for you?

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20. Are you satisfied with the meals you are receiving here?

Yes  No

Comment:

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21. Is the staff willing to make appointments that are convenient for you?

Yes  No

Comment:

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22. Are you taking medications? If Yes, go to #23. If No, skip ahead to # 24.

Yes  No

23. Where do you get your medications? Is it convenient for you?

---

Did you sign any papers agreeing to take medications?

Yes  No

Did you understand them?

Yes  No

Did a doctor or staff person talk to you about what the medications were for?

Yes  No

Did a doctor talk to you about the side effects of the medications?

Yes  No

Did a doctor or staff talk to you about alternatives to medication, such as other kinds of treatment programs?

Yes  No

Did the doctor or staff answer all of your questions about your medications?

Yes  No

For women clients: Did a doctor talk to you about the impact of medication on your hormones, menstrual cycle, menopause, pregnancy, or sexual function?

Yes  No

For male clients: Did a doctor talk to you about the impact of medication on your hormones or sexual function?

Yes  No

For transgender clients: Did a doctor talk to you about the impact of medication on your hormones or sexual function?

Yes  No

Do you feel the medications you are taking are helping you?

Yes  No

If you had a problem with your medications, did the doctor or staff listen to your concerns? What did they do about your concerns?

Yes  No

Comment: \_\_\_\_\_

24. Has the staff shared with you the documents your parents signed?:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Did you have the chance to look them over? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Did you read them?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Could you read them? (for exp. Can't read) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Did you understand what you were signing?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comment:

\_\_\_\_\_  
\_\_\_\_\_

25. Did you feel the staff keeps your treatment records confidential?

Yes  No

Comment:

\_\_\_\_\_  
\_\_\_\_\_

26. Do you know what WRAP is? (Wellness and Recovery Action Plan)\*

Yes  No

27. Do you have a WRAP plan?

Yes  No

28. Do you have a Mental Health Advanced Directive? (also known as Psychiatric Advanced Directive)

Yes  No

29. Is there anything else you would like to tell me about?

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WRAP is a self-designed plan to help people with mental health conditions stay well and to help individuals to feel better when not feeling well, increase personal responsibility, and improve quality of life. WRAP consists of the following: Wellness Toolbox, Daily Maintenance Plan, Identifying Triggers and an Action Plan, Identifying Early Warning Signs and an Action Plan, Identifying When Things Are Breaking Down and an Action Plan, and Crisis Planning and Post Crisis Planning.

\*\* MENTAL HEALTH ADVANCED DIRECTIVE: Document developed voluntarily by a person with a mental health condition when the person is doing well to ensure that during periods, when the person lacks the capacity to make an informed decision about mental health care, their choices regarding treatment and services shall be carried out. The potential benefits of Mental Health Advance Directives include increasing treatment collaboration by improving communication between the individual and his/her treatment team; allowing for consumer- centered care and treatment planning; expediting crisis interventions; preventing unnecessary guardianship procedures; and promoting individual autonomy and empowerment in the recovery from mental illnesses.

SAN FRANCISCO MENTAL HEALTH BOARD



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**CHILD AND YOUTH SATISFACTION SURVEY**

1. Tell me a few things about this program or service that you like the best?

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2. Do you know why you are here?

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3. Do you have anyone you take care of (elderly parents, sibling, child)

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4. Does the staff ask you for your ideas about services you might need?

Yes  No

Comment: 

---

5. Do you feel the staff listens to or uses your ideas about services you might need?

Yes  No

Comment: 

---

6. Do you feel the staff respects you?

Yes  No

Comment: 

---

7. Do you feel safe in this program?

Yes

No

Comment:

---

8. How do you get to and from this program? How long does it take you to get here from where you live? Do you feel safe in this program's neighborhood?

Yes

No

Comment:

---

9. How long have you been getting these services? How long do you expect to be in this program?

\_\_\_\_\_

10. Do you feel this program is the right one for you?

Yes

No

Comment:

---

---

11. Does the staff recognize your individual strengths, skills, and capabilities? (for example, your leadership abilities, compassion for others, artistic talents, musical ability, etc.)

Yes

No

Comment:

---

12. Does the staff help you use these strengths in your recovery?

Yes

No

Comment:

---

13. Does the staff help you connect with other resources? (for example, programs in your school and neighborhood, medical needs, vision, dental, legal, housing, male/female issues, etc)

Yes

No



Comment:

---

14. What could be added to this program or service to make it work better for you?

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15. Is the staff willing to make appointments that are convenient for you?

