



SAN FRANCISCO

BEHAVIORAL HEALTH COMMISSION

SITE VISIT MANUAL

2020

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I. GUIDELINES FOR PROGRAM REVIEWS INTRODUCTIONS

“Program reviews are one of the most important things the Commission does every year.”

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

What is a program review?

Every year Behavioral Health Services (BHS) does a program review, or monitoring report, of behavioral health programs contracted out by the Department of Public Health (DPH). 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 programs are meeting their service objectives, following required procedures and meeting established standards of care.” Within Behavioral Health Services (BHS) this policy applies equally to city-operated and contractor-operated programs 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 reviewed by BHS and 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 Health Commission looks at the strengths and challenges of each program before approving them for continued funding, so the monitoring report is quite a serious and effective part of the quality assurance process in the DPH.

What is the Behavioral Health Commission’s role?

BHS 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. What is most powerful in these reviews is that the BHS 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.

Most importantly, the Behavioral Health Commission (BHC) does in-person interviews with clients, the only such interviews that are done in the whole BHS system, so the BHC plays an especially important role.

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In the case of children's programs, Commissioners talk with parents about their satisfaction of their child's and family's experience of treatment.

How much does the BHC review matter? Behavioral Health Commission members are volunteers, many of whom have had personal experiences with BHS or other community Behavioral Health systems. The one-to-one interviewing by a Commissioner provides the opportunity for consumers to share a range of feelings and experiences they have had.

The summaries of the programs completed by Commissioners provide BHS 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 BHS to providing more groups for clients. This suggestion would not likely have come out in the Client Satisfaction Surveys done by the Department. Thus, the work BHC does in the review process is taken quite seriously by the decision makers in BHS and in the DPH.

Why was our Commission chosen to do the client interviews?

Our Commission is made up of independent citizen advisors who are not being paid by the Behavioral Health system. Also, a majority of Commissioners are clients and family members, and the Commission as a whole is dedicated to making sure that the best interests of the clients are being served. BHC has a history of putting the client first. Thus, the BHC is the right group for this extremely sensitive type of review.

Clients respond well when our Commissioners announce, "I am a community volunteer from the Behavioral Health Commission." It helps put people at 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 have done 2-3 reviews, you will find yourself sailing through most of them. It is 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

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experiences. You get to find out first-hand about key programs in the Behavioral 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 recover 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 Behavioral 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 are able to talk knowledgeably about specific programs and report firsthand on the quality of the services we have visited. Doing reviews also gives the Commission information about the needs of people with behavioral health concerns 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 Commission 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, or a close friend of someone who works there. It does not matter whether your experience was positive or negative, any 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 is important to the Commission that we not have any 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 BHC is not the legal authority which actually runs the Behavioral Health system. We have no power to hire or fire the Behavioral 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 BHC operates by influence. This means we influence decision makers by relationship building, by

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knowing what we are talking about, by the respect people have for us, and by the power of our reputation. Thus, 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 BHC 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 is 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 will see policies in this Manual designed to keep the reviews scrupulously fair, and to keep the process successful. At the same time, we want programs to know we mean business, that we have a mission, which is to ensure consumers are getting respectful, effective, quality services. And they need to know we will not compromise our mission. Thus, 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.

II. SETTING UP A REVIEW

How are programs chosen?

1. Programs we are personally interested in. Some Commissioners simply pick a program just because they are interested in learning more about it firsthand.
2. Programs we have heard good things about. There are programs we have heard are doing a great job. Sometimes we will choose to review them to find out if what we have heard is true, and if so, then we can help promote that program or that type of program.
3. Programs we are concerned about. Sometimes Commissioners have heard things about a program that concerns them, and they would like to look into what is going on. Sometimes BHS 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 (MHSA) programs are relatively new, and it is absolutely essential to the success of the overall system that these programs succeed. This is one example of a type of program the BHC follows closely.

