

**City and County of San Francisco
Department of Public Health – Behavioral Health Services**

2017-18 Community Advisory Board (CAB) Questionnaire

I. Agency or Civil Service Site Information			
AGENCY /Civil Service Site			
Address (Street)			
Address (City)		Zip Code	
Person writing report & Title		Date Submitted	
Phone #		FAX #	
Email Address			
Below, please list all of the sub-programs of your agency:			

Please provide some brief information about your agency/program's Community Advisory Board(s):

<p>1. How many CABs does your agency/program have? How are they organized (e.g. by agency, program, stakeholder)? Please also describe the recruitment/selection & retention strategies and membership types as applicable (e.g., cultural groups, expertise, etc.)</p>
<p>2. What is the general structure of the CAB(s)? Please include frequency of meetings per year, number of core members, participation rate. For agencies/programs with more than one CAB, you may provide an average number or range (e.g. meeting frequency ranges from monthly to quarterly).</p>

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3. Which CLAS (Cultural Linguistic Appropriate Services) standard/module if any has your CAB(s) worked (is working) towards? How has the agency/program approached implementation of related goal(s) and what are some CAB activities/projects that reflect this? What do you foresee as the long-term result?

4. How are the ideas /information generated by the CAB(s) shared within the program/agency? To whom do they go (e.g. Agency/Program Director, Board of Directors)?

5. What positive contributions has the CAB made to the agency/program?

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6. What are some challenges or barriers to operating the CAB?

7. Is there any other useful information to share about your agency/program’s CAB(s)?

Once completed, you can submit this document directly on the Cultural Competence Tracking System (Database) under the “File Upload” Tab on the Homepage. For any questions, please contact Michael Rojas at 415-255-3426 (office phone) or michael.rojas@sfdph.org (email).