Yes

No

Comment:

---

16. Are you taking medications? If Yes, ask questions a to i. If No, go to question 17.

Yes

No

a. Did a doctor or staff person talk to you about what the medications were for?

Yes

No

b. Did a doctor talk to you about the side effects of the medications?

Yes

No

c. Did a doctor or staff talk to you about alternatives to medication, such as other kinds of treatment programs?

Yes

No

d. Did the doctor or staff answer all of your questions about your medications?

Yes

No

e. [For female clients](#): Did a doctor talk to you about the impact of medication on your hormones, menstrual cycle, pregnancy or sexual function?

Yes

No

f. [For male clients](#): Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes

No

g. [For transgender clients](#): Did a doctor talk to you about the impact of medication on your hormones, or sexual function?

Yes

No

h. Do you feel the medications you are taking are helping you?

Yes  No

i. If you had a problem with your medications, did the doctor or staff listen to your concerns? What did they do about your concerns?

Yes  No

Comment:

---

---

17. Has the staff shared with you the documents your parents signed?:

j. Did you have the chance to look them over? Yes  No

k. Did you read them? Yes  No

l. Could you read them? (for exp. Can't read) Yes  No

m. Do you understand what they signed? Yes  No

Comment:

---

---

---

18. Do you feel that staff keeps your treatment records confidential?

Yes  No

Comment:

---

19. Do you know what WRAP is? (Wellness and Recovery Action Plan)\*

Yes  No

20. Do you have a WRAP plan?

Yes  No

21. Is there anything else you would like to tell me about?

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---

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---

\*WRAP is a self-designed plan to help people with mental health conditions stay well and to help individuals to feel better when not feeling well, increase personal responsibility, and improve quality of life. WRAP consists of the following: Wellness Toolbox, Daily Maintenance Plan, Identifying Triggers and an Action Plan, Identifying Early Warning Signs and an Action Plan, Identifying When Things Are Breaking Down and an Action Plan, and Crisis Planning and Post Crisis Planning.

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**CLIENT SATISFACTION SURVEY**

1. Tell me a few things about this program or service that you like the best?

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---

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2. In what ways does this program, or these services help you the most?

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3. Do you feel that your needs are being met? (examples: culturally, gender responsive, language, other, etc.)

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4. Do you have children, elderly parents, or anyone else whom you are responsible to care for? What are some ways that this program supports you in balancing your needs and your caregiving needs (for example, providing toys and a play space for children, discussing how to bring up treatment with relatives, etc)?

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5. Are there ways in which this program or service is new and different for you than other programs or services you have been involved with? (for example, is it better or is it worse?)

---

---

6. Does the staff ask you for your ideas about services you might need?

Yes

No

Comment:

---

7. Do you feel the staff listens to or uses your ideas about services you might need?

Yes

No

Comment:

---

8. Do you feel the staff respects you?

Yes

No

Comment:

---

9. Do you feel safe in this program?

Yes

No

Comment:

---

10. How do you get to and from this program? How long does it take you to get here from where you live? Do you feel safe in this program's neighborhood?

Yes

No

Comment:

---

11. How long have you been getting these services? How long do you expect to be in this program?

\_\_\_\_\_

\_\_\_\_\_

12. Do you feel this program is the right one for you?

Yes

No

Comment:

---

---

13a Does the staff recognize your individual strengths, skills, and capabilities? (for example, your leadership abilities, compassion for others, artistic talents, musical ability, etc.)

Yes

No

Comment:

---

13b. Does the staff help you use these strengths in your recovery?