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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 BHC staff will call Program Directors to find out when clients are involved in their programs and would be there for interviews. Clients have busy lives, so we do not ask that special separate times from when they are coming for treatment be arranged for the interviews. Then Staff calls the Commissioners 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, our Staff will send you the interview and summary forms and send the Director the letter (See page 14) and a Client Letter (See page 18) 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 two hours and can run to three 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 BHC sometimes provides training, often at the full Commission meeting, or at a special meeting to which all Commissioners are invited. BHC staff may provide individual training for Commissioners who cannot make it to one of the meetings for training, or if training was not provided that year. Staff are also happy to field calls and questions at any point in the review process. Please do not be shy about calling on them for assistance. Again, these reviews are sophisticated, there is 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 may 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 cannot 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.

III. DOING THE REVIEW

STEP ONE: Director Interview

1. Meet the Director.
2. Ask the questions on the staff questionnaire.
3. Ask to see: Grievance poster, Clients Rights Advocates Poster, Client Notice from the BHC. Remember an experienced director will not reveal anything they do not really want to reveal, so it is 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 will also be 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 BHC 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 BHC and explain that you are a community volunteer and do not work for 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 you want to hear the true story about their experiences.

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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 their name.
5. Let the client know 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 is 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 cannot 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 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.

IV. 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 have observed and discovered. Submit the report form to the BHC

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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 BHC 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 BHS as well as their individual programs, or does not 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 does not; and 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; and 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 BHC to submit a report to the Director of BHS on things we have 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; the Behavioral 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 are visiting is doing great work, but the staff are being run ragged, caseloads 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 can lead to new policy for the entire system. Since the advent of managed care, BHS has put a major focus on the way the system of care works as a whole. Thus, 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 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 is an example of a problem that no program can solve on its own. But BHS did develop strategies, such as intensive case managers, to bridge that gap and make significant improvements.

V. FINAL THOUGHTS

What should I do if I go to a review and find I am not expected?

It is rare that this happens, but on occasion it does. Please call the BHC staff at the 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. Thus, if no clients want to be interviewed then we cannot 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, the purpose, and the date and time when it is taking place. If you believe they have sincerely done this, then you cannot fault them.

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

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 do not like to say something appreciative, even if lots of good things are going on. There are also people who are so polite that they will not 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

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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 are 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 BHC office, take a minute to acknowledge yourself for doing something really important for the sake of Behavioral 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.

SUMMARY SITE VISITS

PURPOSE:

Program review site visits are conducted by Commissioners for the purpose of:

- (1) Providing a firsthand opportunity to observe a publicly funded behavioral health program;
- (2) Interview recipients served at a specific program;
- (3) Determine if program provides services to meet client needs;
- (4) Determine whether program provides accessible, high quality designated services; and
- (5) Interview staff to determine if qualified staff provide services in an appropriate environment.

FOCUS OF VISIT: [Standards: Exemplary/Adequate/Needs Improvement]

1. Program environment (welcoming, attractive, comfortable furniture, clean, private space, restrooms, temperature, literature)
2. Client population served (children/adolescents/adults/elderly/LGBTQ/HIV/SA)
3. Accessible services (Request for services addressed in a timely manner, after hour emergencies)
4. Services meet client needs (Assessments completed/treatment plan established)
5. Clients rights respected and protected (Confidentiality, patient's rights, HIPPA, treatment planning, understands goals and objectives, culturally appropriate)
6. Clients express satisfaction/dissatisfaction (services, staffing, case load, environment)
7. Medications (able to obtain needed medications)
8. Utilization of evidence-based practices (strengths-based model, relapse planning, WRAP, peer support, discharge planning, recovery)
9. Engagement (welcoming, follow-up, confirmation phone calls)
10. Staff qualified to provide services (licensed staff, staff retention, cultural competency)

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PROCESS:

