



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



San Francisco Mental Health Services Act (MHSA) Community Program Planning 2017 Report

*The Mental Health Services Act of San Francisco is a program of the
Department of Public Health – Behavioral Health Services*



Wangari Maathai mural in the Lower Haight by Kate Decicco and Delvin Kenobe in 2011.

Table of Contents

Directors' Message.....	3
Introduction to MHSA.....	5
MHSA Guiding Principles.....	5
History of MHSA in San Francisco.....	5
San Francisco MHSA's Integrated Service Categories	6
Community Outreach & Engagement in MHSA.....	7
Community Program Planning in FY2016-17	8
Community Engagement Meetings	8
Community Feedback Collected in FY 2016-17	11
Summary of Community Feedback.....	15
Integrating Feedback into SF MHSA Programming	17
Moving Forward	17

Directors' Message

The San Francisco Department of Public Health (SFDPH) continues to embrace the principles of the Mental Health Services Act (MHSA) that includes consumer and family member involvement, community collaboration, delivery of integrated services, and cultural responsiveness. The City and County of San Francisco is committed to providing quality healthcare services that are wellness and recovery driven, culturally and linguistically appropriate and client-informed. MHSA-funded programs continue to offer services at different levels of intensity that range from education in order to increase mental health awareness, to treatment services for individuals experiencing mental health challenges.



During fiscal year 2016-2017, SFDPH conducted extensive community outreach and engagement activities across the City and County in an effort to inform the 2017-2020 MHSA Program and Expenditure Plan. These community outreach and engagement efforts were critical in guiding MHSA program improvements and planning for future programming. SFDPH is committed to continuous community outreach and engagement to ensure consumers have the appropriate wellness tools and resources to support them in their recovery journey.

In support of the SFDPH mission, the MHSA program is committed to promoting and protecting the health of all San Franciscans. We will continue to reduce health disparities, ensure equal access for all and provide quality services.

Acknowledgements

From January through April 2017, San Francisco Department of Public Health (SFDPH): Behavioral Health Services (BHS) – Mental Health Services Act (MHSA) staff visited with community based organizations and San Francisco residents through existing, standing neighborhood and local service providers' meetings. In these gatherings, MHSA staff shared information about San Francisco's current MHSA programs and projects and listened to the audience's recommendations to be considered for future programming and services. In all, MHSA staff presented at eleven (11) different settings and garnered a deeper understanding of the community's mental/behavioral health (*mental health and substance use disorder*) needs, as well as the unique and culturally-responsive ways that they would like to receive mental/behavioral health services.

At this time, we would like to acknowledge the key individuals who brought this FY16-17 Community Program Planning process from inception to delivery:

- Barbara Garcia, Director of Health
- Jeanne Kwong, SF MHSA Health Educator
- Jennie Hua, SF MHSA Program Manager
- Juan Ibarra, SF MHSA Program Evaluator

- Kathleen Minioza, SF MHSA Project Coordinator
- Kim Ganade, SF MHSA Program Manager
- Victor Gresser, RAMS: Division of Peer-Based Services/BHS Vocational Programs – Peer Outreach Specialist
- Sarah Akin, Consultant with Hatchuel, Tabernik & Associates
- BHS Executive Team

The San Francisco Mental Health Services Act (SF MHSA) and the San Francisco Department of Public Health (SFDPH): Behavioral Health Services (BHS) system would like to thank everyone who contributed to this insightful and much-appreciated Community Program Planning (CPP) process and we respectfully present to you the findings of our endeavor.