Yes

No

Comment:

---

14. Does the staff help you connect with other resources? (for example, medical needs, vision, dental, legal, housing, male/female issues, etc)

Yes

No

Comment:

---

15. What could be added to this program or service to make it work better for you?

---

---

---

16. Is the staff willing to make appointments that are convenient for you?

Yes

No

Comment:

---

17. Are you taking medications? If Yes, go to #21. If No, skip ahead to question 22

Yes

No

18. Where do you get your medications? Is it convenient for you?

---

- a. Did you sign any papers agreeing to take medications?  
Yes  No
- b. Did you understand them?  
Yes  No
- c. Did a doctor or staff person talk to you about what the medications were for?  
Yes  No
- d. Did a doctor talk to you about the side effects of the medications?  
Yes  No
- e. Did a doctor or staff talk to you about alternatives to medication, such as other kinds of treatment programs?  
Yes  No
- f. Did the doctor or staff answer all of your questions about your medications?  
Yes  No
- g. [\*For women clients\*](#): Did a doctor talk to you about the impact of medication on your hormones, menstrual cycle, menopause, pregnancy or sexual function?  
Yes  No
- h. [\*For male clients\*](#): Did a doctor talk to you about the impact of medication on your hormones, or sexual function?  
Yes  No
- i. [\*For transgender clients\*](#): Did a doctor talk to you about the impact of medication on your hormones, or sexual function?  
Yes  No
- j. Do you feel the medications you are taking are helping you?  
Yes  No
- k. If you had a problem with your medications, did the doctor or staff listen to your concerns? What did they do about your concerns?  
Yes  No

Comment:

---

---

19. Think of the documents you've signed:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| l. Did you have the chance to look them over? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| m. Did you read them?                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| n. Could you read them? (for exp. Can't read) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| o. Did you understand what you were signing?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Comment:

---

---

---

20. Did you ever sign a document you didn't want to sign?

Yes  No

Comment:

---

21. Do you know that information about you cannot be given to anyone unless you sign a release?

Yes  No

Comment:

---

22. Do you feel that staff keeps your treatment records confidential?

Yes  No

Comment:

---

23. Do you know what WRAP is? (Wellness and Recovery Action Plan)\*

Yes  No

24. Do you have a WRAP plan?

Yes  No

25. Do you have a Mental Health Advanced Directive? (also known as Psychiatric Advanced Directive)

Yes  No



26. Is there anything else you would like to tell me about?

---

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\*WRAP is a self-designed plan to help people with mental health conditions stay well and to help individuals to feel better when not feeling well, increase personal responsibility, and improve quality of life. WRAP consists of the following: Wellness Toolbox, Daily Maintenance Plan, Identifying Triggers and an Action Plan, Identifying Early Warning Signs and an Action Plan, Identifying When Things Are Breaking Down and an Action Plan, and Crisis Planning and Post Crisis Planning.

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Dear Client/Consumer,

Do you have anything you would like to say about this program and the service you receive here? There will be a chance to be interviewed, anonymously, by someone who does not work for this program or the mental health system, and say anything you want to about your treatment. We are volunteers from the community who are also members of the Mental Health Board. *Many of us are consumers or family members.*

We will be coming soon to your program to do a review. There will be a *CLIENT PARTICIPATION NOTICE* posted to let you know the **date and time** of the review. The interviews will be conducted in private and you don't have to tell us your name if you don't want to. These interviews are completely voluntary on your part, and are not considered part of your treatment. We only want to talk to people who want to talk to us. We hope, though, that you will want to. The report we will write gets *reviewed by your Program Director (no names are mentioned in the report), and the Community Behavioral Health Services Director.* We think the information we get from you is important and can result in better services.

We look forward to talking to you about your services.

Sincerely,

  
Kara Ka Wah Chien, Chair



## SAN FRANCISCO MENTAL HEALTH BOARD

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Dear Program Director,

The Mental Health Board of San Francisco is charged with reviewing programs that are a part of the Community Mental Health System. We review from five to ten programs a year. Your program has been chosen for this special type of review.

Here are the steps involved:

1. Helynna Brooke, Executive Director of the Mental Health Board (MHB), or Loy Proffitt, Administrator, will call you to schedule the review.
2. Once the date is set, the MHB will send you:
  - a. Letters to distribute to your clients or parents of clients for programs serving children, inviting them to participate in the review if they so chose.
  - b. Notices to post at your center to inform clients or parents of clients for programs serving children, of the opportunity to participate in the review.
3. On the day of the review:
  - a. A member of the MHB will come to your program and will meet with you to get some background information about your program before interviewing clients. For larger programs where it's likely that a larger number of clients will volunteer to be interviewed, two Board members may come as a team.
  - b. Client interviews will begin. Please have a private room or space set aside. The interviews are totally confidential. Each interview will take anywhere from a few minutes to half an hour, depending on how much the client has to say. The interview can be an empowering experience for the client. It's a chance for them to have direct, personal input into the process of improving our mental health system.
  - c. If there is time, the reviewer from the MHB may want to interview a staff member or two about how the program works.