1. Commissioner decides where and when – can go as a team (2 members or singly)
2. Staff arrange meeting – confirm with Commission members
3. Staff obtain program information (last DPH/BHS site visit report, Program Brochure, Annual Report, check web site, licensing reports)
4. BHC forms distributed by staff to Commissioners
5. Write report – [Positive and negative aspects of findings/recommendations of reviewers] copy to Program Director, and Director of BHS
6. Include abbreviated report in Annual BHC Report

FORMS

A. PROGRAM DIRECTOR LETTER TO SET UP VISIT

Dear [NAME]; [Program Director]

The San Francisco Behavioral Health Commission (BHC) 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. Staff will call you to schedule the review.
2. Once the date is set, the BHC will send you:
 - a. Letter for your clients or guardians/parents of clients (for programs serving children and youth) inviting them to participate in the review if they so choose.
 - b. Notice to post at your program to inform clients, or guardians/parents of clients for programs serving children and youth, of the opportunity to participate in the review.
3. On the day of the review:
 - a. A member of the BHC 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 is likely that a larger number of clients will volunteer to be interviewed, two Commission 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 is a chance for them to have direct, personal input into the process of improving our behavioral health system.
 - c. If there is time, the Commissioner from the BHC may want to interview a staff member or two about the program.

Key things to remember:

1. The client interviews are voluntary. We appreciate your assistance to make sure clients know about the interviews and what they are for, but no client should be told they have to participate.

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2. All information gathered in the client interview is confidential. The BHC Commissioner will not be able to tell you what was said in the interviews.
3. The BHC Commissioner 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 BHC Commissioner will not look at client charts, billing records, financial documents, or any of the other things covered by the reviewer from BHS. Our focus is on the clients, the services they receive, and how they feel about it.
5. The BHC Commissioner will write a summary based on the findings of the interviews. The summary will be presented to the Director of Behavioral Health Services with copies to you and the program's BHS monitor.

In the event you disagree with any of the findings or recommendations of the BHC, you will of course have an opportunity to respond to the BHC and BHS, and we urge you to do so.

We would like to emphasize this is a friendly review rather than an investigation. Not only is this process of value to BHS and DPH in their evaluation of programs, but it helps make the Behavioral Health Commission stronger and a more articulate advocate for behavioral 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 is happening on the front lines of the behavioral health system, which then adds immediacy and depth to the recommendations we make in our Annual Report to the Mayor and Board of Supervisors.

If you have questions about this review process, we will be glad to answer them. Please feel free to call 415-XXX-XXXX at any time.

Sincerely,

/s/

Behavioral Health Commission Chair

B. FORM LETTER TO SET UP VIRTUAL VISIT

Date

Dear [NAME]; [Program Director]

The Behavioral Health Commission (BHC), formerly the Mental Health Board, is gathering information on how San Francisco behavioral health service providers are managing during these difficult pandemic times. A survey is enclosed with this letter.

There are no right or wrong answers, the Commission wants to know how “our” community is faring. The information obtained from the survey may be shared in a report to the Board of Supervisors, the Mayor, and the Department of Public Health. The BHC is charged with advising and making recommendations to these entities.

Additionally, we would like to do a ZOOM interview with three to four of your clients addressing their thoughts pertaining to care during the pandemic. A BHC Commissioner will conduct the 15 to 20-minute confidential interview. We will contact you within the next two weeks to set this up.

Moreover, the BHC wants to start a conversation with Providers like yourself on how we may be of assistance. We would like to learn more about your program and would be delighted for you to attend one of our monthly meetings to share information with us and the public members in attendance. We meet on the third Wednesday, 6 to 8 pm. You can get in touch with us by calling 415-XXX-XXXX. Lastly, thank you in advance for completing and returning the questionnaire.

