#36

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Page 3: Part I: Standard Yearly Data and Questions for Counties and Local Boards

Q1

Please identify your County / Local Board or Commission.

San Francisco

Q2

For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

717

Q3

What is the total number of ARF bed-days paid for these individuals, during the last fiscal year? (Please note that this number should not exceed the number of individuals in Question 2 x 365 days)

126480

Q4

Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

Data Not Available

Q5

Does your county have any "Institutions for Mental Disease" (IMDs)?

Yes (If Yes, how many IMDs?):
Two

Q6

For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County	**150**
Out-of-County	**52**

Q7

What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period? (Note that this number should not exceed total of Q6 (in-county + out of county) x 365 days)

49981 days

Page 4: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Q8

During fiscal year 2022-2023, what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

Transitional Housing

Page 5: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Q9

Do you think your county is doing enough to serve the children/youth in group care?

Yes

Q10

Has your county received any children needing "group home" level of care from another county?

No

Q11

Has your county placed any children needing "group home" level of care into another county?

No

Page 6: Part II: Stakeholder Engagement in the Public Behavioral Health System

Q12

For each of the following categories, please choose the option from the dropdown menu that best describes how often your county organizes stakeholder engagement meetings or events.

	Frequency of Stakeholder Engagement Meetings/Events
MHSA Community Planning Process (CPP)	**Quarterly (four times a year)**
MHSA 3-Year Plan Updates	**Annually (once a year)**
EQRO Focus Groups	**Every 6 months**
SAMHSA-Funded Programs	**Every 6 months**
Mental/Behavioral Health Board/Commission Meetings	**Monthly**
County Behavioral Health Co-Sponsoring/Partnering with other Departments or Agencies	**Annually (once a year)**

Q13

Estimate the number of people who participated in your stakeholder processes in fiscal year 2022-2023. (Numerical responses please)

165

Q14

What percentage of stakeholder engagement events in your county were in-person only, virtual only, a combination of both in-person and virtual, or written communications? Please use your best estimates to provide a percentage for each, such that the total of the four percentages equal 100.

Combination of both in-person and viritual **100**

Q15

During fiscal year 2022-2023, which of the following languages did your county use to conduct stakeholder meetings, with or without the use of interpreters? (Check all that apply).This list of languages reflects the threshold and concentration languages for all counties as of July 2021 from the following DHCS document: Threshold and Concentration Languages (ca.gov)

English,

Spanish

Q16

Within the last year, from which of the following stakeholder groups have you collected and implemented input from? (check all that apply)

Adults with severe mental illness (SMI),

Older adults / Seniors with SMI,

Families of children, adults, and seniors with SMI,

Providers of mental health and/or related services,

Law enforcement agencies,

Veterans,

Representatives from veterans' organizations,

Providers of alcohol and drug services,

Health care organizations,

Hearing impaired individuals,

LGBTQ+ individuals,

Youth,

Individuals with developmental disabilities and/or their representatives

,

Representatives of managed care plans

Q17

Please describe how stakeholder input is communicated to: the behavioral health director, the mental/behavioral health board/commission, and any other agencies or groups for informing policy (e.g. County Board of Supervisors, DHCS, etc.)

SFDPH strengthens the MHSA program planning by collaborating with behavioral health service clients, their families, peers, and providers to identify the most pressing behavioral health-related needs of the community and develop strategies to meet these needs. In 2022, we hosted 16 community engagement meetings across the city to collect community member feedback on existing programming and to better understand the needs of the community and to develop this plan that is shared with our executive leadership team. The feedback is then used to develop an annual spending program on where we need to expanded existing programs or established new program based on the community needs.

Q18

Please describe how your county implements collected stakeholder input to actively inform policy and programs. Include how the county decides what ideas to implement or actions to take.

The feedback and input shared by our community stakeholders, which is typically scheduled around the Advisory Committee meetings with service providers and other community partners present. Their feedback is used as an ongoing valuable resource to help inform the direction of the programming. CPP meetings in 2022 built on existing community and MHSA programming meetings to understand the general behavioral health needs of the community, as well as specific program improvement planning and other feedback. The following notes highlight the key takeaways from these meetings. This feedback is incorporated into our continuous program improvement planning efforts.

Culturally responsive services reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access –this is of upmost importance in overcoming stigma, connecting clients to services, and successfully engaging with them.

It is critical that mental health clinicians and staff are representative of the clients our programs serve, particularly when serving communities that are culturally, medically, economically, or otherwise isolated. This includes certain populations (e.g., TAY, LGBTQ+, racial and ethnic groups) as well as entire neighborhoods (e.g. Bayview/Hunter's Point).