Key things to remember:

1. The client interviews are voluntary. We appreciate it if you do everything you can to make sure clients know about the interviews and what they are for, but no client should be told that they have to participate.
2. All information gathered in the client interview is confidential. The reviewer from the MHB will not be able to tell you what was said in the interviews.
3. The MHB reviewer is only doing an interview with the clients, and will not attempt to intervene in individual treatment plans or offer to fix any problems or complaints a client might bring up.
4. The MHB reviewer will not look at client charts, billing records, financial documents, or any of the other things covered by the reviewer from CBHS. Our focus is on the clients, the services they receive, and how they feel about it.
5. The reviewer from the MHB will write a summary based on the findings of the interviews. The summary will be presented to the Director of Community Behavioral Health Services with a copies to you and the program's CBHS monitor.

In the event you disagree with any of the findings or recommendations of the MHB, you'll of course have an opportunity to respond to CBHS and we urge you to do so.

We like to emphasize that this is a friendly review rather than an investigation. Not only is this process of value to CBHS and DPH in their evaluation of programs, but it helps make the Mental Health Board stronger and more articulate advocates for mental health funding when we meet with Supervisors and mayoral staff at City Hall during the course of the year. Also, the reviews help us understand what's happening on the front lines of the mental health system, which then adds immediacy and depth to the recommendations we make in our Annual Report to the Board of Supervisors.

If you have questions about this review process, we'll be glad to answer them. Please feel free to call 255-3474 at any time.

Sincerely,



Kara Ka Wa Chien  
Chair

# SAN FRANCISCO MENTAL HEALTH BOARD



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## Parent Satisfaction Survey

1. How are the services provided here helping you and your child?

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2. Are you and your child treated with respect by the staff?  Y  N

- Are you satisfied with how this programs deals with you and your child's unique needs (with regard to race, sexuality, gender, language, culture, etc.)?  Y  N

3. Have the treatment staff asked for your ideas about the services your family needs?  
?  Y  N

4. Were you and your child involved in creating the treatment plan, including goals?  Y  N

- Do you understand and agree with the goals?  Y  N

5. Did a doctor or staff member discuss with you and your child the purpose of any prescribed medications, their side effects and interactions?  Y  N

- My child doesn't get medications here.  Y  N

- Were your questions answered to your satisfaction?  Y  N

- Do you think the medications your child is taking are right for him/her  Y  N

6. Were you given informed consent papers to sign regarding prescribed medications and did you understand what they said?  Y  N

Does your child does not get medications here?  Y  N

7. Has the staff assisted you or your child with other services, such as legal housing, financial, educational, or other things?  Y  N

8. Did you sign any documents reluctantly?

---

9. Do you believe that your child's treatment records are kept confidential?  Y  N

10. Does the staff try to accommodate your schedule?  Y  N

- If you need to cancel an appointment, can you get another one?  Y  N

11. Do you think this program, and services it provides, are right for you and your child?  Y  N

12. Do you feel staff helps you and your child work together?  Y  N

13. Is your extended family allowed to participate if they wish?  Y  N

14. Is your child part of a blended family? If yes, does the program include all of your child's blended family members in his or her recovery?  Y  N

15. Do you and your child feel comfortable here?  Y  N

16. What do you like best about this program?

---

17. What do you think needs to be improved that would help make this program better for other families?

---

18. Is there anything else you would like to share with me about this program?

---

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**Questions for Program Directors and Staff Members**

1. Does your program have a brochure, written description or website which is given to the public? May I have a copy?

---

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2. Can you give me an overview of your program?

---

---

3. Do you provide gender responsive programs? If yes, please give me an example.

---

---

4. What evidence based recovery programs are you using? (For example, for clients with substance abuse, dual diagnosis, trauma or other mental health issues.)