Special Thank You

We would like to express our deepest gratitude to the following organizations who allowed us to present at their community/neighborhood meetings and provided critical feedback to guide San Francisco Mental Health Services Act's (SF MHSA) continued work:

- Chinatown Community Development Center
- Filipino Mental Health Initiative – San Francisco
- Hatchuel, Tabernik & Associates
- Instituto Familiar de la Raza
- Mo' Magic and Western Addition Service Providers
- Bayview community: Pastors Riddick, Smith, Dew and Gage
- San Francisco Department of Public Health Behavioral Health Services' Client Council
- San Francisco Department of Public Health Behavioral Health Services LEGACY program
- San Francisco Department of Public Health Integrated Steering Committee
- San Francisco Mayor's Office of Housing & Community Development (MOHCD) – San Francisco and Visitacion Valley Service Providers
- San Francisco Mental Health Services Act Advisory Committee
- San Francisco Mental Health Services Act Service Providers
- The Village – Visitacion Valley

Sincerely,

Kavoos Ghane Bassiri
Director, SF Behavioral Health Services

Imo Momoh
Director, SF Mental Health Services Act

Overview

Introduction to MHSA

In November 2004, California voters approved Proposition 63, now known as the Mental Health Services Act (MHSA), which is intended to expand and transform community mental health services throughout California. MHSA funding is generated from a 1% tax on personal income in excess of \$1 million and is distributed to respective county mental health systems under regulations developed by the State.



WELLNESS • RECOVERY • RESILIENCE

The MHSA called upon local counties to transform their public mental health systems in order to achieve our goals to (1) raise awareness, (2) promote early identification of mental health challenges, (3) make access to treatment easier, (4) improve the effectiveness of services, (5) reduce the use of out-of-home and institutional care, and (6) eliminate stigma regarding those with severe mental illness or serious emotional disturbance. Counties were also required to collaborate with diverse community stakeholders in effort to realize the MHSA's vision of recovery and wellness. This vision is based on the belief that each person has the strength and resilience to recover from their mental health challenges; and it is this entrenched belief that has led to the development of more comprehensive, innovative and culturally responsive services.

MHSA Guiding Principles

Five principles guide MHSA program planning and implementation activities, including:

- 1. Cultural Competence.** Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
- 2. Community Collaboration.** Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
- 3. Client, Consumer, and Family Involvement.** Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery and evaluation.
- 4. Integrated Service Delivery.** Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers and families.
- 5. Wellness and Recovery.** Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

History of MHSA in San Francisco

The San Francisco MHSA program planning process began in 2005 with then-Mayor Gavin Newsom's creation of a 40-member, citywide Behavioral Health Innovation (BHI) Task Force,

which was headed by the San Francisco Deputy Director of Health. The BHI Task Force was responsible for identifying and prioritizing the greatest mental health needs of the community and developing a plan to address those needs.

The BHI Task Force held over 70 community meetings over a five-month period with consumers, their families, behavioral health service providers, representatives from the criminal justice system, educational professionals, social support services providers and administrators, and other members of the community. Information were collected through service provider surveys, peer-to-peer interviews, population assessment, transcripts and summaries of meetings, as well as 80 position papers received from various constituents. This process resulted in the development of a Three Year Program and Expenditure Plan for each of the MHPA funding components: Community Services and Supports; Workforce Development Education and Training; Prevention and Early Intervention; Innovation; and Capital Facilities/Information Technology, with the final plan completed and approved in August of 2010.

San Francisco MHPA's Integrated Service Categories

The MHPA Service Categories (listed below in Exhibit 1) have allowed us to plan programs and services for specific populations and to expand our continuum of services with clear outcomes, including the integration of peers into service delivery, promoting culturally competent care, increasing access to housing and employment, and developing high quality recovery-oriented treatment services.

Exhibit 1. SF MHPA's Integrated Service Categories	
SF MHPA Service Category	Description
Recovery-Oriented Treatment Services	<ul style="list-style-type: none"> Includes services traditionally provided in the mental health system (e.g., individual or group therapy, medication management, residential treatment) Uses strengths-based recovery approaches
Mental Health Promotion & Early Intervention Services	<ul style="list-style-type: none"> Raises awareness about mental health and reduces stigma Identifies early signs of mental illness and increases access to services
Peer-to-Peer Support Services	<ul style="list-style-type: none"> Trains and supports consumers and their family members to offer recovery and other support services to their peers
Vocational Services	<ul style="list-style-type: none"> Helps consumers secure employment (e.g., training, job search assistance and retention services)
Housing	<ul style="list-style-type: none"> Helps individuals with serious mental illness who are homeless or at-risk of homelessness secure or retain permanent housing Facilitates access to short-term stabilization housing

