

# SAN FRANCISCO BEHAVIORAL HEALTH COMMISSION



**Mayor  
London N. Breed**

1380 Howard Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94103  
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[www.mhbsf.org](http://www.mhbsf.org)  
[www.sfgov.org/mental\\_health](http://www.sfgov.org/mental_health)

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Idell Wilson

**Behavioral Health Commission Training  
Saturday, September 26, 2020  
Session 1: 10:00 PM – 12:00 PM  
Session 2: 01:00 PM – 03:00 PM  
TRAINING ACCESS INFO ZOOM**

<b>CALL-IN: 1 669 900 6833</b>	<b>MEETING ID: 999 7197 4042</b>
<b>ONE TAP MOBILE +16699006833,,99971974042#</b>	
<b><a href="https://zoom.us/j/99971974042">https://zoom.us/j/99971974042</a></b>	

- I. PURPOSE OF CONDUCTING SITE VISITS [IN PERSON AND VIRTUAL]**
- II. PROGRAM SELECTION**
- III. PROCESS**
  - A. Survey Team [1-2 Commissioners]**
  - B. Set Up Appointment [Staff or Commissioners]**
  - C. Prepare Survey Forms**
- IV. IN PERSON SITE VISITS [USE BHC STANDARD FORMS]**
  - A. Meet with program officials**
  - B. Tour facility**
  - C. Meet with program participants**
  - D. Closing meeting**
  - E. Write report**
  - F. Present draft to program director for input**

**G. Present to executive committee (and BHC site visit committee) and to DPH/BHS**

**V. VIRTUAL SITE VISITS WITH PROGRAM PARTICIPANTS**

**A. Notify Program By Phone Re: Zoom Appointment**

**B. Meet With Program Designated Staff Person Assigned To Coordinate Visit**

**C. Meet With 3-4 Program Participants [Use Designated Forms]**

**D. Close Meeting With Designated Staff**

**E. Write Report**

**F. Present Draft To Program Director For Input**

**G. Present To The Executive Committee (And BHC Site Visit Committee) And To DPH/BHS**

**VI. VIRTUAL SITE VISIT WITH PROGRAM DIRECTORS, STAFF AND PROGRAM PARTICIPANTS**

**A. Notify Program Director By Phone Re: Zoom Appointment**

**B. Introductions [Use Specific Survey Tool Or General Site Visit Forms]**

**C. Interview Program Participants And Key Staff**

**D. Close Meeting With Director**

**E. Write Report**

**F. Present Draft To Program Director For Input**

**G. Present To Executive Committee (And BHC Site Visit Committee) And To DPH/BHS**

**HANDOUTS:**

1. Site Visit Form(s)
2. Draft COVID Letter and Questions

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**BREAK**

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**I. PURPOSE OF DIVERSITY AND IMPLICIT BIAS TRAINING**

**II. GROUND RULES**

**III. REASONS THIS TOPIC IS IMPORTANT**

**IV. INTRODUCTIONS**

**V. BREAKOUT GROUPS**

**A. Key Terms**

- Trauma Informed
- Cultural humility

- Microaggressions
- Intent vs. Impact

**VI. MANAGING CONSTRUCTIVE FEEDBACK AND PUSHBACK FROM OTHERS**

**VII. HOW THIS INFORMATION HELPS BETTER OUR PRACTICE**

**CLOSURE**

## **KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE (San Francisco Administrative Code Chapter 67):**

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

**FOR MORE INFORMATION ON YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE OR TO REPORT A VIOLATION OF THE ORDINANCE, CONTACT THE SUNSHINE ORDINANCE TASK FORCE ADMINISTRATOR** mail: 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689; phone: (415) 554-7724; fax: (415) 554-5163; email: [sotf@sfgov.org](mailto:sotf@sfgov.org). People can obtain a free copy of the Sunshine Ordinance from the Clerk of the Sunshine Task Force, at the San Francisco Public Library, on the City's website at <https://sfgov.org/sunshine> and the City Attorney's Office website <https://www.sfcityattorney.org/good-government/sunshine/sunshine-ordinance/>.

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## **SAN FRANCISCO LOBBYIST ORDINANCE**

Lobbyist individually entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (Administrative Code Section 16.520-534) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, contact the Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax(415) 252-3112 or visit its website at <http://www.sfgov.org/ethics>.

## **CELL PHONE AND/OR SOUND-PRODUCING ELECTRONIC DEVICE USAGE**

The ringing of and use of cellular phones, pagers and similar sound-producing electronic devices are prohibited during public meetings. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cellphones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67 A.1)

## AMERICAN WITH DISABILITY ACT

The ADA is a civil rights law that protects people with different types of disabilities from discrimination in all aspects of social life. More specifically, Title II of the ADA requires that all programs offered through the state and local government such as the City and County of San Francisco must be accessible and usable to people with disabilities. The ADA and City policy require that people with disabilities have equal access to all City services, activities, and benefits. People with disabilities must have an equal opportunity to participate in the programs and services offered through the City and County of San Francisco. If you believe your rights under the ADA are violated, contact the ADA Coordinator.

Ordinance 90-10 added Section 2A.22.3 to the Administrative Code, which adopted a Citywide Americans with Disabilities Act Reasonable Modification Policy that requires City departments to: (1) provide notice to the public of the right to request reasonable modification; (2) respond promptly to such requests; (3) provide appropriate auxiliary aids and services to people with disabilities to ensure effective communication; and (4) train staff to respond to requests from the public for reasonable modification, and that requires the Mayor's Office on Disability to provide technical assistance to City department responding to requests from the public for reasonable modifications.