---

---

5. How do you measure your success and what challenges have you had?

---

---

6. What has been successful?

---

---

7. Who refers clients to you? \_\_\_\_\_ . To whom do you refer clients? \_\_\_\_\_ Can clients refer themselves to your program?  Yes  No

How long is your waiting list? (currently) \_\_\_\_\_ (on average) \_\_\_\_\_

8. What other agencies do you work with regarding your clients' needs?

---

---

9. Do you have a way of seeking staff input on how the program is working?  Yes  No

---

---

10. Do you work with clients' families or significant others?  Yes  No

11. Do you refer family members to support groups?  Yes  No



12. Do you ask clients if they want to sign a release of information form so that families or significant others can inquire about them?  Yes  No

13. Do you use psychiatric directives with your clients?  Yes  No

14. Do you use volunteers? (For example, peers, interns or others)  
 Yes  No

15. Does the diversity of your staff reflect the community you serve? (For example, ethnic, age, language, culture, gender, gender orientation, socio economic)  Yes  No

---

16. Do you have any peers managing programs? \_\_\_\_yes \_\_\_\_ no  
If yes, what programs? \_\_\_\_\_

17. Do you use input from client's ideas for programs? If yes, please give an example.

---

18. In order to improve services, what support do you need from Community Behavioral Health Services?

---

---

19. Are there additional comments that you would like to make?

---

---

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### **GUIDELINES for PROGRAM REVIEWS**

#### **INTRODUCTION**

**“Program reviews are one of the most important things our Board does every year.”**

**“Program reviews are one of the most interesting and rewarding things we do as Board members.”**

#### **What is a program review?**

Every year Community Behavioral Health Services (CBHS) does a program review or monitoring report of every program. The reason this is done is summarized in the following policy statement:

It is the policy of the Department of Public Health to conduct monitoring and evaluation activities which ensure that programs are meeting their service objectives, following required procedures and meeting established standards of care. Within Community Behavioral Health Services (CBHS) this policy applies equally to city-operated and contractor-operated program, and emphasizes the satisfaction of consumers in evaluation of service programs. (Policy 2.05-9)

When each review is completed a monitoring report is filled out and tabulated by CBHS and it is then forwarded to the Health Commission. Each year when the Health Commission approves contracts and budgets, the monitoring report for each program is attached to their contract or budget. The Commission looks at the strengths and challenges of each program before approving them for continuing funding, so the monitoring report is quite a serious and effective part of the quality assurance process in the Department of Public Health.

#### **What is the Mental Health Board’s role?**

CBHS does a review of the charts, the budget, the number of service units completed, and issues of compliance with regard to policy and legal mandates. CBHS also reviews the level of client satisfaction for each program through the CSQ-8 Survey, which is a written evaluation form filled out by clients.

The Mental Health Board does in-person interviews with clients, the only such interviews that are done, so the MHB plays a very important role indeed. In the case of children's programs, we talk with parents about their satisfaction of their child's and family's experience of treatment.

### **How much does the MHB review matter?**

Mental Health Board members are volunteers, many of whom have had personal experiences with CBHS or other community mental health systems. The one-to-one interviewing by a board member provides the opportunity for consumers to share a range of feelings and experiences they have had with CBHS. The summaries of the programs completed by board members provide CBHS with a unique perspective about how clients feel about their treatment. Over the years both highlights and exceptional aspects of programs have been mentioned as well as concerns or problem areas. For example the large number of clients who expressed the need for more group therapy options led to a change in CBHS to providing more groups for clients. This suggestion would not likely have come out in the Client Satisfaction Surveys done by the department. So the work we do in the review process is taken quite seriously by the decision makers in Community Behavioral Health Services and in the Department of Public Health.

### **Why was our Board chosen to do the client interviews?**

Our Board is made up of independent citizen advisors who are not being paid by the mental health system. Also a majority of our members are clients and family members, and the Board as a whole is dedicated to making sure that the best interests of the clients are being served. We have a history of putting the client first.

So the MHB is the right group for this very sensitive type of review. We have found in the past that clients respond well when our Board members announce, "I am a community volunteer from the Mental Health Board." It helps put people at their ease during the interview.

### **What are the challenges and benefits of doing a review?**

Reviews can be a little intimidating at first, but we know from past experience, that once you've done 2-3 reviews, you will find yourself sailing through most of them. It's only in the minority of cases that we run into special problems or complications either with the review itself or with writing up the report.

Once you get the hang of them, reviews are really quite enjoyable. They are great learning experiences. You get to find out first hand about key programs in the mental health system. You get to meet very impressive and dedicated staff. You get to meet clients who are often quite courageous in the work they are doing to heal and to create a stable life of opportunity for themselves. The interviews can sometimes be quite inspiring.