Exhibit 1. SF MHSAs Integrated Service Categories	
SF MHSAs Service Category	Description
Behavioral Health Workforce Development	<ul style="list-style-type: none"> • Recruits members from unrepresented and under-represented communities • Develops skills to work effectively providing recovery oriented services in the behavioral health field
Capital Facilities/Information Technology	<ul style="list-style-type: none"> • Improves facilities and IT infrastructure • Increases client access to personal health information

Community Outreach & Engagement in MHSAs

The MHSAs reflect a robust and unprecedented level of collaboration with community members and stakeholders in implementing public policy. Exhibit 2, below, outlines the key components of the SF MHSAs ongoing community program planning (CPP) efforts. SF MHSAs employ a range of strategies, which focus on upholding the MHSAs guiding principles and engaging stakeholders at all levels of program planning and implementation. Our CPP process provides a number of opportunities for stakeholders to participate in the development of our three-year plans and annual updates and to stay informed of our progress in implementing MHSAs-funded programs.

Exhibit 2. Key Components of SF MHSAs Community Program Planning

Communication Strategies	<ul style="list-style-type: none"> • SFDPH MHSAs website • Monthly CBHS Director's Report • Regular stakeholder updates
Advisory Committee	<ul style="list-style-type: none"> • Identify priority needs of the community • Monitor program implementation • Provide ongoing feedback on programming
Program Planning and Contractor Selection	<ul style="list-style-type: none"> • Assess needs and develop service models • Review provider proposals and interview applicants • Select most qualified service providers
Program Implementation	<ul style="list-style-type: none"> • Develop goals in collaboration with consumers • Employ peers and families in programming • Engage peers and families in program governance
Evaluation	<ul style="list-style-type: none"> • Peer and family engagement in evaluation efforts • Collect and review data on participant satisfaction • Technical assistance with Office of Quality Management

Community Program Planning in FY2016-17

Community Engagement Meetings

In early 2017, SF MHSA hosted eleven (11) community engagement meetings to listen to and document community members' and community based organizations' feedback regarding existing SF MHSA programming and to better understand the explicit needs of the community at large.

Meeting participants included consumers of mental health services and their families, mental health and other service providers, representatives from local public agencies, community- and faith-based organizations, residents of San Francisco, and other community stakeholders.

Five of the eleven meetings were open to the general public and all meetings were advertised on the SFDPH website and via word-of-mouth and email notifications to service providers in the SF BHS, MHSA, and San Francisco Health Network distribution networks. Printed and electronic materials were translated into Spanish, Chinese, and other threshold languages, and interpretation was provided at all public community meetings, as requested. The eleven community engagement meetings are listed in the following table.



Imo Momoh, Director of SF MHSA, leads a CPP meeting in FY16-17.

Exhibit 3. 2017 Community Engagement Meetings	
Date	Meeting Location
January 5, 2017	Samoan Community Development Center 2055 Sunnyside Ave., San Francisco, CA 94134
January 19, 2017	Mo' Magic African Arts Culture Complex 762 Fulton Street, San Francisco, CA 94102
February 10, 2017	Chinatown Child Development Center 720 Sacramento Street, San Francisco, CA 94108
February 13, 2017	Filipino Mental Health Initiative/Bayanihan Center (SOMA) 1010 Mission Street, San Francisco, CA 94103
February 15, 2017	MHSA Advisory Committee/Behavioral Health Services 1380 Howard Street, San Francisco, CA 94103
February 21, 2017	Client Council/Behavioral Health Services 1380 Howard Street, San Francisco, CA 94103
March 1, 2017	Cameron House (Chinatown) 920 Sacramento Street, San Francisco, CA 94108