Some SFDPH JEDI/MHSA-funded programs develop personal success plans with each client to assist them in defining their health and wellness, employment, education, community, and interpersonal goals and then helping them to reach those goals. This promotes individuals' success in the program and beyond.

Promoting collaboration across service providers to strengthen partnerships and referral networks helps connect clients with better opportunities for employment, housing, and education.

Some JEDI/MHSA-funded programs have long waitlists (such as programs serving socially isolated older adults), which makes it difficult for people to access the services they need.

Moving services to virtual or hybrid format has helped connect to many clients who may otherwise not be able to participate in programming due to barriers to attending inperson.Many clients are interested in continuing virtual and hybrid program options, but this requires programmatic flexibility to be able to understand and be responsive to client needs and program requirements.

Simple tips to relieve stress and anxiety are in high-demand and these types of supports have been well received by the community, especially given the rise of COVID19.

The use of evidence-based practices, coupled with peer intervention, has seen great outcomes in addressing loneliness and isolation among older adults in the UCSF/Curry Senior Center programming. The use of evidence-based practices demonstrates a reduction in loneliness, depression, and barriers to socialization for clients.

Children and youth have been struggling with behavioral needs, particularly in school settings, and service providers are finding success in supporting them by prioritizing individual and meaningful connections with caring adults, mentors, coaches, and other youth. This type of programming has helped youth create strong, lasting bonds that redirect negative behaviors.

Q19   **Yes**

Does your county have a Community Program Planning
(CPP) plan in place?

Q20

Is your county supporting the CPP process in any of the following ways? (Please select all that apply)

Providing refreshments or foodo for stakeholders participants.

,

Dedicated staff assistance to facilitate stakeholder meetings and events.

,

Providing information and training for stakeholders on MHSA programs, regulations, and procedures.

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Holding meetings in geographically accessible locations around the county.

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Utilizing language interpreting services.,

Scheduling meetings at times convenient to community stakeholders' schedules.

,

Providing technical assistance for stakeholders participating in webinars or teleconferences.

Q21

Does your county provide training for staff on cultural awareness, community outreach, and stakeholder engagement?

Yes,

If yes, how? If no, why not? Please describe. :
Staff are required to complete 4 hours of equity, diversity, and cultural awareness training.

Q22

Which of the following barriers does your county face regarding achieving meaningful and impactful engagement of stakeholders, specifically mental health consumers and family members? (Check all that apply)

Difficulty incorporating stakeholder input in the early stages of programming.

Q23

Are your behavioral health board/commission members involved in your county's stakeholder engagement and/or CPP processes? If yes, describe how?Note: California WIC 5892 allocates Mental Health Services Funds for county mental health programs to pay for the expenses of mental health board members to perform their duties, and to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process. This includes 5% of total CSS funds to support a robust CPP process with community stakeholders. https://www.calbhbc.org/uploads/5/8/5/3/58536227/best_practices_-_expenses.pdf

Yes (please describe how):
SFDPH collaborates with the Behavioral Health Commission to gather valuable feedback regarding MHSA strategies. The SF Behavioral Health Commission has been closely involved since the initial development of MHSA in San Francisco. The Commission works as an oversight body to provide education to MHSA leadership teams and to ensure that the needs of the community are met. MHSA provides updates to the SF Behavioral Health Commission at monthly board meetings to keep them abreast of new developments and activities. The Commission includes members with personal lived experience with the mental health system. Its members are strong advocates for FSP programs and their clients.

Q24

Has the COVID-19 Pandemic increased or decreased the level of stakeholder engagement and input in your county?

Increased

Q25

Is there a fear of perception in your county that spending time, money, or other resources on stakeholder engagement conflicts with the need to provide direct services?

No

Q26

What is one change or improvement regarding stakeholder engagement that your county would like to make within the next fiscal year?

We are currently working on a plan to provide stipends for community members that provide feedback on mental health needs while also paying community members as evaluators.

Q27

Do you have any other thoughts or comments regarding stakeholder engagement in your county or statewide?

None

Page 7: Post-Survey Questionnaire

Q28

What process was used to complete this Data Notebook? (please select all that apply)

Data Notebook placed on Agenda and discussed at Board meeting

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MH board partnered with county staff or director,

MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function

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Q29

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification): 2589 Program Health Coordinator 1

Q30

Please provide contact information for this staff member or board liaison.

Name	**Amber Gray**
County	**San Francisco**
Email Address	**Amber.Gray@sfdph.org**
Phone Number	**(415)518-9211**

Q31

Please provide contact information for your Board's presiding officer (Chair, etc.)

Name	**Stephen Banuelos**
County	**San Francisco**
Email Address	**stephen.bhc.sf@gmail.com**
Phone Number	**(415)902-5994**

Q32

Do you have any feedback or recommendations to improve the Data Notebook for next year?

Clarification on the format of the numbers.