**Disability Accommodations:** To request assistive listening devices, real time captioning, sign language interpreters, readers, large print agendas or other accommodations, please contact the Commission Secretary at (415) 558-6309, or [commissions.secretary@sfgov.org](mailto:commissions.secretary@sfgov.org) at least 72 hours in advance of the hearing to help ensure availability.

**Language Assistance:** To request an interpreter for a specific item during the hearing, please contact the Commission Secretary at (415) 558-6309, or [commissions.secretary@sfgov.org](mailto:commissions.secretary@sfgov.org) at least 48 hours in advance of the hearing.

**SPANISH:** Agenda para la Comisión de Planificación. Si desea asistir a la audiencia, y quisiera obtener información en Español o solicitar un aparato para asistencia auditiva, llame al 415-558-6309. Por favor llame por lo menos 48 horas de anticipación a la audiencia.

**CHINESE:** 規劃委員會議程。聽證會上如需要語言協助或要求輔助設備，請致電415-558-6309。請在聽證會舉行之前的至少48個小時提出要求。

**TAGALOG:** Adyenda ng Komisyon ng Pagpapalano. Para sa tulong sa lengguwahe o para humiling ng Pantulong na Kagamitan para sa Pagdinig (headset), mangyari lamang na tumawag sa 415-558-6309. Mangyaring tumawag nang maaga (kung maaari ay 48 oras) bago sa araw ng Pagdinig.

**RUSSIAN:** Повестка дня Комиссии по планированию. За помощью переводчика или за вспомогательным слуховым устройством на время слушаний обращайтесь по номеру 415-558-6309. Запросы должны делаться минимум за 48 часов до начала слушания.

**SURVEY QUESTIONS FOR BEHAVIORAL HEALTH PROGRAM DIRECTORS:**

- 1. What did you do if staff or patients test positive for COVID-19?**
- 2. 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 did you adapt the programs?**
- 4. What disinfection and protective strategies did you use?**
- 5. How did you manage visitors?**
- 6. What happened if an exposed or symptomatic client was discharged before a test result became available?**
- 7. When a client with COVID-19 became ill, did you transfer to a higher level of care? Did you use telehealth in your program?**
- 8. Was everyone in your program (staff and clients) tested? If yes, how often were staff tested? How often were clients tested?**
- 9. How were physical distancing recommendations implemented?**
- 10. Did you have everything you needed during the shelter-in-place order? If not, what did you need, and did you eventually get the items?**
- 11. How has Covid-19 impacted your general operations?**
- 12. How has your staffing levels changed? How has 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 \$?**

[SENT AS AN E-MAIL]

## **BEHAVIORAL HEALTH COMMISSION LETTERHEAD**

**Dear BH Director [NAME],**

**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 fairing. 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 would conduct the 15-20-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. Lastly, thank you in advance for completing and returning the questionnaire.**

**Sincerely,**

**Marylyn Tesconi, Chair, BHC**

**SURVEY QUESTIONNAIRE FOR CLIENT INTERVIEW:**

**[HI! MY NAME IS \_\_\_\_\_ 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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## CLIENT SATISFACTION SURVEY

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

Comment

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

Comment

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?

Comment

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)?

Comment

5. Are there ways in which this program is new and different for you than other programs you have been involved with?

Comment

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. Do you understand how long you are going to be in this program?

Yes  No

Comment

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

Yes  No

Comment

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

Yes  No

Comment

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

Comment

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

Yes

No

Comment

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

Comment

17. Did you ever sign a document you did not want to sign?

Yes

No

Comment

18. Do you know that information about you cannot be given out unless you sign a release?

Yes

No

Comment

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

Yes

No

Comment

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. For women clients: 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

Comment

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

Yes

No

Comment

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

Yes

No

Comment

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

Comment

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Dear Parent or Guardian:

Do you have anything you would like to say about this program and the services your child receives 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 child's treatment. We are volunteers from the community who are also members of the Behavioral Health Commission. Many of us are clients or family members of clients.

We will be coming soon to your 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 don't have to tell us your name if you don't want to. The interview is completely voluntary on your part, and is not considered part of your child's treatment. We only want to talk to people who want to talk to us, but we hope that you will want to. The report we write is read by the people in 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. We look forward to talking with you about your child's services.

If possible, we would also appreciate your permission to speak with your child who is in the program.

Sincerely,

Marylyn L. Tesconi, MA,  
Behavioral Health Commission Chair

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*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, and 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 don't have to tell us your name if you don't want to. The interview is completely voluntary on your part, and is 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 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,*

*Marylyn L. Tesconi, MA,  
Behavioral Health Commission Chair*



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Dear Program Director,

The San Francisco Behavioral Health Commission 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. BHC commissioner(s) or 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 chose.
  - b. Notice to post at your center 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 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 BHS. 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 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 MHB, you'll of course have an opportunity to respond to CBHS and we urge you to do so.

We would like to emphasize that 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 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 415-255-3474 at any time.

Sincerely,

Marylyn L. Tesconi, MA,  
Behavioral Health Commission Chair

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## 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's the information about the client interviews:

**DATE:**

**TIME:**

**ROOM:**

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## PARENT SATISFACTION SURVEY

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

Comment

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. 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

Comment
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8. Did you sign any documents reluctantly?

Comment

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?

Comment

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

Comment

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

Comment

--

DRAFT

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**PROGRAM REVIEW SUMMARY FORM**

Name of Program:

---

BHC Reviewers:

---

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


DRAFT