Exhibit 3. 2017 Community Engagement Meetings

Date	Meeting Location
March 7, 2017	LEGACY Peer/Community Advisory 1305 Evans Ave., San Francisco, CA 94124
March 15, 2017	MHSA Providers Meeting 1453 Mission Street, San Francisco, CA 94103
March 24, 2017	Latino and Mayan Community Meeting at Instituto Familiar de la Raza 2919 Mission Street, San Francisco, CA 94110
April 12, 2017	The Village 1099 Sunnydale Ave., San Francisco, CA 94134

In each of the community meetings, MHSA staff presented an overview of the Mental Health Services Act, including its core components, guiding principles, and highlights of existing programs and services. MHSA staff then asked meeting attendees a series of open-ended questions to solicit participant’s thoughts, ideas and concerns regarding the greatest mental health needs of their respective communities and how to best address those needs. These discussions also addressed how SFDPH can improve existing MHSA programming.

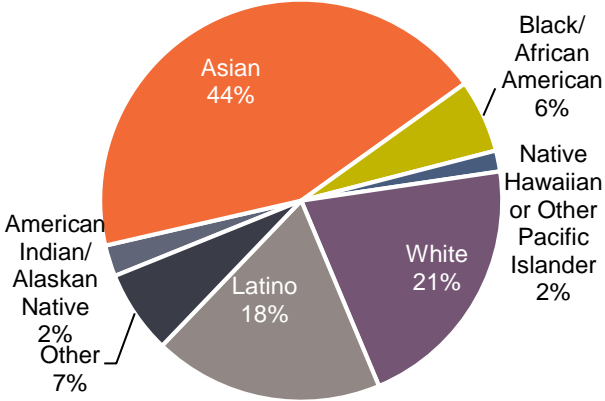
Meeting attendees’ input and feedback were captured in real time, on flip charts and via transcription, in effort to maintain a high-level of transparency. MHSA staff addressed how the feedback would be incorporated into the SF MHSA 2017-2020 Integrated Plan and used to inform future MHSA programming. Community members and community based organizations were also provided with information on the 30-day local review process in approving the SF MHSA 2017-2020 Integrated Plan.

Following each meeting, attendees were asked to complete a questionnaire. Hard copy questionnaires were distributed and collected at the meetings and, in effort to increase response rates. Links to electronic questionnaires were also distributed to community members and stakeholders to gather additional information on key mental health needs of the community, strategies to address these needs, and general feedback on improving the SF MHSA Community Program Planning (CPP) process.

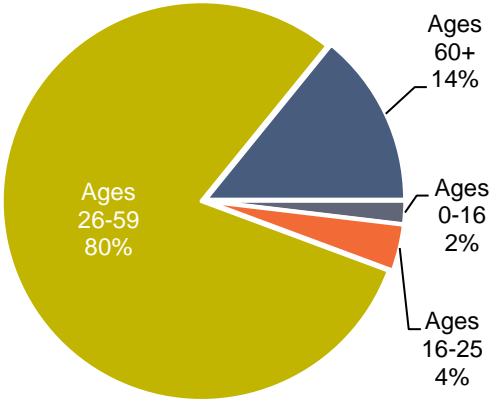
Community Engagement Meeting Participation

Over 200 people participated in the eleven SFDPH MHSAs community meetings held in FY16-17. Of those attendees, SFDPH MHSAs staff were able to collect demographic data on 119 individuals and those data are reflected in the charts below.