Sincerely,

/s/

Behavioral Health Commission Chair

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SURVEY QUESTIONS FOR BEHAVIORAL HEALTH PROGRAM DIRECTORS

1. What [do/did] you do if staff or patients test positive for COVID-19?
2. [Do/Did] you notify families and conservators when a client was exposed to COVID-19 at your program?
3. Many behavioral health treatment activities are done in groups, how [do/did] you adapt the programs? Are clinicians continuing to engage with clients? How (face-to-face, telehealth, telephone)?
4. What disinfection and protective strategies [do/did] you use?
5. How [do/did] you manage visitors?
6. What [happens/happened] if an exposed or symptomatic client was discharged before a test result became available?
7. When a client with COVID-19 [became/becomes] ill, did you transfer to a higher level of care? Did you use telehealth in your program?
8. [Is/Was] everyone in your program (staff and clients) tested? If yes, how often were staff tested? How often [are/were] clients tested?
9. How [do/did] you assure physical distancing recommendations [are/were] implemented?
10. [Do/Did] you have everything you needed during the shelter-in-place order? If not, what [do/did] you need, and [do/did] you eventually get the items?
11. How has Covid-19 impacted your general operations?
12. How has your staffing levels changed? How have your client numbers changed?
13. How has staff been impacted? Attendance, morale, workload, procedures?
14. Do you feel safe?
15. Did you apply and receive an HHS COVID-19 Provider Relief Fund award? If yes, how much \$_____?
16. What challenges have you faced due to COVID?

C. CLIENT LETTER NOTIFICATION OF VISIT AND REQUEST PARTICIPATION

Date

Dear Client/Consumer,

Do you have anything you would like to say about this program and the services 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. You can say anything you want to about your treatment. We are volunteers from the community who are also members of the Behavioral Health Commission. 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 do not have to tell us your name if you do not want to. The interview is completely voluntary on your part and is not considered part of your treatment. The report we will write gets reviewed by your Program Director (no names are mentioned in the report), and the 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,

/s/

Behavioral Health Commission Chair

D. CLIENT PARTICIPATION NOTICE OF DATE OF VISIT

CLIENT PARTICIPATION NOTICE

Your input is important!

PLEASE HELP US TO EVALUATE AND IMPROVE MENTAL HEALTH SERVICES!!

A member of the San Francisco Behavioral Health Commission will be coming to the _____ to talk with clients. We go out, individually or in teams, to mental health programs to talk with the clients and the staff, as part of our official review process. Our observations and recommendations have resulted in significant changes

Your opinion counts! Your name will not be used, but we would like to hear what you think of this program and the services you get here. The interviews are totally voluntary. No one has to do them. But we do appreciate your help!

Here is the information about the client interviews:

DATE:

TIME:

ROOM:

E. PARENT/GUARDIAN NOTIFICATION OF VISIT, REQUEST PARTICIPATION OF PARENT/GUARDIAN, AND PERMISSION TO INTERVIEW CHILD/YOUTH

Date

Dear Parent or Guardian:

Do you have anything you would like to say about this program and the services your child receives here? You will be interviewed anonymously, by someone who does not work for this program or the mental health system, and you can say anything you want about your child's treatment. We are volunteers from the community who are also members of the San Francisco Behavioral Health Commission. Many of us are clients or family members of clients.

We will be coming soon to your child's program to do a review. There will be a **PARENT PARTICIPATION NOTICE** posted to let you know the date and time of the visit. The interviews will be conducted in private and you do not have to tell us your name if you do not want to. The interview is completely voluntary on your part and is not considered part of your child's treatment. The report we write is read by people on the Commission, agency funders, and the program director. Your name will not be mentioned in the report. The information we get from you is important and can result in better services.

If possible, we would also appreciate your permission to speak with your child who is in the program. We look forward to talking with you about your child's services.

Sincerely,

/s/

Behavioral Health Commission Chair

I, _____, hereby grant permission for my child to be interviewed by a member of the Behavioral Health Commission during the Site Review to take place on _____.

Parent/Guardian

Date

F. 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?

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

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

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SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION SITE VISIT MANUAL

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

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6. What has been successful?

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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?

