



## SAN FRANCISCO MENTAL HEALTH BOARD

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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.