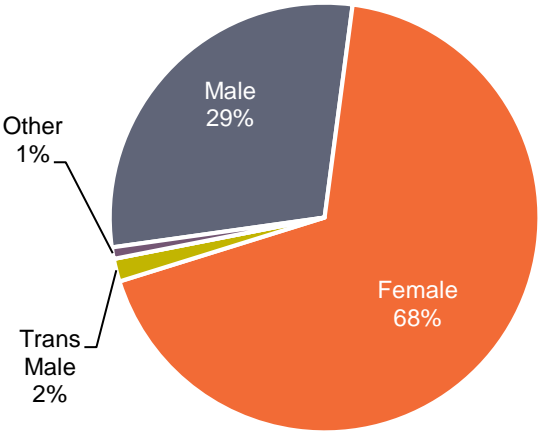
Race/Ethnicity



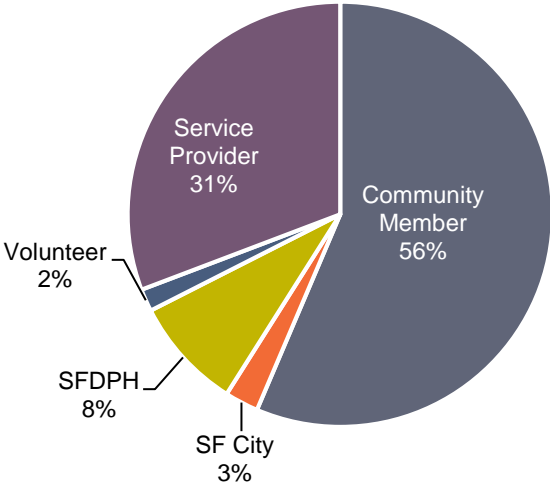
Age Group



Gender



Affiliation



Community Feedback Collected in FY 2016-17

Community feedback collected in fiscal year 2016-17 was gathered through multiple source streams, including community engagement meetings, consumer-service provider-SF MHSAs staff consumer collaborations, the SF MHSAs Advisory Committee, the SF Behavioral Health Services Client Council, MHSAs service providers and program evaluations, and other communications with community members and stakeholders.

The following sub-sections describe the specific community feedback collected by neighborhood and stakeholder group.



Kim Ganade, SFDPH MHSAs Program Manager, leads a CPP meeting in FY16-17.

Visitacion Valley

At a standing monthly meeting of Visitacion Valley service providers and community members, held at the Samoan Community Development Center, meeting participants identified Black/African Americans and Samoans as underserved populations in San Francisco. Participants suggested that SF MHSAs develop and implement a Peer Leadership Health Program, where community members would be trained to connect people with resources. It was also shared that the City's Family Resource Centers are not connected to SF BHS and MHSAs programming in a meaningful way and suggested that a partnership between BHS and these centers could help the City's residents become connected to mental/behavioral health services.

At a community meeting held at The Village in Visitacion Valley, community members noted that there are no wellness services or activities located in Visitacion Valley.

Western Addition

Community-based organization Mo' MAGIC led a meeting of community members and service providers in the Western Addition at the African American Art and Culture Complex. Service providers at the meeting recommended that SF MHSAs increase its visibility in the community by working more closely with community organizations and mental/behavioral health service providers by (1) participating in local health fairs; (2) deploying a broad marketing strategy through printed materials and an enhanced website; (3) creating and maintaining a comprehensive service provider network directory, and (4) hosting "pop-up hubs of service" throughout the City to advertise MHSAs programs and resources. It was recommended that MHSAs and program staff use the term "wellness services" in place of "mental health services" in their outreach and marketing strategies, in effort to reduce stigma related to mental/behavioral health and wellness.

It was also suggested that SF MHSAs host trainings for community-based organizations on mental/behavioral health-related topics in effort to improve services and connect clients to additional community resources. These trainings would also allow SF MHSAs to expand its network of service providers to include other established service systems.

Chinatown

Service providers at the community engagement meeting held in Chinatown at the Chinatown Child Development Center discussed the need for community-based organizations and mental/behavioral health service agencies to be better connected. It was suggested that meaningful connections between service providers in San Francisco could improve clients' experiences and transitions into different levels of care while simultaneously reducing program waiting lists, eliminate duplication and gaps in services, and allow providers to share best practices. Other stakeholders at the meeting identified the need for increased Mobile Crisis Response services, as wait times have increased to the point where they defeat the purpose of having crisis response programs.