### **How do reviews contribute to our advocacy work?**

Each review we do gives us a deeper, more personal understanding of mental health programming, which in turn makes us more articulate and effective advocates when we are talking with members of the Board of Supervisors, or with Health Commissioners, or staff from the Mayor's Office. We're able to talk knowledgeably about specific programs and report first hand on the quality of the services we've visited. Doing reviews also gives the Board information about the needs of the mentally ill that are not being met.

### **What should I know about conflict of interest?**

Our reviews are part of the legal record about the performance of the programs in the system, therefore, they are of special importance. In order to make the system fair, and to keep the reputation of the program reviews high, it is Board policy that you not sign up to review a program if you are or have been:

- a client
- the family member of a client
- a staff person
- a volunteer
- a close friend of someone who works there.

It doesn't matter whether your experience was positive or negative, just your close association with the program is enough to make you ineligible to review that program. And even if you feel sure you can be objective, it's important to the Board that we not have even the appearance of bias or hidden agendas, because that would hurt the reputation of the review process.

### **Why do we care so much about doing the reviews in a fair and professional way?**

The Mental Health Board is not the legal authority which actually runs the mental health system. We have no power to hire or fire the mental health administrators. We have no authority to order the system to institute policies or terminate policies. We have no direct control over the budget. All of those duties and responsibilities belong by law to the Health Commission.

Instead of operating by authority, the Mental Health Board operates by influence. This means we influence decision makers by relationship building, by knowing what we are talking about, by the respect people have for us, and by the power of our reputation. So we work hard to maintain an excellent reputation for our work on program reviews.

We want the programs to know that when someone from the Mental Health Board comes to do a review, it will be a fair, respectful, and objective process. We want programs to receive us with an open and welcoming attitude rather than getting defensive. No program has ever volunteered to be reviewed, and that's because the reviews are time consuming and something extra to do when they already have more than enough to do every day. However, once programs are chosen, we find the majority of the directors do take a positive attitude, and take pride in showing off their programs. We want that tradition to continue.

Therefore, you'll see policies in this handbook designed to keep the reviews scrupulously fair, and to keep the process successful. At the same time, we want programs to know that we mean business, that we have a mission, which is to insure that consumers are getting respectful, effective, quality services. And they need to know we will not compromise on our mission.

So it comes down to trust. We want the programs to trust that we will always be fair, and also to trust that we will always be dedicated to assuring quality.

## **SETTING UP A REVIEW**

### **How are programs chosen?**

#### **1. Programs we're personally interested in.**

Some Board members simply pick a program just because they are interested in learning more about it firsthand.

#### **2. Programs we've heard good things about.**

There are programs we've heard are doing a great job. Sometimes we'll choose to review them to find out if what we've heard is true, and if so, then we can help promote that program or that type of program.

#### **3. Programs we're concerned about.**

Sometimes Board members have heard things about a program that concern them and they'd like to look into what's going on. Sometimes CBHS will recommend a program to us that they have concerns about.

#### **4. Programs which have a special strategic importance.**

For example, Mental Health Services Act programs are relatively new, and it's absolutely essential to the success of the overall system under managed care

that these programs succeed. This is one example of a type of program the Board follows closely.

#### **5. Programs which cover the range of services.**

We try to get a broad representation of programs to review each year, looking at such categories as inpatient and outpatient, city-operated and contractor-operated, or children's, adult, and older adult programs.

#### **How do the reviews get scheduled?**

The MHB staff will call the programs directors to find out when clients are involved in their programs and would be there for interviews. Clients have busy lives so we don't ask that special separate times from when they are coming for treatment be arranged for the interviews. Then staff calls the board members who have expressed interest in the program to find a time in their schedule that coincides with times clients are available for interviews. Once the time is set, staff will send you the interview and summary forms and send the program a Client Letter to post describing the review process and a notice showing the date and time of the review.

#### **How much time do they take?**

The total time for a review depends on the number of clients you interview and how much those clients want to talk. Typically reviews take a minimum of 2 hours and can run to 3 hours, and on occasion, longer. Usually the interview of the director takes a half an hour and most client interviews take about fifteen minutes each.

#### **What kind of support will I get?**

The MHB sometimes provides training, often at the full Board meeting, or at a special meeting to which all Board members are invited.