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9. Do you have a way of seeking staff input on how the program is working?

Yes No What is it?

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

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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, socioeconomic)

Yes No How?

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16. Do you have any Peers managing programs? ____yes ____ no If yes, what programs?

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

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SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION SITE VISIT MANUAL

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

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

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Note: 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 their 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.

NOTES FROM FACILITY TOUR:

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G. CLIENT SATISFACTION SURVEY

1. Would you tell me a few things about this program that you like the best?

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

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3. Is there anything that you need because of your ethnicity, gender, language, or culture that is not being addressed by this program or the staff?

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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 is new and different for you than other programs you have been involved with?

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SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION SITE VISIT MANUAL

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

Yes

No

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

Yes

No

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8. Do you feel the staff respects you?

Yes

No

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9. Do you feel safe in this program?

Yes

No

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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

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SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION SITE VISIT MANUAL

11. Do you understand how long you are going to be in this program? Are you included in decisions about your care?

Yes No

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

Yes No

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13. Does the staff help you connect with other resources, such as health needs, medical needs, housing, or reproductive health issues?

Yes No

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14. What would you add to this program to make it work better for you?

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SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION SITE VISIT MANUAL

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

Yes

No

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16. Think of the documents you have signed:

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

b. Did you read them? Yes No

c. Could you read them? Yes No

d. Did you understand what you were signing? Yes No

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17. Did you ever sign a document you did not want to sign? Yes No

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18. Do you know that information about you cannot be given out unless you sign a release? Yes No

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

Yes No

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20. Do you get medications here? If Yes, go to the following question. If No, skip ahead to question 21

a. Did you sign any papers agreeing to take medications?

Yes No

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

Yes No

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

Yes No

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

Yes No

e. Hormonal and Reproductive Health: Did a doctor talk to you about the impact of medication on your hormones, menstrual cycle, menopause, pregnancy, or other reproductive health issues?

Yes No

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

Yes No

g. 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

h. 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

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21. Does the staff recognize your special talents, skills, and capabilities?

Yes No

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21b. Does the staff help you use those talents and capabilities in your recovery?

Yes No

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

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H. 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 program 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. Answer the following questions if your child receives medications from this program:

- 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
- Were you given informed consent papers to sign regarding prescribed medications? Y N
- Did you understand the papers you signed? Y N
- Have your questions about your child's medications been answered to your satisfaction? Y N

- Do you think the medications your child is taking are right for them? Y N
- Were your questions answered to your satisfaction? Y N

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

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7. Did you sign any documents reluctantly?

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8. Do you believe that your child’s treatment records are kept confidential?

Y N

9. Does the staff try to accommodate your schedule?

Y N

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

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

Y N

11. Do you feel staff helps you and your child work together?

Y N

12. Do you and your child feel comfortable here?

Y N

13. What do you like best about this program?

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

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

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I. 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

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

Yes

No

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6. Do you feel the staff respects you?

Yes

No

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7. Do you feel safe in this program?

Yes

No

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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

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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

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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

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

Yes No

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

Yes No

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

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SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION SITE VISIT MANUAL

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

Yes No

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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. Did a doctor talk to you about the impact of medication on your hormones, and sexual function?

Yes No

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

Yes No

g. 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

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

- a. Did you have the chance to look them over? Yes No
- b. Did you read them? Yes No
- c. Could you read them? (for exp. Cannot read) Yes No
- d. Do you understand what they signed? Yes No

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

Yes No

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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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| Comment |
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Note: 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.

J. SURVEY QUESTIONNAIRE FOR CLIENT VIRTUAL INTERVIEW

[HI!] My name is _____, my pronouns are _____, and I am a volunteer with the San Francisco Behavioral Health Commission. One of my jobs is to talk to clients in mental health programs to find out how they are doing in the program.

Right now, we are interviewing people to find out how they are managing during the pandemic. This information is important to us to make sure programs are keeping their clients safe.