South of Market Area (SOMA)

At the South of Market Area (SOMA) meeting, representatives from community-based organizations convened at the Bayanihan Community Center and identified the need for increased community awareness on accessing and de-stigmatizing mental health services. Service providers at the meeting agreed that most San Francisco residents do not know how to identify early warning indicators of mental health issues, nor do they know of existing services and resources or how to connect their friends or family members to existing services and resources.

The Mission

Instituto Familiar de la Raza (IFR), an MHSAs service provider, held a community meeting at their offices in the Mission District. IFR staff and community members identified needs specific to the Latino and Mayan San Francisco communities. Community members agreed that one of the biggest needs of their communities is the acculturation gap between recent immigrants and their children. Furthermore, parents who immigrate to the U.S. often struggle to navigate the healthcare system and must overcome stigma related to mental/behavioral health. Trauma and isolation were also identified as great needs facing this population. It was suggested that the SF MHSAs support these immigrant parents by providing parenting classes, workshops, and connecting them with culturally-sensitive services and case management to enable them to access wellness services.

SF MHSAs Advisory Committee

The SF MHSAs Advisory Committee has a unique perspective in understanding the role of SF MHSAs in the broader context of the communities it serves. The SF MHSAs Advisory Committee is an integral component of community engagement as it provides guidance in the planning, implementation, and oversight of the MHSAs in San Francisco. The Advisory Committee identified

Mongolian and Farsi-speaking populations as emerging, underserved populations. The committee, like many San Francisco residents, has become increasingly aware of the great need for safe, affordable housing, particularly for individuals with significant mental/behavioral health needs. Many committee members agreed that homeless populations, who sometimes have the highest mental health/behavioral health needs, often experience difficulty in accessing SF MHSA-funded programs. It was recommended that the San Francisco Homeless Outreach Team's services be enhanced and expanded, so that outreach efforts can be improved – resulting in an increase of individuals' awareness of existing programs and resources and thereby preventing instances of crisis.

SF BHS Client Council

The SFDPH Behavioral Health Services (BHS) Client Council is 100 percent client-driven, and has a unique perspective in understanding the needs of mental/behavioral health service consumers. The goal of the Client Council is to advise BHS regarding policies and practices that directly influence consumers/clients who utilize mental health and substance abuse services.

The SF BHS Client Council identified the need for improved continuity of services. One of the Client Council members who identified this need described how the service provider they worked with in their personal experience assigned new interns as their point-of-contact every few weeks. This resulted in inconsistencies in the level of care and created disincentives in attending the program, as they felt their time was wasted in getting to know a new and different care provider every few weeks.



MHSA stakeholders discuss needs of the community in FY16-17.

SF MHSA Service Provider Feedback

SF MHSA includes elements of the CPP in developing and refining each of our programs, in collaboration with our contracted service providers. SF MHSA contracts with service providers by issuing Requests for Qualifications or Requests for Proposals on a regular basis. In fiscal year 2016-17, SF MHSA-funded programs went out for competitive bidding to potential service providers in the form of Request for Qualifications (RFQS). These RFQs were informed by multiple source groups – SF MHSA Advisory Committee, SFDPH's Client Council, mental health consumers, peers, community based organizations and community members from the public at large. The specific programs that went out to bid included the following:

- Population-focused: Mental Health Promotion & Early Intervention for Latino, Mayan and Native American communities

- Workforce Development: Drug & Alcohol Studies program at a community college
- Transitional Age Youth (TAY) System of Care
- Adult/Older Adult Community Drop-In and Resource Support Services

As part of the *Population-focused Request for Qualifications (RFQ)* development process, SF MHSAs staff held three focus groups with various communities to gather feedback. The feedback revealed the need for honoring the heritage, histories, cultural and spiritual beliefs of oppressed and marginalized communities regarding physical health and mental health, and the need to respect community-defined practices toward wellness.