MHB staff are also quite glad to provide individual training for Board members who cannot make it to one of the meetings for training, or if training was not provided that year.

Staff are also very happy to field calls and questions at any point in the review process. Please don't be shy about calling on them for assistance. Again, these reviews are sophisticated, there's a lot to them. We believe every question is an important question, no matter how large or small.

If it is your first time to do a program review, the staff will go with you to the program to be personally available to you if you have any questions during the process. We want to help make your first program review an enjoyable experience.

#### **What happens if I can't do a review I have been scheduled for?**

Once in a while this happens. Please just call the staff right away and let them know so they can see if they can quickly find someone else to go in your place. Reviews are not easy to re-schedule, because of the notification requirements, so the staff will do their best to find a substitute, even at the last minute.

## **DOING THE REVIEW**

### **STEP ONE: Director Interview**

1. Meet the director
2. Ask the questions on the staff questionnaire.
3. Ask to see:
  - o Grievance poster
  - o Clients Rights Advocates Poster
  - o Client Notice from the Mental Health Board

*Remember that an experienced director will not reveal anything they don't really want to reveal, so it's not your job to pin them down or try to catch them off guard. The interview with the director is only to provide background for the interviews of the clients. Some of the most serious problems in the programs can be personnel problems which the director is not allowed to discuss with you.*

*Many directors will be happy to have the chance to talk with you about the challenges and struggles involved in running their program, such as not enough funding and not enough staff. They'll also be very glad to talk about the strengths and successes of their programs.*

*You may also interview one or two additional staff members if you have time, but remember that the main focus of the MHB program review is on the client interviews.*

*If the director is not available for some reason, ask to do an interview with the staff member who is in charge.*

### **STEP TWO: Client Interviews**

1. Conduct each interview in private.
2. Introduce yourself as a member of the Mental Health Board and explain that you are a community volunteer and do not work for Community Behavioral Health Services.



3. Explain that the purpose of the interview is to find out both the strengths and weaknesses of the program in order to make programs better. Let the client know that you want to hear the true story about his or her experiences.
4. Let the client know that the interview will be confidential and you will not be putting their name on the form. The client does not even have to tell us his or her name.
5. Let the client know that the interview is voluntary, and it will not affect their treatment plan. Ask how they found out about the interviews. If they were told they have to come, that misinformation needs to be corrected.
6. Ask the interview questions. It's okay to ask follow up questions or additional questions that you think are important to ask.
7. Be sure **not** to tell clients that you will fix any problems they present. We can't give any assistance around medications or problems with staff. We can only encourage them to talk with someone at the program who can help them.

*Remember that the point of the interview is to elicit the whole truth—both the strengths and the problem areas of the program. Calling forth the whole truth is what will make the interview empowering and healing for the client, as well as useful for improving programs. We want this to be a real evaluation. We especially want to make sure the clients are honoring their own progress and courage, instead of just indulging in an old fashioned gripe session.*

## **COMPLETING THE REPORT**

### **STEP THREE: Complete the report**

Fill in the name of the program, your name, and the date of your review. It can be filled out by hand.

1. List a few strengths you see in the program.
2. List any concerns you have about the program.
3. Put any recommendations you have for the program based on things you heard from the director or clients.
4. Add any additional comments you might have about the program.

The report does not need to be a long one. What matters is to capture the essence of what you've observed and discovered. Submit the report form to the MHB staff. Staff can help you with writing the report, and can type your handwritten reports. Return all client surveys and director surveys with your notes to MHB staff.

### **What can we put in our program reports?**

1. Staff examples:
  - a) is reflective of client population (ethnicities, other demographics), or not reflective.
  - b) training includes instruction in improved relationship with clients, interpretation of Administration policies on client's rights and care, or training is not emphasized.
  - c) understands purpose, mission, and goals of CBHS as well as their individual programs, or doesn't seem to.
  - d) Director maintains good relationship with other programs within and outside of DPH, which works to the benefit of their clients and enhances the continuum of care or doesn't.
  - e) is enthusiastic and committed.
2. Clients feel:
  - a) service is helping them or not.
  - b) services provided are culturally competent or not.
  - c) that the program respects principles of consumer guidance or does not seem to.
  - d) that facility/atmosphere is conducive to getting better, and provides a helpful, healthy environment, or if not, the weaknesses.