I have six questions that I hope you will answer and then you can ask me questions. Your answers to the questions will be confidential.

OK _____ [CLIENT'S NAME] LET'S START

1. Have you been tested for the virus covid-19?
2. Have there been any changes to your program because of the pandemic?
3. If yes, were these changes explained to you early on?
Were these changes ok with you?
4. How is social distancing done in the program?
5. Do you feel safe in the program?
6. Is there anything else about the pandemic that you would like to share with me?

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K. PROGRAM REVIEW SUMMARY FORM

Name of Program:

BHC Reviewers:

Date Program Reviewed:

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

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2. Describe any concerns you have about this program

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3. Recommendations

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4. Additional Comments

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VII. EXAMPLES OF SITE VISIT REPORTS

PROGRAM REVIEW SUMMARY: CHINATOWN/NORTH BEACH MENTAL HEALTH SERVICES

729 Filbert Street, San Francisco, CA 94133

March 13, 2010

Visit made by: Terezie S. Bohrer, RN, MSW, CLNC

This Community Mental Health Clinic offers an array of outpatient behavioral health services including assessments, individual therapy, case management, family therapy, acupuncture, medications, crisis outreach, education and information, socialization, and group activities. Adolescent mental health services are provided at Galileo High School. Services are provided to adolescents and adults. Multidisciplinary staff is multilingual (Chinese, Lao, Vietnamese, Cambodian, Thai, Italian and English) and provides culturally appropriate services. Plans are underway to provide on-site somatic care through the services of a nurse practitioner from a local medical clinic. The site visit consisted of seven interviews: Program Director, Medical Director and five clients.

Strengths and Overall Observations:

- Clients are very satisfied with the services offered and received: “go that extra mile,” “understand what I need,” “recognize obstacles and hard times,” “am so grateful for the care,” “no pressure,” “accommodate my needs;”
- One out of the five clients live in the neighborhood, several travel long distances to come to clinic;
- Clients’ seen for many years (vs. brief therapy modality);
- Staff are well trained, experienced, and turnover is minimal;
- Clinic provides a welcoming and safe environment for clients and staff;
- Hours are accessible and flexible;
- Emergency appointments are available daily;
- Outreach personnel available and utilized appropriately;
- Technology capability needs to be enhanced to facilitate coordination with other providers to increase continuity of care;
- Facility is accessible to persons with physical disabilities;
- Patient’s rights are respected and protected;
- Staff sensitive to the varied needs of clients based on culture and socio-economic status;
- Medication dispensary on site with bubble pack encourages client’s medication compliance;
- No patients on waiting list for services;
- Client’s interviewed were comfortable to voice opinions; and
- Staff welcomed and amenable to suggestions made for quality improvement.

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Suggestions/Recommendations:

- Consider offering WRAP training to clients (recommended calling the Mental Health Association);
- Consider utilizing Advanced Psychiatric Directives (model shared);
- Increase client training on medications, including side effects;
- Clients desire more activities (due to budget cuts program time has decreased over last two years);
- Provide list of resources/activities outside of the clinic that clients may participate in to enhance socialization skills and provide recreational opportunities;
- Recognize Sheriff (in uniform) at entrance may have a negative effect on some clients/visitors; and
- Consider utilization of trained volunteers to augment staff in certain areas.

PROGRAM REVIEW SUMMARY: SF Mental Health Rehabilitation Center (MHRC) September 28, 2016 Visit made by: Terezie S. Bohrer & Judy Zalazar Drummond

The MHRC is located at 887 Potrero Avenue, on the grounds of San Francisco General Hospital. Two staff were interviewed: Linda Sims, RN, Director of Operations and Jennifer Baity, LCSW, MHRC Program Director; and five clients were interviewed. The program is administered by the Department of Public Health; however, employees are City employees employed by San Francisco General Hospital.