In order to inform and drive the *Workforce Development RFQ*, SF MHSAs and SFDPH Behavioral Health Services (BHS) leadership developed a 5-Year Workforce Development Plan. SF MHSAs and BHS staff conducted several focus groups with workforce stakeholders, consumers, and peer staff. A Steering Committee was assembled to gather subject expert feedback regarding San Francisco’s public behavioral health workforce needs, who identified the lack of ethnic, cultural, linguistic and sexual orientation/gender identity diversity in the current behavioral health workforce, as well as challenges that people of color face when pursuing the educational requirements to work in the field of behavioral health.

SF MHSAs Peer-to-Peer Services staff conducted several focus groups to elicit input about the redesign of existing peer programming and the shaping of the *Peer-to-Peer Employment Program RFQ*. Mental health consumers and community members were brought together to seek their ideas and recommendations in the areas of policy development, program development, implementation, budgeting and evaluation. As a result, an enhanced peer model was designed to include streamlined services, additional training opportunities, better supervision, increased on-the-job support, and support/consultation groups for peers.

SF MHSAs collected extensive information from mental health consumers, peers, family members and the broader community to determine the community mental health/behavioral health needs and inform the *Peer Health and Advocacy Programs RFQ*. One of the leading barriers to peer wellness and recovery in the Bay Area is the lack of available career opportunities for peers in our peer educator and support programs, affected in part by the attitudes and expectations of the medical and mental health professions towards peer employment.



Client Council members discuss mental health needs of the community in FY16-17.

To better understand the needs of mental health consumers and to inform the *Community Drop-*

In and Resource Support Services RFQ, SF MHSA gathered considerations from current service providers. The providers cited two enormous barriers to their clients' quest for wellness and recovery, including a lack of stable, affordable housing in San Francisco and the surrounding cities; and a lack of storage facilities for homeless individuals to house their belongings during program activities.

Summary of Community Feedback

In addition to the unique needs identified by the neighborhood and stakeholder groups listed above, mental/behavioral health service consumers, their peers and family members, service providers, community residents, and other stakeholders shared the following insights and feedback regarding the mental/behavioral health needs of the San Francisco community.

"Mental illness should not be a mystery. We should all be able to recognize symptoms, move past stigma, and connect people to services."

- Community member

- The need for safe and stable (affordable) housing, particularly for those with serious mental illness, transitional age youth, and older adults.
- The need for specific behavioral/mental health services, including but not limited to:
 - Crisis response services
 - Substance use disorder treatment
 - Early intervention services
 - Trauma recovery services
 - Behavioral health workforce development services.
- The need for community education and stigma reduction around behavioral/mental health needs, particularly culturally and linguistically appropriate services.
- The need for a clear understanding of what SFMHSA behavioral/mental health programs are and the services that they currently provide.
 - The DPH website should include a Directory of Service Providers that is updated regularly so that consumers and service providers can understand what services are currently offered and where they are available.
 - Service providers need time to collaborate to discuss intake/discharge procedures and policies, share best practices, strategize ways to meet the needs of the consumers they serve and avoid duplication of services.
 - SF MHSA should increase its visibility in the local community – through advertising at health fairs and strategizing additional opportunities to work directly with service providers, community-based organizations, schools, employers, faith-based institutions – in an effort to increase awareness of existing resources.
- The need for ease of access to behavioral/mental health services

- Consumers with serious mental illness or other disorders may have significant obstacles in attending their appointments (e.g., lack of transportation, inability to manage schedules, health-related symptoms such as anxiety or delusions, medication management issues, crisis episodes, etc.).
- Consumers may be dis-incentivized to pursue services if the providers have in take procedures or program policies that are burdensome. For example, individuals may not complete paperwork that asks for personal information because they may not possess the information or because of lack of trust of the “system”. This paperwork is seen as ‘yet another barrier’ for individuals who are already reluctant to participate in mental health services/treatment for cultural or other reasons.
- The need for support services for families, particularly immigrant families and newcomer youth.
 - Parenting classes and workshops with topics on dealing with trauma and emotional/behavioral challenges.
 - Individual and family therapy.
 - Promotoras, cultural workers, and community healers should be embedded in schools, community organizations to conduct outreach to families and youth, link them to/provide them with culturally-humble support services.
- The need for continuous community engagement across community stakeholders and, most importantly, SFDPH BHS and SF MHSA current, former, and potential consumers.