**What if we have other concerns about the program such as how the facility looks or staffing shortages that are not part of our review process?**

In addition to submitting our reports on individual programs, it is the right of the Mental Health Board to submit a report to the Director of CBHS on things we've discovered and observed about programs or the system as a whole in the process of doing our reviews. Here are two examples of such items:

**a. A system-wide limitation that programs are not individually responsible for.**

Our mental health system has been underfunded for years. And when we go out to individual programs we may well see the results of this. Perhaps we think the program we're visiting is doing great work, but the staff are being run ragged, case loads seem too large, and clients could use more individual attention. This is not a good thing, but the program is not to blame and it cannot change the situation by itself. This is really a political and budgetary problem, and we need to focus on advocacy at City Hall for the solutions.

**b. A problem discovered in one program that can lead to new policy for the entire system.**

Since the advent of managed care, CBHS has put a major focus on the way the system of care works as a whole. So during the program review process, they are looking not only at the quality of each individual program, but at the quality of the working relationships between all the different programs in the system.

If we notice in the course of doing our reviews that there is a problem that has to do with the interface between programs, we might take an in-depth look at the problem, not from the program perspective, but from the system perspective.

For example, in the early 1990's when the cluster or coordinated system was instituted, it was discovered that the process of referring clients from inpatient units to outpatient community based programs was often not working well at all. That's an example of a problem that no program can solve on its own. But CBHS did develop strategies, such as intensive case managers, to bridge that gap and make significant improvements.

## **FINAL THOUGHTS**

### **What should I do if I go to a review and find I'm not expected?**

It's rare that this happens, but on occasion it does. Please call the staff at the MHB office right away to let us know so we can find out why this has happened. If it's a genuine communication error, that's one thing, but if we've set up a review and there has been no notification to clients as well as no notification to staff, then the program has clearly failed the review process, and that will be the key part of the report we submit.

### **If there are no clients to interview.**

This is a challenge. But the interviews are totally voluntary. So if no clients want to be interviewed then we can't fault the program. However, we do want to know that the program has made a clear and determined effort to inform all clients of the review, its purpose, and the date and time when it is taking place.

If you believe they have sincerely done this, then you can't fault them.

You may then decide to interview a staff member or two and write a short report on what you've seen and heard. Or you may decide not to submit a report at all.

### **The importance of making judgment calls.**

Our in-person interviews are invaluable for collecting significant information about programs, however, the clients who volunteer for these interviews are self-selected, so this is by no means a scientific survey.

There are people who are into complaining, and don't like to say something appreciative, even if lots of good things are going on. There are also people who are so polite that they won't mention it, even if really bad things are going on.

These are two reasons why doing the interviews in person is so important. We get so much more information than with a written survey. We can read facial expressions and body language as well as hearing what the clients are saying. We can ask for specific details on a compliment or complaint to make sure we know how to best judge what we are hearing. We can ask follow up questions to make sure we're hearing the whole story.

**We cannot interfere with treatment or medication issues or provide any kind of service for a client.**

This is one of our most important rules. In program reviews we have to separate advocacy from evaluation. For the most part clients understand that we are only there to do a review. But once in a while, a client will ask us to get their medication changed or to make a change in their treatment plan. Sometimes we feel a tug on our hearts and want to be able to help the client directly.

But we are not authorized to intervene in any way in their treatment, nor do we know them well enough to do so effectively. And any such personal intervention might invalidate the whole review.

But we can encourage the person to talk with their assigned staff or the program director about their concerns. If they have serious complaints, we can also notify them about the grievance process and point out the grievance poster that should be posted in a very visible place at the program.

**DON'T FORGET THIS—**

**THE GRAND FINALE OF A  
PROGRAM REVIEW**

When you are all done with the review and your report is submitted to the MHB office, take a minute to acknowledge yourself for doing something really important for the sake of mental health clients and their families and loved ones. Before rushing off to the next thing on your schedule, honor the fact that you are someone who is volunteering your time, because you care about people who are so often discriminated against, and left behind by the larger society.

SAN FRANCISCO MENTAL HEALTH BOARD



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Program Review Summary Form

Name of Program \_\_\_\_\_

Mental Health Board Reviewer \_\_\_\_\_

Date Program Reviewed \_\_\_\_\_

1. Describe some of the strengths you see in this program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe any concerns you have about this program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Recommendations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Additional Comments

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