



Attachment 4: San Francisco – MHSa Community Program Planning Policy and Procedures

Effective December 1, 2020

Policy Title: San Francisco MHSa Community Program Planning Policy and Procedures

Purpose: To provide a written policy and procedures on the County’s Community Program Planning Process including designated positions; staff training; stakeholder training; and client, client’s family, peer and stakeholder outreach and involvement.

Definitions:

As per the California Code of Regulations, Title 9. Rehabilitative and Development Services, Division 1. Department of Mental Health, Chapter 14. Mental Health Services Act:

The “Mental Health Services Act (MHSa)” is the law that took effect on January 1, 2005 when Proposition 63 was approved by California voters and codified in the Welfare and Institutions Code.

“Community Program Planning” means the process to be used by the County to develop Three-Year Program and Expenditure Plans, and Annual Updates to the plan in partnership with stakeholders to: Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act; analyze the mental health needs in the community; and identify and re-evaluate priorities and strategies to meet those mental health needs.

“Stakeholders” means individuals or entities with an interest in mental health services in the City and County of San Francisco, including but not limited to: individuals who are current or former clients of San Francisco’s Behavioral Health Services and/or their families; providers of mental health and/or related services such as physical health care, substance use disorder services and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of behavioral health clients and/or their families.

“Client” means an individual of any age who is receiving or has received behavioral health services. The term “client” includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.

Policy Overview:

1. Community Program Planning Process (CPP)

- a. A Community Program Planning (CPP) process will be implemented as the basis for developing the MHSa Three-Year Program and Expenditure Plans and any Annual Updates to the plan.



- b. To ensure that the Community Program Planning Process is adequately staffed, there shall be designated positions and/or units responsible for:
 - i. Coordination and management of the Community Program Planning process.
 - ii. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process.
 - iii. Ensuring that stakeholder participation includes representatives of unserved and/or underserved populations and family members of unserved/underserved populations that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity.
 - iv. Outreach to behavioral health clients, former clients, and their family members to ensure the opportunity to participate.
- c. The Community Program Planning Process shall, at a minimum, include:
 - i. Involvement of individuals who are current or former clients of behavioral health services and/or their families in all aspects of the Community Program Planning Process.
 - ii. Participation of stakeholders.
 - iii. Training.
 - a) Training shall be provided as needed to staff designated responsible for any of the functions listed above that will enable staff to establish and sustain a Community Program Planning Process.
 - b) Training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process.
- d. San Francisco MHSA will gather local stakeholder input.
 - i. Stakeholder input will include, but not limited to: community meetings; focus groups; key informant interviews; written and online surveys and input gathered from the MHSA Advisory Committee.
 - ii. Stakeholder groups that will be recruited for community input include, but not limited to: children, transition-age youth, adults and older adults who are clients of behavioral health services, families of clients, providers of services, law enforcement agencies, education and social services agencies, veterans, providers of substance use disorder services, health care organizations, and other important stakeholder groups.



- iii. All input will be documented through sign-in sheets, event flyers and outreach emails.
- e. San Francisco MHSA will conduct a Local Review Process, including the CPP efforts conducted that Fiscal Year.
 - i. A summary of all input gathered will be provided in the MHSA Three-Year Program and Expenditure Plans and any Annual Updates to the plan.
 - ii. The MHSA Three-Year Program and Expenditure Plans and any Annual Updates to the plan (including the CPP summary) will be posted for at least 30 days to receive public comment.
 - iii. A summary of the public comments that our County received from the 30-day posting will be provided in the updated MHSA Three-Year Program and Expenditure Plans and any Annual Updates to the plan.
 - iv. The MHSA Three-Year Program and Expenditure Plans and any Annual Updates to the plan (including the CPP summary and public comment summary) will be presented at a public hearing to the San Francisco Behavioral Health Commission.
 - v. The MHSA Three-Year Program and Expenditure Plans and any Annual Updates to the plan (including the CPP summary and public comment summary) will be presented to the San Francisco Board of Supervisors (BOS) for approval.
 - vi. The Final BOS approved MHSA Three-Year Program and Expenditure Plans and any Annual Updates to the plan will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days of BOS adoption.

Procedures # 1: Designated Positions

- A. Every fiscal year, the MHSA Director assigns one of the MHSA program managers as the “lead representative” for San Francisco MHSA’s Community Program Planning efforts. This lead will be responsible for coordinating CPP meetings; ensuring that clients, former clients and family members of clients are present; ensuring that demographics data is collected from CPP participants; and ensuring that ethnically and socially diverse groups are represented in our community programming planning efforts.
- B. Each MHSA program manager will be responsible for their individual collection of programs to ensure that their MHSA section has representation and training during the community program planning process (i.e. the Innovations Program Manager will ensure that the Innovations programs and clients are represented in the CPP process).
- C. Each fiscal year the MHSA Director will oversee all Community Program Planning efforts, identify gaps/needs in the entire CPP process and delegate additional tasks to staff members as needed.



Procedures # 2: Staff Training

- A. The CPP Lead Representative and each MHSA program manager will meet monthly with the Director of MHSA during the MHSA staff meeting to receive training and knowledge of San Francisco's CPP needs/efforts. This training will include the reviewing of previous CPP efforts and planning on how to continuously improve the CPP process year over year
- B. The CPP Lead Representative and each MHSA program manager will meet bi-weekly for supervision with the Director of MHSA who will provide additional one-on-one training and technical assistance regarding the CPP process, as needed.
- C. Each fiscal year, the San Francisco MHSA team will seek outside consultation and support during an Annual Retreat. A large portion of this Retreat Agenda will review the CPP local process, seek outside support on how to continuously improve efforts, and train all staff (including the Director of MHSA) on up-to-date best practices and procedures.

Procedures # 3: Stakeholder Training

- A. Each fiscal year, the MHSA Team will create and update a PowerPoint Presentation providing an overview of the MHSA components and the CPP Process. This brief presentation will be provided to stakeholders and clients at each CPP meeting to provide training about the entire CPP process.
- B. San Francisco MHSA will hold bi-monthly MHSA Advisory Committee Meetings for stakeholders, including clients and providers. The MHSA Advisory Committee Meetings will be an additional opportunity for stakeholders to receive training on the CPP process.

Procedures # 4: Client, Family Member, Peer and Stakeholder Outreach and Involvement

- A. Each fiscal year, the MHSA Director and the Lead Representative for the CPP process will be responsible for overseeing the outreach, marketing and recruitment efforts of clients, family members, peers and stakeholders.
- B. San Francisco MHSA will be responsible for maintaining an email distribution log to disseminate communication via email regarding CPP events, while reaching a broad audience.
- C. San Francisco MHSA will be responsible for creating CPP meeting flyers (in appropriate threshold languages) to market and outreach these events.
- D. San Francisco MHSA will be responsible for marketing CPP activities in the BHS Director's Report that is distributed to various stakeholders within the San Francisco community.

MHSA Director Name: Jessica Brown, MPH

MHSA Director Signature: 

Date: 12/17/2020