"We should go out to the community to recruit people to work as service providers. They are connected to their community – they can really get this type of work done."
 - Client Council Member

While most community members readily agreed that these were amongst the most pressing needs of the community, with regard to behavioral/mental health, many other ideas were also shared throughout the CPP process. This feedback includes, ideas to further engage unserved/underserved populations, strategies to combat cultural stigma related to mental health/behavioral health services, the importance of evaluation based on both qualitative and quantitative data that informs programming, sensitivity/cultural humility trainings for service providers, and the threat violence poses on the community. Other innovative ideas included, for example, (1) partnering with other local counties to provide continuity of services between their respective counties; (2) collaborating with current and former consumers to design programs that support consumers who are transitioning from Intensive Case Management/Full Service Partnership programs to outpatient services; (3) creating “pop-up hubs of services” across the City to promote SF MHSA-funded programs and link people to services; and (4) working with local philanthropic businesses to increase awareness of and support for MHSA programming.

Integrating Feedback into SF MHSa Programming

The CPP process is an ongoing effort of SF BHS and MHSa in order to guide continuous program improvements. All SF MHSa programs are designed, implemented, evaluated, and refined with the help of the community's feedback. The voice of the San Francisco community is reviewed and considered by SF MHSa program and evaluation staff, managers, and leadership and is used to guide program improvements and develop new programs, often through our Innovations pilot projects.



SFDPH MHSa Advisory Council members meet to discuss the MHSa 3-Year Plan in FY16-17.

The 2017-2020 SF MHSa Program and Expenditure (Integrated) Plan was developed in collaboration with consumers, peers, community members and community based organizations and other stakeholders through our Community Program Planning (CPP) process. As a part of our Integrated Planning efforts, SFDPH MHSa incorporated the stated goals of MHSa (listed on page five of this report) and revisited local priorities and needs identified in previous planning efforts. All of the Community Program Planning strategies outlined in the previous section were employed in developing this plan.

As a result of the feedback we received during our Community Program Planning efforts, and due to our successful evaluation outcomes, the following programs and projects will continue to operate as approved in the 2014-2017 SF MHSa Program and Expenditure Plan and subsequent Annual Updates. The current and previous SF MHSa Program and Expenditure Plans can be found on the San Francisco Department of Public Health MHSa webpage at <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSa/default.asp>.

Moving Forward

In fiscal year 2017-18, San Francisco Behavioral Health Services (BHS), Department of Public Health (DPH), and MHSa will remain committed to continuing our community outreach and engagement efforts through the Community Program Planning process. -

SF MHSa intends to engage in rapid cycle program improvements in FY 2017-18. Rapid cycle improvement is a program quality improvement method that identifies, implements and evaluates quality improvements and changes made to programs, projects, and systems on a rapid

and ongoing basis. Rapid cycle feedback improvements involve program reflection, performance and outcome data evaluation, and program improvements that are conducted over a short time period for more immediate results and increased program efficacy. Rapid cycle improvements often include piloting small projects to test potential program improvements. SF MHSA is dedicated to incorporating community feedback at every level of our programming and to evaluate the effectiveness of our programs through commonly developed valuation metrics. The cycle of designing, piloting, implementing, and improving our programming is supported by continuous evaluation and engaging in community feedback through rapid-cycle improvement.

As described throughout this report, SF MHSA engages the community, including mental/behavioral health service consumers and their families, peers, service providers, SF BHS staff, and other community stakeholders in the development and refinement of all our programs. We aim to involve the community at every level of programming, from program development with consumers and service providers at the time of contracting, to developing program goals and objectives, evaluation metrics, and program improvements.