The MHRC program, a locked subacute mental health program, is located in the San Francisco Behavioral Health Center on the third floor. Three programs co-exist in this lovely old 3-story building. The building has large windows facing well-kept gardens with beautiful artwork in the common hallways. The building was clean and appeared to be well maintained. During the visit we used a conference room on the first floor, toured and interviewed clients on the third floor. There are three levels of care co-existing in this facility, including 47 patients residing on the third floor which is the MHRC. At the time of the visit there were 43 clients in residence. The clients are referred through the Public Health Department Transitions Placement Team. Average length of stay is approximately 16 months, but some clients have been there for many years. Patients/clients admitted have “1370” misdemeanor offenses or have been found incompetent to stand trial until restoration of competency. There are no voluntary clients or 5150 clients. It is a subacute facility that does not have the capacity to care for acute patients. Food service has improved during the last six months—food now sent over from the hospital and it is the same as used in the cafeteria. Services provided include psychiatric services, primary care, nursing, rehabilitation, dietary and pharmacy services.

Strengths and Overall Observations:

- Programs gender responsive, e.g., units are co-habitated but there are separate men’s and women’s groups. At the present time there is nothing specific for individuals identifying as transgender.
- Evidence based programs include harm reduction, wellness and recovery and co-occurring disorders.
- Conduct client satisfaction surveys and relay information to staff for review and changes.
- Program currently stabilizing after recent increase in capacity from 30 to 47 clients; staffing also stabilizing after re-bidding positions to provide increased services.
- No restraints or seclusion used for a long time. Assault rates are tracked for client to client assaults and client to staff incidents. Client to client assaults down to 12 from 43 in recent years. Containment used and assisted by Sheriffs on duty at the hospital when needed. Use a hands off, time and distance approach.
- Clients ready for discharge are referred to the Board & Care Program, co-located in the same building, to residential treatment programs and occasionally to SRO hotels.
- The program maintains an average waiting list of five clients, including forensic clients.
- Seek staff input through regular staff meetings, interdisciplinary team meetings.
- Little involvement with family members, no volunteers or peers used in program.

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- Observed very sick clients who appeared to need this level of care.
- Clients overall feel safe in the facility and most expressed satisfaction to “have a roof over their head,” “good food” and appropriate treatment.
- Half of those interviewed did not know side effects of medications they are taking.
- Most of the clients could name the medications they are receiving.
- Most felt staff respected them; one client stated she wanted staff to knock before entering bedroom and wait until response given to “come in.” Believed privacy not always respected.
- Observation: Several clients exhibited paranoid behaviors: toothpaste and shampoo poisoned; family stealing money and credit cards; electronic devices sending signals; too many bugs; too many thieves stealing property; etc.
- Numerous and varied activity programs available, including access to computers, arts and crafts, videos, laundry no-cost machines, etc.

Suggestions/Concerns/Recommendations:

- Consider developing a website; neither of the reviewers had knowledge of this program.
- No brochure available; consider development for distribution to client family members.
- Client brochure under revision; thus, not reviewed.
- Need to develop trauma informed care programs and train all staff in this evidenced based approach.
- Recommend consideration be given to utilizing Advanced Directives and instituting WRAP program with appropriate clients.
- Seek additional training resources.
- Need more intensive case management services to transition clients back to community and to lower levels of care.
- Recommend DPH seek funding for a staff development position.

Additional Comments:

Facility is quite unique, a (large windows surrounded by trees and beautiful gardens—although it was a nice day, we did not see any clients in the enclosed courtyard) decorated very nicely and creating a pleasant, welcoming milieu. Director and staff were most hospitable and extremely knowledgeable, and the Director gave us a tour of the facility. Staff showed concern for our welfare and assisted in bringing clients to the private interview room. Clients and staff appeared incredibly pleased that Mental Health Board members visited (the Director indicated this has not happened before). Ms. Bohrer agreed to send Ms. Sims a copy of a model Psychiatric Advance Directive.

San Francisco Behavioral Health Services Provider List